Uganda

Demographic and Health Survey

2006

THE REPUBLIC OF UGANDA

Uganda Demographic and Health Survey 2006

Uganda Bureau of Statistics
Kampala, Uganda

Macro International Inc.
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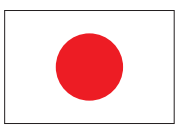

From
the People of Japan

The report presents the findings from the 2006 Uganda Demographic and Health Survey (UDHS) conducted by the Uganda Bureau of Statistics (UBOS). Macro International Inc. provided technical assistance and funding through MEASURE DHS, a USAID-funded project that assists developing countries to collect data on fertility, family planning, maternal and child health, and HIV/AIDS. Financial assistance was also provided by the UK Department for International Development (DFID), the USAID/Uganda Mission, the President's Emergency Plan for AIDS Relief, the Government of Uganda, the Health Partnership Fund, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), and the Government of Japan. The opinions expressed in this report do not necessarily reflect the views of the donor organisations.

Additional information about the survey may be obtained from the Uganda Bureau of Statistics (UBOS), Plot 9 Coleville Street, P.O. Box 7186, Kampala, Uganda; Telephone: (256-41) 706000; Fax: (256-41) 237553/230370; Email: ubos@ubos.org; Internet: www.ubos.org.

Additional information about the DHS programme may be obtained by contacting MEASURE DHS, Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA; Telephone: 301-572-0200; Fax: 301-572-0999; Email: reports@measuredhs.com; Internet: http://www.measuredhs.com.

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PREFACE

The 2006 UDHS was the fourth in the series that started in 1988. The primary objective of this survey was to provide up-to-date information for policy makers, planners, researchers and program managers, to use in the planning, implementation, monitoring and evaluation of population and health programs in the country. Unlike the previous three surveys which did not cover the whole country because of insecurity in some areas, the UDHS 2006 covered all districts of the country. In addition, the content of the survey was expanded to include questions on disability and gender-related violence.

The findings of the 2006 UDHS are very important in measuring the achievements of family planning and other health programs. To ensure better understanding and use of these data, the results of this survey should be widely disseminated at different planning levels. Different dissemination techniques will be used to reach different segments of society.

Uganda Bureau of Statistics would like to acknowledge the efforts of a number of organizations and individuals who contributed immensely to the success of the survey. The Ministry of Health chaired the Steering and Technical Committees, which offered guidance on the implementation of the survey. In addition, the Ministry of Health and the Population Secretariat participated in the community mobilization campaign. The Institute of Statistics and Applied Economics (ISAE) of Makerere University carried out the Quality Control study and the Department of Bio-chemistry conducted laboratory testing for vitamin A deficiency.

Financial assistance was provided by USAID and the President's Emergency Plan for AIDS Relief, DFID, UNFPA, UNICEF, the Government of Japan, and the Health Partnership Fund. Macro International Inc. is greatly appreciated for having offered critically important technical support.

We are grateful for the efforts of officials at national and local government levels who supported the survey. Finally, we highly appreciate all the field staff and, more importantly, the survey respondents whose participation was critical to the successful completion of this survey.

John B. Male-Mukasa
Executive Director
Uganda Bureau of Statistics

SUMMARY OF FINDINGS

The 2006 Uganda Demographic and Health Survey (UDHS) is a nationally representative survey of 8,531 women age 15-49 and 2,503 men age 15-54. The UDHS is the fourth comprehensive survey conducted in Uganda as part of the worldwide Demographic and Health Surveys (DHS) project. The primary purpose of the UDHS is to furnish policymakers and planners with detailed information on fertility; family planning; infant, child, adult, and maternal mortality; maternal and child health; nutrition; and knowledge of HIV/AIDS and other sexually transmitted infections. In addition, in one in three households selected for the survey, women age 15-49, men age 15-54, and children under age 5 years were weighed and their height was measured. Women, men, and children age 6-59 months in this subset of households were tested for anaemia, and women and children were tested for vitamin A deficiency. The 2006 UDHS is the first DHS survey in Uganda to cover the entire country.

FERTILITY

Survey results indicate that the total fertility rate (TFR) for the country is 6.7 births per woman. The TFR in urban areas is much lower than in the rural areas (4.4 and 7.1 children, respectively). Kampala, whose TFR is 3.7, has the lowest fertility. Fertility rates in Central 1, Central 2, and Southwest regions are also lower than the national level. Removing four districts from the 2006 data that were not covered in the 2000-2001 UDHS, the 2006 TFR is 6.5 births per woman, compared with 6.9 from the 2000-2001 UDHS. Education and wealth have a marked effect on fertility, with uneducated mothers having about three more children on average than women with at least some secondary education and women in the lowest wealth quintile having almost twice as many children as women in the highest wealth quintile.

Childbearing starts early and is nearly universal. Ugandan women have an average of 3.5 children by their late twenties and more than six children by their late thirties.

The initiation of childbearing in Uganda has not changed much over time, although it seems that there is a slight increase in age at first birth in recent years. The median age at first birth in Uganda is 19.1 years for women age 20-24, the youngest cohort for whom a median age can be estimated. The findings further show that women in the highest wealth quintile; urban women; and women who reside in Karamoja, Kampala, and Southwest regions tend to have their first child at a later age than do other women. Women with secondary education started having children two years later than those with less education (20.6 and 18.5 years, respectively).

Marriage patterns are an important determinant of fertility levels in a population. The age at first marriage for women appears to be increasing in Uganda. The median age at first marriage has increased from 17.4 years of age among women age 45-49 to 18.3 years among women age 20-24. Ugandan women tend to initiate sexual intercourse about one year before marriage, as evidenced by the median age at first intercourse among women age 20-49 of 16.6 years compared with the median age at first marriage of 17.8 years. Like age at first marriage, age at first sex appears to be increasing among women in Uganda. The percentages of women who had sexual intercourse by exact age 15 and exact age 18 are both lower among younger cohorts of women than older women.

Men, in contrast, tend to marry several years later than women and initiate sexual activity several years before marriage. The median age at marriage among men age 20-49 is 22.7 years, while the median age at first intercourse is 18.1 years. The age at first sex for men has remained relatively constant over the years.

The majority of non-first births in Uganda (75 percent) occur at least 24 months after the birth of the previous sibling. The overall median birth interval is almost 30 months (29.7). These numbers do not differ from what was reported in the 2000-2001 UDHS. Birth intervals vary slightly across regions, with the longest in Kampala (33.1 months) and the shortest in East Cen-

tral (28.4 months). Urban women have slightly longer intervals between births compared with rural women (32.5 and 29.6 months, respectively).

FAMILY PLANNING

Overall, knowledge of family planning has remained consistently high in Uganda over the past five years, with 97 percent of all women and 98 percent of all men age 15-49 having heard of at least one method of contraception. Pills, injectables, and condoms are the most widely known modern methods among both women and men.

Fifty-two percent of currently married women have ever used a family planning method at least once in their lifetime. The methods commonly ever used for family planning by married women are injectables, male condoms, pills, and the rhythm method.

Twenty-four percent of currently married women age 15-49 are currently using a method of contraception, up from 19 percent in the 2000-2001 UDHS when excluding lactational amenorrhoea method (LAM). Modern methods are more widely used than traditional methods, with 18 percent of currently married women using a modern method and 6 percent using a traditional method. The most popular modern method is the injectable. Married women in urban areas are twice as likely to use contraception (43 percent) as women in rural areas (21 percent). Contraceptive use among married women is highest in Kampala (48 percent) and lowest in the North (11 percent). Less than one percent of married women in Karamoja are currently using contraception, none of whom are using a modern method.

Just over half (52 percent) of currently married women obtain methods of contraception from private medical sources, while 35 percent obtain their method from government facilities. Thirteen percent obtain their method from other private sources.

Almost half of the users of the contraceptive pill (47 percent) and nearly all condom users (96 percent) use socially marketed brands of these contraceptives.

Overall, 41 percent of currently married women have an unmet need for family planning services. The need for spacing (25 percent) is higher than the need for limiting (16 percent). If all currently married women who say they want to space or limit the number of children were to use family planning, the contraceptive prevalence rate in Uganda would increase from 24 percent to 64 percent. Currently, only 37 percent of the demand for family planning is being met.

MATERNAL HEALTH

Ninety-four percent of women who had a live birth in the five years preceding the survey received antenatal care from a skilled health professional for their last birth. These results are comparable to the 2000-2001 UDHS. Only 47 percent of women make four or more antenatal care visits during their entire pregnancy, an improvement from 42 percent in the 2000-2001 UDHS. The median duration of pregnancy for the first antenatal visit is 5.5 months, indicating that Ugandan women start antenatal care at a relatively late stage in pregnancy.

Among women who received antenatal care, 35 percent reported that they were informed about how to recognize signs of problems during pregnancy. Weight and blood pressure measurements were taken for 77 percent and 53 percent of women, respectively. A urine sample was taken from only 12 percent of women, while blood samples were taken from 28 percent. Half of women received two or more tetanus toxoid injections during their last pregnancy. In the case of an additional 25 percent of women, the baby was protected against neonatal tetanus because of previous immunisations the woman had received.

Four in ten births occur in a health facility. The proportion of births in a health facility has risen from 37 percent in the 2000-2001 UDHS. Overall, 42 percent of births were delivered with the assistance of a trained health professional—that is, a doctor, nurse, midwife, medical assistant, or clinical officer—while 23 percent were delivered by a traditional birth attendant (TBA). One-quarter of births were attended by a relative or some other person while 10 percent of births were delivered without any type of assistance at all.

Postpartum care is extremely low in Uganda. Three-quarters of women who had a live birth in the five years preceding the survey received no postnatal care at all, and only 23 percent of mothers received postnatal care within the critical first two days after delivery.

The 2006 UDHS collected data on female circumcision, or female genital cutting (FGC), and fistula. Results show that 34 percent of women have heard of FGC, while less than one percent have themselves been circumcised. The highest percentage of women who are circumcised is found in Eastern region. The survey found that 3 percent of women report they have experienced symptoms of obstetric fistula.

CHILD HEALTH

Forty-six percent of children age 12-23 months have been fully vaccinated. Over nine in ten (91 percent) have received the BCG vaccination, and 68 percent have been vaccinated against measles. The coverage for the first doses of DPT and polio is relatively high (90 percent for each). However, only 64 percent go on to receive the third dose of DPT, and only 59 percent receive their third dose of polio vaccine. There are notable improvements in vaccination coverage since the 2000-2001 UDHS. The percentage of children age 12-23 months fully vaccinated at the time of the survey increased from 37 percent in 2000-2001 to 44 percent in 2006. The percentage who had received none of the six basic vaccinations decreased from 13 percent in 2000-2001 to 8 percent in 2006.

Nationally, 26 percent of children under age five had diarrhoea at some time in the two weeks before the survey, while 6 percent had diarrhoea with blood. Seven in ten children with diarrhoea were taken to a health provider. Diarrhoea was more prevalent in the North (36 percent) than in other regions, with a particularly high rate in IDP camps (44 percent). The prevalence of diarrhoea decreases steadily with increasing level of mother's education and increasing wealth quintile.

Fifty-four percent of children with diarrhoea were treated with some kind of oral rehydration therapy (ORT): 40 percent were treated with ORS (solution prepared from ORS packets), 7 percent were given recommended home fluids (RHF), and 20 percent were given increased fluids. On the other hand, 17 percent of children with diarrhoea did not receive any type of treatment at all.

Fifteen percent of children under age five showed symptoms of acute respiratory infection (ARI) in the two weeks prior to the survey. Use of a health facility for the treatment of symptoms of ARI is high, with 73 percent of children taken to a health facility or provider.

MALARIA

The 2006 UDHS gathered information on the use of mosquito nets, both treated and untreated. The data show that only 34 percent of households in Uganda own a mosquito net, with 16 percent of households owning an insecticide-treated net (ITN). Only 22 percent of children under five slept under a mosquito net on the night before the interview, while a mere 10 percent slept under an ITN.

Twenty-four percent of pregnant women slept under a mosquito net on the night preceding the interview, while 10 percent of pregnant women slept under an ITN. Eighteen percent of women who gave birth in the two years before the survey took at least two doses of SP/Fansidar during pregnancy, and 16 percent of pregnant women took at least two doses and received at least one of them during an antenatal care visit.

Forty-one percent of children under five were reported to have had fever, a prominent symptom of both ARI and malaria, in the two weeks before the survey. Three in four children were taken to a health facility or provider for treatment. Sixty-one percent of the children who had fever took antimalarial drugs while 35 percent took antibiotics. Antimalarial drugs most commonly administered to children with fever are chloroquine and quinine (taken by 28 percent and 14 percent of children with fever, respectively).

BREASTFEEDING AND NUTRITION

In Uganda, almost all children are breastfed at some point. However, only six in ten children under the age of 6 months are exclusively breastfed. The median duration of exclusive breastfeeding is 3.1 months, while the median duration

of any breastfeeding is almost 20.4 months. The data also show that complementary foods are not introduced in a timely fashion for some children. At 6-9 months, around one in five children is not receiving complementary foods. The use of a bottle with a nipple is not widespread in Uganda. However, the proportion of children who are bottle-fed increases from 3 percent among children less than 2 months of age to 26 percent among children 6-8 months of age, after which it declines gradually.

Ninety-six percent of women and children 6-59 months of age live in households using adequately iodized salt. Over one in three children (36 percent) age 6-59 months received a vitamin A supplement in the 6 months preceding the survey. Among women who gave birth in the five years preceding the survey, 33 percent received a dose of vitamin A in the 2 months after giving birth to their last child.

Twenty percent of children and 19 percent of women were found to have vitamin A deficiency. Almost three-quarters of children (73 percent) are anaemic, compared with just under half of women (49 percent). The prevalence of anaemia among men is less pronounced. Only 28 percent of men age 15-49 are anaemic.

The level of malnutrition is substantial. Nearly four in ten Ugandan children under five years of age (38 percent) are stunted (short for their age), 6 percent are wasted (thin for their height), and 16 percent are underweight. In general, rural children and children whose mothers have less than a secondary education are more likely to be stunted or underweight than other children. Regional variation in nutritional status of children is substantial. Stunting levels are highest in Southwest and North regions. Wasting is highest in Southwest and East Central regions. The percentage of underweight children is highest in Southwest, East Central, and North regions.

Survey results for the level of chronic energy deficiency among women show that only 12 percent of women in Uganda fall below the cutoff of 18.5 for the body mass index (BMI), which utilizes both height and weight, to measure thinness. Seventeen percent of women are overweight or obese.

HIV/AIDS AND STIs

Knowledge of AIDS is very high and widespread in Uganda. In terms of HIV prevention strategies, women and men are most aware that the chances of getting the AIDS virus can be reduced by limiting sex to one uninfected partner who has no other partners (89 percent of women and 95 percent of men) or by abstaining from sexual intercourse (86 percent of women and 93 percent of men). Knowledge of condoms and the role they can play in preventing transmission of the AIDS virus is not quite as high (70 percent of women and 84 percent of men).

Eighty-five percent of women and 90 percent of men know that a healthy-looking person can have the AIDS virus. Larger proportions of respondents are also aware that the AIDS virus cannot be transmitted by supernatural means or by sharing food. However, many women and men erroneously believe that AIDS can be transmitted by mosquito bites.

Seventy-three percent of women and 63 percent of men know that HIV can be transmitted by breastfeeding. A lower proportion of women (65 percent) and about the same proportion of men (64 percent) know that the risk of mother-to-child transmission (MTCT) can be reduced through the use of certain drugs during pregnancy.

Survey results show that 82 percent of women know of drugs for people living with AIDS. Among those, only 10 percent know ARVs by name and 12 percent know Septrin. Among men, 87 percent know of drugs for people with AIDS, and among those, 22 percent know ARVs by name, and 13 percent know Septrin.

One in four women and 21 percent of men age 15-49 report that they have been tested for HIV at some time and received the results. Almost four in ten women who gave birth in the two years before the survey (39 percent) report that they received information and counselling about HIV/AIDS during antenatal care for their most recent birth. However, only 18 percent received counselling, were tested, and received the results.

Twenty-two percent of ever sexually active women and 13 percent of ever sexually active men reported that they had had an STI and/or STI symptoms in the 12 months prior to the survey.

Among young people age 15-24 who have never been married, 66 percent of young women and 54 percent of young men have never had sexual intercourse. Twenty-four percent of never-married young women had sexual intercourse in the 12 months preceding the survey, and 39 percent of those used a condom at last intercourse. Among never-married young men, 28 percent had sexual intercourse in the past 12 months, and 56 percent of those used a condom at last intercourse.

ORPHANHOOD AND VULNERABILITY

Almost one in seven children under age 18 is orphaned (15 percent), that is, one or both parents are dead. Only 3 percent of children under the age of 18 have lost both biological parents. Maternal orphans, those whose mother has died but whose father is still living, are less common than paternal orphans (3 percent vs. 9 percent). Overall, 8 percent of children under age 18 are considered vulnerable, i.e., they live in a household in which at least one adult had been chronically ill or died during the year before the survey or they have at least one parent living in the household or elsewhere who suffers from a chronic illness. One in five Ugandan children are orphaned or vulnerable (21 percent).

Among children of secondary school-going age, children who are orphaned or vulnerable (OVC) are less likely than non-OVC to attend school (76 percent versus 83 percent). OVC are also somewhat less likely to have a pair of shoes, two sets of clothes and a blanket than non-OVC children (25 percent versus 29 percent).

WOMEN'S STATUS AND GENDER VIOLENCE

Data for the 2006 UDHS show that women in Uganda are generally less educated than men. Although the gender gap has narrowed in recent years, 19 percent of women age 15-49 have never been to school, compared with only 5 percent of men in the same age group. Only 56 percent of women age 15-49 are literate compared to 83 percent of men.

Although female employment is high in Uganda, with 86 percent employed in the 12 months preceding the survey, a high proportion (75 percent) are employed in the agricultural sector. By comparison, 95 percent of the males were employed in the 12 months preceding the survey, with 68 percent employed in agriculture. Furthermore, a higher proportion of married women than men are not paid for their work (30 percent compared with 13 percent).

While 22 percent of married women make sole decisions on their own health care, four in ten say that their husband or partner makes such decisions. Decisions on large household purchases are typically made by the husband or partner alone or jointly by the woman with their husband or partner. Thirty-six percent of women say that decisions to visit their own family or relatives are made mainly by their husband or partner.

The 2006 UDHS included a module on violence. Six in ten women and 53 percent of men have experienced physical violence since age 15. For women, their current husband or partner is the most common perpetrator of this violence. Four in ten women and 11 percent of men have ever experienced sexual violence. Survey results show that 59 percent of ever-married women have ever experienced physical or sexual violence at the hands of their husband or partner. Twenty-four percent of ever-married men experienced physical or sexual violence perpetrated by their wife or partner.

MORTALITY

At current mortality levels, one in every 13 Ugandan children dies before reaching age one, while one in every seven does not survive to the fifth birthday. After removing districts not covered in the 2000-2001 UDHS from the 2006 data, findings show that infant mortality has declined from 89 deaths per 1,000 live births in the 2000-2001 UDHS to 75 in the 2006 UDHS. Under-five mortality has declined from 158 deaths per 1,000 live births to 137.

Mortality is consistently lower in urban areas than in rural areas with rates of 68 and 88 deaths per 1,000 live births, respectively, for infant mortality and 114 and 153 deaths per 1,000 live births for under-five mortality. The

lowest level for infant mortality is in Kampala, the most urbanized part of the country, while the highest level is in Southwest region.

Survival of infants and children is strongly influenced by the gender of the child, mother's age at birth, birth order, and birth interval. Male children experience higher mortality than female children, and the gender difference is especially pronounced for neonatal mortality. Under-five mortality is higher among children born to mothers under age 20 and over age 40. First births and births of order seven and higher also suffer higher rates of infant and under-five mortality than births of order two to six. Children born within two years of a preceding birth are more than twice as likely to die within the first year of life as children born three or more years after an older sibling.

The 2006 UDHS measured a maternal mortality ratio (MMR) of 435 maternal deaths per 100,000 live births. The maternal mortality estimate is subject to larger sampling errors than all other indicators in the survey; the 95 percent confidence intervals indicate that the maternal mortality ratio varies from 345 to 524. Therefore, it is not possible to say conclusively that MMR has declined.

Direct estimates of male and female mortality obtained from the sibling history gathered in the UDHS show that the level of adult mortality is slightly higher among men than among women (9.3 and 8.2 deaths per 1,000 population). The age-specific mortality rates show expected increases for both sexes with increasing age. For age groups 15-19 and 20-24, female mortality slightly exceeds male mortality; the rates are nearly the same for women and men at ages 25-29 and 30-34. Above age 35, male mortality exceeds female mortality by wider margins as age advances. A comparison of the 2006 UDHS data with results from the 1995 and 2000-2001 UDHS surveys suggests that there has not been much change in adult mortality levels over the past 10-15 years in Uganda.

MILLENNIUM DEVELOPMENT GOAL INDICATORS

Goal	Indicator	Value		
		Male	Female	Total
1. Eradicate extreme poverty and hunger	▪ Prevalence of underweight children under five years of age[1]	17.3	14.4	15.9
2. Achieve universal primary education	▪ Net enrolment ratio in primary education[2]	82.3	81.2	81.8
	▪ Literacy rate of 15-24 year-olds[3]	69.8	57.7	60.4
3. Promote gender equality and empower women	▪ Ratio of girls to boys in primary education	na	na	0.95
	▪ Ratio of girls to boys in secondary education	na	na	0.81
	▪ Ratio of literate women to men, 15-24 years old	na	na	0.83
	▪ Share of women in wage employment in the non-agricultural sector[4]	na	na	19.9
4. Reduce child mortality	▪ Under-five mortality rate (per 1,000 live births)			137
	▪ Infant mortality rate (per 1,000 live births)			76
	▪ Percentage of 1 year-old children immunized against measles	67.1	69.1	68.1
5. Improve maternal health	▪ Maternal mortality ratio (per 100,000 live births)	na	na	435
	▪ Percentage of births attended by skilled health personnel[5]	na	na	42.1
6. Combat HIV/AIDS, malaria and other diseases	▪ Percentage of current users of contraception who are using condoms (any contraceptive method, currently married women 15-49)	na	7.9	na
	▪ Condom use at last high-risk sex (population 15-24)[6]	54.5	38.3	na
	▪ Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS[7]	38.2	31.9	na
	▪ Contraceptive prevalence rate (any modern method, currently married women 15-49)	na	17.9	na
	▪ Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	0.96	0.97	0.96
	▪ Percentage of children under five sleeping under ITN	9.5	9.8	9.7
	▪ Percentage of children under five with fever who are appropriately treated	Treatment:[8]		61.3
		Prompt treatment:[9]		28.9

Goal	Indicator	Value		
		Urban	Rural	Total
7. Ensure environmental sustainability	▪ Percentage of population using solid fuels[10]	94.3	99.4	98.8
	▪ Percentage of population with sustainable access to an improved water source[11]	89.3	63.8	67.1
	▪ Percentage of population with access to improved sanitation[12]	21.2	9.2	10.7

na = Not applicable

[1] Proportion of children age 0-59 months who are below -2 standard deviations (SD) from the median of the WHO Child Growth Standards in weight-for-age

[2] UHS data are based on reported attendance, not enrolment.

[3] Refers to respondents who attended secondary school or higher or who can read a whole sentence

[4] Wage employment includes respondents who received wages in cash or in cash and kind.

[5] Among births in the past 5 years

[6] High-risk refers to sexual intercourse with a partner who neither was a spouse nor who lived with the respondent; time frame is 12 months preceding the survey.

[7] A person is considered to have a comprehensive knowledge about AIDS when they say that use of condoms for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, that a healthy-looking person can have the AIDS virus, and when they reject the two most common local misconceptions. The most common misconceptions in Uganda are that AIDS can be transmitted through mosquito bites and that a person can become infected with the AIDS virus by eating from the same plate as someone who is infected.

[8] Malaria treatment is measured as the percentage of children ages 0-59 months who were ill with a fever in the two weeks preceding the interview who received an antimalarial drug.

[9] The treatment is considered prompt if the child received the antimalarial the same day as the onset of fever or the following day.

[10] Includes coal/lignite, charcoal, wood/straw/shrubs, agricultural crops and animal dung

[11] Proportion whose main source of drinking water is a household connection (piped), public standpipe, borehole, protected dug well or spring, or rainwater collection

[12] Improved sanitation technologies are: flush toilet, ventilated improved pit latrine, traditional pit latrine with a slab, or composting toilet

UGANDA


N
SUDAN
DEM. REP. OF CONGO
KENYA
TANZANIA
RWANDA
West Nile
Northern
Eastern
Central 2
Western
East Central
Central 1
Kampala
Southwest
Lake Albert
Lake Edward
Lake Victoria
Yumbe
Moyo
Koboko
Kitgum
Kaabong
Nyadri
Adjumani
Arua
Pader
Kotido
Gulu
Abim
Amuru
Moroto
Nebbi
Oyam
Lira
Amuria
Masindi
Apac
Dokolo
Katakwi
Nakapiripirit
Buliisa
Amolatar
Kaberamaido
Soroti
Kumi
Hoima
Kapchorwa
Bukedea
Bukwa
Nakasongola
Sironko
Kiboga
Nakaseke
Pallisa
Budaka
Mbale
Kamuli
Kaliro
Kayunga
Namutumba
Butaleja
Kibaale
Luwero
Iganga
Tororo
Bundibugyo
Kyenjojo
Kabarole
Mubende
Mityana
Wakiso
Jinja
Bugiri
Busia
Mukono
Mayuge
Kamwenge
Mpigi
Kasese
Ssembabule
Kiruhura
Lyantonde
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Kalangala
Mbarara
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Rukungiri
Isingiro
Kanungu
Ntungamo
Kabale
Kisoro
0 25 50 100 150 km

INTRODUCTION 1

1.1 GEOGRAPHY AND ECONOMY

The Republic of Uganda is located in East Africa and lies astride the equator. It is a landlocked country bordering Kenya in the east, Tanzania in the south, Rwanda in the southwest, the Democratic Republic of Congo in the west, and Sudan in the north. The country has an area of 241,039 square kilometres and is administratively divided into 80 districts (56 at the time of the survey). Uganda has a decentralized system of governance and several functions have been ceded to the local governments. However, the central government retains the role of making policy, setting standards, and supervising. National security is also the role of the central government.

Uganda has a favourable climate because of its relatively high altitude. The Central, Eastern, and Western regions of the country have two rainy seasons per year, with heavy rains from March to May and light rains between September and December. The level of rainfall decreases towards the north, turning into just one rainy season a year. The soil fertility varies accordingly, being generally fertile in the Central and Western regions and becoming less fertile as one moves to the east and the north. Due to these combinations of climatic conditions, Uganda varies between tropical rain forest vegetation in the south and savannah woodlands and semidesert vegetation in the north. These climatic conditions determine the agricultural potential and thus the land's population-carrying capacity, with high population densities in the Central and Western regions and declining densities towards the north.

The economy is predominantly agricultural with the majority of the population dependent on subsistence farming and light agro-based industries. The country is self-sufficient in food, although the distribution is uneven over all areas. Coffee accounts for most of Uganda's export revenues. During the period immediately following independence, from 1962 to 1970, Uganda had a flourishing economy with a gross domestic product (GDP) growth rate of 5 percent per annum, compared with a population growth rate of 2.6 percent per annum. However, in the 1970s through the early 1980s, Uganda faced a period of civil and military unrest, resulting in the destruction of the economic and social infrastructure. This seriously affected the growth of the economy and the provision of social services such as education and health care.

Since 1986, however, the government has introduced and implemented several reform programmes that have steadily reversed the setbacks and aimed the country towards economic prosperity. Between 2001 and 2006, the country's rate of growth in the GDP varied between 4.7 percent and 6.6 percent per annum (UBOS, 2006b).

1.2 POPULATION

In the past, most demographic statistics in Uganda were derived from population censuses, which started in 1948. Subsequent censuses have been held in 1959, 1969, 1980, 1991, and 2002. In addition, Demographic and Health Surveys (DHS) have been conducted in 1988-1989, 1995, 2000-2001, and 2006, the subject of the present report. Additional demographic data have been obtained from other surveys devoted to specific subjects.

Civil registration was made compulsory in Uganda in 1973. However, its coverage is incomplete and is therefore unsatisfactory as a source of demographic statistics. Efforts to streamline the system were made between 1974 and 1978, but the achievements from this effort were later frustrated by the economic and civil instability mentioned above. Since 1995, an attempt has been made to revive the civil registration system in the country, but thus far, it has not reached a satisfactory level.

Table 1.1 presents several demographic indices compiled from the population censuses of 1948 through 2002. The table shows that over that period, the population increased almost fivefold. The high growth rate is a result of high fertility and declining mortality levels. The annual population growth rate between 1969 and 1980 was 2.7 and decreased to 2.5 between 1980 and 1991. Instability in Uganda during the early 1980s may have contributed to this decline. The annual population growth rate increased to 3.2 percent between the 1991 census and the 2002 census. The level of urbanization is still low but has been increasing over time. In 2002, a little more than 12 percent of the population lived in urban areas (UBOS, 2006a).

Table 1.1 Basic demographic indicators

Selected demographic indicators, Uganda 1948-2002

Indicator	1948	1959	1969	1980	1991	2002
Population (thousands)	4,958.5	6,536.5	9,535.1	12,632.2	16,672.7	24,227.3
Intercensal growth rate (percent)	u	2.5	3.9	2.7	2.5	3.2
Density (population/kilometre^2)	25	33	48	64	85	124
Percent urban	u	u	6.6[a]	6.7	9.9	12.3
Life expectancy						
Male	u	u	46.0	u	45.7	48.8
Female	u	u	47.0	u	50.5	52.0
Total	u	u	46.5	u	48.1	50.4

u = Unknown (not available)

[a] The 1969 data are based on a different definition of urban

Source: UBOS, 2006a

1.3 National Population and Health Programmes

The Government of Uganda (GOU) is aware of the challenges posed by demographic issues to the attainment of the nation's development objectives. The country has developed several policies and programmes to help improve the health status and life of its people. To accommodate the new and emerging challenges of the quality of life of the nation, the 1995 National Population Policy has been revized and is currently under review. Among its objectives is to integrate the population and demographic factors at all planning levels, to promote positive health-seeking behaviour, and to reduce the unmet need for family planning. The policy will take into account the changing demographic, socio-economic and health environment, and other emerging issues.

The National Health Sector Strategic Plan 2005/06–2009/10 (HSSP II) was developed as a consolidation and extension of the HSSP I. The overriding priority of the HSSP II is to fulfil the health sector contribution to the Poverty Eradication Action Plan (PEAP) and the Millennium Development Goals (MDG). The plan emphasizes the role of communities and households and seeks to foster a sense of individual ownership of health services. The programme targets the poor, orphans, children, women, the elderly, refugees, and internally displaced persons, among others.

Reflective of the commitment of the Government of Uganda to address reproductive health issues following the 1994 International Conference on Population and Development (ICPD), the Sexual and Reproductive Health Policy Guidelines were developed. These guidelines help the GOU and reproductive health service providers to provide safe motherhood services and reduce the number of maternal-related deaths. Other components of the guidelines include family planning, adolescent sexual and reproductive health, sexually transmitted infections (STIs) including HIV/AIDS, reproductive organ cancer, and gender-based violence.

To improve child health, the Ministry of Health has focused on a nationwide programme of Child Health Days Plus. This program aims to improve the health and nutrition status of children by providing vitamin A supplements, de-worming medication, and immunizations to children under 5 years of age.

Other policies related to population and health include the Adolescent Sexual and Reproductive Health Policy, the Nutrition Policy, the HIV/AIDS Strategic Plan, the Gender Policy, the Poverty Eradication Action Plan, the National Malaria Control Strategic Plan, and the New Born Health Strategy, among others.

To achieve the targets of these policies, the GOU, with the help of development partners, is implementing several population and reproductive health programmes in the country aimed at improving health behaviours of the population.

1.4 OBJECTIVES OF THE SURVEY

The 2006 Uganda Demographic and Health Survey (UDHS) was designed to provide information on demographic, health, and family planning status and trends in the country. Specifically, the UDHS collected information on fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, and breastfeeding practices. In addition, data were collected on the nutritional status of mothers and young children; infant, child, adult, and maternal mortality; maternal and child health; awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections; and levels of anaemia and vitamin A deficiency.

The 2006 UDHS is a follow-up to the 1988-1989, 1995, and 2000-2001 UDHS surveys, which were also implemented by the Uganda Bureau of Statistics (UBOS). The specific objectives of the 2006 UDHS are as follows:

- To collect data at the national level that will allow the calculation of demographic rates, particularly the fertility and infant mortality rates
- To analyse the direct and indirect factors that determine the level and trends in fertility and mortality
- To measure the level of contraceptive knowledge and practice of women and men by method, by urban-rural residence, and by region
- To collect data on knowledge and attitudes of women and men about sexually transmitted infections and HIV/AIDS, and to evaluate patterns of recent behaviour regarding condom use
- To assess the nutritional status of children under age five and women by means of anthropometric measurements (weight and height), and to assess child feeding practices
- To collect data on family health, including immunizations, prevalence and treatment of diarrhoea and other diseases among children under five, antenatal visits, assistance at delivery, and breastfeeding
- To measure vitamin A deficiency in women and children, and to measure anaemia in women, men, and children
- To measure key education indicators including school attendance ratios and primary school grade repetition and dropout rates
- To collect information on the extent of disability
- To collect information on the extent of gender-based violence.

1.5 Organization and Methodology of the Survey

1.5.1 The Survey Sample

The sample of the 2006 UDHS was designed to allow separate estimates at the national level and for urban and rural areas of the country. The sample design also allowed for specific indicators, such as contraceptive use, to be calculated for each of nine sub-national regions. Portions of the northern region were oversampled in order to provide estimates for two special areas of interest: Karamoja and internally displaced persons (IDP) camps. At the time of the survey there were 56 districts. This number later increased to 80. The following shows the 80 districts divided into the regional sampling strata:

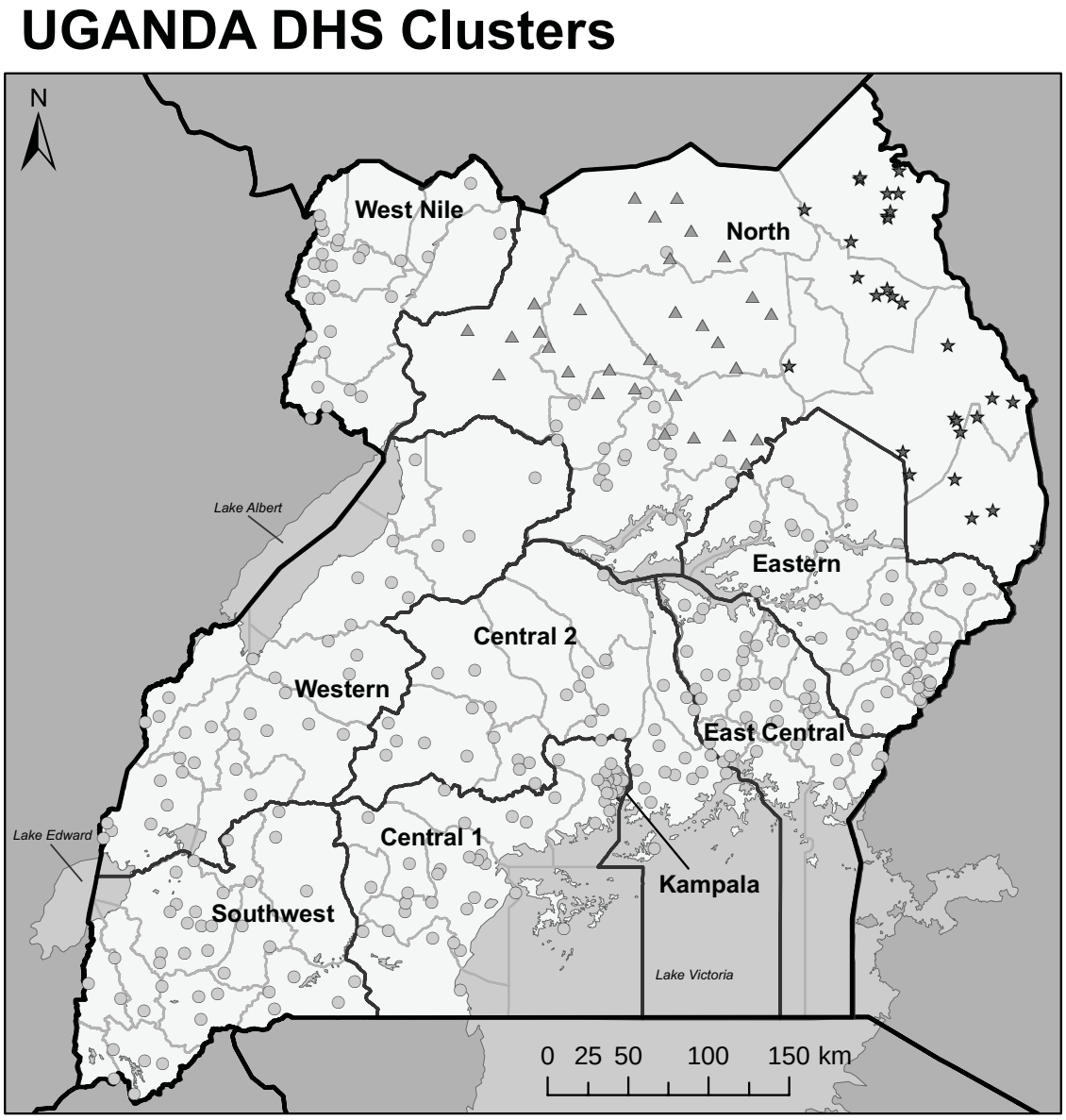
Central 1: Kalangala, Masaka, Mpigi, Rakai, Lyantonde, Sembabule, and Wakiso
Central 2: Kayunga, Kiboga, Luwero, Nakaseke, Mubende, Mityana, Mukono, and Nakasongola
Kampala: Kampala
East Central: Bugiri, Busia, Iganga, Namutumba, Jinja, Kamuli, Kaliro, and Mayuge
Eastern: Kaberamaido, Kapchorwa, Bukwa, Katakwi, Amuria, Kumi, Bukedea, Mbale, Bududa, Manafwa, Pallisa, Budaka, Sironko, Soroti, Tororo, and Butaleja
North: Apac, Oyam, Gulu, Amuru, Kitgum, Lira, Amolatar, Dokolo, Pader, Kotido, Abim, Kaabong, Moroto, and Nakapiripirit (Estimates for this region include both settled and IDP populations.)
- Karamoja area: Kotido, Abim, Kaabong, Moroto, and Nakapiripirit
- IDP: IDP camps in Apac, Oyam, Gulu, Amuru, Kitgum, Lira, Amolatar, Dokolo and Pader districts

West Nile: Adjumani, Arua, Koboko, Nyadri, Nebbi, and Yumbe
Western: Bundibugyo, Hoima, Kabarole, Kamwenge, Kasese, Kibaale, Kyenjojo, Masindi, and Buliisa
Southwest: Bushenyi, Kabale, Kanungu, Kisoro, Mbarara, Ibanda, Isingiro, Kiruhura, Ntungamo, and Rukungiri

A representative probability sample of 9,864 households was selected for the 2006 UDHS survey. The sample was selected in two stages. In the first stage, 321 clusters were selected from among a list of clusters sampled in the 2005-2006 Uganda National Household Survey (UBOS, 2006c). This matching of samples was conducted in order to allow for linking of 2006 UDHS health indicators to poverty data from the 2005-2006 UNHS. The clusters from the Uganda National Household Survey were in turn selected from the 2002 Census sample frame. For the UDHS 2006, an additional 17 clusters were selected from the 2002 Census frame in Karamoja in order to increase the sample size to allow for reporting of Karamoja-specific estimates in the UDHS. Finally, 30 IDP camps were selected from a list of camps compiled by the United Nations Office for the Coordination of Human Affairs (UN OCHA) as of July 2005, completing a total of 368 primary sampling units. Figure 1.1 shows the geographical distribution of the 368 clusters visited in the 2006 UDHS.

In the second stage, households in each cluster were selected based on a complete listing of households. In the 321 clusters that were included in the UNHS sample, the lists of households used were those generated during the UNHS listing operations April-August 2005. The UNHS sampled ten households per cluster. All ten were purposively included in the UDHS sample. An additional 15 to 20 households were randomly selected in each cluster. The 17 additional clusters in Karamoja were listed, and 27 households were selected in each cluster. The selected IDP camps were divided into segments because of their large size, and one segment selected in each camp. Then a listing operation was carried out in the selected segment, and 30 households were selected in each camp from the segment of the map that was listed.

Figure 1.1 **Map of Uganda DHS Clusters**



All women age 15-49 who were either permanent residents of the households in the 2006 UDHS sample or visitors present in the household on the night before the survey were eligible to be interviewed. In addition, in a sub-sample of one-third of all the households selected for the survey, all men age 15-54 were eligible to be interviewed if they were either permanent residents or visitors present in the household on the night before the survey. Indicators such as total fertility rate, childhood mortality rates, and the maternal mortality ratio require a larger sample size than other indicators. These indicators are all calculated from the data provided by female respondents only. For this reason, the number of male respondents required in the sample to obtain acceptable precision in estimates of desired indicators is lower than the number of female respondents.

Biomarkers collected in the UDHS included height and weight measurements for children under 6 years, women age 15-49, and men age 15-54; anaemia testing in children age 6 to 59 months old, women age 15-49, and men age 15-54; and dried blood spot collection for vitamin A testing in children age 6 to 59 months old and women age 15 to 49 years. All of these biomarkers were measured only in those households selected for the male interview—that is, one in three households.

Details of the UDHS sample design are provided in Appendix A and estimations of sampling errors are included in Appendix B.

1.5.2 Comparability of the 2006 UDHS Sample with Samples from Previous UDHS Surveys

The 2006 UDHS is the first UDHS to include the entire country in the sample. In previous surveys, it was necessary to exclude groups of districts because of security problems. In the 2000-2001 UDHS, areas making up the current districts of Amuru, Bundibugyo, Gulu, Kasese, Kitgum, and Pader were excluded from the sample. According to the 2002 Census, these areas comprise around 7 percent of the population of Uganda (UBOS 2006a). The 1995 UDHS excluded Kitgum and Pader, while the 1988-1989 UDHS excluded most of the Northern region.

To show trends using comparable data, the 2006 UDHS data were run without the districts that were excluded in previous surveys. For some key indicators, the report presents two estimates from the 2006 data: one covering the entire country, and a second covering the geographic area surveyed in the 2000-2001 UDHS. Differences between these two estimates are small, seldom exceeding one or two percentage points.

Because it was not possible to run every indicator twice, the report includes many comparisons between the 2000-2001 and 2006 surveys in which the 2006 data have not been adjusted. The report states explicitly when the 2006 data presented are adjusted; otherwise, the data are unadjusted. Comparisons that include unadjusted 2006 data should be interpreted with caution.

1.5.3 Questionnaires

Three questionnaires were used for the 2006 UDHS, namely, the Household Questionnaire, the Women's Questionnaire, and the Men's Questionnaire. The contents of these questionnaires were based on the model questionnaires for the MEASURE DHS program. In consultation with technical institutions and local organizations, UBOS adapted these questionnaires to reflect population and health issues relevant in Uganda. The revized questionnaires were translated from English into six local languages, namely, Ateso/Karamojong, Luganda, Lugbara, Luo, Runyankole/Rukiga, and Runyoro/Rutoro. The questionnaires were pretested prior to their finalization in January and February of 2006.

The Household Questionnaire was used to list all the usual members and visitors in the selected households. The main purpose of the Household Questionnaire was to identify women and men who were eligible for the individual interview. Some basic information was collected on the characteristics of each person listed, including age, sex, education, and relationship to the head of the household. For children under age 18, survival status of the parents was determined. The Household Questionnaire also collected

information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor of the house, ownership of various durable goods, and ownership and use of mosquito nets. Care and support services received by orphans and other vulnerable children and disability status of household members were also collected in the Household Questionnaires. Finally, the Household Questionnaire was used to document the respondents' decision as to whether to volunteer to give blood samples for vitamin A deficiency (VAD) testing as well as to record the height, weight, and haemoglobin measurements of women age 15-49 years, men age 15-54 years, and children age 6-59 months in those households selected for these measurements.

The Women's Questionnaire was used to collect information from all women age 15-49. These women were asked questions on the following topics:

- Background characteristics (education, residential history, media exposure, etc.)
- Birth history and childhood mortality
- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal and childbirth care
- Breastfeeding and infant feeding practices
- Vaccinations and childhood illnesses
- Marriage and sexual activity
- Woman's work and husband's background characteristics
- Awareness and behavior regarding AIDS and other sexually transmitted infections (STIs)
- Maternal mortality
- Domestic violence.

The Men's Questionnaire was administered to all men age 15-54 living in every third household in the 2006 UDHS sample. The Men's Questionnaire collected much of the same information found in the Women's Questionnaire, but was shorter because it did not contain a detailed reproductive history or questions on maternal and child health or nutrition, or maternal mortality. The questionnaires used in the UDHS are presented in Appendix F.

1.5.4 Training of Field Staff

UBOS recruited and trained staff to serve as supervisors, field editors, male and female interviewers, field coordinators, and health technicians. They all participated in the main interviewer training held in Entebbe April 2-28. UBOS, Macro, and invited experts from government ministries led the four-week training that included lectures, presentations, practical demonstrations, and practice interviewing in small groups, as well as two days of field practice. Participants were shown brands of contraceptives, vitamin A and iron folate supplements, and common antimalaria drugs, and they were taught how to test salt for iodine using test kits provided by UNICEF. During the training, special attention was paid to identifying brands of mosquito nets. Information sheets with photos of net material and net labels developed by the Malaria Consortium were presented and distributed to the trainees. Samples of common brands of nets were also shown. Salt samples were also tested for their iodine levels. The health technicians received training in anthropometry, hemoglobin testing, and the collection of dried blood spot (DBS) samples from a finger prick for the vitamin A deficiency (VAD) testing.

1.5.5 Community Mobilization

Before and during fieldwork for the 2006 UDHS, a community mobilization programme was implemented by a multi-disciplinary team of members from the Uganda Bureau of Statistics, the Ministry of Health, and the Population Secretariat. The objective of the community mobilization was to sensitize the respondents regarding the survey, including key topics in the questionnaires and the issue of drawing

blood in order to maximize participation. It was stressed that the blood sample was not for HIV-AIDS testing.

Seven groups of two officials were deployed to the districts. Before their arrivals, the Ministry of Health sent an advance letter requesting all District Directors of Health Services to identify the community mobilization coordinators for the respective districts. Together with the district coordinators and reporters from local media houses, the teams went to the sub-counties in which the enumeration areas (EAs) were located. At the sub-county, local officials were engaged to conduct community mobilization in the enumeration areas. The teams sent from the national level also visited a number of enumeration areas together with the local community mobilizers. In each EA, community mobilization was done one week before the data collection teams arrived. In Kampala city, additional sensitization was done through the use of Ministry of Health film vans that moved around the enumeration areas spreading out the message and providing a number of advocacy materials.

1.5.6 Fieldwork

Fifteen data collection teams consisting of three female interviewers, one male interviewer, a supervisor, a field editor, a health technician, and a driver began fieldwork on May 5, 2006. Fieldwork was completed in the first week of October 2006. Fieldwork supervision was coordinated from UBOS headquarters; four regional coordinators routinely visited teams to review their work and monitor data quality. Additionally, the UBOS headquarters and the teams maintained close contact through field visits by senior staff and Macro International staff. Regular communication was also maintained through cell phones. Teams implemented community mobilization in the sampled clusters to raise awareness of the nature and purpose of the study. Fieldwork was carried out in five separate field trips. Between trips, all teams met in Kampala to discuss problems with fieldwork logistics or data collection and to receive feedback and training reinforcement from UBOS staff.

A regular schedule was established in order to retrieve questionnaires and blood samples from the field. Dried blood spot samples for VAD were dried overnight in light-proof boxes and then stored in portable refrigerators run on the vehicle batteries in order to prevent degradation of retinol binding protein (RBP) in the samples. Blood samples were brought in from the field and transported to the laboratory at the Biochemistry Department at Makerere University, where they were stored in a -20 C freezer until they were tested.

1.5.7 Data Processing

The processing of the 2006 UDHS data began soon after the start of fieldwork. Completed questionnaires were returned periodically from the field to the UBOS data processing center, first in Entebbe and later in Kampala, where they were entered and edited by 15 data processing personnel who were specially trained for this task. The data processing personnel included a supervisor, a questionnaire administrator (who kept track of the questionnaires received from each cluster), an office editor, data entry operators, and a secondary editor. The concurrent processing of the data was an advantage since field check tables monitored various data quality parameters. As a result, the teams got specific feedback to improve performance. The data entry and editing phase of the survey was completed in mid-October 2006.

1.6 RESPONSE RATES

Table 1.2 shows household and individual response rates for the 2006 UDHS. A total of 9,864 households were selected for the sample, of which 9,099 were found to be occupied during data collection. Of these existing households, 8,870 were successfully interviewed, giving a household response rate of 98 percent.

In these households, 9,006 women were identified as eligible for the individual interview. Interviews were completed with 8,531 women, yielding a response rate of 95 percent. Of the 2,760 eligible men identified in the selected subsample of households, 91 percent were successfully interviewed. Response rates were higher in rural than urban areas, with the rural-urban difference in response rates most marked among eligible men.

Table 1.2 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence, Uganda 2006

	Residence		
Result	Urban	Rural	Total
Household interviews			
Households selected	1,637	8,227	9,864
Households occupied	1,496	7,603	9,099
Households interviewed	1,390	7,480	8,870
Household response rate[1]	92.9	98.4	97.5
Interviews with women age 15-49			
Number of eligible women	1,577	7,429	9,006
Number of eligible women interviewed	1,450	7,081	8,531
Eligible women response rate[2]	91.9	95.3	94.7
Interviews with men age 15-54			
Number of eligible men	479	2,281	2,760
Number of eligible men interviewed	391	2,112	2,503
Eligible men response rate[2]	81.6	92.6	90.7

[1] Households interviewed/households occupied
[2] Respondents interviewed/eligible respondents

CHARACTERISTICS OF HOUSEHOLDS AND HOUSEHOLD MEMBERS

2

This chapter presents information on some of the socioeconomic characteristics of the household[1] population and the individual survey respondents, such as age, sex, household composition, disability, and urban-rural residence. This chapter also considers the conditions of the households in which the survey population lives, including source of drinking water, availability of electricity, sanitation facilities, building materials, possession of household durable goods, and disability status of household members.

2.1 HOUSEHOLD POPULATION BY AGE AND SEX

The 2006 UDHS included a Household Questionnaire, which was used to elicit information on the socioeconomic characteristics of usual residents and visitors who had spent the previous night in the selected households.

Table 2.1 shows the reported distribution of the household population in five-year age groups, by sex and urban-rural residence. The data show that there are slightly more women (22,572) than men (20,949), with women constituting 52 percent of the population and men constituting 48 percent. The sex composition of the population does not show significant variation by urban-rural residence. The table further depicts Uganda as a young population, with a large proportion of the population being in the younger age groups. The population under age 15 constitutes 52 percent of the total population. The older age groups are very small in comparison, as can be seen in the population pyramid. In general, the population pyramid in Figure 2.1 reflects a broad base pattern, characteristic

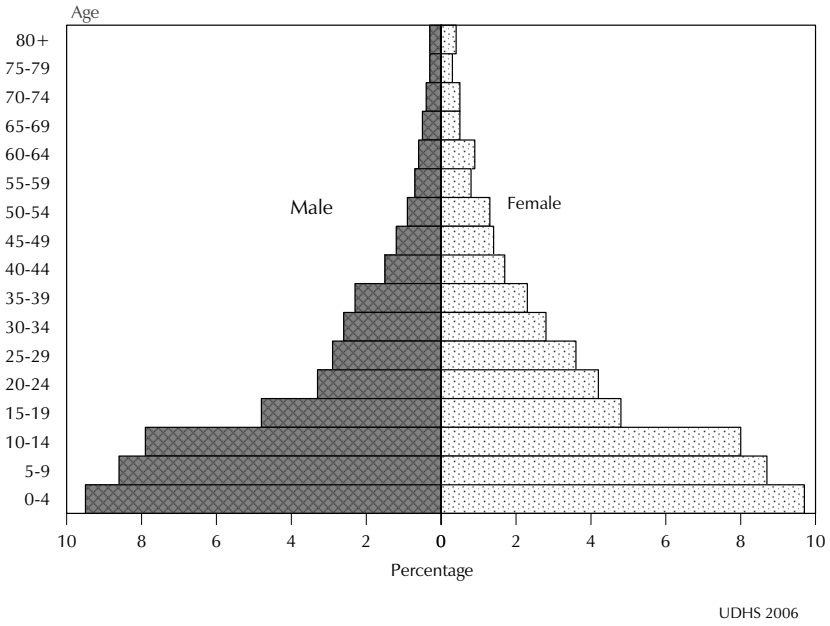
Table 2.1 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Uganda 2006

	Urban			Rural			Total		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	17.4	15.0	16.1	20.0	19.3	19.6	19.7	18.7	19.2
5-9	13.0	13.5	13.3	18.5	17.3	17.9	17.8	16.8	17.3
10-14	12.1	13.3	12.7	17.0	15.7	16.3	16.4	15.4	15.9
15-19	11.2	12.5	11.9	9.7	8.9	9.3	9.9	9.3	9.6
20-24	12.5	12.9	12.7	6.1	7.4	6.8	6.9	8.2	7.6
25-29	9.1	10.2	9.7	5.5	6.5	6.0	5.9	6.9	6.5
30-34	7.9	6.2	7.0	5.0	5.2	5.1	5.3	5.3	5.3
35-39	6.2	4.7	5.4	4.5	4.4	4.4	4.7	4.4	4.6
40-44	3.6	3.0	3.3	3.1	3.3	3.2	3.1	3.2	3.2
45-49	2.0	2.3	2.1	2.7	2.7	2.7	2.6	2.6	2.6
50-54	1.5	1.7	1.6	1.8	2.6	2.2	1.8	2.5	2.1
55-59	1.1	1.3	1.2	1.5	1.7	1.6	1.4	1.6	1.5
60-64	0.9	1.1	1.0	1.3	1.8	1.6	1.2	1.7	1.5
65-69	0.6	0.9	0.7	1.2	1.0	1.1	1.1	1.0	1.0
70-74	0.4	0.5	0.4	1.0	1.0	1.0	0.9	1.0	0.9
75-79	0.2	0.5	0.4	0.6	0.6	0.6	0.5	0.6	0.6
80 +	0.2	0.5	0.3	0.7	0.7	0.7	0.6	0.7	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	2,682	2,956	5,639	18,267	19,616	37,883	20,949	22,572	43,521

[1] A household was defined as a person or group of persons that usually lives and eats together.

Figure 2.1 Population Pyramid



of Uganda and half of its population being young. This type of age structure has a built-in momentum for the growth of the country's population. When the young population eventually reaches reproductive age, the result will be a high population growth rate for some years to come.

2.2 HOUSEHOLD COMPOSITION

Table 2.2 presents the headship and composition of households in Uganda. Only three in ten households are headed by women while seven in ten households are headed by men. The proportion of female-headed households is higher in urban areas than in rural areas (33 percent and 29 percent, respectively).

One in every ten households has only one member. One-member households are more likely to be found in urban areas (20 percent) than in rural areas (9 percent). The proportion of households with nine or more members remained unchanged since the 2000-2001 UDHS at 10 percent. Rural areas have consistently higher percentages of larger households (five persons or more) than urban areas. In urban areas, 34 percent of the households have one or two members, compared with 19 percent in rural areas. Table 2.2 shows that the mean household size is 5.0 persons. This is slightly higher than the figure of 4.8 obtained from both the 2002 Population and Housing Census (UBOS, 2006a) and the 2000-2001 UDHS. The mean household size is larger in rural areas (5.1 persons) than in urban areas (4.1 persons).

2.3 FOSTERHOOD AND ORPHANHOOD

In Uganda, a person less than 18 years old is defined as a child. Information on fosterhood and orphanhood of children is presented in Table 2.2. Three in ten households included one or more children who stayed with neither their natural father nor their natural mother. There was a higher percentage of households with foster children in rural areas than in urban areas. Households with orphans constitute one-quarter of all households in Uganda. There are more households with single orphans (18 percent) than with double orphans (6 percent). There are no major variations between rural and urban regarding households with orphans.

Table 2.2 Household composition

Percent distribution of households by sex of head of household and by household size, mean size of household, and percentage of households with orphans and foster children under 18, according to residence, Uganda 2006

Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	66.9	70.7	70.1
Female	33.1	29.3	29.9
Total	100.0	100.0	100.0
Number of usual members			
1	19.7	9.2	10.8
2	14.4	9.3	10.1
3	14.7	12.0	12.4
4	13.9	13.6	13.6
5	11.3	13.7	13.3
6	8.3	13.3	12.6
7	6.9	10.3	9.8
8	3.9	7.6	7.0
9+	6.9	11.0	10.3
Total	100.0	100.0	100.0
Mean size of households	4.1	5.1	5.0
Percentage of households with orphans[1] and foster children[2] under 18			
Foster children	26.9	30.9	30.3
Double orphans	4.8	6.1	5.9
Single orphans	15.5	17.8	17.5
No orphans	60.8	77.1	74.6
Number of households	1,389	7,481	8,870

Note: Table is based on de jure members, i.e., usual residents.
[1] An orphan is a child under age 18 who has lost either one or both parents.
[2] Foster children are those under age 18 living in households with neither their mother nor their father present.

2.4 HOUSING CHARACTERISTICS

Increased access to safe drinking water results in improved health outcomes in the form of reduced cases of water-borne diseases like dysentery and cholera. Through the Poverty Eradication Action Plan (PEAP), which is the national planning framework, the government hopes to achieve universal access by all households to improved water sources by 2015. Information was collected in the 2006 UDHS about certain characteristics of household drinking water, including source of drinking water, time taken to collect water, persons who usually collect the water, water treatment prior to drinking, and type of sanitation facility.

Table 2.3 shows that 67 percent of the households use improved water sources[2]. This figure is comparable to the percentage measured by the 2005-2006 UNHS (UBOS, 2006c). In urban areas, close to 9 in every 10 households have access to an improved water source. Tube wells or boreholes are still a major source of drinking water (31 percent), while protected wells and springs are the second most important source (20 percent). These two sources combined are used by just over half (51 percent) of households. Only 15 percent of households have access to piped water, mainly from a public tap. The percentage of households with access to piped water is much higher in the urban areas (60 percent) than the rural areas (7 percent).

[2] Improved water sources include piped water, public tap, tube well or borehole, protected dug well, or spring and rainwater. It should be noted that the definition of improved water sources used in Uganda differs from the international definition used here in that it excludes rainwater.

Table 2.3 Household drinking water

Percent distribution of households and de jure population by source of drinking water and by time to collect water, and percentage of households and population by person who usually collects drinking water and by methods of treating water, according to residence, Uganda 2006

Characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
Improved source	87.8	62.7	66.6	89.3	63.8	67.1
Piped water into dwelling/ yard/plot	20.2	0.9	3.9	20.7	0.7	3.3
Public tap/standpipe	39.3	6.3	11.4	35.8	6.0	9.8
Tube well or borehole	12.6	34.7	31.2	17.0	36.2	33.7
Protected dug well/spring	15.3	20.2	19.5	15.3	20.3	19.7
Rainwater	0.5	0.6	0.6	0.5	0.6	0.6
Non-improved source	9.7	36.1	32.0	9.7	35.2	32.0
Unprotected dug well/spring	4.6	22.3	19.6	4.8	22.3	20.1
Tanker truck/cart with small tank	1.2	0.3	0.4	0.6	0.2	0.2
Surface water	3.9	13.5	12.0	4.4	12.7	11.7
Bottled water, improved source for cooking/washing[1]	1.6	0.0	0.3	0.5	0.0	0.1
Bottled water, non-improved source for cooking/washing[1]	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.9	1.2	1.1	0.4	1.0	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using any improved source of drinking water	89.4	62.7	66.9	89.9	63.8	67.2
Time to obtain drinking water (round trip)						
Water on premises	24.0	2.2	5.6	24.3	2.0	4.9
Less than 30 minutes	45.9	29.5	32.1	43.0	28.4	30.3
30 minutes or longer	29.2	67.3	61.3	32.1	68.9	64.2
Don't know/missing	0.9	1.0	1.0	0.6	0.6	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Persons who usually collect drinking water[2]						
Adult male 15+	24.6	29.0	28.3	22.0	27.3	26.6
Adult female 15+	46.1	67.6	64.2	51.4	72.3	69.6
Male child under age 15	13.0	25.3	23.4	18.7	31.1	29.5
Female child under age 15	16.0	32.1	29.5	23.7	40.8	38.6
Not a household member	6.4	4.2	4.5	3.8	2.0	2.2
Water on premises	24.0	2.2	5.6	24.3	2.0	4.9
Water treatment prior to drinking[2]						
Boiled	68.6	34.4	39.7	67.8	32.5	37.1
Bleach/chlorine	1.3	0.7	0.8	1.6	0.7	0.8
Strained through cloth	1.6	1.6	1.6	2.1	1.6	1.6
Ceramic, sand, or other filter	1.0	0.4	0.5	1.4	0.5	0.6
Other	3.2	1.9	2.1	3.2	2.0	2.1
No treatment	29.3	63.4	58.1	29.9	65.2	60.7
Percentage using an appropriate treatment method[3]	70.2	36.2	41.5	69.9	34.4	38.9
Number	1,389	7,481	8,870	5,644	38,392	44,035

[1] Because the quality of bottled water is not known, households using bottled water for drinking are classified as using an improved or non-improved source according to their water source for cooking and washing.
[2] Respondents may report multiple categories so the sum may exceed 100 percent.
[3] Appropriate water treatment methods include boiling, bleaching, straining, filtering, and solar disinfecting.

Regarding time taken to draw water, findings show major urban-rural differences. In urban areas, 70 percent of the households take less than 30 minutes to obtain drinking water, compared with only 32 percent of rural households. The majority of rural households still take more than 30 minutes to make a round trip to and from the drinking water source. Findings show that most of the burden of fetching drinking water rests on women over age 15. Women usually collect water in almost two-thirds of households (64 percent). Girls under age 15 are the group next most likely to fetch water (30 percent of households), followed by men (28 percent of households) and boys under age 15 (23 percent of households). It should be noted that households could report more than one person who usually collects water. In urban areas, men usually collect water in a higher percentage of households than girls under age 15 (25 percent compared with 16 percent).

Water from an improved source can be contaminated at collection, during transportation, and during storage. Information was collected on whether or not water is treated prior to drinking. The majority of households (58 percent) perform no treatment on their drinking water. The most commonly reported method of treatment is boiling. Four in every ten households boiled water prior to drinking. The practice is more common in urban households (69 percent) than in rural households (34 percent).

Poor sanitation coupled with unsafe water sources increases the risk of water-borne diseases and illnesses due to poor hygiene. This has contributed immensely to the disease burden in Uganda. Households without proper toilet facilities are more exposed to the risk of diseases like dysentery, diarrhoea, and typhoid fever than those with improved sanitation facilities. Table 2.4 shows that about nine in ten households use non-improved toilet/latrine facilities. Households with improved toilet facilities (flush toilet, Ventilated Improved Pit (VIP) latrines, composting toilet and pit latrine with a slab) account for only 15 percent in urban and 8 percent in rural areas. Overall, 12 percent of the households in Uganda have no toilet facilities of any kind. This problem is more common in rural areas, where about 14 percent of the households have no toilet facilities, than in urban areas, where only 3 percent of the households have no facilities.

Table 2.4 Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities, according to residence, Uganda 2006

Type of toilet/ latrine facility	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Improved, not shared facility						
Flush toilet	4.7	0.1	0.8	6.0	0.1	0.9
Ventilated improved pit (VIP) latrine	2.4	0.7	1.0	3.6	0.8	1.2
Pit latrine with slab	7.5	7.0	7.1	11.5	8.1	8.5
Composting toilet	0.0	0.2	0.2	0.0	0.2	0.1
Non-improved facility						
Any facility shared with other households	75.8	37.3	43.3	67.1	32.6	37.0
Pit latrine without slab/open pit	6.5	40.8	35.4	9.1	44.9	40.3
No facility/bush/field	2.6	13.6	11.9	2.5	13.1	11.8
Other/missing	0.6	0.4	0.4	0.3	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,389	7,481	8,870	5,644	38,392	44,035

Table 2.5 provides information that relates to other characteristics of dwellings, such as whether or not the household has electricity, the main construction materials used for the floor, the number of rooms used for sleeping, and information on type of power/fuel used for cooking and location of cooking.

Only 9 percent of households in Uganda have access to electricity. The result is similar to what was found in the 2002 Population and Housing Census. Access to electricity is much higher in urban areas (42 percent) than in rural areas (3 percent). Indeed, findings show that electricity is still a preserve of the urban residents.

The type of material used for the floor may be viewed as an indicator of the quality of housing (a wealth dimension) as well as an indicator of health risk. Some floor materials like earth, sand, and cow dung pose a health problem since they can act as breeding grounds for pests and may be a source of dust. They are also more difficult to keep clean.

Overall, almost eight out of every ten households (77 percent) have floors made of earth, sand, or cow dung. In general, rural households have poorer quality floors than urban households. Eighty-six percent of rural households have earth or dung floors, compared with only 27 percent of the urban households. On the other hand, there is a larger percentage of urban households with cement, tiles, stones or brick floors (73 percent) compared with rural households (14 percent). Households with floors made from tiles or stones constitute less than 1 percent. Overall, the proportion of households with cement floors is 22 percent, which is higher than that measured in the 2002 population census.

The number of rooms used for sleeping gives an indication of the extent of crowding in households. Crowding in one sleeping room increases the risks of infection by diseases. In Uganda, a room for sleeping with more than two persons is considered to be over crowded. Overall, close to half (47 percent) of the households use only one room for sleeping. There is a higher percentage of households in urban areas sleeping in one room than in rural areas (63 percent and 44 percent, respectively). Households in rural areas are more likely to use two or more rooms for sleeping than households in urban areas.

Smoke from solid fuels for cooking such as charcoal, wood, and other biomass fuels is a major cause of respiratory infections. The type of fuel used for cooking, the location where food is cooked, and the type of stove used are all related to indoor air quality and the degree to which household members are exposed to risk of respiratory infections and other diseases. Eight in ten households cook in a separate building or outside. Rural households are more likely to cook in a separate building (65 percent) while urban households are more likely to cook outside (53 percent).

Cooking fuel affects the air quality for household members. Clean fuel is not affordable in most cases and most households resort to using solid fuels that emit a lot of smoke. As a result, household members are likely to be exposed to air pollution. Reducing the proportion of the population relying on solid fuels is a Millennium Development Goal. In Uganda, this proportion is 99 percent. Findings in Table 2.5 show that wood fuels (wood or charcoal) serve as the fuel used for cooking in 96 percent of all households in Uganda. Use of wood fuels in rural areas is almost universal with 98 percent of the households using it, while in urban areas, 85 percent of the households use this type of fuel. Furthermore, the continued use of wood fuels contributes to deforestation and poses one of the greatest challenges to the environment.

Energy-saving fire stoves have been promoted as a way of reducing firewood consumption and deforestation in general. Chimneys help to reduce the exposure of household members to the smoke from cooking fires. Results show that 94 percent of households use open fires/stoves without chimneys for cooking that waste energy and expose household members to harmful smoke.

Table 2.5 Household characteristics

Percent distribution of households and de jure population by housing characteristics, according to residence, Uganda 2006

Housing characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Electricity						
Yes	41.8	2.9	9.0	40.5	2.7	7.5
No	58.0	96.9	90.8	59.5	97.0	92.2
Missing	0.2	0.2	0.2	0.1	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material						
Earth, sand	16.8	43.9	39.6	17.0	42.3	39.1
Earth and dung	10.4	41.9	37.0	10.9	43.8	39.6
Mosaic or tiles	1.8	0.0	0.3	2.4	0.1	0.4
Bricks	0.3	0.3	0.3	0.4	0.3	0.3
Cement	69.7	13.6	22.4	68.1	13.3	20.3
Stones	0.7	0.2	0.3	1.0	0.2	0.3
Other/missing	0.2	0.1	0.1	0.2	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping						
One	62.6	44.3	47.1	46.4	32.7	34.4
Two	20.0	30.9	29.2	25.0	33.6	32.5
Three or more	15.8	24.3	22.9	27.4	33.2	32.5
Missing	1.5	0.6	0.7	1.2	0.6	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Place for cooking						
In the house	16.3	13.3	13.8	15.5	11.4	11.9
In a separate building	21.9	64.8	58.1	30.3	70.8	65.6
Outdoors	53.1	20.0	25.2	51.1	17.2	21.5
Missing	8.8	1.9	2.9	3.2	0.6	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel						
Electricity	0.2	0.0	0.0	0.1	0.0	0.0
LPG/natural gas/biogas	1.0	0.0	0.2	0.8	0.0	0.1
Kerosene/paraffin	5.0	0.5	1.2	1.7	0.1	0.3
Charcoal	63.6	6.9	15.7	66.0	5.2	13.0
Wood	21.5	90.6	79.8	28.1	93.9	85.5
Straw/shrubs/grass	0.1	0.3	0.3	0.2	0.4	0.3
No food cooked in household	8.7	1.7	2.8	3.0	0.4	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using solid fuel[1] for cooking	85.1	97.8	95.8	94.3	99.4	98.8
Number of households	1,389	7,481	8,870	5,644	38,392	44,035
Type of fire/stove among households using solid fuel[1]						
Open fire/stove with chimney	6.0	5.3	5.4	5.8	5.3	5.3
Open fire/stove without chimney	92.5	93.8	93.7	93.0	93.9	93.8
Missing	1.5	0.8	0.9	1.2	0.9	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population using solid fuel	1,183	7,314	8,497	5,324	38,180	43,504

LPG = Liquid petroleum gas
[1] Includes coal/lignite, charcoal, wood/straw/shrubs, agricultural crops, and animal dung

2.5 HOUSEHOLD ASSETS

The 2006 UDHS also collected information on the household's ownership of selected assets that are in themselves believed to have a strong association with poverty levels. Some of these can be used to measure household welfare when combined with other indicators to generate a wealth index. Information was collected on household ownership of radio and television as a measure of access to mass media; telephone ownership (both mobile and non-mobile telephones) as an indicator of access to an efficient means of communication; refrigerator ownership as an indication of the capacity for hygienic storage of foods; and ownership of a means of transportation (bicycle, motorcycle, boat with or without a motor, or private car or truck) as a sign of the household's level of access to public services and markets as well as exposure to developments in other areas. In addition, ownership of agricultural land shows the household access to means of production. Ownership of farm animals such as local cattle, exotic/cross cattle, horses/donkeys/mules, goats, sheep, pigs, or chickens indicates the level of assets households possess that could be used to meet household demands.

Table 2.6 shows that 61 percent of the households in Uganda own a radio; urban households are more likely than rural households to own a radio (75 percent compared with 58 percent). Ownership of television sets has not increased since 2000-2001 UDHS with only 6 percent of households owning a television set. Sixteen percent of households own a mobile telephone while less than 1 percent own a non-mobile telephone. Regarding transport, 38 percent of households own bicycles. There are twice as many rural households with bicycles than urban households, while 7 percent of urban households own cars or trucks compared with less than 1 percent of rural households. About 3 percent of the households own a motorcycle.

Goats and pigs were the most commonly owned types of livestock, each owned by 8 percent of households. Seven percent of households owned chickens, and 6 percent of households owned local cattle. As expected, rural households are more likely to own each type of livestock than urban households.

Table 2.6 Household assets

Percentage of households and de jure population possessing various household effects, means of transportation, agricultural land, and livestock/farm animals by residence, Uganda 2006

	Households			Population		
Possession	Urban	Rural	Total	Urban	Rural	Total
Household effects						
Radio	74.8	58.2	60.8	77.4	60.9	63.0
Television	25.5	2.6	6.2	28.9	2.9	6.2
Mobile telephone	52.8	9.6	16.4	53.8	10.6	16.2
Non-mobile telephone	3.1	0.2	0.7	3.6	0.2	0.6
Refrigerator	13.7	1.2	3.2	16.5	1.4	3.3
Means of transport						
Bicycle	20.0	40.8	37.5	26.1	46.7	44.0
Animal drawn cart	0.8	0.3	0.4	1.3	0.3	0.5
Motorcycle/scooter	4.3	2.4	2.7	5.2	2.9	3.2
Car/truck	6.6	0.8	1.7	9.5	1.0	2.1
Boat with a motor	0.1	0.2	0.2	0.1	0.2	0.2
Boat without a motor	0.4	0.8	0.7	0.6	0.6	0.6
Ownership of agricultural land	40.0	82.0	75.5	47.4	85.7	80.8
Ownership of farm animals						
Local cattle	1.8	7.3	6.4	2.0	8.3	7.5
Exotic/cross cattle	1.0	1.6	1.5	1.2	2.0	1.9
Horses/donkeys/mules	0.0	0.2	0.1	0.0	0.2	0.2
Goats	1.8	9.3	8.2	2.3	10.0	9.0
Sheep	0.8	3.3	2.9	1.2	3.8	3.4
Pigs	1.5	8.8	7.7	1.7	9.4	8.4
Chickens	2.2	7.3	6.5	2.9	7.2	6.7
Number of households	1,389	7,481	8,870	5,644	38,392	44,035

2.6 WEALTH QUINTILES

The UDHS did not collect information on household income or consumption. However, information on household assets is used to create an index representing the wealth of the households interviewed. The wealth index is a proxy for long-term standard of living of the household. Household assets used to calculate the wealth index include consumer items such as a refrigerator, television, and car; dwelling characteristics such as floor material; type of drinking water source; toilet facilities; and other characteristics that are related to wealth status.

To construct the wealth index, each household asset for which information was collected is assigned a weight or factor score generated through principal components analysis. The resulting asset scores are standardized in relation to a standard normal distribution with a mean of zero and a standard deviation of one.

Each household is assigned a standardized score for each asset, where the score differs depending on whether or not the household owned that asset (or, in the case of sleeping arrangements, the number of people per room). These scores are summed by household, and individuals are ranked according to the total score of the household in which they reside. The sample is then divided into population quintiles, i.e., five groups with the same number of individuals in each. The 20 percent of the population with the lowest total asset scores become the individuals in the lowest wealth quintile, the next 20 percent become the members of the second wealth quintile, and so forth. At the national level, approximately 20 percent of the household population is in each wealth quintile.

In other words, the wealth index measures the standard of living of a household relative to other households in Uganda. The wealth quintile of a household does not indicate whether or not the household lives in poverty according to Uganda's poverty definition. Rather, it indicates that an individual living in a household in the second wealth quintile has better socio-economic status than someone in the lowest wealth quintile and worse socio-economic status than someone in the middle wealth quintile.

In defining the wealth quintiles, a single asset index is developed on the basis of data from the entire country sample and used in all the tabulations presented. Separate asset indices are not prepared for rural and urban population groups on the basis of rural or urban data, respectively.

Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health or population indicator. Thus, for example, the quintile rates for infant mortality refer to the infant mortality rates per 1,000 live births among all people in the population quintile concerned, as distinct from quintiles of live births or newly born infants, who constitute the only members of the population at risk of mortality during infancy.

The assets index has been found to be highly comparable to both poverty rates and gross domestic product per capita for India, and against expenditure data from household surveys in Nepal, Pakistan and Indonesia (Filmer and Pritchett, 1998) and Guatemala (Rutstein, 1999).

Table 2.7 shows the distribution of the *de jure* household population into five wealth levels (quintiles) based on the wealth index by residence. These distributions indicate the degree to which wealth is evenly (or unevenly) distributed by geographic areas. The findings indicate that wealth is concentrated in urban areas. Among the population in urban areas, 73 percent is in the highest wealth quintile, compared with only 12 percent of the household population in rural areas.

Table 2.7 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, according to residence and region, Uganda 2006

Residence/region	Wealth quintile					Total	Number of population
	Lowest	Second	Middle	Fourth	Highest		
Residence							
Urban	2.9	4.7	4.8	14.9	72.7	100.0	5,644
Rural	22.5	22.2	22.2	20.7	12.3	100.0	38,392
Region							
Central 1	5.5	10.1	19.0	27.5	38.0	100.0	4,608
Central 2	4.6	14.6	19.8	29.7	31.4	100.0	4,225
Kampala	0.0	0.0	0.2	6.6	93.2	100.0	2,499
East Central	11.4	18.5	21.0	29.3	19.8	100.0	4,419
Eastern	28.7	28.2	21.0	15.2	6.9	100.0	6,441
North	58.2	24.6	6.9	5.8	4.5	100.0	7,230
West Nile	23.0	40.3	14.2	11.7	10.7	100.0	2,388
Western	12.3	20.5	30.2	27.0	10.0	100.0	6,730
Southwest	7.8	17.7	35.4	24.2	15.0	100.0	5,496
North Sub-regions							
IDP	69.2	22.0	5.3	2.2	1.3	100.0	3,153
Karamoja	76.0	7.3	3.4	8.8	4.5	100.0	1,602
Total	20.0	20.0	20.0	20.0	20.0	100.0	44,035

Differentials in welfare levels are manifested between regions. More than nine out of every ten persons in Kampala city are in the highest wealth quintile, indicating that they are better off compared to all other regions. In Central 1 and Central 2, more than 30 percent of the household population falls into the highest two wealth quintiles. The North region is the least well off, with 58 percent of the household population falling in the lowest wealth quintile. People living in IDP camps in the North and in Karamoja are found to be the most disadvantaged, with over 69 percent of the population in the IDP camps and 76 percent of the household population Karamoja in the lowest wealth quintile. These results further confirm other findings that poverty is more concentrated in the North than in any other region.

2.7 BIRTH REGISTRATION

It is a human right for a child to know who its parents are and to have a nationality through registration. The registration system in Uganda is still undergoing revival and significant progress has been made to extend coverage to all districts. The revival process is supported by UNICEF, the Ministry of Justice and Constitutional Affairs, Plan International, and UBOS, among others. To date, registration of births is being undertaken in more than 36 districts countrywide. Apart from being the first legal acknowledgment of a child's existence, the registration of births is fundamental to the realisation of a number of rights and practical needs, including but not limited to provision of access to health care and provision of access to immunisation. Birth registration in a well established and functioning system ensures that the country has an up-to-date and reliable database for planning. This is as useful for national-level planning as it is for local government bodies that are responsible for maintaining education, health, and other social services for the community.

Table 2.8 shows that only one in every five children is registered in Uganda. There is a slightly higher proportion of children registered in urban areas than in rural areas (24 percent compared with 21 percent). There was a higher proportion of births registered in East Central (37 percent), Western (28 percent), and West Nile (27 percent) regions than in other regions. Registration of births in the IDP camps is rather high (29 percent), indicating the extent of targeting that was undertaken in the conflict areas of Gulu, Kitgum, and Pader. Birth registration is highest among births in the highest wealth quintile (26 percent), followed by births in the second wealth quintile (23 percent). Birth registration is lowest in the lowest wealth quintile (17 percent).

Table 2.8 Birth registration of children under age five

Percentage of de jure children under five years of age whose births are registered with the civil authorities, according to background characteristics, Uganda 2006

Background characteristic	Percentage of children whose births are registered				Number of children
	Has a birth certificate, seen	Has a birth certificate, not seen	Did not have a birth certificate	Total registered	
Age					
<2	3.3	4.9	10.1	18.3	3,293
2-4	5.0	6.9	10.8	22.7	5,106
Sex					
Male	4.7	6.4	10.2	21.4	4,151
Female	4.0	5.8	10.9	20.7	4,247
Residence					
Urban	3.3	14.3	6.0	23.6	917
Rural	4.5	5.1	11.1	20.7	7,482
Region					
Central 1	1.5	4.7	3.9	10.1	811
Central 2	1.6	6.4	7.5	15.4	762
Kampala	1.8	13.4	3.5	18.7	378
East Central	9.3	10.7	17.3	37.2	890
Eastern	6.0	2.8	7.5	16.2	1,288
North	5.0	6.3	11.7	23.0	1,474
West Nile	7.7	5.5	13.9	27.1	442
Western	2.2	6.4	19.6	28.2	1,310
Southwest	3.7	4.3	4.1	12.1	1,042
North Sub-regions					
IDP	3.7	10.0	15.1	28.8	658
Karamoja	0.8	1.7	2.7	5.2	326
Wealth quintile					
Lowest	4.0	3.8	9.6	17.4	1,926
Second	5.5	3.8	13.9	23.2	1,839
Middle	4.6	4.3	9.9	18.7	1,678
Fourth	3.8	6.9	10.6	21.3	1,603
Highest	3.7	14.1	8.1	25.8	1,353
Total	4.4	6.1	10.5	21.0	8,398

2.8 DISABILITY

Because of their status, persons with disabilities (PWDs) are vulnerable and suffer from social exclusion, stigma, and discrimination. The Government of Uganda has developed a National Disability Policy to ensure a conducive environment for participation of PWDs and to promote effective, friendly service delivery to PWDs and their caregivers. Information was collected on each household member aged five years and over about whether he/she had difficulties with seeing, hearing, walking or climbing stairs, in remembering or concentrating, in self-care, and in communicating.

The set of six questions included in the UDHS was based on a tool that was being developed by the UN Washington Group on Disability Statistics (WG). The WG is one of several City Groups formed under the auspices of the United Nations Statistical Commission, and it is mandated to develop tools to measure disability in censuses and sample surveys. The WG's questions focus on a person's functional abilities rather than physical characteristics. For example, the question on vision was phrased as follows: "Does (NAME) have difficulty seeing, even if wearing glasses?" The responses were classified into one the following categories: no, no difficulty; yes, some difficulty; yes, a lot of difficulty; cannot do at all; and don't know.

Table 2.9 shows that the overall disability rate is 20 percent for persons age five years and above. The disability rate is much higher than the 3.5 percent rate from the 2002 Population and Housing Census and the 7 percent rate from the 2005-2006 Uganda National Household Survey (UBOS, 2006c)[3]. This is largely because of improvements and changes made in the phrasing of the disability questions. Hence, caution should be used in making comparisons. The results also show that 16 percent of the household population age five years and older were reported to have "some difficulty" in at least one of the six functional domains, while 4 percent have "a lot of difficulty" and less than 1 percent were reported as not able to perform at all at least one of the six functions asked about.

The proportion of individuals defined as disabled using this set of questions increases rapidly after the age of 40. The percentage of individuals considered disabled rises from 35 percent among household members in their forties, to 50 percent among household members in their fifties and 76 percent among household members aged 60 years and over. Difficulties in seeing or walking and climbing steps were more prevalent than other types of disabilities (10 and 7 percent, respectively).

Table 2.9 Disability by functional domain and age

Percent distribution of de facto household population age five and over by degree of difficulty according to functional domain, and percent distribution of de facto household population age five and over by highest degree of difficulty in any functional domain, according to age, Uganda 2006

	Degree of difficulty						Some difficulty, a lot of difficulty, or can't do at all	Number of individuals
Functional area and age	Can't do at all	A lot of difficulty	Some difficulty	No difficulty	Don't know/ missing	Total		
Difficulty seeing	0.1	1.1	8.7	89.8	0.3	100.0	9.9	35,166
Difficulty hearing	0.1	0.7	4.8	94.1	0.3	100.0	5.6	35,166
Difficulty walking or climbing stairs	0.1	1.5	5.5	92.5	0.3	100.0	7.2	35,166
Difficulty remembering or	0.1	1.0	5.3	93.3	0.3	100.0	6.4	35,166
Difficulty with self-care	0.1	0.5	1.7	97.4	0.3	100.0	2.3	35,166
Difficulty communicating	0.1	0.4	1.3	97.8	0.3	100.0	1.9	35,166
Difficulty in at least one functional area								
5-9	0.3	2.3	8.5	87.9	1.0	100.0	11.1	7,519
10-14	0.3	2.1	10.2	87.3	0.2	100.0	12.5	6,912
15-19	0.5	2.1	9.8	87.4	0.2	100.0	12.4	4,185
20-29	0.3	1.9	9.8	87.9	0.1	100.0	12.0	6,095
30-39	0.2	2.2	15.6	81.6	0.3	100.0	18.1	4,311
40-49	0.2	3.6	31.1	64.9	0.3	100.0	34.9	2,515
50-59	0.5	8.5	40.8	50.1	0.2	100.0	49.8	1,600
60+	2.9	22.5	51.0	23.4	0.3	100.0	76.3	2,026
Total age 10 and over	0.5	4.1	17.5	77.7	0.2	100.0	22.1	27,647
Total age 15 and over	0.6	4.7	20.0	74.5	0.2	100.0	25.3	20,735
Total	0.5	3.7	15.6	79.9	0.4	100.0	19.8	35,166

[3] Figures for disability from the 2002 Population and Housing Census and the 2005-2006 Uganda National Household Survey are for all persons, not just those age five and above.

EDUCATION 3

3.1 EDUCATIONAL LEVEL OF HOUSEHOLD POPULATION

Education affects many aspects of life, including individual demographic and health behaviour. Studies have shown that educational level is strongly associated with contraceptive use, fertility, and the general health status, morbidity, and mortality of children. In each household, for all persons age five years or older, data were collected on the highest level of education attended and the highest grade completed at that level. Table 3.1 shows the distribution of female and male household members age six years and older by the highest level of education attained and the median number of years of education completed, according to background characteristics.

As shown in Table 3.1, the vast majority of Ugandans have attended school, although many do not complete primary school. Among those who never attended school, more females than males never attended. Nearly one in four females (23 percent) age six years or older in Uganda has never been to school, compared with 12 percent of males. However, the gender gap in educational attainment has narrowed over time. Males age 20 and older are less likely to have no education and more likely to have attained some secondary education than females age 20 and older. In contrast, the proportion of individuals age 6-19 with no education and with at least some secondary education is similar for males and females. This trend towards equality in educational attainment is likely related to the Government of Uganda's Universal Primary Education (UPE) programme.

It is worth noting that despite the existence of the UPE programme, about three in ten girls and boys age 6-9 years have never attended school. Other studies in Uganda, including the 2005-2006 Uganda National Household Survey (UBOS, 2006c), show that this may be attributed to hindrances like long distances to the nearest school, other educational costs to be met by parents, such as school uniforms and scholastic materials, and parents who consider their children to be too young to start school.

Overall, levels of educational attainment are higher in urban areas than in rural areas. The percentage with no education is lower and the percentage with secondary education is higher in urban areas than in rural areas. Similarly, the median number of years of schooling is higher in urban areas than in rural areas. Kampala has the highest proportion of males and females who have attained more than primary education, with 52 percent of males and 47 percent of females having attended secondary school, completed secondary school, or attended school beyond the secondary level. The North region has the highest percentages of males and females with no education (17 percent and 35 percent, respectively).

Slightly more than one in four females (28 percent) in the IDP camps have no education while only about one in ten males (9 percent) have no education. The percentage of males with no education in IDPs is surprisingly lower than in all other regions except Kampala. In the Karamoja sub-region, two out of three females (67 percent) and more than half of the males (53 percent) have no education. There are only very small percentages of females with more than an incomplete primary education in both the IDP camps and Karamoja.

The likelihood of never having attended school increases dramatically as wealth decreases. Among females, 38 percent of those from the poorest households have never attended school while just 8 percent of females from the wealthiest households have never attended. Differences by wealth are also large among males; 21 percent of males from the poorest households have no schooling compared with 6 percent from the wealthiest households.

The likelihood of reaching the secondary level of schooling is much greater among the wealthiest Ugandans than those from poorer households. Forty-two percent of males from the wealthiest households have attended secondary school or higher compared with 6 to 18 percent of males from the remaining wealth quintiles. A similar pattern is observed for women, with 35 percent of females from the wealthiest households and just 2 to 10 percent of those from less wealthy households having attained at least some secondary education.

Table 3.1 Educational attainment of household population

Percent distribution of the de facto male and female household population age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Uganda 2006

Background characteristic	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Don't know/ missing	Total	Number	Median years completed
					MALE					
Age										
6-9	28.9	71.0	0.0	0.0	0.0	0.0	0.1	100.0	3,032	0.0
10-14	3.9	93.4	1.0	1.7	0.0	0.0	0.0	100.0	3,434	2.2
15-19	3.1	60.0	9.2	26.2	0.2	1.2	0.1	100.0	2,079	5.3
20-24	4.7	38.4	15.0	31.5	2.5	7.3	0.6	100.0	1,446	6.4
25-29	7.6	41.9	13.9	22.6	3.2	9.4	1.4	100.0	1,243	6.0
30-34	7.2	48.0	13.6	19.1	1.4	9.9	0.8	100.0	1,120	5.6
35-39	8.0	45.0	15.6	18.5	2.5	9.1	1.2	100.0	994	5.7
40-44	10.9	48.2	14.5	15.2	1.7	8.5	1.0	100.0	656	5.3
45-49	12.4	45.7	19.8	11.6	1.3	8.2	1.0	100.0	542	5.1
50-54	19.9	39.4	17.7	13.8	1.4	7.1	0.7	100.0	375	5.2
55-59	18.5	43.2	18.1	12.0	0.9	5.9	1.3	100.0	300	5.1
60-64	26.8	47.6	7.9	10.8	0.4	5.0	1.5	100.0	261	3.9
65+	37.3	46.7	3.7	5.7	0.3	4.5	1.8	100.0	653	2.1
Residence										
Urban	5.9	41.1	8.9	26.5	3.1	12.8	1.7	100.0	2,150	6.2
Rural	13.2	64.7	7.9	10.6	0.6	2.6	0.4	100.0	13,986	3.0
Region										
Central 1	11.0	59.5	7.4	15.1	1.8	4.0	1.2	100.0	1,728	3.8
Central 2	12.2	61.0	7.2	16.3	0.6	2.4	0.4	100.0	1,646	3.4
Kampala	5.1	30.7	10.2	30.3	4.1	17.6	2.0	100.0	1,001	7.4
East Central	10.2	64.9	7.4	13.4	0.6	3.1	0.4	100.0	1,527	3.1
Eastern	10.2	67.8	7.4	10.3	0.6	3.6	0.1	100.0	2,280	3.1
North	17.1	62.2	7.9	8.9	0.3	3.0	0.5	100.0	2,512	2.9
West Nile	10.0	66.0	8.0	12.4	0.6	2.9	0.1	100.0	900	3.0
Western	13.0	65.4	7.2	10.9	1.1	2.0	0.4	100.0	2,559	3.0
Southwest	15.0	62.1	10.5	8.5	0.2	3.5	0.3	100.0	1,983	2.7
North Sub-regions										
IDP	8.9	70.9	8.8	8.3	0.1	2.6	0.4	100.0	1,119	3.4
Karamoja	52.7	36.5	2.1	5.1	0.2	2.5	0.9	100.0	519	0.0
Wealth quintile										
Lowest	20.8	66.1	6.7	5.0	0.1	0.8	0.3	100.0	2,958	1.9
Second	13.0	69.4	8.6	7.1	0.1	1.5	0.2	100.0	3,160	2.7
Middle	13.9	67.2	7.6	9.3	0.4	1.3	0.4	100.0	3,242	2.7
Fourth	8.8	63.9	9.1	13.8	0.8	3.2	0.4	100.0	3,306	3.7
Highest	6.1	43.1	8.0	26.5	3.0	12.0	1.3	100.0	3,471	6.0
Total	12.3	61.6	8.0	12.7	0.9	4.0	0.5	100.0	16,136	3.3

Continued…

Table 3.1—*Continued*

Background characteristic	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Don't know/ missing	Total	Number	Median years completed
					FEMALE					
Age										
6-9	30.0	69.8	0.0	0.0	0.0	0.0	0.2	100.0	3,063	0.0
10-14	4.1	92.6	1.2	2.0	0.0	0.0	0.0	100.0	3,479	2.4
15-19	4.2	57.6	9.9	26.5	0.6	0.9	0.2	100.0	2,106	5.3
20-24	11.4	45.6	12.8	21.3	1.9	6.0	1.0	100.0	1,840	5.3
25-29	18.6	47.9	11.4	14.3	0.8	6.3	0.8	100.0	1,567	4.1
30-34	22.3	51.3	10.1	11.7	0.6	3.6	0.5	100.0	1,204	3.7
35-39	31.3	46.9	9.4	8.2	0.2	3.5	0.5	100.0	993	2.7
40-44	37.5	41.6	10.2	7.7	0.3	2.7	0.1	100.0	728	1.8
45-49	43.8	37.3	8.3	6.7	0.1	3.5	0.4	100.0	589	1.1
50-54	51.3	34.3	5.2	4.5	0.1	3.8	0.9	100.0	555	0.0
55-59	57.7	32.2	2.1	4.0	0.0	3.3	0.7	100.0	370	0.0
60-64	68.9	27.1	1.0	0.9	0.0	1.0	1.1	100.0	385	0.0
65+	71.3	23.9	0.9	0.9	0.0	0.8	2.2	100.0	729	0.0
Residence										
Urban	11.5	43.8	8.6	24.6	2.0	8.5	0.9	100.0	2,441	5.3
Rural	24.8	61.2	5.5	6.7	0.2	1.2	0.4	100.0	15,174	1.8
Region										
Central 1	15.8	58.2	6.4	15.1	0.5	3.3	0.8	100.0	1,888	3.5
Central 2	19.5	59.2	7.7	11.4	0.1	1.8	0.3	100.0	1,673	2.8
Kampala	6.7	35.0	10.4	30.7	3.3	12.5	1.3	100.0	1,098	6.7
East Central	20.0	60.3	6.1	11.0	0.2	1.8	0.7	100.0	1,809	2.4
Eastern	19.5	66.0	5.7	7.0	0.2	1.4	0.1	100.0	2,536	2.1
North	34.8	57.6	3.2	2.9	0.1	0.9	0.5	100.0	2,855	0.7
West Nile	26.2	64.7	3.1	4.7	0.4	0.7	0.1	100.0	975	1.3
Western	26.2	62.0	4.7	5.6	0.0	1.2	0.4	100.0	2,555	1.6
Southwest	26.1	56.7	8.5	6.8	0.4	1.2	0.3	100.0	2,227	2.0
North Sub-regions										
IDP	28.0	65.4	3.9	1.6	0.0	0.5	0.6	100.0	1,142	1.1
Karamoja	66.5	29.5	1.1	1.6	0.0	0.2	1.1	100.0	683	0.0
Wealth quintile										
Lowest	38.0	57.5	2.5	1.5	0.0	0.1	0.4	100.0	3,397	0.2
Second	28.1	62.9	4.8	3.4	0.0	0.4	0.3	100.0	3,392	1.4
Middle	25.3	63.4	5.4	4.9	0.1	0.4	0.4	100.0	3,520	1.7
Fourth	17.4	64.3	7.6	9.1	0.1	1.1	0.6	100.0	3,526	2.8
Highest	8.0	46.8	9.2	25.2	1.7	8.5	0.6	100.0	3,779	5.4
Total	23.0	58.8	6.0	9.1	0.4	2.2	0.5	100.0	17,615	2.2

Note: Totals include 1 male and 7 females with age missing.
[1] Completed 7 grades at the primary level
[2] Completed 6 grades at the secondary level

3.2 SCHOOL ATTENDANCE RATIOS

3.2.1 Primary School Attendance Ratios

Uganda uses a 7-6-3 formal education system, namely seven years of primary, six years of secondary (with four years of ordinary secondary and two years of advanced secondary), and three years of university/tertiary. The official age ranges for these levels are 6-12 years, 13-18 years, and 19-24 years, respectively.

The Net Attendance Ratio (NAR) for the primary level is the percentage of the primary-school-age population (age 6-12) that is attending primary school. Overall, the primary school NAR is 82 percent in Uganda (see Table 3.2). In urban areas, 88 percent of children age 6-12 attend primary school compared with 81 percent in rural areas. There is virtually no difference in the primary net attendance ratio by sex; the NAR is 81 percent for females versus 82 percent for males.

Table 3.2 School attendance ratios

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling; and the gender parity index (GPI), according to background characteristics, Uganda 2006

Background characteristic	Net attendance ratio[1]			Gross attendance ratio[2]			Gender Parity Index[3]
	Male	Female	Total	Male	Female	Total	
PRIMARY SCHOOL							
Residence							
Urban	89.8	86.5	88.0	124.6	116.6	120.2	0.94
Rural	81.6	80.6	81.1	119.5	114.3	116.9	0.96
Region							
Central 1	82.1	83.8	83.0	115.9	111.9	113.8	0.97
Central 2	83.6	84.1	83.8	120.8	113.2	117.0	0.94
Kampala	85.8	86.6	86.2	114.8	113.0	113.8	0.98
East Central	84.8	86.0	85.4	116.2	117.5	116.8	1.01
Eastern	86.5	88.2	87.4	128.6	123.5	126.0	0.96
North	76.5	72.0	74.2	111.1	98.8	104.8	0.89
West Nile	82.7	77.2	80.1	128.6	119.8	124.3	0.93
Western	80.8	79.4	80.1	121.2	119.5	120.4	0.99
Southwest	83.2	79.8	81.5	124.5	120.6	122.6	0.97
North Sub-regions							
IDP	85.6	82.1	83.9	126.2	108.2	117.4	0.86
Karamoja	44.5	42.1	43.3	61.7	57.9	59.7	0.94
Wealth quintile							
Lowest	73.3	71.3	72.3	106.8	97.4	102.1	0.91
Second	82.5	78.2	80.4	118.2	110.6	114.5	0.94
Middle	82.3	81.9	82.1	123.8	117.6	120.7	0.95
Fourth	86.1	86.5	86.3	126.3	125.4	125.8	0.99
Highest	88.7	88.9	88.8	126.3	121.9	124.0	0.97
Total	82.3	81.2	81.8	120.0	114.6	117.3	0.95
SECONDARY SCHOOL							
Residence							
Urban	35.8	34.8	35.3	57.4	42.9	49.4	0.75
Rural	13.5	13.1	13.3	20.0	15.7	17.9	0.79
Region							
Central 1	25.2	32.0	28.6	30.9	38.6	34.7	1.25
Central 2	25.3	20.3	23.2	30.0	23.7	27.3	0.79
Kampala	42.2	45.2	43.9	60.6	52.8	56.2	0.87
East Central	17.1	20.6	19.0	30.4	26.1	28.0	0.86
Eastern	12.6	11.8	12.2	20.9	13.9	17.5	0.66
North	5.9	4.0	5.0	13.7	5.8	9.8	0.42
West Nile	16.6	4.9	11.1	26.7	9.3	18.5	0.35
Western	8.7	8.1	8.4	18.3	10.3	14.3	0.56
Southwest	12.3	13.7	13.0	18.0	15.6	16.8	0.87
North Sub-regions							
IDP	5.1	0.9	3.2	9.8	1.3	6.0	0.13
Karamoja	0.0	2.1	1.2	5.7	2.6	4.0	0.46
Wealth quintile							
Lowest	3.2	2.5	2.9	6.9	3.1	5.0	0.45
Second	6.3	6.4	6.4	11.5	9.6	10.5	0.84
Middle	9.2	9.3	9.2	14.8	10.6	12.8	0.72
Fourth	16.4	13.3	14.9	24.3	15.7	20.1	0.65
Highest	38.2	38.5	38.4	55.1	46.5	50.6	0.84
Total	16.2	16.4	16.3	24.7	19.9	22.3	0.81

[1] The NAR for primary school is the percentage of the primary-school-age (6-12 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school-age (13-18 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.

[2] The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

[3] The Gender Parity Index for primary school is the ratio of the primary school NAR(GAR) for females to the NAR(GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR(GAR) for females to the NAR(GAR) for males.

na = Not applicable

There is some variation in the NAR by region. Eastern leads with a primary NAR of 87 percent. The North region has the lowest NAR, with 74 percent of children age 6-12 attending primary school. The situation in the IDP camps is similar to the rest of the regions, however the Karamoja sub-region reported an exceptionally low NAR of 43 percent (45 percent for boys and 42 percent for girls).

In addition, the NAR is lowest among school-age children in the poorest households (72 percent) and increases with wealth to 89 percent among children in the wealthiest households.

The Gross Attendance Ratio (GAR) measures attendance irrespective of the official age at each level. The GAR for primary school is the total number of primary school students (age 5-24), expressed as a percentage of the official primary-school-age population (age 6-12). A major contributing factor to high GAR is children starting primary school later than the recommended age of 6 years. In addition, although the UPE programme, introduced in 1997, was intended for all children age 6-15, many above age 15 enrolled in primary school as a result of the initiative. This is another factor that may contribute to overage participation at the primary level and, thus, a high GAR.

Overall, the primary school GAR is 117, with the highest GAR in the North (105). Considering the North sub-regions, it is notable that the GAR in the Karamoja sub-region is only 60. As was the case with the NAR, the primary GAR rises by wealth quintile (from 102 to 124) and there are no notable differences by sex.

The Gender Parity Index (GPI) is a measure of the ratio of females to males attending school, regardless of age. For primary school, the GPI is 0.95, indicating that the number of female and male students is almost the same, with males slightly outnumbering females. There is not much variation in the GPI for the primary school GAR by background characteristics; however, the ratio is lower than average in the IDP camps (0.86).

3.2.2 Secondary School Attendance Ratios

The concept of the NAR at the secondary level is similar to that of the primary level, being the percentage of the secondary-school-age population (13-18 years) that is attending secondary school. Overall, only 16 out of 100 children of secondary school age in Uganda attend secondary school. The secondary NARs for males and females are also both 16 percent. The Government of Uganda introduced a programme of Universal Secondary Education (USE) in 2007 to increase secondary school enrolment.

The secondary school net attendance ratio is better in urban areas than in rural areas (35 percent versus 13 percent). This pattern is the same for boys and girls. At the regional level, Kampala has the highest secondary NAR with 44 percent, followed by Central 1 (29 percent) and Central 2 (23 percent). The North and Western regions lag far behind with NARs of 5 percent and 8 percent, respectively. The secondary net attendance ratio is extremely low in the IDP camps (3 percent), with 5 percent of males and less than 1 percent of secondary-school-age females attending secondary school. In the Karamoja sub-region, just 1 percent of secondary-school-age youth attends secondary school.

The secondary school NAR rises with wealth from about 3 percent in the lowest wealth quintile to 38 percent in the wealthiest quintile. This finding suggests that poverty and factors related to poverty play an important role in whether children are sent to secondary school.

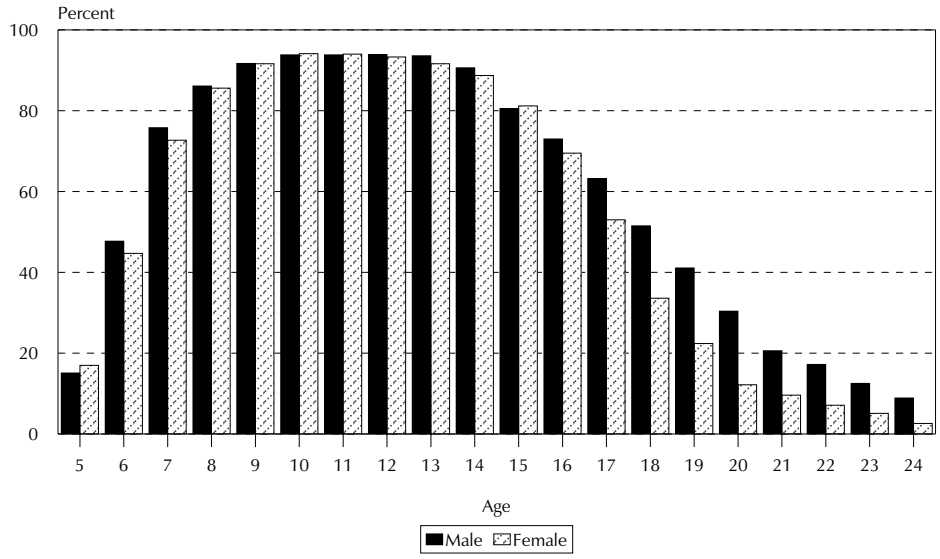
The secondary GAR is 22 for the nation as a whole and is substantially higher in urban than in rural parts of the country (49 versus 18). There are also regional differentials, with Kampala having the highest GAR (56) and the North region having the lowest GAR (10). The IDP camps and Karamoja sub-regions have exceptionally low secondary GARs (6 and 4, respectively). Similar to the NAR, the secondary GAR increases sharply as wealth increases: the GAR is 51 among youth in the wealthiest households and 5 among youth in the poorest households.

The GPI for the secondary school GAR is 0.81, indicating that, among students of all ages, for every five male students in secondary school, there are approximately four female students. This ratio is lower than the GPI for the primary school GAR, and it varies by background characteristics. Male students outnumber female students by more than 2 to 1 in North region, and by 3 to 1 in West Nile. On the other hand, there are more female students than male students in secondary school in Central 1 region. The GPI for the secondary school GAR is especially low in the IDP camps, indicating an extreme gender gap in favour of males.

3.2.3 Age-specific Attendance Rates

Figure 3.1 presents information on school attendance among youth age 5 to 24, by age. The figure includes students who attended primary school, secondary school, or higher education during the 2006 school year.

Figure 3.1 **Age-specific Attendance Rates of the De Facto Population Age 5-24 Years**



UDHS 2006

As Figure 3.1 shows, by age 10, the vast majority of children in Uganda attend school (94 percent). Rates of attendance range from 92-94 percent among males and females age 9 to 13. Starting at age 15, attendance rates decline noticeably for all children; however, they decrease more rapidly among females than males. For instance, the attendance rate is 52 percent among males age 18, and just 34 percent among females the same age. By age 21, only 10 percent of females attend school, compared with 21 percent of their male counterparts.

Figure 3.1 also shows that approximately half (48 percent) of children age 6 attend school, and attendance rates among children age 7 and 8 are around 75 percent and 86 percent, respectively. It should be noted that children age 6 at the time the household was interviewed may not yet have turned 6 at the beginning of the school year. It is therefore to be expected that not all 6-year-olds attend school. However, all children age 7 and 8 should have attended primary school during the 2006 school year. For one in four children age 7 and one in six children age 8, this was not the case.

3.3 AGE AT FIRST PRIMARY SCHOOL ATTENDANCE

There is no mechanism in place to ensure that the school system enrolls only children within the official school/grade age bracket. In Uganda, the official target entry age for P1 is six years, meaning that children registered in P1 should be age 6 and a small proportion age 7 (those who turn seven between two academic years). In addition, some children begin school at age 7 for various reasons, such as the long distances to the nearest school or because their parents consider a child who is age 6 to be too young to start schooling.

For children age 5-12 who have ever attended school, the survey asked the respondent to report the age at which the child first started school. According to Table 3.3, over half (59 percent) of children started primary school on time, at the intended age for entry (age 6-7). Nearly 1 in 5 (18 percent) of children first attended primary school at an age below the target entry age for primary school, and 1 in 5 (20 percent) started school over age (at age 8 or older). The mean age of starting primary 1 was 6.6 years.

Table 3.3 Age at first primary school attendance

Percent distribution of de jure household members age 5 to 12 years who have ever attended primary school, by age when first attended primary 1 and mean age at school entry, according to background characteristics, Uganda 2006

Background characteristic	Age first attended primary 1				Total	Mean age at entry	Number of children
	Underage (<6)	On time (6-7)	Overage (8+)	Don't know/ missing			
Sex							
Male	17.8	58.5	20.9	2.8	100.0	6.6	4,354
Female	18.7	59.2	19.8	2.3	100.0	6.6	4,414
Residence							
Urban	27.7	58.7	10.5	3.1	100.0	6.2	929
Rural	17.2	58.8	21.5	2.5	100.0	6.6	7,839
Region							
Central 1	13.6	56.8	24.8	4.9	100.0	6.8	893
Central 2	18.2	58.9	19.0	3.9	100.0	6.5	844
Kampala	25.4	61.8	9.8	3.1	100.0	6.2	334
East Central	15.3	64.9	17.5	2.3	100.0	6.6	1,008
Eastern	14.8	64.1	18.9	2.2	100.0	6.6	1,415
North	15.4	60.8	21.9	2.0	100.0	6.7	1,507
West Nile	15.1	51.2	33.5	0.1	100.0	7.0	484
Western	18.7	59.4	20.3	1.5	100.0	6.6	1,255
Southwest	33.0	46.5	17.3	3.2	100.0	6.2	1,026
North Sub-regions							
IDP	18.3	59.4	20.6	1.8	100.0	6.6	774
Karamoja	15.1	44.6	37.6	2.7	100.0	7.3	204
Wealth quintile							
Lowest	15.8	54.7	27.6	1.9	100.0	6.8	1,698
Second	14.0	59.6	24.3	2.1	100.0	6.8	1,746
Middle	18.9	56.9	21.5	2.7	100.0	6.6	1,806
Fourth	18.5	62.4	16.5	2.6	100.0	6.5	1,928
Highest	24.6	60.2	11.7	3.5	100.0	6.2	1,590
Total	18.3	58.8	20.4	2.5	100.0	6.6	8,768

There were no gender differences in the starting age for primary 1. There were, however, differences by residence, region, and wealth. Children in urban areas are more likely than those in rural areas to start school under age (28 percent versus 17 percent), while children in rural areas are more likely than those in urban areas to start school over age (22 percent versus 11 percent).

There are marked differences by region, with children in West Nile being the most likely to start primary 1 over age (34 percent) and children in Kampala being the least likely to do so (10 percent). For the sub-regions, the pattern in the IDP camps is similar to the national results, but

Karamoja has the highest proportion in the country of children who started school over age (38 percent).

In addition, children from less advantaged households are more likely than those from more advantaged households to start school over age; 28 percent of children from the poorest households started school at age 8 or older, while 12 percent of those from the wealthiest households did the same.

3.4 ABSENTEEISM AMONG PRIMARY SCHOOL PUPILS

The 2006 UDHS included questions about absenteeism from school. For each child attending school, the respondent to the household questionnaire was asked to report the number of days that each child's school was open during the previous week and the number of days the child attended. Table 3.4 shows that overall, just over 1 in 10 (13 percent) pupils were absent from school for one or more days during the school week preceding the interview. Among those students who were absent, the mean number of days missed was 2.

Table 3.4 Absenteeism among primary school pupils

Percent distribution of primary school pupils by absenteeism in the week of school preceding the interview, according to background characteristics, Uganda 2006

Background characteristic	Pupil absenteeism			Total	Number of pupils[1]	Mean days missed among pupils missing one or more days
	Attended all school days	Absent one or more days	Don't know/ missing			
Sex						
Male	79.9	13.2	6.9	100.0	4,145	1.9
Female	81.7	11.7	6.6	100.0	3,963	2.0
Residence						
Urban	87.7	8.2	4.1	100.0	639	(2.0)
Rural	80.2	12.9	7.0	100.0	7,468	2.0
Region						
Central 1	76.8	14.2	9.0	100.0	772	2.0
Central 2	80.9	13.6	5.4	100.0	1,002	2.1
Kampala	94.6	1.8	3.6	100.0	87	4.0
East Central	85.9	9.3	4.8	100.0	1,008	1.9
Eastern	78.6	13.9	7.5	100.0	1,178	2.0
North	82.3	10.4	7.3	100.0	1,473	2.2
West Nile	72.8	17.2	10.1	100.0	343	2.4
Western	83.2	10.4	6.4	100.0	1,190	1.6
Southwest	77.7	16.1	6.2	100.0	1,055	1.8
North Sub-regions						
IDP	84.3	11.6	4.1	100.0	1,028	2.1
Karamoja	87.6	5.9	6.5	100.0	210	*
Wealth quintile						
Lowest	79.3	12.6	8.1	100.0	1,654	2.0
Second	79.0	12.5	8.5	100.0	1,633	2.0
Middle	79.3	14.1	6.6	100.0	1,783	1.9
Fourth	82.9	10.9	6.2	100.0	1,867	2.0
Highest	84.1	12.3	3.6	100.0	1,170	2.0
Total	80.8	12.5	6.7	100.0	8,107	2.0

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.
[1] Excludes pupils whose school was closed for the entire week preceding the interview

The rate of absenteeism is higher in rural areas of the country than in urban areas (13 percent versus 8 percent). At the regional level, absenteeism was lowest in Kampala at just 2 percent. In West Nile and Southwest regions, absenteeism is notably high at 17 percent and 16 percent, respectively. The average number of days missed in these regions was 2.4 (West Nile) and 1.8 (Southwest).

Absenteeism in the Karamoja sub-region was lower than in all the other regions with the exception of Kampala. The low absenteeism in Karamoja may be related to the free lunch given to pupils by the Government as an inducement to attend school.

There are no clear patterns in the rate of absenteeism across the wealth quintiles and little difference by sex.

3.5 REASONS FOR ABSENTEEISM AMONG PRIMARY SCHOOL PUPILS

For those children who were absent from primary school in the week preceding the interview, respondents to the household questionnaire were asked to give one main reason why the pupil was absent. Table 3.5 shows that about one-third (36 percent) of the pupils were absent due to illness, one in ten (11 percent) were doing domestic work, and another one in ten (10 percent) were absent because they did not want to go to school. Less frequently mentioned reasons included working for a family farm/business or other employer, attending a funeral or other ceremony, problems with the school uniform, and having no stationery.

Table 3.5 Reasons for absenteeism among primary school pupils

Percent distribution of primary school pupils who missed school in the week preceding the interview by main reason for absenteeism, according to background characteristics, Uganda 2006

	Reason pupil missed school										
Background characteristic	Domestic work	Other work[1]	Child did not want to go	Funeral/ wedding/ ceremony/ family function	Illness	Lack of/ problem with school uniform	No stationery	Don't know/ other	Missing	Total	Number of pupils
Sex											
Male	11.1	7.7	12.3	4.5	36.2	3.4	5.7	18.6	0.6	100.0	548
Female	11.5	5.8	6.1	7.5	36.6	7.5	5.3	19.1	0.6	100.0	464
Residence											
Urban	(5.0)	(9.9)	(7.5)	(3.4)	(33.2)	(14.1)	(2.0)	(24.7)	(0.0)	100.0	53
Rural	11.6	6.7	9.6	6.0	36.6	4.8	5.7	18.5	0.6	100.0	960
Region											
Central 1	13.9	1.1	4.0	3.7	52.9	2.6	1.0	20.9	0.0	100.0	110
Central 2	6.2	4.2	5.1	5.2	30.6	5.6	11.1	31.4	0.8	100.0	136
Kampala	*	*	*	*	*	*	*	*	*	100.0	2
East Central	5.4	0.8	3.5	11.8	34.0	9.6	2.7	30.0	2.1	100.0	94
Eastern	10.9	3.0	14.0	9.9	36.0	0.6	7.8	17.9	0.0	100.0	164
North	9.9	8.6	11.5	1.9	32.9	13.8	6.5	14.1	0.9	100.0	153
West Nile	14.2	10.0	22.8	7.7	28.7	5.0	4.0	7.7	0.0	100.0	59
Western	14.5	9.7	11.5	3.6	43.5	6.7	2.1	7.5	1.0	100.0	124
Southwest	15.1	15.2	7.6	5.2	33.1	0.5	5.6	17.7	0.0	100.0	170
North Sub-regions											
IDP	9.6	9.0	7.8	2.4	36.7	12.7	7.2	13.3	1.2	100.0	120
Karamoja	*	*	*	*	*	*	*	*	*	100.0	12
Wealth quintile											
Lowest	10.7	6.3	13.7	3.9	34.0	8.7	7.7	15.0	0.0	100.0	209
Second	10.8	6.1	11.8	17.1	31.9	3.5	4.5	12.7	1.6	100.0	204
Middle	15.1	7.1	9.3	0.0	35.1	4.1	5.9	23.2	0.2	100.0	252
Fourth	7.1	4.0	3.3	6.3	45.8	1.7	6.0	24.9	1.0	100.0	203
Highest	11.5	12.3	9.0	2.3	35.2	10.2	2.6	16.7	0.0	100.0	144
Total	11.2	6.9	9.5	5.9	36.4	5.3	5.5	18.8	0.6	100.0	1,012

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Other work includes work for family farm or business, work for an employer, and other work.

It is not surprising that about one-third of pupils missed school due to illness, since the Uganda National Household Survey conducted in 2005-2006 also indicated that illness stopped most people from doing their usual activities for up to one week per month (UBOS, 2006c).

The distribution by sex is similar to the national pattern except that larger proportions of males (12 percent) than females (6 percent) did not want to go to school and females missed school more often than males due to a problem with their school uniform (8 percent versus 3 percent).

At the regional level, Central 1 and Western had the highest proportion of pupils missing school due to illness (53 percent and 44 percent, respectively). In West Nile, one-quarter (23 percent) of pupils who were absent the week before the interview missed school because they did not want to go.

By wealth, there were few clear patterns among the reasons for student absenteeism with two exceptions. Pupils from the poorest households were the most likely to miss school because they did not want to go and the wealthiest pupils were more likely than others to miss school to work for a family farm/business or other employer.

3.6 ABSENTEEISM AMONG SECONDARY SCHOOL STUDENTS

The national absenteeism patterns for secondary school students are similar to those for primary school pupils; one in ten students was absent from school for one or more days and missed an average of two days of school. Absenteeism by sex and by urban/rural residence is also similar to the patterns observed at the primary level. Because of low enrolment at the secondary school level, it is not possible to compare rates of secondary school absenteeism across regions.

Table 3.6 Absenteeism among secondary school pupils in the week of school preceding the interview

Percent distribution of secondary school pupils by absenteeism in the week of school preceding the interview, according to background characteristics, Uganda 2006

Background characteristic	Pupil absenteeism			Total	Number of pupils	Mean days missed among pupils missing one or more days
	Attended all school days	Absent one or more days	Don't know/ missing			
Sex						
Male	80.7	9.8	9.6	100.0	393	2.0
Female	78.7	10.4	10.9	100.0	255	2.0
Residence						
Urban	80.0	9.3	10.7	100.0	159	2.0
Rural	79.8	10.3	9.9	100.0	490	2.0
Region						
Central 1	87.1	4.9	8.0	100.0	74	2.6
Central 2	74.3	12.7	12.9	100.0	129	1.7
Kampala	(79.4)	(3.7)	(16.9)	100.0	33	(1.5)
East Central	77.1	11.7	11.2	100.0	104	2.8
Eastern	82.4	7.7	9.9	100.0	70	2.0
North	(74.3)	(9.3)	(16.4)	100.0	44	(1.8)
West Nile	(78.0)	(13.4)	(8.5)	100.0	26	(2.0)
Western	82.0	12.1	5.9	100.0	94	1.8
Southwest	85.5	9.7	4.9	100.0	74	1.5
North Sub-regions						
IDP	(73.3)	(10.0)	(16.7)	100.0	22	(1.7)
Karamoja	*	*	*	100.0	6	*
Wealth quintile						
Lowest	(82.8)	(4.9)	(12.3)	100.0	30	(1.5)
Second	78.0	12.6	9.4	100.0	68	1.6
Middle	82.1	7.1	10.8	100.0	94	2.2
Fourth	77.1	10.2	12.7	100.0	158	2.4
Highest	80.8	10.7	8.5	100.0	299	1.9
Total	79.9	10.0	10.1	100.0	649	2.0

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Excludes pupils whose school was closed for the entire week preceding the interview

3.7 Reasons for Absenteeism among Secondary School Students

A sizeable percentage of secondary schools in Uganda are boarding schools. As a result, for students who missed school during the week preceding the interview, many respondents did not know the reasons for the child's absenteeism. The number of respondents who were able to report the reason was too small to allow for an analysis of the results.

CHARACTERISTICS OF RESPONDENTS 4

This chapter provides a description of the situation of men and women of reproductive age in Uganda. The description is presented in terms of the following variables: age at the time of the survey, marital status, residence, education, literacy, and media access. In addition, this chapter will explore factors that enhance women's empowerment, including employment, occupation, earnings, and continuity of employment. An analysis of these variables provides the socio-economic context in which demographic and reproductive health issues are examined in the subsequent chapters.

4.1 CHARACTERISTICS OF SURVEY RESPONDENTS

Table 4.1 presents background characteristics of the 8,531 women age 15-49 and 2,503 men age 15-54 interviewed in the 2006 UDHS. The distribution of the respondents according to age shows a generally similar pattern for males and females. As expected of Uganda's age structure, the proportion of respondents in each age group declines with increasing age for both sexes. Forty-three percent of women and 42 percent of men are in the 15-24 age group, 31 percent of women and 30 percent of men are age 25-34, and the remaining respondents are age 35-49 and age 35-54 for women and men, respectively.

About half of the respondents (49 percent female and 50 percent male) are formally married[1]. Male respondents were much more likely than female respondents to have never married (39 percent for males and 24 percent for females). It is interesting to note that 14 percent of females declared themselves to be living together with a man or in consensual unions, while the corresponding percentage for males is only 6 percent. Whereas 9 percent of women are divorced or separated and 4 percent are widowed, the corresponding proportions for men are 5 percent.

The distribution of male and female respondents by residence is the same. About 17 percent of respondents are found in the urban areas. Within the nine regional strata, the largest proportions of respondents are from the North and Western regions, and the smallest proportion is from West Nile.

Data in Table 4.1 show that men are much more likely to have gone to school and attained higher levels of education than women. Whereas 19 percent of women have never attended school, the corresponding proportion for men is only 5 percent. Furthermore, whereas 30 percent of men have a secondary or higher education, only 21 percent of women have attained this level.

Considering the wealth quintiles, the females were almost evenly distributed across quintiles except for the highest quintile, which had the highest percentage. The males did not display any systematic pattern but also had the highest percentage in the highest quintile.

There is no major difference between females and males as far as religion is concerned, except for a slightly higher proportion of females belonging to the Pentecostal church (8 percent) than males (5 percent).

[1] In this report, "married" refers to those in a formal or official marriage, while "living together" refers to those in informal or consensual unions. In the remainder of the report, marriage refers to both categories, i.e., formal and informal unions.

Table 4.1 Background characteristics of respondents

Percent distribution of women and men age 15-49 by selected background characteristics, Uganda 2006

Background characteristic	Women			Men		
	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Age						
15-19	22.7	1,936	1,948	24.9	595	582
20-24	20.0	1,710	1,662	16.8	402	397
25-29	16.6	1,413	1,410	14.7	350	351
30-34	14.3	1,217	1,228	14.9	355	358
35-39	11.0	940	959	13.0	311	318
40-44	8.6	735	722	8.8	210	226
45-49	6.8	580	602	6.8	162	154
Marital status						
Never married	23.8	2,028	2,058	38.5	918	910
Married	48.7	4,152	4,186	50.1	1,195	1,208
Living together	13.9	1,185	1,176	6.2	148	138
Divorced/separated	9.4	804	757	4.6	111	115
Widowed	4.3	363	354	0.6	14	15
Residence						
Urban	16.9	1,442	1,450	16.9	404	381
Rural	83.1	7,089	7,081	83.1	1,982	2,005
Region						
Central 1	10.6	905	824	11.4	272	246
Central 2	9.0	770	759	9.8	233	230
Kampala	8.5	722	846	9.1	218	223
East Central	9.8	836	908	8.8	209	236
Eastern	13.5	1,148	917	13.6	323	276
North	15.5	1,322	1,664	14.0	333	434
West Nile	5.5	471	726	5.2	124	194
Western	14.9	1,271	931	15.5	369	269
Southwest	12.7	1,086	956	12.7	304	278
North sub-regions						
IDP	5.9	504	688	6.5	155	232
Karamoja	3.4	286	537	2.7	65	111
Education						
No education	19.3	1,650	1,768	4.9	116	133
Primary	59.3	5,062	4,922	65.0	1,551	1,528
Secondary +	21.3	1,819	1,841	30.1	719	725
Wealth quintile						
Lowest	18.1	1,541	1,796	15.8	378	442
Second	19.2	1,636	1,582	20.8	495	486
Middle	18.9	1,615	1,494	17.7	422	410
Fourth	19.0	1,621	1,518	21.2	506	480
Highest	24.8	2,118	2,141	24.5	584	568
Religion						
Catholic	42.4	3,614	3,785	42.0	1,003	1,018
Protestant	34.5	2,945	2,823	37.0	882	865
Muslim	11.2	956	970	12.0	286	287
Pentecostal	8.1	687	635	5.3	126	121
SDA	1.9	163	152	2.1	49	40
Other	1.9	163	160	1.6	39	55
Total 15-49	100.0	8,531	8,531	100.0	2,385	2,386
Men 50-54	na	na	na	na	118	117
Total men 15-54	na	na	na	na	2,503	2,503

Note: Education categories refer to the highest level of education attended, whether or not that level was completed. Total includes 6 women with religion missing.
na = Not applicable

4.2 EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS

Tables 4.2.1 and 4.2.2 show the distribution of respondents according to the highest level of schooling attended. As mentioned before, the data show that men are better educated than women. Younger people are more likely to be educated and to reach higher levels of education than older people. For women, the percentage without formal education is 4 percent for age 15-19, 12 percent for age 20-24, and 47 percent for age 45-49. For men, the decrease in lack of formal schooling is gradual,

from 13 percent in the 50-54 age category to 7 percent for age 25-29 to less than 1 percent for age 15-19.

People in rural areas are less educated than their urban counterparts. About one in five rural women never attended school, compared with 8 percent of urban women. The corresponding figures for men are 5 percent and 3 percent for rural men and urban men, respectively. Urban women are also more likely to attend secondary school than rural women. While only 15 percent of rural women have attended secondary or higher education, 52 percent of urban women have at least some secondary education.

Table 4.2.1 Educational attainment: Women

Percent distribution of women age 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, Uganda 2006

Background characteristic	Highest level of schooling: No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Total	Number of women	Median years completed
Age									
15-24	7.3	51.5	11.7	24.6	1.4	3.5	100.0	3,646	5.4
15-19	3.5	56.3	10.5	28.0	0.5	1.3	100.0	1,936	5.5
20-24	11.5	46.2	13.1	20.9	2.3	6.0	100.0	1,710	5.3
25-29	19.7	48.3	10.3	14.4	0.6	6.7	100.0	1,413	4.1
30-34	22.0	52.5	9.9	11.9	0.2	3.5	100.0	1,217	3.8
35-39	32.4	46.3	9.4	8.4	0.3	3.2	100.0	940	2.5
40-44	35.5	41.8	10.8	8.9	0.3	2.7	100.0	735	2.0
45-49	47.2	35.8	8.9	5.5	0.0	2.6	100.0	580	0.5
Residence									
Urban	7.5	27.3	13.5	36.8	3.1	11.7	100.0	1,442	7.1
Rural	21.7	53.0	10.1	12.6	0.3	2.3	100.0	7,089	3.9
Region									
Central 1	11.6	46.2	9.6	25.3	1.2	6.1	100.0	905	5.4
Central 2	11.5	47.3	15.8	22.1	0.1	3.2	100.0	770	5.5
Kampala	2.8	20.5	14.3	42.5	4.3	15.6	100.0	722	8.4
East Central	15.7	49.7	10.5	20.9	0.5	2.7	100.0	836	4.9
Eastern	15.9	55.8	11.0	14.3	0.2	2.9	100.0	1,148	4.4
North	35.5	50.1	6.5	6.3	0.0	1.7	100.0	1,322	2.2
West Nile	22.8	61.3	5.2	8.7	0.8	1.2	100.0	471	2.8
Western	25.3	54.4	8.6	9.3	0.0	2.3	100.0	1,271	3.3
Southwest	20.5	48.1	15.4	12.6	1.1	2.3	100.0	1,086	4.3
North sub-regions									
IDP	34.9	55.1	6.1	2.9	0.0	1.0	100.0	504	2.4
Karamoja	72.3	20.5	2.6	4.0	0.0	0.5	100.0	286	a
Wealth quintile									
Lowest	39.7	51.9	5.0	3.0	0.0	0.5	100.0	1,541	1.4
Second	24.4	59.5	8.5	6.7	0.0	0.8	100.0	1,636	3.1
Middle	21.0	57.4	11.2	9.7	0.1	0.6	100.0	1,615	3.7
Fourth	12.7	54.3	13.3	17.1	0.2	2.4	100.0	1,621	5.0
Highest	4.4	26.9	14.1	39.3	2.9	12.3	100.0	2,118	7.4
Total	19.3	48.7	10.7	16.7	0.8	3.9	100.0	8,531	4.4

[1] Completed 7 grades at the primary level
[2] Completed 6 grades at the secondary level
[a] Omitted because less than 50 percent of women in Karamoja have ever attended school

Educational attainment among female respondents varies by region. Only 3 percent of the women in the Kampala region have no education. On the other hand, 36 percent of women in the North region have not attended school. In Western region, one in four women has not attended school, compared with 24 percent in West Nile region and 21 percent in Southwest region. Sixteen percent of women in Eastern and East Central regions never attended school, compared with 12 percent of women in Central 1 and Central 2 regions. Regional variation in education for males is smaller, with the percentages who have never attended school ranging from 2 percent in Kampala to 8 percent in the North.

Considering the Northern sub-regions, 72 percent of the women from the Karamoja area have no formal education as compared with 34 percent of the men in the same sub-region. Within the IDP camps, 35 percent of the women have no education whereas only 2 percent of the males have no education. Only 1 percent of women within the IDP camps and less than one percent of women from Karamoja have attended education above the secondary level.

Table 4.2.2 Educational attainment: Men

Percent distribution of men age 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, Uganda 2006

Background characteristic	Highest level of schooling						Total	Number of men	Median years completed
	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary			
Age									
15-24	1.4	52.6	14.2	26.9	1.6	3.3	100.0	997	5.8
15-19	0.6	59.5	12.0	27.2	0.2	0.5	100.0	595	5.5
20-24	2.4	42.4	17.5	26.5	3.5	7.6	100.0	402	6.3
25-29	6.5	47.3	10.2	23.9	2.5	9.6	100.0	350	5.6
30-34	6.7	50.2	13.4	20.2	0.5	9.0	100.0	355	5.4
35-39	5.3	53.2	13.8	19.5	1.2	7.1	100.0	311	5.3
40-44	7.4	52.4	15.2	14.8	2.2	8.0	100.0	210	5.3
45-49	14.7	51.5	14.3	8.6	4.5	6.3	100.0	162	4.1
Residence									
Urban	3.0	29.0	10.7	34.4	5.9	17.0	100.0	404	7.8
Rural	5.2	56.0	14.1	19.7	0.9	4.0	100.0	1,982	5.2
Region									
Central 1	5.8	53.0	10.9	24.3	0.9	5.2	100.0	272	5.4
Central 2	4.4	54.0	10.4	27.4	1.5	2.4	100.0	233	5.2
Kampala	1.8	21.7	12.2	37.4	6.5	20.3	100.0	218	9.2
East Central	5.5	49.3	12.1	26.6	2.1	4.4	100.0	209	5.6
Eastern	3.1	56.8	13.5	19.8	0.7	6.1	100.0	323	5.5
North	7.7	53.2	15.4	17.2	1.3	5.1	100.0	333	5.3
West Nile	5.4	55.6	10.1	21.6	2.6	4.7	100.0	124	5.3
Western	4.9	56.4	11.8	21.2	1.1	4.6	100.0	369	5.0
Southwest	4.6	55.6	21.9	11.7	1.0	5.2	100.0	304	5.3
North sub-regions									
IDP	1.7	59.9	17.2	14.2	0.4	6.5	100.0	155	5.3
Karamoja	34.1	44.2	6.5	7.5	4.5	3.2	100.0	65	1.9
Wealth quintile									
Lowest	9.6	65.8	13.1	9.6	0.0	1.8	100.0	378	4.3
Second	6.5	62.8	15.5	12.2	0.3	2.8	100.0	495	4.8
Middle	3.9	60.1	13.6	20.5	0.4	1.6	100.0	422	5.0
Fourth	4.9	48.0	13.9	27.5	1.4	4.3	100.0	506	5.8
Highest	1.1	29.2	11.9	35.4	5.4	17.0	100.0	584	7.8
Total 15-49	4.9	51.5	13.6	22.2	1.7	6.2	100.0	2,385	5.5
Men 50-54	12.8	48.4	15.8	14.2	4.1	4.6	100.0	118	4.9
Total men 15-54	5.2	51.3	13.7	21.8	1.9	6.1	100.0	2,503	5.5

[1] Completed 7 grades at the primary level
[2] Completed 6 grades at the secondary level

The last column in Tables 4.2.1 and 4.2.2 shows the median number of years of schooling. The figures confirm the previous findings: younger persons and those living in the urban areas have had more years of schooling. These columns also show that both females and males residing in Kampala region have more years of schooling than do respondents in other regions. The results also

confirm that more men have had access to education than women have in the past. However, after many years of increasing enrolment of girls in school, the median number of years of schooling for women age 15-24 (5.4 years) is almost equal to that of men of the same age (5.8 years).

4.3 LITERACY

A person's ability to read is important in taking advantage of day-to-day opportunities. In the 2006 UDHS, level of literacy is determined by the respondent's ability to read none, part, or all of a simple sentence. Interviewers were responsible for making this assessment, using cards on which sentences[2] were printed in all the major languages spoken in Uganda. Respondents who had attended secondary school were assumed to be literate and were not asked to read a sentence.

Data in Tables 4.3.1 and 4.3.2 reveal that 39 percent of Ugandan women age 15-49 cannot read at all, compared with 16 percent of men. Literacy levels decrease with increasing age among women, from 73 percent among women age 15-19 to 38 percent in the 45-49 age group. However, over 80 percent of the men in almost all age groups are literate, which shows their greater access to education over the years.

Table 4.3.1 Literacy: Women

Percent distribution of women age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Uganda 2006

Background characteristic	Secondary school or higher	No schooling or primary school: Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/ visually impaired	Total	Number of women	Percent-age literate[1]
Age									
15-19	29.8	29.6	13.3	22.4	4.6	0.2	100.0	1,936	72.7
20-24	29.2	20.7	10.4	35.1	4.5	0.0	100.0	1,710	60.3
25-29	21.7	23.3	9.2	41.2	4.3	0.1	100.0	1,413	54.3
30-34	15.6	27.9	9.3	41.6	5.6	0.0	100.0	1,217	52.8
35-39	11.9	23.9	8.0	51.5	4.7	0.0	100.0	940	43.8
40-44	11.9	27.2	5.7	51.1	4.2	0.0	100.0	735	44.7
45-49	8.1	21.9	7.5	57.7	4.6	0.2	100.0	580	37.5
Residence									
Urban	51.6	23.4	6.5	15.1	3.5	0.0	100.0	1,442	81.5
Rural	15.2	25.5	10.5	43.7	4.9	0.1	100.0	7,089	51.2
Region									
Central 1	32.5	35.6	9.9	21.1	0.9	0.0	100.0	905	78.0
Central 2	25.4	40.6	5.8	23.9	4.1	0.2	100.0	770	71.8
Kampala	62.4	22.8	5.7	6.3	2.9	0.0	100.0	722	90.8
East Central	24.1	18.4	9.7	46.8	1.0	0.0	100.0	836	52.2
Eastern	17.3	16.9	15.3	44.2	6.1	0.1	100.0	1,148	49.6
North	8.0	15.4	7.9	67.6	1.0	0.1	100.0	1,322	31.2
West Nile	10.8	15.1	15.9	46.2	11.9	0.1	100.0	471	41.8
Western	11.7	23.0	8.0	42.5	14.6	0.2	100.0	1,271	42.7
Southwest	16.0	40.0	11.6	32.2	0.2	0.0	100.0	1,086	67.6
North sub-regions									
IDP	3.9	14.7	9.9	71.3	0.1	0.0	100.0	504	28.5
Karamoja	4.5	5.5	1.8	84.8	3.3	0.0	100.0	286	11.8
Wealth quintile									
Lowest	3.4	13.1	9.8	70.2	3.5	0.0	100.0	1,541	26.3
Second	7.6	21.5	12.3	52.0	6.6	0.1	100.0	1,636	41.3
Middle	10.4	28.2	11.8	42.0	7.4	0.2	100.0	1,615	50.4
Fourth	19.6	34.9	12.2	28.7	4.5	0.1	100.0	1,621	66.7
Highest	54.5	27.1	4.7	11.5	2.0	0.1	100.0	2,118	86.3
Total	21.3	25.2	9.8	38.9	4.7	0.1	100.0	8,531	56.3

[1] Refers to women who either attended secondary school or higher or can read a whole sentence or part of a sentence

[2] These sentences include the following: 1) Breast milk is good for babies. 2) Most Ugandans live in villages. 3) Immunization can prevent children from getting diseases. 4) Family planning teaches people to be responsible to their family.

For both sexes, literacy levels are higher in urban areas than in rural areas. The gap between men and women is wide in both urban and rural areas, but particularly in the rural areas where 81 percent of the men are literate, compared with 51 percent of the women. The gap between males and females in literacy is also notable across regions. In the North region, for example, the literacy level of men is 81 percent, compared with 31 percent for women. In West Nile region the literacy level for men is 85 percent while for women it is only 42 percent.

Within the sub-regions in the north, the literacy level for men in Karamoja is almost four times that for women (44 and 12 percent, respectively). In the IDP camps, the literacy rate for men is three times that for females (88 and 29 percent, respectively).

Table 4.3.2 Literacy: Men

Percent distribution of men age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Uganda 2006

Background characteristic	Secondary school or higher	No schooling or primary school: Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/ visually impaired	Missing	Total	Number of men	Percentage literate[1]
Age										
15-19	27.9	42.9	15.7	12.8	0.5	0.0	0.1	100.0	595	86.5
20-24	37.6	29.6	18.6	13.6	0.6	0.0	0.0	100.0	402	85.8
25-29	36.0	32.7	12.9	16.8	1.4	0.0	0.2	100.0	350	81.6
30-34	29.7	35.6	15.0	17.6	1.4	0.0	0.7	100.0	355	80.3
35-39	27.8	41.9	12.2	16.8	1.3	0.0	0.0	100.0	311	81.9
40-44	25.0	44.2	10.9	18.9	0.6	0.3	0.0	100.0	210	80.1
45-49	19.5	42.6	12.6	24.7	0.6	0.0	0.0	100.0	162	74.6
Residence										
Urban	57.3	26.9	5.6	8.3	1.0	0.2	0.8	100.0	404	89.8
Rural	24.6	40.3	16.4	17.7	0.9	0.0	0.0	100.0	1,982	81.4
Region										
Central 1	30.4	35.8	14.7	18.3	0.9	0.0	0.0	100.0	272	80.8
Central 2	31.3	37.5	11.9	17.1	1.9	0.3	0.0	100.0	233	80.7
Kampala	64.2	24.6	5.4	3.2	1.1	0.0	1.5	100.0	218	94.2
East Central	33.1	31.4	15.9	19.6	0.0	0.0	0.0	100.0	209	80.4
Eastern	26.6	30.5	19.6	23.3	0.0	0.0	0.0	100.0	323	76.7
North	23.7	41.0	16.4	18.5	0.1	0.0	0.2	100.0	333	81.1
West Nile	28.8	37.8	18.8	8.4	6.2	0.0	0.0	100.0	124	85.4
Western	26.9	39.1	19.0	13.9	1.1	0.0	0.0	100.0	369	85.0
Southwest	17.9	58.3	7.9	15.9	0.0	0.0	0.0	100.0	304	84.1
North sub-regions										
IDP	21.1	50.4	16.8	11.2	0.0	0.0	0.4	100.0	155	88.4
Karamoja	15.2	22.1	7.0	55.0	0.8	0.0	0.0	100.0	65	44.2
Wealth quintile										
Lowest	11.5	40.3	21.8	25.5	0.9	0.0	0.0	100.0	378	73.6
Second	15.2	42.0	19.3	21.6	1.7	0.1	0.1	100.0	495	76.5
Middle	22.5	42.5	17.0	17.2	0.9	0.0	0.0	100.0	422	81.9
Fourth	33.2	39.9	11.3	15.0	0.6	0.0	0.0	100.0	506	84.4
Highest	57.8	28.4	7.1	5.6	0.5	0.0	0.6	100.0	584	93.3
Total 15-49	30.1	38.1	14.6	16.1	0.9	0.0	0.2	100.0	2,385	82.8
Men 50-54	22.9	46.9	11.8	16.7	0.6	1.1	0.0	100.0	118	81.6
Total men 15-54	29.8	38.5	14.5	16.1	0.9	0.1	0.2	100.0	2,503	82.7

[1] Refers to men who either attended secondary school or higher or can read a whole sentence or part of a sentence

4.4 SCHOOL LEVEL AT WHICH TEACHING ENGLISH IS APPROPRIATE

Both women and men were asked at what level in school it is appropriate to begin teaching English. In general, women are more likely to believe it is appropriate to introduce English earlier than men. Table 4.4 shows, for example, that 31 percent of the women believe that school should be taught in English from primary one compared with one in four men. Furthermore, 23 percent of women believe that pre-primary schools should be taught in English, while only 17 percent of men believe so.

By residence, women in urban areas are more likely than their counterparts in rural areas to believe that school should be taught in English beginning in pre-primary (42 percent compared with 19 percent). The same pattern applies for men.

Table 4.4 School level at which teaching in English is appropriate

Percent distribution of women 15-49 and men 15-54 by level of school at which they believe children should begin to be taught in English, Uganda 2006

		Primary						
Residence	Pre-primary	1	2	3	4	5 or higher	Total	Number
				WOMEN				
Urban	41.5	32.8	7.9	10.7	4.7	2.3	100.0	1,442
Rural	19.2	30.1	13.6	23.2	8.4	5.5	100.0	7,089
Total 15-49	23.0	30.5	12.6	21.1	7.8	5.0	100.0	8,531
				MEN				
Urban	30.6	27.6	10.1	18.7	9.2	3.8	100.0	413
Rural	14.4	24.1	14.5	28.0	14.1	4.8	100.0	2,090
Total 15-54	17.0	24.7	13.8	26.5	13.3	4.7	100.0	2,503

4.5 ACCESS TO MASS MEDIA

Information access is essential in increasing people's knowledge and awareness of what is taking place around them, which may eventually affect their perceptions and behaviour. In the survey, exposure to the media was assessed by asking how often a respondent reads a newspaper, watches television, or listens to a radio.

Most of the population is exposed to some form of media. In general, men are more likely than women to have access to mass media; this is true for all types of media. Tables 4.5.1 and 4.5.2 show that radio is the most popular medium. Around seven in ten women and nine in ten men listen to a radio broadcast at least once a week. Twenty-one percent of men read a newspaper at least once a week, compared with 15 percent of the women.

Reflecting the limited television broadcast coverage in the country, the percentage of women and men who watch television is low (11 percent of women and 14 percent of men). The proportion that has access to all three media (radio, newspaper, and television) at least once a week is generally low for both men and women (6 percent for women and 9 percent for men). One in four women and one in nine men have no exposure to any mass media, which poses a challenge in the provision of information to the population, including health information.

Table 4.5.1 Exposure to mass media: Women

Percentage of women age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Uganda 2006

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number of women
Age						
15-19	22.8	14.1	75.0	8.4	22.2	1,936
20-24	16.3	14.2	76.4	8.0	22.3	1,710
25-29	13.2	10.4	74.9	5.2	24.1	1,413
30-34	12.8	9.2	72.4	4.8	26.5	1,217
35-39	11.0	7.1	69.9	3.9	29.5	940
40-44	11.5	6.1	71.9	3.9	27.1	735
45-49	8.1	4.9	66.8	3.1	32.3	580
Residence						
Urban	40.1	39.1	90.1	23.9	7.2	1,442
Rural	10.1	4.9	70.1	2.4	28.7	7,089
Region						
Central 1	29.0	18.4	87.6	11.4	11.4	905
Central 2	20.3	12.5	85.5	6.5	13.0	770
Kampala	51.2	57.0	94.4	35.1	2.6	722
East Central	12.6	8.9	75.2	3.7	22.3	836
Eastern	12.3	4.9	66.2	1.8	31.7	1,148
North	3.8	1.2	50.0	0.5	49.4	1,322
West Nile	6.4	1.1	64.9	0.6	34.2	471
Western	5.0	3.2	73.0	1.9	26.6	1,271
Southwest	10.6	4.2	78.8	2.2	19.7	1,086
North sub-regions						
IDP	2.2	0.4	46.2	0.1	53.2	504
Karamoja	2.5	0.9	23.2	0.3	75.8	286
Education						
No education	0.4	2.0	56.6	0.0	43.0	1,650
Primary	8.3	5.5	73.0	1.6	25.8	5,062
Secondary +	47.6	33.1	90.2	23.9	6.7	1,819
Wealth quintile						
Lowest	2.9	0.5	39.1	0.0	59.9	1,541
Second	5.1	1.0	66.5	0.3	32.1	1,636
Middle	5.8	2.1	75.2	0.3	23.9	1,615
Fourth	12.0	4.9	85.2	2.1	13.4	1,621
Highest	41.5	36.6	93.7	22.2	4.0	2,118
Total	15.2	10.7	73.5	6.0	25.1	8,531

Tables 4.5.1 and 4.5.2 also show the variation in media exposure by background characteristics of respondents. The results for women indicate that the proportion who are exposed to any media at least once a week generally declines gradually with age. Urban women are more likely to have access to mass media than rural residents. Only 10 percent of the women in rural areas read a newspaper at least once a week while the percentage for urban women is 40. In terms of watching television at least once a week, 5 percent of rural women watch as compared with 39 percent of women in urban areas. For those women listening to the radio, 70 percent of rural women listen to the radio compared with 90 percent of their urban counterparts. The findings for men also show a gap in media access between urban and rural areas. For example, 52 percent of men in urban areas read a newspaper at least once a week, compared with only 15 percent of those in rural areas.

Table 4.5.2 Exposure to mass media: Men

Percentage of men age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Uganda 2006

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number of men
Age						
15-19	18.9	13.0	85.2	7.1	13.5	595
20-24	24.0	19.0	85.8	10.0	11.5	402
25-29	22.0	15.9	89.2	9.3	10.1	350
30-34	21.9	15.5	88.1	11.0	10.8	355
35-39	20.8	11.9	89.8	8.1	9.3	311
40-44	20.3	13.1	87.9	9.1	11.6	210
45-49	16.5	8.3	89.6	5.5	10.0	162
Residence						
Urban	52.1	43.6	91.7	29.7	6.4	404
Rural	14.5	8.4	86.6	4.4	12.3	1,982
Region						
Central 1	26.1	22.8	97.2	14.9	2.0	272
Central 2	23.8	17.7	94.5	7.9	4.9	233
Kampala	63.4	54.3	93.3	40.4	4.1	218
East Central	9.3	13.4	86.1	4.4	13.1	209
Eastern	13.2	5.1	72.2	1.2	25.4	323
North	14.3	4.1	81.3	3.4	16.9	333
West Nile	19.2	2.4	88.4	1.0	11.6	124
Western	12.1	7.0	88.5	4.6	10.3	369
Southwest	18.1	11.4	91.2	5.7	8.5	304
North sub-regions						
IDP	10.3	2.6	90.5	1.3	8.2	155
Karamoja	19.4	2.7	27.6	1.4	66.1	65
Education						
No education	2.1	2.4	72.6	0.0	27.4	116
Primary	10.7	8.0	85.6	3.1	13.4	1,551
Secondary +	45.8	29.9	93.7	22.1	4.3	719
Wealth quintile						
Lowest	5.5	2.8	72.6	0.2	25.9	378
Second	9.5	2.5	83.6	1.0	15.6	495
Middle	11.8	3.8	90.3	1.8	8.7	422
Fourth	17.4	10.0	90.7	3.8	7.2	506
Highest	50.1	43.3	95.4	29.8	3.7	584
Total 15-49	20.9	14.4	87.4	8.7	11.3	2,385
Men 50-54	14.8	5.5	87.3	4.1	11.8	118
Total men 15-54	20.6	13.9	87.4	8.5	11.3	2,503

The proportions of both women and men who are exposed to all three media are highest in Kampala. For example, 35 percent of women in Kampala are exposed to all three sources of media at least once a week, compared with less than 1 percent of women in North and West Nile regions.

The data further reveal that exposure to media is positively associated with educational attainment. For example, 93 percent of women with secondary education or higher are exposed to at least one form of media each week, compared with 57 percent of women with no education. A similar pattern exists for men.

The data also show that media exposure is limited among women in the North sub-regions. Overall, half of all women in the IDP camps and three-quarters of all women in Karamoja are not exposed to any media on a weekly basis. Radio has the widest coverage. Almost no women watch television in the Karamoja sub-region or in the IDP camps. Furthermore, only 2 to 3 percent of the women in both the Karamoja and IDP sub-regions read newspapers at least once a week. The proportions are somewhat higher among the men, particularly in the IDP camps.

4.6 EMPLOYMENT

Respondents were asked whether they were employed at the time of the survey and if not, whether they were employed in the 12 months that preceded the survey. Tables 4.6.1 and 4.6.2 show that 81 percent of women and 94 percent of men are classified as currently employed. The proportion currently employed increases with age and number of living children among women. The data for men show less variation in employment status by age and number of children. Women who were divorced, separated, or widowed are the most likely to be employed (91 percent), followed by those who were married (87 percent). Never-married women and men are the least likely to be employed (61 percent and 86 percent, respectively). Current employment for married men is almost universal (99 percent).

Table 4.6.1 Employment status: Women

Percent distribution of women age 15-49 by employment status, according to background characteristics, Uganda 2006

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Missing/ don't know	Total	Number of women
	Currently employed[1]	Not currently employed				
Age						
15-19	61.9	5.9	32.1	0.1	100.0	1,936
20-24	78.6	5.9	15.4	0.2	100.0	1,710
25-29	87.6	4.8	7.6	0.0	100.0	1,413
30-34	89.1	5.0	5.9	0.0	100.0	1,217
35-39	90.8	5.1	4.1	0.0	100.0	940
40-44	91.5	4.5	4.0	0.0	100.0	735
45-49	91.8	4.2	4.0	0.0	100.0	580
Marital status						
Never married	61.0	5.6	33.3	0.1	100.0	2,028
Married or living together	86.6	5.2	8.1	0.1	100.0	5,337
Divorced/separated/widowed	91.2	4.9	3.9	0.0	100.0	1,167
Number of living children						
0	62.6	6.2	31.1	0.1	100.0	2,177
1-2	82.4	5.3	12.2	0.1	100.0	2,135
3-4	89.1	4.6	6.3	0.1	100.0	1,804
5+	90.8	4.8	4.3	0.0	100.0	2,414
Residence						
Urban	62.2	5.6	32.3	0.0	100.0	1,442
Rural	85.0	5.2	9.7	0.1	100.0	7,089
Region						
Central 1	64.6	10.0	25.3	0.0	100.0	905
Central 2	76.5	4.5	19.1	0.0	100.0	770
Kampala	57.3	5.1	37.7	0.0	100.0	722
East Central	78.3	5.6	15.8	0.2	100.0	836
Eastern	93.7	3.6	2.6	0.1	100.0	1,148
North	92.3	2.8	4.7	0.2	100.0	1,322
West Nile	74.0	13.6	12.4	0.0	100.0	471
Western	91.3	2.7	6.0	0.0	100.0	1,271
Southwest	80.7	5.8	13.5	0.0	100.0	1,086
North sub-regions						
IDP	94.9	1.9	3.1	0.1	100.0	504
Karamoja	88.3	5.0	6.2	0.6	100.0	286
Education						
No education	91.2	4.5	4.2	0.1	100.0	1,650
Primary	84.3	5.3	10.3	0.0	100.0	5,062
Secondary +	63.2	5.8	30.9	0.1	100.0	1,819
Wealth quintile						
Lowest	92.9	3.6	3.4	0.1	100.0	1,541
Second	89.2	5.1	5.5	0.2	100.0	1,636
Middle	85.5	5.5	8.9	0.0	100.0	1,615
Fourth	80.6	6.1	13.4	0.0	100.0	1,621
Highest	63.6	5.7	30.7	0.0	100.0	2,118
Total	81.2	5.2	13.5	0.1	100.0	8,531

[1] "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Table 4.6.2 Employment status: Men

Percent distribution of men age 15-49 by employment status, according to background characteristics, Uganda 2006

Background characteristic	Employed in the 12 months preceding the survey: Currently employed[1]	Employed in the 12 months preceding the survey: Not currently employed	Not employed in the 12 months preceding the survey	Total	Number of men
Age					
15-19	83.3	3.3	13.3	100.0	595
20-24	93.7	0.8	5.6	100.0	402
25-29	98.4	0.5	1.1	100.0	350
30-34	98.4	0.8	0.8	100.0	355
35-39	98.8	0.6	0.7	100.0	311
40-44	99.4	0.3	0.3	100.0	210
45-49	98.2	0.0	1.8	100.0	162
Marital status					
Never married	86.0	2.5	11.5	100.0	918
Married or living together	99.2	0.4	0.4	100.0	1,343
Divorced/separated/widowed	96.1	0.8	3.0	100.0	124
Number of living children					
0	87.1	2.4	10.5	100.0	980
1-2	98.9	0.3	0.8	100.0	452
3-4	98.5	0.5	1.0	100.0	363
5+	98.8	0.6	0.6	100.0	591
Residence					
Urban	86.6	1.4	12.0	100.0	404
Rural	95.5	1.2	3.3	100.0	1,982
Region					
Central 1	93.8	1.8	4.4	100.0	272
Central 2	97.2	0.7	2.1	100.0	233
Kampala	86.7	1.0	12.3	100.0	218
East Central	87.2	1.7	11.1	100.0	209
Eastern	98.7	1.0	0.2	100.0	323
North	93.9	2.7	3.4	100.0	333
West Nile	95.9	0.5	3.6	100.0	124
Western	94.0	0.0	6.0	100.0	369
Southwest	95.6	1.6	2.8	100.0	304
North sub-regions					
IDP	95.7	1.7	2.6	100.0	155
Karamoja	89.0	5.3	5.7	100.0	65
Education					
No education	98.9	1.1	0.0	100.0	116
Primary	96.0	1.0	3.0	100.0	1,551
Secondary +	88.7	1.8	9.4	100.0	719
Wealth quintile					
Lowest	95.9	1.5	2.7	100.0	378
Second	96.2	0.9	2.9	100.0	495
Middle	94.4	1.5	4.0	100.0	422
Fourth	95.3	0.8	3.9	100.0	506
Highest	89.3	1.7	9.1	100.0	584
Total 15-49	94.0	1.3	4.8	100.0	2,385
Men 50-54	98.2	1.8	0.0	100.0	118
Total men 15-54	94.2	1.3	4.6	100.0	2,503

[1] "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

The current employment level for women is higher in rural areas than in urban areas, while for men the difference is less pronounced. Women in the Eastern region are the most likely to be employed (94 percent) whereas women in Kampala are least likely to be employed (57 percent). For men, employment levels are 94 percent or more with the exception of Kampala and East Central regions, which had levels of 87 percent. It is worth noting that for both women and men, current employment levels are inversely associated with educational attainment.

4.7 OCCUPATION

Respondents who were currently employed were asked to state their occupation, and the results are presented in Tables 4.7.1 and 4.7.2. Among women who are currently employed, 75 percent are engaged in agriculture and 25 percent are involved in non-agricultural activities. The percentages for men are 68 percent and 32 percent, respectively. The strong involvement of the population in agriculture reflects the predominance of the agricultural sector in the Ugandan economy.

Table 4.7.1 Occupation: Women

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Uganda 2006

Background characteristic	Profes-sional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agricul-ture	Missing	Total	Number of women
Age										
15-19	0.3	0.1	6.3	3.8	0.5	4.7	84.1	0.2	100.0	1,313
20-24	3.6	0.7	16.6	4.5	0.4	1.9	71.9	0.4	100.0	1,444
25-29	5.8	0.5	16.6	5.6	0.8	0.8	69.6	0.4	100.0	1,306
30-34	3.8	0.6	14.8	6.4	0.8	0.6	72.9	0.2	100.0	1,145
35-39	3.2	0.6	14.2	4.4	0.6	0.6	75.8	0.6	100.0	901
40-44	2.7	0.1	11.4	6.8	1.2	0.4	77.3	0.0	100.0	705
45-49	3.3	0.2	10.6	5.5	0.4	0.1	79.7	0.1	100.0	557
Marital status										
Never married	4.1	0.7	11.3	4.3	0.5	6.1	72.6	0.4	100.0	1,351
Married or living together	3.3	0.4	11.4	4.9	0.5	0.1	79.1	0.3	100.0	4,899
Divorced/separated/widowed	2.4	0.4	23.4	7.3	1.3	2.4	62.7	0.1	100.0	1,121
Number of living children										
0	3.7	0.7	10.1	4.7	0.6	4.9	74.9	0.4	100.0	1,498
1-2	4.7	0.9	17.5	5.4	0.8	1.5	69.0	0.2	100.0	1,874
3-4	3.3	0.2	15.6	5.7	0.7	0.6	73.6	0.3	100.0	1,691
5+	1.8	0.0	10.1	4.9	0.6	0.3	82.3	0.2	100.0	2,309
Residence										
Urban	10.0	2.4	48.8	9.0	1.7	8.0	19.2	1.0	100.0	977
Rural	2.3	0.1	7.8	4.6	0.5	0.6	84.0	0.2	100.0	6,395
Region										
Central 1	6.4	0.0	25.3	9.9	0.4	2.9	55.1	0.0	100.0	676
Central 2	3.2	0.2	18.3	8.0	0.7	1.8	67.6	0.2	100.0	623
Kampala	12.2	4.0	57.2	8.4	1.3	13.0	2.8	1.1	100.0	450
East Central	4.2	0.3	10.7	3.0	0.0	0.3	81.1	0.3	100.0	702
Eastern	1.8	0.2	4.0	3.0	0.0	0.2	90.1	0.6	100.0	1,117
North	1.4	0.1	4.2	5.5	2.1	0.1	86.4	0.2	100.0	1,258
West Nile	1.3	0.3	19.8	13.7	0.3	0.0	64.5	0.1	100.0	413
Western	2.1	0.2	7.7	1.6	0.6	0.8	87.0	0.0	100.0	1,194
Southwest	2.7	0.3	9.3	2.7	0.1	1.2	83.6	0.1	100.0	939
North sub-regions										
IDP	0.8	0.0	2.7	3.6	1.8	0.0	90.7	0.5	100.0	488
Karamoja	2.3	0.0	5.2	5.5	3.3	0.2	83.3	0.2	100.0	267
Education										
No education	0.5	0.0	6.1	3.7	0.9	0.4	88.2	0.3	100.0	1,579
Primary	0.3	0.1	12.0	5.3	0.7	1.8	79.9	0.2	100.0	4,537
Secondary +	17.6	2.3	26.8	6.5	0.4	2.4	43.2	0.7	100.0	1,255
Wealth quintile										
Lowest	0.0	0.0	2.3	3.5	1.1	0.0	92.8	0.2	100.0	1,487
Second	0.7	0.0	4.7	4.7	0.2	0.3	89.3	0.2	100.0	1,542
Middle	1.0	0.0	7.8	4.1	0.1	0.4	86.5	0.0	100.0	1,470
Fourth	3.0	0.1	13.4	6.2	0.6	0.6	76.0	0.1	100.0	1,405
Highest	11.9	2.0	38.5	7.3	1.3	6.7	31.5	0.8	100.0	1,467
Total	3.3	0.4	13.2	5.1	0.7	1.6	75.4	0.3	100.0	7,371

Table 4.7.2 Occupation: Men

Percent distribution of men age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Uganda 2006

Background characteristic	Profes-sional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agricul-ture	Missing	Total	Number of men
Age										
15-19	0.2	0.0	6.3	5.9	5.8	0.2	80.9	0.6	100.0	516
20-24	2.8	0.0	10.3	15.4	7.8	0.5	62.8	0.4	100.0	379
25-29	4.8	0.5	15.1	16.6	5.7	0.0	56.3	0.9	100.0	346
30-34	9.1	0.5	10.4	13.3	2.3	0.0	63.8	0.7	100.0	352
35-39	5.2	0.5	15.2	11.9	1.9	0.0	65.2	0.3	100.0	309
40-44	10.9	0.2	12.2	7.1	3.1	0.0	65.8	0.6	100.0	209
45-49	6.2	0.7	0.8	10.8	1.9	0.0	79.5	0.0	100.0	160
Marital status										
Never married	2.8	0.2	9.4	9.7	6.3	0.3	70.7	0.6	100.0	812
Married or living together	6.1	0.4	11.2	12.6	3.0	0.1	66.2	0.5	100.0	1,338
Divorced/separated/widowed	4.2	0.0	6.3	12.4	8.7	0.0	67.0	1.4	100.0	121
Number of living children										
0	2.7	0.2	8.7	9.3	6.7	0.3	71.5	0.6	100.0	876
1-2	5.8	0.0	13.1	16.5	4.5	0.2	59.7	0.2	100.0	449
3-4	6.4	0.6	9.2	14.4	3.0	0.0	65.8	0.6	100.0	359
5+	6.2	0.5	11.3	9.4	2.2	0.0	69.8	0.6	100.0	587
Residence										
Urban	13.3	1.1	26.1	35.8	9.8	0.7	12.1	1.0	100.0	355
Rural	3.2	0.1	7.4	7.0	3.5	0.0	78.2	0.5	100.0	1,916
Region										
Central 1	3.2	0.4	13.2	15.2	12.1	0.0	54.9	1.0	100.0	260
Central 2	0.8	0.0	9.8	15.7	6.4	0.0	66.8	0.5	100.0	228
Kampala	14.8	2.1	30.2	36.7	10.7	1.3	3.0	1.2	100.0	191
East Central	5.4	0.4	14.7	9.9	4.5	0.4	64.1	0.7	100.0	186
Eastern	3.8	0.0	6.9	3.9	0.4	0.0	85.0	0.0	100.0	323
North	2.5	0.0	4.0	6.2	4.3	0.0	82.7	0.3	100.0	322
West Nile	4.0	0.9	7.5	5.4	2.1	0.0	80.1	0.0	100.0	120
Western	7.3	0.0	6.2	10.2	1.2	0.0	74.9	0.3	100.0	347
Southwest	3.6	0.0	9.0	8.1	2.1	0.0	76.2	1.0	100.0	295
North sub-regions										
IDP	2.7	0.0	2.2	6.2	5.3	0.0	83.2	0.4	100.0	151
Karamoja	7.5	0.0	2.4	3.2	3.0	0.0	82.9	1.0	100.0	62
Education										
No education	0.0	0.0	5.6	4.0	7.0	0.0	83.1	0.2	100.0	116
Primary	0.6	0.1	9.0	10.3	4.0	0.1	75.6	0.2	100.0	1,504
Secondary +	15.4	0.8	14.2	15.7	5.2	0.2	47.3	1.3	100.0	651
Wealth quintile										
Lowest	1.1	0.0	2.4	2.9	2.9	0.0	90.5	0.1	100.0	368
Second	0.5	0.0	3.0	6.0	2.5	0.0	88.0	0.0	100.0	481
Middle	1.9	0.3	10.0	6.0	2.6	0.0	78.7	0.6	100.0	405
Fourth	6.3	0.0	11.7	9.9	3.8	0.0	67.3	0.9	100.0	486
Highest	12.1	1.1	21.2	28.3	9.6	0.6	26.1	1.0	100.0	531
Total 15-49	4.8	0.3	10.3	11.5	4.5	0.1	67.8	0.5	100.0	2,271
Men 50-54	5.3	1.1	4.8	3.1	0.7	0.0	84.0	1.0	100.0	118
Total men 15-54	4.8	0.3	10.0	11.1	4.3	0.1	68.6	0.6	100.0	2,389

Most women and men who are engaged in non-agricultural activities work in sales and services occupations or skilled manual labour. The professional, technical, and managerial occupations, which require more skill and have higher income-earning potential, employ only 3 percent of working women and 5 percent of working men.

Both women and men who work are most likely to work in agriculture unless they live in urban areas or belong to the highest wealth quintile.

4.8 EARNINGS, EMPLOYER, AND CONTINUITY OF EMPLOYMENT

Table 4.8 shows the distribution of women by their employment status. The data indicate that 21 percent of employed women receive payment in cash only, 31 percent are paid both in cash and in kind, 16 percent receive only payment in kind, and 32 percent receive no payment for their work. The table further shows that women who work in agriculture are much more likely to receive no payment than those who work in non-agricultural jobs (41 percent and 4 percent, respectively).

The data on type of employer indicate that about 60 percent of working women are self-employed, while 29 percent are employed by a family member, and 11 percent are employed by a non-family member.

The table further presents the distribution of women by the continuity of their employment. Forty-eight percent of working women work all year, 42 percent work seasonally, and 10 percent work occasionally. The percentage of women who work all year is higher among women who work in non-agricultural occupations than among those working in agriculture (75 percent and 39 percent, respectively), while seasonal employment is high among agricultural workers (52 percent).

Table 4.8 Type of employment

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or non-agricultural), Uganda 2006

Employment characteristic	Agricultural work	Non-agricultural work	Total
Type of earnings			
Cash only	5.1	69.4	20.9
Cash and in-kind	32.9	25.3	31.0
In-kind only	21.1	1.1	16.2
Not paid	40.8	4.0	31.8
Total	100.0	100.0	100.0
Type of employer			
Family member	36.1	7.1	28.9
Non-family member	4.7	31.8	11.4
Self-employed	59.2	61.0	59.6
Total	100.0	100.0	100.0
Continuity of employment			
All year	39.1	75.0	47.9
Seasonal	51.8	13.6	42.4
Occasional	8.9	11.2	9.5
Total	100.0	100.0	100.0
Number of women employed during the past 12 months	5,558	1,793	7,371

Note: Total includes 20 women with missing information on type of employment who are not shown separately. Totals may not add to 100.0 because of a small fraction of missing information.

4.9 KNOWLEDGE AND ATTITUDES TOWARDS TUBERCULOSIS

Tables 4.9.1 and 4.9.2 show several indicators relating to respondents' knowledge and attitudes concerning tuberculosis (TB) including the percentages who have heard of the disease, who know that TB is spread through the air by coughing, who believe that TB can be cured, and who would want to keep it a secret that a family member has TB.

Table 4.9.1 Knowledge and attitudes concerning tuberculosis: Women

Percentage of women age 15-49 who have heard of tuberculosis (TB), and among women who have heard of TB, the percentage who know that TB is spread through the air by coughing, the percentage who believe that TB can be cured, and the percentage who would want to keep secret that a family member has TB, by background characteristics, Uganda 2006

Background characteristic	Among all respondents		Among respondents who have heard of TB, the percentage who:			
	Percentage who have heard of TB	Number	Report that TB is spread through the air by coughing	Believe that TB can be cured	Would want a family member's TB kept secret	Number of women
Age						
15-19	96.3	1,936	55.9	54.3	36.4	1,865
20-24	98.0	1,710	54.8	60.4	27.5	1,676
25-29	98.3	1,413	52.6	64.6	25.3	1,389
30-34	98.6	1,217	52.1	63.9	22.8	1,200
35-39	98.7	940	52.6	67.7	24.6	927
40-44	98.4	735	51.9	64.9	21.1	723
45-49	98.0	580	50.7	66.3	21.5	569
Residence						
Urban	98.9	1,442	62.0	67.5	23.3	1,426
Rural	97.6	7,089	51.8	60.7	27.9	6,923
Region						
Central 1	98.2	905	52.2	56.2	32.7	888
Central 2	98.6	770	43.3	49.8	32.1	759
Kampala	99.5	722	59.0	60.6	21.6	718
East Central	98.6	836	48.4	54.5	38.4	825
Eastern	99.0	1,148	65.1	63.6	28.2	1,137
North	97.0	1,322	61.7	63.9	15.8	1,283
West Nile	98.4	471	50.5	65.7	13.2	464
Western	94.8	1,271	43.6	62.8	33.1	1,204
Southwest	98.6	1,086	52.4	74.5	25.9	1,071
North sub-regions						
IDP	98.0	504	65.7	63.6	13.1	494
Karamoja	91.9	286	56.3	69.3	18.9	263
Education						
No education	96.3	1,650	46.5	57.9	23.0	1,588
Primary	97.8	5,062	50.9	58.5	29.5	4,951
Secondary +	99.5	1,819	66.9	74.7	24.4	1,810
Wealth quintile						
Lowest	96.5	1,541	53.3	57.8	20.2	1,487
Second	97.1	1,636	52.8	60.4	28.5	1,588
Middle	97.5	1,615	46.8	61.6	29.9	1,574
Fourth	98.6	1,621	53.0	61.5	30.8	1,598
Highest	99.2	2,118	59.6	66.3	26.1	2,101
Total	97.9	8,531	53.5	61.9	27.1	8,348

Knowledge of tuberculosis for both women and men is almost universal (98 and 99 percent, respectively). Fifty-four percent of the women who have heard about tuberculosis report that it is spread through the air by coughing whereas for men, a higher percentage of 73 percent report so. Substantial differences are observed in the level of knowledge of the mode of TB transmission by residence. For example, 52 percent of rural women report that TB is spread through the air by coughing compared with 62 percent of urban women. Fifty-six percent of the women from the Karamoja sub-region believe that the disease is spread through the air by coughing compared with 66 percent in IDP camps.

About 62 percent of women who have heard of TB believe it can be cured while for men the percentage is higher (77 percent). Marked differences are evident in this indicator by background characteristics. For example, three-quarters of women who have completed secondary education and

above believe that TB can be cured compared with only 58 percent of those with no education. A similar pattern applies for men, except the percentages are slightly higher for both groups (88 percent for secondary or higher and 74 percent for no education).

Table 4.9.2 Knowledge and attitude concerning tuberculosis: Men

Percentage of men age 15-49 who have heard of tuberculosis (TB), and among men who have heard of TB, the percentages who know that TB is spread through the air by coughing, the percentage who believe that TB can be cured, and the percentage who would want to keep secret that a family member has TB, by background characteristics, Uganda 2006

Background characteristic	Among all respondents		Among respondents who have heard of TB, the percentage who:			
	Percentage who have heard of TB	Number	Report that TB is spread through the air by coughing	Believe that TB can be cured	Would want a family member's TB kept secret	Number of men
Age						
15-19	97.3	595	72.1	70.2	28.9	579
20-24	98.3	402	71.0	77.2	20.4	395
25-29	100.0	350	66.6	77.2	18.4	350
30-34	99.9	355	76.6	77.4	20.0	355
35-39	100.0	311	78.5	79.4	9.8	311
40-44	99.4	210	71.0	84.4	12.7	209
45-49	99.6	162	76.8	85.1	14.4	162
Residence						
Urban	99.3	404	77.2	80.2	18.4	401
Rural	98.9	1,982	71.9	76.3	19.9	1,959
Region						
Central 1	100.0	272	55.6	60.9	30.0	272
Central 2	99.0	233	63.5	70.5	21.8	230
Kampala	99.6	218	72.5	76.4	22.1	217
East Central	97.5	209	64.0	71.9	30.0	204
Eastern	99.5	323	72.5	80.6	13.0	322
North	99.2	333	89.6	82.4	7.8	330
West Nile	98.7	124	65.7	85.7	13.1	123
Western	97.4	369	78.1	77.8	12.5	359
Southwest	99.6	304	80.2	86.2	31.1	303
North sub-regions						
IDP	99.6	155	93.9	84.4	6.1	154
Karamoja	97.2	65	73.1	82.3	0.0	64
Education						
No education	97.5	116	52.7	73.9	21.6	113
Primary	98.6	1,551	70.2	72.3	20.3	1,528
Secondary +	100.0	719	81.6	87.5	17.9	719
Wealth quintile						
Lowest	98.5	378	74.1	74.4	12.7	372
Second	98.2	495	73.3	74.8	17.4	486
Middle	99.0	422	69.3	78.8	22.8	418
Fourth	99.1	506	72.6	80.6	20.6	502
Highest	99.6	584	74.3	76.1	22.9	582
Total 15-49	98.9	2,385	72.8	77.0	19.6	2,360
Men 50-54	100.0	118	71.2	87.1	16.0	118
Total men 15-54	99.0	2,503	72.7	77.5	19.5	2,478

Only 27 percent of women who have heard about TB would want a family member's TB status kept a secret, while the percentage for men is lower at 20 percent. Among women, the proportion expressing a desire to keep secret that a family member had TB was highest in the East Central region (38 percent). Among men, the highest proportions are found in the East Central and Central 1 regions (30 percent).

4.10 USE OF TOBACCO

The use of tobacco negatively affects the health of the persons consuming it as well as those around them. In particular, use of tobacco has a strong negative health impact on pregnant women.

The 2006 UDHS asked men and women whether they smoke, what type of tobacco they smoke, and how many cigarettes they had smoked in the past 24 hours.

Table 4.10 gives the results for tobacco consumption for both women and men. The table shows that only 4 percent of women are active tobacco users, compared with 23 percent of men.

The percentage of smokers is very low among teenage men (2 percent), increases to 36 percent among men age 35-39 years, and declines gradually thereafter. The likelihood of women smoking increases with age. Urban men are less likely to engage in smoking than their rural counterparts. Among women, there is no sizeable difference in smoking between those living in urban and rural areas. The findings show that use of tobacco is higher than average in Karamoja. Roughly six in ten men and half of women in this area use tobacco. In this region it is common to roll unprocessed tobacco and smoke it. For both men and women, those with no education are most likely to smoke.

Table 4.10 Use of tobacco

Percentage of women and men age 15-49 who smoke cigarettes or a pipe or use other tobacco products, according to background characteristics and maternity status, Uganda 2006

	Women					Men				
Background characteristic	Cigarettes[1]	Pipe	Other tobacco	Does not use tobacco	Number of women	Cigarettes[1]	Pipe	Other tobacco	Does not use tobacco	Number of men
Age										
15-19	0.1	0.0	0.7	99.2	1,936	1.8	0.4	0.6	97.7	595
20-24	0.5	0.3	0.9	98.2	1,710	13.5	0.6	2.0	85.5	402
25-29	0.6	0.3	3.2	96.1	1,413	19.9	1.5	5.8	76.7	350
30-34	0.9	0.6	2.8	96.2	1,217	29.4	3.1	6.3	66.1	355
35-39	1.2	0.7	4.2	94.3	940	32.1	1.6	6.0	63.8	311
40-44	2.1	1.1	4.5	92.6	735	24.9	3.0	7.2	66.9	210
45-49	3.1	2.7	8.4	87.7	580	24.9	7.1	10.8	61.7	162
Residence										
Urban	0.5	0.3	1.9	97.5	1,442	12.9	0.2	3.6	84.5	404
Rural	1.0	0.6	2.9	95.9	7,089	19.1	2.2	4.6	77.0	1,982
Region										
Central 1	0.1	0.7	1.3	98.0	905	17.2	3.6	2.6	81.1	272
Central 2	0.6	0.3	1.1	98.6	770	15.5	1.9	2.7	83.0	233
Kampala	0.5	0.5	0.0	99.2	722	11.7	0.0	2.0	87.7	218
East Central	0.4	0.0	0.2	99.6	836	12.0	0.8	0.0	88.0	209
Eastern	0.1	0.1	0.2	99.7	1,148	10.5	0.0	1.9	87.8	323
North	0.2	0.1	11.3	88.6	1,322	23.2	0.1	9.6	67.7	333
West Nile	1.1	0.4	5.3	93.8	471	20.0	0.0	32.1	57.7	124
Western	2.3	1.3	1.0	95.7	1,271	25.6	2.8	0.0	73.6	369
Southwest	2.2	1.4	1.8	95.4	1,086	22.2	5.7	3.3	74.2	304
North sub-regions										
IDP	0.1	0.0	0.0	99.9	504	31.9	0.0	0.0	68.1	155
Karamoja	0.8	0.3	52.2	47.8	286	8.7	0.3	52.9	41.2	65
Education										
No education	2.3	1.6	9.5	87.6	1,650	32.8	6.4	21.5	50.8	116
Primary	0.6	0.3	1.4	97.8	5,062	21.1	2.2	4.4	75.2	1,551
Secondary +	0.3	0.2	0.2	99.4	1,819	9.1	0.4	1.8	89.3	719
Maternity status										
Pregnant	0.7	0.0	2.3	97.1	1,006	na	na	na	na	na
Breastfeeding	0.7	0.7	3.3	95.6	2,728	na	na	na	na	na
Neither	1.0	0.6	2.4	96.3	4,797	na	na	na	na	na
Wealth quintile										
Lowest	1.0	0.6	9.4	89.4	1,541	25.5	2.6	9.2	65.3	378
Second	0.9	0.8	2.5	96.2	1,636	25.0	3.3	6.7	69.0	495
Middle	1.4	1.0	1.4	96.9	1,615	20.5	2.3	4.3	76.7	422
Fourth	0.8	0.3	1.3	97.8	1,621	14.4	0.9	1.9	84.5	506
Highest	0.5	0.2	0.1	99.3	2,118	8.9	0.5	1.6	90.4	584
Total 15-49	0.9	0.6	2.7	96.2	8,531	18.1	1.8	4.4	78.3	2,385
Men 50-54	na	na	na	na	na	31.2	6.6	9.2	59.5	118
Total men 15-54	na	na	na	na	na	18.7	2.1	4.7	77.4	2,503

na = Not applicable

[1] Refers to commercially manufactured cigarettes

FERTILITY 5

5.1 INTRODUCTION

This chapter discusses current, cumulative, and past fertility in terms of levels, patterns, and trends that were observed on the basis of the 2006 UDHS and past surveys. Data on fertility were obtained through the pregnancy histories of women age 15-49 interviewed in the 2006 UDHS. Each woman was asked about all of the births she had had in her lifetime. To ensure completeness of the responses, the duration, the month and year of termination, and the result of the pregnancy were recorded for each pregnancy. In addition, questions were asked separately about sons and daughters who live with the mother, those who live elsewhere, and those who have died. Subsequently, a list of all births was recorded along with name, age if still alive, and age at death if dead.

5.2 CURRENT FERTILITY

The current level of fertility is important as it presents the prevailing situation and relates to population policies and programmes. Current fertility can be measured using the age-specific fertility rate (ASFR), the total fertility rate (TFR), the general fertility rate (GFR), and the crude birth rate (CBR). The ASFR provides the age pattern of fertility, while the TFR refers to the number of live births that a woman would have had if she were subject to the current ASFRs throughout the reproductive ages (15-49 years). More generalised indicators of fertility include the general fertility rate (GFR) expressed as the number of live births per 1,000 women of reproductive age, and the crude birth rate (CBR), expressed as the number of live births per 1,000 population. The measures of fertility presented in this chapter refer to the period of three years prior to the survey. This generates a sufficient number of births to provide robust and current estimates.

Table 5.1 Current fertility

Age-specific and total fertility rate, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Uganda 2006

	Residence		
Age group	Urban	Rural	Total
15-19	103	164	152
20-24	196	338	309
25-29	202	328	305
30-34	185	270	258
35-39	133	199	190
40-44	60	99	94
45-49	0	29	26
TFR (15-49)	4.4	7.1	6.7
GFR	155	246	230
CBR	41.0	45.3	44.8

Note: Age-specific fertility rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-36 months prior to the interview.
TFR: Total fertility rate for ages 15-49, expressed per woman
GFR: General fertility rate, expressed per 1,000 women
CBR: Crude birth rate, expressed per 1,000 population

The most commonly used measure of current fertility is the TFR. Table 5.1 shows that on average, a Ugandan woman would have 6.7 children by the end of her reproductive years if the current fertility pattern were to prevail. Table 5.1 also presents the general fertility rate (230 live births per 1,000 women) and the crude birth rate (45 live births per 1,000 population).

As observed in previous studies, the 2006 UDHS found that the TFR in urban areas is much lower than the TFR in rural areas (4.4 and 7.1 children, respectively). However, because of the small proportion of the population living in urban areas (less than 20 percent), the low urban fertility has only minimal impact on the level of fertility for the country as a whole.

As shown below, Uganda has the highest TFR of countries in eastern and southern Africa that have recently participated in the DHS programme:

Country	Year	TFR
Uganda	**2006**	**6.7**
Rwanda	2005	6.1
Malawi	2004	6.0
Zambia	2001-2002	5.9
Tanzania	2004	5.7
Mozambique	2003	5.5
Ethiopia	2005	5.4
Madagascar	2003-2004	5.2
Kenya	2003	4.9
Eritrea	2002	4.8
Namibia	2000	4.2
Lesotho	2004	3.5

5.3 FERTILITY DIFFERENTIALS BY BACKGROUND CHARACTERISTICS

Fertility is known to vary by residence, educational background, and other background characteristics of a woman. Table 5.2 shows several different indicators of fertility, mainly the total fertility rate, the mean number of births to women age 40-49, and the percentage currently pregnant. The mean number of births to women age 40-49 is an indicator of cumulative fertility; it reflects the fertility performance of older women who are nearing the end of their reproductive period. If fertility remains stable over time, the two fertility measures, total fertility rate (TFR) and children ever born (CEB), tend to be very similar. The percentage pregnant provides a useful additional measure of current fertility, although it is recognized that it may not capture all pregnancies in an early stage.

Table 5.2 Fertility by background characteristics

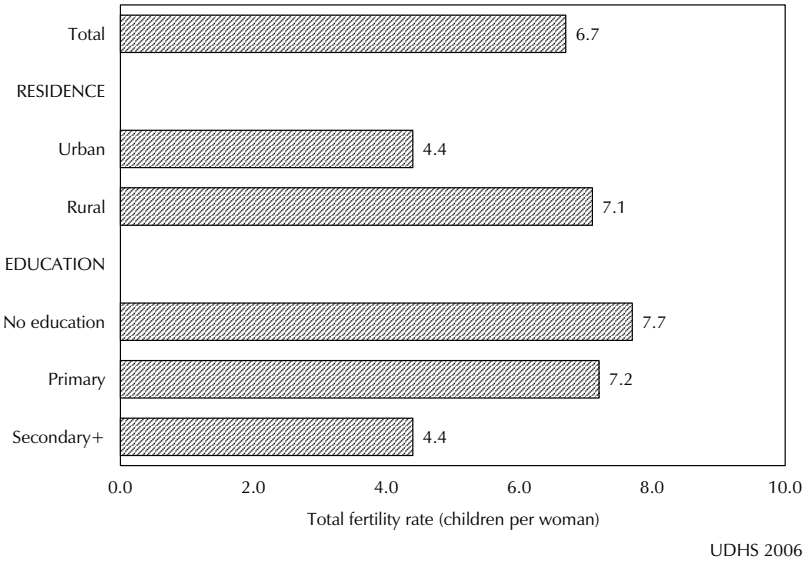
Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Uganda 2006

Background characteristic	Total fertility rate	Percentage of women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
Residence			
Urban	4.4	7.2	5.6
Rural	7.1	12.7	7.5
Region			
Central 1	5.6	11.4	7.1
Central 2	6.3	9.4	7.4
Kampala	3.7	5.9	5.2
East Central	7.5	15.4	7.2
Eastern	7.7	15.3	7.4
North	7.5	12.3	7.5
West Nile	(7.2)	11.2	6.8
Western	7.3	13.1	7.8
Southwest	6.2	9.2	7.5
North sub-regions			
IDP	(8.6)	12.9	7.7
Karamoja	(7.2)	12.1	7.5
Education			
No education	7.7	11.8	7.5
Primary	7.2	13.2	7.5
Secondary +	4.4	7.8	5.7
Wealth quintile			
Lowest	8.0	14.3	7.6
Second	7.9	15.1	7.6
Middle	7.0	11.2	7.6
Fourth	6.8	12.6	7.5
Highest	4.3	7.2	6.1
Total	6.7	11.8	7.3

Note: Total fertility rates are for the period 1-36 months prior to interview. Figures in parentheses are based on less than 750 unweighted women.

Table 5.2 and Figure 5.1 show that there is substantial regional variation in TFRs. The TFR falls below the national rate in Kampala (3.7), Central 1 (5.6), Southwest (6.2), and Central 2 (6.3). At the current fertility rates, women in the Eastern region will have 4 more children than women in Kampala (7.7 compared with 3.7). The difference between the TFR and completed fertility is an indicator of the magnitude and direction of fertility change. For Uganda as a whole, the difference between mean number of children ever born to women age 40-49 and TFR is 0.6 children, which reflects only a small change in the fertility level in the past 20 to 25 years. Looking at the regional variation, the difference between the TFR and completed fertility is relatively large in Kampala, Central 1, Central 2, and Southwest. This change implies that there has been a decline in fertility in these regions over the past several decades.

Figure 5.1 Total Fertility Rates for the Three Years Preceding the Survey, by Residence and Education



UDHS 2006

Two socio-economic indicators—the woman's education and the wealth status of her household—show a strong relationship with fertility levels. The level of fertility decreases dramatically with the level of education from 7.7 among women with no education to 4.4 among women with secondary education. Even sharper variations in TFRs are shown by household wealth status. The TFR among women in the poorest 20 percent of the population is 8.0 births per woman while the TFR for the richest 20 percent is only 4.3 births. Differences between the mean number of births to women age 40-49 and the TFR for women with higher educational attainment and in the higher wealth quintiles provide evidence of declines in fertility among women in these groups.

At the time of the survey, 12 percent of women reported that they were pregnant. This is a slight decline from the 13 percent observed in the 2000-2001 UDHS and 14 percent in the 1995 UDHS.

5.4 FERTILITY TRENDS

One way to examine trends in fertility is to use retrospective data from the birth histories collected in the 2006 UDHS. Table 5.3.1 shows age-specific fertility rates for successive five-year periods preceding the 2006 UDHS. Since women age 50 and above were not interviewed in the survey, the rates are successively truncated as the number of years before the survey increases. Fertility rates are lower during the period 0-4 years before the survey than 5-9 years before the survey in every age group, suggesting a recent decline in fertility. The greatest declines in fertility occur in the 15-19 age group, which indicates the age at which women are having their first child is increasing.

Table 5.3.1 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Uganda 2006

Mother's age at birth	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
15-19	159	197	214	210
20-24	314	337	349	330
25-29	309	322	331	323
30-34	262	283	308	[305]
35-39	191	210	[252]	
40-44	93	[133]		
45-49	[31]			

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of interview.

Table 5.3.2 Trends in age-specific and total fertility rates

Age-specific and total fertility rates (TFR) for the three-year period preceding several surveys

Mother's age at birth	1995 UDHS[1]	2000-2001 UDHS	2006 UDHS[1]
15-19	206	178	150
20-24	318	332	308
25-29	313	298	301
30-34	242	259	254
35-39	182	187	182
40-44	88	76	89
45-49	31	40	24
TFR	6.9	6.9	6.5

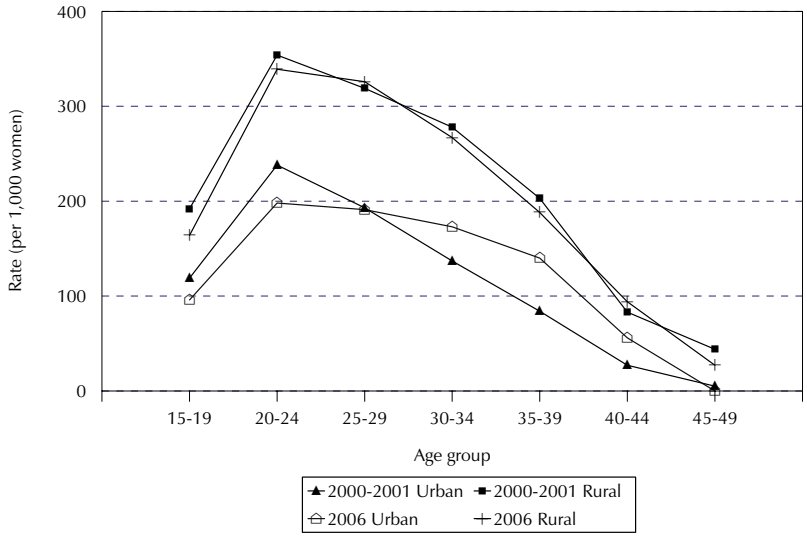
Note: Age-specific fertility rates are per 1,000 women.
[1] Adjusted to remove districts not covered in the 2000-2001 UDHS

Another way to examine fertility trends is to compare current estimates with earlier surveys. Table 5.3.2 and Figure 5.2 show the ASFRs for the 1995, 2000-2001, and 2006 surveys. Because of the different geographic areas covered by these three surveys, the 1995 and 2006 data have been adjusted to remove those districts not included in the 2000-2001 UDHS. Figure 5.2 shows that over the last 10 years, there has been relatively little change in the age-specific fertility. The largest differences are observed in the 15-19 age group. The ASFR for this age group has declined steadily from 206 in the 1995 UDHS to 150 in the 2006 UDHS, indicating a trend towards later age at marriage, first intercourse, and first birth. ASFRs in other age groups have remained relatively unchanged.

Figure 5.2 Trends in Fertility

After adjusting the 2006 UDHS data to remove districts not surveyed in the 2000-2001 UDHS, the rural TFR shows a decline from 7.4 in 2000-2001 to 7.0 in 2006, while the urban TFR increased from 4.0 to 4.3 over the same period (data not shown). Because Uganda is predominantly rural, the rural ASFRs show a similar pattern to the national ASFRs. The trend in urban ASFRs, however, is quite different. Figure 5.3 illustrates that urban women are shifting their childbearing to older ages. The ASFR for the 15-19 and 20-24 age groups is lower in the 2006 UDHS than in the 2000-2001 UDHS. In contrast, the ASFRs for the 30-34, 35-39, and 40-44 age groups are much higher in the 2006 UDHS than in the 2000-2001 UDHS. The increases in levels of fertility in older age groups are larger than the decreases in the younger age groups, accounting for the overall increase in the urban total fertility rate from the 2000-2001 UDHS to the 2006 UDHS.

Figure 5.3 Age-specific Fertility Rates for the Three-year Period Preceding the Survey, by Residence



Note: 2006 numbers adjusted to remove districts not surveyed in 2000-2001

5.5 CHILDREN EVER BORN AND LIVING

Table 5.4 presents the distribution of all women and currently married women by number of children ever born, according to five-year age groups. The table also shows the mean number of children ever born. Data on the number of children ever born reflect the accumulation of births to women over their entire reproductive years and therefore have limited reference to current fertility levels, particularly when a country has experienced a decline in fertility.

Table 5.4 Children ever born and living

Percent distribution of all women and currently married women age 15-49 by number of children ever born, mean number of children ever born, and mean number of living children, according to age group, Uganda 2006

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	80.8	15.7	3.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,936	0.23	0.21
20-24	20.8	26.0	26.6	16.9	7.3	2.1	0.2	0.1	0.0	0.0	0.0	100.0	1,710	1.71	1.51
25-29	4.9	8.5	14.1	21.3	22.0	17.0	8.7	2.9	0.4	0.0	0.0	100.0	1,413	3.51	3.01
30-34	2.2	3.4	5.3	10.0	13.2	18.7	21.0	14.1	8.4	2.8	0.8	100.0	1,217	5.16	4.42
35-39	2.2	3.1	3.1	6.2	8.0	12.1	15.7	14.8	15.2	10.6	9.1	100.0	940	6.31	5.24
40-44	2.6	2.9	5.8	4.0	6.2	9.0	8.1	12.8	12.8	13.4	22.3	100.0	735	6.99	5.68
45-49	3.2	2.8	2.2	2.5	5.5	5.1	7.5	11.7	14.6	13.9	30.9	100.0	580	7.73	6.01
Total	24.3	11.5	10.2	9.6	8.8	8.4	7.4	6.0	5.0	3.7	5.1	100.0	8,531	3.53	2.95
CURRENTLY MARRIED WOMEN															
15-19	32.9	52.4	13.6	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	380	0.83	0.75
20-24	6.1	26.6	32.7	21.6	9.6	3.0	0.3	0.1	0.0	0.0	0.0	100.0	1,148	2.12	1.86
25-29	1.9	5.8	13.5	22.9	23.5	19.2	9.3	3.4	0.4	0.1	0.0	100.0	1,136	3.75	3.25
30-34	1.3	2.1	4.0	9.1	11.5	19.1	23.3	15.6	9.9	3.2	0.8	100.0	993	5.45	4.66
35-39	2.0	1.3	1.9	4.4	7.8	10.8	15.9	16.4	16.7	12.4	10.4	100.0	734	6.70	5.60
40-44	2.1	2.8	4.0	2.3	5.0	8.4	7.8	11.8	13.9	15.9	26.0	100.0	538	7.43	6.09
45-49	2.6	2.1	2.0	2.2	3.8	3.9	7.2	11.1	14.5	15.5	35.2	100.0	408	8.12	6.46
Total	5.0	11.7	12.4	12.3	11.1	10.9	9.9	7.9	6.7	5.1	6.9	100.0	5,337	4.62	3.89

Childbearing starts early in Uganda and is nearly universal. Eight in ten women age 15-19 have never given birth compared with only 2 in 10 women age 20-24. The proportion declines to 2 percent by age 30-34. On average, a woman in Uganda has given birth to 3.5 children by her late twenties and to more than six children by her late thirties.

As expected, currently married women have had more births than all women in all age groups. The largest difference is in the youngest age groups, because a large number of unmarried young women are not exposed to the risk of pregnancy. Among women age 15-19, those who are currently married have had an average of almost one child, compared with an average of 0.2 children when all women are included in the base population. Differences at older ages reflect the impact of marital dissolution through divorce and widowhood.

The last column in Table 5.4 shows the mean number of children who survived. The difference between the mean number of children ever born and living children is an indicator of the level of mortality in the population.

Because voluntary childlessness is rare in Uganda, it is assumed that most married women with no births are unable to physiologically bear children. The percentage of women who are childless at the end of the reproductive period is an indirect measure of primary infertility (the proportion of women who are unable to bear children at all). Table 5.4 shows that primary infertility is low (about 3 percent).

5.6 BIRTH INTERVALS

A birth interval is defined as the length of time between two live births. The study of birth intervals is important in understanding the health status of young children. Research has shown that short birth intervals are closely associated with poor health of children, especially during infancy. Children born too close to a previous birth, especially if the interval between the births is less than two years, are at increased risk of health problems and dying at an early age. Longer birth intervals, on the other hand, contribute to the improved health status of both mother and child.

The study of birth intervals is done using two measures, namely, median birth interval and proportion of non-first births that occur with an interval of 24 months or more after the previous birth. Table 5.5 presents the distribution of second and higher-order births in the five years preceding the survey by the number of months since the previous birth, according to background characteristics. The table also presents the median number of months since the preceding birth.

One-fourth of non-first births (25 percent) occur within 24 months of the previous birth and two-thirds of non-first births are born within 36 months after their older sibling. The overall median birth interval is almost 30 months (29.7). These numbers are very similar to those observed in the 2000-2001 UDHS.

Children born to younger women tend to have shorter birth intervals than those born to older women. The median birth interval increases with age from 27 months among women 15-19 to 34 months among women age 40 or older. The proportion of births with intervals less than 24 months declines steeply from 41 percent among women age 15-19 to 19 percent among women age 40 and above.

Table 5.5 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Uganda 2006

Background characteristic	Months since preceding birth							Total	Number of non-first births	Median number of months since preceding birth[1]
	7-17	18-23	24-35	36-47	48-54	55-59	60+			
Age										
15-19	22.4	18.8	46.1	12.7	0.0	0.0	0.0	100.0	75	26.8
20-29	11.1	17.8	45.6	16.0	3.9	1.6	3.9	100.0	3,390	28.5
30-39	7.9	13.9	43.0	18.0	5.0	2.6	9.6	100.0	2,807	31.0
40-49	6.0	13.1	36.0	20.6	8.5	2.5	13.3	100.0	689	33.8
Birth order										
2-3	11.1	16.2	42.9	16.9	3.8	1.8	7.3	100.0	2,407	29.2
4-6	8.5	15.1	44.7	16.5	5.3	2.1	7.7	100.0	2,763	30.0
7+	8.6	16.2	42.8	18.9	5.2	2.5	5.8	100.0	1,792	29.9
Sex of preceding birth										
Male	10.1	15.3	42.2	17.3	5.1	2.2	7.8	100.0	3,522	30.0
Female	8.7	16.2	45.1	17.2	4.4	1.9	6.4	100.0	3,440	29.5
Survival of preceding birth										
Living	7.2	15.4	45.6	17.7	4.8	2.1	7.2	100.0	5,980	30.2
Dead	22.8	18.2	31.6	14.6	4.6	1.9	6.3	100.0	981	25.8
Residence										
Urban	9.9	15.4	33.1	17.6	5.2	3.1	15.7	100.0	684	32.5
Rural	9.4	15.8	44.8	17.2	4.7	2.0	6.1	100.0	6,277	29.6
Region										
Central 1	11.4	18.5	37.9	16.4	5.5	2.7	7.6	100.0	654	28.7
Central 2	12.0	14.6	39.5	17.0	4.8	2.8	9.3	100.0	592	30.0
Kampala	10.9	13.5	32.3	18.4	4.9	2.1	18.0	100.0	281	33.1
East Central	10.4	16.9	47.2	14.2	3.8	1.7	5.8	100.0	770	28.4
Eastern	9.0	15.8	47.5	17.3	4.6	1.0	4.9	100.0	1,100	28.9
North	9.0	15.4	45.5	18.3	4.6	1.5	5.7	100.0	1,243	30.1
West Nile	5.0	12.1	44.7	24.8	3.4	2.3	7.8	100.0	380	32.7
Western	8.8	16.4	42.9	15.7	5.8	2.6	7.8	100.0	1,099	30.4
Southwest	8.9	15.5	44.2	17.3	4.9	3.1	6.2	100.0	841	29.7
North sub-regions										
IDP	12.5	16.0	41.1	17.3	4.8	2.0	6.3	100.0	521	29.6
Karamoja	4.3	22.4	44.4	19.0	4.3	0.6	5.1	100.0	281	29.8
Education										
No education	8.6	15.8	43.6	18.7	5.1	1.6	6.7	100.0	1,759	30.3
Primary	9.2	16.2	45.0	16.8	4.6	2.1	6.0	100.0	4,448	29.5
Secondary +	12.7	13.0	35.7	16.5	4.9	3.1	14.2	100.0	754	29.9
Wealth quintile										
Lowest	10.2	16.4	44.8	18.4	4.1	1.6	4.4	100.0	1,597	29.8
Second	9.2	14.7	46.6	17.6	5.2	1.5	5.2	100.0	1,581	29.6
Middle	7.2	15.3	48.1	16.9	3.8	2.0	6.8	100.0	1,430	29.8
Fourth	10.2	16.7	41.2	17.1	5.2	3.1	6.6	100.0	1,374	29.1
Highest	10.7	15.8	33.9	15.6	6.1	2.4	15.5	100.0	979	31.5
Total	9.4	15.8	43.6	17.3	4.8	2.1	7.1	100.0	6,961	29.7

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.
[1] The median is the midpoint of the distribution of births by number of months since preceding birth

There are no strong differentials in median birth interval by birth order, sex of preceding birth, education, or wealth quintile. However, the survival status of the previous birth has a strong impact on the birth interval. Median intervals for births following a child that died are four months shorter than those for births following a surviving child (25.8 and 30.2 months, respectively). The percentage of births occurring after a short interval (less than 18 months) is more than three times higher among births whose previous sibling died than among those whose previous sibling survived. The shorter intervals for the former group are partially due to the shorter breastfeeding period for the previous birth, leading to an earlier return of ovulation and hence increased chance of pregnancy.

Figure 5.4 Birth Intervals with a Duration of Less Than 24 Months, by Survival Status of Preceding Birth and Age of Mother

UDHS 2006

Birth intervals vary slightly across regions, with the longest in Kampala (33 months) and the shortest in the East Central region (28.4 months). Urban women have slightly longer intervals between births compared with rural women (32.5 and 29.6 months, respectively).

5.7 Age at First Birth

The age at which childbearing commences is an important determinant of the overall level of fertility as well as the health and welfare of the mother and the child. In some societies, postponement of first births due to an increase in age at marriage has contributed to overall fertility decline. However, in Uganda, it is not uncommon for women to have children before getting married. Table 5.6 shows the percentage of women who have given birth by specific ages, according to age at the time of the survey. The data in the last column of Table 5.6 show that the initiation of childbearing in Uganda has not changed much over time, although it seems like there is a slight increase in recent years. The median age at first birth in Uganda is 19.1 years for the youngest cohort of women (age 20-24) for whom a median can be estimated, compared with 18.8 years or less among older cohorts.

To study differentials in age at first birth, Table 5.7 presents the median age at first birth for different subgroups of the population. Overall, the median age at first birth among women 20-49 is 18.7 years. The age group 15-19 is excluded because only a small fraction of these women had a birth before age 15. Women in the highest wealth quintile, urban women, and women who reside in Karamoja, Kampala, and the Southwest region tend to have their first child at a later age than other women. The relationship between education and initiation of childbearing is clear: women age 25-49 with secondary education (20.6 years) started having children two years later than those with primary education (18.3 years) or no education (18.5 years).

Table 5.6 Age at first birth

Percentage of women age 15-49 who gave birth by exact ages, percentage who have never given birth, and median age at first birth, according to current age, Uganda 2006

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	1.5	na	na	na	na	80.8	1,936	a
20-24	6.4	35.2	62.3	na	na	20.8	1,710	19.1
25-29	7.5	38.7	65.5	81.4	92.8	4.9	1,413	18.8
30-34	7.4	43.7	69.0	84.2	92.3	2.2	1,217	18.5
35-39	7.5	45.1	66.8	82.6	92.8	2.2	940	18.4
40-44	6.9	39.8	66.0	79.2	89.4	2.6	735	18.7
45-49	10.7	43.5	66.1	80.0	89.8	3.2	580	18.5
20-49	7.4	40.2	65.6	na	na	7.8	6,595	18.7
25-49	7.8	41.9	66.8	81.8	91.8	3.2	4,885	18.6

Note: The median is the midpoint of the distribution of women by exact age at first birth.
na = Not applicable
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

Table 5.7 Median age at first birth by background characteristics

Median age at first birth among women age 20-49 (25-49) years, by current age, according to background characteristics, Uganda 2006

Background characteristic	Age						Women age 20-49	Women age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49		
Residence								
Urban	21.0	19.4	19.0	18.4	20.0	19.9	19.7	19.3
Rural	18.8	18.7	18.4	18.4	18.6	18.4	18.6	18.5
Region								
Central 1	18.8	18.6	18.3	18.1	19.1	17.8	18.5	18.4
Central 2	18.9	18.6	17.8	17.6	18.6	17.3	18.3	18.1
Kampala	a	19.8	19.2	19.5	(18.6)	*	a	19.5
East Central	18.5	17.8	18.0	17.8	18.1	18.0	18.1	17.9
Eastern	18.7	18.5	18.7	17.8	18.6	19.1	18.6	18.5
North	18.5	19.0	18.5	19.7	19.6	19.1	18.9	19.1
West Nile	19.6	19.2	18.8	19.4	18.7	19.5	19.2	19.0
Western	18.8	18.3	18.0	17.8	18.0	17.7	18.2	18.0
Southwest	19.7	19.5	19.3	19.3	19.3	19.1	19.5	19.4
North sub-regions								
IDP	18.2	18.5	18.1	19.5	18.5	19.5	18.6	18.8
Karamoja	19.7	19.9	20.4	21.6	21.7	21.6	a	20.8
Education								
No education	18.0	18.4	18.3	18.4	18.7	18.8	18.4	18.5
Primary	18.5	18.3	18.2	18.2	18.5	18.1	18.3	18.3
Secondary +	a	21.0	20.0	20.6	19.9	(20.2)	a	20.6
Wealth quintile								
Lowest	18.2	18.3	18.2	18.5	18.6	19.7	18.4	18.5
Second	18.7	18.5	18.2	18.7	18.8	18.1	18.5	18.5
Middle	19.0	18.4	18.3	18.6	19.1	18.2	18.6	18.5
Fourth	18.7	19.0	18.4	17.9	18.2	17.7	18.4	18.4
Highest	a	19.7	19.2	18.5	19.3	19.2	19.7	19.3
Total	19.1	18.8	18.5	18.4	18.7	18.5	18.7	18.6

Note: The median is the midpoint of the distribution of women by exact age at first birth. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
a = Omitted because less than 50 percent of the women had a birth before reaching the beginning of the age group

5.8 TEENAGE PREGNANCY AND MOTHERHOOD

For some time now, teenage pregnancy and motherhood has been a major health and social concern in Uganda. Teenage pregnancy is singled out because of its association with higher morbidity and mortality for both the mother and child. In addition to the physiological risks, under the current school practice, pregnant girls have to terminate their education, which may indirectly affect the health of the mother and the child through loss of socio-economic opportunities. Table 5.8 and Figure 5.5 show the proportion of women age 15-19 years who have begun childbearing, differentiating between those who are already mothers and those who are pregnant for the first time.

Table 5.8 Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child and percentage who have begun childbearing, by background characteristics, Uganda 2006

Background characteristic	Percentage who: Have had a live birth	Percentage who: Are pregnant with first child	Percentage who have begun childbearing	Number of women
Age				
15	1.0	0.9	1.9	466
16	4.1	4.3	8.5	411
17	17.3	8.2	25.5	347
18	33.1	7.9	41.0	379
19	49.5	9.1	58.6	334
Residence				
Urban	16.3	3.4	19.7	342
Rural	19.8	6.2	26.0	1,594
Region				
Central 1	16.5	4.9	21.3	228
Central 2	24.9	4.9	29.8	181
Kampala	11.1	3.0	14.1	173
East Central	18.3	6.5	24.8	199
Eastern	23.7	7.4	31.1	236
North	25.8	8.1	34.0	270
West Nile	18.1	3.7	21.8	109
Western	19.8	8.7	28.4	296
Southwest	12.1	1.3	13.4	243
North sub-regions				
IDP	35.0	8.0	43.1	100
Karamoja	8.0	9.6	17.6	42
Education				
No education	42.7	7.5	50.2	67
Primary	21.6	6.3	27.9	1,292
Secondary +	11.2	4.1	15.3	577
Wealth quintile				
Lowest	29.8	10.9	40.7	296
Second	25.5	5.7	31.2	339
Middle	16.5	5.7	22.2	334
Fourth	17.0	5.6	22.6	390
Highest	13.1	3.2	16.3	577
Total	19.2	5.7	24.9	1,936

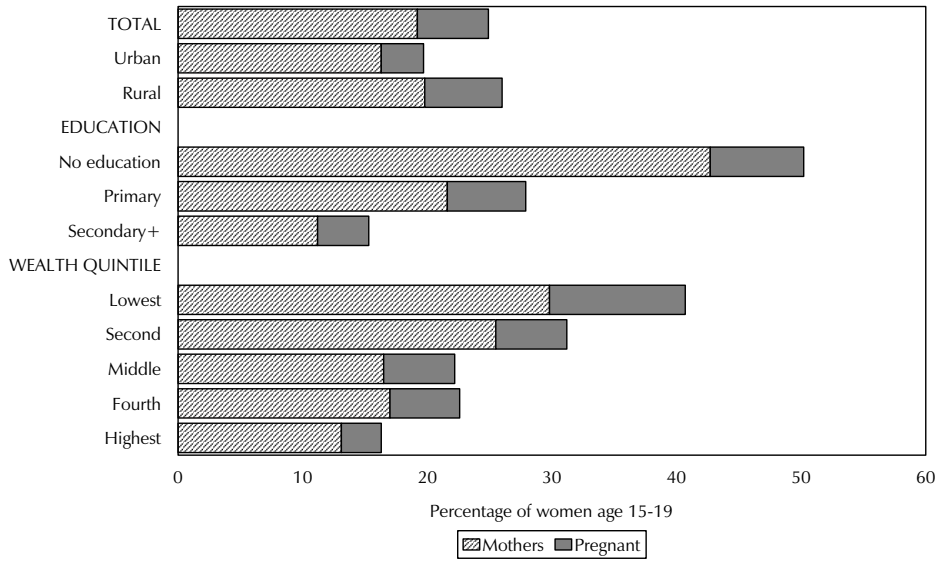
Overall, 25 percent of teenagers have begun childbearing, with 19 percent having had a child already and 6 percent carrying their first child. This is a continued decline from the 31 percent observed in the 2000-2001 UDHS and the 41 percent in the 1995 DHS, which had put Uganda at the top for teenage pregnancy among sub-Saharan countries. As expected, the percentage who have started their reproductive life increases with age because of longer exposure, from 2 percent of 15-year-olds to 59 percent of 19-year-olds.

Teenage pregnancy varies with level of education (Figure 5.5). Although only 15 percent of girls with secondary education have begun their reproductive life, the corresponding proportion of those with no education is 50 percent.

The higher levels of school attendance among urban adolescents, which tends to discourage early childbearing, is believed to account for the lower levels of motherhood and pregnancy among urban teenagers. Overall, rural teenage women are more likely to have started motherhood than their urban counterparts (26 percent and 20 percent, respectively). There are also important differences by region. The percentage of girls who have begun childbearing varies from a low 13 percent in the Southwest region and 14 percent in Kampala to a high 43 percent of adolescents living in IDP camps in the North.

There are also important differences by the wealth index of the household. The percentage of teenagers who have begun childbearing in the poorest households is 41 percent compared with only 16 percent in the wealthiest households.

Figure 5.5 Percentage of Women Age 15-19 Who Are Mothers or Pregnant with Their First Child, by Residence, Education, and Wealth Quintile



UDHS 2006

FAMILY PLANNING 6

This chapter presents results from the 2006 UDHS regarding aspects of contraceptive knowledge, attitudes, and behaviour. Although the focus is on women, some results from the male survey are discussed, since men play an important role in the realization of reproduction goals. Data on interspousal communication and knowledge of husbands about their wives' contraceptive use are also presented.

6.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

One major objective of the 2006 UDHS was to assess the level of knowledge of contraceptive methods among Ugandan women and men. Individuals who have adequate information about the available methods of contraception are better able to develop a rational approach to planning their families. Information on knowledge of contraception was collected in the survey by asking female and male respondents to name ways or methods by which a couple could delay or avoid pregnancy. If the respondent failed to mention a particular method spontaneously, the interviewer described the method and asked whether the respondent had heard of it. Contraceptive methods are grouped into two types in the table. Modern methods include: female sterilization, male sterilization, the pill, intrauterine device (IUD), injectables, implants, male condom, female condom, lactational amenorrhoea (LAM), and emergency contraception. Traditional methods include rhythm method (periodic abstinence) and withdrawal. Provision was also made in the questionnaire to record any other methods, including folk methods named spontaneously by the respondent.

Table 6.1 shows data on the extent of knowledge of contraceptive methods among all women age 15-49 and men age 15-49, as well as among those who are currently married and those who are not married but sexually active. Knowledge of family planning is nearly universal, with 97 percent of all women and 98 percent of all men age 15-49 having heard of at least one method of family planning. Moreover, knowledge is widespread, with over 90 percent of women in all age groups, regions, and education levels having heard of at least one method; the only exceptions are women in the North (87 percent) and those in Karamoja, only half of whom say that they know any method (data not shown).

Modern methods are more widely known than traditional methods. For example, 96 percent of women have heard of at least one modern method, while only 70 percent know of a traditional method. Among all women, the male condom, pills, and injectables are the most widely known methods of family planning, with at least 90 percent of all women saying they had heard of these methods. The least widely known methods are LAM and emergency contraception. Over half of all women have heard of implants, female condom, and the rhythm method, while about four in ten know about male sterilization, IUD, and withdrawal.

As expected, contraceptive knowledge is higher among currently married women and sexually active, unmarried women than among all women. This is also true for each method. The mean number of methods recognized by all women is 6.8, compared with 7.2 among married women and 8.1 among sexually active, unmarried women. The gap in knowledge between women who are married and those who are unmarried and sexually active is most apparent for the IUD, female condoms, and withdrawal.

Knowledge of at least one method is slightly higher among men than women. Men are generally more likely than women to know about male sterilization, male and female condoms, LAM, rhythm, and withdrawal, while women are more likely to know about such female-oriented methods as female sterilization, the pill, IUD, injectables, and implants. Overall, the average number of

methods known by women and men is very similar—6.8 methods for women and 6.5 methods for men.

Trends in contraceptive knowledge since the 2000-01 UDHS are mixed (data not shown).[1] Overall, there is no change in the proportion of women and men who have heard of at least one method or one modern method. However, the level of knowledge of several methods has increased slightly since 2000-01. For example, knowledge of implants has increased, as has knowledge of male sterilization among women. On the other hand, knowledge of the IUD and female condom has declined since 2000-01. The proportion of both women and men who say they have heard of LAM has declined significantly; however, this is probably because of the decision not to describe the method in the 2006 UDHS, since previous analysis had shown that respondents confused LAM with simple breastfeeding and thus over-reported use of the method. This is no doubt the reason why the average number of methods known by respondents has also declined between the two surveys.

Table 6.1 Knowledge of contraceptive methods

Percentage of all respondents, currently married respondents, and sexually active unmarried respondents age 15-49 who know any contraceptive method, by specific method, Uganda 2006

	Women			Men		
Method	All women	Currently married women	Sexually active unmarried woman[1]	All men	Currently married men	Sexually active unmarried men[1]
Any method	96.6	97.4	99.2	98.1	99.1	100.0
Any modern method	96.2	96.9	99.1	98.1	99.1	100.0
Female sterilization	72.1	76.6	78.6	64.2	73.6	65.0
Male sterilization	43.1	46.9	48.0	47.4	54.9	51.3
Pill	91.3	93.4	96.8	87.4	92.9	91.9
IUD	42.7	46.8	56.4	30.0	35.9	27.6
Injectables	90.2	93.0	96.4	82.8	90.3	87.6
Implants	58.0	64.1	67.1	32.3	40.0	32.2
Male condom	91.7	91.9	98.2	97.5	98.4	99.6
Female condom	53.6	54.1	71.4	59.8	63.6	66.5
Lactational amenorrhoea (LAM)	6.8	7.8	9.7	11.4	14.3	6.7
Emergency contraception	13.6	13.9	19.6	14.5	14.2	18.2
Any traditional method	70.3	74.9	88.3	69.3	81.2	81.6
Rhythm	56.8	60.0	74.9	61.7	73.8	68.7
Withdrawal	42.5	46.0	64.3	50.4	59.9	62.9
Folk method	22.0	25.7	25.4	6.3	7.8	8.7
Mean number of methods known by respondents 15-49	6.8	7.2	8.1	6.5	7.2	6.9
Number of respondents	8,531	5,337	359	2,385	1,343	142
Mean number of methods known by respondents 15-54	na	na	na	6.5	7.2	6.9
Number of respondents	0	0	0	2,503	1,439	147

[1] Had last sexual intercourse within 30 days preceding the survey

6.2 EVER USE OF CONTRACEPTION

All women interviewed in the 2006 UDHS who said that they had heard of a method of family planning were asked whether they had ever used that method. Men were only asked about ever use of male methods, i.e., male sterilization, male condom, rhythm method, and withdrawal. Table 6.2.1 shows the percentage of all women, currently married women, and sexually active unmarried women who have ever used specific methods of family planning, by age, while Table 6.2.2 shows comparable information for men.

[1] Data from the two surveys are not strictly comparable since they covered slightly different geographic areas; however, the differences are slight. Also, published data for men for 2000-01 refer to ages 15-54, while in 2006, the table is based on men 15-49.

Table 6.2.1 Ever use of contraception: Women

Percentage of all women, currently married women, and sexually active unmarried women age 15-49 who have ever used any contraceptive method by method, according to age, Uganda 2006

			Modern method										Traditional method			
Age	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	LAM	Emergency contraception	Any traditional method	Rhythm	Withdrawal	Folk method	Number of women
ALL WOMEN																
15-19	19.3	16.9	0.0	0.0	1.9	0.0	3.2	0.0	14.8	0.0	0.0	6.0	3.6	3.2	0.4	1,936
20-24	52.2	44.3	0.1	0.2	11.8	0.3	21.8	0.2	27.8	0.4	0.3	20.8	12.9	11.5	2.0	1,710
25-29	57.0	49.2	0.4	0.2	17.3	0.6	32.3	0.7	22.2	0.5	0.4	23.0	14.0	11.8	2.7	1,413
30-34	56.4	48.0	2.0	0.2	18.8	0.9	33.5	0.7	17.0	0.5	0.3	23.1	13.9	10.8	4.1	1,217
35-39	53.7	45.8	3.0	0.2	19.4	1.1	31.3	1.6	13.1	0.3	0.3	20.4	10.0	8.6	5.5	940
40-44	46.0	38.2	6.9	0.2	14.0	1.6	23.4	0.7	8.8	0.3	0.3	19.0	11.2	6.7	5.9	735
45-49	39.3	29.7	6.4	0.2	11.9	1.8	16.9	0.4	7.3	0.7	0.7	17.2	9.7	6.7	4.6	580
Total	44.9	38.1	1.7	0.2	12.5	0.7	21.8	0.5	17.7	0.3	0.3	17.7	10.4	8.5	3.0	8,531
CURRENTLY MARRIED WOMEN																
15-19	36.8	30.1	0.0	0.0	6.3	0.0	8.5	0.0	24.5	0.2	0.0	16.1	10.7	8.4	0.4	380
20-24	53.5	43.2	0.2	0.3	12.0	0.2	25.3	0.1	23.0	0.4	0.2	22.3	14.2	11.6	2.8	1,148
25-29	54.6	46.1	0.2	0.2	16.0	0.6	30.9	0.6	17.7	0.6	0.5	22.3	13.3	11.3	2.8	1,136
30-34	55.9	47.1	2.3	0.3	17.8	1.0	32.7	0.6	14.5	0.6	0.4	23.0	13.7	10.1	4.4	993
35-39	52.6	43.4	3.3	0.3	17.8	1.0	31.8	1.9	8.2	0.3	0.3	20.4	9.5	8.4	6.2	734
40-44	48.4	39.3	8.6	0.2	12.6	1.1	25.6	0.8	7.9	0.4	0.3	20.9	12.5	6.8	7.2	538
45-49	42.0	31.7	7.4	0.0	12.7	2.2	18.9	0.0	6.3	0.3	0.8	18.6	10.3	7.2	5.3	408
Total	51.5	42.4	2.4	0.2	14.4	0.8	27.1	0.6	15.6	0.4	0.3	21.3	12.5	9.8	4.0	5,337
SEXUALLY ACTIVE UNMARRIED WOMEN[1]																
15-19	59.1	50.8	0.0	0.0	8.0	0.0	7.4	0.0	49.3	0.0	0.0	17.7	11.0	8.7	1.5	80
20-24	80.7	73.3	0.0	0.0	24.5	0.6	31.0	0.0	66.1	0.9	0.0	44.4	24.3	31.4	1.2	98
25+	78.8	73.3	1.1	0.0	35.8	1.6	46.6	1.0	52.3	0.0	0.0	31.6	17.3	19.0	4.9	181
Total	74.9	68.3	0.6	0.0	26.5	0.9	33.6	0.5	55.4	0.3	0.0	32.0	17.8	20.1	3.1	359

LAM = Lactational amenorrhoea method

[1] Women who last had sexual intercourse within 30 days preceding the survey

Just over half (52 percent) of currently married women have ever used a contraceptive method, 42 percent have used a modern method, and 21 percent have used a traditional method. The methods most commonly ever used by married women are injectables (27 percent), male condoms (16 percent), pills (14 percent), and rhythm (13 percent). Ever use of other methods does not exceed 10 percent.

Ever use of any method is highest among sexually active unmarried women, 75 percent of whom have used a method at some time. Sexually active unmarried women are much more likely (55 percent) to have used male condoms than either all women (18 percent) or currently married women (16 percent).

Among married men, about two-thirds (68 percent) have ever used one of the four male-oriented methods (Table 6.2.2). Just under half of married men age 15-49 have used male condoms (45 percent). An even higher proportion (46 percent) say they have used the rhythm method. Almost one-quarter of married men have used withdrawal. These figures are substantially higher than the proportion of married women who report having used these methods. As expected, only a tiny fraction of Ugandan men have been sterilized.

Table 6.2.2 Ever use of contraception: Men

Percentage of all men, currently married men, and sexually active unmarried men age 15-49 who have ever used any contraceptive method by method, according to age, Uganda 2006

Age	Any method	Any modern method	Modern method: Male sterilization	Modern method: Male condom	Any traditional method	Traditional method: Rhythm	Traditional method: Withdrawal	Number of men
ALL MEN								
15-19	16.3	15.6	0.3	15.3	5.6	3.5	4.0	595
20-24	60.4	52.2	0.5	52.2	31.9	24.4	17.8	402
25-29	69.5	55.4	0.4	55.1	45.3	36.1	23.7	350
30-34	69.9	51.9	0.2	51.9	52.8	47.8	25.4	355
35-39	70.2	42.2	0.5	42.0	56.6	46.9	25.6	311
40-44	65.0	38.7	0.3	38.3	53.6	44.9	19.3	210
45-49	58.7	24.8	0.0	24.8	49.4	41.7	20.7	162
Total 15-49	53.7	39.1	0.3	39.0	36.7	30.3	17.7	2,385
Men 50-54	60.1	27.1	2.1	25.7	48.0	40.7	23.9	118
Total men 15-54	54.0	38.6	0.4	38.3	37.3	30.8	18.0	2,503
CURRENTLY MARRIED MEN								
15-19	36.5	25.7	0.0	25.7	10.9	10.9	0.0	11
20-24	70.3	55.2	0.0	55.2	50.8	42.8	24.5	161
25-29	70.7	52.8	0.5	52.3	53.5	44.7	26.8	243
30-34	68.7	49.3	0.3	49.3	52.2	48.1	24.4	318
35-39	72.0	43.7	0.6	43.5	59.5	50.7	26.1	270
40-44	65.5	37.6	0.3	37.3	55.7	46.7	20.0	193
45-49	60.4	24.0	0.0	24.0	50.8	42.8	19.3	148
Total 15-49	68.3	44.9	0.3	44.7	53.8	46.3	23.8	1,343
50-54	62.0	24.8	2.6	23.1	51.4	44.4	25.9	96
Total men 15-54	67.9	43.5	0.5	43.2	53.6	46.2	23.9	1,439
SEXUALLY ACTIVE UNMARRIED MEN[1]								
15-19	64.0	64.0	0.0	64.0	28.1	17.0	20.5	49
20-24	78.4	69.9	0.0	69.9	36.8	29.0	22.0	36
25+	86.6	75.4	0.0	75.4	52.1	34.8	34.5	57
Total 15-49	76.8	70.1	0.0	70.1	40.0	27.3	26.5	142
Men 50-54	*	*	*	*	*	*	*	5
Total men 15-54	77.5	69.9	0.0	69.9	41.3	28.0	26.5	147

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Men who last had sexual intercourse within 30 days preceding the survey

The proportion of married women who have ever used any method has increased over time. By far the largest increase is ever use of injectables, which almost doubled from between 2000-01 and 2006. Ever use of male condoms by currently married women increased by 50 percent during the period between the surveys.

6.3 Current Use of Contraceptive Methods

As shown in Table 6.3, the contraceptive prevalence rate (the percentage of currently married women age 15-49 who are using any method of family planning) is 24 percent. Eighteen percent of married women are using modern methods, while 6 percent use a traditional method. As expected, current contraceptive use is higher among sexually active unmarried women (54 percent) than among married women (24 percent) and, in turn, among all women (20 percent).

Table 6.3 Current use of contraception by age

Percent distribution of all women, currently married women, and sexually active unmarried women age 15-49 by contraceptive method currently used, according to age, Uganda 2006

Age	Any method	Any modern method	Modern method							Any traditional method	Traditional method			Not currently using	Total	Number of women
			Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom		Rhythm	Withdrawal	Folk method			
ALL WOMEN																
15-19	6.5	5.2	0.0	0.0	0.8	0.0	1.3	0.0	3.1	1.3	0.8	0.3	0.2	93.5	100.0	1,936
20-24	21.3	17.2	0.1	0.0	2.8	0.0	8.5	0.1	5.6	4.2	2.0	1.5	0.7	78.7	100.0	1,710
25-29	24.3	19.7	0.4	0.1	3.8	0.1	12.3	0.3	2.7	4.6	2.3	1.8	0.6	75.7	100.0	1,413
30-34	27.2	22.0	2.0	0.2	3.7	0.3	12.4	0.6	2.8	5.2	2.8	1.7	0.8	72.8	100.0	1,217
35-39	23.7	18.7	3.0	0.1	1.7	0.3	10.4	0.8	2.4	4.9	2.3	2.2	0.5	76.3	100.0	940
40-44	23.7	17.2	6.9	0.0	2.4	0.0	5.7	0.4	1.8	6.5	3.2	1.3	2.0	76.3	100.0	735
45-49	18.7	13.1	6.4	0.0	0.6	0.1	4.0	0.1	1.9	5.6	2.4	2.3	0.9	81.3	100.0	580
Total	19.6	15.4	1.7	0.1	2.3	0.1	7.7	0.3	3.2	4.1	2.0	1.4	0.7	80.4	100.0	8,531
CURRENTLY MARRIED WOMEN																
15-19	11.4	8.3	0.0	0.0	1.4	0.0	4.3	0.0	2.6	3.1	2.0	1.1	0.0	88.6	100.0	380
20-24	21.7	16.2	0.2	0.0	3.1	0.0	10.8	0.1	2.1	5.5	2.7	1.9	0.9	78.3	100.0	1,148
25-29	23.8	18.4	0.2	0.1	3.9	0.2	12.0	0.2	1.8	5.4	2.5	2.1	0.8	76.2	100.0	1,136
30-34	27.2	21.7	2.3	0.2	4.1	0.3	12.8	0.6	1.2	5.5	2.6	1.9	0.9	72.8	100.0	993
35-39	25.1	19.3	3.3	0.2	2.0	0.3	11.5	0.9	1.2	5.8	2.8	2.6	0.5	74.9	100.0	734
40-44	28.6	20.3	8.6	0.0	2.4	0.0	6.9	0.6	1.8	8.3	4.1	1.8	2.4	71.4	100.0	538
45-49	22.8	15.0	7.4	0.0	0.5	0.1	5.4	0.0	1.6	7.8	3.2	3.3	1.3	77.2	100.0	408
Total	23.7	17.9	2.4	0.1	2.9	0.2	10.2	0.3	1.7	5.8	2.8	2.1	0.9	76.3	100.0	5,337
SEXUALLY ACTIVE UNMARRIED WOMEN[1]																
15-19	37.2	28.1	0.0	0.0	8.0	0.0	3.5	0.0	16.6	9.0	4.3	3.2	1.5	62.8	100.0	80
20-24	56.6	50.5	0.0	0.0	2.3	0.6	9.8	0.0	37.9	6.1	2.5	3.6	0.0	43.4	100.0	98
25+	60.1	53.2	1.1	0.0	7.2	0.0	19.6	0.0	25.2	6.9	5.2	1.3	0.5	39.9	100.0	181
Total	54.0	46.9	0.6	0.0	6.1	0.2	13.4	0.0	26.7	7.1	4.2	2.3	0.6	46.0	100.0	359

Note: If more than one method is used, only the most effective method is considered in this tabulation.
[1] Women who last had sexual intercourse within 30 days preceding the survey

By far the most commonly used method among married women is injectables, which are used by 10 percent of women. The next most commonly used methods are pills (3 percent) and rhythm method (3 percent). Female sterilization, withdrawal, and male condoms are each being used by 2 percent of married women. The mix of methods is very different among sexually active unmarried women, for whom male condom is by far the most commonly used method (27 percent), followed by injectables (13 percent).

Use of any contraceptive method generally rises with age, from 11 percent among married women age 15-19, to a peak of 29 percent at age 40-44, and then declines to 23 percent among women age 45-49. The most popular methods among the youngest women are injectables and male condoms. Women in their 20s and early 30s tend to use injectables, followed by the pill, while older women are increasingly likely to be sterilized.

6.4 DIFFERENTIALS IN CONTRACEPTIVE USE BY BACKGROUND CHARACTERISTICS

As shown in Table 6.4 and Figure 6.1, some married women in Uganda are more likely to use contraceptives than others. Married women in urban areas are twice as likely to use contraception (43 percent) than those in rural areas (21 percent). Use is higher in urban areas for each of the specific methods except rhythm, which is very slightly higher among rural women.

Table 6.4 Current use of contraception by background characteristics

Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics, Uganda 2006

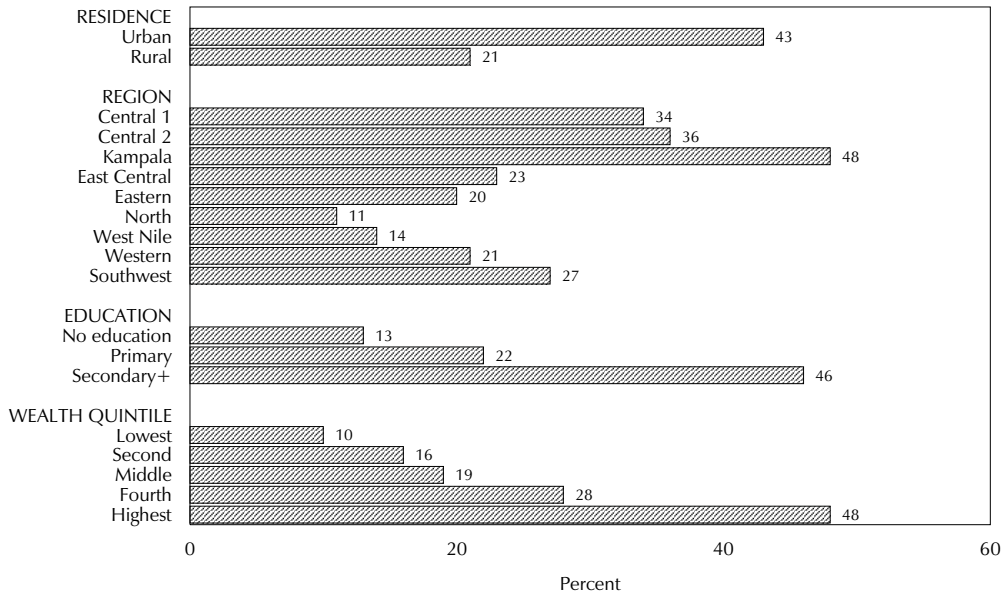
Background characteristic	Any method	Any modern method	Modern method: Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Traditional method: Rhythm	Withdrawal	Folk method	Not currently using	Total	Number of women
Number of living children																
0	6.1	4.1	0.2	0.0	1.3	0.0	0.0	0.0	2.5	2.0	1.4	0.6	0.0	93.9	100.0	332
1-2	22.2	16.5	0.6	0.3	3.9	0.1	8.8	0.2	2.6	5.7	2.5	2.3	0.9	77.8	100.0	1,515
3-4	25.0	20.0	1.7	0.0	3.2	0.2	12.7	0.5	1.7	4.9	2.6	1.5	0.8	75.0	100.0	1,457
5+	26.7	19.6	4.6	0.0	2.3	0.2	11.2	0.3	0.9	7.1	3.3	2.5	1.3	73.3	100.0	2,033
Residence																
Urban	43.1	36.5	3.3	0.1	7.6	0.6	19.0	0.8	5.1	6.7	2.6	3.7	0.4	56.9	100.0	696
Rural	20.8	15.1	2.3	0.1	2.2	0.1	8.9	0.3	1.2	5.7	2.8	1.8	1.0	79.2	100.0	4,641
Region																
Central 1	33.9	24.7	1.9	0.3	7.3	0.5	12.5	0.6	1.7	9.2	4.1	4.0	1.1	66.1	100.0	505
Central 2	36.0	30.0	5.0	0.6	3.7	0.0	16.5	0.3	3.6	6.0	1.4	2.6	2.0	64.0	100.0	470
Kampala	47.6	39.7	2.9	0.2	9.8	1.4	18.8	0.3	6.2	7.9	2.1	5.0	0.8	52.4	100.0	309
East Central	23.4	16.9	2.9	0.0	3.5	0.0	8.2	0.8	1.5	6.5	2.4	1.2	2.9	76.6	100.0	552
Eastern	20.1	16.6	3.3	0.0	0.5	0.0	11.5	0.1	1.3	3.5	2.8	0.6	0.1	79.9	100.0	824
North	10.9	8.1	1.7	0.0	0.5	0.0	5.0	0.0	0.8	2.8	2.3	0.2	0.3	89.1	100.0	915
West Nile	13.7	10.5	0.8	0.0	0.4	0.0	7.5	0.2	1.5	3.2	2.7	0.5	0.0	86.3	100.0	308
Western	20.6	13.9	0.9	0.0	3.1	0.2	8.3	0.2	1.3	6.8	4.2	1.7	0.8	79.4	100.0	799
Southwest	26.8	18.1	2.6	0.0	2.7	0.0	11.2	0.8	0.8	8.7	2.2	5.4	1.1	73.2	100.0	656
North Sub-regions																
IDP	11.6	8.0	2.0	0.0	1.2	0.0	4.0	0.0	0.8	3.6	3.2	0.0	0.4	88.4	100.0	368
Karamoja	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.1	0.5	0.0	99.4	100.0	210
Education																
No education	13.2	9.1	1.9	0.0	1.2	0.0	5.6	0.1	0.2	4.1	2.0	1.3	0.8	86.8	100.0	1,315
Primary	22.4	17.2	2.3	0.0	2.4	0.0	10.5	0.3	1.5	5.2	2.7	1.5	1.0	77.6	100.0	3,211
Secondary +	45.6	34.7	3.4	0.4	7.6	0.8	16.6	0.9	5.0	10.9	4.5	5.4	1.0	54.4	100.0	811
Wealth quintile																
Lowest	9.9	7.2	1.3	0.0	0.7	0.0	4.8	0.0	0.4	2.7	1.5	0.7	0.5	90.1	100.0	1,094
Second	15.7	12.1	1.3	0.0	1.6	0.0	8.2	0.1	0.9	3.5	2.1	0.9	0.6	84.3	100.0	1,144
Middle	19.4	13.1	1.8	0.0	1.1	0.1	8.8	0.2	1.1	6.3	2.8	2.1	1.4	80.6	100.0	1,038
Fourth	27.6	20.3	3.5	0.0	4.1	0.0	11.0	0.5	1.1	7.3	3.7	2.1	1.6	72.4	100.0	1,024
Highest	47.5	37.9	4.3	0.4	7.4	0.6	18.9	0.9	5.2	9.6	4.1	4.8	0.8	52.5	100.0	1,036
Total	23.7	17.9	2.4	0.1	2.9	0.2	10.2	0.3	1.7	5.8	2.8	2.1	0.9	76.3	100.0	5,337

Note: If more than one method is used, only the most effective method is considered in this tabulation.

In general, women do not begin to use contraception until they have had at least one child. Contraceptive use among currently married women is highest in Kampala (48 percent), followed by Central 2 (36 percent) and Central 1 (34 percent) regions and lowest in the North (11 percent) and West Nile (14 percent) regions. Less than one percent of married women in Karamoja are using contraception, all of whom are using traditional methods.

Use of both modern and traditional methods increases with educational attainment. Almost half of women with some secondary education (46 percent) use a method, more than double the level among women who have attended only primary school (22 percent); only 13 percent of women with no education use contraception. The largest differences in use of family planning methods are apparent by wealth categories (Figure 6.1). Contraceptive use ranges from 10 percent of married women in the lowest wealth quintile to 48 percent in the highest quintile.

Figure 6.1 Contraceptive Use among Currently Married Women



UDHS 2006

6.5 Trends in Contraceptive Use

Table 6.5 shows that contraceptive use has increased since 1995, from 15 to 24 percent of married women.[2] The overall contraceptive prevalence rate has increased more rapidly over the past five years than in the late 1990s. However, use of modern methods has slowed somewhat, while use of traditional methods declined between 1995 and 2000-01 and then increased.

There has been a sizeable increase in use of injectables over the past ten years, from 3 percent to 11 percent of married women (Figure 6.3). Changes in use of other modern methods are minor.

Table 6.5 Trends in contraceptive use

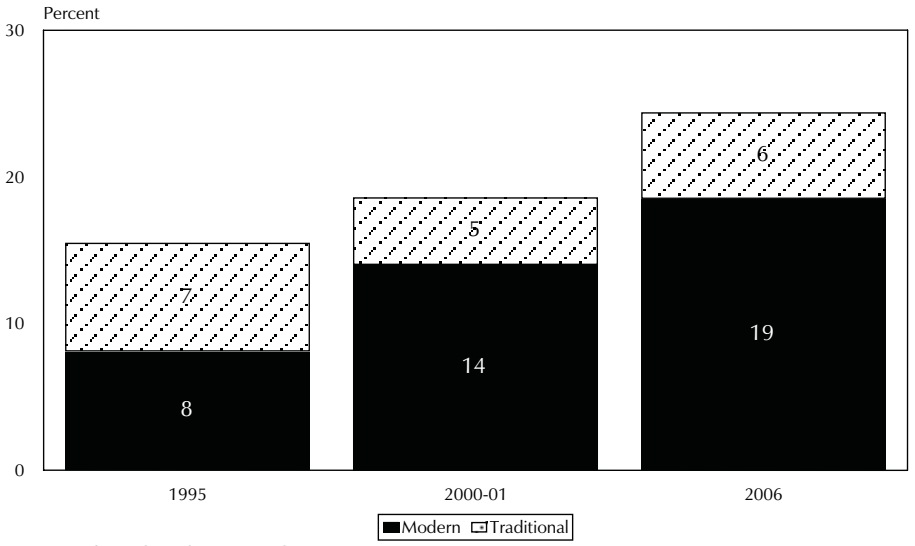
Percent distribution of currently married women age 15-49 by contraceptive method currently used, Uganda 1995-2006

Method	1995	2000-01	2006
Any method	15.4	18.6	24.4
Any modern method	8.1	14.0	18.5
Female sterilization	1.5	2.0	2.6
Male sterilization	0.0	0.0	0.1
Pill	2.6	3.2	3.0
IUD	0.4	0.2	0.2
Injectables	2.6	6.4	10.5
Implants	0.0	0.3	0.4
Male condom	0.9	1.9	1.7
Any traditional method	7.4	4.6	5.9
Rhythm	3.6	2.5	2.6
Withdrawal	0.7	1.1	2.3
Folk/other method	3.1	1.0	1.0
Not currently using	84.6	81.4	75.6
Total	100.0	100.0	100.0
Number of women	4,778	4,881	4,758

Note: Data have been adjusted to exclude districts not included in the 2000-01 UDHS. Totals may not add to 100 because of rounding. Excludes lactational amenorrhoea method (LAM).

[2] The data in Table 6.5 are based on the geographic areas that are common to all three surveys (see Introduction); thus, they refer to a slightly smaller than national population and differ from the figures previously reported for each survey separately.

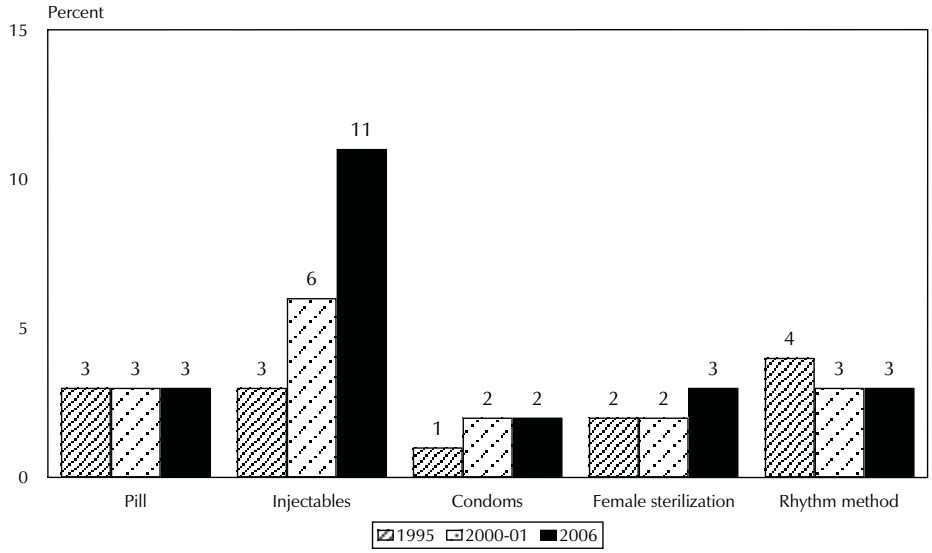
Figure 6.2 Trends in Contraceptive Use among Currently Married Women



Note: Numbers adjusted to remove districts not included in the 2000-01 survey. Excludes LAM.

UDHS 2006

Figure 6.3 Trends in Use of Specific Contraceptive Methods among Currently Married Women



Note: Numbers adjusted to remove districts not included in the 2000-01 survey.

UDHS 2006

6.6 TIMING OF FIRST USE OF CONTRACEPTION

Table 6.6 shows the distribution of women age 15-49 by age group and number of living children at the time of first use of contraception. The results indicate that Ugandan women are adopting family planning at lower parities (i.e., when they have fewer children) than in the past. Among younger women (age 20-24), 23 percent used contraception before having any children and 16 percent first adopted contraception when they had only one child. Among older women (age 45-49), only 1 percent used contraception before having any children and 3 percent first used contraception when they had one child.

Table 6.6 Number of children at first use of contraception

Percent distribution of women age 15-49 by number of living children at the time of first use by age, according to current age, Uganda 2006

Current age	Never used	Number of living children at time of first use of contraception						Total	Number of women
		0	1	2	3	4+	Missing		
15-19	80.7	15.6	3.0	0.5	0.1	0.0	0.1	100.0	1,936
20-24	47.8	22.8	15.5	9.4	3.5	0.9	0.2	100.0	1,710
25-29	43.0	9.9	13.7	16.1	8.4	8.6	0.3	100.0	1,413
30-34	43.6	5.3	7.7	10.9	10.2	22.1	0.3	100.0	1,217
35-39	46.3	3.5	3.7	6.0	7.7	32.8	0.2	100.0	940
40-44	54.0	3.2	3.5	2.9	5.5	30.7	0.2	100.0	735
45-49	60.7	1.1	3.0	2.7	3.1	28.9	0.5	100.0	580
Total	55.1	11.2	8.1	7.3	5.1	13.0	0.2	100.0	8,531

6.7 USE OF SOCIAL MARKETING BRANDS OF PILLS AND CONDOMS

Women who said they were currently using pills or condoms as a method of contraception were asked which brand of pills and/or condoms they use. Interviewers presented a brochure with photographs of the packaging of different brands of pills and condoms to assist the respondents in identifying the brand. At the time of data collection for the 2006 UDHS, Pilplan was the socially marketed brand of contraceptive pills, while Protector, Lifeguard and Engabu were the socially marketed brands of condoms. Table 6.7 indicates that almost half of pill users (47 percent) and almost all condom users (96 percent) are relying on socially marketed brands. Use of socially marketed pill brands is slightly higher among rural than urban women, but there is no significant difference by residence in the reported use of socially marketed condom brands.

Table 6.7 Use of social marketing brand pills and condoms

Percentage of pill and condom users age 15-49 using a social marketing brand, by residence, Uganda 2006

Residence	Percentage of pill users using Pilplan	Number of women using the pill	Percentage of condom users using Protector, Lifeguard, or Engabu	Number of women using condoms
Urban	43.1	63	95.6	98
Rural	49.3	108	96.8	124
Total	47.0	170	96.3	222

Note: Table excludes pill and condom users who do not know the brand name. Condom use is based on women's reports.

6.8 KNOWLEDGE OF THE FERTILE PERIOD

Successful use of the rhythm method depends in part on an understanding of when, during the ovulatory cycle, a woman is most likely to conceive. In the 2006 UDHS, women were asked, "From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sexual relations?" If the answer was "yes," they were further asked whether that time was just before her period begins, during her period, right after her period has ended, or halfway between

two periods. Table 6.8 provides the results for all women, as well as for women who report that they are currently using the rhythm method and those who are not.

Among all women, less than one in five (16 percent) understand that a woman is most likely to conceive halfway between her menstrual periods. There has been no notable change in this indicator since the 2000-2001 UDHS. Almost one-half wrongly believe that the fertile period is right after a woman's period has ended, while one-fifth of women say they do not know when the fertile period falls, and 10 percent believe that there is no specific fertile time.

Users of the rhythm method are almost twice as likely as nonusers to know that the fertile time in a woman's menstrual cycle is halfway between periods (31 percent vs. 16 percent). There has been little change since 2000-01 in knowledge of the menstrual cycle, although there has been a decline in the proportion who say they don't know when the most fertile time occurs and an increase in the proportion saying that it occurs just after the period has ended.

Table 6.8 Knowledge of fertile period

Percent distribution of women age 15-49 by knowledge of the fertile period during the ovulatory cycle, according to current use of the rhythm method, Uganda 2006

Perceived fertile period	Users of rhythm method	Nonusers of rhythm method	All women
Just before her menstrual period begins	7.4	5.5	5.5
During her menstrual period	1.9	1.8	1.8
Right after her menstrual period has ended	52.7	46.5	46.6
Halfway between two menstrual periods	30.8	15.9	16.2
Other	0.0	0.2	0.2
No specific time	1.7	10.2	10.0
Don't know	5.5	19.8	19.5
Missing	0.0	0.1	0.1
Total	100.0	100.0	100.0
Number of respondents	174	8,357	8,531

6.9 SOURCE OF CONTRACEPTION

Information on where women obtain their contraceptives is useful for family planning programme managers and implementers for logistic planning. In the UDHS, women who reported using a modern contraceptive method at the time of the survey were asked where they obtained the method the last time they acquired it. Since some women may not exactly know in which category the source they use falls (e.g., government or private, health centre or clinic), interviewers were instructed to note the full name of the source or facility. Supervisors and field editors were told to verify that the name and source type were consistent, asking informants in the clusters for the names of local family planning outlets, if necessary. This practize was designed to improve the accuracy of source reporting.

Table 6.9 shows that public (government) facilities provide contraceptives to just over one-third of users (35 percent), while 52 percent are supplied through private medical sources, and 13 percent through other private sources (e.g., shops, friends, etc.). The most common single source of contraceptives in Uganda is private hospitals and clinics, which supply 43 percent of all users of modern methods. Government hospitals and health centres each supply 16 percent of users, while 8 percent of users get their methods from shops and 7 percent from pharmacies.

As expected, government sources supply a larger proportion of sterilizations, compared with other methods. Nevertheless, 23 percent of all women who are sterilized obtained the procedure at a private hospital or clinic. On the other hand, seven in ten pill users get their supplies from private medical sources, mostly private hospitals and clinics. Similarly, 62 percent of women who use injectables are supplied through private medical sources, though 36 percent rely on government sources. Over half of users of male condoms (56 percent) obtain them from shops or other sources, while about one-third obtain them from private medical sources like hospitals and clinics.

Table 6.9 Source of contraception

Percent distribution of women age 15-49 using modern contraceptive methods by most recent source of method, according to method, Uganda 2006

Source	Female sterili-zation	Pill	Inject-ables	Male condom	Total
Public sector	76.4	24.2	36.2	11.7	34.8
Government hospital	63.6	5.4	11.6	3.7	16.1
Government health centre	11.0	18.2	21.6	6.5	16.4
Family planning clinic	1.8	0.5	2.2	0.4	1.7
Outreach	0.0	0.0	0.5	0.0	0.2
Government community-based distributor	0.0	0.0	0.0	1.1	0.2
Other public	0.0	0.0	0.3	0.0	0.1
Private medical sector	22.6	71.2	62.1	31.6	51.7
Private hospital or clinic	22.6	52.1	56.8	18.6	43.4
Pharmacy/drug shop	0.0	17.3	4.3	8.5	6.5
Private doctor/nurse/midwife	0.0	0.7	0.3	0.0	0.3
Outreach	0.0	0.8	0.6	0.0	0.4
NGO community based distributor	0.0	0.4	0.1	4.5	1.1
Other source	0.0	2.6	1.4	55.8	12.7
Shop	0.0	0.5	0.0	37.0	7.8
Friends/relatives	0.0	1.6	0.4	8.6	2.2
Other	0.0	0.5	1.0	10.2	2.7
Missing	1.0	2.0	0.3	0.9	0.8
Total	100.0	100.0	100.0	100.0	100.0
Number of respondents	147	198	657	276	1,316

Note: Modern methods with fewer than 25 users are not listed separately.

The contribution of private medical sources in the provision of family planning supply has continued to increase since 1995, as public sources continue to decline in use.

6.10 COST OF CONTRACEPTION

Information on the cost of obtaining contraception is useful to family planning programmes. In the UDHS, women who were using modern methods of contraception were asked how much they paid in total the last time they obtained the method, including the cost of the method and any consultation they may have had. Table 6.10 shows the percentage of women who obtain the method free and, for those who paid, the median cost according to the method and public-private source.

The data show that one in five users of modern contraceptive methods gets their method for free. This proportion is slightly higher for users of sterilization than for other methods; it is considerably higher for women who use public sector sources, almost half of whom receive their method for free. One in ten users does not know the cost of the method, but this is highly influenced by women who rely on male condoms as a method and is presumably due to the fact that their

partners obtain the method. Among those who report a cost, the median cost ranges from 115 Uganda shillings for a package of male condoms to almost 20,000 shillings for female sterilization. The median cost for a packet of pills is 277 shillings and for a contraceptive injection, 964 shillings. Surprizingly, among those who pay for their methods, the median cost of methods does not differ substantially by whether the source is public or private.

The survey included a separate question for women who have been sterilized and who paid for the operation as to who paid the cost. Seventy percent of women said that their husbands paid, while 23 percent said they paid and 7 percent said someone else paid (data not shown).

Table 6.10 Cost of modern contraceptive methods

Percentage of current users of modern contraceptive methods age 15-49 who did not pay for the method and who do not know the cost of the method and the median cost of the method by source of current method, according to current method, Uganda 2006

Source of method/cost	Female sterili-zation	Pill	Inject-ables	Male condom	Total
Public sector					
Percentage free	32.2	(44.3)	49.8	(75.3)	47.5
Do not know cost	8.5	(3.0)	0.0	(14.9)	3.7
Median cost [Uganda shs.][1]	19,902	*	939	*	943
Number of women	112	48	238	32	458
Private medical sector/other					
Percentage free	(4.5)	4.0	2.8	9.9	5.0
Do not know cost	(19.4)	3.0	0.8	43.3	14.0
Median cost [Uganda shs.][1]	*	279	970	101	930
Number of women	35	150	420	243	858
Total					
Percentage free	25.7	13.8	19.8	17.5	19.8
Do not know cost	11.1	3.0	0.5	40.0	10.4
Median cost [Uganda shs.] [1]	19,914	277	964	115	933
Number of women	147	198	657	276	1,316

Note: Costs are based on the last time current users obtained method. Costs include consultation costs, if any. For condom, costs are per condom; for pills, per cycle. For sterilization, data are based on women who received the operation in the 5 years before the survey. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Median cost is based only on those women who reported a cost

6.11 INFORMED CHOICE

Current users of modern methods who are well informed about the side effects and problems associated with methods and know of a range of method options are better placed to make an informed choice about the method they would like to use. Current users of various modern contraceptive methods were asked whether, at the time they adopted the particular method, they were informed about side effects or problems that they might have with the method. Table 6.11 shows the percentage of current users of modern methods who were either informed about side effects or problems of the method used, informed of other methods they could use, and informed that sterilization is a permanent method; these are broken down by method type and source of the method.

Table 6.11 Informed choice

Among current users of modern methods age 15-49 who started the last episode of use within the five years preceding the survey, percentage who were informed about possible side effects or problems of that method; the percentage who were informed about what to do if they experienced side effects; the percentage who were informed about other methods that could use, by method and source; and among sterilized women, the percentage who were informed that the method is permanent, by source of method, Uganda 2006

	Among women who started last episode of modern contraceptive method within five years preceding the survey:				Among women who were sterilized:	
Method/source	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if experienced side effects	Percentage who were informed by a health or family planning worker of other methods that could be used	Number of women	Percentage who were informed that sterilization is permanent[1]	Number of women
Method						
Female sterilization	46.7	40.8	62.8	73	85.2	73
Pill	49.5	49.7	56.2	190	na	0
Injectables	59.1	56.7	58.3	610	na	0
Initial source of method[2]						
Public sector	65.4	63.0	69.1	410	85.0	59
Government hospital	68.3	64.2	67.1	158	(85.3)	44
Government health centre	64.0	61.7	70.6	211	*	14
Family planning clinic	(58.5)	(64.8)	(68.0)	34	na	0
Private medical sector	49.0	47.8	51.2	470	*	14
Private hospital or clinic	51.2	50.3	53.4	417	*	14
Pharmacy/drug shop	(35.5)	(31.5)	(34.9)	46	na	0
Total	56.1	54.1	59.0	899	85.2	73

Note: Table excludes users who obtained their method from friends/relatives. Methods with fewer than 25 users are not listed separately. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Among women who were sterilized in the five years preceding the survey
[2] Source at start of current episode of use. Sources with fewer than 25 users are not listed separately.

The vast majority of women (85 percent) who were sterilized during the five-year period preceding the survey reported that they were informed before the procedure that they would not be able to have any more children. Fifty-nine percent of users of modern contraceptives were informed of other methods available, while 56 percent were informed about the side effects or health problems of the method they were provided and 54 percent said they were told what to do if they experienced side effects. The results indicate that users of injectables are slightly more likely than those using other methods to be informed about side effects or problems and told what to do if they experienced side effects.

Users who obtained their methods from public sector sources were more likely to be informed about side effects or problems associated with the method and about other methods that could be used than were those who obtained methods from private sources.

6.12 CONTRACEPTIVE DISCONTINUATION

Couples can realize their reproductive goals only when they use contraceptive methods continuously. A prominent concern for managers of family planning programmes is the discontinuation of methods. In the 2006 UDHS 'calendar' section, all segments of contraceptive use

between January 2001 and the date of interview were recorded, along with reasons for any discontinuation. One-year contraceptive discontinuation rates based on the calendar data are presented in Table 6.12.[3]

The data show that almost three in five (58 percent) family planning users in Uganda discontinue using the method within 12 months of starting its use. Discontinuation rates are highest for male condom users (71 percent) and withdrawal (68 percent), but are also high for rhythm method (65 percent) and the pill (61 percent). Discontinuation in the first 12 months is lowest for injectables (47 percent).

Table 6.12 First-year contraceptive discontinuation rates

Among women age 15-49 who started an episode of contraceptive use in the last five years, the percentage of episodes discontinued within 12 months, by type of method, Uganda 2006

Method	Rate
Pill	61.4
Injectables	46.6
Male condom	71.0
Rhythm method	64.5
Withdrawal	67.9
Other	54.3
All methods	57.8
Number of episodes of use	2,199

Note: Table is based on episodes of contraceptive use that began 3-59 months prior to the survey.

6.13 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning is the extent to which non-users of contraception plan to use family planning in the future. In the survey, women who were not currently using a method of contraception were asked about their intention to use family planning in the future. The results are presented in Table 6.13.

Two in three currently married nonusers say that they intend to use family planning in the future, while 29 percent do not intend to use, and 5 percent are unsure. The proportion of those intending to use varies with the number of living children, increasing from 50 percent for those with no child to a peak for those with three children (71 percent). Those who do not intend to use contraception in the future are concentrated among those with no children and those with four or more children.

There has been a slight increase since 2000-01 in the proportion of nonusers who say that they intend to use family planning in the future.

Table 6.13 Future use of contraception

Percent distribution of currently married women age 15-49 who are not using a contraceptive method by intention to use in the future, according to number of living children, Uganda 2006

	Number of living children[1]					
Intention	0	1	2	3	4+	Total
Intends to use	50.3	67.3	65.9	71.4	64.1	65.2
Unsure	6.4	7.8	6.9	3.7	4.3	5.2
Does not intend to use	42.7	24.8	27.2	24.6	31.4	29.4
Missing	0.7	0.1	0.0	0.3	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	187	546	613	586	2,141	4,073

[1] Includes current pregnancy

[3] The discontinuation rates presented here include only those segments of contraceptive use that *began* since January 2001. The rates apply to the 3-63 month period prior to the survey; exposure during the month of interview and the two months prior are excluded to avoid the biases that may be introduced by unrecognized pregnancies. These cumulative discontinuation rates represent the proportion of users discontinuing a method within 12 months after the start of use. The rates are calculated by dividing the number of women discontinuing a method by the number exposed at that duration. The single-month rates are then cumulated to produce a one-year rate. In calculating the rate, the various reasons for discontinuation are treated as competing risks.

6.14 Reasons for Not Intending to Use

Table 6.14 presents information about the reasons for not using contraception as reported by currently married nonusers who say they do not intend to use a contraceptive method in the future. Fertility-related reasons (38 percent), method-related reasons (33 percent), and opposition to use (18 percent) were mainly cited. The most common single reasons for not intending to use are fear of side effects (26 percent), infecundity (sterility) and subfecundity (17 percent), and respondent's opposition to use (10 percent).

Table 6.14 Reason for not intending to use contraception in the future

Percent distribution of currently married women age 15-49 who are not using contraception and who do not intend to use in the future by main reason for not intending to use, Uganda 2006

Reason	Percent distribution
Fertility-related reasons	
Infrequent sex/no sex	6.8
Menopausal/had hysterectomy	6.5
Subfecund/infecund	17.3
Wants as many children as possible	6.9
Opposition to use	
Respondent opposed	9.8
Husband/partner opposed	4.7
Others opposed	0.2
Religious prohibition	2.8
Lack of knowledge	
Knows no method	4.8
Knows no source	0.7
Method-related reasons	
Health concerns	6.3
Fear of side effects	26.0
Costs too much	0.7
Inconvenient to use	0.3
Interfere with body's normal processes	1.2
Other	4.4
Don't know	0.7
Total	100.0
Number of respondents	1,198

6.15 Preferred Method for Future Use

Demand for specific methods can be assessed by asking nonusers which method they intend to use in the future. Table 6.15 presents information on method preferences for married women who are not using contraception but say they intend to use in the future. The largest percentage of prospective users reported injectables as their preferred method (51 percent), with 14 percent citing pills, and 7 percent favouring female sterilization.

6.16 Exposure to Family Planning Messages

Table 6.15 Preferred method of contraception for future use

Percent distribution of currently married women age 15-49 who are not using a contraceptive method but who intend to use in the future by preferred method, Uganda 2006

Method	Percent distribution
Female sterilization	7.3
Male sterilization	0.1
Pill	14.0
IUD	1.2
Injectables	50.8
Implants	5.8
Condom	2.3
Female condom	3.5
Diaphragm	0.1
Lactation amenorrhoea	0.1
Rhythm method	2.3
Withdrawal	0.4
Other	0.3
Unsure	11.8
Total	100.0
Number of respondents	2,656

Information on the level of public exposure to a particular type of media allows policymakers to use the most effective media for various target groups in the population. To assess the effectiveness of such media on the dissemination of family planning information, all respondents in the UDHS were asked whether they had heard about family planning in the previous six months on the radio, on television, in a newspaper or magazine, or in a video or film.

Table 6.16 shows that a majority of respondents have been exposed to a family planning message through the media. Radio is by far the most common media source, with 59 percent of women and 74 percent of men saying they heard a message on the radio. The next most common vehicle for family planning messages is newspapers and magazines, cited by 9 percent of women and 21 percent of men. Five percent of women and 9 percent of men said they had seen a family planning message on television in the previous 6 months, while only one percent of women and 6 percent of men had seen such a message in a video or film. Overall, men are considerably more likely to have seen a family planning message than women.

Table 6.16 Exposure to family planning messages

Percentage of women and men age 15-49 who heard or saw a family planning message on the radio or television or in a newspaper in the past six months, according to background characteristics, Uganda 2006

Background characteristic	Women						Men					
	Radio	Tele-vision	News-paper/ magazine	Video/ film	None of these four	Number	Radio	Tele-vision	News-paper/ magazine	Video/ film	None of these four	Number
Age												
15-19	51.7	5.2	11.4	2.2	46.3	1,936	60.9	4.4	14.7	4.5	37.3	595
20-24	59.6	5.5	10.7	1.4	39.2	1,710	68.7	9.1	20.0	6.5	30.0	402
25-29	63.6	4.8	8.7	1.6	36.0	1,413	79.4	12.4	24.7	7.4	19.1	350
30-34	61.2	3.9	7.3	1.4	38.1	1,217	81.2	10.3	24.9	7.2	17.9	355
35-39	60.9	3.4	6.9	0.9	38.5	940	81.6	9.6	22.9	4.9	16.8	311
40-44	58.4	3.1	5.3	0.5	41.1	735	81.6	10.0	25.5	6.6	17.5	210
45-49	57.9	2.8	5.5	1.0	41.4	580	77.2	7.6	18.0	1.6	21.9	162
Residence												
Urban	70.8	15.8	21.6	3.3	26.3	1,442	75.0	29.4	42.3	15.2	21.4	404
Rural	56.1	2.2	6.2	1.1	43.2	7,089	73.3	4.4	16.4	3.8	25.8	1,982
Region												
Central 1	62.4	6.9	16.6	2.1	36.1	905	77.3	11.9	21.5	5.1	21.6	272
Central 2	73.3	6.1	8.3	2.2	26.0	770	72.3	7.9	28.1	10.5	25.9	233
Kampala	73.8	22.0	26.4	2.8	22.3	722	79.5	42.9	50.6	19.8	16.2	218
East Central	60.5	5.3	8.9	2.0	38.5	836	71.4	1.3	16.9	0.8	28.3	209
Eastern	46.6	2.8	6.2	1.6	52.2	1,148	62.1	4.3	10.7	4.2	36.4	323
North	44.4	0.7	3.2	0.6	55.3	1,322	52.7	0.8	11.8	2.1	45.6	333
West Nile	40.4	0.5	4.8	0.6	58.9	471	76.8	1.4	22.8	2.4	21.4	124
Western	61.5	1.3	5.5	0.7	38.0	1,271	87.1	5.0	13.1	5.8	12.9	369
Southwest	68.1	0.7	6.0	0.9	31.6	1,086	86.0	7.4	25.3	2.7	13.1	304
North Sub-regions												
IDP	46.1	0.3	1.7	0.4	53.3	504	62.5	0.0	10.8	1.3	36.6	155
Karamoja	7.7	0.3	0.5	0.0	92.3	286	14.1	0.0	7.6	1.6	85.9	65
Education												
No education	45.3	0.3	0.5	0.1	54.6	1,650	53.4	1.3	2.1	0.0	46.6	116
Primary	58.4	2.0	4.3	0.9	41.0	5,062	70.6	4.5	11.6	3.2	28.5	1,551
Secondary +	71.4	15.1	28.8	4.2	25.6	1,819	83.3	18.8	43.8	12.1	14.0	719
Wealth quintile												
Lowest	35.1	0.2	1.0	0.2	64.5	1,541	52.7	0.8	7.7	1.5	45.8	378
Second	50.8	0.8	2.6	0.5	48.8	1,636	71.7	2.7	11.3	3.3	27.7	495
Middle	58.7	1.0	4.1	0.7	40.8	1,615	76.5	1.1	12.7	2.4	22.8	422
Fourth	68.9	2.5	8.1	1.7	30.3	1,621	80.2	5.4	20.8	4.2	19.2	506
Highest	73.8	14.5	23.4	3.3	23.6	2,118	80.9	27.0	43.2	14.2	16.1	584
Total 15-49	58.6	4.5	8.8	1.4	40.4	8,531	73.6	8.6	20.8	5.7	25.0	2,385
50-54	na	na	na	na	na	na	80.1	6.1	15.6	2.8	19.2	118
Total men 15-54	na	na	na	na	na	na	73.9	8.5	20.6	5.6	24.8	2,503

na = Not applicable

Looking at the column that shows the percentage who did not hear a family planning message on any of the designated media, it is clear that women who live in rural areas and those in West Nile region and the North—especially those in Karamoja—are less exposed to messages. Similarly, women who have no education and those in the lower wealth quintiles are far more likely than more educated women and women in higher quintiles not to have heard a family planning message on any of the four media. The pattern among men is similar to that for women except that men in the North and Eastern regions are the most likely not to have heard a message.

6.17 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

In the 2006 UDHS, women who were not using any family planning method were asked whether they had been visited by a health worker who talked with them about family planning in the 12 months preceding the survey. This information is especially useful for determining whether nonusers of family planning are being reached by family planning outreach programmes. Nonusers were also asked if they had visited a health facility in the preceding 12 months for any reason other than family planning and if so, whether any health worker at the facility spoke to them about family

planning. These questions can assess the level of so-called "missed opportunities" to inform women about contraception.

The results shown in Table 6.17 indicate that only a small proportion (4 percent) of nonusers are being reached by fieldworkers to discuss family planning issues. Moreover, only 12 percent of nonusers visited a health facility and were spoken to about family planning. Altogether, 86 percent of nonusers were not contacted about family planning through either of these two mechanisms in the 12 months preceding the survey.

Table 6.17 Contact of nonusers with family planning providers

Among women age 15-49 who are not using contraception, the percentage who during the last 12 months were visited by a fieldworker who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who neither discussed family planning with a fieldworker nor at a health facility, by background characteristics, Uganda 2006

Background characteristic	Were visited by a health worker who discussed family planning in the past 12 months	Visited a health facility in the past 12 months and:		Neither discussed family planning with fieldworker nor at a health facility	Number of women
		Discussed family planning	Did not discuss family planning		
Age					
15-19	2.5	3.5	32.8	94.2	1,811
20-24	4.0	12.5	54.5	84.9	1,345
25-29	5.5	16.5	56.0	79.9	1,069
30-34	5.6	20.0	52.6	76.6	886
35-39	5.0	15.2	47.0	81.3	717
40-44	4.9	10.9	49.3	86.3	561
45-49	5.6	7.4	44.1	88.1	471
Residence					
Urban	3.7	9.9	43.0	87.0	972
Rural	4.5	11.8	47.5	85.2	5,888
Region					
Central 1	2.7	11.1	61.9	87.2	659
Central 2	3.3	9.9	48.8	87.2	557
Kampala	3.2	10.0	41.7	87.0	479
East Central	5.4	16.9	46.5	80.2	667
Eastern	7.0	18.7	45.5	76.7	964
North	4.1	5.3	41.2	91.4	1,199
West Nile	3.4	15.4	35.4	82.1	421
Western	5.1	12.8	47.3	83.8	1,039
Southwest	3.0	6.8	51.5	91.4	877
North Sub-regions					
IDP	5.7	7.2	35.5	88.4	450
Karamoja	3.5	1.8	48.9	95.2	285
Education					
No education	4.0	10.5	48.4	87.1	1,458
Primary	4.0	12.3	46.6	85.1	4,149
Secondary +	5.8	10.2	45.7	85.0	1,253
Wealth quintile					
Lowest	3.9	10.3	43.5	87.0	1,412
Second	5.2	11.6	48.0	85.0	1,430
Middle	4.1	12.1	48.9	84.9	1,358
Fourth	5.3	13.1	47.8	83.8	1,261
Highest	3.2	10.7	46.2	86.6	1,400
Total	4.3	11.5	46.8	85.5	6,861

Differences in contact with nonusers by background characteristics are not large. Women age 15-19 are less likely than older women to visit health facilities and thus are also less likely to have discussed family planning there. Similarly, nonusers in Karamoja are not at all likely to be contacted about family planning; 95 percent have neither been visited by a fieldworker nor discussed family planning at a health facility.

6.18 HUSBAND/PARTNER'S KNOWLEDGE OF WOMEN'S CONTRACEPTIVE USE

Use of family planning methods is facilitated when couples discuss and agree on the issue. To assess the extent to which women use contraception without telling their partners, the 2006 UDHS asked married women whether their husbands/partners knew that they were using a method of family planning.

Table 6.18 shows that the vast majority of women (81 percent) say their husbands know that they are using contraception. Differences by background characteristics are not large.

Table 6.18 Husband/partner's knowledge of women's use of contraception

Among currently married women age 15-49 who are using a method, percent distribution by whether they report that their husbands/partners know about their use, according to background characteristics, Uganda 2006

Background characteristic	Knows[1]	Does not know	Unsure/ missing	Total	Number of respondents
Age					
15-19	(87.2)	(6.6)	(6.2)	100.0	43
20-24	78.3	19.6	2.1	100.0	249
25-29	81.9	16.7	1.5	100.0	270
30-34	80.8	18.2	1.0	100.0	270
35-39	84.1	14.8	1.1	100.0	185
40-44	84.5	14.2	1.3	100.0	154
45-49	74.3	20.5	5.2	100.0	93
Residence					
Urban	83.8	14.8	1.4	100.0	300
Rural	80.4	17.6	2.0	100.0	963
Region					
Central 1	79.5	16.5	4.0	100.0	171
Central 2	81.7	17.1	1.2	100.0	169
Kampala	89.1	10.9	0.0	100.0	147
East Central	72.3	27.0	0.7	100.0	129
Eastern	77.7	22.3	0.0	100.0	165
North	83.5	12.2	4.3	100.0	99
West Nile	87.8	7.3	4.9	100.0	42
Western	76.9	20.4	2.7	100.0	165
Southwest	86.8	11.6	1.6	100.0	176
North Sub-regions					
IDP	81.0	12.1	6.9	100.0	42
Karamoja	*	*	*	100.0	1
Education					
No education	79.1	19.5	1.4	100.0	173
Primary	79.5	19.0	1.5	100.0	720
Secondary +	85.6	11.7	2.7	100.0	370
Wealth quintile					
Lowest	76.2	21.0	2.8	100.0	108
Second	77.5	19.8	2.7	100.0	179
Middle	82.9	16.4	0.6	100.0	201
Fourth	78.6	19.1	2.3	100.0	283
Highest	84.4	14.0	1.6	100.0	492
Total	81.2	16.9	1.9	100.0	1,263

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes women who report use of male sterilization, male condoms, or withdrawal

6.19 DISCUSSION OF FAMILY PLANNING BETWEEN COUPLES

Use of family planning methods is facilitated when husbands and wives discuss the issue and air their views. To assess the extent to which couples discuss family planning, in the 2006 UDHS, married women who know about family planning were asked how often they had talked with their husbands/partners about family planning in the year preceding the survey. Table 6.19 shows that almost half of married women (45 percent) have not discussed family planning with their husbands at any time in the previous year, while 30 percent have discussed it once or twice, and 26 percent have discussed the issue three or more times during the past 12 months. As might be expected, younger women as well as women in their 40s are more likely not to have discussed family planning with their husbands than women in the prime childbearing ages.

Table 6.19 Discussion of family planning with husband

Percent distribution of currently married women who know a contraceptive method by the number of times family planning was discussed with their husband in the past year, according to current age, Uganda 2006

	Number of times				
Age	Never	Once or twice	More often	Total	Number
15-19	53.8	32.3	13.9	100.0	374
20-24	41.9	32.3	25.7	100.0	1,130
25-29	39.0	34.5	26.4	100.0	1,104
30-34	37.4	32.3	30.3	100.0	971
35-39	41.7	25.6	32.6	100.0	709
40-44	54.2	24.3	21.6	100.0	527
45-49	69.8	16.1	14.0	100.0	384
Total	44.6	29.8	25.5	100.0	5,199

OTHER PROXIMATE DETERMINANTS OF FERTILITY 7

This chapter explores the principal factors, other than contraception, that affect a woman's chances of becoming pregnant. These are referred to as other proximate determinants of fertility and include marriage and sexual intercourse, postpartum amenorrhoea and abstinence from sexual relations, and secondary infertility. These factors interact and influence each other and affect fertility levels and trends.

The principal interest of the DHS programme in the subject of nuptiality is that marriage is the leading indicator of exposure of women to the risk of pregnancy and therefore is important for the understanding of fertility. Marriage here refers to unions that are recognized by civil and religious laws, as well as by the community. In most societies, marriage sanctions childbearing and married women are exposed to a greater risk of becoming pregnant than unmarried women. Thus, women in populations in which age at marriage is low tend to start childbearing early and have a high fertility level. For this reason, this chapter explores the trends in age at marriage. This chapter also includes information on more direct measures of the beginning of exposure to pregnancy and the level of exposure, namely, age at first sexual intercourse and the frequency of intercourse. Finally, measures of several other proximate determinants of fertility, which, like marriage and sexual intercourse, influence exposure to the risk of pregnancy, are presented. These are duration of postpartum amenorrhoea, postpartum abstinence, and secondary infertility.

7.1 CURRENT MARITAL STATUS

The respondent's marital status at the time of the survey is presented in Table 7.1 and Figure 7.1. In Table 7.1, the term "married" includes legal or formal marriage, while "living together" designates an informal union. However, in tables in this report, these two categories are combined and referred to collectively as "currently married" or "currently in union". Respondents who are widowed, divorced, and not living together (separated) make up the remainder of the "ever-married" or "ever-in-union" category.

Table 7.1 shows that the proportion of women in union was 63 percent in the 2006 UDHS. This is a reduction from 67 percent in the 2000-2001 UDHS. There has been an important change in the mix of unions, with consensual unions becoming less common at all ages. Overall, only 14 percent of women age 15-49 are in consensual unions compared with 22 percent in 2000-2001. On the other hand, the proportion of formal unions increased slightly from 45 to 49 percent. One in four women (24 percent) has never been married, while about 14 percent are divorced, widowed, or separated. The proportion of women who have never married declines sharply with age, and by age 30, almost all women have married. The reverse relationship is true for the married category as well as the widowed and divorced categories. The proportion of women in a formal union increases with age and peaks at age 35-39. The decline after age 40 is the result of widowhood, divorce, and separation. As expected, older women are more likely to be widowed or divorced than young women.

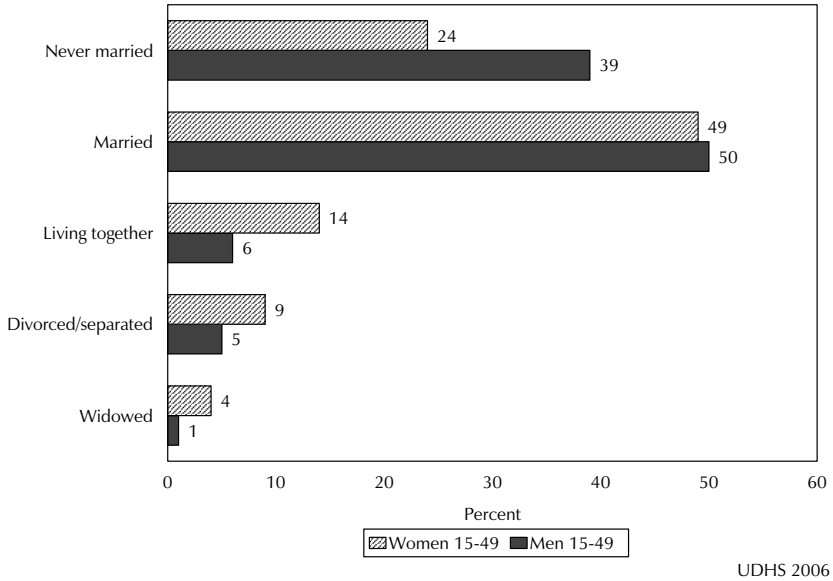
Men age 15-49 are more likely to have never been married (39 percent) than women (24 percent). The proportion of men age 15-54 who are married has declined slightly since the previous survey from 55 to 51 percent. The reduction has occurred particularly among men under 25. Among the ever-married, men are less likely than women to be widowed, or separated. This is partly due to remarriage and polygyny.

Table 7.1 Current marital status

Percent distribution of women and men age 15-49 by current marital status, according to age, Uganda 2006

Age	Marital status						Total	Percentage of respondents currently in union	Number of respondents
	Never married	Married	Living together	Divorced	Separated	Widowed			
					WOMEN				
15-19	77.6	12.6	7.1	0.2	2.6	0.0	100.0	19.6	1,936
20-24	21.9	47.2	19.9	0.6	9.7	0.7	100.0	67.1	1,710
25-29	5.8	63.1	17.3	1.0	10.4	2.4	100.0	80.4	1,413
30-34	2.8	64.8	16.8	1.0	10.3	4.3	100.0	81.6	1,217
35-39	1.9	66.2	11.9	0.9	11.5	7.7	100.0	78.1	940
40-44	1.8	62.5	10.7	1.9	10.6	12.4	100.0	73.3	735
45-49	0.7	58.6	11.7	2.4	9.3	17.3	100.0	70.3	580
Total 15-49	23.8	48.7	13.9	0.9	8.5	4.3	100.0	62.6	8,531
					MEN				
15-19	98.1	0.8	1.0	0.0	0.1	0.0	100.0	1.8	595
20-24	56.3	30.5	9.5	1.0	2.6	0.0	100.0	40.0	402
25-29	22.8	60.1	9.4	1.5	5.3	1.0	100.0	69.5	350
30-34	4.0	80.8	8.7	2.4	4.1	0.0	100.0	89.5	355
35-39	3.8	82.0	4.7	2.2	6.9	0.5	100.0	86.7	311
40-44	0.0	84.8	7.1	0.8	4.5	2.7	100.0	92.0	210
45-49	1.3	84.7	6.4	0.6	5.2	1.8	100.0	91.1	162
Total 15-49	38.5	50.1	6.2	1.1	3.5	0.6	100.0	56.3	2,385
Men 50-54	2.5	77.7	3.8	5.0	9.7	1.3	100.0	81.5	118
Total men 15-54	36.8	51.4	6.1	1.3	3.8	0.6	100.0	57.5	2,503

Figure 7.1 Current Marital Status of Women and Men



UDHS 2006

7.2 POLYGYNY

A man who is married to more than one woman is considered to be in a polygynous union. A monogamous union is one in which the husband has only one wife. The analysis of marriage relations is important for understanding the implications of different types of marriage on fertility behaviour. Married women were asked whether their husbands had other wives, and if so, how many. Married men were asked whether they had only one or more than one wife or partner with whom they were living.

Table 7.2 presents the distribution of currently married women by number of co-wives and the distribution of men by number of wives, according to background characteristics. Overall, 28 percent of married women in Uganda are in a polygynous union. This figure is slightly lower than that recorded in the 2000-2001 UDHS (32 percent). In the 2006 UDHS, 7 percent of women are in a polygynous union with two or more co-wives, compared with 10 percent in the 2000-2001.

Table 7.2 Polygyny

Percent distribution of currently married women age 15-49 by number of co-wives and percent distribution of currently married men age 15-49 by number of wives, according to background characteristics, Uganda 2006

Background characteristic	Women						Men			
	Number of co-wives					Number of women	Number of wives			Number of men
	0	1	2+	Missing	Total		1	2+	Total	
Age										
15-19	82.5	10.8	3.4	3.2	100.0	380	*	*	*	11
20-24	78.7	15.9	3.2	2.2	100.0	1,148	95.0	5.0	100.0	161
25-29	71.5	20.6	5.5	2.4	100.0	1,136	89.3	10.7	100.0	243
30-34	66.0	24.4	6.5	3.0	100.0	993	84.6	15.4	100.0	318
35-39	60.4	27.6	10.4	1.7	100.0	734	78.1	21.9	100.0	270
40-44	57.7	27.6	11.3	3.5	100.0	538	75.3	24.7	100.0	193
45-49	63.9	21.6	12.3	2.2	100.0	408	80.6	19.4	100.0	148
Residence										
Urban	72.8	17.4	5.3	4.5	100.0	696	88.8	11.2	100.0	193
Rural	68.8	21.9	7.0	2.2	100.0	4,641	82.9	17.1	100.0	1,150
Region										
Central 1	68.9	21.6	2.6	6.9	100.0	505	80.5	19.5	100.0	136
Central 2	66.6	23.0	4.6	5.8	100.0	470	82.3	17.7	100.0	115
Kampala	77.5	14.4	2.6	5.5	100.0	309	90.5	9.5	100.0	99
East Central	65.5	24.8	8.6	1.1	100.0	552	79.5	20.5	100.0	124
Eastern	73.5	18.3	6.2	2.1	100.0	824	87.7	12.3	100.0	209
North	62.1	27.8	9.6	0.5	100.0	915	76.3	23.7	100.0	195
West Nile	62.1	28.3	9.2	0.4	100.0	308	81.3	18.7	100.0	69
Western	67.6	20.2	10.5	1.7	100.0	799	82.8	17.2	100.0	221
Southwest	81.2	13.2	3.5	2.1	100.0	656	92.1	7.9	100.0	175
North Sub-regions										
IDP	63.9	27.5	8.0	0.6	100.0	368	74.6	25.4	100.0	95
Karamoja	41.2	38.5	20.3	0.1	100.0	210	64.2	35.8	100.0	40
Education										
No education	63.4	25.8	9.5	1.3	100.0	1,315	88.0	12.0	100.0	89
Primary	70.4	20.7	6.1	2.8	100.0	3,211	82.6	17.4	100.0	894
Secondary +	74.5	16.7	5.4	3.4	100.0	811	85.4	14.6	100.0	360
Wealth quintile										
Lowest	66.2	24.3	8.3	1.2	100.0	1,094	76.8	23.2	100.0	236
Second	72.1	20.2	5.4	2.4	100.0	1,144	84.7	15.3	100.0	296
Middle	72.8	17.7	7.0	2.5	100.0	1,038	89.5	10.5	100.0	257
Fourth	65.9	23.6	7.8	2.7	100.0	1,024	84.2	15.8	100.0	275
Highest	69.3	20.9	5.7	4.1	100.0	1,036	82.8	17.2	100.0	280
Total 15-49	69.3	21.3	6.8	2.5	100.0	5,337	83.7	16.3	100.0	1,343
Men 50-54	na	na	na	na	na	na	73.1	26.9	100.0	96
Total men 15-54	na	na	na	na	na	na	83.0	17.0	100.0	1,439

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

The prevalence of polygynous unions generally increases with age; young women are more likely to be in a monogamous marriage than older women. Eighty-three percent of married women age 15-19 are in a monogamous union as compared with 64 percent of women age 45-49. Women who live in urban areas are slightly more likely than rural women to be in a polygynous union. Women in Kampala and in the Southwest are less likely to be in a monogamous union than women in the other regions, while women in the Western region are more likely to have multiple co-wives than women in other regions (11 percent). Although the proportion of women in monogamous unions increases with the level of education, the relationship between wealth quintile of the household and polygyny is not clear.

7.3 AGE AT FIRST MARRIAGE

Marriage is the leading social and demographic indicator of exposure of women to the risk of pregnancy, especially in the case of low levels of contraceptive use. Early marriages, in the Ugandan context where use of family planning is limited, lead to early childbearing and a longer period of exposure of women to reproductive risks, which lead to high cumulative fertility levels. Table 7.3 presents the percentage of women and men who were married by specific ages, and the median age at first marriage, according to age of respondents at the time of the survey.

Table 7.3 Age at first marriage

Percentage of women and men age 15-49 who were first married by specific exact ages, and median age at first marriage, according to current age, Uganda 2006

Current age	Percentage first married by exact age: 15	18	20	22	25	Percentage never married	Number	Median age at first marriage
				WOMEN				
15-19	3.0	na	na	na	na	77.6	1,936	a
20-24	12.3	46.3	66.7	na	na	21.9	1,710	18.3
25-29	16.2	50.2	73.2	82.9	91.8	5.8	1,413	18.0
30-34	17.9	59.1	77.3	86.4	92.5	2.8	1,217	17.3
35-39	17.3	54.1	73.5	85.1	92.5	1.9	940	17.7
40-44	16.3	53.7	72.8	84.3	92.3	1.8	735	17.7
45-49	18.4	57.9	74.6	86.6	93.4	0.7	580	17.4
20-49	15.9	52.5	72.4	na	na	8.0	6,595	17.8
25-49	17.1	54.6	74.4	84.9	92.4	3.1	4,885	17.6
				MEN				
15-19	0.0	na	na	na	na	98.1	595	a
20-24	0.0	6.7	20.2	na	na	56.3	402	a
25-29	0.0	8.7	25.5	42.3	67.5	22.8	350	22.8
30-34	0.0	11.2	25.7	50.7	77.1	4.0	355	21.9
35-39	0.0	10.2	30.2	52.0	74.1	3.8	311	21.7
40-44	0.0	11.0	25.3	48.5	72.6	0.0	210	22.2
45-49	0.0	7.3	17.4	41.2	67.0	1.3	162	22.9
20-49	0.0	9.2	24.4	na	na	18.6	1,790	22.7
25-49	0.0	9.9	25.6	47.4	72.2	7.7	1,388	22.3
20-54	0.0	9.3	24.6	na	na	17.7	1,908	a
25-54	0.0	10.0	25.8	47.2	71.7	7.3	1,506	22.3

Note: The age at first marriage is defined as the age at which the respondent began living with his/her first spouse or partner. The median is the midpoint of the distribution of respondents by exact age at first marriage.
na = Not applicable due to censoring
a = Omitted because less than 50 percent of the women or men began living with their husbands, wives, or partners for the first time before reaching the beginning of the age group

Although the minimum legal age for a woman to get married is 18 years in Uganda, marriage among young girls is a common practice. Among women age 20-49, 16 percent were married by age 15 and 53 percent were married by age 18. The median age at first marriage is 17.8 years and has been fairly stable for the past 30 years. However, the trend has shifted toward fewer women marrying at

very young ages. Only 3 percent of women age 15-19 were married before age 15 compared with 18 percent of women age 45-49.

Marriage among men starts fairly late. Among men age 20-49, none has married by age 15 and only 9 percent by age 18. By age 20, 24 percent of men have been married, compared with 72 percent of women. According to the 2006 UDHS, the median age at first marriage for men age 20-49 is 22.7, five years later than the median among women.

7.4 MEDIAN AGE AT FIRST MARRIAGE

The median ages at first marriage for women and men by current age and background characteristics are shown in Table 7.4. Overall, rural women marry almost two years earlier than their urban counterparts (17.6 and 19.4 years, respectively) while in the Karamoja sub-region the median age at marriage is almost 20 years.

Table 7.4 Median age at first marriage

Median age at first marriage among women by five-year age groups age 20-49 and age 25-29, and among men age 25-54, according to background characteristics, Uganda 2006

Background characteristic	Age						Women age 20-49	Women age 25-49	Men age 25-54
	20-24	25-29	30-34	35-39	40-44	45-49			
Residence									
Urban	a	19.3	18.4	17.9	19.0	19.7	19.4	18.8	24.4
Rural	17.9	17.7	17.2	17.6	17.5	17.3	17.6	17.5	22.1
Region									
Central 1	18.6	18.4	17.3	18.0	19.0	17.7	18.1	17.9	23.4
Central 2	18.2	18.2	17.2	18.2	17.9	16.8	17.8	17.7	21.7
Kampala	a	19.9	19.0	20.1	(18.5)	*	a	19.6	24.8
East Central	17.9	16.9	16.9	16.3	16.4	17.3	17.0	16.7	21.4
Eastern	17.9	17.4	17.3	16.7	17.2	17.4	17.4	17.2	22.4
North	17.4	17.7	16.9	18.0	18.3	17.8	17.6	17.7	22.2
West Nile	18.1	18.1	17.1	17.3	17.2	17.0	17.6	17.4	20.7
Western	17.5	17.5	17.0	17.5	17.0	16.7	17.3	17.2	21.6
Southwest	18.7	18.4	18.2	18.2	18.2	17.6	18.4	18.2	22.8
North Sub-regions									
IDP	16.9	17.7	16.5	18.2	17.0	17.9	17.2	17.4	21.5
Karamoja	19.3	19.3	19.5	20.4	21.4	20.9	19.9	20.0	23.8
Education									
No education	16.9	17.1	16.9	17.2	17.2	17.2	17.1	17.1	22.7
Primary	17.5	17.4	17.0	17.5	17.4	17.2	17.4	17.3	21.5
Secondary +	a	21.0	19.9	20.5	20.9	(20.3)	a	20.6	24.4
Wealth quintile									
Lowest	17.3	17.2	16.9	17.5	17.7	18.2	17.4	17.4	21.9
Second	17.6	17.4	17.1	17.4	17.2	16.8	17.4	17.2	22.1
Middle	18.2	17.5	16.9	17.5	17.9	17.1	17.6	17.3	21.8
Fourth	18.1	18.0	17.3	17.5	16.9	16.6	17.5	17.3	21.9
Highest	a	19.6	18.2	18.5	19.1	19.2	19.5	19.0	24.0
Total	18.3	18.0	17.3	17.7	17.7	17.4	17.8	17.6	22.3

Note: The age at first marriage is defined as the age at which the respondent began living with his/her first husband/wife/partner. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
a=Omitted because less than 50 percent of the respondents began living with their husband/partner for the first time before reaching the beginning of the age group

For men, as shown in Table 7.4, the urban-rural difference is also two years (24.4 years in urban areas compared with 22.1 years in rural areas). Across the regions, the median age at first marriage for men ranges from 20.7 years in the West Nile to almost 25 years in Kampala. The pattern by education and wealth index is not consistent.

7.5 AGE AT FIRST SEXUAL INTERCOURSE

The 2006 UDHS collected data on age at first sexual intercourse. By age 15, 24 percent of women age 20-49 were already sexually active, 69 percent by age 18 (Table 7.5). The cumulative percentage of sexually active women increases steadily to reach 86 percent by age 20. The median age at first sex for women age 20-49 is 16.6 years and there is evidence of a slight trend towards later initiation of sexual activity for recent years.

As in the case of marriage, sexual activity among men starts later than among women. Only 10 percent of men age 20-49 were sexually active by age 15. But as for women, this percentage rises steadily to reach a level of 76 percent by age 20. The median age at first sexual intercourse for men age 20-49 years is 18.1 years. The median age for men calculated from the 2006 UDHS shows no evidence of change over time.

Table 7.5 Age at first sexual intercourse

Percentage of women and men age 15-49 who had first sexual intercourse by specific exact ages, percentage who never had intercourse, and median age at first intercourse, according to current age, Uganda 2006

	Percentage who had first sexual intercourse by exact age:					Percentage who never had	Number of	Median age at first
Current age	15	18	20	22	25	intercourse	respondents	intercourse
				WOMEN				
15-19	11.8	na	na	na	na	57.0	1,936	a
20-24	19.7	64.2	85.1	na	na	7.6	1,710	16.9
25-29	23.5	67.6	85.9	92.2	95.6	0.9	1,413	16.7
30-34	28.6	73.2	88.5	93.1	95.5	0.2	1,217	16.3
35-39	26.0	72.4	87.3	92.5	94.3	0.1	940	16.3
40-44	23.5	71.9	87.4	92.9	95.4	0.1	735	16.3
45-49	27.6	70.6	84.1	90.4	93.0	0.2	580	16.3
20-49	24.2	69.2	86.4	na	na	2.2	6,595	16.6
25-49	25.7	70.9	86.8	92.4	95.0	0.4	4,885	16.4
15-24	15.5	na	na	na	na	33.8	3,646	a
				MEN				
15-19	13.9	na	na	na	na	64.7	595	a
20-24	9.6	49.9	73.6	na	na	13.8	402	18.0
25-29	7.9	45.1	73.7	87.4	94.9	1.6	350	18.3
30-34	11.0	51.0	77.1	88.1	93.4	0.0	355	17.9
35-39	9.4	50.2	75.3	88.5	92.5	0.4	311	18.0
40-44	12.3	49.4	80.7	90.5	95.2	0.0	210	18.0
45-49	10.0	47.7	74.9	94.3	95.6	0.0	162	18.1
20-49	9.8	49.0	75.6	na	na	3.5	1,790	18.1
25-49	9.9	48.7	76.1	89.1	94.1	0.5	1,388	18.1
15-24	12.2	na	na	na	na	44.2	997	a
20-54	9.8	48.6	75.6	na	na	3.3	1,908	18.1
25-54	9.9	48.3	76.2	89.3	94.2	0.4	1,506	18.1

na = Not applicable due to censoring
a = Omitted because less than 50 percent of the respondents had intercourse for the first time before reaching the beginning of the age group

7.6 MEDIAN AGE AT FIRST SEXUAL INTERCOURSE

The median age at first sexual intercourse by current age and background characteristics is shown in Table 7.6 and Figure 7.2 for women and men, respectively. For women age 20-49, the median age at first sexual intercourse in rural areas is lower than or almost equal to the median age at first sexual intercourse in urban areas in all age groups. Examination by region reveals that women of the East Central region engage in sexual relations earliest (15.8 years), while their counterparts in the

Karamoja region initiate sex three years later, at age 18.8 years. Women with at least some secondary education start sexual relations almost two years later than less educated women. The impact of the level of wealth of the household on the initiation of sexual intercourse is limited.

For men age 25-54, the differences in the median age at first sexual intercourse by background characteristics are minimal. The largest differences are observed by region. Men in the Southwest region start sexual intercourse two years later than men in the West Nile region (19.4 and 17.4 years, respectively).

Figure 7.2 Median Age at First Sexual Intercourse among Respondents, by Residence and Education

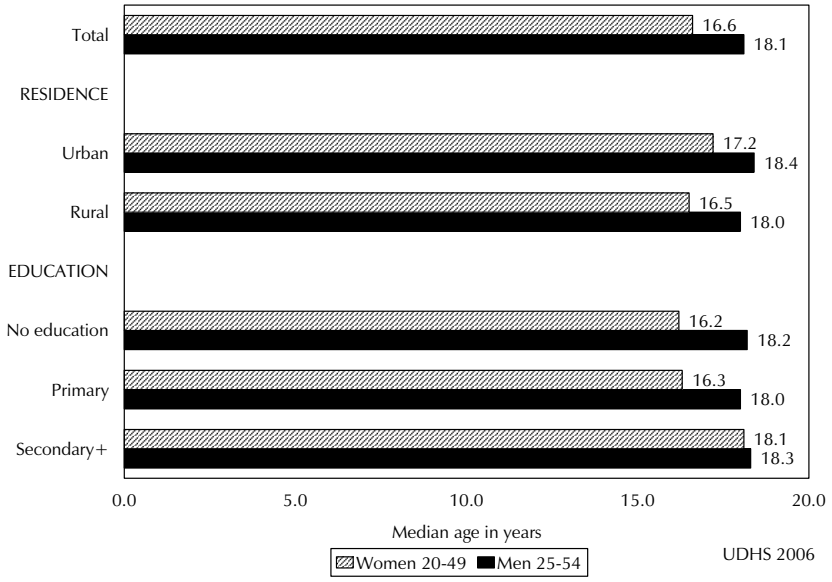


Table 7.6 Median age at first intercourse

Median age at first sexual intercourse among women by five-year age groups, age 20-49 and age 25-49, and among men age 25-54, according to background characteristics, Uganda 2006

Background characteristic	Age						Women age 20-49	Women age 25-49	Men age 25-54
	20-24	25-29	30-34	35-39	40-44	45-49			
Residence									
Urban	17.8	17.3	16.7	16.2	16.9	16.7	17.2	16.8	18.4
Rural	16.8	16.6	16.2	16.3	16.2	16.2	16.5	16.3	18.0
Region									
Central 1	16.6	16.8	15.6	16.5	16.6	15.8	16.4	16.3	18.1
Central 2	16.7	16.1	15.7	15.8	15.9	15.6	16.0	15.9	17.8
Kampala	17.8	17.1	17.1	16.4	(16.3)	*	17.3	16.8	18.2
East Central	16.4	15.8	15.6	15.6	15.7	16.0	15.8	15.7	17.6
Eastern	16.7	16.0	16.4	15.8	15.9	16.3	16.2	16.1	18.1
North	16.7	16.9	16.2	17.0	17.0	17.4	16.7	16.7	18.2
West Nile	17.6	17.4	16.7	16.5	16.8	16.2	16.9	16.8	17.4
Western	16.5	16.5	15.9	15.6	15.8	15.7	16.1	15.9	17.7
Southwest	18.4	17.7	18.0	17.6	17.9	17.2	17.9	17.7	19.4
North Sub-regions									
IDP	16.4	16.3	15.8	16.6	16.0	17.6	16.4	16.4	17.9
Karamoja	18.5	18.6	18.4	19.5	19.4	19.5	18.8	18.9	20.0
Education									
No education	16.2	16.1	16.2	16.0	16.1	16.3	16.2	16.1	18.2
Primary	16.6	16.3	16.0	16.2	16.1	16.0	16.3	16.2	18.0
Secondary +	18.2	18.2	17.8	18.1	17.7	(18.1)	18.1	18.1	18.3
Wealth quintile									
Lowest	16.5	16.2	16.0	16.2	16.5	17.3	16.3	16.3	18.3
Second	16.7	16.6	16.2	16.5	15.9	16.0	16.4	16.3	17.8
Middle	17.0	16.5	16.3	16.3	16.6	16.0	16.6	16.4	18.2
Fourth	16.9	16.8	16.0	16.0	15.8	15.8	16.3	16.1	18.0
Highest	17.5	17.3	16.9	16.5	16.7	16.9	17.1	16.9	18.1
Total	16.9	16.7	16.3	16.3	16.3	16.3	16.6	16.4	18.1

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

7.7 RECENT SEXUAL ACTIVITY

In societies with low use of contraception, the probability of a woman becoming pregnant is closely related to the exposure to and frequency of sexual intercourse. Information on recent sexual activity is therefore useful as a measure of exposure to the risk of pregnancy. The 2006 UDHS asked women and men the timing of their last sexual intercourse. Tables 7.7.1 and 7.7.2 present the percent distribution of women and men by the timing of last sexual intercourse, according to their background characteristics. Respondents are considered to be sexually active if they have had sexual intercourse at least once in the four weeks preceding the survey.

Table 7.7.1 Recent sexual activity: Women

Percent distribution of women age 15-49 by timing of last sexual intercourse, according to background characteristics, Uganda 2006

Background characteristic	Timing of last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years	Missing	Never had sexual intercourse	Total	Number of women
Age							
15-19	19.7	16.5	5.8	1.0	57.0	100.0	1,936
20-24	58.7	24.4	6.6	2.7	7.6	100.0	1,710
25-29	66.0	24.5	6.3	2.4	0.9	100.0	1,413
30-34	68.9	20.8	6.9	3.2	0.2	100.0	1,217
35-39	60.9	22.4	14.2	2.3	0.1	100.0	940
40-44	58.9	18.5	20.6	1.8	0.1	100.0	735
45-49	52.8	15.9	28.8	2.3	0.2	100.0	580
Marital status							
Never married	7.9	18.9	10.4	1.1	61.6	100.0	2,028
Married or living together	77.0	18.8	2.6	1.6	0.0	100.0	5,337
Divorced/separated/widowed	17.0	33.5	42.7	6.8	0.0	100.0	1,167
Marital duration[2]							
Married only once	76.8	18.8	2.6	1.8	0.0	100.0	4,234
0-4 years	79.1	17.6	0.6	2.7	0.0	100.0	1,037
5-9 years	77.8	19.1	1.5	1.6	0.0	100.0	959
10-14 years	77.2	19.1	2.3	1.5	0.0	100.0	761
15-19 years	75.3	19.6	3.4	1.7	0.0	100.0	634
20-24 years	74.2	18.6	5.0	2.2	0.0	100.0	451
25+ years	73.0	19.5	7.3	0.3	0.0	100.0	392
Married more than once	77.7	18.7	2.8	0.8	0.0	100.0	1,103
Residence							
Urban	46.6	22.7	12.0	1.9	16.8	100.0	1,442
Rural	53.5	20.4	9.5	2.2	14.2	100.0	7,089
Region							
Central 1	51.1	21.6	11.0	1.4	14.8	100.0	905
Central 2	53.7	21.0	10.5	1.5	13.4	100.0	770
Kampala	45.5	22.0	11.3	1.2	20.0	100.0	722
East Central	54.0	21.5	8.2	2.5	13.9	100.0	836
Eastern	54.3	23.1	10.4	1.6	10.7	100.0	1,148
North	51.6	22.1	11.3	3.4	11.7	100.0	1,322
West Nile	39.3	29.7	9.6	2.6	18.7	100.0	471
Western	59.8	17.6	7.9	1.3	13.4	100.0	1,271
Southwest	51.8	14.8	9.7	3.7	19.9	100.0	1,086
North Sub-regions							
IDP	54.9	26.3	6.5	3.3	8.9	100.0	504
Karamoja	36.8	27.2	17.2	5.2	13.6	100.0	286
Education							
No education	58.4	22.1	13.5	3.7	2.2	100.0	1,650
Primary	53.5	20.0	8.8	2.1	15.7	100.0	5,062
Secondary +	43.7	22.1	10.0	1.1	23.1	100.0	1,819
Wealth quintile							
Lowest	50.1	24.1	12.3	3.4	10.1	100.0	1,541
Second	55.0	20.9	8.7	3.5	11.8	100.0	1,636
Middle	56.4	18.5	8.4	1.9	14.9	100.0	1,615
Fourth	54.5	19.8	8.7	1.3	15.7	100.0	1,621
Highest	47.2	20.9	11.4	1.2	19.2	100.0	2,118
Total	52.4	20.8	10.0	2.2	14.7	100.0	8,531

[1] Excludes women who had sexual intercourse within the past 4 weeks
[2] Excludes women who are not currently married

Among women age 15-49, slightly more than half (52 percent) were sexually active in the four weeks prior to the survey, while 21 percent had had sex within the past year but not in the four weeks prior to the survey, and 10 percent had ever had sex but were not sexually active in the past 12 months. The highest level of recent sexual activity is observed among women age 25-34, of whom 66 to 69 percent were sexually active in the past month. The proportion of women who are sexually active gradually declines after age 34. The proportion sexually active in the four weeks preceding the survey among women in marital union declines slightly with the number of years in union from 79 percent among women married for less than five years to 73 percent for women married 25 years or more. Women who were married in the past or have never been married are less likely to have had sex in the recent past.

On the other hand, women in the rural areas are more likely to have had sex in the past four weeks than urban women (54 percent and 47 percent, respectively). There are important variations across regions, from 37-39 percent in the Karamoja and West Nile regions to 60 percent in the Western region. Women with secondary education are less likely to have engaged in sex in the past four weeks than those with no formal education (44 percent compared with 58 percent).

Overall, men are as likely as women to have had recent sexual intercourse (Table 7.7.2). Fifty-two percent of men had sexual intercourse in the four weeks before the survey, 20 percent had sexual intercourse in the past year but not in the previous four weeks, 10 percent had sex one or more years ago, and 19 percent have never had sexual intercourse. Men's sexual activity increases with age up to age 49. Among men age 45-49, 81 percent had sex in the month preceding the interview, compared with 9 percent of men age 15-19 and 43 percent of men age 20-24.

As in the case with women, men who are currently married or living with a woman are most likely to have had recent sexual intercourse: 82 percent compared with 11 percent of never-married men. Important variations in sexual activity are observed at the regional level. The proportion of men who had sex in the past four weeks ranges from 38 percent in the West Nile region and 43 percent in Kampala to 57 percent in the Eastern and North regions. The highest rates of recent sexual activity were found among men living in IDP camps in the North (67 percent).

Table 7.7.2 Recent sexual activity: Men

Percent distribution of men age 15-49 by timing of last sexual intercourse, according to background characteristics, Uganda 2006

Background characteristic	Timing of last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years	Missing	Never had sexual intercourse	Total	Number of men
Age							
15-19	9.3	12.3	13.7	0.0	64.7	100.0	595
20-24	42.9	26.7	16.7	0.0	13.8	100.0	402
25-29	61.0	28.5	8.6	0.3	1.6	100.0	350
30-34	76.1	20.7	3.0	0.2	0.0	100.0	355
35-39	75.1	16.7	7.3	0.4	0.4	100.0	311
40-44	77.4	19.1	3.4	0.0	0.0	100.0	210
45-49	81.1	11.6	7.3	0.0	0.0	100.0	162
Marital status							
Never married	11.3	20.4	19.5	0.1	48.7	100.0	918
Married or living together	81.7	16.9	1.3	0.2	0.0	100.0	1,343
Divorced/separated/widowed	30.8	40.9	28.3	0.0	0.0	100.0	124
Marital duration[2]							
Married only once	80.6	17.9	1.4	0.2	0.0	100.0	997
0-4 years	77.4	21.0	1.5	0.0	0.0	100.0	258
5-9 years	77.5	20.2	2.3	0.0	0.0	100.0	231
10-14 years	83.5	16.1	0.0	0.4	0.0	100.0	195
15-19 years	82.6	14.9	1.8	0.8	0.0	100.0	167
20-24 years	87.3	11.3	1.4	0.0	0.0	100.0	104
25+ years	(78.3)	(21.7)	(0.0)	(0.0)	(0.0)	100.0	43
Married more than once	84.9	14.0	1.1	0.0	0.0	100.0	346
Residence							
Urban	43.7	24.5	12.7	0.3	18.8	100.0	404
Rural	53.6	18.4	9.1	0.1	18.8	100.0	1,982
Region							
Central 1	52.7	17.0	12.4	0.0	18.0	100.0	272
Central 2	48.2	20.7	11.0	0.0	20.1	100.0	233
Kampala	42.9	25.9	13.9	0.0	17.2	100.0	218
East Central	49.2	23.5	8.6	0.0	18.7	100.0	209
Eastern	57.0	20.2	5.3	0.0	17.5	100.0	323
North	57.2	15.6	10.0	0.4	16.7	100.0	333
West Nile	38.2	25.4	20.4	0.0	16.0	100.0	124
Western	54.0	21.9	7.4	0.0	16.7	100.0	369
Southwest	54.6	11.3	6.8	0.6	26.7	100.0	304
North Sub-regions							
IDP	66.8	15.5	7.3	0.0	10.3	100.0	155
Karamoja	45.1	15.0	12.3	3.0	24.6	100.0	65
Education							
No education	56.1	27.1	10.6	0.7	5.5	100.0	116
Primary	53.7	18.5	7.4	0.1	20.3	100.0	1,551
Secondary +	47.5	20.3	14.4	0.1	17.6	100.0	719
Wealth quintile							
Lowest	54.1	19.2	9.5	0.0	17.3	100.0	378
Second	57.0	18.2	6.5	0.3	18.0	100.0	495
Middle	53.4	18.5	10.2	0.2	17.7	100.0	422
Fourth	51.1	17.8	10.5	0.0	20.5	100.0	506
Highest	46.0	22.8	11.5	0.2	19.6	100.0	584
Total 15-49	52.0	19.5	9.7	0.1	18.8	100.0	2,385
Men 50-54	71.9	13.5	13.0	1.7	0.0	100.0	118
Total men 15-54	52.9	19.2	9.9	0.2	17.9	100.0	2,503

Note: Figures in parentheses are based on 25-29 unweighted cases.
[1] Excludes men who had sexual intercourse within the past 4 weeks
[2] Excludes men who are not currently married

7.8 POSTPARTUM AMENORRHOEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhoea refers to the interval between childbirth and the return of menstruation. During this period, the risk of pregnancy is reduced. Among women who are not using contraception, the exposure to the risk of pregnancy in the period following birth is determined by two major factors, namely, breastfeeding and sexual abstinence. Postpartum protection from conception can be prolonged by breastfeeding, which can lengthen the duration of amenorrhoea, or by delayed resumption of sexual activities (postpartum abstinence). In Table 7.8, the percentage of births for which mothers are postpartum amenorrhoeic and abstaining is presented along with the percentage of births for which mothers are defined as still postpartum insusceptible, i.e., either amenorrhoeic or abstaining or both. These women are classified as not exposed (i.e., insusceptible) to the risk of pregnancy.

At the time of the survey, 37 percent of women who had given birth during the three years preceding the survey were insusceptible, because they were still amenorrhoeic (33 percent) or still abstaining (14 percent) or both.

Table 7.8 Postpartum amenorrhoea, abstinence, and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrhoeic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Uganda 2006

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrhoeic	Abstaining	Insusceptible[1]	
< 2	97.7	85.1	98.9	230
2-3	84.7	44.6	89.1	306
4-5	74.5	26.9	78.5	289
6-7	69.9	20.3	72.8	273
8-9	64.7	11.8	67.3	287
10-11	50.2	9.6	53.9	269
12-13	43.6	9.7	47.8	325
14-15	32.9	7.9	36.4	276
16-17	27.6	9.1	31.9	265
18-19	19.0	7.1	22.6	289
20-21	10.8	4.0	13.9	300
22-23	11.4	5.2	16.0	257
24-25	6.7	3.5	9.4	314
26-27	2.6	4.2	6.7	283
28-29	0.2	3.7	3.9	248
30-31	1.1	1.8	2.6	284
32-33	1.3	2.6	3.7	259
34-35	1.0	2.6	3.6	266
Total	33.3	13.9	36.6	5,020
Median	11.0	2.5	11.7	na
Mean	12.3	5.5	13.4	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable
[1] Includes births for which mothers are still amenorrhoeic and/or still abstaining

The proportion of women remaining amenorrhoeic, abstaining, or insusceptible declines as duration since birth increases. Within the first two months after birth, 99 percent of women in Uganda are insusceptible to pregnancy, 98 percent are amenorrhoeic, and 85 percent are abstaining from sex. After six months (the recommended duration of exclusive breastfeeding), 73 percent of mothers are still insusceptible to the risk of pregnancy, mainly because their period has not returned, which remains the main component of postpartum insusceptibility for the first 24 months after birth. After 24 months, only 9 percent of mothers are still insusceptible (7 percent are amenorrhoeic and 4 percent abstaining). By 34 to 35 months after birth, only 4 percent of the mothers are insusceptible, mostly because of abstaining (3 percent).

The median duration of postpartum insusceptibility and amenorrhoea is almost one year (11.7 and 11.0 months, respectively); for postpartum sexual abstinence, it is 2.5 months. Compared with data from the last two DHS surveys, the duration of insusceptibility remains relatively unchanged.

7.9 Median Duration of Postpartum Insusceptibility by Background Characteristics

The median duration of postpartum amenorrhoea, abstinence, and insusceptibility by various background characteristics is presented in Table 7.9 and Figure 7.3. The median duration of postpartum abstinence shows very little variation across the background characteristics, except by region. Even in these cases, the variation in postpartum insusceptibility is mainly due to variations in postpartum amenorrhoea. Women under 30 years of age have a shorter median duration of postpartum amenorrhoea (10 months) than women over 30 years of age (12 months).

The duration of postpartum amenorrhoea for rural women is longer than that for urban women (12 months compared with 7 months). On a regional basis, the longest duration of postpartum amenorrhoea is found among women in the West Nile (17 months) and the North region and North sub-region of Karamoja (close to 14 months each). On the other hand, women in Kampala have the shortest duration (7 months).

Women with secondary or higher education show the shortest duration of postpartum amenorrhoea (8 months) compared with women with no education (13 months). Moreover, the median length of postpartum amenorrhoea is twice as long for women in the poorest households as women in the wealthiest households (14 months compared with 7 months).

Table 7.9 Median duration of amenorrhoea, postpartum abstinence, and postpartum insusceptibility

Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Uganda 2006

Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insusceptibility[1]
Age			
15-29	10.3	2.4	11.4
30-49	11.9	2.7	12.1
Residence			
Urban	7.0	2.4	7.4
Rural	11.5	2.5	12.2
Region			
Central 1	9.5	2.1	9.8
Central 2	10.6	2.6	11.3
Kampala	6.8	2.1	7.0
East Central	7.5	1.7	8.8
Eastern	10.2	3.7	10.7
North	13.8	3.8	14.9
West Nile	16.5	6.1	18.7
Western	11.2	2.1	11.7
Southwest	12.0	2.0	12.2
North Sub-regions			
IDP	13.2	3.2	13.7
Karamoja	13.8	8.9	20.3
Education			
No education	12.8	3.0	13.5
Primary	11.2	2.4	11.8
Secondary +	7.8	2.4	8.6
Wealth quintile			
Lowest	14.2	3.8	15.0
Second	11.6	2.5	11.9
Middle	12.4	2.4	13.1
Fourth	8.7	2.1	9.3
Highest	6.6	2.4	7.5
Total	11.0	2.5	11.7

Note: Medians are based on the status at the time of the survey.
[1] Includes births for which mothers are still amenorrhoeic and/or still abstaining.

7.10 MENOPAUSE

Another factor influencing the risk of pregnancy among women after age 30 is menopause. Although the onset of menopause is difficult to determine for an individual woman, methods are available for estimating the proportion of women who are menopausal for the population as a whole. For this analysis, a woman is considered menopausal if she is neither pregnant nor postpartum amenorrhoeic but did not have a menstrual period in the six months preceding the survey.

Table 7.10 presents the percentage of women age 30-49 who are menopausal. According to the 2006 UDHS, 9 percent of women age 30-49 are menopausal. The proportion of women who are menopausal rises with age from about 2 percent for age group 30-34 to 43 percent for age group 48-49. It is clear that the onset of infertility with increasing age reduces the proportion of women who are exposed to the risk of pregnancy.

Table 7.10 Menopause

Percentage of women age 30-49 who are menopausal, by age, Uganda 2006

Age	Percentage menopausal[1]	Number of women
30-34	2.4	1,217
35-39	4.3	940
40-41	8.6	309
42-43	9.9	289
44-45	13.1	249
46-47	24.4	254
48-49	42.8	214
Total	9.0	3,472

[1] Percentage of all women who are not pregnant and not postpartum amenorrhoeic whose last menstrual period occurred six or more months preceding the survey

FERTILITY PREFERENCES 8

The 2006 Uganda DHS included questions to ascertain fertility preferences. Women who were either not pregnant or unsure about their status were asked the question: *"Would you like to have (a/another) child or would you prefer not to have any (more) children?"* A different question was posed for women who were pregnant at the time of the survey. Pregnant women were asked: *"After the child you are expecting, would you like to have another child or would you prefer not to have any more children?"* The women who indicated that they wanted another child were asked how long they would like to wait before the birth of the next child. Finally, women were asked in total the number of children they would like to have, as well as their sex preference, if they were to start childbearing afresh.

Given the ongoing family planning programmes that address both men and women, and that men play a vital role in the realisation of reproductive goals, the 2006 UDHS included questions that elicited information on the fertility preferences of men.

The responses to the questions that were included in the 2006 UDHS questionnaire provide a basis for the classification of women and men by their fertility preferences according to selected background characteristics.

8.1 DESIRE FOR MORE CHILDREN

Data on desire for more children can provide an indication of future reproductive behaviour provided that the required family planning services are available, affordable, and accessible to allow people to realise their fertility preferences. Table 8.1 presents the distribution of currently married women and men by the desire for more children according to the number of living children. Thirty-five percent of currently married women wanted another child after two years, 16 percent wanted to wait for less than two years to have another child, and 41 percent declared that they did not want to have any more children at all or were sterilized. Two percent of women reported not being able to have any more children because they were infecund. Figure 8.1 depicts the fertility preferences of women and men. Overall, men are more likely to want another child soon or after two years, whereas women are more likely not to want any more children. Conversely, women are more likely than men not to want any more children (41 and 30 percent, respectively).

As Table 8.1 shows, generally, the proportion wanting another child decreases with the increasing number of living children. It is equally evident that the proportion of women and men age 15 to 49 years who want to stop childbearing increases rapidly with the increasing number of living children. For instance, only 5 percent of the currently married women with one child indicate that they do not want more children or had been sterilized, while 78 percent of currently married women with six or more children indicated the same. Among women with six or more children, 15 percent still desire more children.

Table 8.1 Fertility preferences by number of living children

Percent distribution of currently married women and currently married men age 15-49 by desire for children, according to number of living children, Uganda 2006

Desire for children	Number of living children							Total 15-49	Total men 15-54
	0	1	2	3	4	5	6+		
				WOMEN[1]					
Have another soon[2]	77.2	30.9	20.8	16.6	11.8	9.4	3.3	16.2	na
Have another later[3]	5.9	58.4	55.9	52.3	36.2	28.3	11.5	35.3	na
Have another, undecided when	2.1	2.0	1.7	2.1	1.0	0.5	0.2	1.2	na
Undecided	2.0	2.4	3.5	3.2	4.4	5.1	4.2	3.8	na
Want no more	0.4	5.1	14.7	22.6	41.7	52.2	73.1	38.6	na
Sterilized[4]	0.3	0.1	1.6	1.6	1.8	2.9	5.0	2.5	na
Declared infecund	11.5	1.1	1.5	1.6	2.7	1.5	2.6	2.3	na
Missing	0.6	0.0	0.3	0.1	0.2	0.0	0.1	0.1	na
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	na
Number of women	207	698	797	767	727	644	1,496	5,337	na
				MEN[5]					
Have another soon[2]	89.1	32.7	27.9	19.4	20.5	22.0	11.2	21.8	21.1
Have another later[3]	0.0	61.0	57.3	56.9	46.5	38.9	26.5	41.9	39.9
Have another, undecided when	0.0	0.4	2.0	3.8	1.3	0.3	2.2	1.7	1.7
Undecided	0.0	0.9	0.9	0.6	5.9	1.2	6.7	3.5	3.4
Want no more	4.9	2.7	9.2	18.5	24.6	37.6	51.4	29.2	31.6
Sterilized[4]	0.0	0.0	1.4	0.0	0.7	0.0	0.9	0.6	0.9
Declared infecund	4.5	2.4	1.5	0.6	0.0	0.0	1.0	1.0	1.3
Missing	1.6	0.0	0.0	0.4	0.4	0.0	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	38	162	186	153	184	168	451	1,343	1,439

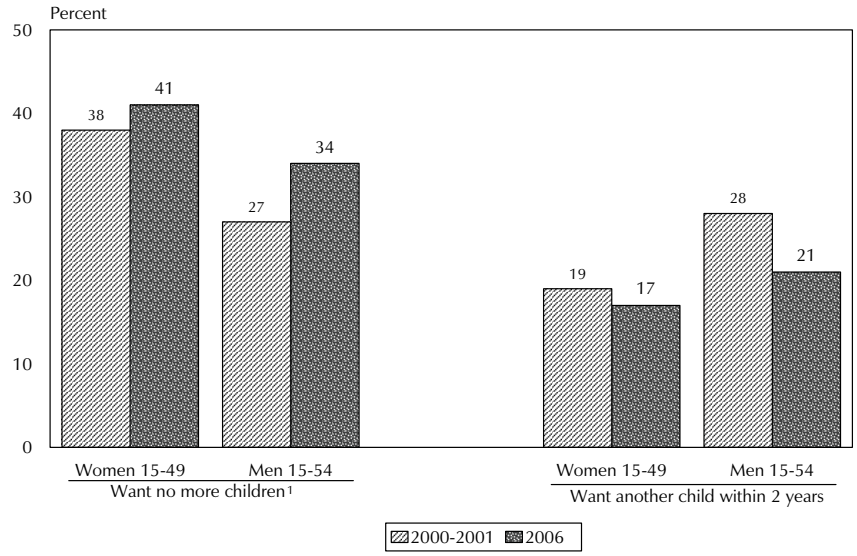
[1] The number of living children includes current pregnancy for women.
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both female and male sterilization
[5] The number of living children includes one additional child if respondent's wife is currently pregnant (any wife is pregnant for men with more than one current wife).

Figure 8.1 Fertility Preferences among Currently Married Women and Men Age 15-49

UDHS 2006

Figure 8.2 shows trends in the percentages of men and women who want no more children and who want another child soon from the 2000-2001 UDHS and the 2006 UDHS. The 2006 UDHS data have been adjusted to remove districts not included in the 2000-2001 survey. The findings show there has been an increase in the proportions of men and women who desire no more children and a decrease in the proportions who want another child within the next two years. In both indicators, the change is greater among men than women.

Figure 8.2 Trends in Fertility Preferences



Note: UDHS 2006 data have been adjusted to exclude districts not surveyed in 2000-2001.
[1] Includes men and women who are sterilized

8.2 Desire to Limit Childbearing by Background Characteristics

Table 8.2 presents the percentage of currently married women and men who want no more children, by number of living children, according to background characteristics. Overall, about four in ten women and three in ten men age 15-49 indicate no desire for more children. Figure 8.3 shows that the desire to stop childbearing is higher among the women than men from one living child onward, and the difference increases with each child.

The proportion of women in the rural areas with no desire for more children (41 percent) is not very different from their counterparts in the urban areas (39 percent). At the regional level the proportion of women who desire no more children varies from 30 percent in the West Nile region to 49 percent in Central 2 region. Similarly, the proportion of men with no desire for more children is lowest in West Nile (15 percent) and highest in Central 2 (44 percent).

Women with no education are more likely to report that they do not want more children than their counterparts who were educated beyond secondary level (47 percent compared with 36 percent). On the other hand, the desire to limit childbearing among men increases with the level of education, from 22 percent among men with no education to 32 percent among men with secondary or more (Table 8.2). This finding signifies that men's education has a positive relationship with the desire to limit family size.

The analysis of the women's and men's desire to limit childbirth by wealth quintile shows that, overall, the desire to limit childbearing increases with increasing wealth quintile, particularly for men. There is little difference for low parities, but the effect of wealth quintile on the desire to stop childbearing increases rapidly when the number of children is four or higher.

Table 8.2 Desire to limit childbearing

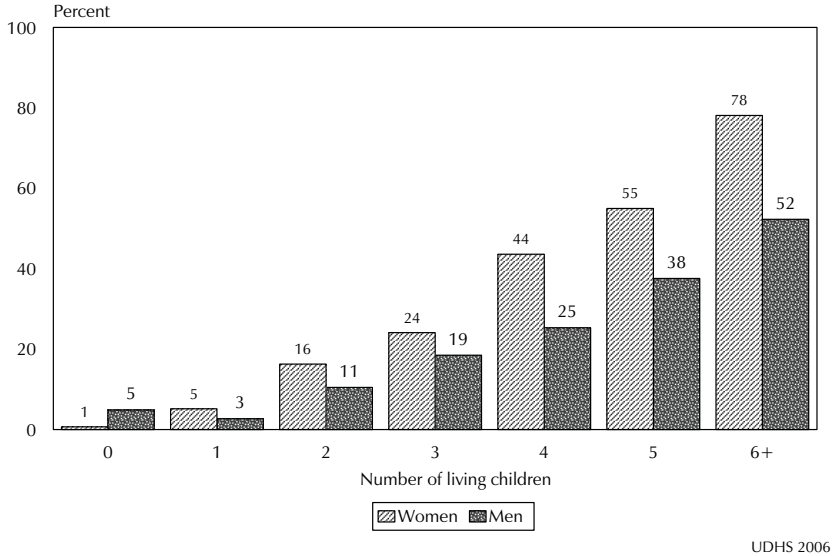
Percentage of currently married women and men age 15-49 who want no more children, by number of living children, according to background characteristics, Uganda 2006

Background characteristic	Number of living children[1]							Total women	Total men
	0	1	2	3	4	5	6+		
Residence									
Urban	0.4	7.6	27.2	40.6	55.3	63.8	79.7	38.7	39.7
Rural	0.8	4.4	14.5	21.8	41.9	53.8	77.9	41.4	28.1
Region									
Central 1	4.9	0.0	17.8	18.3	43.9	46.9	82.5	38.3	26.0
Central 2	0.0	0.0	14.9	28.8	41.8	76.8	85.0	48.5	43.5
Kampala	0.8	8.9	29.6	43.0	59.7	(80.7)	(97.6)	38.7	39.0
East Central	3.5	12.2	10.5	18.9	38.2	54.4	78.6	45.1	29.3
Eastern	0.0	6.0	13.4	22.7	48.8	49.8	82.9	44.8	31.5
North	0.0	5.6	16.2	23.3	35.7	44.8	72.4	36.3	19.6
West Nile	0.0	3.3	11.4	9.8	34.0	44.8	64.0	30.3	15.4
Western	0.0	3.5	18.2	18.4	45.7	56.5	69.3	38.2	28.2
Southwest	0.0	5.9	16.2	34.5	45.9	66.6	84.2	46.1	36.0
North Sub-regions									
IDP	0.0	9.8	24.0	36.0	34.8	70.5	80.0	45.8	17.8
Karamoja	0.0	(0.0)	3.9	12.3	16.0	19.1	42.5	18.2	5.5
Education									
No education	0.0	8.5	16.7	24.2	38.4	51.6	74.5	46.6	22.4
Primary	0.5	5.5	13.7	21.2	41.6	52.6	78.9	40.0	30.0
Secondary +	2.1	2.7	22.1	35.0	63.0	77.7	88.9	36.3	31.2
Wealth quintile									
Lowest	0.0	5.5	16.3	20.4	32.8	46.2	71.6	36.7	18.8
Second	0.0	5.2	9.3	19.7	39.6	47.7	77.9	37.3	26.0
Middle	0.0	3.6	12.5	21.8	42.6	44.4	75.7	40.9	25.5
Fourth	0.0	5.8	20.0	23.4	42.9	58.9	80.5	46.4	34.3
Highest	2.8	5.4	23.8	36.6	61.3	84.3	88.0	44.8	42.5
Total women	0.7	5.2	16.3	24.1	43.6	55.1	78.1	41.1	na
Total men 15-49	4.9	2.7	10.5	18.5	25.3	37.6	52.3	na	29.8
Total men 15-54	4.8	2.6	11.2	19.0	27.1	38.9	55.3	na	32.5

Note: Women who have been sterilized or whose husband has been sterilized are considered to want no more children. Figures in parentheses are based on 25-49 unweighted cases. Men who have been sterilized or who state in response to the question about desire for children that their wife has been sterilized are considered to want no more children.

[1] For women, the number of living children includes current pregnancy. For men, the number of living children includes one additional child if the respondent's wife is currently pregnant (any wife is pregnant for men with more than one current wife.

Figure 8.3 Percentage of Currently Married Women and Men Age 15-49 Who Want No More Children, by Number of Living Children



UDHS 2006

8.3 NEED FOR FAMILY PLANNING SERVICES

In the 2006 UDHS, women who indicate that they either want no more children (limiters) or want to wait for two or more years before having another child (spacers), but are not using contraception, constitute a group that has *unmet need for family planning*. Women who are currently using a family planning method are considered to have a met need for family planning. The women with unmet need for family planning and those who are currently using contraception form the total demand for family planning.

Table 8.3 presents estimates for the unmet need, met need, and the total demand for family planning services for currently married women. Overall, 41 percent of currently married women have an unmet need for family planning services, 25 percent for spacing, and 16 percent for limiting. In the 2000-2001 UDHS unmet need was found to be slightly lower: 35 percent for total unmet need, 21 percent for spacing, and 14 percent for limiting. About one-quarter (24 percent) of married women are using contraceptive methods, which constitutes the met need. The total demand for family planning is estimated at 64 percent, and the demand satisfied is 37 percent. The percentage of demand for family planning that is satisfied has decreased slightly from 40 percent in the 2000-2001 UDHS.

There are substantial differences by background characteristics in the level of unmet need for family planning and the proportion of family planning demand satisfied. Younger women (age 15 to 29) are more likely to have unmet need for spacing than for limiting child births. On the other hand, for older women (age 35 to 49) the unmet need is higher for limiting than for spacing births.

The unmet need is highest in the West Nile region (47 percent) and the North and Eastern regions (46 percent each); it is lowest in Kampala (23 percent). Women living in IDP camps have a higher unmet need than the national average. As regards education, the higher the education, the lower the unmet need for family planning. Regarding wealth quintiles, the lower the wealth quintile, the higher the unmet need for family planning.

The met need of family planning—level of contraceptive use—is higher for spacing among young women and for limiting among older women. By region, the North has the lowest met need and Kampala has the highest. The met need for the urban dwellers is about double that for rural counterparts (43 and 21 percent, respectively). Met need increases consistently with educational attainment and wealth quintile.

If women age 45-49 are excluded, the total demand for family planning services increases with age from 45 percent among women age 15-19 to 75 percent among women age 40-44. The total demand is higher in urban areas as compared with rural areas (70 percent and 63 percent, respectively). There are small differences by region, with the North having the lowest demand for family planning (57 percent) and Central 2 the highest (72 percent). In addition, the demand for family planning rises with education and increases with wealth from 56 percent in the lowest quintile to 74 percent in the highest quintile.

The percentage of demand satisfied is generally similar in all age groups except the youngest age group, which has the lowest level (25 percent). Sixty-two percent of the demand is satisfied in urban areas compared with 33 percent in rural areas. By region the percentage of demand satisfied is highest in Kampala (68 percent), and lowest in the North region (19 percent) and in the West Nile (22 percent). The percentage of demand for family planning satisfied in the IDP camps is about half the national average (17 percent), but it is extremely low in Karamoja (2 percent). The total demand satisfied rises dramatically with education and wealth quintile.

Table 8.3 Need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics, Uganda 2006

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	32.8	1.1	33.8	11.4	0.0	11.4	44.2	1.1	45.2	25.2	380
20-24	33.3	2.0	35.3	19.2	2.5	21.7	52.5	4.4	56.9	38.0	1,148
25-29	32.5	7.2	39.7	16.2	7.6	23.8	48.7	14.8	63.5	37.4	1,136
30-34	26.0	17.1	43.1	10.0	17.2	27.2	36.0	34.3	70.3	38.7	993
35-39	16.7	31.4	48.2	4.6	20.6	25.1	21.3	52.0	73.3	34.3	734
40-44	6.6	39.8	46.3	0.7	27.9	28.6	7.2	67.7	74.9	38.2	538
45-49	3.3	33.3	36.6	0.8	22.0	22.8	4.1	55.3	59.4	38.4	408
Residence											
Urban	18.5	8.5	27.0	22.7	20.4	43.1	41.2	29.0	70.2	61.5	696
Rural	25.4	17.2	42.6	9.2	11.5	20.8	34.6	28.7	63.3	32.8	4,641
Region											
Central 1	23.1	12.5	35.6	14.8	19.1	33.9	37.8	31.6	69.5	48.8	505
Central 2	20.2	15.3	35.5	15.1	20.9	36.0	35.3	36.2	71.5	50.4	470
Kampala	13.0	9.5	22.5	25.6	22.0	47.6	38.5	31.5	70.0	67.9	309
East Central	25.6	17.9	43.5	9.5	13.9	23.4	35.1	31.8	66.9	34.9	552
Eastern	26.2	19.4	45.6	9.5	10.5	20.1	35.7	29.9	65.7	30.6	824
North	29.5	16.5	46.0	5.2	5.6	10.9	34.7	22.1	56.8	19.1	915
West Nile	34.0	13.4	47.4	7.1	6.6	13.7	41.1	20.0	61.1	22.4	308
Western	23.1	17.5	40.5	12.4	8.2	20.6	35.5	25.7	61.2	33.7	799
Southwest	21.1	15.9	37.0	9.5	17.3	26.8	30.6	33.2	63.8	42.0	656
North Sub-regions											
IDP	37.3	20.7	58.0	4.6	7.0	11.6	41.8	27.7	69.5	16.6	368
Karamoja	16.1	7.7	23.8	0.0	0.6	0.6	16.1	8.3	24.4	2.3	210
Education											
No education	21.6	23.0	44.6	3.8	9.4	13.2	25.4	32.4	57.8	22.8	1,315
Primary	26.8	15.5	42.3	10.5	11.9	22.4	37.3	27.5	64.8	34.6	3,211
Secondary +	19.8	7.2	27.0	24.7	20.9	45.6	44.5	28.1	72.7	62.8	811
Wealth quintile											
Lowest	28.4	18.1	46.5	5.4	4.5	9.9	33.8	22.6	56.4	17.5	1,094
Second	28.9	17.0	45.9	7.7	8.0	15.7	36.6	24.9	61.5	25.5	1,144
Middle	26.1	17.6	43.6	9.1	10.3	19.4	35.1	27.9	63.0	30.8	1,038
Fourth	23.1	16.6	39.7	10.6	17.0	27.6	33.8	33.6	67.3	41.0	1,024
Highest	15.1	11.1	26.2	22.9	24.6	47.5	38.0	35.7	73.7	64.5	1,036
Total	24.5	16.1	40.6	11.0	12.7	23.7	35.5	28.8	64.2	36.9	5,337

[1] *Unmet need for spacing* includes pregnant and amenorrhoeic women whose current pregnancy/last birth was mistimed; pregnant and amenorrhoeic women whose last pregnancy/last birth was unwanted but now say they want more children; and fecund women who are neither pregnant nor amenorrhoeic, who are not using any method of family planning, and say they want to wait two or more years for their next birth, say they are unsure whether they want another child, or who want another child but are unsure when to have the child. *Unmet need for limiting* refers to pregnant and amenorrhoeic women whose current pregnancy/last birth was unwanted and who do not want any more children or say they are unsure whether they want another child; and fecund women who are neither pregnant nor amenorrhoeic, who are not using any method of family planning, and who want no more children.

[2] *Using for spacing* is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. *Using for limiting* is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

8.4 IDEAL NUMBER OF CHILDREN

The 2006 UDHS asked women and men about the total number of children they would like to have in their lifetime. For respondents who already had living children, the question was posed hypothetically: *"If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?"*

Table 8.4 presents the distribution of women and men age 15 to 49 years by ideal number of children. Generally, men express a desire for larger families than women. The mean ideal number of children among all women is 5.0 children, and among all men, it is 5.7 children. Compared to the ideal family size among all women, the ideal family size of currently married women is slightly higher (5.3 children). Married men age 15-49 have a considerably higher mean ideal family size when compared with all men in that age group (6.4 children).

Table 8.4 Ideal number of children

Percent distribution of women and men 15-49 by ideal number of children, and mean ideal number of children for all respondents and for currently married respondents, according to number of living children, Uganda 2006

Desire for children	Number of living children							Total
	0	1	2	3	4	5	6+	
				WOMEN[1]				
0	1.1	0.3	0.1	0.3	0.0	0.3	0.6	0.5
1	0.7	1.8	0.6	0.5	0.8	0.3	0.1	0.7
2	13.6	13.1	9.6	3.1	3.2	2.1	2.0	7.3
3	13.9	14.5	8.5	7.6	2.8	3.3	2.5	8.2
4	42.6	42.9	46.7	37.0	30.6	21.0	20.9	34.8
5	9.7	10.1	10.9	16.2	12.9	14.0	9.9	11.4
6+	15.5	15.3	21.7	31.3	46.1	53.6	58.7	33.6
Non-numeric responses	3.0	1.9	1.9	4.1	3.6	5.4	5.2	3.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,003	1,109	1,044	942	905	791	1,737	8,531
Mean ideal number for:[2]								
All women	4.1	4.1	4.5	5.0	5.4	6.0	6.2	5.0
Number of women	1,942	1,087	1,024	903	872	748	1,646	8,223
Currently married women	4.5	4.2	4.6	5.1	5.4	5.9	6.3	5.3
Number of married women	193	685	782	731	701	613	1,415	5,119
				MEN[3]				
0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.3
1	0.8	0.7	0.6	0.0	0.0	0.0	0.0	0.4
2	7.7	6.0	4.4	1.8	1.8	1.4	1.2	4.6
3	12.0	16.1	8.5	6.4	4.1	6.1	2.5	8.7
4	40.2	45.2	42.0	32.9	18.5	11.8	15.2	31.7
5	15.3	15.4	15.1	24.2	16.5	14.4	10.1	14.9
6+	22.4	16.6	28.8	34.3	56.4	64.5	66.3	37.6
Non-numeric responses	0.8	0.1	0.7	0.4	2.7	1.8	4.6	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	944	219	231	165	194	172	460	2,385
Mean ideal number for:[2]								
All men 15-49	4.7	4.4	5.0	5.3	5.9	6.9	8.4	5.7
Number of men 15-49	936	218	229	165	189	169	439	2,345
Currently married men 15-49	4.7	4.4	4.9	5.3	5.9	6.9	8.5	6.4
Number of married men 15-49	38	162	185	153	180	166	431	1,313
Mean ideal number for:[2]								
All men 15-54	4.7	4.4	5.0	5.3	6.0	6.9	8.7	5.8
Number of men 15-54	937	220	232	167	196	176	509	2,458
Currently married men 15-54	4.9	4.4	4.9	5.3	5.9	6.9	8.7	6.6
Number of married men 15-54	38	164	187	155	187	174	501	1,406

[1] The number of living children includes current pregnancy for women.
[2] Means are calculated excluding respondents who gave non-numeric responses.
[3] The number of living children includes one additional child if respondent's wife is currently pregnant (any wife is pregnant if man has more than one current wife).

Among all women age 15-49, the ideal number of children increases from 4.1 children for women with no living children to 6.2 children among women with six or more children. A similar pattern is shown among men age 15-49, although the range is much wider: 4.7 children for men with no living children and 8.4 children for men with six or more children.

The mean ideal number of children among women age 15-49 is presented by background characteristics in Table 8.5. The average ideal number of children increases steadily with age. The mean ideal number of children is 4.1 for women age 15-19 and 6.7 for women age 45-49. Rural-urban differentials show that urban women prefer to have fewer children than rural women (4.0 children and 5.2 children, respectively).

There were marked variations in the mean ideal number of children across regions, ranging from 3.7 children in Kampala region to 5.3 children in the North and Western regions. The mean ideal number of children is highest in Karamoja sub-region (7.6).

Considering the educational levels of the respondents, the mean ideal number of children declines with increased education. Women with no education prefer 6.1 children, while those with secondary or higher education want only 4 children.

The analysis by wealth quintiles shows a similar trend to that of the education of women. The mean ideal number of children increases from 4 children for women in the highest wealth quintile to 5.5 children for those in the lowest quintile.

Table 8.5 Mean ideal number of children

Mean ideal number of children for all women age 15-49 by background characteristics, Uganda 2006

Background characteristic	Mean	Number of women[1]
Age		
15-19	4.1	1,894
20-24	4.3	1,672
25-29	4.9	1,363
30-34	5.4	1,181
35-39	5.7	888
40-44	6.0	706
45-49	6.7	520
Residence		
Urban	4.0	1,411
Rural	5.2	6,812
Region		
Central 1	4.7	889
Central 2	4.9	759
Kampala	3.7	716
East Central	5.2	824
Eastern	5.2	1,106
North	5.3	1,202
West Nile	5.2	463
Western	5.3	1,214
Southwest	5.0	1,051
North Sub-regions		
IDP	4.7	492
Karamoja	7.6	194
Education		
No education	6.1	1,499
Primary	5.0	4,916
Secondary +	4.0	1,808
Wealth quintile		
Lowest	5.5	1,423
Second	5.3	1,561
Middle	5.3	1,562
Fourth	5.1	1,584
Highest	4.0	2,093
Total	5.0	8,223

[1] Number of women who gave a numeric response

8.5 FERTILITY PLANNING

To measure the level of unwanted fertility during the 2006 UDHS, women were asked, for all children born in the preceding five years, whether the pregnancy was wanted at the time, wanted but at a later time, or not wanted at all. For women who were pregnant at the time of the interview, this question was also asked with reference to the current pregnancy. The procedure required the respondents to recall accurately their wishes at one or more points in the last five years. Care has to be exercised in interpreting the results because an unwanted conception may have become a cherished child, leading to the rationalisation of responses to these questions.

According to Table 8.6, 54 percent of the births in the five years preceding the survey were wanted then, 33 percent were wanted later (mistimed), and 13 percent were not wanted at the time they were conceived. Compared to the 2000-2001 UDHS, a lower proportion of births were wanted at the time of birth, and a higher proportion were wanted later. This finding indicates an increase in demand for birth spacing, which is roughly consistent with the increase in unmet need for birth spacing observed in Table 8.3. The proportion of births unwanted has remained about the same.

Looking at fertility planning status by birth order and age of the mother, the data show that the proportion of births that were wanted then declines with the birth order and the age of the mother. For example, although 64 percent of first births were wanted then, only 47 percent of fourth or higher order births were wanted at the time they occurred. On the other hand, the percentage of births that are unwanted changes markedly from 4 percent of third order births to 21 percent of fourth and higher order births. In addition, women age 30 and over are much more likely to report their birth in the five years before the survey as unwanted than women under the age of 30.

Table 8.6 Fertility planning status

Percent distribution of births to women age 15-49 in the five years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth, Uganda 2006

Birth order and mother's age at birth	Planning status of birth				Number of births
	Wanted then	Wanted later	Wanted no more	Total	
Birth order					
1	64.1	30.9	4.8	100.0	1,609
2	62.0	35.1	2.9	100.0	1,397
3	58.6	37.3	3.9	100.0	1,300
4+	47.3	31.1	21.3	100.0	5,122
Age at birth					
<20	58.2	37.0	4.8	100.0	1,569
20-24	61.4	34.9	3.5	100.0	2,699
25-29	55.1	36.5	8.1	100.0	2,315
30-34	44.9	31.0	23.7	100.0	1,575
35-39	42.1	17.6	39.9	100.0	885
40-44	40.2	13.9	45.9	100.0	334
45-49	45.2	13.2	41.6	100.0	52
Total	53.9	32.5	13.3	100.0	9,429

Note: Numbers may not add to 100.0 because of a small number of missing cases.

The wanted fertility rates measures the potential demographic impact of avoiding unwanted births. The wanted fertility rate is calculated in the same manner as the conventional total fertility rate, except that unwanted births are excluded. A birth is considered wanted if the number of living children at the time of conception was less than the ideal number of children reported by the respondent. The gap between wanted and actual fertility shows how successful women are in achieving their reproductive intentions.

A comparison of the total wanted fertility rates and total fertility rates for the three years preceding the survey by background characteristics is presented in Table 8.7. The data reveal that if all unwanted births are eliminated, the total fertility rate in Uganda would be 5.1 children per woman instead of the actual total fertility rate of 6.7 children per woman.

Considerable variation is observed in the total wanted fertility rate by background characteristics. The gap between actual and wanted fertility is higher among women living in the IDP camps (2.7 children) and in the Eastern region (2 children), and among women in the lowest quintiles (2 children). The lowest gap in fertility is found in Karamoja (0.5 children), and in Kampala and urban areas in general (0.8 children).

Table 8.7 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Uganda 2006

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	3.6	4.4
Rural	5.5	7.1
Region		
Central 1	4.6	5.6
Central 2	4.9	6.3
Kampala	2.9	3.7
East Central	5.8	7.5
Eastern	5.5	7.7
North	5.8	7.5
West Nile	(5.7)	(7.2)
Western	5.4	7.3
Southwest	5.1	6.2
North Sub-regions		
IDP	(5.9)	(8.6)
Karamoja	(6.7)	(7.2)
Education		
No education	6.2	7.7
Primary	5.4	7.2
Secondary +	3.6	4.4
Wealth quintile		
Lowest	6.0	8.0
Second	5.9	7.9
Middle	5.4	7.0
Fourth	5.3	6.8
Highest	3.4	4.3
Total	5.1	6.7

Notes: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 5.2. Figures in parentheses are based on less than 750 unweighted women.

INFANT AND CHILD MORTALITY 9

This chapter presents estimates of levels, trends, and differentials of neonatal, postneonatal, infant, and childhood mortality as well as perinatal mortality in Uganda. The information presented in this chapter is important not only for the demographic assessment of the country's population, but also in the design and evaluation of health policies and programmes. The reduction of infant and child mortality and the incidence of high-risk pregnancies remain priority targets of the National Health Policy.

9.1 Definitions, Methodology, and Assessment of Data Quality

The childhood mortality measures presented in this chapter are defined as follows:

Neonatal mortality: the probability of dying within the first month of life

Infant mortality: the probability of dying between birth and the first birthday

Postneonatal mortality: the arithmetic difference between infant and neonatal mortality

Child mortality: the probability of dying between exact age one and the fifth birthday

Under-five mortality: the probability of dying between birth and the fifth birthday.

The data used in the estimation of these mortality rates were collected in the birth history section of the UDHS women's questionnaire. The section begins with questions about the respondent's childbearing experience, i.e., the number of sons and daughters who live in the household, those who live elsewhere, and those who have died. Next, for each live birth, information on name, date of birth, sex, whether the birth was single or multiple, and survivorship status was recorded. For living children, information about his/her age and whether the child resided with his/her mother was obtained. For children who had died, the respondent was asked to provide the age at death.

A retrospective birth history, such as that included in the 2006 UDHS, is susceptible to several data collection errors. First, only surviving women age 15-49 were interviewed; therefore, no data are available for children of women who had died. The resulting mortality estimates will be biased if the child mortality of surviving and non-surviving women differs substantially. It has been believed that higher adult mortality caused by the of the AIDS epidemic may result in increased bias in the measurement of childhood mortality. However, analyses have shown this bias is small and has negligible impact on the overall childhood mortality estimates. Any effect of AIDS-related adult mortality on childhood mortality estimates will be minimal on neonatal and infant mortality rates for the period of one to five years before the survey. For older children, more time has passed between their birth and the time of the survey, thus allowing more time for their mothers to have died from AIDS-related causes. As the proportion of dead children who have a deceased mother increases, the proportion of child deaths excluded from the survey sample increases. This pattern makes any bias of AIDS-related adult mortality on measurement of childhood mortality stronger as the child's age at death increases towards five years of age.

Another possible error in data collection is underreporting of events (births and deaths), especially in cases where deaths occur early in infancy. If such deaths are selectively omitted, the consequence will not only be a lower infant mortality rate (IMR) and neonatal mortality rate (NNMR), but also a low ratio of neonatal deaths to infant deaths and early neonatal death (within one week) to neonatal deaths. It is believed that underreporting of early infant deaths may increase with the length of time since the child's death, e.g., an early infant death that occurred ten years before the survey may be more likely to be

omitted than an early infant death two years before the survey. Thus, an examination of these patterns over time is critical.

9.1.1 Reporting of Children's Birth Dates

Misstatement of the date of birth and the age at death will result in distortion of the age pattern of death. This may affect the final indices obtained because of shifting ages above or below the borderline ages. Appendix Table C.4 shows that there was a serious shift in the reporting of births from calendar year 2001 to calendar year 2000. This is usually the result of interviewers transferring births out of the period for which child data are collected (January 2001 in the case of the 2006 UDHS) in an effort to reduce the length of the interview.

Similar shifting of year of birth occurred in the previous UDHS surveys. In the 2006 UDHS, in order to overcome this data quality issue, the reference period for childhood mortality rates changed from 0-4 years before the survey to 1-5 years before the survey. The same adjustment was made for the 1995 and 2000-2001 UDHS childhood mortality data where trends are presented.

9.1.2 Reporting of Children's Age at Death

Another aspect that affects the childhood mortality estimates is the accurate reporting of age at death. In general, these problems are less serious for periods in the recent past than for those in the more distant past. If the ages are misreported, it will bias the estimates, especially if the net effect of the age misreporting results in transference of deaths from one age bracket to another. For example, a net transfer of deaths from under one year to one year and older will decrease the estimate of infant mortality and increase the estimate of child mortality. To minimize errors in the reporting of age at death, the UDHS interviewers were instructed to record the age at death in days if the death took place within one month after birth, in months if the child died within 24 months, and in years if the child was two years or older.

The distribution of child deaths by the age of the child at death is shown in Appendix Table C.5. The table shows age heaping at ages 7 days, 14 days, and to a lesser extent 21 days, which is a sign of approximation to one, two, and three weeks, respectively. Although age heaping at 14 days and 21 days may not bias any indicator, the heaping at seven days is likely to lead to a lower estimates of early neonatal mortality and perinatal mortality. Nearly three quarters of all the neonatal births in the 20 years prior to the 2006 UDHS were early neonatal births. This figure is within the expected range and similar to what was observed in the 1995 and 2000-2001 UDHS surveys. Furthermore, differences in the reporting of neonatal deaths for the different periods are not considered significant.

Appendix Table C.6 presents the distribution of death under two years by age at death in months over a 20-year period split into groups of 5 years. Neonatal deaths constituted 39 percent of all infant deaths, which is considered plausible. The rates vary within a narrow range (37 to 41 percent) over the 20 years prior to the survey.

Table C.6 shows evidence of heaping at ages 12 months and 18 months (an approximation to one and one and a half years, respectively). The heaping at 18 months does not have an effect on any of the mortality rates. The number of reported deaths at 12 months was about twice that at adjacent ages (11 months and 13 months). If some of these deaths actually took place at less than 12 months of age, the transference to age 12 months or older will result in a lower estimate of infant mortality than the actual level. The phenomenon of age heaping is higher for births in the 10 to 19 years prior to the survey than for the most recent births. It is impossible to determine how much of the over-reporting of age of death at 12 months comes from children who died before their first birthday and how much comes from children who died sometime between their first and second birthdays. Consequently, no adjustments were made to the data to change the distribution of deaths by age at death. As a result, the IMR estimates should be interpreted with caution.

Finally, some caution should also be exercised when comparing the early childhood mortality results from the 2006 UDHS to estimates from other data sources which have been calculated using a different technique. In Uganda, childhood mortality rates have been typically computed using two approaches—direct and indirect techniques. Direct estimates have been computed from the three UDHS surveys using information collected using the birth history table. On the other hand, lacking the necessary information for producing estimates using direct methods, the population censuses give indirect estimates based on the number of children ever born and children surviving to women age 15 to 49 years. The underlying assumptions used in the indirect methods can introduce a potential bias in the estimate. Studies have found that for many sub-Saharan countries, even if an appropriate mortality model is applied in the indirect estimation method, the results of this method are consistently higher than those of the direct methods (Sullivan et al., 1994; Adetunji, 1996).

9.2 EARLY CHILDHOOD MORTALITY RATES: LEVELS AND TRENDS

The UDHS collected birth histories from roughly 8,500 women. The early childhood mortality rates for the 15-year period preceding the survey are presented by five-year periods in Table 9.1.

Table 9.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Uganda 2006

Years preceding the survey		Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
1-5	[2001-2005]	29	46	76	67	137
6-10	[1996-2000]	36	62	98	71	162
11-15	[1991-1995]	35	60	95	74	162

[1] Computed as the difference between the infant and neonatal mortality rates. The sums of the neonatal and postneonatal mortality rates in the table may not exactly equal the IMRs because of rounding.

For the most recent period (i.e., one to five years before the survey, reflecting roughly 2001 to 2005), the infant mortality rate is 76 deaths per 1,000 live births. This means that one in every 13 babies born in Uganda does not live to the first birthday. Of those who survive to the first birthday, 67 out of 1,000 would die before reaching their fifth birthday. The overall under-five mortality is 137 deaths per 1,000 live births, which implies that one in every seven Ugandan babies does not survive to the fifth birthday.

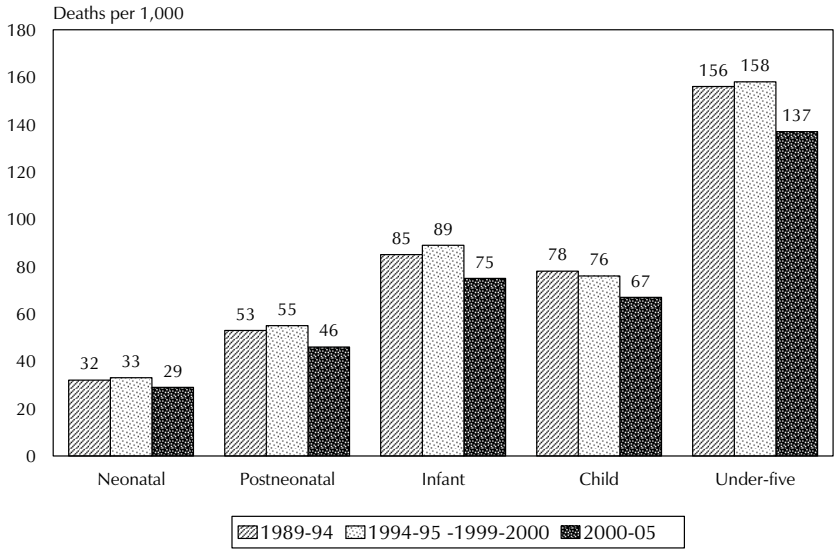
The first month of life is associated with the highest risk to survival. The neonatal mortality rate is 29 deaths per 1,000 live births, implying that nearly four out of every ten infant deaths occur during the first month of life. As childhood mortality declines, postneonatal mortality usually declines faster than the neonatal mortality because neonatal mortality is frequently caused by biological factors that are not easily addressed by primary care interventions. In Uganda, postneonatal mortality is still relatively high, 46 per 1,000 births among Ugandan infants.

The mortality estimates in Table 9.1 for the periods 1991-1995 and 1996-2000 are basically the same. However, a notable decline in mortality is observed between 1996-2000 and 2001-2005: under-five mortality declined from 162 to 137 deaths per 1,000 births.

Another way of examining trends is by comparing the 2006 UDHS figures with rates from other sources, such as the 1995 UDHS and the 2000-2001 UDHS, which were collected using the same methodology and calculated with the same technique. For purposes of comparability, data from the districts of Bundibugyo, Gulu, Kasese, Kitgum, and Pader are excluded from the computation from all the surveys.

A comparison of the mortality estimates from the three surveys shows a similar trend to that of the comparison of different time periods within the data from the 2006 UDHS. Data from the three UDHS surveys show that while the situation of childhood mortality in Uganda stayed about the same, or perhaps worsened slightly, between the 1995 UDHS and the 2000-2001 UDHS, the condition improved between the last two surveys. This improvement is observed in all components of childhood mortality. The infant mortality rate dropped from 89 to 75 and under-five mortality from 158 to 137 (See Figure 9.1).

Figure 9.1 **Mortality Trends**



Note: Numbers adjusted to remove districts not included in the 2000-2001 UDHS.

9.3 EARLY CHILDHOOD MORTALITY BY SOCIO-ECONOMIC CHARACTERISTICS

Table 9.2 presents the early childhood mortality rates in Uganda by socio-economic characteristics. Rates for selected characteristics are depicted in Figure 9.2. The rates refer to the ten-year period 1996 to 2005. As has been observed in the past, the mortality levels in the urban areas are considerably and consistently lower than those in the rural areas. The infant mortality rate in the rural areas is 88 deaths per 1,000 births as opposed to 68 in urban areas. The urban-rural gap in childhood mortality grows wider in relative terms as the age of the child increases. The gap is widest for child mortality, where the probability of dying between the first and fifth birthday for rural infants is 45 percent higher than for urban infants.

In general, there are marked regional mortality differences in Uganda. Kampala has the lowest childhood mortality rates. In comparing the rates for Kampala to those for the other regions, it is important to note that Kampala is entirely urban and has a different socio-economic environment in terms of general sanitation and nutrition. The under-five mortality rate for Kampala is 94 deaths per 1,000 live births, and the IMR is 54 deaths per 1,000 live births. Both of these estimates are well below the national averages. Among the other regions, under-five mortality ranges from 116 deaths per 1,000 live births in Eastern region to 181 deaths per 1,000 live births in Southwest region and 185 deaths per 1,000 live births in West Nile region. Neonatal mortality is highest in the Central 1 region, and postneonatal mortality is highest in the North and West Nile regions. Overall, the likelihood of dying in infancy is greatest in the Southwest, North, and Central 1 regions. The highest child mortality rate is observed in the West Nile region.

Table 9.2 Early childhood mortality rates by socio-economic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristics, Uganda 2006

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)[1]	Under-five mortality ($_5q_0$)
Residence					
Urban	27	41	68	49	114
Rural	33	55	88	71	153
Region					
Central 1	54	48	102	63	159
Central 2	33	35	67	66	129
Kampala	25	30	54	42	94
East Central	24	50	74	58	128
Eastern	19	51	70	50	116
North	33	73	106	80	177
West Nile	25	73	98	96	185
Western	31	44	76	75	145
Southwest	45	64	109	81	181
North sub-regions					
IDP	38	86	123	88	200
Karamoja	26	79	105	78	174
Mother's education					
No education	37	67	104	73	169
Primary	31	52	83	72	149
Secondary +	29	37	66	39	102
Wealth quintile					
Lowest	34	68	102	77	172
Second	33	59	92	72	157
Middle	33	54	87	74	155
Fourth	31	49	80	66	140
Highest	31	32	63	49	108

[1] Computed as the difference between the infant and neonatal mortality rates

Children living in IDP camps in the North experience high infant mortality (123 deaths per 1,000 live births) and under-five mortality (200 deaths per 1,000 live births). These rates are much higher than the mortality rates for North region in general, whereas the mortality rates in Karamoja sub-region show no major variation from the rest of North region.

Mother's education is strongly associated with higher rates of child survival. Children born to a mother with secondary or higher education have by far the lowest rates for all types of childhood mortality. Children born to such women have 40 percent less chance of dying before their fifth birthday than children whose mothers had no education. The under-five mortality rate for children whose mothers had primary education is 12 percent lower than that of infants whose mothers had no education. However, it is worth noting that most of the benefit of primary education over no education is due to a difference in the infant mortality rates (83 versus 104). There is virtually no difference between children of women with primary education and no education in child mortality rates. Thus, it is reasonable to speculate that the introduction of Universal Secondary Education (USE) may be associated in the future with lower levels of under-five mortality, particularly improved survival of children between their first and fifth birthdays.

The wealth status of the woman's household is inversely associated with childhood mortality. With the exception of neonatal mortality where the differences may not be statistically significant, children in the highest quintile have the lowest mortality rates, while those in the lowest quintile have the highest mortality rates.

The mortality differentials observed by the socio-economic characteristics of the mother are greater for the postneonatal period than for the neonatal period. This is undoubtedly due to the fact that most causes of neonatal mortality are more biological and less amenable to socio-economic interventions, whereas causes of postneonatal mortality are more connected to standard of living factors. This means that efforts to reduce infant mortality in Uganda would yield greater results if they were targeted at the mother's and household's behavioural factors.

9.4 Early Childhood Mortality by Demographic Characteristics

The demographic characteristics of both the mother and child have been found to play an important role in the survival probability of children. Table 9.3 presents early childhood mortality by a number of these characteristics, including the sex of child, mother's age at birth, birth order, previous birth interval, and birth size.

As is commonly observed in demographic data, mortality levels in Uganda are consistently higher among male children than among their female counterparts. The IMR for males is 32 percent higher than that for females. As expected, the differences between mortality rates for male and female children are highest in the neonatal period.

The results in Table 9.3 are in agreement with the traditional hypothesis of 'too early and too late increases child's mortality.' In Uganda, children born 'too early' (mother <20 years) and those born 'too late' (40-49 years) are disadvantaged compared with children born to mothers between 20 and 39 years. Children born to mothers age 15-19 have a 57 percent higher risk of dying before one month compared with children born to mothers age 20-29. Likewise, children born to mothers age 15-19 have a 27 percent higher risk of dying before one year than those born to mothers 20-29 years of age. Having a child after the age of 40 years is associated with a 19 percent increase in the child's risk of death before one year compared with the risk of children born to women age 20-29 years.

The effect of birth order affects one's risk of survival mostly during infancy, with first order and higher order births having higher mortality risks. In the case of neonatal mortality, the risks are similar for all non-first order births (around 30 deaths per 1,000 births). For those children surviving the neonatal period, the mortality rates increase slightly for higher birth orders. In the case of under-five mortality, second and third order births have the lowest risk of dying before age five. The risks of dying before age five for seventh and higher order births is the same as first-order births (155 deaths per 1,000 births).

The data in Table 9.3 show that short birth intervals are associated with increased risk of mortality. The shortest birth interval, less than two years, carries the greatest risk of mortality, and the risk of mortality declines with each increase in the length of the birth interval. For example, children born less than two years after a previous birth are about 93 percent more likely to die before reaching age five than those born three years after the last birth. The 2006 UDHS data therefore reinforce the need to promote child spacing as a way of enhancing child survival.

Birth weight is a factor often associated with the child's survival during the first year. Low birth weight is related to poor nutrition, anaemia, malaria, smoking, experience of violence, and physically demanding work during pregnancy, among other things. Since a small proportion of women in Uganda give birth in a health facility, birth weight was not recorded for most children. As a measure of birth size, women were asked whether, in their judgment, their baby was very small, small, average, or larger than average at birth. Babies who were reported as small or very small at birth have higher mortality rates than those who were reported as average or large at birth. It is observed that 86 in 1,000 children who were reported as small at birth died before age one, while the corresponding figure for children who were reported as average or large is 61 deaths per 1,000 births. The effect is more pronounced in the case of neonatal mortality where the risk among children reported as 'small or very small' was more than twice as high as those reported to be average size or larger.

Table 9.3 Early childhood mortality rates by demographic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Uganda 2006

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)[1]	Under-five mortality ($_5q_0$)
Child's sex					
Male	42	56	98	75	165
Female	23	52	74	62	132
Mother's age at birth					
<20	47	57	103	77	172
20-29	30	51	81	66	142
30-39	26	57	83	66	144
40-49	33	63	96	73	162
Birth order					
1	44	48	93	68	155
2-3	31	52	83	66	144
4-6	29	55	84	69	148
7+	29	60	89	72	155
Previous birth interval[2]					
<2 years	40	79	120	95	203
2 years	27	48	76	62	133
3 years	19	35	54	53	105
4+ years	20	35	56	40	94
Birth size[3]					
Small/very small	45	42	86	na	na
Average or larger	21	40	61	na	na

na = Not applicable
[1] Computed as the difference between the infant and neonatal mortality rates
[2] Excludes first-order births
[3] Rates for the five-year period before the survey

9.5 PERINATAL MORTALITY

In the 2006 UDHS, women were asked to report all pregnancy losses in the five years before the survey. For each of such pregnancies, the duration was recorded. In this report, perinatal deaths include pregnancy losses occurring after seven completed months of gestation (stillbirths) and deaths to live births within the first seven days of life (early neonatal deaths). The distinction between a stillbirth and an early neonatal death may be a fine one, depending often on the observed presence or absence of some faint signs of life after birth. The causes of stillbirths and early neonatal deaths are overlapping, and examining just one or the other can understate the true level of mortality around the time of delivery. For this reason, in this report, both event types are combined and examined together.

The perinatal mortality rate is the sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration. The perinatal mortality rate is a useful indicator of the state of delivery services, both in terms of their utilisation and their quality, i.e., the degree to which complications arising during childbirth and the immediate postpartum are prevented or managed effectively. Data in Table 9.4 show that overall, the survey recorded 311 perinatal deaths, of which 142 were stillbirths and 169 early neonatal deaths, resulting in a perinatal mortality rate in Uganda of 36 per 1,000 pregnancies, lower than the rate estimated from the 2000-2001 UDHS (43 per 1,000).

Perinatal mortality is highest among women in the oldest and youngest age groups, and is lowest among women age 20-29. Table 9.4 further demonstrates that the duration of the previous pregnancy interval is strongly related to pregnancy outcome. Pregnancies occurring within 15 months of a previous birth and first pregnancies have the highest risk of pregnancy loss or early death (59 and 51 pregnancy losses or early deaths per 1,000 pregnancies, respectively). The safest pregnancy interval is between 27 and 38 months (22 pregnancy losses or early deaths per 1,000 pregnancies), which is less than half the risk for first pregnancies and pregnancies with a birth interval of less than 15 months.

Table 9.4 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Uganda 2006

Background characteristic	Number of stillbirths[1]	Number of early neonatal deaths[2]	Perinatal mortality rate[3]	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	25	43	47	1,461
20-29	49	86	30	4,507
30-39	59	31	40	2,245
40-49	8	9	51	351
Previous pregnancy interval in months				
First pregnancy	24	46	51	1,372
<15	12	27	59	658
15-26	39	45	32	2,620
27-38	24	29	22	2,398
39+	42	23	43	1,516
Residence				
Urban	15	16	32	968
Rural	126	154	37	7,595
Region				
Central 1	21	26	56	835
Central 2	6	10	22	715
Kampala	9	6	36	426
East Central	19	16	39	924
Eastern	11	18	22	1,328
North	13	40	35	1,487
West Nile	8	7	31	470
Western	34	27	46	1,344
Southwest	21	19	38	1,034
North sub-regions				
IDP	4	15	31	616
Karamoja	2	6	23	323
Mother's education				
No education	34	51	44	1,943
Primary	88	99	34	5,446
Secondary +	16	15	32	973
Wealth quintile				
Lowest	24	36	31	1,917
Second	34	46	41	1,934
Middle	27	27	32	1,702
Fourth	29	36	40	1,633
Highest	27	24	37	1,378
Total	142	169	36	8,564

[1] Stillbirths are foetal deaths in pregnancies lasting seven or more months
[2] Early neonatal deaths are deaths at age 0-6 days among live-born children
[3] The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration, expressed per 1,000

The perinatal mortality rate in Central 1 region is very high compared with the other regions (56 pregnancy losses or early deaths per 1,000). Western region has the next highest rate at 46 pregnancy losses or early deaths per 1,000. For the rest of the regions, the perinatal mortality is between 22 and 39 pregnancy losses or early deaths per 1,000 pregnancies.

Perinatal mortality decreases with education of the mother, with the largest difference being observed between women with no education and those with primary education (44 pregnancy losses or early deaths per 1,000 pregnancies compared with 34). Perinatal mortality is lowest among women with secondary education (32 pregnancy losses or early deaths per 1,000 pregnancies). This pattern is similar to that observed for other childhood mortality measures. There is no clear relationship between the wealth quintiles and the level of perinatal mortality.

9.6 HIGH-RISK FERTILITY BEHAVIOUR

The 2006 UDHS examined the relative importance of maternal fertility patterns associated with increased risk of mortality. Generally, infants and children have a greater probability of dying if they are born to mothers who are too young or too old, if they are born after a short birth interval, or if they are of high birth order. In the analysis of the effects of high-risk fertility behaviour on child survival, a mother is classified as too young if she is less than 18 years of age, and too old if she is over 34 years of age at the time of birth. A short birth interval is defined as a birth occurring less than 24 months after the previous birth, and a child is of high birth order if the mother had previously given birth to three or more children (i.e., if the child is of birth order four or higher).

Table 9.5 shows the percent distributions of births in the five-year period before the survey according to these elevated risk factors. The table also examines the relative risk of dying for children by comparing the proportion dead in each specified high-risk category with the proportion dead among children not in any high-risk category. Although first births are commonly associated with increased risk of mortality, they are not included in any high-risk category because they are considered an unavoidable risk.

Only 20 percent of births in Uganda were not in any high-risk category. An additional 12 percent of births are first order births to mothers age 18-34—considered an unavoidable risk category. The remaining 68 percent of births in Uganda are in at least one of the specified avoidable high-risk categories. Four in ten births (43 percent) are in only one of the high-risk categories (mostly high birth order), while 24 percent are in multiple high-risk categories. The births in multiple high-risk categories are mostly found in two combinations: birth order higher than three with the mother age 34 or older (11 percent of births), or birth order higher than three with a birth interval of less than 24 months (also 11 percent of births).

The second column of Table 9.5 shows that the risk of dying for a child who falls in any avoidable high-risk category is 1.2 times higher than that for a child not in any high-risk category. Children in a single high-risk category have an eight percent higher mortality risk; however, the mortality risk for children in multiple high-risk categories is 43 percent higher than the risk for children not in any high-risk category.

The single high-risk category associated with the highest risk ratio is mother's age under 18 years. Children born to mothers under 18 years of age have a 42 percent higher risk of dying than children not in any high-risk category. It is important to note that the proportion of births that are first order births may be higher among women under age 18 than among older women. The second highest risk is associated with the birth interval. Children born less than 24 months after the most recent birth have a mortality risk that is 37 percent higher than those who are not in any high-risk category. The risk ratio for children born to mothers at age 35 or older is not shown because there were too few children in this category to generate reliable estimates. Most Ugandan children in a single high-risk category are of birth order four or higher. While high birth order is generally considered a high-risk category, Table 9.5 shows that in Uganda, children of birth order four or higher actually have somewhat lower mortality risk than children not in any high-risk category.

The category with the highest risk ratio is for births with all the three risk factors combined. Children born to older women (age 35 or older) with high birth order (more than three) and with a short birth interval (less than 24 months) have a 78 percent higher risk of mortality than children not in any high-risk category. However, this category involves only 2 percent of births. Among the multiple high-risk categories with the highest percentages of births, high birth order and short birth interval increases mortality risk by 56 percent, while high birth order and mother over age 34 increases mortality risk by 22 percent.

Table 9.5 also shows the potential for high-risk births among currently married women. A woman's current age, time elapsed since the last birth, and parity are used to determine the risk categories in which any birth she conceived at the time of the survey would fall. The criteria for placing women into specific risk categories is adjusted to take into account gestation period.

Only 15 percent of currently married women in Uganda are not in any high-risk category, while 82 percent have the potential of giving birth to a child exposed to a higher risk of mortality, with 47 percent of married women falling into multiple high-risk categories.

Table 9.5 High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Uganda 2006

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women[1]
	Percentage of births	Risk ratio	
Not in any high-risk category	20.0	1.00	14.6[a]
Unavoidable risk category			
First-order births between ages 18 and 34 years	12.2	1.17	3.7
Single high-risk category			
Mother's age <18	5.7	1.42	0.7
Mother's age >34	0.2	*	2.2
Birth interval <24 months	7.3	1.37	9.9
Birth order >3	30.2	0.94	21.8
Subtotal	43.3	1.08	34.5
Multiple high-risk category			
Age <18 and birth interval <24 months[2]	0.5	(1.51)	0.4
Age >34 and birth interval <24 months	0.0	na	0.0
Age >34 and birth order >3	10.9	1.22	22.9
Age >34 and birth interval <24 months and birth order >3	2.4	1.78	6.6
Birth interval <24 months and birth order >3	10.7	1.56	17.2
Subtotal	24.4	1.43	47.1
In any avoidable high-risk category	67.7	1.20	81.7
Total	100.0	na	100.0
Number of births	8,423	na	5,337

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births *not in any high-risk category*. Figures in parentheses are based on 25-49 unweighted cases, while an asterisk denotes a figure based on fewer than 25 unweighted cases that has been suppressed.
na = Not applicable
[1] Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.
[2] Includes the category *age <18 and birth order >3*
[a] Includes sterilised women

REPRODUCTIVE HEALTH 10

This chapter presents the 2006 UDHS findings on the general state of reproductive health. The chapter covers women's utilization of antenatal, delivery and postpartum care. The chapter also covers data on female circumcision and obstetric fistula.

The results of the 2006 UDHS are very important in evaluating reproductive health programmes and their achievements based on the action plan agreed upon at the 1994 International Conference on Population and Development in Cairo. These findings also provide an opportunity to evaluate three main focussed interventions to improve the reproductive health indicators, mainly the Goal Oriented Antenatal Care, Revitalisation of Family Planning, and scaling up Emergency Obstetric Care (EmOC). The findings further provide an evaluation of interventions by other sectors to improve quality of care, service utilization, and the health of mothers.

10.1 ANTENATAL CARE

The major objective of antenatal care is to identify and treat problems during pregnancy such as anaemia and infections. It is during an antenatal care visit that screening for complications and advice on a range of issues including place of delivery and referral of mothers with complications occur. In the UDHS, interviewers recorded the source of antenatal care and the person who provided that care for women's most recent births. If a woman received antenatal care from more than one provider, the provider with the highest qualifications was recorded. Table 10.1 shows the background characteristics of women who had live births in the five years preceding the survey according to the type of antenatal care provider.

The results in Table 10.1 indicate that 94 percent of women received antenatal care from a skilled provider. Most women sought care from a nurse or midwife (84 percent), and 9 percent received care from a doctor. Only one percent of women received antenatal care from a traditional birth attendant (TBA) as their most qualified provider. Five percent of women who gave birth in the five years preceding the survey received no antenatal care. These results are very similar to the results of the 2000-2001 UDHS.

Data in Table 10.1 further indicate that the choice of antenatal care provider varies slightly by the mother's age. Mothers age 35-49 are less likely than younger mothers to receive antenatal care from a skilled provider (92 percent compared with 95 percent for mothers less than 20). First births are most likely to receive antenatal care while sixth and higher order births are least likely to receive antenatal care.

Almost all women in urban areas receive antenatal care from a skilled provider (97 percent). Mothers in urban areas are two times more likely than mothers in rural areas to receive antenatal care from a doctor (15 percent compared with 8 percent). Women in the Southwest are more likely to receive antenatal care from a doctor (20 percent) than their counterparts in Eastern region (3 percent). Overall, 99 percent of the women from West Nile received antenatal care from a skilled provider compared with 90 percent from Central 1. Only 2 percent of the women in Karamoja sought antenatal care from a doctor.

Antenatal care coverage is strongly associated with the woman's education. Better educated women are more likely to have antenatal care and more likely to be attended to by a doctor than less educated women. Fifteen percent of women who have attained secondary or higher education received antenatal care from a doctor and the corresponding proportion for women with primary education is only 8 percent. Further to this, 8 percent of women with no education received no antenatal care compared with only 2 percent who had secondary education and above.

Table 10.1 Antenatal care

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth and the percentage of most recent births receiving antenatal care from a skilled provider, according to background characteristics, Uganda 2006

Background characteristic	Doctor	Nurse/ midwife	Medical assistant/ clinical officer	Nursing aide	Tradi-tional birth attendant	Other	No one	Total	Percentage receiving antenatal care from a skilled provider[1]	Number of women
Mother's age at birth										
<20	7.9	86.0	0.6	0.7	0.7	0.2	3.9	100.0	94.5	777
20-34	9.4	83.8	0.5	0.5	1.4	0.1	4.2	100.0	93.7	3,427
35-49	8.3	83.0	0.7	0.6	1.2	0.2	5.9	100.0	92.0	831
Birth order										
1	10.3	85.7	0.5	0.6	0.6	0.0	2.2	100.0	96.5	819
2-3	10.1	82.8	0.6	0.5	0.9	0.3	4.6	100.0	93.6	1,388
4-5	8.7	84.2	0.4	0.4	1.9	0.2	4.2	100.0	93.3	1,144
6+	7.5	84.0	0.7	0.6	1.4	0.1	5.7	100.0	92.2	1,684
Residence										
Urban	15.3	81.8	0.1	0.4	0.5	0.0	1.8	100.0	97.2	668
Rural	8.0	84.3	0.7	0.6	1.4	0.2	4.9	100.0	93.0	4,367
Region										
Central 1	12.3	77.3	0.0	0.7	4.4	0.2	5.0	100.0	89.7	497
Central 2	4.0	89.1	0.0	1.2	0.5	0.2	5.0	100.0	93.1	428
Kampala	14.5	82.0	0.2	1.0	0.0	0.0	2.3	100.0	96.7	298
East Central	5.8	85.9	1.1	0.7	1.0	1.3	4.3	100.0	92.7	510
Eastern	2.9	90.3	1.8	0.9	0.8	0.0	3.3	100.0	95.1	755
North	6.0	87.2	0.4	0.2	1.1	0.0	5.1	100.0	93.6	872
West Nile	3.6	95.0	0.2	0.2	0.5	0.0	0.6	100.0	98.7	289
Western	11.8	81.9	0.2	0.2	1.2	0.0	4.9	100.0	93.8	772
Southwest	20.3	70.4	0.6	0.5	1.3	0.0	6.7	100.0	91.4	615
North sub-regions										
IDP	7.2	85.6	0.4	0.2	2.1	0.0	4.3	100.0	93.2	355
Karamoja	2.3	89.2	0.5	0.5	1.1	0.0	6.4	100.0	92.0	187
Education										
No education	8.4	81.2	0.6	0.4	1.2	0.0	8.2	100.0	90.1	1,087
Primary	7.8	85.5	0.7	0.7	1.4	0.1	3.8	100.0	94.0	3,156
Secondary +	14.6	81.7	0.2	0.4	0.6	0.5	2.1	100.0	96.4	792
Wealth quintile										
Lowest	5.4	87.1	0.6	0.1	1.0	0.0	5.7	100.0	93.2	1,074
Second	7.0	84.4	0.9	0.8	1.3	0.1	5.4	100.0	92.3	1,088
Middle	9.7	82.3	0.8	0.8	1.9	0.1	4.4	100.0	92.9	985
Fourth	9.3	83.7	0.3	0.7	1.4	0.2	4.5	100.0	93.2	961
Highest	14.2	82.0	0.2	0.5	0.7	0.4	2.0	100.0	96.4	928
Total	9.0	84.0	0.6	0.6	1.3	0.2	4.5	100.0	93.5	5,035

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

[1] Skilled provider includes doctor, nurse/midwife, and medical assistant/clinical officer

Women in the highest wealth quintile are slightly more likely to receive antenatal care from a skilled provider (96 percent) than women in the lower four wealth quintiles (92-93 percent). They are especially more likely to receive antenatal care from a doctor: 14 percent compared with 5 percent of women in the lowest wealth quintile.

10.1.1 Number of Antenatal Care Visits and Timing of the First Visit

In line with WHO guidelines, the Ministry of Health (MOH) recommends that a woman who is having a normal pregnancy attend four antenatal care visits, the first of which should take place during the first trimester. Information on antenatal care visits and the stage at which pregnant women seek antenatal care is presented in Table 10.2. Less than half of women (47 percent) receive four or more visits for antenatal care. Over half of women, therefore, do not receive the number of ANC visits recommended by the national policy. Nonetheless, these results show an improvement in the percentage of women receiving at least four ANC visits from 42 percent in the 2000-2001 UDHS.

Table 10.2 Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent birth, and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, according to residence, Uganda 2006

Number and timing of ANC visits	Residence		Total
	Urban	Rural	
Number of ANC visits			
None	1.8	4.9	4.5
1	5.1	5.7	5.6
2-3	30.9	43.3	41.7
4+	59.6	45.3	47.2
Don't know/missing	2.5	0.8	1.0
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	1.8	4.9	4.5
<4	18.7	16.3	16.6
4-5	39.9	41.5	41.3
6-7	35.2	32.9	33.2
8+	4.3	4.2	4.2
Don't know/missing	0.1	0.2	0.2
Total	100.0	100.0	100.0
Number of women	668	4,367	5,035
Median months pregnant at first visit (for those with ANC)	5.5	5.5	5.5
Number of women with ANC	656	4,153	4,809

Table 10.2 further shows that only 17 percent of pregnant women receive their first visit during the first three months of pregnancy. A high proportion of women (41 percent) make their first antenatal care visit during the fourth or fifth months of pregnancy, while 37 percent make their first visit during the sixth month of pregnancy or later. The median gestational age when women make their first visit was 5.5 months, when the opportunity may have passed to diagnose problems early, provide treatment, and prevent further complications.

10.1.2 Quality of Antenatal Care

The Sexual and Reproductive Health Policy Guidelines for Uganda (MOH, 2006) provide details of what is to be done by a health service provider during antenatal care. Some health workers have been trained to offer this package. Table 10.3 shows the percentage of mothers who receive antenatal care by content of antenatal care and background characteristics. The results show that not all women received the minimum package. Almost two-thirds of women (63 percent) who gave birth in the five years preceding the survey took iron tablets or syrup during their last pregnancy. Over three-quarters of women (77 percent) who received ANC for their most recent birth in the past five years had their weight measured during the pregnancy. Roughly half (53 percent) had their blood pressure measured, and only 35 percent received information on how to recognize signs of problems during pregnancy. A urine sample was taken from only 12 percent of women with ANC while a blood sample was taken from 28 percent. A similar percentage (27 percent) were given drugs for intestinal parasites.

In summary, the provision of a full package of antenatal care is inadequate. Coupled with poor coverage of four antenatal care visits, this situation calls for concerted efforts to improve the attendance and quality of antenatal care.

Table 10.3 Components of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, Uganda 2006

Background characteristic	Among women with a live birth in the past five years, the percentage who, during the pregnancy of their last birth:		Number of women with a live birth in the past five years	Among women who received antenatal care for their most recent birth in the past five years, the percentage with selected services:					Number of women with ANC for their most recent birth
	Took iron tablets or syrup	Took intestinal parasite drugs		Informed of signs of pregnancy complications	Weighed	Blood pressure measured	Urine sample taken	Blood sample taken	
Mother's age at birth									
<20	61.9	27.7	777	34.0	76.0	52.5	13.6	33.0	746
20-34	63.7	26.8	3,427	36.0	77.1	52.4	12.5	27.8	3,281
35-49	61.9	26.3	831	33.4	79.5	52.7	10.9	24.7	782
Birth order									
1	65.1	30.3	819	40.6	77.9	56.8	16.3	37.6	801
2-3	63.4	28.8	1,388	36.8	78.7	54.4	14.6	31.0	1,325
4-5	64.1	26.5	1,144	34.3	76.1	49.5	11.2	26.3	1,096
6+	61.2	23.8	1,684	32.0	76.7	50.7	9.3	22.1	1,588
Residence									
Urban	71.3	27.3	668	50.2	90.0	79.8	29.2	57.0	656
Rural	61.8	26.8	4,367	32.9	75.3	48.2	9.7	23.5	4,153
Region									
Central 1	70.2	27.8	497	29.1	69.0	54.1	19.6	33.8	472
Central 2	68.9	22.9	428	32.8	79.9	57.9	12.9	28.2	406
Kampala	76.3	21.9	298	53.5	86.4	86.5	38.2	68.0	291
East Central	67.0	25.7	510	21.3	71.6	46.7	7.4	17.0	488
Eastern	72.2	32.3	755	34.2	78.9	46.9	9.3	15.9	730
North	62.0	23.7	872	33.0	85.9	46.0	11.6	28.6	827
West Nile	74.2	36.3	289	47.2	94.9	61.9	7.6	27.2	287
Western	54.6	32.9	772	38.5	80.7	55.0	10.6	34.2	734
Southwest	39.5	17.6	615	39.2	54.8	43.5	6.9	20.0	574
North sub-regions									
IDP	66.6	25.4	355	27.0	86.6	50.5	16.0	33.7	339
Karamoja	80.0	32.1	187	47.2	90.7	60.6	10.0	21.4	175
Education									
No education	61.0	23.1	1,087	31.2	77.6	45.3	7.9	21.3	998
Primary	61.3	25.8	3,156	33.6	74.7	48.9	9.9	25.4	3,036
Secondary +	73.1	36.2	792	47.0	86.9	75.5	27.8	47.3	775
Wealth quintile									
Lowest	66.8	26.2	1,074	29.6	77.3	44.1	7.7	19.0	1,012
Second	55.5	23.5	1,088	33.6	74.9	42.5	8.4	22.0	1,028
Middle	58.9	23.9	985	31.9	73.7	46.7	8.3	22.4	942
Fourth	64.2	29.0	961	35.9	76.6	55.5	10.3	27.4	918
Highest	71.0	32.4	928	46.4	84.4	76.0	28.4	51.8	909
Total	63.1	26.8	5,035	35.3	77.3	52.5	12.4	28.1	4,809

The differences in the content of ANC by background characteristics is shown in Table 10.3. In general, women pregnant with their first birth tend to get more comprehensive antenatal care. Women in urban areas are much more likely to receive all of these key ANC services than rural women, with the exception of drugs for intestinal parasites, which urban and rural women are equally likely to take. According to Table 10.3, there is variation among the regions in the quality of ANC. Women in Kampala are most likely to receive most ANC services, especially urine and blood tests. Women in Southwest region, on the other hand, are least likely to receive iron supplements, drugs for intestinal parasites, to be weighed, to have their blood pressure measured, and to have a urine sample taken. Women with secondary education and those in higher wealth quintiles are also more likely than other women to receive key ANC services.

Since the 2000-2001 UDHS, there have been increases in the proportion of ANC clients who receive iron supplements, are given information on signs of problems in pregnancy, are weighed and have blood samples taken. The proportion of ANC clients who have their blood pressure measured and who give urine samples remained roughly the same.

10.1.3 Place of Antenatal Care

The place where a woman receives antenatal care is important because it influences the frequency and quality of antenatal care received. Table 10.4 shows the percentage of women with a birth in the five years preceding the survey who received ANC from a health professional for the most recent birth, according to the type of facilities where the care was received. Because some women visit more than one type of facility for ANC for the same pregnancy, the categories are not mutually exclusive and do not sum to 100 percent. Public health centres are the largest source for ANC (51 percent), followed by public hospitals and private hospitals or clinics, used by 30 percent and 19 percent of women, respectively.

Table 10.4 Place of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey who received antenatal care (ANC) from a health professional for the most recent birth, the percentage who received ANC from specific sources, by background characteristics, Uganda 2006

Background characteristic	Place where antenatal care was received								Number of women with ANC for their most recent birth
	Government hospital	Government health center	Government health post	Other public	Private hospital/ clinic	Other private medical	Other	Missing	
Mother's age at birth									
<20	34.3	49.5	1.2	0.1	17.2	0.5	5.0	0.1	746
20-34	30.3	50.7	1.3	0.4	18.7	0.5	5.6	0.3	3,281
35-49	25.0	54.7	2.1	0.4	18.5	0.2	8.1	0.4	782
Birth order									
1	38.9	44.7	1.4	0.1	17.9	0.4	4.2	0.0	801
2-3	32.5	48.1	0.8	0.2	19.3	0.8	5.8	0.4	1,325
4-5	27.9	51.2	1.2	0.4	19.8	0.5	5.8	0.4	1,096
6+	25.0	56.9	2.0	0.5	17.2	0.1	6.9	0.3	1,588
Residence									
Urban	58.7	21.5	1.2	0.5	21.2	0.3	2.1	0.2	656
Rural	25.5	55.8	1.4	0.3	18.0	0.5	6.5	0.3	4,153
Region									
Central 1	25.4	43.6	0.6	0.3	29.8	0.3	15.8	0.0	472
Central 2	38.1	43.7	1.1	0.0	18.5	0.5	6.0	0.2	406
Kampala	61.0	14.3	0.3	1.2	27.0	0.2	1.9	0.4	291
East Central	19.0	61.4	2.5	0.2	18.0	0.4	3.9	1.2	488
Eastern	24.4	68.9	3.0	0.0	5.0	0.0	3.1	0.7	730
North	26.9	51.7	0.7	0.4	20.0	1.1	2.5	0.2	827
West Nile	17.6	70.4	0.4	0.3	11.1	1.4	3.2	0.0	287
Western	35.6	48.6	2.2	0.4	16.3	0.1	9.6	0.0	734
Southwest	32.6	42.9	0.3	0.4	26.6	0.2	6.6	0.0	574
North sub-regions									
IDP	14.9	62.4	0.6	0.4	20.5	1.3	2.4	0.0	339
Karamoja	17.7	54.3	0.4	1.0	22.2	2.7	5.9	0.3	175
Education									
No education	22.0	58.4	1.3	0.5	18.0	0.5	5.4	0.7	998
Primary	28.4	53.6	1.6	0.3	17.1	0.4	6.5	0.2	3,036
Secondary +	46.6	32.2	0.8	0.2	24.5	0.4	4.5	0.1	775
Wealth quintile									
Lowest	15.6	64.3	1.4	0.5	18.0	0.8	3.8	0.6	1,012
Second	23.1	60.8	1.8	0.3	14.8	0.4	6.1	0.4	1,028
Middle	29.6	52.3	1.2	0.0	17.2	0.2	8.7	0.2	942
Fourth	36.1	47.6	1.4	0.2	16.6	0.2	6.6	0.2	918
Highest	48.2	28.0	1.1	0.6	26.3	0.5	4.4	0.2	909
Total	30.0	51.1	1.4	0.3	18.5	0.4	5.9	0.3	4,809

Note: The percentages add to more than 100 percent because of a small proportion of women who visited more than one type of health facility for ANC.

The place where a woman receives antenatal care varies according to mother's age and the child's birth order. Younger women aged less than 20 years and those of first birth order are more likely to receive antenatal care from government hospitals compared with other facilities. Similarly, the place of antenatal care varies according to the woman's education, urban or rural residence, and region. Government hospitals are frequented more by urban women, women who live in Kampala, those with secondary or higher education, and those in highest wealth quintile. Government health centres, on the other hand, are used more commonly by older and higher parity women, rural women, and women with lower education and wealth.

10.1.4 Tetanus Toxoid Immunization

Neonatal tetanus is a leading cause of neonatal death in developing countries where a high proportion of deliveries are conducted at home or in places where hygienic conditions may be poor. Tetanus toxoid (TT) immunization is given to pregnant women to prevent neonatal tetanus. If a woman has received no previous TT injections, for full protection, a pregnant woman needs two doses of TT during pregnancy. However, if a woman was immunized before she became pregnant, she may require one or no TT injections during pregnancy, depending on the number of injections she has ever received and the timing of the last injection. For a woman to have lifetime protection, a total of five doses is required.

The 2006 UDHS collected data on whether or not women received at least two TT injections during pregnancy and whether or not the pregnancy was protected against neonatal tetanus for women's most recent live birth in the five years preceding the survey. Table 10.5 shows that only 51 percent of pregnant women received two or more TT injections during their last pregnancy. However, 76 percent of women had their last pregnancy protected against neonatal tetanus due to their previous immunization history.

Younger women and women pregnant with lower order births are more likely to receive two TT injections during their pregnancy. However, the likelihood of having a pregnancy that is protected against neonatal tetanus does not decline with mother's age at birth, and women who are pregnant with their first child are actually less likely to have their pregnancy protected against neonatal tetanus than women with higher order pregnancies. Previous pregnancies as well as increasing age may expose

Table 10.5 Tetanus toxoid injections

Among mothers age 15-49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections (TTI) during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, Uganda 2006

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage whose last birth was protected against neonatal tetanus[1]	Number of mothers
Mother's age at birth			
<20	57.3	73.6	777
20-34	50.7	76.4	3,427
35-49	45.2	74.6	831
Birth order			
1	59.0	71.4	819
2-3	54.5	77.2	1,388
4-5	49.1	76.4	1,144
6+	44.8	75.9	1,684
Residence			
Urban	57.6	77.7	668
Rural	49.8	75.3	4,367
Region			
Central 1	48.4	62.8	497
Central 2	64.6	75.5	428
Kampala	61.4	75.4	298
East Central	51.3	77.0	510
Eastern	40.2	77.8	755
North	54.9	79.1	872
West Nile	50.7	83.7	289
Western	48.9	74.7	772
Southwest	47.2	74.8	615
North sub-regions			
IDP	62.9	82.1	355
Karamoja	53.4	82.3	187
Education			
No education	49.1	73.7	1,087
Primary	48.3	74.4	3,156
Secondary +	62.9	83.4	792
Wealth quintile			
Lowest	51.5	77.0	1,074
Second	45.3	73.7	1,088
Middle	50.0	75.3	985
Fourth	49.0	75.5	961
Highest	59.1	76.9	928
Total	50.8	75.6	5,035

[1] Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last live birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections prior to the last birth

women to opportunities to receive TT injections that then also contribute to protecting their later pregnancies. Therefore, older and higher parity women may be less likely to require two TT injections during pregnancy in order for their pregnancies to be protected against neonatal tetanus.

Women in urban and rural areas are almost equally likely to have their last pregnancy protected against neonatal tetanus (78 percent versus 75 percent). The proportion of women whose last pregnancy was protected against neonatal tetanus was highest in West Nile (84 percent). This proportion was 75 percent or higher in every region with the exception of Central 1, where only 63 percent of women had their last pregnancy protected against neonatal tetanus. Over 80 percent of last pregnancies were protected in the IDP camps and in Karamoja sub-region. The likelihood of having the last pregnancy protected against neonatal tetanus increases with educational attainment.

10.2 CHILDBIRTH CARE

Some of the factors associated with birth outcome include the place where a mother delivers a baby, the disinfection practices used there, the equipment available, and the skills and performance of those who assist the woman. Table 10.6 shows the percent distribution of live births in the five years preceding the survey by place of childbirth by background characteristics of the mother.

Overall, 41 percent of births occurred at health facilities, and 58 percent of births took place at home. According to Table 10.6, births to younger women and low order births are more likely to take place in a health facility than births to older women and higher order births. For example, 32 percent of births to mothers age 35-49 took place at a health facility, whereas the corresponding figure for births to women under 20 years old is 49 percent. Similarly, 58 percent of first order births occurred at health facilities, compared with 31 percent of sixth and higher order births.

Antenatal care attendance is related to place of childbirth. Births to women who made four or more antenatal care visits are almost four times more likely to occur in a health facility than births to women who did not attend antenatal care (56 percent and 16 percent).

The proportion of births occurring in a health facility is much higher in urban areas (79 percent) than in rural areas (36 percent). Births in the central regions (Central 1, Central 2, and Kampala) and East Central region are more likely to take place in a health facility compared with other regions. A somewhat higher proportion of births to women in internally displaced persons (IDP) camps, 35 percent, occur in a health facility than in the North region as a whole (30 percent). This is because most IDP camps are located near sub-county level health facilities which provide childbirth care. Karamoja region recorded the lowest proportion of births in health facilities, 15 percent.

Births to mothers with secondary or higher education are three times more likely to occur in a health facility than births to women with no education (75 percent and 25 percent). A woman's wealth status also has a direct relationship with the place she gives birth to her baby. The proportion of births in a health facility increases incrementally with each rising wealth quintile.

Adjusting the 2006 UDHS data to remove districts not surveyed in the 2000-2001 UDHS, the percentage of births in a health facility has increased from 37 percent to 42 percent.

Table 10.6 Place of childbirth

Percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility, according to background characteristics, Uganda 2006

Background characteristic	Health facility		Home	Other	Missing	Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector						
Mother's age at birth								
<20	37.2	11.6	50.2	0.9	0.1	100.0	48.8	1,436
20-34	28.3	12.7	58.0	0.8	0.2	100.0	41.0	5,857
35-49	23.4	8.7	66.6	1.3	0.1	100.0	32.1	1,131
Birth order								
1	44.0	14.2	41.2	0.4	0.2	100.0	58.2	1,450
2-3	30.2	13.6	55.1	1.0	0.1	100.0	43.8	2,418
4-5	26.5	12.1	60.5	0.7	0.2	100.0	38.6	1,964
6+	21.8	9.1	67.7	1.3	0.1	100.0	30.9	2,590
Antenatal care visits[1]								
None	10.0	5.6	82.7	1.4	0.3	100.0	15.6	225
1-3	25.8	9.6	63.6	1.0	0.0	100.0	35.4	2,381
4+	39.9	15.9	43.3	0.8	0.0	100.0	55.8	2,377
Residence								
Urban	57.0	21.7	20.4	0.3	0.6	100.0	78.7	953
Rural	25.6	10.7	62.6	1.0	0.1	100.0	36.3	7,470
Region								
Central 1	24.0	26.6	47.7	1.7	0.0	100.0	50.6	814
Central 2	33.9	17.1	47.4	1.6	0.0	100.0	51.1	710
Kampala	56.0	33.6	10.4	0.0	0.0	100.0	89.6	417
East Central	35.0	19.2	44.6	1.0	0.3	100.0	54.2	905
Eastern	35.8	3.7	59.5	0.9	0.1	100.0	39.5	1,317
North	22.3	7.7	68.7	0.7	0.6	100.0	29.9	1,474
West Nile	29.4	4.1	66.0	0.5	0.0	100.0	33.5	462
Western	24.4	5.4	69.1	1.0	0.0	100.0	29.8	1,309
Southwest	21.1	10.2	68.3	0.3	0.1	100.0	31.3	1,013
North sub-regions								
IDP	25.4	9.2	64.5	0.7	0.2	100.0	34.6	612
Karamoja	12.5	2.9	82.3	0.5	1.8	100.0	15.4	322
Mother's education								
No education	18.8	6.2	73.7	1.0	0.3	100.0	25.0	1,910
Primary	28.3	11.3	59.4	0.9	0.1	100.0	39.5	5,358
Secondary +	50.3	24.6	24.2	0.7	0.2	100.0	74.9	1,155
Wealth quintile								
Lowest	21.3	6.1	71.8	0.6	0.1	100.0	27.4	1,893
Second	23.1	7.8	67.8	1.1	0.3	100.0	30.9	1,900
Middle	25.1	8.8	65.0	1.0	0.1	100.0	33.9	1,676
Fourth	32.2	15.8	51.0	1.0	0.1	100.0	47.9	1,604
Highest	50.0	25.5	23.4	0.9	0.2	100.0	75.5	1,351
Total	29.1	12.0	57.8	0.9	0.2	100.0	41.1	8,423

[1] Includes only the most recent birth in the five years preceding the survey. Total includes 52 births for which information on number of antenatal care visits was missing.

10.2.1 Person Accompanying Women to the Place of Delivery

Reproductive health policy in Uganda encourages male involvement in reproductive health care programmes (Ministry of Gender, Labour and Social Development, 2007). The person accompanying women to the place of delivery is a measure of the support a woman receives from the family and from the community, and it is a measure of male involvement in safe motherhood. Table 10.7 shows the percentage of facility births in the five years preceding the survey by person accompanying the women to the place of birth. In the vast majority of births, women are accompanied by someone to the place where they give birth. In only 7 percent of births do the women go unaccompanied.

Table 10.7 Persons accompanying women to place of birth

Among facility births in the five years preceding the survey, the person who accompanied the woman to the place where she gave birth, by background characteristics, Uganda 2006

Background characteristic	Husband/ partner	Mother	Other relative	Friend	No one	Other	Number of births
Mother's age at birth							
<20	33.9	28.1	52.6	8.5	5.3	0.6	701
20-34	43.1	15.1	43.7	10.7	7.1	1.2	2,399
35-49	40.6	7.8	41.4	12.3	12.9	2.4	363
Birth order							
1	33.0	29.6	54.0	8.9	3.3	1.0	844
2-3	41.2	17.0	44.4	10.5	8.6	1.1	1,059
4-5	46.4	13.6	39.6	11.4	7.2	0.7	759
6+	44.0	6.7	42.4	11.1	10.1	2.0	800
Antenatal care visits[1]							
None	(20.4)	(12.6)	(46.3)	(13.1)	(22.8)	(0.0)	35
1-3	41.3	17.4	45.9	10.2	7.2	0.9	844
4+	40.1	16.6	46.3	11.6	7.9	1.8	1,327
Residence							
Urban	35.6	14.2	42.9	15.1	9.4	1.4	750
Rural	42.5	17.7	45.9	9.1	6.8	1.1	2,713
Region							
Central 1	32.1	15.9	41.7	9.4	13.7	0.0	412
Central 2	43.7	10.7	44.0	6.4	9.0	0.2	363
Kampala	40.2	11.7	40.0	14.0	11.4	0.3	374
East Central	55.2	16.2	43.1	9.1	3.0	1.1	491
Eastern	58.0	17.8	52.6	7.9	3.6	1.5	520
North	28.5	18.5	44.5	7.1	10.0	2.5	442
West Nile	22.7	15.3	55.0	15.2	5.4	0.9	155
Western	33.2	24.5	45.7	15.4	5.5	2.5	391
Southwest	36.3	20.7	44.2	14.5	4.9	1.2	317
North sub-regions							
IDP	19.7	18.3	47.4	8.3	8.7	2.1	212
Karamoja	19.6	18.8	52.9	9.4	11.0	2.6	50
Education							
No education	38.5	14.6	43.9	10.8	8.4	1.2	478
Primary	41.8	16.8	46.2	9.6	6.4	1.2	2,119
Secondary +	40.3	18.7	43.6	12.3	9.2	1.2	865
Wealth quintile							
Lowest	40.1	17.7	48.4	6.6	6.3	1.0	519
Second	41.8	17.4	51.6	8.9	6.1	1.3	587
Middle	39.0	20.6	45.5	11.2	5.0	1.8	568
Fourth	42.6	17.4	43.3	10.4	7.5	1.1	769
Highest	40.9	14.0	41.3	12.9	9.8	1.0	1,020
Total	41.0	17.0	45.2	10.4	7.4	1.2	3,463

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Includes only the most recent birth in the five years preceding the survey. Total includes 39 births for which information on number of antenatal care visits was missing.

Overall, the mothers of 41 percent of births are accompanied by their husband/partner. For births to women over age 20, non-first births, and births in rural areas, the women are more likely to be accompanied by their husbands. On the other hand, for births to women under age 20 and first births, the women are more likely to be accompanied by their mothers or other relatives. For births to women age 35 and over, non-first births, and births for which women received no antenatal care, women are less likely to be accompanied by anyone to the place of birth.

For births in Eastern and East Central regions, women are most likely to have their husbands accompany them (58 and 55 percent), whereas this practice is least common in West Nile (23 percent). In the IDP camps and Karamoja sub-regions, women were accompanied by their husbands in only 20 percent of births. Men accompanying their wives at delivery varies little by woman's educational attainment or wealth quintile.

10.2.2 Assistance during Childbirth

In addition to place of birth, assistance during childbirth is an important variable that influences the birth outcome and the health of the mother and the infant. This is because the skills and performance of the birth attendant determine whether or not he or she can manage complications and observe hygienic practices. Table 10.8 shows the percent distribution of live births in the five years preceding the survey by person providing assistance, according to background characteristics.

Table 10.8 Assistance during childbirth

Percent distribution of live births in the five years preceding the survey by person providing assistance during childbirth, percentage of births assisted by a skilled provider, and percentage delivered by caesarean section, according to background characteristics, Uganda 2006

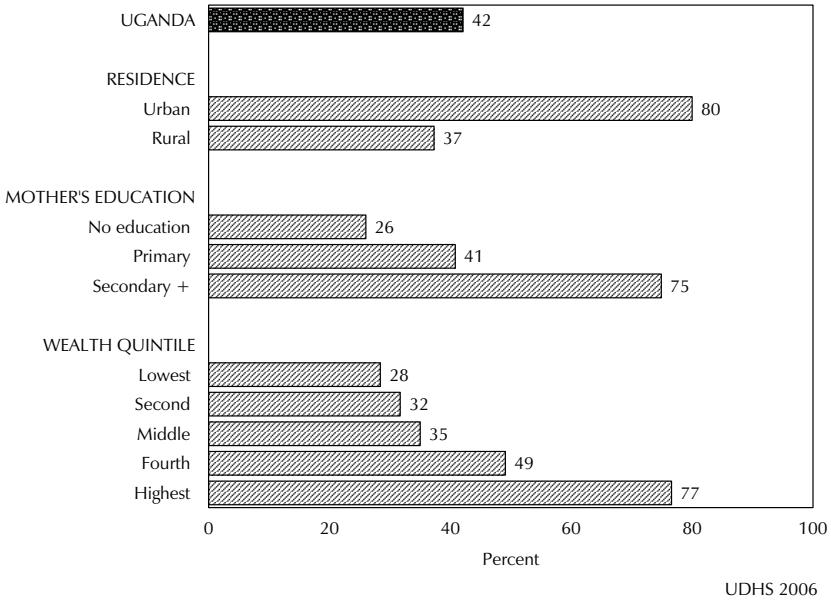
Background characteristic	Person providing assistance during childbirth								Percentage delivered by a skilled provider	Percentage delivered by C-section	Number of births
	Doctor	Nurse/ midwife	Medical assistant/ clinical officer	Nursing aide	Tradi-tional birth attendant	Relative/ other	No one	Total			
Mother's age at birth											
<20	5.1	44.4	0.4	0.9	24.7	20.9	3.5	100.0	49.9	4.9	1,436
20-34	4.5	37.2	0.3	0.4	22.6	25.8	9.2	100.0	41.9	2.9	5,857
35-49	4.4	28.8	0.1	0.1	22.8	25.0	18.8	100.0	33.3	2.1	1,131
Birth order											
1	8.0	50.3	0.4	0.6	19.6	18.8	2.2	100.0	58.7	6.5	1,450
2-3	5.1	39.5	0.3	0.6	23.1	25.1	6.2	100.0	44.9	3.3	2,418
4-5	3.8	35.4	0.3	0.4	23.7	26.8	9.6	100.0	39.5	2.3	1,964
6+	2.7	29.4	0.2	0.2	24.2	26.6	16.5	100.0	32.3	1.7	2,590
Place of delivery											
Health facility	11.0	87.0	0.5	0.7	0.4	0.3	0.2	100.0	98.5	7.6	3,463
Elsewhere	0.1	2.6	0.1	0.3	38.9	42.2	15.9	100.0	2.8	0.0	4,946
Residence											
Urban	14.3	65.5	0.1	0.5	6.2	9.3	3.8	100.0	80.0	8.9	953
Rural	3.3	33.7	0.3	0.4	25.1	26.9	10.2	100.0	37.3	2.4	7,470
Region											
Central 1	6.1	45.7	0.0	0.3	26.2	16.1	5.6	100.0	51.8	3.5	814
Central 2	2.5	47.6	0.5	1.4	18.4	18.2	11.3	100.0	50.6	2.3	710
Kampala	19.1	70.4	0.2	1.1	2.8	3.5	2.9	100.0	89.7	9.2	417
East Central	1.5	53.0	1.1	0.8	11.9	17.8	13.6	100.0	55.6	2.8	905
Eastern	1.7	39.2	0.2	0.2	19.3	30.7	8.6	100.0	41.1	2.6	1,317
North	2.7	27.8	0.4	0.1	41.3	21.8	5.7	100.0	30.9	1.5	1,474
West Nile	3.2	31.1	0.1	0.1	23.3	25.3	16.8	100.0	34.5	3.1	462
Western	5.3	25.9	0.0	0.3	30.4	26.7	11.4	100.0	31.2	4.1	1,309
Southwest	7.7	24.4	0.0	0.4	10.2	46.1	11.2	100.0	32.1	3.0	1,013
North sub-regions											
IDP	2.3	31.7	0.4	0.2	48.4	13.9	3.0	100.0	34.3	1.1	612
Karamoja	1.9	16.0	0.2	0.0	16.3	56.1	9.2	100.0	18.1	0.1	322
Mother's education											
No education	2.6	23.3	0.2	0.2	25.6	34.1	14.0	100.0	26.0	1.9	1,910
Primary	3.8	36.7	0.2	0.4	24.5	24.7	9.5	100.0	40.8	2.7	5,358
Secondary +	11.3	63.0	0.7	1.1	11.4	10.3	2.1	100.0	74.9	7.2	1,155
Wealth quintile											
Lowest	2.0	26.2	0.3	0.3	31.4	29.9	9.9	100.0	28.4	1.6	1,893
Second	2.5	29.1	0.1	0.2	27.9	28.9	11.3	100.0	31.7	1.8	1,900
Middle	3.8	30.9	0.2	0.3	22.3	29.4	13.0	100.0	35.0	3.0	1,676
Fourth	3.9	44.7	0.6	0.9	18.5	23.0	8.3	100.0	49.1	3.0	1,604
Highest	12.8	63.5	0.2	0.5	10.4	8.8	3.5	100.0	76.6	7.5	1,351
Total	4.6	37.3	0.3	0.4	23.0	24.9	9.5	100.0	42.1	3.1	8,423

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. Total includes 14 births for which information on place of delivery is missing.
[1] Skilled provider includes doctor, nurse/midwife, and medical assistant/clinical officer

Overall, 42 percent of births are assisted by a skilled provider during delivery. Five percent of births are delivered with the assistance of a doctor, 37 percent are assisted by a nurse/midwife, and less than one percent are assisted by a medical assistant/clinical officer. Twenty-three percent of births are assisted by a traditional birth attendant and 25 percent by relatives or friends. For 10 percent of births, the mother did not receive any assistance during childbirth.

Births to younger women and low order births are more likely to receive assistance during childbirth from a skilled provider than births to other women. One of the most striking differentials in assistance during childbirth is by urban-rural residence. Four in five births to urban women are attended by a skilled provider, compared with only 37 percent of births to rural women. By region, percentage of births with a skilled provider ranges from 31 percent of births in North and Western regions to 90 percent in Kampala. Only 18 percent of births in Karamoja are attended by a skilled provider.

Figure 10.1 Assistance by Skilled Provider during Childbirth



Women who have attained secondary education are almost three times more likely to be assisted at childbirth by a skilled provider than women with no education (75 percent compared with 26 percent). The likelihood of receiving skilled attendance at birth increases with wealth quintile from 28 percent of births in the lowest quintile to 77 percent in the highest wealth quintile. Use of a traditional birth attendant is highest among births to women in the lower quintiles.

Table 10.8 also presents data on prevalence of births by caesarean section. Overall, 3 percent of births were delivered by C-section. This is no different from the proportion measured in the 2000-2001 UDHS. C-sections are more common among first births, among births to women in urban areas, and among births to women with higher education. The results show inequity across wealth quintiles in access to C-section, with 2 percent of births to women in the lowest two wealth quintiles occurring by C-section compared with 8 percent of births to women in the highest wealth quintile. Nine percent of births in Kampala are delivered by C-section compared with only 2 percent in the North region.

10.3 POSTPARTUM CARE

Postpartum care is important both for the mother and for the child to treat complications arising from the delivery as well as to provide the mother with important information on how to care for herself and her child. The postpartum period, also known as the puerperium, is defined as the time between delivery of the placenta and 42 days (6 weeks) following delivery. The timing of postpartum care is important. The first two days after delivery are critical, since most maternal and neonatal deaths occur during this period. The Ugandan Sexual and Reproductive Health Policy Guidelines recommend that a mother should attend postpartum care during the puerperal period to check complications that may arise in her health. Through provision of integrated services, the Ministry of

Health recommends that mothers receive postpartum care when they bring their infants for immunization.

In the 2006 UDHS, the timing of the first postpartum checkup was assessed among women who gave birth in the last 5 years preceding the survey. Table 10.9 shows the timing of the first postpartum checkup by background characteristics. The table indicates that 74 percent of the women did not receive postpartum care. Eleven percent of women received postpartum care within 4 hours after giving birth. Twenty-three percent of women received postpartum care within the first two days. As expected, young women, women with first-order births, urban women, better-educated women, and those in the highest wealth quintile are more likely to get postpartum care than other women.

Table 10.9 Timing of first postpartum checkup

Among women age 15-49 giving birth in the five years preceding the survey, the percent distribution of the mother's first postpartum checkup for the last live birth by time after delivery, according to background characteristics, Uganda 2006

Background characteristic	Timing after delivery of mother's first postpartum checkup							
	Less than 4 hours	4-23 hours	1-2 days	3-41 days	Don't know/ missing	No postpartum checkup[1]	Total	Number of women
Mother's age at birth								
<20	12.0	6.1	6.2	2.6	0.6	72.6	100.0	777
20-34	11.1	7.3	4.6	2.3	0.3	74.3	100.0	3,427
35-49	11.1	6.4	4.6	2.6	0.4	75.0	100.0	831
Birth order								
1	14.5	8.1	8.3	2.5	0.9	65.6	100.0	819
2-3	12.1	7.5	5.1	1.9	0.4	73.1	100.0	1,388
4-5	10.4	6.4	3.9	2.9	0.3	76.1	100.0	1,144
6+	9.4	6.5	3.6	2.4	0.2	77.9	100.0	1,684
Place of delivery								
Any health facility	17.4	12.6	8.1	2.8	0.7	58.5	100.0	2,284
Public facility	17.1	12.8	8.1	3.1	0.8	58.1	100.0	1,613
Private facility	18.1	12.1	8.1	2.0	0.3	59.3	100.0	671
Home/other	6.1	2.3	2.2	2.1	0.1	87.2	100.0	2,751
Residence								
Urban	17.8	13.8	8.7	1.6	1.3	56.8	100.0	668
Rural	10.2	5.9	4.3	2.5	0.2	76.8	100.0	4,367
Region								
Central 1	14.0	10.0	6.9	3.0	0.8	65.3	100.0	497
Central 2	13.5	8.7	4.4	1.2	0.1	72.1	100.0	428
Kampala	19.8	17.0	7.2	0.3	0.8	54.9	100.0	298
East Central	15.2	7.4	1.2	2.1	0.2	73.8	100.0	510
Eastern	18.3	8.3	3.7	2.3	0.4	67.1	100.0	755
North	6.9	3.7	6.7	3.3	0.4	79.1	100.0	872
West Nile	7.8	9.7	8.8	4.0	0.2	69.5	100.0	289
Western	4.4	3.9	4.6	2.5	0.4	84.2	100.0	772
Southwest	7.5	3.8	2.8	2.0	0.2	83.8	100.0	615
North sub-regions								
IDP	6.6	3.9	6.6	3.9	0.2	78.8	100.0	355
Karamoja	14.6	7.5	12.5	4.0	1.4	60.1	100.0	187
Education								
No education	7.9	4.3	4.5	3.3	0.3	79.7	100.0	1,087
Primary	9.9	6.3	4.1	2.4	0.3	77.1	100.0	3,156
Secondary +	21.1	13.4	8.5	1.3	0.9	54.8	100.0	792
Wealth quintile								
Lowest	9.6	5.4	4.6	2.7	0.2	77.6	100.0	1,074
Second	7.8	4.7	4.0	2.6	0.3	80.6	100.0	1,088
Middle	7.8	4.7	4.4	2.6	0.1	80.4	100.0	985
Fourth	13.5	6.3	4.4	1.7	0.6	73.6	100.0	961
Highest	18.3	14.7	7.1	2.4	0.8	56.7	100.0	928
Total	11.2	7.0	4.9	2.4	0.4	74.2	100.0	5,035

[1] **I**ncludes women who did not receive a checkup in the 41 days following the birth

Similarly, a slightly higher proportion of women in Kampala, Eastern, and Central 1 regions received a postpartum checkup. Women in Western and Southwest regions are least likely to receive a checkup. About 4 in 10 women in Karamoja sub-region received a postpartum checkup whereas only 21 percent were seen for a checkup within the IDP camps. Women who delivered in a health facility were more likely to receive a postpartum visit than those who gave birth at home (42 percent versus 13 percent). Giving birth in a public or private facility does not affect likelihood of receiving postpartum care.

10.3.1 Type of Provider for the First Postpartum Checkup

The type of provider for the postpartum care was assessed. This is important because the skills of a provider determine the ability to diagnose problems and to recommend appropriate treatment or referral. Table 10.10 shows that 21 percent of women received postpartum care from a doctor, nurse, or midwife, while less than one percent received postpartum care from other cadres of health professionals. Five percent of women received postpartum care from a traditional birth

Table 10.10 Type of provider of first postpartum checkup

Among women giving birth in the five years preceding the survey, the percent distribution by type of provider of the mother's first postpartum health check for the last live birth, according to background characteristics, Uganda 2006

Background characteristic	Type of health provider of mother's first postpartum checkup								
	Doctor/ nurse/ midwife	Medical assistant/ clinical officer	Nursing aide	Traditional birth attendant	Other	Don't know/ missing	No postpartum checkup[1]	Total	Number of women
Mother's age at birth									
<20	23.5	0.3	0.1	3.4	0.1	0.0	72.6	100.0	777
20-34	20.3	0.3	0.1	4.9	0.1	0.0	74.3	100.0	3,427
35-49	18.6	0.1	0.0	6.0	0.1	0.2	75.0	100.0	831
Birth order									
1	30.1	0.6	0.1	3.5	0.1	0.0	65.6	100.0	819
2-3	21.9	0.4	0.0	4.5	0.0	0.0	73.1	100.0	1,388
4-5	18.6	0.2	0.1	5.0	0.0	0.0	76.1	100.0	1,144
6+	15.9	0.1	0.1	5.7	0.2	0.1	77.9	100.0	1,684
Place of delivery									
Any health facility	40.5	0.5	0.1	0.4	0.0	0.0	58.5	100.0	2,284
Public facility	40.8	0.6	0.1	0.4	0.0	0.0	58.1	100.0	1,613
Private facility	39.9	0.3	0.2	0.3	0.0	0.0	59.3	100.0	671
Home/other	3.9	0.1	0.0	8.6	0.2	0.1	87.2	100.0	2,751
Residence									
Urban	40.5	0.1	0.0	2.2	0.0	0.3	56.8	100.0	668
Rural	17.4	0.3	0.1	5.3	0.1	0.0	76.8	100.0	4,367
Region									
Central 1	28.9	0.0	0.0	5.8	0.0	0.0	65.3	100.0	497
Central 2	24.5	0.2	0.2	2.8	0.2	0.0	72.1	100.0	428
Kampala	44.7	0.0	0.0	0.5	0.0	0.0	54.9	100.0	298
East Central	22.2	0.7	0.1	3.2	0.0	0.0	73.8	100.0	510
Eastern	23.2	0.5	0.3	8.7	0.2	0.0	67.1	100.0	755
North	13.9	0.5	0.0	6.2	0.2	0.2	79.1	100.0	872
West Nile	23.7	0.9	0.0	5.9	0.0	0.0	69.5	100.0	289
Western	12.1	0.0	0.0	3.7	0.0	0.0	84.2	100.0	772
Southwest	12.7	0.0	0.0	3.4	0.0	0.0	83.8	100.0	615
North sub-regions									
IDP	15.5	0.2	0.0	5.6	0.0	0.0	78.8	100.0	355
Karamoja	22.2	1.0	0.0	14.8	0.8	1.1	60.1	100.0	187
Education									
No education	13.2	0.2	0.0	6.8	0.1	0.0	79.7	100.0	1,087
Primary	17.6	0.2	0.1	4.8	0.1	0.1	77.1	100.0	3,156
Secondary +	42.0	0.8	0.0	2.3	0.1	0.0	54.8	100.0	792
Wealth quintile									
Lowest	14.3	0.5	0.0	7.3	0.3	0.0	77.6	100.0	1,074
Second	13.9	0.3	0.1	5.1	0.1	0.0	80.6	100.0	1,088
Middle	14.4	0.3	0.1	4.8	0.0	0.0	80.4	100.0	985
Fourth	21.4	0.0	0.1	4.7	0.0	0.2	73.6	100.0	961
Highest	40.9	0.3	0.0	2.1	0.0	0.0	56.7	100.0	928
Total	20.5	0.3	0.1	4.9	0.1	0.0	74.2	100.0	5,035

[1] Includes women who did not receive a checkup in the 41 days following the birth

attendant (TBA). Women under age 20, those who gave birth to their first child, urban women, those who gave birth in a health facility, those with secondary education and above, those in the highest wealth quintile, and women in Kampala and Central 1 regions are more likely to receive postpartum care from skilled professionals. Use of a doctor, nurse, or midwife for postpartum care in Karamoja (22 percent) is approximately equal to the national average; however, greater use of TBAs for postpartum care (15 percent of women) in Karamoja increases the proportion of women with any postpartum care well above the national average.

Table 10.11 examines the content of postpartum care. Among women who received postpartum care after their last birth in the five years preceding the survey, 81 percent of women said that the provider checked their abdomen, 62 percent said their eyes were checked, and 67 percent were asked about vaginal discharge. Just under half of women with postpartum care (46 percent)

Table 10.11 Components of postpartum care

Among women receiving postpartum care for themselves after the most recent live births in the five years preceding the survey, the percentage receiving specific postpartum services, according to background characteristics, Uganda 2006

Background characteristic	Among women who received postpartum care for their most recent birth in the last five years, the percentage with the selected services:				Number of women with PPC for their most recent birth
	Abdomen was checked	Eyes were checked	Were asked about vaginal discharge	Received all three checks	
Mother's age at birth					
<20	84.4	63.6	62.8	43.6	213
20-34	80.6	60.9	68.7	46.3	880
35-49	76.6	63.2	63.3	45.6	208
Birth order					
1	86.6	63.8	67.6	45.4	281
2-3	83.1	64.9	71.9	50.8	374
4-5	77.9	57.9	61.8	42.0	273
6+	75.6	59.7	65.0	43.6	372
Place of delivery					
Any health facility	84.3	68.8	72.7	51.2	949
Public facility	83.5	69.2	70.3	50.0	676
Private facility	86.2	67.7	78.9	54.0	273
Home/other	70.6	42.7	51.1	31.0	352
Residence					
Urban	86.7	69.9	74.2	56.6	289
Rural	78.8	59.4	64.8	42.6	1,012
Region					
Central 1	82.0	62.8	82.1	49.9	172
Central 2	77.9	56.0	79.5	45.1	119
Kampala	92.3	75.9	85.4	62.2	135
East Central	79.5	52.2	75.1	43.0	133
Eastern	75.8	56.0	53.9	34.7	249
North	79.0	67.2	59.4	50.3	183
West Nile	65.7	64.1	48.6	41.2	88
Western	89.2	62.2	59.4	45.1	122
Southwest	84.5	62.6	60.8	44.4	100
North sub-regions					
IDP	86.4	75.7	61.2	50.5	75
Karamoja	73.8	60.9	60.1	51.6	75
Education					
No education	74.6	61.5	58.3	43.2	220
Primary	79.9	59.0	63.4	41.8	722
Secondary +	85.2	67.9	79.2	55.2	358
Wealth quintile					
Lowest	74.6	59.0	51.3	38.2	241
Second	76.0	55.4	59.5	39.0	211
Middle	77.9	58.8	67.6	43.4	193
Fourth	79.8	57.9	71.6	44.6	254
Highest	88.4	70.5	76.8	55.6	402
Total	80.6	61.7	66.9	45.7	1,301

received all three of these checks. Among women who received postpartum care, women in urban areas are more likely than their counterparts in rural areas to receive each of the postpartum care checks. Content of postpartum care is not clearly associated with age or parity of the woman. By region, the proportion of women who received postpartum care including all three checks ranges from 35 percent in Eastern region to 62 percent in Kampala. Roughly half of women in the IDP camps and in Karamoja received all three checks. Women are increasingly more likely to receive all three checks as part of their postpartum care as their education level and wealth quintile rise.

In considering the findings of this table, it is important to stress that 74 percent of women who deliver receive no postpartum care at all.

10.3.2 Problems Encountered in Accessing Health Care

The 2006 UDHS assessed problems encountered in accessing health care. Table 10.12 shows the percentage of women who report that they have various types of serious problems in accessing health care. Overall, 86 percent of the women report that they encounter at least one serious problem in accessing health care. Getting money to pay for treatment is the most commonly reported constraint to accessing health care, with 65 percent of women saying getting money is a serious problem. Distance to the health facility (55 percent) is the second most commonly reported problem, followed by having to take transport (49 percent) and concern over unavailability of medications (46 percent). Lesser reported problems were concern there would be no provider and not wanting to go alone, each reported by 27 percent of women.

Looking at the results by age and birth order, older women and women with more children are more likely to cite getting money, distance to health facility, having to take transport, and availability of drugs as major problems to accessing health care. Younger women and those with fewer children, on the other hand, are more likely to cite getting permission, not wanting to go alone, and concern there will be no female provider as major problems. Divorced, separated, or widowed women are generally more constrained in getting money for treatment than their currently married and never-married counterparts. By employment status, women who are employed but are not paid cash are most likely to report having each of the problems asked about in accessing health care. Surprisingly, women who are employed for cash are usually more likely than women who are not employed to report having most of the problems in accessing health care, including getting money to pay for treatment.

Rural women are more likely than urban women to report having each of the problems asked about in accessing health care. They are especially more likely to report that distance to a health facility and having to take transport are serious problems. Over 90 percent of women in Eastern, North, and Southwest regions reported that at least one of the items asked about was a serious problem in accessing health care. By contrast, 62 percent of women in Kampala reported at least one serious problem in accessing health care. Getting money for treatment was a serious problem for more women in the North region (87 percent) than in the other regions (70 percent or less). Over nine in ten women in the IDP camps and 87 percent of women in Karamoja reported that getting money for treatment was a serious problem in accessing health care.

Less educated women and those in lower wealth quintiles are more likely to report at least one serious problem in accessing health care compared with other women. Educational attainment has an especially strong association with reporting getting money for treatment, distance to health facility and having to take transport as serious problems. By wealth quintile, Table 10.12 shows that women in the highest wealth quintile are much less likely than women in other wealth quintiles to report distance to health facility, having to take transport, and not wanting to go alone as serious problems in accessing health care. As expected, the probability of reporting getting money as a barrier to care decreases steadily as wealth quintile increases.

Table 10.12 Problems in accessing health care

Percentage of women who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to background characteristics, Uganda 2006

Background characteristic	Problems in accessing health care									
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no female provider available	Concern no provider available	Concern no drug available	At least one problem accessing health care	Number of women
Age										
15-19	10.6	57.7	49.4	45.0	34.0	20.4	27.5	42.1	81.9	1,936
20-34	7.8	65.1	53.7	47.9	25.3	16.2	27.3	46.2	86.3	4,340
35-49	6.5	71.9	60.2	54.3	23.6	14.7	26.6	49.6	88.6	2,255
Number of living children										
0	9.5	55.7	45.8	42.3	34.4	18.9	26.5	40.1	79.6	2,177
1-2	8.6	64.1	53.0	47.7	23.9	16.2	27.8	46.7	85.6	2,135
3-4	7.9	68.6	55.8	50.0	24.4	16.4	28.4	48.6	88.1	1,804
5+	6.6	72.3	62.5	55.1	24.5	15.4	26.3	49.3	90.2	2,414
Marital status										
Never married	8.9	56.9	45.7	42.6	33.4	19.1	27.5	40.9	79.9	2,028
Married or living together	8.7	65.3	57.4	50.7	24.7	16.3	27.1	47.7	87.2	5,337
Divorced/separated/widowed	4.1	79.0	56.2	51.7	25.1	14.7	27.1	48.4	90.1	1,167
Employment										
Not employed	8.8	52.2	36.6	31.7	24.4	14.3	20.7	35.3	74.9	1,160
Employed for cash	4.9	62.8	50.1	44.5	21.1	14.5	23.5	43.8	83.8	3,823
Employed not for cash	11.4	72.1	65.0	59.2	33.9	19.9	33.3	52.4	91.8	3,535
Residence										
Urban	6.5	54.3	26.1	23.9	16.7	10.2	20.0	37.8	70.7	1,442
Rural	8.4	67.4	60.2	54.0	28.9	18.1	28.6	47.9	89.0	7,089
Region										
Central 1	2.9	63.3	47.2	39.7	26.2	22.9	27.7	47.8	87.2	905
Central 2	3.2	61.8	55.1	42.7	15.9	11.0	21.6	47.2	85.8	770
Kampala	6.6	50.9	21.0	18.3	13.6	6.1	16.1	28.2	61.9	722
East Central	3.4	50.9	46.7	43.9	21.4	11.9	15.7	42.7	82.2	836
Eastern	1.8	68.6	63.4	49.9	30.1	17.6	27.6	49.1	90.9	1,148
North	13.2	86.9	63.4	63.0	31.4	21.5	24.0	43.9	94.8	1,322
West Nile	1.3	58.6	45.2	35.0	9.9	2.9	6.5	27.1	78.6	471
Western	8.6	59.0	59.3	54.6	34.6	19.4	32.9	45.3	85.6	1,271
Southwest	23.3	69.8	66.2	66.4	37.5	22.7	52.4	67.7	90.8	1,086
North sub-regions										
IDP	15.7	91.3	55.1	58.3	25.9	19.5	26.7	49.0	95.9	504
Karamoja	1.6	86.7	57.5	55.8	14.5	12.3	7.1	23.9	92.8	286
Education										
No education	7.9	78.2	64.7	61.7	26.5	18.4	27.0	47.6	91.5	1,650
Primary	9.0	66.8	58.3	51.9	29.4	18.0	28.6	49.0	88.7	5,062
Secondary +	5.8	49.0	34.6	29.0	20.0	11.9	23.2	37.1	72.9	1,819
Wealth quintile										
Lowest	7.3	84.6	66.4	64.8	28.5	17.6	23.5	43.4	94.3	1,541
Second	10.3	74.5	66.2	60.3	32.5	19.2	28.6	49.1	92.8	1,636
Middle	10.6	66.6	64.9	57.9	32.3	20.8	35.0	55.7	90.0	1,615
Fourth	7.8	56.3	54.0	46.1	26.2	16.1	28.7	49.4	85.4	1,621
Highest	5.3	49.7	29.1	23.8	17.6	11.6	21.6	36.2	71.7	2,118
Total	8.1	65.2	54.5	48.9	26.9	16.7	27.2	46.2	85.9	8,531

Note: Total includes 13 women with information on employment missing.

10.4 FEMALE CIRCUMCISION

According to the 1994 International Conference on Population and Development in Cairo, discouragement of female circumcision, or female genital cutting (FGC), was one of the components in the reproductive health action plan. Indeed, advocacy for elimination of FGC has been on-going. To assess efforts in addressing this component, the 2006 UDHS collected data on female circumcision. Table 10.13 presents data on women who have heard about female circumcision and those who are circumcised according to background characteristics.

Table 10.13 Female circumcision

Percentage of women 15-49 who have heard of female circumcision and percentage who are circumcised, according to background characteristics, Uganda 2006

Background characteristic	Percentage of women who have heard of female circumcision	Percentage of women circumcised	Number of women
Age			
15-19	29.4	0.5	1,936
20-24	34.9	0.8	1,710
25-29	34.9	0.3	1,413
30-34	34.8	0.8	1,217
35-39	34.6	0.8	940
40-44	36.0	1.0	735
45-49	36.2	0.4	580
Residence			
Urban	41.3	0.2	1,442
Rural	32.3	0.7	7,089
Region			
Central 1	28.7	0.5	905
Central 2	28.0	0.1	770
Kampala	44.1	0.2	722
East Central	33.6	0.5	836
Eastern	68.9	2.4	1,148
North	31.1	0.7	1,322
West Nile	17.7	0.1	471
Western	21.1	0.5	1,271
Southwest	23.4	0.1	1,086
North sub-regions			
IDP	21.2	0.1	504
Karamoja	43.8	1.8	286
Education			
No education	27.0	0.8	1,650
Primary	30.6	0.6	5,062
Secondary +	48.7	0.6	1,819
Wealth quintile			
Lowest	31.0	0.9	1,541
Second	31.9	0.7	1,636
Middle	30.3	0.9	1,615
Fourth	31.8	0.4	1,621
Highest	41.4	0.4	2,118
Total	33.8	0.6	8,531

Overall, 34 percent of women have heard about female circumcision and a negligible proportion, less than 1 percent, has undergone circumcision. Women over the age of 20, urban women, more educated women, and women in the highest wealth quintiles are more likely to have heard about female circumcision than other women. Women in Eastern region are much more likely to have heard of female circumcision (69 percent) than those in other regions. This is because the district of Kapchorwa, where FGC is most common, is part of Eastern region, and a lot of advocacy has taken place in this area. Women in Kampala and those in Karamoja sub-region are more likely than women in the remaining regions to have heard about female circumcision (44 percent). The highest proportions of women who are circumcised are found in Eastern region and Karamoja sub-region (2 percent).

10.5 OBSTETRIC FISTULA

Obstetric fistula is a maternal morbidity with grave consequences to women who are affected. Obstetric fistula arises as a complication of obstructed/prolonged labour resulting in an opening (fistula) connecting the bladder and the vagina (vesico-vaginal fistula) or connecting the vagina and the rectum (recto-vaginal fistula). In the vesico-vaginal fistula, a woman passes urine uncontrollably through the vagina while in the latter case a woman passes faeces through the vagina. In the extreme cases, these conditions can occur together. Fistula can also result from sexual assault. This condition has both health and social implications. Women with this condition usually have no access to care to repair the fistula. They are stigmatized by society and often abandoned by their spouses.

The 2006 UDHS collected data on this condition to assess its prevalence. All women in the survey were asked the following question: "Sometimes a woman can have a problem, usually after a difficult childbirth, in which she experiences uncontrollable leakage of urine or stool from her vagina. Have you ever experienced this problem?" It is important to note that this question has not been validated to understand how well it captures clinical cases of fistula. Table 10.14 presents data on women who reported an affirmative answer to this question, according to selected background characteristics. The data show that 3 percent of Ugandan women have experienced fistula. With low percentages, caution must be used in comparing differences between groups. However, it appears that women residing in rural areas are more likely to report experiencing fistula than urban women. The proportions of women in Central 1, North and Western regions and in IDP camps who report fistula are higher than the national average. Finally, less educated women and women in the second and lowest wealth quintiles are more likely to report having ever experienced fistula.

Table 10.14 Obstetric fistula

Percentage of women 15-49 who have experienced obstetric fistula, according to selected background characteristics, Uganda 2006

Background characteristic	Percentage of women who have experienced obstetric fistula	Number of women
Age		
15-19	0.6	1,936
20-24	2.8	1,710
25-29	3.3	1,413
30-34	4.3	1,217
35-39	2.9	940
40-44	2.6	735
45-49	3.5	580
Residence		
Urban	1.7	1,442
Rural	2.8	7,089
Region		
Central 1	3.4	905
Central 2	0.8	770
Kampala	1.0	722
East Central	2.8	836
Eastern	1.7	1,148
North	3.6	1,322
West Nile	1.6	471
Western	5.4	1,271
Southwest	1.4	1,086
North sub-regions		
IDP	3.9	504
Karamoja	0.1	286
Education		
No education	3.6	1,650
Primary	2.7	5,062
Secondary +	1.5	1,819
Wealth quintile		
Lowest	3.0	1,541
Second	3.4	1,636
Middle	2.7	1,615
Fourth	2.9	1,621
Highest	1.6	2,118
Total	2.6	8,531

CHILD HEALTH 11

This chapter presents findings on several areas of importance to child health. The information which is presented on birth weight and birth size is important for the design and implementation of programmes aimed at reducing neonatal and infant mortality.

Many of the deaths in early childhood can be prevented by immunizing children against preventable diseases and by ensuring that children receive prompt and appropriate treatment when they become ill. Vaccination coverage information focuses on the age group 12-23 months. Overall coverage levels at the time of the survey and by 12 months of age are shown for this age group. Additionally, the source of the vaccination information (whether based on a written vaccination card or on the mother's recall) is shown. Differences in vaccination coverage between subgroups of the population assist in programme planning.

Information on treatment practices and contact with health services among children with the three most important childhood illnesses (acute respiratory infection, fever, and diarrhoea) help in the assessment of national programmes aimed at reducing the mortality impact of these illnesses. Information is provided on the prevalence of ARI and its treatment with antibiotics, and the prevalence of fever and its treatment with anti-malarial drugs and antibiotics. The treatment of diarrhoeal disease with oral rehydration therapy (including increased fluids) aids in the assessment of programmes that recommend such treatment. Because appropriate sanitary practices can help prevent and reduce the severity of diarrhoeal disease, information is also provided on the manner of disposing of children's faecal matter.

11.1 CHILD'S SIZE AT BIRTH

A child's birth weight or size at birth is an important indicator of the child's vulnerability to the risk of childhood illnesses and the chances of survival. Children whose birth weight is less than 2.5 kilograms, or children reported to be 'very small' or 'smaller than average' are considered to have a higher than average risk of early childhood death. For births in the five years preceding the survey, birth weight was recorded in the questionnaire if available from either a written record or the mother's recall. Since birth weight may not be known for many babies, the mother's estimate of the baby's size at birth was also obtained. Even though it is subjective, it can be a useful proxy for the weight of the child. Table 11.1 presents information on child's weight and size at birth according to background characteristics.

Only about one in three children (35 percent) in Uganda are weighed at birth, which represents a slight increase since the 2000-2001 UDHS when 30 percent of babies were reported to have been weighed at birth. This is not surprising because the majority of births do not take place in a health facility. Among children born in the five years before the survey with a reported birth weight, 11 percent weighed less than 2.5 kg at birth. Birth weight is lower among children born to older women (age at birth 35-49), first-born children, children born to smoking mothers, and children of women with no education. The birth weight of a child also varies somewhat by mother's place of residence. Twelve percent of births in rural areas have a reported birth weight less than 2.5 kg compared with 9 percent in urban areas. Low birth weight ranges from a low of 8 percent in West Nile region to 15 percent in Central 1 region.

Table 11.1 Child's weight and size at birth

Percent distribution of live births in the five years preceding the survey with a reported birth weight by birth weight; percentage of all births with a reported birth weight; and percent distribution of all live births in the five years preceding the survey by mother's estimate of baby's size at birth, according to background characteristics, Uganda 2006

Background characteristic	Percent distribution of births with a reported birth weight[1]				Percentage of all births with a reported birth weight	Percent distribution of all live births by size of child at birth					
	Less than 2.5 kg	2.5 kg or more	Total	Number of births		Very small	Smaller than average	Average or larger	Don't know/ missing	Total	Number of births
Mother's age at birth											
<20	12.9	87.1	100.0	593	41.3	5.6	18.1	75.6	0.7	100.0	1,436
20-34	9.9	90.1	100.0	2,024	34.6	5.9	14.3	78.8	1.0	100.0	5,857
35-49	13.6	86.4	100.0	327	29.0	4.7	16.3	78.2	0.7	100.0	1,131
Birth order											
1	12.8	87.2	100.0	689	47.5	6.3	18.6	74.5	0.7	100.0	1,450
2-3	11.2	88.8	100.0	889	36.8	5.2	14.9	79.0	0.9	100.0	2,418
4-5	10.5	89.5	100.0	661	33.7	6.0	12.8	80.0	1.2	100.0	1,964
6+	9.1	90.9	100.0	706	27.2	5.6	15.4	78.2	0.8	100.0	2,590
Mother's smoking status											
Smokes cigarettes/ tobacco	15.0	85.0	100.0	72	21.2	7.3	19.1	71.9	1.7	100.0	342
Does not smoke	10.8	89.2	100.0	2,872	35.5	5.6	15.0	78.5	0.9	100.0	8,081
Residence											
Urban	9.0	91.0	100.0	694	72.8	5.0	11.7	82.0	1.3	100.0	953
Rural	11.5	88.5	100.0	2,251	30.1	5.8	15.6	77.7	0.8	100.0	7,470
Region											
Central 1	14.8	85.2	100.0	331	40.7	5.5	16.6	77.8	0.0	100.0	814
Central 2	12.0	88.0	100.0	287	40.5	7.7	12.1	79.9	0.3	100.0	710
Kampala	8.5	91.5	100.0	327	78.3	3.7	9.8	85.8	0.7	100.0	417
East Central	10.5	89.5	100.0	330	36.5	7.7	12.8	78.8	0.7	100.0	905
Eastern	9.5	90.5	100.0	485	36.8	5.8	16.9	77.2	0.1	100.0	1,317
North	12.5	87.5	100.0	495	33.6	2.6	17.6	76.2	3.6	100.0	1,474
West Nile	7.5	92.5	100.0	158	34.2	11.4	23.9	64.1	0.7	100.0	462
Western	11.3	88.7	100.0	338	25.8	4.8	16.7	78.4	0.0	100.0	1,309
Southwest	8.8	91.2	100.0	192	19.0	6.2	9.0	84.2	0.7	100.0	1,013
North sub-regions											
IDP	14.5	85.5	100.0	247	40.3	2.4	18.1	75.7	3.8	100.0	612
Karamoja	10.3	89.7	100.0	98	30.5	4.8	19.4	73.7	2.1	100.0	322
Mother's education											
No education	12.6	87.4	100.0	425	22.2	6.5	17.0	75.6	1.0	100.0	1,910
Primary	11.0	89.0	100.0	1,762	32.9	5.5	15.2	78.4	0.9	100.0	5,358
Secondary +	9.7	90.3	100.0	758	65.6	5.3	12.3	81.8	0.6	100.0	1,155
Wealth quintile											
Lowest	12.7	87.3	100.0	521	27.5	5.5	17.6	75.5	1.4	100.0	1,893
Second	9.9	90.1	100.0	471	24.8	5.7	16.3	77.0	1.0	100.0	1,900
Middle	9.1	90.9	100.0	439	26.2	5.2	15.8	78.2	0.8	100.0	1,676
Fourth	13.0	87.0	100.0	610	38.0	6.6	13.3	79.6	0.4	100.0	1,604
Highest	9.9	90.1	100.0	904	66.9	5.4	11.8	82.0	0.8	100.0	1,351
Total	10.9	89.1	100.0	2,945	35.0	5.7	15.2	78.2	0.9	100.0	8,423

[1] Based on either a written record or the mother's recall

Table 11.1 also includes information on the mother's assessment of the baby's size at birth. In the absence of birth weight a mother's subjective assessment of the size of the baby at birth may be useful. Six percent of births were reported to be very small and 15 percent were reported as smaller than average. Around one-quarter of births to women under age 20 and of first-order births were small or smaller than average compared with one-fifth of births to older women and higher-order births. Births to mothers with no education and rural births are more likely to be reported as very small or smaller than average than births to educated mothers and births in urban areas. More than one-third of births (35 percent) in the West Nile region are reported to be very small or smaller than average.

11.2 VACCINATION COVERAGE

Universal immunization of children against the eight vaccine-preventable diseases (namely, tuberculosis, diphtheria, whooping cough (pertussis), tetanus, hepatitis B, *Haemophilus influenzae*, polio and measles) is crucial to reducing infant and child mortality. Differences in vaccination coverage among subgroups of the population are useful for programme planning and targeting resources to areas most in need. Additionally, information on immunization coverage is important for the monitoring and evaluation of the Expanded Programme on Immunization (EPI).

The 2006 UDHS collected information on vaccination coverage for all living children born in the five years preceding the survey. According to the guidelines developed by the World Health Organization, children are considered fully vaccinated when they have received a vaccination against tuberculosis (BCG), three doses each of the DPT and polio vaccines, and a measles vaccination by the age of 12 months. BCG should be given at birth or at first clinical contact, DPT and polio require three vaccinations at approximately 6, 10, and 14 weeks of age, and measles should be given at or soon after reaching 9 months of age.

Information on vaccination coverage was collected in two ways in the UDHS: from vaccination cards shown to the interviewer and from mothers' verbal reports. If the cards were available, the interviewer copied the vaccination dates directly onto the questionnaire. When there was no vaccination card for the child or if a vaccine had not been recorded on the card as being given, the respondent was asked to recall the vaccines given to her child. Table 11.2 shows the percentage of children age 12-23 months who have received the various vaccinations by source of information, that is, from vaccination card or mother's report. This is the youngest cohort of children who have reached the age by which they should be fully vaccinated.

Children born between January 2001 and the date of interview were included in the questions on immunization history. Due to the date of introduction of the DPT-HepB-Hib vaccine, as well as the time taken to implement the new policy, many of the older children in this group received vaccination using DPT rather than DPT-HepB-Hib. In this report, DPT is the term used; however, it should be understood that it also includes children vaccinated with DPT-HepB-Hib.

Forty-six percent of children age 12-23 months were fully vaccinated at the time of the survey, 91 percent had received the BCG vaccination, and 68 percent had been vaccinated against measles. Because DPT and polio vaccines are often administered at the same time, their coverage rates are expected to be similar. However, differences in coverage of DPT and polio result in part from stockouts of the vaccines. Ninety percent of children received the first doses of DPT and of polio. However, only 64 percent of children received the third dose of DPT and 59 percent received the third dose of polio.

Table 11.2 Vaccinations by source of information

Percentage of children age 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, Uganda 2006

Source of information	BCG	DPT[1] 1	DPT[1] 2	DPT[1] 3	Polio[2] 0	Polio[2] 1	Polio[2] 2	Polio[2] 3	Measles	All basic vaccinations[3]	No vaccinations	Number of children
Vaccinated at any time before survey												
Vaccination card	61.8	61.7	57.4	49.4	30.4	61.3	57.4	49.4	45.5	39.8	0.0	1,002
Mother's report	28.7	28.1	23.4	14.5	14.6	29.0	23.9	9.9	22.5	6.4	6.6	587
Either source	90.5	89.8	80.8	63.9	45.0	90.3	81.3	59.3	68.1	46.2	6.6	1,590
Vaccinated by 12 months of age[4]	89.4	87.0	76.6	58.9	44.9	88.2	77.7	54.7	52.3	35.7	8.7	1,590

[1] Includes children who received either DPT or DPT-HepB-Hib
[2] Polio 0 is the polio vaccination given at birth.
[3] BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)
[4] For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.

Table 11.3 shows the vaccination coverage among children age 12-23 months, according to information from the vaccination card or mother's report, by background characteristics. A vaccination card was seen for 63 percent of children age 12-23 months. This information may give some indication of the success of the immunization programme in reaching out to all population subgroups. There are no notable differences in vaccination coverage between males and females. First-born children are more likely to be fully immunized, with 55 percent having received all basic vaccinations compared with 41 to 48 percent of children of higher birth orders. There are urban-rural differences in vaccination coverage. Children residing in urban areas are more likely to be fully immunized compared with children in rural areas (51 percent versus 46 percent). Similarly, there are differences in coverage among regions, with the percentage of children fully immunized ranging from 41 percent in Central 1 region to 51 percent in the Western region. Over half of children in IDP camps in the North (54 percent) region are fully immunized, while 48 percent of children residing in Karamoja have received all basic immunizations.

The percentage of children fully immunized increases with mother's education. Thirty-nine percent of children whose mothers have no education are fully immunized, compared with 58 percent of children born to mothers with secondary or higher education. Children in households in the lowest wealth quintile are less likely to have been fully immunized than children in households in the higher wealth quintiles.

Table 11.3 Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, Uganda 2006

Background characteristic	BCG	DPT[1] 1	DPT[1] 2	DPT[1] 3	Polio[2] 0	Polio[2] 1	Polio[2] 2	Polio[2] 3	Measles	All basic vaccinations[3]	No vaccinations	Percentage with a vaccination card seen	Number of children
Sex													
Male	89.9	88.4	79.6	62.7	46.4	89.6	81.0	58.2	67.1	45.5	6.7	64.1	813
Female	91.1	91.3	82.1	65.1	43.4	91.1	81.6	60.4	69.1	47.0	6.5	62.0	777
Birth order													
1	96.0	95.7	86.1	71.2	53.0	96.1	88.4	66.8	75.6	55.2	1.8	63.2	279
2-3	88.1	88.8	81.0	63.9	43.4	90.5	79.6	57.7	65.4	40.9	7.4	62.6	436
4-5	93.1	91.6	80.3	64.2	44.3	90.3	82.3	61.2	68.5	48.2	5.3	66.3	353
6+	87.8	86.2	78.2	59.8	42.4	87.2	78.2	55.3	65.9	44.5	9.4	61.2	522
Residence													
Urban	92.0	92.7	83.3	67.2	68.9	93.1	83.5	59.5	76.7	51.1	5.8	62.5	156
Rural	90.4	89.5	80.5	63.5	42.4	90.0	81.1	59.2	67.1	45.7	6.7	63.1	1,434
Region													
Central 1	76.8	75.9	68.1	51.7	20.5	79.1	68.2	51.8	59.9	41.4	17.4	54.9	160
Central 2	88.4	87.1	77.6	63.0	36.8	87.0	79.5	59.4	67.2	48.6	10.3	61.9	127
Kampala	91.0	91.0	82.0	68.3	65.7	91.0	80.5	56.2	71.3	46.8	6.8	61.0	74
East Central	88.9	88.2	75.8	60.2	41.1	88.3	74.5	53.8	58.3	41.9	6.9	63.6	190
Eastern	95.1	92.6	84.4	66.6	60.4	92.3	82.9	61.9	63.6	46.8	3.6	73.3	267
North	96.3	95.9	85.6	67.1	59.2	97.0	90.5	56.4	79.2	46.5	1.1	59.1	260
West Nile	96.4	96.3	86.7	61.1	65.7	95.6	82.8	58.2	64.9	46.4	2.0	76.6	85
Western	91.7	91.6	85.4	70.7	35.8	93.0	84.5	65.7	75.3	51.0	5.5	58.1	239
Southwest	86.5	87.0	78.2	61.3	27.7	86.2	81.0	64.9	67.4	45.5	9.9	62.1	189
North sub-regions													
IDP	97.1	96.4	92.0	84.1	74.6	94.9	89.9	60.9	84.8	53.6	1.4	61.6	101
Karamoja	95.8	96.4	85.1	66.1	62.3	97.3	87.1	62.8	79.4	48.2	2.2	48.8	58
Mother's education													
No education	89.7	86.6	78.4	58.2	38.8	87.2	77.9	54.2	64.1	39.0	8.5	55.7	323
Primary	89.9	90.0	80.1	63.6	43.0	90.2	80.9	58.7	66.4	46.0	6.7	65.4	1,045
Secondary +	94.6	93.5	87.9	73.6	62.9	95.3	87.9	69.2	81.7	57.9	3.3	62.7	222
Wealth quintile													
Lowest	93.9	90.9	79.4	63.9	51.4	91.2	80.2	55.8	66.3	41.4	3.6	58.8	327
Second	90.1	89.1	80.3	59.0	41.4	90.2	80.8	57.1	64.7	45.0	6.4	67.0	380
Middle	89.6	89.7	82.2	67.4	38.2	89.6	82.3	62.3	66.8	48.2	8.3	66.3	349
Fourth	90.4	90.4	81.7	65.5	40.6	91.0	82.4	60.8	71.9	49.3	7.6	62.4	303
Highest	87.9	88.8	80.4	64.6	57.6	89.6	80.7	61.4	73.0	47.9	7.3	58.6	230
Total	90.5	89.8	80.8	63.9	45.0	90.3	81.3	59.3	68.1	46.2	6.6	63.1	1,590

[1] Includes children who received either DPT or DPT-HepB-Hib
[2] Polio 0 is the polio vaccination given at birth.
[3] BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

11.2.1 Trends in Vaccination Coverage

One way of measuring trends in vaccination coverage is to compare coverage among children of different ages in the 2006 UDHS. Table 11.4 shows the percentage of children who have received vaccinations during the first year of life by current age. This type of data can provide information on trends in vaccination coverage over the past four years.

There are notable improvements in vaccination coverage over the past four years. The percentage of children who have received no vaccinations at all by 12 months of age has declined over the past four years from 19 percent among children age 48-59 months at the time of the survey to 9 percent among children age 12-23 months. The percentage fully immunized by age 12 months has increased from 26 percent to 36 percent over the same period. Not surprisingly, vaccination cards were shown for 63 percent of children age 12-23 months but for only 36 percent of children age 48-59 months. This may be because vaccination cards for older children have been discarded or lost.

Table 11.4 Vaccinations in first year of life

Percentage of children age 12-59 months at the time of the survey who received specific vaccines by 12 months of age, and percentage with a vaccination card, by current age of child, Uganda 2006

Current age of child in months	BCG	DPT[1]			Polio[2]				Measles	All basic vaccinations[3]	No vaccinations	Percentage with a vaccination card seen	Number of children
		1	2	3	0	1	2	3					
12-23	89.4	87.0	76.6	58.9	44.9	88.2	77.7	54.7	52.3	35.7	8.7	63.1	1,590
24-35	87.4	84.6	75.7	58.1	46.2	85.7	76.7	51.8	54.6	34.4	11.0	55.3	1,528
36-47	85.9	82.5	71.2	52.7	42.2	83.8	72.5	47.7	49.9	28.0	13.1	43.6	1,467
48-59	82.3	76.9	67.2	49.2	44.2	77.9	68.1	39.5	49.7	26.0	18.6	36.2	1,489
Total	87.0	83.6	73.6	55.4	44.5	84.9	74.8	49.0	52.7	31.4	11.9	49.8	6,074

Note: Information was obtained from the vaccination card or, if there was no written record, from the mother. For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccinations.

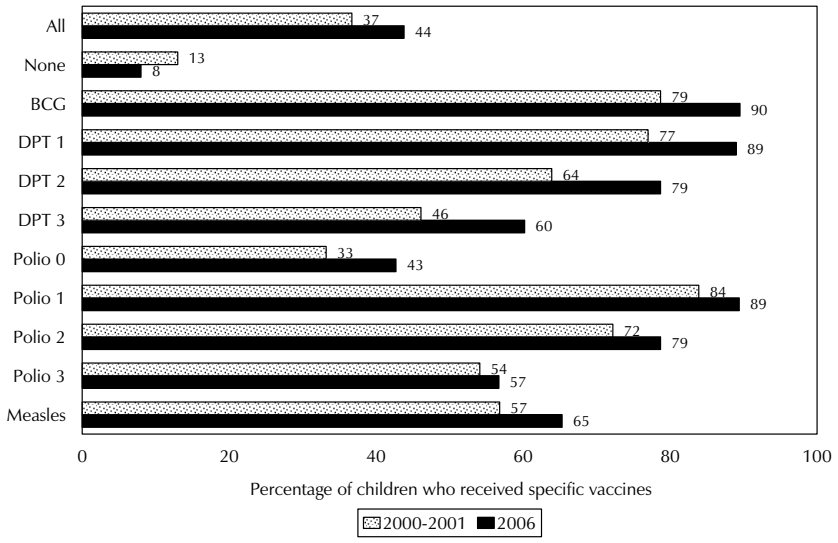
[1] Includes children who received either DPT or DPT-HepB-Hib

[2] Polio 0 is the polio vaccination given at birth.

[3] BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

Trends in vaccination coverage can be seen by comparing similarly collected data in the 2000-2001 UDHS with the data from the 2006 UDHS. Figure 11.1 shows vaccination data for 2000-2001 and 2006 UDHS surveys. The 2006 data excludes districts that were not covered in the earlier survey. The data show that vaccination coverage in Uganda has improved over the past five years. The percentage of children age 12-23 months fully vaccinated at the time of the survey increased from 37 percent in 2000-2001 to 44 percent in 2006. The percentage of children who received each specific vaccination has also increased in the past five years. On the other hand, the percentage who had received none of the six basic vaccinations decreased from 13 percent in 2000-2001 to 8 percent in 2006.

Figure 11.1 Trends in Vaccination Coverage among Children 12-23 Months



Note: The 2006 data have been adjusted to remove the districts not included in the 2000-2001 UDHS

11.3 ACUTE RESPIRATORY INFECTION

Acute respiratory infection (ARI) is among the leading causes of childhood morbidity and mortality throughout the world. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI. In the 2006 Uganda DHS survey, the prevalence of ARI was estimated by asking mothers whether their children under age five had been ill in the two weeks preceding the survey, with a cough accompanied by short, rapid breathing which the mother considered to be chest-related. These symptoms are compatible with ARI. It should be noted that the morbidity data collected are subjective in the sense that they are based on the mother's perception of illness without validation by medical personnel.

Table 11.5 shows that 15 percent of children under five years of age showed symptoms of ARI at some time in the two weeks preceding the survey. The prevalence of ARI symptoms varies by age of child. Children age 6-11 months are most likely to show symptoms of ARI (20 percent) compared with children in the other age groups. There are no significant differences in the prevalence of ARI by gender. Children of mothers who smoke experience more ARI symptoms (19 percent) when compared with children of non-smoking mothers (14 percent). Furthermore, children living in households that use wood/straw for cooking are more likely to exhibit symptoms of ARI than children living in households using charcoal (15 percent compared with 11 percent).

Cough and rapid breathing were higher among children in rural areas (15 percent) than children in urban areas (11 percent). The prevalence of ARI symptoms ranges from a low of 6 percent among children under five living in Central 2 and West Nile regions to a high of 21 percent among children in the North region. Children in IDP camps experienced the highest prevalence of ARI symptoms in the two weeks preceding the interview (27 percent).

ARI prevalence is inversely associated with mother's education. Children of uneducated mothers are the most likely to experience ARI symptoms (18 percent), while children of mothers with secondary or higher education are the least likely (11 percent). The proportion of children with ARI symptoms decreases steadily with increasing wealth quintile of the household, from a high of 19 percent among children living in households of the lowest wealth quintile to a low of 9 percent among children living in households of the highest wealth quintile.

About three-fourths (73 percent) of children under five with symptoms of ARI were taken to a health facility or provider. There are differences in the proportion of children with ARI symptoms taken to a health facility by child's age; children age 12-23 months are somewhat more likely to be taken to a health facility than other children. Males are more likely to be taken to a health facility or provider than females (76 percent versus 71 percent). A lower proportion of children of women who smoke are taken to a health facility than children of non-smoking mothers. Furthermore, children of uneducated women are least likely to be taken to a health facility or provider when they have ARI than other children. The proportion of children with cough and rapid breathing who were taken to a health facility is higher in rural areas (74 percent) than in urban areas (68 percent). Overall, 47 percent of children with symptoms of ARI received antibiotics. The likelihood of receiving antibiotics increases directly with the mother's education and was somewhat more common for urban than rural children.

Because of a change in the definition of ARI between the 2000-2001 and 2006 surveys, it is not possible to compare trends in the percentage of children with ARI.

Table 11.5 Prevalence and treatment of symptoms of ARI

Among children under age five, the percentage who had symptoms of acute respiratory infection, (ARI) in the two weeks preceding the survey and among children with symptoms of ARI, the percentage for whom advice or treatment was sought and percentage who received antibiotics as treatment, according to background characteristics, Uganda 2006

Background characteristic	Children under age five		Children under age five with symptoms of ARI		
	Percentage with symptoms of ARI[1]	Number of children	Percentage for whom treatment was sought from a health facility or provider[2]	Percentage who received antibiotics	Number of children
Age in months					
<6	13.0	801	70.1	52.9	104
6-11	19.7	789	74.5	48.8	155
12-23	19.0	1,590	79.3	52.3	302
24-35	14.4	1,528	71.8	41.2	220
36-47	11.6	1,467	72.6	45.4	170
48-59	10.6	1,489	65.1	42.3	157
Sex					
Male	14.7	3,765	75.7	48.9	555
Female	14.2	3,898	70.9	45.5	554
Mother's smoking status					
Smokes cigarettes/tobacco	18.8	299	67.3	43.2	56
Does not smoke	14.3	7,364	73.6	47.4	1,052
Cooking fuel					
Charcoal	10.6	991	73.3	57.5	105
Wood / straw[3]	15.1	6,650	73.3	46.1	1,004
Residence					
Urban	10.7	872	68.3	52.8	93
Rural	15.0	6,791	73.7	46.7	1,016
Region					
Central 1	9.8	733	85.1	55.2	72
Central 2	6.0	659	(85.4)	(46.5)	40
Kampala	9.4	387	(72.3)	(77.1)	37
East Central	9.8	829	68.1	33.3	81
Eastern	17.4	1,222	65.5	54.0	213
North	20.9	1,310	80.7	41.0	274
West Nile	6.1	409	(71.9)	(54.2)	25
Western	15.3	1,185	66.3	46.6	181
Southwest	20.1	928	73.5	45.4	187
North sub-regions					
IDP	26.5	539	85.6	40.0	143
Karamoja	17.4	292	65.9	39.9	51
Mother's education					
No education	18.1	1,714	71.9	39.2	310
Primary	14.0	4,874	73.7	48.1	683
Secondary +	10.7	1,076	74.5	63.3	116
Wealth quintile					
Lowest	18.7	1,702	79.5	44.8	319
Second	16.8	1,722	67.7	40.9	289
Middle	13.8	1,535	69.8	43.6	212
Fourth	12.2	1,456	72.8	59.3	177
Highest	8.9	1,249	77.5	58.1	111
Total	14.5	7,664	73.3	47.2	1,109

Note: Total number of children under age 5 includes a small number of children that live in households that cook with fuels other than charcoal and wood/straw. Figures in parentheses are based on 25-49 unweighted cases.

[1] Symptoms of ARI (cough accompanied by short, rapid breathing which was chest-related) is considered a proxy for pneumonia.

[2] Excludes pharmacy, shop, and traditional practitioner

[3] Includes grass, shrubs, and crop residues

11.4 FEVER

Fever is a symptom of malaria and other acute infections in children. Malaria and other illnesses that cause fever contribute to high levels of malnutrition and mortality. While fever can occur year-round, malaria is more prevalent after the end of the rainy season. For this reason, temporal factors must be taken into account when interpreting fever as an indicator of malaria prevalence. Since malaria is a major contributory cause of death in infancy and childhood in many developing countries, the so-called presumptive treatment of fever with anti-malarial medication is advocated in many countries where malaria is endemic. Malaria is discussed in greater detail in Chapter 13.

Table 11.6 shows the percentage of children under five with fever during the two weeks preceding the survey and the percentage receiving various treatments, by selected background characteristics. Forty-one percent of children under five were reported to have had fever in the two weeks preceding the survey. The prevalence of fever varies by age of child. Children age 6-11 months and 12-23 months are more commonly sick with fever (53 percent and 52 percent, respectively) than other children.

There are no significant variations in the prevalence of fever by sex of the child. However, there is notable difference in the prevalence of fever between children in urban and rural areas. Twenty-five percent of urban children under five were reported to have had fever in the two weeks preceding the survey compared with 43 percent of rural children. Regional variations are also significant; prevalence of fever ranges from a low of 19 percent in Kampala to a high of 53 percent in Eastern region. Children in IDP camps are most likely to have had fever in the two weeks preceding the survey (61 percent).

Children of mothers with secondary or higher education have significantly lower prevalence of fever when compared with other children. The proportion of children with fever decreases steadily with increasing wealth quintile of the household, from a high of 48 percent among children living in households of the lowest wealth quintile to a low of 33 percent among children living in households of the highest wealth quintile.

Three-fourths of children with fever were taken to a health facility or provider for treatment. Children age 6-23 months were more likely to be taken to a health facility or provider for treatment of fever than other children. Likewise, children living in the North region and IDP sub-region were more likely to be treated in a health facility or by a provider when compared with other children. The proportion of children with fever who were taken to a health facility or provider for treatment does not vary notably by other background characteristics. Sixty-two percent of children with fever received anti-malarial drugs and 35 percent received antibiotic drugs. Use of antibiotic drugs is more common in urban areas (46 percent) than in rural areas (34 percent) and increases with increasing level of mother's education and increasing wealth. The highest use of antibiotic drugs to treat fever is in Kampala (60 percent), and the lowest use is in the North region (28 percent).

Table 11.6 Prevalence and treatment of fever

Among children under age five, the percentage who had a fever in the two weeks preceding the survey; and among children with fever, the percentage of children for whom advice or treatment was sought from a health facility or provider, the percentage who took anti-malarial drugs and the percentage who took antibiotic drugs, by background characteristics, Uganda 2006

	Children under age five		Children under age five with fever			
Background characteristic	Percentage with fever	Number of children	Percentage for whom treatment was sought from a health facility or provider[1]	Percentage who took anti-malarial drugs	Percentage who took antibiotic drugs	Number of children
Age in months						
<6	28.4	801	73.1	41.2	41.7	227
6-11	52.8	789	80.4	60.8	41.2	417
12-23	52.0	1,590	78.2	63.0	38.6	827
24-35	44.6	1,528	76.2	65.5	30.9	681
36-47	37.1	1,467	71.3	62.9	32.4	545
48-59	29.6	1,489	65.3	60.6	30.2	441
Sex						
Male	40.3	3,765	75.0	62.4	35.7	1,518
Female	41.5	3,898	74.4	60.3	34.8	1,619
Residence						
Urban	25.0	872	76.8	58.0	46.0	218
Rural	43.0	6,791	74.5	61.6	34.4	2,919
Region						
Central 1	40.9	733	82.8	58.6	45.1	300
Central 2	37.6	659	79.9	54.4	43.6	248
Kampala	18.9	387	75.0	43.0	60.2	73
East Central	47.2	829	65.6	53.3	33.2	391
Eastern	52.6	1,222	66.7	66.2	35.6	643
North	50.5	1,310	83.7	68.9	28.0	661
West Nile	37.4	409	68.3	66.5	30.2	153
Western	35.3	1,185	70.4	59.7	32.0	419
Southwest	26.9	928	81.8	56.4	37.8	249
North sub-regions						
IDP	60.9	539	85.5	69.2	26.3	328
Karamoja	35.6	292	78.9	68.4	27.6	104
Mother's education						
No education	42.2	1,714	71.4	58.1	30.2	723
Primary	42.1	4,874	75.7	61.9	35.1	2,051
Secondary +	33.8	1,076	75.6	64.4	46.0	364
Wealth quintile						
Lowest	48.3	1,702	78.1	63.5	29.3	823
Second	44.7	1,722	72.0	56.6	32.9	769
Middle	37.1	1,535	72.0	61.2	32.1	569
Fourth	39.2	1,456	72.3	63.1	40.4	570
Highest	32.5	1,249	80.0	63.4	48.7	406
Total	40.9	7,664	74.7	61.3	35.2	3,138

[1] Excludes pharmacy, shop, and traditional practitioner

11.5 PREVALENCE OF DIARRHOEA

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children, although the condition can be easily treated with oral rehydration therapy (ORT). Exposure to diarrhoea-causing agents is frequently related to the use of contaminated water and to unhygienic practices in food preparation and disposal of excreta. In interpreting the findings of the 2006 Uganda DHS survey, it should be borne in mind that prevalence of diarrhoea varies seasonally.

Table 11.7 shows the percentage of children under five with diarrhoea in the two weeks preceding the survey according to selected background characteristics. Overall, 26 percent of all children under five had diarrhoea while 6 percent had diarrhoea with blood.

The occurrence of diarrhoea varies by age of the child. Young children age 6-23 months are more prone to diarrhoea than children in the other age groups. There are no variations in the prevalence of diarrhoea by child's sex. Diarrhoea is more common among children who live in households with a non-improved toilet facility than among children who live in households with improved, not shared facilities. Rural children are more likely than urban children to get sick with diarrhoea (27 percent versus 20 percent). There are also variations in the prevalence of diarrhoea by regions. Children living in the North region are more susceptible to episodes of diarrhoea (36 percent) than children living in the other regions. This figure shows the influence of the high rates of diarrhoea among children in IDP camps in the North (44 percent) on the figure for the whole region. Children living in Kampala have the lowest prevalence of diarrhoea when compared with children living in the other regions (17 percent). The prevalence of diarrhoea decreases steadily with increasing level of mother's education and increasing wealth quintile.The prevalence of diarrhoea with blood follows a pattern similar to that observed for diarrhoea in general.

Table 11.7 Prevalence of diarrhoea

Percentage of children under age five who had diarrhoea in the two weeks preceding the survey, by background characteristics, Uganda 2006

Background characteristic	Diarrhoea in the two weeks preceding the survey: All diarrhoea	Diarrhoea with blood	Number of children
Age in months			
<6	17.9	2.1	801
6-11	45.3	8.1	789
12-23	42.1	8.7	1,590
24-35	24.8	7.8	1,528
36-47	16.4	4.0	1,467
48-59	12.4	2.3	1,489
Sex			
Male	26.8	5.8	3,765
Female	24.8	5.4	3,898
Source of drinking water[1]			
Improved	25.2	5.2	5,033
Not improved	26.7	6.3	2,630
Toilet facility[2]			
Improved, not shared	21.1	3.0	611
Non-improved	26.2	5.8	7,040
Residence			
Urban	19.7	3.4	872
Rural	26.5	5.9	6,791
Region			
Central 1	23.4	4.6	733
Central 2	20.7	3.3	659
Kampala	16.5	0.8	387
East Central	22.7	3.0	829
Eastern	26.4	8.7	1,222
North	35.5	9.0	1,310
West Nile	22.4	4.7	409
Western	21.1	4.2	1,185
Southwest	30.6	5.6	928
North sub-regions			
IDP	44.3	10.1	539
Karamoja	28.7	6.4	292
Mother's education			
No education	30.7	8.5	1,714
Primary	25.6	5.3	4,874
Secondary +	18.5	2.1	1,076
Wealth quintile			
Lowest	33.7	8.5	1,702
Second	27.2	6.7	1,722
Middle	23.6	4.8	1,535
Fourth	23.6	4.7	1,456
Highest	18.1	2.1	1,249
Total	25.8	5.6	7,664

Note: Total includes 12 children living in households with information missing on toilet facility.
[1] See Table 2.3 for definition of categories.
[2] See Table 2.4 for definition of categories.

11.6 DIARRHOEA TREATMENT

In the 2006 UDHS, mothers of children who had diarrhoea were asked about what was done to treat the illness. Table 11.8 shows the percentage of children with diarrhoea who received specific treatments by background characteristics. Seven in ten children with diarrhoea were taken to a health care provider. Children 6-23 months, children of uneducated mothers and those living in the poorest households were more likely to be taken to a health care provider compared with other children. Notable differences also exist by region. Almost nine in ten children living in the North region were taken to a health care provider, in contrast to about half of children living in the Southwest region. Although children in IDP camps are most likely to suffer from diarrhoea, they are also the most likely to receive treatment from a health care provider. Over nine in ten children in IDP camps who had diarrhoea in the two weeks preceding the survey were taken to a health care provider.

Table 11.8 Diarrhoea treatment

Among children under age five who had diarrhoea in the two weeks preceding the survey, the percentage for whom advice or treatment was sought from a health care provider, the percentage given oral rehydration therapy (ORT), the percentage given increased fluids, the percentage given ORT or increased fluids, and the percentage who were given other treatments, by background characteristics, Uganda 2006

Background characteristic	Percentage of children with diarrhoea for whom advice or treatment was sought from a health care provider[1]	Oral rehydration therapy (ORT)					Other treatments							
		ORS packets	Recommended home fluids (RHF)	Either ORS or RHF	Increased fluids	ORT or increased fluids	Antibiotic drugs	Anti-motility drugs	Zinc supplements	Intravenous solution	Home remedy/ other	Missing	No treatment	Number of children
Age in months														
<6	55.1	16.1	4.3	19.3	10.0	26.2	23.0	0.7	0.0	1.1	33.1	0.0	35.9	143
6-11	74.3	46.5	5.7	48.7	15.8	55.4	32.3	2.1	0.2	0.8	38.8	0.3	15.6	358
12-23	74.5	45.0	8.2	48.8	25.0	60.4	31.2	2.7	1.1	0.4	40.9	0.1	13.0	669
24-35	68.5	38.8	10.0	45.2	23.3	57.8	29.8	3.2	0.6	1.2	43.6	0.8	15.8	378
36-47	68.3	31.6	5.8	34.9	18.4	46.5	31.1	1.4	1.6	0.0	35.4	0.0	17.0	241
48-59	64.3	37.2	5.3	39.8	17.8	46.6	29.1	1.1	1.8	0.0	42.1	0.6	18.5	185
Sex														
Male	71.4	41.4	6.5	44.3	21.1	54.6	31.8	2.0	0.8	0.6	41.6	0.4	16.2	1,008
Female	68.9	37.8	8.0	42.5	19.8	52.4	28.8	2.5	0.9	0.6	38.2	0.2	17.2	966
Type of diarrhoea														
Non bloody	68.0	37.7	6.4	41.2	19.9	50.9	29.5	1.7	1.1	0.6	37.5	0.4	19.0	1,498
Bloody	77.7	45.8	8.9	50.0	22.5	62.1	34.2	3.7	0.2	0.2	47.0	0.0	8.8	429
Residence														
Urban	68.9	41.4	8.6	47.5	26.3	60.0	37.1	2.4	0.4	1.3	30.7	0.7	13.2	172
Rural	70.3	39.4	7.1	43.0	19.9	52.9	29.7	2.2	0.9	0.5	40.8	0.3	17.0	1,802
Region														
Central 1	73.3	32.6	5.9	37.0	35.5	57.7	19.5	0.0	0.0	0.0	54.3	0.0	18.8	171
Central 2	66.4	38.0	23.1	50.5	21.6	56.7	19.8	1.3	0.7	0.0	37.6	0.6	19.1	136
Kampala	70.8	36.2	9.5	42.0	33.6	60.6	32.5	0.0	0.0	0.0	36.6	1.9	11.5	64
East Central	57.8	33.7	12.5	37.0	14.6	44.2	21.6	0.9	4.7	0.0	38.2	0.8	26.4	188
Eastern	71.2	41.9	7.0	46.8	24.3	58.8	31.6	4.7	0.3	2.3	44.6	0.0	14.7	323
North	88.5	55.8	6.2	58.6	11.4	63.0	41.6	4.4	0.3	0.9	24.5	0.1	10.5	465
West Nile	63.8	36.0	8.2	42.0	21.3	49.9	38.5	2.5	1.3	0.0	39.8	0.0	16.9	92
Western	67.1	32.9	2.6	34.0	24.4	47.9	35.2	1.0	1.0	0.0	42.5	0.4	18.8	250
Southwest	51.9	27.3	2.0	28.2	18.4	38.8	20.4	0.0	0.4	0.0	52.0	0.3	19.4	284
North sub-regions														
IDP	91.4	68.4	4.3	69.6	10.1	71.5	42.0	2.5	0.6	0.3	24.2	0.0	7.1	239
Karamoja	81.1	52.6	8.0	53.6	14.0	56.7	36.6	5.3	0.0	4.3	29.6	0.6	15.3	84
Mother's education														
No education	74.3	45.1	4.4	47.5	15.9	54.1	27.5	2.4	1.3	0.5	44.8	0.3	15.4	526
Primary	68.8	37.7	8.3	42.0	20.5	52.9	30.1	2.2	0.6	0.7	39.0	0.3	16.9	1,249
Secondary +	67.8	37.4	7.8	41.6	32.1	55.9	38.9	1.9	1.5	0.0	32.9	0.4	18.6	199
Wealth quintile														
Lowest	77.6	46.1	5.5	49.1	13.8	55.6	33.0	2.9	0.8	1.1	34.5	0.1	15.6	573
Second	69.6	37.7	4.3	40.7	19.7	49.5	30.7	2.1	0.7	0.3	44.0	0.7	14.9	469
Middle	61.3	34.1	8.0	38.1	22.8	52.4	25.1	1.2	0.9	0.5	43.9	0.0	19.8	362
Fourth	67.8	38.8	10.6	43.2	23.9	55.2	30.5	2.9	1.1	0.0	42.9	0.2	17.1	344
Highest	70.5	37.5	11.2	43.2	29.6	56.1	30.8	1.6	1.2	1.0	34.1	0.7	17.4	226
Total	70.2	39.6	7.2	43.4	20.4	53.5	30.3	2.2	0.9	0.6	39.9	0.3	16.7	1,974

Note: ORT includes solution prepared from oral rehydration salts (ORS), pre-packaged ORS packet, and recommended home fluids (RHF). Total includes 47 children with information missing on type of diarrhoea.

[1] Excludes pharmacy, shop, and traditional practitioner

Fifty-four percent of children with diarrhoea were treated with some kind of oral rehydration therapy (ORT) or increased fluids. Forty percent were treated with ORS prepared from an ORS packet, 7 percent were given recommended home fluids, and 20 percent were given increased fluids.

Thirty percent of children were given antibiotic drugs and 40 percent were given home remedies or other treatments. Seventeen percent of children with diarrhoea did not receive any treatment at all.

Children 6-35 months, male children and children who had diarrhoea with blood are more likely to receive some kind of ORT than others. There are no large variations in diarrhoea treatment by mother's education and wealth quintile. On the other hand, ORT treatment varies by urban-rural residence and region. Sixty percent of children in urban areas received ORT or increased fluids, compared with 53 percent of children in rural areas. Children living in the North and Kampala regions are most likely to receive ORT or be given increased fluids while children living in the Southwest region are least likely. As seen with health care services received for diarrhoea, children in IDP camps who had diarrhoea were most likely to receive ORT (72 percent).

Comparable data from the 2000-2001 UDHS show that 45 percent of children with diarrhoea were taken to a health provider in 2000-2001 compared with 70 percent in 2006.

11.7 Feeding Practices

Mothers are encouraged to continue feeding children with diarrhoea normally and to increase the amount of fluids. These practices help to reduce dehydration and minimize the adverse consequences of diarrhoea on the child's nutritional status. Mothers were asked whether they gave the child less, the same amount, or more fluids and food than usual when their child had diarrhoea. Table 11.9 shows the percent distribution of children under five who had diarrhoea in the past two weeks by feeding practices, according to background characteristics.

Forty-seven percent of children who had diarrhoea were given the same amount of liquid as usual, 20 percent were given more, 19 percent were given somewhat less than the usual amount, and 7 percent were given much less than the usual amount. Seven percent of children who had diarrhoea were given no liquids.

Regarding the amount of food offered to children who had diarrhoea, 45 percent were given the same as usual, only 7 percent were given more, 22 percent were given somewhat less than the usual amount of food, 12 percent were given much less than the usual amount of food, and 5 percent of children who usually ate solid foods did not receive food during their illness.

Children age 12-23 months, children who had bloody diarrhoea, those living in urban areas, children of the most educated mothers, those in the highest wealth quintile, and children residing in the Central 1 and Kampala regions are more likely to receive more than the usual amount of liquid during episodes of diarrhoea than other children. Regarding the amount of food offered during diarrhoea, the largest differentials are observed by region, with children in Kampala and Western regions being the most likely to receive more food during a diarrhoea episode.

Table 11.9 Feeding practices during diarrhoea

Percent distribution of children under age five who had diarrhoea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhoea episode, and the percentage of children who continued feeding and were given ORT and/or increased fluids during the episode of diarrhoea, by background characteristics, Uganda 2006

Background characteristic	Amount of liquids offered							Amount of food offered								Percentage given increased fluids and continued feeding[1,2]	Percentage who continued feeding and were given ORT and/or increased fluids[1,2,3]	Number of children with diarrhoea
	More	Same as usual	Some-what less	Much less	None	Don't know/ missing	Total	More	Same as usual	Some-what less	Much less	None	Never gave food	Don't know/ missing	Total			
Age in months																		
<6	10.0	57.3	16.6	4.2	11.9	0.0	100.0	0.0	13.0	2.3	2.7	1.9	79.7	0.4	100.0	1.2	20.6	143
6-11	15.8	48.5	18.4	10.3	7.0	0.0	100.0	4.9	40.3	16.5	14.0	5.8	18.4	0.0	100.0	10.9	53.0	358
12-23	25.0	46.2	16.5	7.0	5.3	0.0	100.0	7.7	50.8	20.0	13.4	5.5	2.6	0.0	100.0	21.3	58.2	669
24-35	23.3	41.6	20.4	6.0	7.8	0.9	100.0	8.5	44.0	31.3	10.8	3.7	0.9	0.8	100.0	19.9	55.2	378
36-47	18.4	45.1	21.3	6.4	8.4	0.3	100.0	6.9	48.7	28.4	12.4	2.9	0.7	0.0	100.0	16.1	45.0	241
48-59	17.8	50.9	20.0	6.3	4.5	0.6	100.0	7.5	52.6	24.4	9.4	3.6	0.8	1.6	100.0	15.8	46.0	185
Sex																		
Male	21.1	45.8	18.6	7.7	6.6	0.2	100.0	7.5	44.1	22.4	11.1	4.6	9.9	0.3	100.0	16.9	52.2	1,008
Female	19.8	48.0	18.4	6.4	7.1	0.3	100.0	5.8	45.4	20.9	12.4	4.3	10.8	0.4	100.0	16.1	50.1	966
Type of diarrhoea																		
Non bloody	19.9	48.9	17.6	6.7	6.6	0.3	100.0	6.4	46.6	20.8	10.9	3.6	11.2	0.4	100.0	16.5	48.9	1,498
Bloody	22.5	38.6	21.7	8.9	8.1	0.1	100.0	7.8	37.6	23.7	15.5	7.8	7.6	0.0	100.0	16.2	58.4	429
Missing	(19.5)	(55.8)	(18.9)	(2.7)	(3.1)	(0.0)	100.0	(4.3)	(51.0)	(30.7)	(3.9)	(2.6)	(7.4)	(0.0)	100.0	(19.5)	(58.3)	47
Residence																		
Urban	26.3	57.0	9.2	4.5	2.7	0.4	100.0	8.2	49.8	18.7	9.1	1.2	12.6	0.4	100.0	22.5	57.8	172
Rural	19.9	45.9	19.4	7.3	7.3	0.3	100.0	6.5	44.3	22.0	12.0	4.8	10.1	0.3	100.0	16.0	50.5	1,802
Region																		
Central 1	35.5	43.9	15.2	4.7	0.7	0.0	100.0	2.4	47.2	25.3	11.4	3.5	10.2	0.0	100.0	28.0	54.2	171
Central 2	21.6	33.5	28.4	15.3	0.6	0.6	100.0	2.1	32.8	26.4	18.8	8.9	10.3	0.6	100.0	15.4	54.3	136
Kampala	33.6	61.0	0.0	4.4	0.0	1.0	100.0	12.5	63.4	9.7	4.6	0.0	8.8	1.0	100.0	28.9	58.5	64
East Central	14.6	51.1	23.4	9.2	1.2	0.5	100.0	7.4	41.5	28.0	10.4	3.5	8.9	0.5	100.0	11.8	42.4	188
Eastern	24.3	53.4	11.7	6.2	4.4	0.0	100.0	9.9	50.8	16.0	8.5	3.9	10.3	0.6	100.0	21.2	56.8	323
North	11.4	41.1	22.2	7.9	17.1	0.4	100.0	2.7	37.5	24.3	20.0	6.2	9.1	0.2	100.0	8.3	60.9	465
West Nile	21.3	37.3	18.7	2.0	20.1	0.7	100.0	2.3	46.2	23.7	5.6	5.2	16.3	0.7	100.0	13.9	47.3	92
Western	24.4	52.4	13.3	4.1	5.9	0.0	100.0	12.7	51.1	19.0	3.9	1.9	11.4	0.0	100.0	21.4	44.9	250
Southwest	18.4	49.3	22.8	7.6	1.6	0.3	100.0	8.8	45.8	19.6	10.1	4.5	11.0	0.3	100.0	15.3	36.5	284
North sub-regions																		
IDP	10.1	30.4	27.6	10.7	20.9	0.3	100.0	1.8	32.5	26.4	20.6	7.4	11.3	0.0	100.0	7.7	70.9	239
Karamoja	14.0	74.1	5.3	1.3	4.1	1.2	100.0	8.8	75.5	10.7	1.7	0.0	2.1	1.2	100.0	14.0	56.7	84
Mother's education																		
No education	15.9	49.2	17.9	7.0	9.7	0.4	100.0	6.8	47.9	21.9	11.0	5.3	6.8	0.3	100.0	12.6	52.5	526
Primary	20.5	45.4	19.9	7.6	6.6	0.1	100.0	6.3	43.2	21.8	12.6	4.3	11.5	0.3	100.0	16.7	50.4	1,249
Secondary +	32.1	49.9	11.5	4.0	1.3	1.1	100.0	9.0	46.0	20.4	8.5	3.1	12.3	0.7	100.0	25.9	52.6	199
Wealth quintile																		
Lowest	13.8	43.0	20.0	8.4	14.5	0.2	100.0	4.2	46.2	21.5	13.5	5.9	8.6	0.2	100.0	10.6	53.1	573
Second	19.7	45.4	22.5	5.7	6.3	0.3	100.0	8.1	37.9	24.4	13.6	4.6	11.2	0.2	100.0	15.6	46.9	469
Middle	22.8	52.9	15.5	5.6	3.0	0.2	100.0	5.6	52.5	16.2	9.5	5.5	10.5	0.2	100.0	18.4	50.0	362
Fourth	23.9	49.3	16.0	8.2	2.4	0.2	100.0	9.1	44.1	22.4	9.5	2.3	11.8	0.7	100.0	20.7	53.4	344
Highest	29.6	46.2	14.9	7.0	1.6	0.7	100.0	8.2	43.7	24.2	10.3	2.3	10.5	0.7	100.0	24.2	53.8	226
Total	20.4	46.9	18.5	7.1	6.9	0.3	100.0	6.7	44.7	21.7	11.7	4.5	10.3	0.3	100.0	16.5	51.2	1,974

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Equivalent to the UNICEF MICS indicator 34: "Home management of diarrhoea"
[2] Continued feeding includes children who were given more, same as usual, or somewhat less food during the diarrhoea episode
[3] Equivalent to the UNICEF MICS indicator 35

11.8 KNOWLEDGE OF ORS PACKETS

A simple and effective response to dehydration caused by diarrhoea is a prompt increase in the child's fluid intake through some form of oral rehydration therapy, which may include the use of a solution prepared from packets of oral rehydration salts (ORS). To ascertain how widespread knowledge of ORS is in Uganda, respondents were asked whether they know about ORS packets.

Table 11.10 shows that a large majority of women (86 percent) who gave birth in the five years preceding the survey know about ORS packets. ORS knowledge is higher among urban women (91 percent) than among rural women (86 percent). Knowledge of ORS also varies by region; it ranges from a low of 58 percent among mothers in the Southwest region to a high of 98 percent in Eastern region.

Knowledge of ORS packets varies by mother's level of education; it increases steadily from 83 percent among uneducated mothers to 86 percent among mothers with primary education and to 94 percent among mothers with secondary or higher education. There is no discernable relationship between knowledge of ORS packets and wealth.

There has been a decline in the proportion of mothers who have heard about ORS, from 92 percent in 2000-2001 to 86 percent in 2006. Promotion of ORS has received less emphasis in Uganda in recent years in part because there has been an ongoing process of transition to a new formulation of ORS.

Table 11.10 Knowledge of ORS packets or pre-packaged liquids

Percentage of mothers age 15-49 who gave birth in the five years preceding the survey who know about ORS packets for treatment of diarrhoea by background characteristics, Uganda 2006

Background characteristic	Percentage of women who know about ORS packets	Number of women
Age		
15-19	79.7	371
20-24	86.1	1,315
25-34	86.3	2,238
35-49	89.2	1,111
Residence		
Urban	90.7	668
Rural	85.7	4,367
Region		
Central 1	86.9	497
Central 2	96.4	428
Kampala	93.6	298
East Central	97.1	510
Eastern	97.5	755
North	93.8	872
West Nile	86.3	289
Western	74.4	772
Southwest	57.6	615
North sub-regions		
IDP	96.7	355
Karamoja	91.4	187
Education		
No education	82.5	1,087
Primary	85.9	3,156
Secondary +	93.6	792
Wealth quintile		
Lowest	88.8	1,074
Second	84.7	1,088
Middle	79.8	985
Fourth	88.5	961
Highest	90.4	928
Total	86.4	5,035

ORS = Oral rehydration salts

11.9 STOOL DISPOSAL

If human faeces are left uncontained, disease may spread by direct contact or by animal contact with the faeces. Hence, the proper disposal of children's stools is extremely important in preventing the spread of disease. Table 11.11 presents information on the disposal of the stools of children under five, by background characteristics.

Twenty-one percent of children's stools are left uncontained: 6 percent are put or rinsed into a drain or ditch, another 6 percent are thrown into the garbage, and 9 percent are left in the open. Seventy-seven percent of children's stools are disposed of hygienically: 7 percent are buried in the yard, 58 percent are disposed of in a toilet or latrine, and 11 percent of children under five use a toilet or latrine.

There are pronounced differences by mother's level of education in the way stools are disposed of. For 87 percent of the children of mothers with secondary and higher education, stools are disposed of hygienically (child uses toilet, child's stool thrown in toilet, or buried in yard), compared with 67 percent of children of mothers with no education. Similarly, 90 percent of children in households with improved toilets that are not shared with other households, have their stools contained compared with 75 percent of children in the households using non-improved or shared toilet facilities. Children's stools are much more likely to be contained in the wealthiest households (90 percent) than in the poorest households (62 percent).

Children's stools are more likely to be contained in urban areas (89 percent) than in rural areas (75 percent). This marked difference could be attributed to the fact that toilet facilities are more available in urban areas. There are large regional variations in the way the child's faeces are disposed of. For example, the percentage of children whose stools are contained ranges from a low of 62 percent in West Nile to a high of 91 percent in Kampala. Furthermore, 24 percent of children's stools are left in the open in the West Nile region compared with less than 1 percent in Kampala and the Central 1 regions. Seventy-nine percent of children's stools are disposed of hygienically in the IDP sub-region compared with 29 percent of those in Karamoja.

Table 11.11 Disposal of children's stools

Percent distribution of youngest children under age five living with the mother by the manner of disposing of the child's last faecal matter, and percentage of children whose stools were disposed of safely, according to background characteristics, Uganda 2006

Background characteristic	Manner of disposal of children's stools								Total	Percentage of children whose stools were disposed of safely[1]	Number of children
	Child used toilet or latrine	Put/rinsed into toilet or latrine	Buried	Put/ rinsed into drain or ditch	Thrown into garbage	Left in the open	Other	Missing			
Age in months											
<6	2.4	38.1	3.4	21.1	13.5	14.3	7.0	0.2	100.0	43.9	789
6-11	3.1	60.6	6.6	8.1	9.4	9.8	2.4	0.0	100.0	70.3	767
12-23	3.0	72.9	8.6	2.2	5.3	7.5	0.5	0.1	100.0	84.4	1,482
24-35	9.6	65.6	9.8	0.9	4.2	9.3	0.2	0.3	100.0	85.1	884
36-47	36.9	47.9	6.8	0.0	0.9	7.2	0.3	0.0	100.0	91.6	462
48-59	61.3	24.3	6.7	0.6	0.7	4.4	0.2	1.8	100.0	92.3	311
Toilet facility											
Improved, not shared[2]	17.9	69.9	1.9	4.3	1.8	2.0	2.2	0.0	100.0	89.7	388
Non-improved	10.7	56.9	7.8	5.9	6.8	9.7	1.8	0.3	100.0	75.5	4,299
Residence											
Urban	17.9	66.5	4.5	5.4	1.9	1.7	1.7	0.4	100.0	88.9	577
Rural	10.4	56.8	7.7	5.8	7.0	10.2	1.8	0.2	100.0	74.9	4,117
Region											
Central 1	13.9	72.7	1.5	6.7	0.8	0.6	3.4	0.4	100.0	88.0	447
Central 2	13.2	73.4	0.6	4.8	2.2	2.8	2.7	0.3	100.0	87.2	408
Kampala	18.4	72.6	0.0	5.4	0.6	0.0	2.9	0.0	100.0	91.1	250
East Central	6.9	74.6	4.5	3.5	3.7	5.7	0.8	0.4	100.0	85.9	480
Eastern	7.1	43.8	20.4	6.4	5.3	13.3	3.5	0.2	100.0	71.3	716
North	5.7	47.0	10.9	6.9	4.0	24.1	1.3	0.1	100.0	63.6	819
West Nile	11.4	41.2	9.3	14.0	19.3	4.1	0.2	0.4	100.0	61.9	270
Western	11.8	53.4	5.2	2.2	17.7	9.1	0.3	0.4	100.0	70.4	726
Southwest	21.6	62.3	2.6	6.1	3.1	2.9	1.5	0.0	100.0	86.5	580
North sub-regions											
IDP	5.3	68.7	4.8	9.9	5.3	5.3	0.4	0.2	100.0	78.9	333
Karamoja	0.0	8.2	20.9	0.6	4.6	60.9	4.4	0.3	100.0	29.1	177
Education											
No education	8.8	47.8	10.8	4.7	8.7	16.4	2.2	0.5	100.0	67.4	1,033
Primary	11.1	59.3	7.1	6.1	6.6	8.1	1.7	0.1	100.0	77.5	2,946
Secondary +	16.2	67.4	3.2	6.0	2.4	2.7	1.8	0.4	100.0	86.8	716
Wealth quintile											
Lowest	5.9	40.2	15.8	6.1	7.8	21.6	2.4	0.2	100.0	61.9	1,022
Second	8.7	52.9	9.6	6.8	8.7	11.6	1.5	0.2	100.0	71.2	1,039
Middle	11.5	63.8	4.8	6.0	6.9	5.6	1.3	0.1	100.0	80.2	930
Fourth	13.3	67.7	3.5	4.8	5.4	3.3	1.6	0.4	100.0	84.5	893
Highest	19.4	69.5	0.8	4.9	2.2	0.7	2.2	0.3	100.0	89.7	811
Total	11.4	58.0	7.3	5.8	6.4	9.1	1.8	0.2	100.0	76.7	4,694

Note: Total includes 7 children with missing information on toilet facility.
[1] Includes 'child used toilet or latrine,' 'put/rinsed into toilet or latrine,' and 'buried'
[2] Non-shared facilities that are of the following types: flush or pour flush into a piped sewer system/septic tank/pit latrine, ventilated improved pit (VIP) latrine, pit latrine with a slab, and a composting toilet.

NUTRITION OF CHILDREN AND ADULTS 12

This chapter covers nutritional concerns for children and women. Infant and young child feeding practices, including breastfeeding and feeding with solid/semisolid foods are presented for children. Anthropometric assessment of nutritional status, diversity of foods consumed, micronutrient intake, and vitamin A deficiency are presented for women and children under age five. The prevalence of anaemia is presented for women, children, and men.

Adequate nutrition is critical to child development. The period from birth to two years of age is important for optimal growth, health, and development. Unfortunately, this period is often marked by growth faltering, micronutrient deficiencies, and common childhood illnesses such as diarrhoea and acute respiratory infections (ARI). Optimal feeding practices reported in this chapter include early initiation of breastfeeding, exclusive breastfeeding during the first 6 months of life, continued breastfeeding for up to two years of age and beyond, timely introduction of complementary feeding at 6 months of age, frequency of feeding solid/semisolid foods, and the diversity of food groups fed to children between 6 and 23 months of age. A summary indicator that describes the quality of infant and young child (age 6-23 months) feeding practices (IYCF) is included.

A woman's nutritional status has important implications for her health as well as the health of her children. Malnutrition in women results in reduced productivity, an increased susceptibility to infections, slow recovery from illness, and heightened risks of adverse pregnancy outcomes. For example, a woman who has poor nutritional status as indicated by a low body mass index (BMI), short stature, anaemia, or other micronutrient deficiencies has a greater risk of obstructed labour, of having a baby with low birth weight, of producing lower quality breast milk, of mortality due to postpartum haemorrhage, and of morbidity of both herself and her baby.

12.1 NUTRITIONAL STATUS OF CHILDREN

The 2006 UDHS collected data on the nutritional status of children by measuring the height and weight of all children under five years of age in a subsample of one in three households selected for the survey. Data were collected with the aim of calculating three indices—namely, weight-for-age, height-for-age, and weight-for-height—all of which take age and sex into consideration. Weight measurements were taken using a lightweight electronic SECA scale designed and manufactured under the guidance of UNICEF. The scale allowed for the weighing of very young children through an automatic mother-child adjustment that eliminated the mother's weight while she was standing on the scale with her baby. Height measurements were carried out using a measuring board produced by Shorr Productions. Children younger than 24 months were measured lying down (recumbent length) on the board, while standing height was measured for older children.

For the 2006 UDHS, the nutritional status of children is calculated for the first time using new growth standards published by WHO in 2006. These new growth standards were generated using data collected in the WHO Multicentre Growth Reference Study (WHO, 2006). The study, whose sample included 8,440 children in six countries, was designed to provide a description of how children should grow under optimal conditions. The WHO Child Growth Standards can therefore be used to assess children all over the world, regardless of ethnicity, social and economic influences, and feeding practices. Each of the three nutritional status indicators described below is expressed in standard deviation units from the median of the Multicentre Growth Reference Study sample.

Each of these indices—height-for-age, weight-for-height, and weight-for-age—provides different information about growth and body composition, which is used to assess nutritional status. The height-for-age index is an indicator of linear growth retardation and cumulative growth deficits.

Children whose height-for-age Z-score is below minus two standard deviations (-2 SD) are considered short for their age (stunted) and are chronically malnourished. Children who are below minus three standard deviations (-3 SD) are considered severely stunted. Stunting reflects failure to receive adequate nutrition over a long period of time and is also affected by recurrent and chronic illness. Height-for-age, therefore, represents the long-term effects of malnutrition in a population and is not sensitive to recent, short-term changes in dietary intake.

The weight-for-height index measures body mass in relation to body height or length and describes current nutritional status. Children whose Z-scores are below minus two standard deviations (-2 SD) are considered thin (wasted) and are acutely malnourished. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or a recent episode of illness causing loss of weight and the onset of malnutrition. Children whose weight-for-height is below minus three standard deviations (-3 SD) are considered severely wasted.

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic malnutrition. Children whose weight-for-age is below minus two standard deviations are classified as underweight. Children whose weight-for-age is below minus three standard deviations (-3 SD) are considered severely underweight.

Thirty-eight percent of children under five are stunted and 15 percent are severely stunted. Six percent of children under five are wasted, and 16 percent are underweight (Table 12.1).

Table 12.1 and Figure 12.1 indicate that stunting is apparent even among children less than 6 months of age (17 percent). Stunting increases with the age of the child through the first three years of life before declining in the fourth and fifth year. The increase is especially rapid during the first two years of life, as evidenced in the rise from 13 percent among children age 6-8 months to 45 percent among children age 18-23 months. Male children are more likely to be stunted than female children (41 percent compared with 36 percent). Stunting is highest if the birth interval is less than 24 months (41 percent). Size at birth is an important indicator of the nutritional status of children. Children who were reported to be of average size or larger were less likely to be stunted than children who were reported to be small or very small at birth: 35 percent compared with 49 percent and 48 percent, respectively. More rural children are stunted (40 percent) than urban children (26 percent). Regional variation in nutritional status of children is substantial, with stunting being highest in Southwest region (50 percent) and lowest in Kampala (22 percent). The greatest chronic malnutrition problems appear to be in Karamoja, where over half of children are stunted, including one in four who are severely stunted. With increasing level of mother's education the proportion of children stunted goes down. Stunting also decreases with increasing wealth quintile, although the pattern is not uniform.

Wasting varies greatly by age and peaks among children age 9-11 months. Boys are slightly more likely than girls to experience wasting (7 percent compared with 5 percent), as are children who were reported to be very small or small at birth compared with those who were reported to be of average size or larger (10 percent and 6 percent compared with 3 percent). There is little difference in wasting between urban and rural children. Wasting is 9 percent or higher in East Central and Southwest regions as compared with 3 percent in Central 2 and Eastern regions.

Table 12.1 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Uganda 2006

Background characteristic	Height-for-age			Weight-for-height			Weight-for-age			Number of children
	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	
Age in months										
<6	5.4	16.9	-0.5	2.3	8.4	0.0	2.4	10.7	-0.4	242
6-8	5.9	13.0	-0.6	2.6	11.6	-0.3	2.6	15.2	-0.6	144
9-11	12.9	28.8	-1.2	10.1	21.8	-1.0	13.1	29.7	-1.4	144
12-17	11.7	37.0	-1.5	5.0	12.3	-0.5	6.3	24.2	-1.1	298
18-23	16.8	45.4	-1.7	3.0	8.7	-0.2	5.9	15.5	-1.0	280
24-35	21.7	47.6	-1.8	0.8	3.9	0.2	3.6	16.5	-0.8	535
36-47	15.3	41.8	-1.8	0.3	1.5	0.3	2.7	11.9	-0.8	521
48-59	16.1	40.5	-1.7	0.3	1.3	0.2	2.7	13.5	-0.9	521
Sex										
Male	16.8	40.5	-1.6	2.2	7.4	0.0	4.2	17.3	-0.9	1,357
Female	13.1	35.6	-1.4	1.8	4.9	0.0	4.1	14.4	-0.8	1,330
Birth interval in months[2]										
First birth[3]	15.6	36.8	-1.6	2.6	6.9	0.0	4.3	17.0	-0.9	363
<24	18.5	41.2	-1.7	2.0	6.5	0.1	5.5	18.1	-0.9	473
24-47	13.3	36.7	-1.5	2.0	6.2	0.0	3.5	15.3	-0.9	1,285
48+	9.1	34.2	-1.2	3.2	7.3	-0.1	4.3	11.8	-0.7	287
Size at birth[2]										
Very small	19.5	47.6	-1.9	6.0	9.6	-0.5	9.9	31.6	-1.5	126
Small	20.0	48.7	-1.9	3.8	9.9	-0.3	6.5	25.6	-1.3	349
Average or larger	12.7	34.5	-1.4	1.7	5.7	0.1	3.3	12.8	-0.8	1,919
Mother's status										
Interviewed	14.2	37.3	-1.5	2.2	6.5	0.0	4.1	15.7	-0.9	2,408
Not interviewed but in household	26.3	50.3	-1.9	0.0	1.8	0.1	5.7	17.3	-1.0	65
Not interviewed, and not in the household[4]	20.7	42.9	-1.6	0.3	3.4	0.2	3.8	17.6	-0.8	213
Mother's nutritional status[5]										
Thin (BMI<18.5)	11.9	37.7	-1.5	3.8	7.9	-0.4	6.5	18.4	-1.1	257
Normal (BMI 18.5-24.9)	15.4	39.0	-1.6	2.2	6.5	0.0	4.2	16.8	-0.9	1,832
Overweight/obese (BMI ≥25)	10.0	27.6	-1.2	1.2	4.7	0.5	1.9	7.1	-0.3	340
Residence										
Urban	8.3	25.5	-1.0	3.0	6.8	0.1	2.5	10.6	-0.5	273
Rural	15.7	39.5	-1.6	1.9	6.1	0.0	4.3	16.5	-0.9	2,414
Region										
Central 1	15.2	39.2	-1.7	2.5	4.5	0.1	4.2	13.0	-0.9	273
Central 2	8.0	29.8	-1.2	0.6	3.1	0.1	1.9	8.4	-0.6	249
Kampala	8.1	22.2	-0.8	3.7	7.4	0.0	2.6	10.3	-0.5	130
East Central	11.1	38.3	-1.4	4.5	9.9	-0.4	5.7	22.9	-1.1	309
Eastern	12.5	36.2	-1.5	1.0	3.4	0.1	2.2	11.2	-0.8	411
North	17.3	40.0	-1.6	1.9	6.5	-0.1	6.8	21.8	-1.0	397
West Nile	15.3	37.7	-1.5	2.3	8.3	-0.2	4.5	16.6	-1.0	156
Western	17.6	37.6	-1.6	0.3	5.0	0.1	3.2	14.6	-0.9	422
Southwest	22.7	49.6	-1.8	3.4	9.0	0.2	5.2	19.3	-0.9	342
North sub-regions										
IDP	13.9	37.4	-1.5	1.7	6.3	0.0	5.0	20.2	-0.8	172
Karamoja	25.2	53.6	-2.2	3.8	10.5	-0.7	14.1	36.2	-1.7	84
Mother's education[6]										
No education	15.8	41.4	-1.6	2.4	6.6	-0.1	5.9	20.6	-1.0	551
Primary	15.5	39.4	-1.6	2.2	6.2	0.0	3.9	15.6	-0.9	1,580
Secondary +	7.1	22.7	-1.0	1.7	6.8	0.1	2.6	8.4	-0.5	339
Wealth quintile										
Lowest	18.5	43.4	-1.7	1.6	6.3	-0.1	5.5	20.6	-1.1	554
Second	16.0	38.0	-1.5	2.0	5.8	0.0	3.3	15.6	-0.9	591
Middle	17.3	44.4	-1.7	2.6	6.8	0.0	4.2	17.0	-1.0	578
Fourth	13.7	37.6	-1.6	2.4	6.0	0.0	6.1	16.5	-0.9	501
Highest	7.9	24.3	-1.0	1.4	5.7	0.1	1.5	8.4	-0.5	463
Total	15.0	38.1	-1.5	2.0	6.1	0.0	4.1	15.9	-0.9	2,687

Note: Table is based on children who slept in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards. Totals exclude 13 children with size at birth missing, 45 children with mother's BMI missing, and 3 children with mother's education missing. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight.

[1] Includes children who are below -3 standard deviations (SD) from the median of the WHO Child Growth Standards

[2] Excludes children whose mothers were not interviewed

[3] First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval

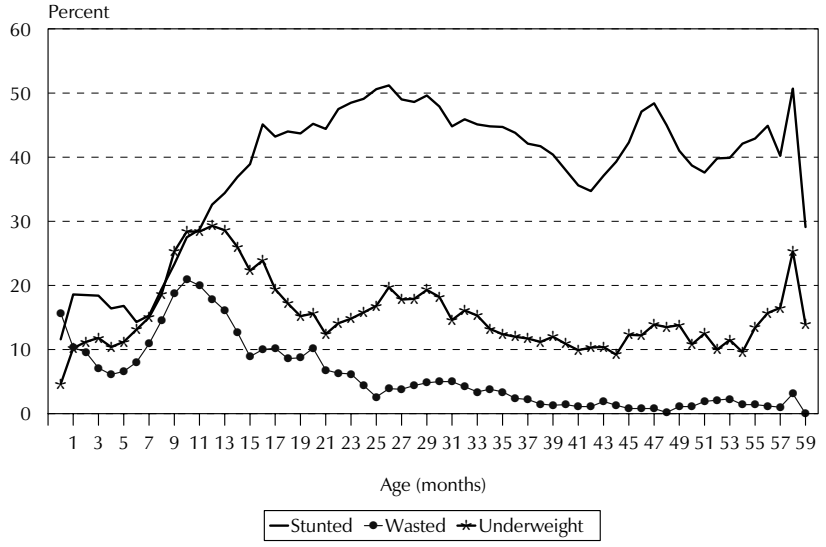
[4] Includes children whose mothers are deceased

[5] Excludes children whose mothers were not weighed and measured. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 12.10

[6] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire

Table 12.1 shows that the percentage of children underweight almost triples from 11 percent among children under age 6 months to 30 percent among children age 9-11 months. Weaning foods are typically introduced during these ages, and increased exposure to infection as well as inappropriate and/or inadequate feeding practices may be contributing to faltering nutritional status among children in these age groups. As with the other two nutritional indicators, boys are more likely to be underweight than girls (17 versus 14 percent), and smaller size at birth is associated with lower weight-for-age. Children born with a birth interval of less than 24 months are more likely to be underweight than children for whom the birth interval was longer. Underweight children are more prevalent in rural (17 percent) than urban areas (11 percent). Underweight ranges from 8 percent in Central 2 to 23 percent in East Central region. Underweight affects one in five children in IDP camps in the North and more than one in three children in Karamoja.

Figure 12.1 **Nutritional Status of Children Under Five**



Note: Includes children below -2 SD from the WHO Child Growth Standards UDHS 2006

It is not possible to compare the nutritional status of children assessed in earlier UDHS surveys using the previous NCHS/CDC/WHO reference to nutritional status as measured in the 2006 UDHS by the new WHO Child Growth Standards because the methods used to construct the two sets of growth curves are different. The greatest differences are observed in children age 0-12 months. Compared with the previous reference, the growth standards result in a higher proportion of children who are stunted and a higher prevalence of wasting among infants. In addition, using the new growth standards, the prevalence of underweight increases during the first half of infancy (i.e., 0-6 months) and decreases for children 6 months to five years (WHO, 2006). Appendix Table D.1 shows nutritional status indicators for the 2006 UDHS using the NCHS/CDC/WHO reference. All of the anticipated differences between the two methodologies are observed in the data for Uganda.

12.2 INITIATION OF BREASTFEEDING

Early initiation of breastfeeding is encouraged for a number of reasons. Mothers benefit from early suckling because it stimulates breast milk production and facilitates the release of oxytocin, which helps the contraction of the uterus and reduces postpartum blood loss. The first breast milk contains colostrum, which is highly nutritious and has antibodies that protect the newborn from diseases. Early initiation of breastfeeding also fosters bonding between mother and child.

Table 12.2 shows the percentage of all children born in the five years before the survey by breastfeeding status and the timing of initial breastfeeding, by background characteristics. Breastfeeding is nearly universal in Uganda, with 98 percent of children born in the five years preceding the survey having been breastfed at some time. There is very little difference in whether children were ever breastfed by background characteristics.

Table 12.2 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and for the last children born in the five years preceding the survey ever breastfed, the percentage who started breastfeeding within one hour and within one day of birth and the percentage who received a prelacteal feed, by background characteristics, Uganda 2006

Background characteristic	Breastfeeding among children born in the last five years:		Among last-born children ever breastfed			
	Percentage ever breastfed	Number of children born in the past five years	Percentage who started breast-feeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth[1]	Percentage who received a prelacteal feed[2]	Number of last-born children ever breastfed
Sex						
Male	97.8	4,180	41.4	85.5	54.6	2,486
Female	98.6	4,243	43.0	86.6	53.4	2,484
Assistance at childbirth						
Health personnel[3]	98.1	3,586	46.4	87.8	51.9	2,278
Traditional birth attendant	98.0	1,935	40.7	84.7	51.1	1,082
Other	98.8	2,096	38.7	86.6	57.6	1,160
No one	97.8	799	33.8	79.1	62.0	449
Place of birth						
Health facility	98.0	3,463	46.1	87.7	51.9	2,211
At home	98.4	4,870	39.3	84.9	55.6	2,713
Other	95.8	76	(24.2)	(74.0)	(62.2)	44
Residence						
Urban	98.3	953	47.7	85.9	52.8	661
Rural	98.2	7,470	41.4	86.1	54.2	4,309
Region						
Central 1	97.1	814	37.1	82.3	67.7	484
Central 2	98.4	710	40.1	84.3	58.7	424
Kampala	98.6	417	53.6	88.5	53.5	295
East Central	98.5	905	45.4	94.6	66.5	503
Eastern	99.0	1,317	36.1	88.7	50.2	751
North	97.7	1,474	42.2	79.5	37.2	857
West Nile	98.6	462	48.9	79.0	46.5	285
Western	98.4	1,309	49.4	90.3	51.1	767
Southwest	97.8	1,013	35.1	86.0	65.5	604
North sub-regions						
IDP	98.1	614	43.6	77.5	35.5	351
Karamoja	97.4	324	56.6	80.4	46.2	184
Mother's education						
No education	97.4	1,910	40.1	83.7	50.0	1,070
Primary	98.5	5,358	42.4	86.6	54.8	3,114
Secondary +	98.2	1,155	44.3	87.2	56.2	786
Wealth quintile						
Lowest	98.3	1,893	42.2	83.5	42.2	1,061
Second	98.5	1,900	42.3	86.1	52.2	1,079
Middle	98.0	1,676	39.1	84.7	60.6	968
Fourth	98.3	1,604	40.9	88.3	59.1	945
Highest	97.9	1,351	46.9	88.1	57.6	916
Total	98.2	8,423	42.2	86.1	54.0	4,969

Note: Table is based on births in the five years preceding the survey regardless of whether the children are living or dead at the time of interview. Figures in parentheses are based on 25-49 unweighted cases. Totals for children born in the past five years include 8 children missing information on assistance at birth and 14 children with information missing on place of birth.

[1] Includes children who started breastfeeding within one hour of birth

[2] Children given something other than breast milk during the first three days of life

[3] Doctor, nurse/midwife, medical assistant/clinical officer, or nursing aide

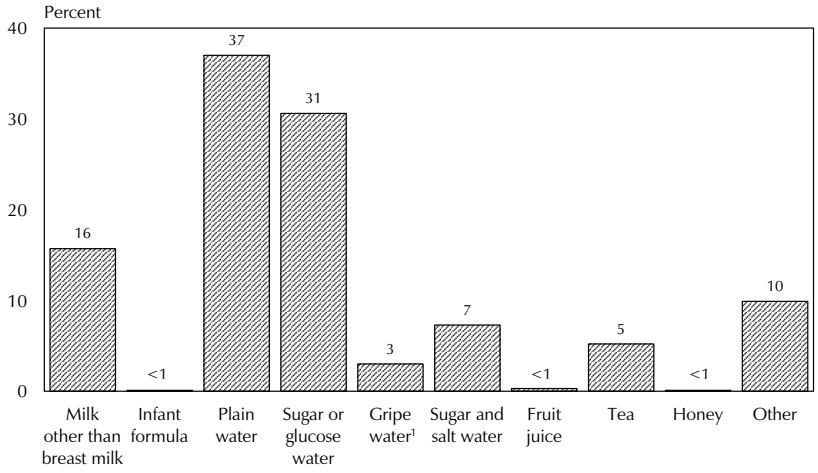
Despite high levels of breastfeeding, only around four in ten children (42 percent) were breastfed within one hour of birth. This is an increase over the rate measured in the 2000-2001 UDHS. Children who were born in a health facility were more likely than other children to have been breastfed in the first hour after birth, as were urban children. The percentage of children breastfed in the first hour ranges from 54 percent in Kampala to 35 percent in Southwest region. Breastfeeding within one hour is common in the Karamoja sub-region, where 57 percent of children are breastfed within the first hour. There is a slight increase in the likelihood of being breastfed in the first hour with mother's education, but there is no discernable pattern by wealth quintile.

Overall, 86 percent of children were breastfed in the first day of life. Except by region, differences in the percentage initiating breastfeeding during the first 24 hours are comparatively small. The percentage of children breastfed in the first day ranges from 79 percent in West Nile to 95 percent in East Central region.

A little more than half of last-born children (54 percent) who were ever breastfed received something other than breast milk during the first three days of life. There is very little difference in prelacteal feeding by gender or residence. The proportion of children receiving prelacteal feeding ranges from 37 percent in the North region to over 65 percent in Southwest, East Central, and Central 1 regions. Prelacteal feeding increases with mother's education.

Figure 12.2 presents the various kinds of prelacteal liquids given to Ugandan children according to the 2006 UDHS. Ugandan children receive plain water (37 percent) and sugar or glucose water (31 percent) as the most common types of prelacteal liquids.

Figure 12.2 Among Last Children Born in the Five Years Preceding the Survey Who Ever Received a Prelacteal Liquid, the Percentage Who Received Various Types of Liquids



Note: Mushroom soup and ghee are included in "other."
[1] Commercial preparation for soothing colicky babies

UDHS 2006

12.3 BREASTFEEDING STATUS BY AGE

UNICEF and WHO recommend that children be exclusively breastfed during the first 6 months of life and that children be given solid or semisolid complementary food in addition to continued breastfeeding from 6 months until age 24 months or more when the child is fully weaned. Exclusive breastfeeding is recommended because breast milk is uncontaminated and contains all the nutrients necessary for children in the first few months of life. In addition, the mother's antibodies in breast milk provide immunity to disease. Early supplementation is discouraged for several reasons.

First, it exposes infants to pathogens and increases their risk of infection, especially disease. Second, it decreases infants' intake of breast milk and therefore suckling, which reduces breast milk production. Third, in low-resource settings, supplementary food is often nutritionally inferior.

Information on complementary feeding was obtained by asking mothers about the current breastfeeding status of all children under five years of age and, for the youngest child born in the three-year period before the survey and living with the mother, foods and liquids given to the child the day and night before the survey.

Table 12.3 shows the percent distribution of youngest children under three years living with the mother by breastfeeding status and percentage of children under three years using a bottle with a nipple, according to age in months. The data presented in Table 12.3 and Figure 12.3 show that, contrary to WHO's recommendations, only six in ten Uganda children under the age of 6 months are exclusively breastfed. Among children age 4-5 months, only 35 percent are exclusively breastfed. Under the age of two months, 84 percent of children are exclusively breastfed, while 9 percent receive breast milk and plain water only, 4 percent receive breast milk and other milk, and 2 percent already receive some complementary foods. Although some children receive complementary foods too early, others begin to receive complementary foods too late. After 6 months of life, breast milk does not satisfy all of the infant's nutritional needs. Nonetheless, only 77 percent of Ugandan children age 6-8 months receive complementary foods. One in ten (11 percent) is still exclusively breastfeeding, and 4 percent receive just plain water in addition to breast milk.

Table 12.3 Breastfeeding status by age

Percent distribution of youngest children under three years living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under three years using a bottle with a nipple, according to age in months, Uganda 2006

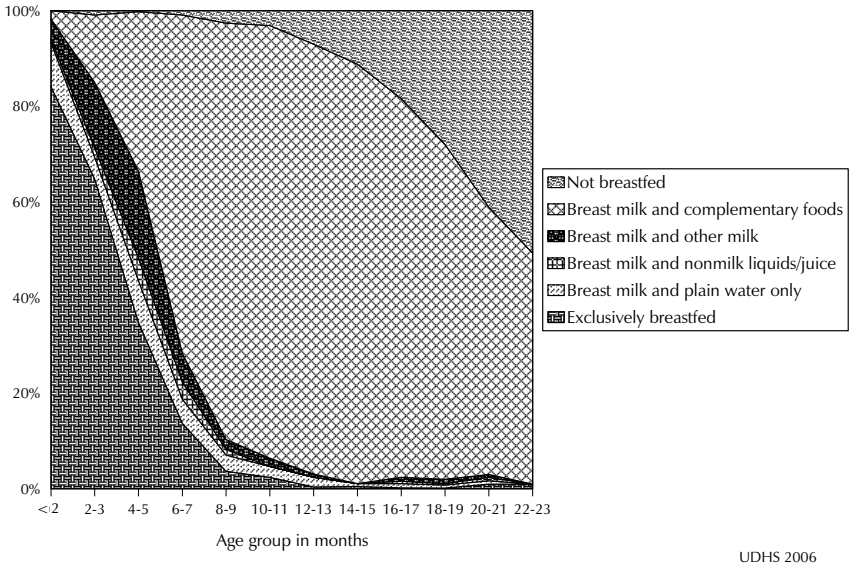
	Percent distribution of youngest children under three living with their mother by breastfeeding status										
			Breastfeeding and consuming:								
Age in months	Not breast-feeding	Exclusively breastfed	Plain water only	Non-milk liquids/ juice	Other milk	Comple-mentary foods	Total	Percentage currently breast-feeding	Number of youngest child under three years	Percentage using a bottle with a nipple[1]	Number of children under three years
0-1	0.0	84.2	9.2	0.7	4.2	1.8	100.0	100.0	224	2.8	227
2-3	0.9	64.8	4.6	1.9	13.7	14.1	100.0	99.1	295	11.1	300
4-5	0.2	34.8	8.7	4.7	18.2	33.3	100.0	99.8	269	18.9	273
6-8	1.1	10.8	4.0	2.7	4.1	77.3	100.0	98.9	396	25.6	403
9-11	3.2	1.9	3.0	0.4	2.1	89.3	100.0	96.8	371	23.8	386
12-17	11.7	0.4	1.2	0.2	0.5	86.0	100.0	88.3	778	20.6	803
18-23	39.5	0.4	0.5	0.3	0.5	58.8	100.0	60.5	705	19.5	786
24-35	83.7	0.1	0.0	0.0	0.0	16.2	100.0	16.3	884	15.5	1,528
0-3	0.5	73.2	6.6	1.4	9.6	8.8	100.0	99.5	519	7.5	527
0-5	0.4	60.1	7.3	2.5	12.6	17.1	100.0	99.6	789	11.4	801
6-9	1.7	8.4	4.0	2.3	3.9	79.7	100.0	98.3	523	26.8	534
12-15	8.9	0.4	1.4	0.0	0.4	88.9	100.0	91.1	546	21.0	553
12-23	24.9	0.4	0.9	0.2	0.5	73.1	100.0	75.1	1,482	20.1	1,590
20-23	45.6	0.5	0.4	0.4	0.3	52.7	100.0	54.4	460	19.0	515

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as *breastfeeding and consuming plain water only* consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and non-milk liquids/juice and who do not receive complementary foods are classified in the non-milk liquid/juice category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

[1] Based on all children under three years

Around half of Ugandan children continue to breastfeed until the age of 24 months (Figure 12.3). Exclusive breastfeeding quickly declines from birth to age 6-7 months. A substantial proportion of children are fed water, other milk, and complementary foods starting from very young ages.

Figure 12.3 Infant Feeding Practices by Age



12.4 DURATION AND FREQUENCY OF BREASTFEEDING

Table 12.4 shows the median duration of breastfeeding by selected background characteristics. The estimates of median and mean durations of breastfeeding are based on current status data, that is, the proportion of children in the three years preceding the survey who were being breastfed at the time of the survey.

Table 12.4 Median duration and frequency of breastfeeding

Percentage of breastfeeding children under six months of age living with the mother who were breastfed six or more times in the 24 hours preceding the survey, and mean number of feeds (day/night); and among children born in the three years preceding the survey, median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding, by background characteristics, Uganda 2006

	Frequency of breastfeeding among children under six months of age[1]				Median duration (months) of breastfeeding among children born in the past three years[2]		
Background characteristic	Percentage breastfed 6+ times in past 24 hours	Mean number of day feeds	Mean number of night feeds	Number of children	Any breast-feeding	Exclusive breast-feeding	Predomi-nant breast-feeding[3]
Sex							
Male	95.5	7.5	4.8	406	20.0	3.0	4.0
Female	95.5	7.3	5.2	378	20.7	3.2	3.9
Residence							
Urban	95.6	6.8	5.1	101	18.1	2.8	3.5
Rural	95.5	7.5	5.0	682	20.6	3.1	4.0
Region							
Central 1	94.9	7.4	4.9	78	19.4	3.2	3.6
Central 2	96.0	6.1	3.8	73	18.3	2.9	3.5
Kampala	95.7	6.5	4.5	44	18.4	2.6	3.2
East Central	95.6	6.9	3.7	75	18.4	1.0	3.2
Eastern	95.2	7.8	5.9	115	20.8	3.1	3.5
North	95.9	7.8	5.9	143	22.3	3.2	4.8
West Nile	95.4	8.9	5.4	46	22.8	4.6	5.3
Western	97.0	8.3	5.4	116	20.4	3.8	4.7
Southwest	93.5	6.4	3.9	94	21.0	2.8	3.5
North sub-regions							
IDP	92.6	7.8	5.1	69	20.2	3.1	5.1
Karamoja	97.5	9.3	8.1	32	24.1	4.0	4.9
Mother's education							
No education	95.3	7.6	5.7	168	21.6	3.2	4.3
Primary	95.9	7.6	4.8	477	20.2	3.0	3.8
Secondary +	94.3	6.5	4.7	138	18.2	3.4	4.1
Wealth quintile							
Lowest	97.2	8.3	6.0	170	21.3	2.9	4.1
Second	96.7	7.9	5.0	178	20.5	3.1	4.0
Middle	95.6	7.3	4.5	158	21.4	3.5	4.5
Fourth	91.2	6.9	4.7	141	19.2	2.8	3.6
Highest	96.2	6.5	4.4	136	17.6	3.0	3.5
Total	95.5	7.4	5.0	783	20.4	3.1	4.0
Mean for all children	na	na	na	na	19.6	4.3	5.2

Note: Median and mean durations are based on the distributions at the time of the survey of the proportion of births by months since birth. Includes children living and deceased at the time of the survey.
na = Not applicable
[1] It is assumed that last-born children not currently living with the mother and all non-last-born children are not currently breastfeeding
[2] Excludes children who do not have a valid answer on the number of times breastfed
[3] Either exclusively breastfed or received breast milk and plain water, and/or non-milk liquids only

The median duration of breastfeeding is 20.4 months, while the mean duration is 19.6 months. These numbers are lightly shorter than the duration of breastfeeding measured in the 2000-2001 UDHS (median of 21.6 months and mean of 22.6 months). There is little difference in the duration of breastfeeding by sex of the child. Rural children are breastfed for a slightly longer duration than urban children. Mothers with secondary education breastfeed their children for a shorter duration than

mothers with less education. Mothers from the highest wealth quintile breastfeed for the shortest duration.

Both duration and frequency of breastfeeding can affect the length of postpartum amenorrhoea. Table 12.4 shows that the overwhelming majority (96 percent) of children under 6 months of age were breastfed six or more times in the 24 hours preceding the survey. In line with expectations, breastfeeding is slightly more frequent in the daytime than at night, with the mean number of feeds in the daytime being 7.4 compared with 5.0 at night. The most frequent daytime breastfeeding occurs among children residing in West Nile and Western regions, while the most frequent night feeds are observed in Eastern and North regions. The frequency of daytime feeds is slightly lower among children whose mothers have some secondary education or higher than among other children, and the frequency of nighttime feeds is slightly higher among children of mothers with no education compared with children of mothers with any education. Frequency of both daytime and nighttime feeds decreases with wealth quintile.

12.5 Types of Complementary Foods

UNICEF and WHO recommend the introduction of solid food to infants around the age of 6 months because by that age breast milk alone is no longer sufficient to maintain a child's optimal growth. In the transition to eating the family diet, children from the age of 6 months should be fed small quantities of solid and semisolid foods throughout the day. During this transition period (ages 6-23 months), the prevalence of malnutrition increases substantially in many countries because of increased infections and poor feeding practices.

Table 12.5 provides information on the types of food given to youngest children under three years of age living with their mother on the day and night preceding the survey, according to their breastfeeding status. Among breastfeeding children, very few consume infant formula. However, one in four receive other milk.

Between the ages of 6 and 23 months, children consume foods made from grains more often than any other food group. Almost three in four breastfeeding children and 83 percent of non-breastfeeding children in this age group ate foods made from grains in the day and night preceding the interview. The next most commonly consumed food group is foods made from legumes and nuts. Around four in ten breastfeeding children and half of non-breastfeeding children ate fruits and vegetables rich in vitamin A.

Comparing dietary intake of children by their breastfeeding status, as expected, a higher proportion of non-breastfeeding children are consuming solid and semisolid foods than breastfeeding children. More non-breastfeeding children than breastfeeding children are consuming milk other than breast milk (36 percent compared with 29 percent). However, the percentage of non-breastfeeding children consuming other milk is still quite low, considering they are not benefiting from breast milk.

Table 12.5 Foods and liquids consumed by children in the day and night preceding the interview

Percentage of youngest children under three years of age living with the mother by type of food consumed in the day and night preceding the interview, according to breastfeeding status and age, Uganda 2006

Age in months	Liquids			Solid or semi-solid foods												
	Infant formula	Other milk[1]	Other liquids[2]	Fortified baby foods	Matoke	Food made from grains[3]	Fruits & vegetables rich in vitamin A[4]	Other fruits and vege-tables	Food made from roots/ tubers	Food made from legumes and nuts	Meat/ fish/ poultry/ eggs	Cheese, yogurt, other milk product	Any solid or semi-solid food	Food made with oil/ fat/ butter	Sugary foods	Number of children
BREASTFEEDING CHILDREN																
0-1	1.0	3.9	1.0	0.7	0.0	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	224
2-3	1.0	17.9	3.8	1.1	0.8	12.8	0.0	0.0	0.5	3.1	0.0	0.0	10.5	0.4	0.0	293
4-5	1.6	27.4	16.2	0.9	4.7	28.7	7.2	0.5	2.6	9.3	3.6	1.1	24.2	4.7	0.3	269
6-8	1.0	26.1	29.4	0.4	22.0	58.4	27.0	7.3	22.6	41.4	18.8	3.4	72.2	16.3	3.5	391
9-11	0.0	29.6	29.9	0.3	24.7	74.6	37.1	6.8	36.6	58.3	25.5	4.4	89.9	26.7	5.4	359
12-17	0.3	31.9	38.5	0.1	24.3	79.5	47.0	12.7	47.9	65.2	32.2	3.5	95.9	32.5	9.5	686
18-23	0.0	24.8	38.0	0.0	27.7	76.6	47.8	11.0	46.3	66.8	30.5	2.8	96.6	30.0	8.7	426
24-35	0.0	19.9	42.7	0.0	26.1	80.8	56.3	12.3	45.0	67.7	25.2	3.9	99.1	33.9	9.4	144
6-23	0.3	28.6	34.8	0.2	24.7	73.5	41.1	10.1	40.1	59.2	27.7	3.5	89.9	27.4	7.3	1,864
Total	0.5	24.9	27.5	0.4	18.3	57.4	31.0	7.4	29.4	44.2	20.1	2.6	68.6	20.5	5.4	2,793
NON-BREASTFEEDING CHILDREN																
12-17	0.0	44.6	38.0	0.9	29.4	81.3	55.4	13.6	41.8	51.8	30.0	5.2	98.5	35.6	14.1	91
18-23	0.8	32.8	46.5	0.0	33.9	82.5	49.0	23.9	51.5	58.1	43.7	6.1	99.5	34.2	11.2	278
24-35	0.2	23.3	43.2	0.0	29.6	76.2	50.4	13.4	51.1	69.8	31.2	6.1	98.1	34.3	10.3	739
6-23	0.6	36.0	44.8	0.2	33.2	82.6	50.9	21.9	49.4	57.0	40.5	5.6	99.1	35.9	12.4	386
Total	0.3	27.8	43.6	0.1	30.8	78.1	50.4	16.2	50.4	65.2	34.3	5.9	98.2	34.7	11.0	1,128

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and the past night). Twenty non-breastfeeding children under the age of 12 months are included in the total, but not shown separately.
[1] Other milk includes fresh, tinned, and powdered cow or other animal milk
[2] Does not include plain water
[3] Includes fortified baby food, rice, posho, porridge, bread, chapatti, pasta, pizza, or other foods made from maize, millet, sorghum, or other grains
[4] Includes pumpkin, carrots, orange-fleshed sweet potatoes, dark green leafy vegetables, mangoes, and papayas

12.6 INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES

Infant and young child feeding (IYCF) practices include timely initiation of feeding solid/semisolid foods from age 6 months and increasing the amount and variety of foods and frequency of feeding as the child gets older, while maintaining frequent breastfeeding. Guidelines have been established with respect to IYCF practices for children age 6-23 months (PAHO/WHO, 2003 and WHO, 2005).

Table 12.6 presents a summary indicator of IYCF practices. The indicator takes into account the percentages of children for whom feeding practices met minimum standards with respect to food diversity (i.e., the number of food groups consumed) and feeding frequency (i.e., the number of times the child was fed), as well the consumption of breast milk or other milks or milk products. Breastfed children are considered as being fed with the minimum standards if they consume at least three food groups[1] and receive foods other than breast milk at least twice per day in the case of infants 6-8 months and at least three times per day in the case of children 9-23 months. Non-breastfed children are considered to be fed in accordance with the minimum standards if they consumed milk or milk products, four food groups (including milk products), and are fed at least four times per day.

[1] Food groups used in the assessment of minimum standard of feeding practices include: infant formula, milk other than breast milk, cheese or yogurt or other milk products; matoke and foods made from grains, roots, and tubers including porridge and fortified baby food from grains; fruits and vegetables rich in vitamin A; other fruits and vegetables; eggs; meat, poultry, fish, and shellfish (and organ meats); beans, peas, and nuts; and foods made with oil, fat, or butter.

According to the results presented in Table 12.6, 89 percent of youngest children age 6-23 months living with the mother received breast milk or other milk or milk products during the 24-hour period before the survey, 56 percent had a minimally diverse diet (i.e., they had been fed foods from the minimum number of food groups depending on their age and breastfeeding status), and 36 percent had been fed the minimum number of times appropriate for their age. In summary, less than one-quarter (24 percent) of Ugandan children age 6-23 months met the minimum standard with respect to all three IYCF practices (Figure 12.5).

Table 12.6 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with the mother who are fed according to three IYCF practices based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey, by background characteristics, Uganda 2006

	Among breastfed children 6-23 months, percentage fed:				Among non-breastfed children 6-23 months, percentage fed:					Among all children 6-23 months, percentage fed:				
Background characteristic	3+ food groups[1]	Minimum times or more[2]	Both 3+ food groups and minimum times or more	Number of breast-fed children 6-23 months	Milk or milk products[3]	4+ food groups	4+ times or more	With 3 IYCF practices[4]	Number of non-breast-fed children 6-23 months	Breast milk or milk products[3]	3+ or 4+ food groups[5]	Minimum times or more[6]	With all 3 IYCF practices	Number of all children 6-23 months
Age in months														
6-8	37.8	51.9	29.6	391	*	*	*	*	4	99.0	38.0	51.4	29.3	396
9-11	55.9	29.6	21.6	359	*	*	*	*	12	98.5	56.6	29.4	21.7	371
12-17	68.5	40.1	29.3	686	44.6	42.8	12.6	6.7	91	93.5	65.5	36.9	26.7	778
18-23	63.5	38.1	28.2	426	35.7	45.2	14.1	3.6	278	74.6	56.3	28.6	18.5	705
Sex														
Male	61.5	40.8	28.9	905	39.2	44.0	16.6	5.4	209	88.6	58.2	36.2	24.4	1,114
Female	55.7	39.4	26.5	959	36.7	47.9	10.8	4.4	176	90.2	54.5	35.0	23.1	1,135
Residence														
Urban	71.2	40.8	32.8	175	51.4	62.2	13.4	6.6	50	89.1	69.2	34.7	26.9	225
Rural	57.2	40.0	27.1	1,689	36.1	43.3	14.0	4.7	335	89.4	54.9	35.7	23.4	2,025
Region														
Central 1	60.8	37.4	28.4	162	(49.9)	(49.9)	(15.6)	(6.2)	48	88.5	58.3	32.4	23.3	210
Central 2	64.2	30.0	23.4	147	(48.7)	(50.3)	(15.9)	(4.3)	45	88.0	60.9	26.7	19.0	191
Kampala	79.2	42.0	37.4	77	(56.2)	(67.2)	(8.8)	(0.0)	25	89.3	76.3	33.9	28.2	102
East Central	60.7	40.5	25.7	198	48.3	52.5	17.4	8.3	60	88.0	58.8	35.1	21.7	257
Eastern	63.9	56.5	42.9	304	(25.1)	(34.7)	(11.9)	(1.8)	60	87.6	59.1	49.1	36.1	365
North	43.7	16.0	8.2	345	(4.2)	(20.7)	(2.0)	(0.0)	37	90.7	41.5	14.6	7.4	383
West Nile	66.9	34.1	26.1	113	*	*	*	*	10	91.6	65.1	33.3	23.9	124
Western	63.3	42.3	31.4	287	(41.7)	(50.8)	(7.5)	(3.9)	60	89.9	61.2	36.3	26.6	347
Southwest	49.3	62.0	33.4	230	(40.6)	(45.2)	(28.8)	(14.3)	40	91.1	48.7	57.0	30.5	270
North sub-regions														
IDP	31.5	17.0	8.5	147	(0.0)	(7.4)	(3.7)	(0.0)	20	88.1	28.6	15.4	7.5	166
Karamoja	28.4	24.0	8.5	75	*	*	*	*	3	98.1	28.4	23.0	8.1	78
Mother's education														
No education	44.6	33.8	18.9	415	31.8	30.6	5.8	2.9	64	90.9	42.7	30.1	16.8	479
Primary	60.4	40.6	28.5	1,207	33.6	44.0	13.8	3.8	251	88.6	57.6	36.0	24.2	1,457
Secondary +	72.7	48.4	38.4	241	59.5	65.9	21.6	10.9	71	90.8	71.2	42.3	32.2	313
Wealth quintile														
Lowest	44.2	28.4	17.4	437	24.2	25.0	7.8	0.0	61	90.7	41.8	25.9	15.3	499
Second	57.7	39.1	26.2	447	30.6	38.1	8.5	2.1	91	88.3	54.4	33.9	22.1	538
Middle	60.4	45.2	30.1	392	30.1	49.7	14.4	4.6	73	89.0	58.7	40.3	26.1	466
Fourth	66.4	49.2	35.3	329	43.8	54.4	15.7	6.0	83	88.7	64.0	42.5	29.4	412
Highest	71.1	42.3	33.9	258	59.2	58.3	22.9	11.5	77	90.6	68.2	37.8	28.8	335
Total	58.5	40.1	27.6	1,864	38.1	45.8	13.9	4.9	386	89.4	56.3	35.6	23.8	2,249

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on less than 25 unweighted cases and has been suppressed.

[1] Food groups: a. infant formula, milk other than breast milk, cheese or yogurt, or other milk products; b. matoke and foods made from grains, roots, and tubers, including porridge, fortified baby food from grains; c. vitamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts; h. foods made with oil, fat, or butter.

[2] At least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months

[3] Includes commercial infant formula; fresh, tinned, and powdered animal milk; and cheese, yogurt, and other milk products

[4] Non-breastfed children age 6-23 months are considered to be fed with three appropriate feeding practices if they receive other milk or milk products and are fed at least the minimum number of times per day with at least the minimum number of food groups.

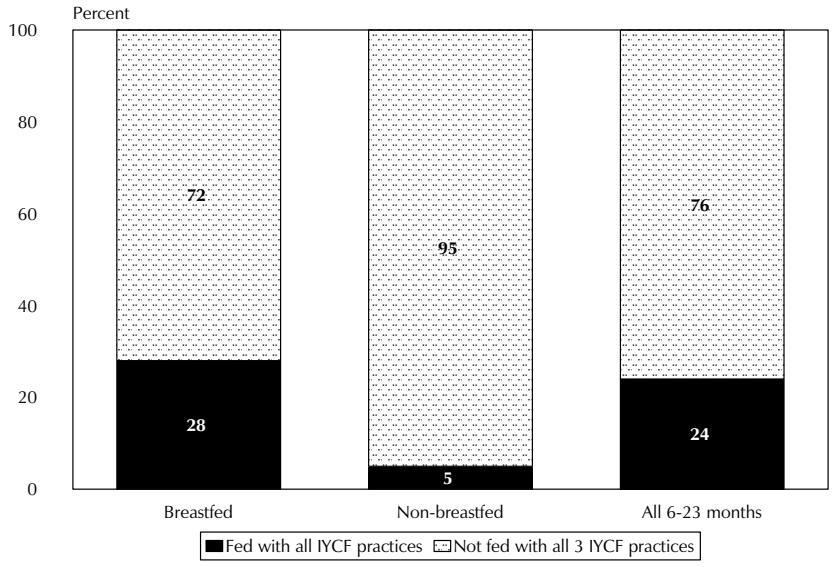
[5] 3+ food groups for breastfed children and 4+ food groups for non-breastfed children

[6] Fed solid or semi-solid food at least twice a day for infants 6-8 months, 3+ times for other breastfed children, and 4+ times for non-breastfed children

Breastfed children were more likely to meet all three IYCF practices than non-breastfed children, only 5 percent of whom are receiving adequate nutrition according to WHO guidelines (Figure 12.4). Breastfed children were more likely than non-breastfed children to meet the recommendations for both diversity in food groups and frequency of feeding. Almost six in ten breastfed children (59 percent) consumed foods from the recommended number of food groups, as compared with 46 percent of non-breastfed children (Table 12.6). Only 38 percent of non-breastfed children consumed any milk or milk products in the day and night preceding the interview. Four in ten breastfed children were fed the minimum number of times, as compared with only 14 percent of non-breastfed children.

Feeding practices were best among the youngest children considered, those 6-8 months. Children in urban areas were more likely than those in rural areas to meet the recommendations for all three IYCF practices (27 percent compared with 23 percent). The 2006 UDHS data show tremendous variation by region. Over 30 percent of children in Eastern and Southwest regions met the recommendations for all three IYCF practices, as compared with only 7 percent in the North. The proportion of children meeting all three IYCF practices was low in both the IDP camps and in Karamoja (8 percent). Feeding in accordance with the IYCF practices increases markedly with mother's educational status and wealth quintile.

Figure 12.4 Infant and Young Child Feeding (IYCF) Practices



UDHS 2006

12.7 Prevalence of Anaemia in Children

Anaemia, a low level of haemoglobin in the blood, decreases the amount of oxygen reaching the tissues and organs of the body and reduces their capacity to function. It is associated with impaired cognitive and motor development in children. Although there are many causes of anaemia, inadequate intake of iron, folate, vitamin B_{12}, or other nutrients usually accounts for the majority of cases in many populations. Malaria accounts for a significant proportion of anaemia in children under five in malaria endemic areas. Other causes of anaemia include thalassemia, sickle cell disease, and intestinal worm infestation. Promotion of the use of insecticide-treated bednets and deworming medication every six months for children under age five are some of the important measures to reduce anaemia prevalence among children.

In the 2006 UDHS, among 2,619 children age 6-59 months present in the households that were selected for anaemia testing, 2,466 (94 percent) were tested for anaemia. Table 12.7 shows the

percentage of children age 6-59 months classified as having anaemia, by background characteristics. Given that haemoglobin requirements differ substantially depending on altitude, the anaemia data have been adjusted for altitude using the formulas recommended by the U.S. Centres for Disease Control (CDC, 1998). Anaemia is a critical public health problem in Uganda, where almost three-quarters (73 percent) of Ugandan children 6-59 months old are anaemic, with 22 percent mildly anaemic, 43 percent moderately anaemic, and 7 percent severely anaemic. The proportion of anaemia decreases with age, and is higher among male children and children living in rural areas. By region, anaemia prevalence ranges from 52 percent in Kampala to 80 percent in Central 1, Eastern, and North regions. The proportion of children with anaemia is high in both the IDP camps (78 percent) and Karamoja (82 percent). Prevalence of any anaemia decreases with educational attainment and wealth quintile of the mother.

Table 12.7 Prevalence of anaemia in children

Percentage of children age 6-59 months classified as having anaemia, by background characteristics, Uganda 2006

Background characteristic	Anaemia status by haemoglobin level: Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (< 7.0 g/dl)	Any anaemia (<11.0 g/dl)	Number of children
Age in months					
6-8	19.5	54.1	19.3	92.9	130
9-11	15.2	59.4	16.4	90.9	139
12-17	17.0	55.7	15.2	87.9	294
18-23	15.8	57.0	9.5	82.3	286
24-35	21.4	44.3	5.3	71.0	536
36-47	27.1	39.3	2.6	69.1	537
48-59	27.6	26.2	1.0	54.8	544
Sex					
Male	22.9	45.6	6.4	74.9	1,225
Female	21.9	41.2	7.2	70.3	1,241
Mother's status					
Interviewed	21.8	44.2	7.2	73.2	2,150
Not interviewed but in household	26.0	50.2	8.7	84.9	69
Not interviewed, and not in the household[1]	26.7	34.7	2.8	64.3	248
Residence					
Urban	28.5	26.1	2.0	56.6	239
Rural	21.7	45.3	7.3	74.3	2,227
Region					
Central 1	23.8	50.4	6.0	80.3	253
Central 2	23.6	41.4	7.2	72.3	229
Kampala	24.8	25.6	1.8	52.2	116
East Central	17.9	52.0	9.5	79.5	285
Eastern	23.1	49.0	7.8	80.0	376
North	23.2	51.6	5.4	80.2	366
West Nile	21.3	42.8	5.1	69.2	135
Western	20.1	37.3	6.9	64.4	383
Southwest	24.9	29.9	7.4	62.2	324
North sub-regions					
IDP	25.0	50.5	2.3	77.8	156
Karamoja	20.4	53.5	8.3	82.2	82
Mother's education[2]					
No education	22.6	46.3	7.7	76.6	512
Primary	20.8	45.7	7.0	73.5	1,422
Secondary +	26.5	33.8	7.7	67.9	283
Wealth quintile					
Lowest	19.9	53.5	6.3	79.7	501
Second	22.5	44.3	8.1	74.8	555
Middle	21.4	44.1	7.8	73.3	528
Fourth	23.6	41.4	7.3	72.3	469
Highest	25.2	31.4	3.9	60.5	413
Total	22.4	43.4	6.8	72.6	2,466

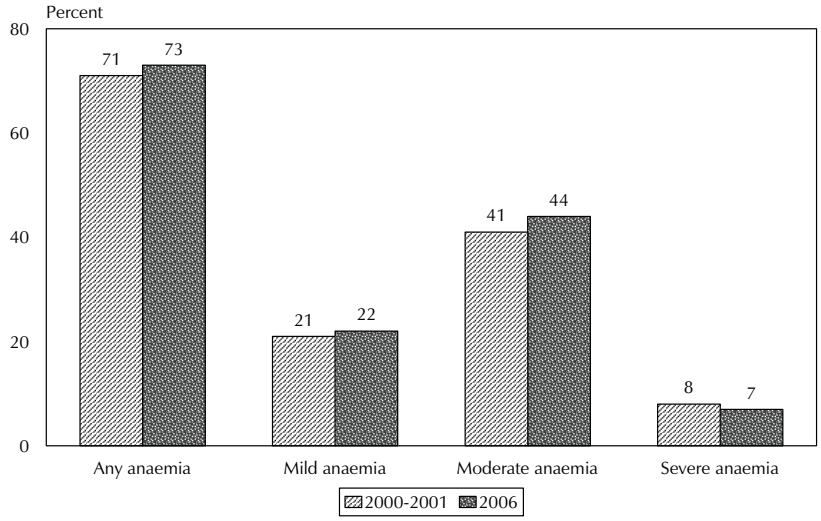
Note: Table is based on children who slept in the household the night before the interview. Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude using formulas in CDC, 1998. Haemoglobin in grams per decilitre (g/dl). Totals include 3 children with information missing on mother's education.

[1] Includes children whose mothers are dead

[2] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

Figure 12.5 presents the trends in anaemia status among children age 6-59 months. The 2000-2001 and 2006 data have been adjusted for altitude. In addition, the 2006 data excludes districts not covered in the 2000-2001 UDHS. The level of total and various gradation of anaemia have remained about the same in the past five years.

Figure 12.5 **Trends in Anaemia Status among Children Under Five Years**



Note: 2000-2001 and 2006 UDHS figures have been adjusted for altitude, using CDC formulas (CDC, 1998). UDHS 2006 figures have been adjusted to remove districts not included in the 2000-2001 UDHS.

12.8 MICRONUTRIENT INTAKE AMONG CHILDREN

A serious contributor to childhood morbidity and mortality is micronutrient deficiency. Children can receive micronutrients from foods, food fortification, and direct supplementation. Table 12.8 looks at measures relating to intake of several key micronutrients among children.

Vitamin A is an essential micronutrient for the immune system and plays an important role in maintaining the epithelial tissue in the body. Severe vitamin A deficiency (VAD) can cause eye damage. VAD can also increase severity of infections such as measles and diarrhoeal diseases in children and slow recovery from illness. Vitamin A is found in breast milk, other milks, liver, eggs, fish, butter, red palm oil, mangoes, papayas, carrots, pumpkins, and dark green leafy vegetables. The liver can store an adequate amount of the vitamin for four to six months. Periodic dosing (usually every six months) of vitamin A supplements is one method of ensuring that children at risk do not develop VAD.

The 2006 UDHS collected information on the consumption of foods rich in vitamin A. Table 12.8 shows that 62 percent of youngest children age 6-35 months living with the mother consumed foods rich in vitamin A in the 24-hour period before the survey. Consumption of foods rich in vitamin A increases from 41 percent among children age 6-8 months to 68 percent of children age 18-23 months. Not surprisingly, breastfeeding children are much less likely to consume foods rich in vitamin A than non-breastfeeding children. Urban children are more likely to consume foods rich in vitamin A than rural children. Children living in the North and Southwest regions are less likely than other children to consume foods rich in vitamin A. Consumption of foods rich in vitamin A is low among children living in IDP camps (44 percent). The level of education of a child's mother is directly related to the consumption of foods rich in vitamin A.

Table 12.8 Micronutrient intake among children

Among youngest children age 6-35 months who are living with their mother, the percentage who consumed vitamin A-rich and iron-rich food in the day or night preceding the survey; and among all children 6-59 months, the percentage who were given vitamin A supplements in the six months preceding the survey, who were given iron supplements in the past seven days, and who were given deworming medication in the six months preceding the survey; and among all children age 6-59 months who live in households that were tested for iodized salt, the percentage who live in households with adequately iodized salt, by background characteristics, Uganda 2006

	Among youngest children age 6-35 months living with the mother:			Among all children age 6-59 months:				Among children age 6-59 months living in households tested for iodized salt	
Background characteristic	Percentage consumed foods rich in vitamin A in past 24 hours[1]	Percentage consumed foods rich in iron in past 24 hours[2]	Number of children	Percentage given vitamin A supplements in past 6 months	Percentage given iron supplements in past 7 days	Percentage given deworming medication in past 6 months[3]	Number of children	Percentage living in households using adequately iodized salt[4]	Number of children
Age in months									
6-8	40.5	18.7	396	42.7	5.3	14.8	403	94.7	380
9-11	54.5	26.4	371	45.1	5.7	24.0	386	94.9	363
12-17	64.8	32.0	778	49.0	7.1	39.7	803	96.2	745
18-23	68.4	35.7	705	39.8	4.7	44.7	786	95.3	721
24-35	66.6	30.2	884	33.1	5.5	47.4	1,528	95.9	1,441
36-47	na	na	na	31.2	5.1	43.7	1,467	95.9	1,353
48-59	na	na	na	32.5	5.4	46.0	1,489	95.5	1,396
Sex									
Male	63.2	31.6	1,532	36.6	5.5	42.8	3,355	95.9	3,133
Female	60.5	28.4	1,601	36.3	5.4	41.0	3,508	95.4	3,265
Breastfeeding status									
Breastfeeding	58.1	27.5	2,008	45.5	5.9	33.1	2,058	95.4	1,915
Not breastfeeding	68.6	34.2	1,121	32.4	5.2	45.7	4,741	95.8	4,425
Residence									
Urban	68.4	43.2	353	33.8	6.8	51.0	769	98.3	720
Rural	61.0	28.3	2,779	36.8	5.3	40.7	6,094	95.3	5,678
Region									
Central 1	59.9	39.5	281	23.2	1.5	46.3	654	98.0	627
Central 2	59.0	34.4	261	28.8	2.0	40.3	584	97.3	556
Kampala	64.0	49.7	151	30.3	1.9	56.6	343	100.0	326
East Central	69.1	34.0	339	40.8	5.6	37.8	753	97.9	683
Eastern	76.0	39.8	500	29.4	6.4	39.6	1,105	97.4	1,032
North	53.3	14.3	548	48.1	12.6	39.9	1,165	97.3	1,039
West Nile	77.7	37.3	185	30.6	5.9	29.8	363	93.1	356
Western	63.4	30.1	499	49.4	4.2	49.2	1,066	89.8	997
Southwest	41.2	14.0	369	29.9	2.7	38.6	830	93.1	783
North sub-regions									
IDP	44.2	10.2	222	51.0	12.3	50.2	470	96.1	436
Karamoja	69.7	12.7	118	46.8	21.7	44.3	259	98.7	182
Mother's education									
No education	58.8	21.2	674	36.9	7.6	37.6	1,540	94.9	1,370
Primary	61.5	30.5	2,030	35.6	4.6	40.2	4,386	95.7	4,159
Secondary +	68.0	41.5	429	39.8	6.2	56.5	936	96.5	868
Mother's age at birth									
15-19	60.1	33.7	494	35.0	5.9	37.6	1,164	95.5	1,090
20-29	61.8	31.2	1,646	35.9	5.7	43.8	3,667	96.3	3,430
30-39	62.2	26.7	840	38.5	4.8	41.7	1,757	95.1	1,626
40-49	66.1	22.6	153	36.7	4.7	34.8	274	92.1	252
Wealth quintile									
Lowest	61.0	24.0	703	37.0	7.5	37.0	1,528	96.3	1,366
Second	60.0	26.0	720	38.4	7.8	35.4	1,540	95.0	1,446
Middle	58.4	26.9	614	37.2	2.9	43.2	1,377	94.7	1,303
Fourth	64.2	33.8	601	34.1	3.9	44.1	1,309	95.2	1,225
Highest	67.1	43.6	495	34.8	4.6	53.1	1,109	97.5	1,058
Total	61.8	30.0	3,133	36.4	5.5	41.9	6,863	95.7	6,398

Note: Information on vitamin A and iron supplements and deworming medication is based on the mother's recall. Totals include 4 youngest children age 6-35 months living with the mother, 64 children age 6-59 months, and 58 children age 6-59 months in households tested for iodized salt with missing information on breastfeeding status.
na = Not applicable
[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, carrots, orange-fleshed sweet potatoes, dark green leafy vegetables, mango, and papaya.
[2] Includes meat (including organ meat), fish, poultry, and eggs
[3] Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis.
[4] Salt containing 15 parts per million of iodine or more. Excludes children in households in which salt was not tested.

Iron is essential for cognitive development. Low iron intake can also contribute to anaemia. Iron requirements are greatest between the ages of 6-11 months, when growth is extremely rapid. Three in ten children consumed foods rich in iron during the 24 hours preceding the interview. Differences by background characteristics are similar to those seen for the consumption of foods rich in vitamin A. The difference in consumption of foods rich in iron is especially large between children in urban and rural areas (43 percent versus 28 percent). The proportions of children consuming foods rich in iron in the IDP camps and in Karamoja are especially low (10 percent and 13 percent, respectively).

The 2006 UDHS also collected data on vitamin A supplementation. According to Table 12.8, 36 percent of children age 6-59 months received a vitamin A supplement in the six months before the survey. This percentage does not differ greatly from the percentage measured in the 2000-2001 UDHS. Age is associated with the probability of having received a vitamin A supplement in the past six months. Children under the age of 18 months are more likely to have received a recent vitamin A supplement than children age 18-59 months. Breastfeeding children are more likely to have received a recent supplement than non-breastfeeding children: 46 percent compared with 32 percent. There is no great difference among children living in urban and rural areas. The proportion of children who received a vitamin A supplement in the past six months ranges from 23 percent in Central 1 region to 48 percent or higher in the North and Western regions. Supplementation is high in both the IDP camps (51 percent) and Karamoja (47 percent).

Iron supplementation is low throughout Uganda. Overall, only 6 percent of children age 6-59 months received iron supplements in the seven days preceding the survey. Iron supplementation was highest in the North region (13 percent). Within the North, 12 percent of children in IDP camps and 22 percent of children in Karamoja received iron supplements during the week before the survey. Deworming medication was given to 42 percent of children age 6-59 months during the six months preceding the survey.

Inadequate amounts of iodine in the diet are related to serious health risks for young children. The 2006 UDHS results show that 96 percent of children 6-59 months live in households using iodized salt. This is comparable to the figure measured in the 2000-2001 UDHS. There is little variation in use of iodized salt by background characteristics with the largest differentials observed across regions. The percentage of children living in households with iodized salt, ranging from 90 percent in Western region to 100 percent in Kampala.

12.9 USE OF IODIZED SALT

Iodine is an important micronutrient. Dietary deficiency of iodine constitutes a major, global public health concern. A lack of sufficient iodine is known to cause goiter, cretinism (a severe form of neurological defect), spontaneous abortion, premature birth, infertility, stillbirth, and increased child mortality. Iodine deficiency disorder (IDD) is the single most common cause of preventable mental retardation and brain damage in the world.

In the 2006 UDHS, a rapid test was used to determine the presence or absence of iodine in the salt used for cooking in the household. The test kit consisted of ampoules of a stabilized starch solution and a weak acid-based solution. A drop of the starch solution was squeezed onto a salt sample obtained in the household. A change in colour indicated the presence of iodine.

Table 12.9 shows that salt was tested in 89 percent of the households sampled in the 2006 UDHS. The percentage of households using iodized salt is high in Uganda. Overall, 99 percent of households tested had salt with some iodine. Ninety-six percent of households tested were found to have adequately iodized salt. These results are comparable to those of the 2000-2001 UDHS.

Table 12.9 Presence of iodized salt in household

Among all households, percentage of households tested for iodine content and percentage of households with no salt; and among households with salt tested, the percent distribution by level of iodine in salt (parts per million or ppm), according to background characteristics, Uganda 2006

Background characteristic	Among all households, the percentage: With salt tested	With no salt	Number of households	Among households with tested salt, the percent distribution by iodine content of salt: None (0 ppm)	Inadequate (<15 ppm)	Adequate (15+ ppm)	Total	Number of households
Residence								
Urban	85.3	14.7	1,389	0.1	1.2	98.7	100.0	1,186
Rural	89.4	10.6	7,481	1.7	3.0	95.3	100.0	6,688
Region								
Central 1	88.3	11.7	1,029	0.0	1.1	98.9	100.0	909
Central 2	89.3	10.7	920	0.2	1.4	98.4	100.0	822
Kampala	85.1	14.9	663	0.0	0.4	99.6	100.0	564
East Central	88.1	11.9	863	0.1	2.0	97.9	100.0	760
Eastern	89.1	10.9	1,168	0.0	2.2	97.8	100.0	1,040
North	85.3	14.7	1,385	0.1	2.7	97.2	100.0	1,180
West Nile	93.8	6.2	473	0.1	8.3	91.6	100.0	444
Western	90.1	9.9	1,289	7.2	2.9	89.9	100.0	1,161
Southwest	92.0	8.0	1,081	2.8	5.4	91.8	100.0	994
North sub-regions								
IDP	87.3	12.7	595	0.0	3.1	96.9	100.0	519
Karamoja	67.0	33.0	328	0.0	0.6	99.4	100.0	220
Wealth quintile								
Lowest	84.4	15.6	1,798	0.6	3.3	96.1	100.0	1,517
Second	90.4	9.6	1,788	2.0	3.5	94.5	100.0	1,617
Middle	91.1	8.9	1,709	3.0	3.5	93.5	100.0	1,557
Fourth	89.9	10.1	1,650	1.7	2.1	96.2	100.0	1,483
Highest	88.4	11.6	1,925	0.2	1.4	98.3	100.0	1,701
Total	88.8	11.2	8,870	1.5	2.8	95.8	100.0	7,874

12.10 NUTRITIONAL STATUS OF WOMEN

The height and weight of women age 15-49 was measured in one in three households selected in the 2006 UDHS. In this report, two indicators of nutritional status based on these data are presented: the percentage of women with very short stature (less than 145 cm) and the body mass index (BMI).

The body mass index (BMI), or the Quetelet index, is used to measure thinness or obesity. BMI is defined as weight in kilograms divided by height squared in meters (kg/m^2). A cutoff point of 18.5 is used to define thinness or acute undernutrition and a BMI of 25.0 or above usually indicates overweight or obesity. The height of a woman is associated with past socio-economic status and nutrition during childhood and adolescence. Low pre-pregnancy BMI and short stature are risk factors for poor birth outcomes and obstetric complications. In developing countries, maternal underweight is the leading risk factor for preventable death and diseases (WHO, 2002).

Table 12.10 presents the mean values of the two indicators of nutritional status and the proportions of women falling into high-risk categories, according to background characteristics. Women for whom there was no information on height and/or weight and for whom a BMI could not be estimated are excluded from this analysis. The data analysis on BMI is based on 2,434 women, while the height analysis is based on 2,872 women age 15-49 years. Overall, only two percent of women are shorter than 145 cm.

Table 12.10 shows that more than seven in ten women (71 percent) are considered to have "normal" BMI, while 12 percent are undernourished or "thin" and 17 percent are considered overweight or obese. There are large differentials across background characteristics in the percentage of women assessed as undernourished (BMI less than 18.5) and overweight (BMI 25 or higher). Women in the age group of 15-19 are most likely to be undernourished compared with other age groups, while women age 20-29 are least likely to be undernourished. Women in rural areas are more than twice as likely as urban women to have a BMI less than 18.5 (14 percent in rural areas compared with 6 percent in urban areas). As expected the percentage of overweight or obese women is higher in urban areas (34 percent) than in rural areas (13 percent).

Table 12.10 Nutritional status of women

Among women age 15-49, the percentage with height under 145 cm, mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics, Uganda 2006

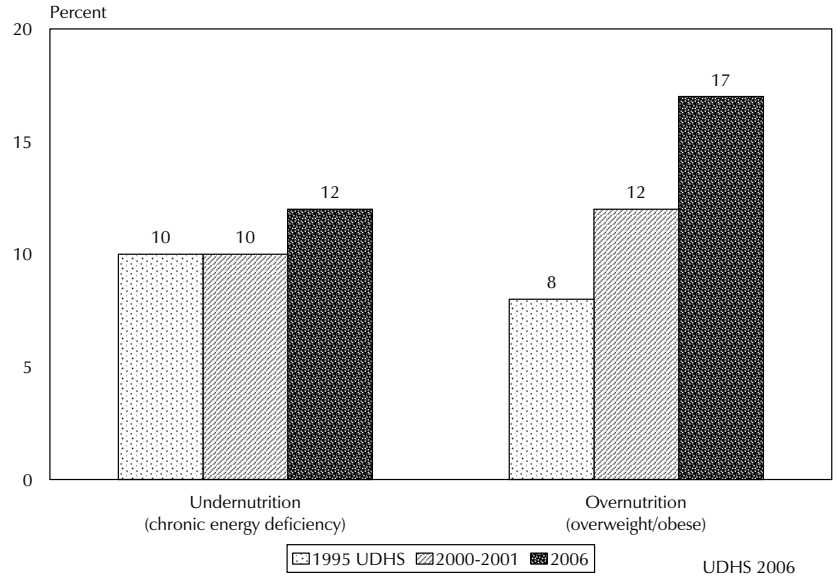
	Height		Body Mass Index[1]								
				Normal	Thin			Overweight/obese			
Background characteristic	Percentage below 145 cm	Number of women	Mean Body Mass Index (BMI)	18.5-24.9 (total normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17.0 (moderately and severely thin)	≥25.0 (total overweight or obese)	25.0-29.9 (overweight)	≥30.0 (obese)	Number of women
Age											
15-19	4.0	640	21.3	74.4	16.1	12.8	3.3	9.5	8.0	1.5	578
20-29	1.8	1,062	22.2	75.4	9.0	6.7	2.3	15.6	12.3	3.3	815
30-39	1.1	741	22.5	67.4	12.2	10.4	1.8	20.4	15.0	5.4	631
40-49	0.5	429	22.7	65.0	12.6	9.6	3.0	22.4	15.0	7.3	409
Residence											
Urban	1.7	475	24.3	60.4	5.9	4.8	1.1	33.7	21.5	12.2	428
Rural	2.0	2,397	21.7	73.7	13.5	10.6	2.8	12.9	10.5	2.4	2,006
Region											
Central 1	2.1	309	23.1	70.0	7.1	5.6	1.6	22.9	18.6	4.3	263
Central 2	4.1	257	22.7	70.6	7.4	5.3	2.1	22.0	17.4	4.6	218
Kampala	1.3	238	24.6	60.8	4.8	4.3	0.5	34.4	19.1	15.3	221
East Central	1.7	281	21.8	75.5	13.4	11.0	2.4	11.1	10.1	1.0	234
Eastern	1.6	395	20.9	76.4	18.7	14.5	4.2	4.9	2.8	2.2	320
North	0.2	430	20.6	73.1	20.8	17.1	3.7	6.1	5.1	1.0	369
West Nile	0.5	163	20.6	73.5	19.9	12.8	7.1	6.7	5.7	0.9	136
Western	3.9	429	22.3	73.7	9.6	7.6	2.0	16.6	13.5	3.2	346
Southwest	1.4	369	23.3	66.7	6.6	5.8	0.8	26.7	20.9	5.8	327
North sub-regions											
IDP	0.5	158	20.7	75.5	19.6	16.3	3.3	4.9	4.3	0.5	135
Karamoja	0.0	94	19.7	59.8	32.2	22.9	9.3	8.0	6.8	1.2	78
Education											
No education	1.2	553	21.3	71.3	17.7	14.4	3.3	11.0	8.2	2.8	466
Primary	2.3	1,695	21.9	72.0	13.0	10.3	2.7	15.0	11.8	3.3	1,408
Secondary +	1.6	624	23.4	69.6	5.4	4.0	1.5	24.9	17.7	7.2	559
Wealth quintile											
Lowest	1.5	484	20.3	71.8	23.2	18.3	4.9	5.0	5.0	0.0	396
Second	1.6	563	21.1	77.8	15.1	12.1	3.0	7.1	6.8	0.3	445
Middle	2.7	520	21.8	74.3	12.3	9.7	2.7	13.4	11.5	1.9	451
Fourth	2.8	573	22.4	73.7	8.6	6.8	1.9	17.7	13.8	3.9	486
Highest	1.2	733	24.0	62.9	5.9	4.7	1.1	31.2	20.4	10.8	656
Total	1.9	2,872	22.2	71.3	12.1	9.6	2.5	16.5	12.4	4.1	2,434

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m^2).
[1] Excludes pregnant women and women with a birth in the preceding 2 months

With respect to the proportion of women with BMI of less than 18.5, the regions fall into two distinct groups. Central 1, Central 2, Kampala, Western, and Southwest regions all have relatively low percentages of women who are "thin" (5-10 percent). The remaining regions have higher percentages of women who are "thin" (13-21 percent). The regions with low percentages of undernourished women also have higher proportions of women who are overweight or obese. The proportion of women with BMI of less than 18.5 is inversely proportional to educational attainment and wealth quintile.

Figure 12.6 shows comparable data for the 1995 UDHS, the 2000-2001 UDHS, and the 2006 UDHS on women's nutritional status. Although there has been little change since the 2000-2001 UDHS in the percentage of women with BMI of less than 18.5, there has been a slight increase in the proportion of women who are overweight or obese from 14 percent to 17 percent.

Figure 12.6 **Trends in Nutritional Status among Women 15-49 Years**



12.11 FOODS CONSUMED BY MOTHERS

The quality and quantity of food that mothers consume influences their health and that of their children, especially the health of breastfeeding children. The 2006 UDHS included questions on the type of foods consumed by mothers of children under age three during the day and night preceding the interview.

Table 12.11 shows that the staple diet of mothers of young children in Uganda consists of foods made from legumes (68 percent) and food made from grains (67 percent). Over half of women (52 percent) consume fruits and vegetables rich in vitamin A and foods made from roots/tubers (51 percent). Three in ten women consume meat, fish, shellfish, poultry or eggs. One in five mothers drinks milk, and 5 percent consume cheese or yogurt. Thirty-five percent of mothers drink tea or coffee, and one in three consumes foods made with oil, fat or butter.

Table 12.11 Foods consumed by mothers in the day or night preceding the interview

Among mothers age 15-49 with a child under age three years living with them, the percentage who consumed specific types of foods in the day and night preceding the interview, by background characteristics, Uganda 2006

	Liquids		Solid or semi-solid foods										
Background characteristic	Milk	Tea/ coffee	Matoke	Foods made from grains[1]	Foods made from roots/ tubers	Foods made from legumes	Meat/ fish/ shellfish/ poultry/ eggs	Cheese/ yogurt	Vitamin A -rich fruits/ vege-tables[2]	Other fruits/ vege-tables	Foods made with oil/ fat/butter	Sugary foods	Number of mothers
Age													
15-19	23.5	34.1	29.8	65.6	50.8	65.7	36.7	4.0	50.7	11.2	39.5	8.3	327
20-29	20.5	35.0	30.9	66.2	52.9	68.1	33.1	5.0	50.7	12.8	35.0	5.3	2,064
30-39	20.4	33.8	28.6	69.2	47.2	68.0	28.7	4.9	54.4	11.1	30.4	5.0	1,256
40-49	19.2	35.5	22.1	63.1	51.5	67.9	19.8	6.0	57.1	11.6	23.0	2.9	275
Residence													
Urban	34.6	52.5	40.9	72.0	44.2	67.1	46.7	4.1	52.1	15.8	55.0	14.1	455
Rural	18.8	32.3	28.0	66.2	51.7	68.0	29.0	5.0	52.4	11.6	30.2	4.1	3,466
Region													
Central 1	35.4	55.8	55.4	52.7	60.9	66.0	42.6	4.0	43.5	28.0	39.0	3.6	359
Central 2	33.6	58.1	31.7	56.9	65.9	71.4	39.3	0.9	38.0	20.9	42.9	4.9	334
Kampala	43.8	60.2	59.2	78.7	40.9	66.6	54.3	3.0	39.4	22.2	61.2	14.9	195
East Central	26.5	46.5	6.5	82.3	51.5	55.0	36.1	1.6	60.6	13.7	41.5	2.9	415
Eastern	18.9	30.9	13.1	87.8	37.6	51.0	37.6	2.9	66.7	6.3	32.9	1.9	617
North	10.2	13.6	0.6	69.8	34.8	63.4	13.8	1.3	53.8	2.5	28.6	1.9	692
West Nile	0.9	68.9	3.8	38.5	74.3	72.4	40.3	1.5	69.5	3.6	37.0	4.0	230
Western	12.1	29.8	45.1	66.6	63.0	79.9	31.6	18.7	52.1	15.9	25.8	11.0	617
Southwest	24.0	5.5	72.8	48.7	49.2	89.9	13.7	4.0	38.3	8.6	16.5	7.4	463
North sub-regions													
IDP	3.5	8.8	0.3	81.7	20.4	60.3	11.3	1.5	50.5	0.8	24.9	1.0	292
Karamoja	21.8	18.6	0.6	90.3	6.9	30.2	11.5	2.8	66.8	1.5	9.0	2.3	150
Education													
No education	11.3	23.1	19.5	68.2	40.7	58.4	21.0	4.4	52.9	5.8	19.0	3.7	843
Primary	19.3	35.4	28.7	65.9	54.6	70.5	31.9	4.8	52.0	12.5	33.7	4.5	2,509
Secondary +	40.5	48.0	47.8	69.5	48.9	70.4	42.3	6.4	53.1	19.3	50.9	10.8	569
Wealth quintile													
Lowest	8.6	17.0	8.0	74.7	35.7	57.3	23.3	2.8	54.9	4.5	19.2	1.5	874
Second	12.2	31.6	21.2	61.9	53.6	68.4	27.3	4.0	51.7	9.2	28.4	3.1	900
Middle	19.0	31.5	36.6	62.2	57.9	73.7	28.5	5.5	51.2	12.9	29.9	5.1	772
Fourth	26.6	46.2	38.4	64.5	61.6	71.1	32.9	5.8	52.6	14.6	39.0	5.9	744
Highest	44.4	53.2	51.8	71.9	46.4	70.8	48.2	7.3	50.9	22.6	55.7	12.9	632
Total	20.6	34.6	29.5	66.9	50.8	67.9	31.1	4.9	52.4	12.1	33.1	5.3	3,922

Note: Foods consumed in the past 24-hour period (yesterday and the past night).
[1] Includes rice, posho, porridge, bread, chapatti, pasta, pizza, or other foods made from maize, millet, sorghum, or other grains
[2] Includes pumpkin, carrots, orange-fleshed sweet potatoes, green leafy vegetables, mangoes, and papayas

12.12 Prevalence of Anaemia in Women and Men

Anaemia may be an underlying cause of maternal mortality, spontaneous abortion, premature birth, and low birth weight. Iron and folic acid supplementation, preventive treatment of malaria, and use of insecticide-treated bednets for pregnant women are some of the important measures to reduce anaemia prevalence among women. Among 2,934 women age 15-49 who were interviewed in the households where anaemia testing was conducted, 2,834 women (97 percent) were tested for anaemia. Results are shown in Table 12.12.1. Anaemia is a critical public health problem in Uganda. Just under half of women are anaemic (49 percent), with 35 percent mildly anaemic, 13 percent moderately anaemic, and just 1 percent severely anaemic.

Women in the 15-19 age group and those who have never given birth are less likely than other women to be anaemic. Women who are pregnant are highly likely to be anaemic (64 percent). Anaemia is also higher than the national average among women who are breastfeeding (53 percent). Rural women are much more likely than urban women to be anaemic (52 percent compared with 35 percent). There is great regional variation in the prevalence of anaemia among women. Anaemia is lowest in Kampala (33 percent) and West Nile (37 percent) and highest in the North (64 percent). Among women in IDP camps in the North, 65 percent are anaemic, as are 54 percent of women living in Karamoja. Anaemia decreases markedly with education and wealth quintile.

Table 12.12.1 Prevalence of anaemia in women

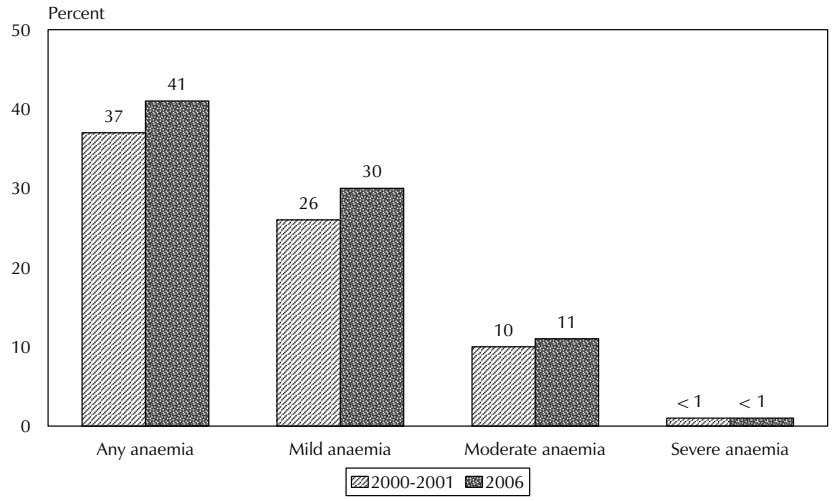
Percentage of women age 15-49 with anaemia, by background characteristics, Uganda 2006

Background characteristic	Not pregnant / Pregnant	Anaemia status by haemoglobin level: Mild anaemia	Moderate anaemia	Severe anaemia	Any anaemia	Number of women
		10.0-11.9 g/dl	7.0-9.9 g/dl	<7.0 g/dl	< 12.0 g/dl	
		10.0-10.9 g/dl	7.0-9.9 g/dl	< 7.0 g/dl	<11.0 g/dl	
Age						
15-19		33.1	10.0	0.3	43.4	627
20-29		35.1	14.0	1.0	50.0	1,049
30-39		36.2	14.7	0.9	51.8	733
40-49		34.8	14.3	0.9	50.0	426
Children ever born						
0		32.3	8.7	0.6	41.6	669
1		33.1	17.9	1.2	52.2	308
2-3		37.4	12.4	0.4	50.2	572
4-5		35.1	14.4	1.0	50.5	500
6+		35.9	15.6	0.8	52.3	786
Maternity status						
Pregnant		31.2	30.6	2.6	64.4	349
Breastfeeding		39.4	13.0	0.6	53.1	945
Neither		32.9	9.6	0.5	43.1	1,540
Smoking status						
Smokes cigarettes/tobacco		32.7	15.1	0.6	48.3	118
Does not smoke		35.0	13.3	0.8	49.1	2,716
Residence						
Urban		25.6	9.2	0.1	34.9	460
Rural		36.7	14.2	0.9	51.8	2,374
Region						
Central 1		36.7	19.5	1.4	57.5	305
Central 2		32.4	10.2	0.4	42.9	251
Kampala		24.7	7.7	0.3	32.7	228
East Central		37.4	10.6	0.3	48.2	280
Eastern		36.1	12.4	0.4	48.9	393
North		45.5	17.6	0.9	64.0	421
West Nile		30.4	6.7	0.0	37.1	165
Western		28.1	15.6	1.4	45.1	427
Southwest		36.0	12.5	1.2	49.7	365
North sub-regions						
IDP		48.6	15.6	0.5	64.6	155
Karamoja		34.5	17.4	1.8	53.7	92
Education						
No education		39.3	15.4	0.7	55.4	552
Primary		34.9	13.2	0.9	49.0	1,671
Secondary +		30.9	11.8	0.6	43.4	611
Wealth quintile						
Lowest		42.0	14.9	0.9	57.8	480
Second		39.4	14.9	1.0	55.3	554
Middle		34.6	14.2	1.3	50.1	519
Fourth		31.9	14.7	0.5	47.2	567
Highest		29.2	9.4	0.4	39.0	715
Total		34.9	13.3	0.8	49.0	2,834

Note: Prevalence is adjusted for altitude and for smoking status, if known, using formulas in CDC, 1998.

Figure 12.7 shows trend data on anaemia among women age 15-49 from the 2000-2001 and 2006 UDHS surveys. In order to make the anaemia data for men and women comparable for the two surveys, several adjustments were made. The 2000-2001 data were adjusted for altitude. An adjustment for smoking status was removed from the 2006 data because this information was not available for the previous survey. In addition, districts not surveyed in 2000-2001 were also excluded from the 2006 data. Comparable data for the 2000-2001 and 2006 UDHS surveys show that the prevalence of total anaemia has increased from 37 percent to 41 percent. Most of this increase is due to an increase in the proportion of women with mild anaemia. The proportions of women with moderate and severe anaemia have not changed.

Figure 12.7 Trends in Anaemia Status among Women 15-49



Note: 2000-2001 and 2006 UDHS figures have been adjusted for altitude using CDC formulas (CDC, 1998). UDHS 2006 figures have been adjusted to remove districts not included in the 2000-2001 UDHS. Neither 2000-2001 nor 2006 figures are adjusted for smoking status.

UDHS 2006

Table 12.12.2 shows anaemia data for men. Among 2,503 men age 15-54 interviewed in the 2006 UDHS, 2,345 men (94 percent) were tested for anaemia. Almost three in ten men age 15-49 are anaemic (28 percent), a level that is substantially lower than the rate observed among women. Similar to women, anaemia among men is higher in rural areas, in men with lower education, and in those in lower wealth quintiles. In addition, as observed for women, prevalence of anaemia among men is lowest in Kampala and West Nile regions. However, the regions with the highest anaemia prevalence are different for men and for women. Among men, Southwest region has the highest prevalence (37 percent), followed by Eastern region (36 percent). Comparable data for the 2000-2001 and 2006 UDHS surveys show a small increase in the prevalence of anaemia among men: 23 percent among men age 15-54 in 2000-2001 compared with 29 percent among men age 15-54 in 2006 (data not shown).

Table 12.12.2 Prevalence of anaemia in men

Percentage of men age 15-49 with anaemia, by background characteristics, Uganda 2006

Background characteristic	Any anaemia <13.0 g/dl	Number of men
Age		
15-19	38.9	554
20-29	20.7	690
30-39	22.1	633
40-49	34.7	359
Smoking status		
Smokes cigarettes/tobacco	27.6	534
Does not smoke	28.7	1,812
Residence		
Urban	16.0	352
Rural	30.1	1,885
Region		
Central 1	33.4	250
Central 2	34.3	223
Kampala	14.9	191
East Central	22.0	194
Eastern	36.4	306
North	23.9	301
West Nile	15.7	120
Western	23.1	364
Southwest	36.5	288
North sub-regions		
IDP	23.3	129
Karamoja	28.2	55
Education		
No education	35.9	106
Primary	32.1	1,472
Secondary +	17.0	658
Wealth quintile		
Lowest	34.2	356
Second	29.4	478
Middle	35.5	399
Fourth	24.5	485
Highest	19.3	519
Total 15-49	27.8	2,236
50-54	40.8	109
Total 15-54	28.4	2,345

Note: Prevalence is adjusted for altitude and for smoking status if known using CDC formulas (CDC, 1998).

12.13 MICRONUTRIENT INTAKE AMONG MOTHERS

Adequate micronutrient intake by women has important benefits for both women and their children. Breastfeeding children benefit from micronutrient supplementation that mothers receive, especially vitamin A. Iron supplementation of women during pregnancy protects mother and infant against anaemia. It is estimated that one-fifth of perinatal mortality and one-tenth of maternal mortality are attributable to iron deficiency anaemia. Anaemia also results in an increased risk of premature delivery and low birth weight. Finally, iodine deficiency is also related to a number of adverse pregnancy outcomes.

Table 12.13 includes a number of measures that are useful in assessing the extent to which women are receiving adequate intake of vitamin A, iron during pregnancy, and iodine. The first indicators focus on the percentages of women with children under age three who reported that they consumed foods rich in vitamin A and iron during the 24-hour period prior to the interview. The results indicate that 69 percent of mothers of young children consumed vitamin A-rich fruits and vegetables and only 31 percent of mothers consumed iron-rich foods (i.e., meat, poultry, fish, and eggs) in the 24 hours preceding the survey.

Consumption of foods rich in vitamin A is more common among mothers in urban areas, mothers with higher education, and mothers in the highest wealth quintile. By region, for mothers as for their children, consumption of foods rich in vitamin A is highest in West Nile and lowest in Southwest region. Consumption of foods rich in iron decreases as the mother's age increases. As observed for consumption of foods rich in iron among children, mothers are more likely to have consumed foods rich in iron in the 24 hours preceding the survey if they live in urban areas, especially Kampala; if they have more education; and if they belong to one of the higher wealth quintiles. Mothers (as well as children) in the North and Southwest regions are least likely to have eaten foods rich in iron.

Table 12.13 Micronutrient intake among mothers

Among women age 15-49 with a child under age three years living with her, the percentages who consumed vitamin A-rich and iron-rich foods in the 24 hours preceding the survey; among women age 15-49 with a child born in the last five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child; among mothers age 15-49 where the last child was born in the five years prior to the survey, the percentage who suffered from night blindness, the percentage who took iron tablets or syrup for specific numbers of days, and the percentage who took deworming medication during pregnancy; and among women age 15-49 with a child born in the last five years, who live in households that were tested for iodized salt, the percentage who live in households with adequately iodized salt, by background characteristics, Uganda 2006

	Among women with a child under three years living with her			Among women with a child born in the past five years										Among women with a child in the last five years, who live in households that were tested for iodized salt	
							Number of days women took iron tablets or syrup during pregnancy								
Background characteristic	Percentage who consumed vitamin A-rich foods[1]	Percentage who consumed iron-rich foods[2]	Number of women	Percentage who received vitamin A dose postpartum[3]	Percentage who suffered night blindness during pregnancy of last birth: Reported	Adjusted[4]	None	<60	60-89	90+	Don't know/ missing	Percentage of women who took deworming medication during pregnancy of last birth	Number of women	Percentage living in households with adequately iodized salt[5]	Number of women
Age															
15-19	68.5	36.7	327	30.8	7.1	1.2	36.6	57.7	1.8	1.6	2.4	30.6	371	93.7	354
20-29	68.7	33.1	2,064	31.7	7.4	1.4	35.5	56.6	0.7	0.6	6.5	26.8	2,546	96.8	2,372
30-39	68.4	28.7	1,256	35.5	8.7	1.3	36.8	57.1	0.7	0.7	4.8	26.5	1,651	95.4	1,544
40-49	70.7	19.8	275	29.4	9.8	0.8	40.8	51.8	1.5	0.4	5.5	25.1	467	94.0	428
Residence															
Urban	75.9	46.7	455	44.1	4.0	1.5	28.5	55.4	2.7	2.0	11.4	27.3	668	98.4	629
Rural	67.8	29.0	3,466	30.9	8.6	1.3	37.7	56.6	0.6	0.5	4.7	26.8	4,367	95.4	4,069
Region															
Central 1	66.0	42.6	359	26.5	2.8	0.1	29.8	62.5	0.4	2.0	5.4	27.8	497	98.0	475
Central 2	65.3	39.3	334	40.4	3.4	0.7	30.9	62.7	1.6	0.6	4.2	22.9	428	97.7	406
Kampala	70.3	54.3	195	46.9	1.8	0.2	23.4	53.4	3.9	2.9	16.3	21.9	298	100.0	287
East Central	79.1	36.1	415	42.2	14.4	0.2	32.8	63.7	1.1	0.3	2.1	25.7	510	97.7	465
Eastern	84.0	37.6	617	32.3	6.9	1.3	27.8	67.7	0.1	0.0	4.3	32.3	755	98.0	704
North	61.6	13.8	692	29.3	7.9	1.5	37.5	57.7	0.9	0.7	3.2	23.7	872	97.1	774
West Nile	87.8	40.3	230	43.0	11.1	1.5	25.8	70.8	1.4	0.4	1.6	36.3	289	92.8	283
Western	68.0	31.6	617	29.0	13.1	2.4	43.9	47.2	0.5	0.4	7.9	32.9	772	90.0	725
Southwest	45.2	13.7	463	22.7	6.9	2.2	60.2	31.6	0.0	0.2	8.0	17.6	615	93.8	580
North sub-regions															
IDP	57.5	11.3	292	32.3	9.1	0.4	32.9	62.8	1.0	1.4	1.9	25.3	356	96.4	326
Karamoja	74.1	11.5	150	36.8	6.9	3.8	20.5	72.6	1.5	0.0	5.4	31.9	188	98.6	131
Education															
No education	66.1	21.0	843	28.3	11.2	2.3	38.3	56.2	0.6	0.2	4.7	23.1	1,087	95.2	963
Primary	68.5	31.9	2,509	30.6	8.0	1.1	38.3	55.7	0.5	0.4	5.0	25.8	3,156	95.8	2,994
Secondary +	73.9	42.3	569	47.1	3.6	0.6	26.8	59.3	2.5	2.6	8.8	36.2	792	96.7	742
Wealth quintile															
Lowest	67.9	23.3	874	27.4	9.0	1.4	33.0	62.3	0.3	0.6	3.8	26.2	1,074	96.4	955
Second	66.3	27.3	900	28.8	9.7	1.6	43.9	51.7	0.5	0.2	3.7	23.5	1,088	94.9	1,020
Middle	66.3	28.5	772	29.8	9.0	2.0	40.3	53.8	0.2	0.1	5.5	23.9	985	94.2	932
Fourth	69.7	32.9	744	34.3	8.7	0.9	35.6	57.8	1.1	0.1	5.4	29.0	961	95.9	905
Highest	75.3	48.2	632	44.9	3.2	0.3	28.8	56.4	2.3	2.5	10.0	32.4	928	97.9	886
Total	68.7	31.1	3,922	32.7	8.0	1.3	36.5	56.4	0.9	0.7	5.6	26.8	5,035	95.8	4,699

[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, carrots, orange-fleshed sweet potatoes, mango, and papaya
[2] Includes meat (and organ meat), fish, poultry, and eggs
[3] In the first two months after delivery of last birth
[4] Women who reported night blindness but did not report difficulty with vision during the day
[5] Salt containing 15 ppm of iodine or more. Excludes women in households where salt was not tested

Table 12.13 also looks at the extent to which women receive vitamin A supplements following delivery. One in three women with a child born in the last five years reported that they had received a vitamin A capsule in the two-month period following the delivery of their last live birth. This is a large increase over the 2000-2001 UDHS, in which only 11 percent of women received a postpartum dose of vitamin A. Although there is no discernable pattern with respect to the age of the woman, urban residence is associated with higher rates of postpartum vitamin A supplementation. By region, the proportion of women who received a postpartum vitamin A supplement ranges from 23 percent in Southwest region to 47 percent in Kampala. Postpartum vitamin A supplementation

increases steadily with education and wealth quintile. Eight percent of women reported difficulty seeing during the day, with one percent reporting night blindness. These numbers are the same as those measured in the 2000-2001 UDHS.

With regard to iron supplementation during pregnancy, around six in ten women who gave birth during the five-year period before the 2006 UDHS reported that they had taken iron tablets or syrup during the pregnancy preceding their last live birth. Among women reporting that they took iron supplements, the majority said that they took the supplements for less than 60 days. A little more than one in four women said they received deworming medication during the pregnancy of their most recent birth in the last five years (27 percent). As was the case among children, 96 percent of women who gave birth during the five-year period preceding the survey live in households in which the salt used in cooking was tested and found to be adequately iodized.

12.14 VITAMIN A STATUS

As stated above, vitamin A promotes proper functioning of the immune system. Vitamin A deficiency (VAD) can increase the severity of some infections in children, can slow recovery from illness, and can lead to impaired vision or blindness. The 2006 UDHS measured vitamin A status in children age 6-59 months and women age 15-49 in one-third of the households selected for the survey.

Vitamin A status was also measured in the 2000-2001 UDHS. However, it is important to note that a new methodology was employed in the 2006 UDHS. In the 2000-2001 UDHS, vitamin A status was determined by measuring serum retinol concentrations in blood samples. Dried blood spots were collected on filter paper cards. These filter paper cards were shipped to Craft Technologies in the United States, where the blood samples were analysed using high-performance liquid chromatography (HPLC). For many years, measuring serum retinol using HPLC has been the gold standard in measuring vitamin A status. However, this technique has some disadvantages, including its cost, the complexity of the procedure, and the fact that retinol is not very stable and may break down under the field conditions observed in household surveys, which leads to an overestimate of VAD.

Thus, to assess vitamin A status in this survey, the UDHS employed the relatively new retinol binding protein enzyme assay (RPB-EIA), which is commercially available through Scimedx. Rather than measuring retinol, this new test measures retinol-binding protein (RPB), a surrogate marker for retinol that is more stable. The RBP-EIA has been rigorously evaluated on both venous blood and capillary blood in the form of dried blood spots (Hix et al., 2006; Hix et al., 2004). It is generally considered to be an acceptable alternative to HPLC with serum retinol for measuring vitamin A deficiency.

The field procedures for collecting samples to test for VAD remained unchanged between the 2000-2001 and 2006 UDHS surveys. Blood spots were collected on a filter paper card from a finger prick, or occasionally a heel prick for very young and malnourished children. The filter paper sample for each individual was immediately placed in a specially designed box where it was protected from sunlight, dirt, and moisture while drying overnight. On the following day, each sample was packed in a low-gas permeable ziploc bag with a desiccant and then put into another re-sealable plastic bag in a portable, battery-operated refrigerator for storage until the samples could be delivered to the Biochemistry Laboratory at Makerere University, where testing of the samples was conducted.

To run the RPB-EIA on the dried blood spot (DBS) samples from the 2006 UDHS, a process of elution first had to be performed on each sample whereby the dried blood was removed from the card by soaking the card overnight in a pre-prepared buffer similar to plasma or serum. Because the elution does not remove 100 percent of the RPB that is in the dried blood spot on the filter paper card, it was necessary to use a correction factor that makes the concentration of RBP measured in the DBS sample equal to the concentration of RBP measured in a serum sample from the same individual. The Biochemistry Laboratory performed a validation comparing RPB from DBS and serum samples for 50

individuals and found that on average the concentration of RPB in the serum sample was 1.4 times higher than the concentration of RBP measured in the eluted DBS sample. Therefore, a correction factor of 1.4 was applied to the RBP measurements of DBS samples of all individuals tested in the 2006 UDHS.

When measuring vitamin A status in serum using retinol, the concentration of retinol used to indicate VAD in children is 0.7 µmol/L. In other words, in order to have sufficient vitamin A, an individual should have at least 0.7 µmol of retinol in every litre of blood. Retinol and RPB have been thought to exist in a 1:1 molar ratio in the body. If this relationship is true, then the concentration of RBP that indicates VAD should also be 0.7 µmol/L. However, research has suggested that RBP and retinol do not exist in a perfect 1:1 relationship (de Pee et al.; 2002). Current international consensus is that a concentration of 0.7 µmol/L of retinol is equivalent to a concentration of 0.825 µmol/L of RBP. The cutoff for VAD used in the 2006 UDHS is 0.825 µmol/L, or 17.325 µg/mL, of RBP. Cutoffs for women for marginal, moderate, and severe VAD were calculated accordingly.

Of 2,619 children eligible for vitamin A testing in the 2006 UDHS, 2,460 (94 percent) were actually tested. Table 12.14 presents the findings on vitamin A deficiency for children. Overall, 20 percent of children have vitamin A deficiency. VAD is highest among children 2-4 years of age, and boys are more likely to be vitamin A deficient than girls (22 percent compared with 19 percent). Children in rural areas are more likely to have VAD (21 percent) than children in urban areas (15 percent). VAD among children is 15 percent or less in Kampala, Western, and Southwest regions and is highest in East Central region (32 percent). Children in IDP camps and Karamoja are at very low risk for VAD (9 and 6 percent, respectively). This may be related to the high rates of vitamin A supplementation among children in these areas (see Table 12.8).

Table 12.14 Prevalence of vitamin A deficiency in children

Percentage of children age 6-59 months with vitamin A deficiency (VAD), according to background characteristics, Uganda 2006

Background characteristic	Any VAD (<0.825 µmol/L)	Number of children
Age in months		
6-8	17.2	130
9-11	19.4	139
12-17	17.9	294
18-23	19.6	286
24-35	23.6	535
36-47	21.2	535
48-59	19.5	543
Sex		
Male	22.4	1,218
Female	18.5	1,242
Mother's status		
Interviewed	20.6	2,143
Not interviewed but in household	17.3	69
Not interviewed, and not in household	20.2	249
Residence		
Urban	14.9	241
Rural	21.1	2,219
Region		
Central 1	22.6	251
Central 2	24.2	228
Kampala	12.3	118
East Central	32.3	285
Eastern	22.1	375
North	19.8	365
West Nile	19.6	134
Western	14.7	381
Southwest	14.7	322
North sub-regions		
IDP	9.3	156
Karamoja	5.7	82
Mother's education		
No education	16.5	510
Primary	21.9	1,415
Secondary +	20.9	284
Wealth quintile		
Lowest	19.6	498
Second	17.5	553
Middle	22.9	529
Fourth	21.7	466
Highest	20.8	414
Total	20.4	2,460

Note: Table is based on children who stayed in the household the night before the interview. In these analyses, 0.7 µmol/L of retinol is assumed to be equivalent to 0.825 µmol/L or 17.325 µg/mL of RBP.

Surprisingly, VAD is higher among children of women with any education compared with children of women with no education, and higher among children in the highest three wealth quintiles than in the lowest two. As shown in Table 12.8, children in the highest two wealth quintiles are least likely to have received a vitamin A supplement in the six months preceding the survey, and children in the middle wealth quintile are least likely to have consumed foods rich in vitamin A in the 24 hours preceding the survey. This information may help to explain the unexpected relationship between wealth and VAD. Supplementation does not help explain the relationship between VAD and education, however. Children of women with secondary education or higher are most likely to have

consumed vitamin A-rich foods and to have received a vitamin A supplement, so the relationship between vitamin A status and mother's education deserves further investigation.

Table 12.15 shows the results of vitamin A deficiency among women age 15-49. Among 2,934 women eligible for vitamin A testing, 2,834 (97 percent) were tested. Nineteen percent of women were found to be vitamin A deficient. Sixteen percent of women had marginal VAD, 3 percent had moderate VAD, and less than 1 percent had severe VAD. VAD varies by background characteristics. Women age 15-19 and those who have never given birth are more likely than other women to have VAD. Women in urban areas are somewhat less likely to have any VAD (17 percent) than women in rural areas (20 percent). As observed for children, women in Kampala and Western regions are least likely to have VAD; however, women in Central 1 are also at low risk. As observed for children, East Central region has the highest proportion of women with any VAD (31 percent). Women living in the IDP camps and women living in Karamoja are among those least likely to have VAD (12 percent and 7 percent, respectively).

Women with no education are less likely to have VAD (17 percent) than women with any education (19 percent and higher). The relationship between wealth quintile and VAD among women is also interesting. VAD increases from 18 percent among women in the lowest wealth quintile to 21 percent among women in the fourth wealth quintile before declining back to 18 percent among women in the highest wealth quintile. These findings are not consistent with Table 12.13, which shows that the proportion of women who consumed vitamin A-rich foods in the 24 hours before the survey increases with both education and wealth quintile. It may be relevant to note that women with higher education and wealth tend to have fewer children. Table 12.13 shows that among women who gave birth in the five years preceding the survey, one in three received a postpartum dose of vitamin A. Further analysis is warranted to understand the influence of fertility and postpartum vitamin A supplementation on the relationship between education or wealth and vitamin A status.

Due to the change in the methodology for measuring vitamin A status in the 2000-2001 and 2006 UDHS surveys, extreme caution should be exercised in comparing the 2006 VAD data to that collected in the 2000-2001 UDHS. Any changes observed between the two surveys may be due more to differences in the methodologies than to true changes in the population.

Table 12.15 Prevalence of vitamin A deficiency in women

Percentage of women age 15-49 with vitamin A deficiency (VAD), according to background characteristics, Uganda 2006

Background Characteristic	Any VAD (<1.24 μmol/L)	Marginal deficiency (0.82-1.24 μmol/L)	Moderate deficiency (0.41-0.81 μmol/L)	Severe deficiency (<0.41 μmol/L)	Number of women
Age					
15-19	21.4	16.5	4.9	0.0	630
20-29	18.8	15.4	3.0	0.4	1,048
30-39	19.2	16.3	2.7	0.1	731
40-49	18.5	16.0	2.4	0.2	425
Children ever born					
0	21.6	16.6	5.1	0.0	672
1	18.8	14.0	4.4	0.4	308
2-3	19.1	16.3	2.6	0.3	572
4-5	18.1	15.8	2.0	0.3	498
6+	18.9	16.1	2.5	0.2	784
Maternity status					
Pregnant	18.6	16.2	2.1	0.3	349
Breastfeeding	17.3	14.5	2.3	0.5	943
Neither	20.9	16.8	4.1	0.1	1,542
Residence					
Urban	17.4	13.6	3.8	0.0	460
Rural	19.8	16.4	3.1	0.3	2,374
Region					
Central 1	14.4	13.4	1.0	0.0	303
Central 2	20.7	18.6	2.1	0.0	253
Kampala	13.5	10.8	2.7	0.0	230
East Central	31.2	26.4	4.8	0.0	280
Eastern	24.0	18.8	4.9	0.3	391
North	20.8	15.2	5.0	0.5	419
West Nile	21.3	18.0	2.5	0.8	165
Western	12.7	10.4	2.3	0.0	427
Southwest	18.1	15.1	2.7	0.3	366
North sub-regions					
IDP	11.8	11.8	0.0	0.0	155
Karamoja	6.6	6.0	0.2	0.4	91
Education					
No education	17.4	14.3	2.9	0.2	551
Primary	20.3	16.9	3.1	0.2	1,670
Secondary +	19.0	15.0	3.8	0.2	613
Wealth quintile					
Lowest	18.2	14.5	3.1	0.6	479
Second	19.8	16.7	3.0	0.1	554
Middle	20.8	16.4	4.2	0.2	516
Fourth	21.3	17.7	3.6	0.0	568
Highest	17.5	14.7	2.6	0.2	717
Total	19.4	16.0	3.2	0.2	2,834

Note: Table is based on women tested for vitamin A deficiency. In these analyses, 0.7 μmol/L of retinol is assumed to be equivalent to 0.825 μmol/L or 17.325 μg/mL of RBP.

MALARIA 13

13.1 INTRODUCTION

Today, malaria is responsible for more illness and death than any other single disease in Uganda. Malaria is highly endemic with 63 percent of the population exposed to high transmission levels and 25 percent exposed to moderate transmission levels while 12 percent live in areas with low or unstable malaria transmission that are epidemic prone (MOH, 2005). The 2005-2006 Uganda National Household Survey (UBOS, 2006c) revealed that half of the population that fell sick reported malaria or fever as their major illness.

In Uganda, malaria is more prevalent during the rainy season of March to June and August to November, with the exception of Northern Uganda where the malaria season is more prevalent between May and November (MOH, 2005).

All four species of malaria parasites exist in Uganda. However, over 90 percent of the cases are due to *Plasmodium falciparum*, which is responsible for severe malaria (MOH, 2005). Unfortunately, *P. falciparum* strains have developed resistance to chloroquine and Sulphadoxine-Pyrimethamine (SP), the most common antimalarial drugs, and this resistance continues to rise. While those with low immunity—pregnant women, children under five years, and people living with HIV/AIDS—are particularly vulnerable, all persons living in Uganda are at risk of being infected with malaria parasites and suffering from resulting illness.

The Roll Back Malaria (RBM) initiative was undertaken by the World Health Organization in 1998 as an international effort to control malaria. It aims at halving the 2000 levels of malaria morbidity and mortality by 2010, and reducing this malaria burden by a further 50 percent by 2015. The RBM initiative is the framework within which Uganda implements malaria control activities. The objectives of the initiative are to ensure that pregnant women and children under five years of age have access to the most suitable and affordable combination of personal and community protective measures such as insecticide-treated mosquito nets (ITNs) and prompt, effective treatment for malaria within 24 hours of onset of illness. Another objective is to ensure that at least 60 percent of all pregnant women have access to intermittent preventive treatment (IPT).

To control malaria, the Government of Uganda has put in place the Uganda Malaria Control Strategic Plan (UMCSP) 2005/6-2009/10, which is the second plan in the country to address the malaria problem in a sustainable manner. The plan complements the broader five-year Health Sector Strategic Plan, which is part of the Poverty Eradication Action Plan (PEAP). In the PEAP, malaria features as a high priority health and poverty issue. The plan builds on the achievements and challenges of the previous five-year period and describes core intervention strategies and their specific objectives and sets targets. The PEAP also highlights several interventions in the control of malaria, for instance the waiving of taxes on mosquito nets and insecticides and launching of the home-based treatment programme for combating malaria.

13.2 MOSQUITO NETS

Insecticide-treated nets are currently considered the most cost-effective method of malaria prevention in highly endemic areas. While children under five are the primary target, other vulnerable groups (e.g., pregnant women, internally displaced persons, etc.) are encouraged to acquire and use ITNs. According to the UMCSP, the promotion of insecticide-treated nets (ITN) use is implemented through a public-private approach mainly through i) free ITNs to the vulnerable population, ii) subsidized sales (largely through non-profit organizations, and iii) commercial sales through the private sector. The UMCSP emphasizes the correct use of ITNs through behavioural change

communication by monitoring approaches that are conducted to ensure impact, adaptation, or any necessary improvements of ITNs.

13.2.1 Ownership of Mosquito Nets

All households in the 2006 UDHS were asked whether they own mosquito nets and, if so, how many. Respondents were asked to show mosquito nets to the interviewer so that he or she could identify and record the brand name. Brand name and treatment history were used to classify nets as treated or untreated. Table 13.1 shows the percentage of households with at least one mosquito net, with at least one ever-treated net, and with at least one ITN by background characteristics.

The data show that 34 percent of households in Uganda have a mosquito net, whether treated or untreated. About 15 percent of the households have more than one mosquito net. More than 20 percent own at least one ever-treated mosquito net, while 8 percent of the households have more than one ever-treated mosquito net. Finally, 16 percent of households own at least one ITN, while 6 percent own more than one.

Table 13.1 Ownership of mosquito nets

Percentage of households with at least one and more than one mosquito net (treated or untreated), ever-treated mosquito net[1] and insecticide-treated net[2] (ITN), and the average number of nets per household, by background characteristics, Uganda 2006

	Any mosquito net			Ever-treated mosquito nets[1]			Insecticide-treated mosquito nets (ITNs)[2]			
Background characteristic	Percentage with at least one	Percentage with more than one	Average number of nets per household	Percentage with at least one	Percentage with more than one	Average number of ever-treated nets per household	Percentage with at least one	Percentage with more than one	Average number of ITNs per household	Number of households
Residence										
Urban	60.6	32.4	1.2	36.4	18.9	0.7	26.0	13.0	0.5	1,389
Rural	29.4	11.5	0.5	18.6	6.3	0.3	14.0	4.5	0.2	7,481
Region										
Central 1	35.7	17.0	0.7	16.3	6.7	0.3	8.4	3.6	0.1	1,029
Central 2	28.9	12.6	0.5	16.3	6.8	0.3	10.7	4.0	0.2	920
Kampala	65.6	35.3	1.3	36.5	19.0	0.7	22.9	10.8	0.4	663
East Central	27.8	9.5	0.4	16.1	5.5	0.3	10.8	3.7	0.2	863
Eastern	44.1	21.6	0.9	24.4	10.3	0.4	18.4	7.3	0.3	1,168
North	41.5	15.7	0.6	32.3	11.0	0.5	28.8	9.5	0.4	1,385
West Nile	28.8	11.0	0.5	24.1	8.1	0.4	22.2	7.2	0.3	473
Western	20.0	7.6	0.3	13.2	4.6	0.2	10.6	3.8	0.2	1,289
Southwest	23.1	7.7	0.4	16.7	5.2	0.2	11.3	3.3	0.2	1,081
North Sub-regions										
IDP	53.1	14.8	0.7	46.7	12.3	0.6	41.8	10.6	0.5	594
Karamoja	13.5	7.1	0.2	7.3	3.4	0.1	5.9	3.4	0.1	328
Wealth quintile										
Lowest	25.7	7.6	0.4	17.8	4.7	0.2	14.7	3.5	0.2	1,798
Second	26.5	10.1	0.4	16.4	5.0	0.2	14.2	4.4	0.2	1,788
Middle	22.9	7.5	0.4	13.5	3.7	0.2	9.8	2.5	0.1	1,709
Fourth	31.6	12.1	0.5	19.4	7.0	0.3	14.5	5.4	0.2	1,650
Highest	61.9	34.5	1.3	37.9	19.8	0.8	25.2	12.4	0.5	1,925
Total	34.3	14.8	0.6	21.4	8.3	0.3	15.9	5.8	0.2	8,870

[1] An ever-treated net is a pretreated net or a non-pretreated net which has subsequently been soaked with insecticide at any time.
[2] An insecticide-treated net (ITN) is: (1) a factory treated net that does not require any further treatment; (2) a pretreated net obtained within the past 12 months; or (3) a net that has been soaked with insecticide within the past 12 months.

Urban households are more likely to own any type of mosquito net (61 percent) compared to rural households (29 percent). The same pattern is true for ownership of ITNs (26 percent of urban households versus 14 percent of rural households). Households in Kampala, Eastern and North regions are most likely to have any mosquito net, while those in Kampala, North and West Nile regions are most likely to own an ITN. About four in ten households (42 percent) in IDP camps own at least one ITN compared with only 6 percent of the households in Karamoja. The data also indicate

that households in the highest wealth quintile are more likely than other households to own a mosquito net.

13.2.2 Brands of Mosquito Nets

To study the distribution of mosquito nets made available under social marketing initiatives, interviewers were instructed to observe the nets and record the brand name.

According to table 13.2, 22 percent of households owned at least one net. The most commonly used brand is B52, owned by 19 percent of households, followed by Permanet (18 percent). The distribution of nets varies by region. B52 is the most common brand of net in every region except the North, West Nile and Western regions. In the North and Western regions, Permanet is the most common brand, while in West Nile, more than half of the nets observed were Smartnet. Homemade nets are much more common in Eastern region (31 percent) than in other regions (6 percent or less). In IDP camps, Permanet is the most common brand of nets while in Karamoja, Lucky Net and B52 are most common. Households in the lowest wealth quintile are more likely to use Permanet, homemade nets, and Olyset, while households in the highest wealth quintile are most likely to use B52.

Table 13.2 Brand of mosquito nets

Percentage of households with an observed net, and the percent distribution of observed nets by brand, according to background characteristics, Uganda 2006

Background characteristic	Percentage of households with observed net	Number of households	Brand of net										Total	Number of observed nets
			Permanet	Smartnet	Olyset	Ko net	Safi net	B52	Lucky net	Home-made net	Other[1]	Brand not known/ missing		
Residence														
Urban	33.2	1,389	13.0	13.8	6.0	11.3	2.9	22.7	6.3	2.5	9.5	11.9	100.0	794
Rural	20.3	7,481	19.0	10.9	7.4	5.3	4.7	18.2	6.3	13.0	7.7	7.6	100.0	2,448
Region														
Central 1	12.8	1,029	14.3	4.4	0.0	10.0	7.2	30.9	11.6	1.5	6.3	13.5	100.0	229
Central 2	15.7	920	7.8	3.5	4.6	8.4	4.2	33.3	9.0	5.8	11.2	12.1	100.0	227
Kampala	30.6	663	13.6	9.3	1.4	13.8	2.3	27.0	4.7	1.5	12.3	14.1	100.0	330
East Central	14.9	863	14.3	6.7	1.9	10.9	16.7	21.8	4.5	5.9	15.7	1.7	100.0	183
Eastern	34.6	1,168	10.8	6.0	4.4	4.4	2.4	26.2	4.6	30.7	5.5	5.0	100.0	826
North	36.7	1,385	29.1	12.7	21.0	3.0	4.3	7.0	7.3	5.2	5.3	5.0	100.0	754
West Nile	27.3	473	3.5	61.1	0.3	2.6	2.2	0.0	8.0	2.0	5.1	15.3	100.0	193
Western	13.2	1,289	33.4	10.4	0.4	1.5	3.0	7.8	9.3	1.7	19.0	13.3	100.0	269
Southwest	14.9	1,081	18.1	10.4	5.8	18.8	4.4	25.2	0.0	1.7	3.3	12.3	100.0	230
North Sub-regions														
IDP	47.5	594	42.3	9.6	27.2	2.0	7.0	5.5	2.0	0.2	2.5	1.8	100.0	369
Karamoja	11.1	328	14.8	11.3	2.4	3.1	6.8	22.2	27.5	3.1	7.7	1.1	100.0	63
Wealth quintile														
Lowest	22.8	1,798	23.9	6.3	16.0	3.6	3.8	11.0	4.4	20.3	6.3	4.4	100.0	579
Second	21.5	1,788	19.5	12.4	8.4	3.0	2.0	15.5	5.1	21.4	6.2	6.6	100.0	606
Middle	15.4	1,709	14.7	12.9	6.3	3.6	7.8	17.0	7.9	9.1	11.3	9.4	100.0	430
Fourth	20.3	1,650	19.5	14.3	2.5	7.4	4.9	22.3	6.6	3.6	8.4	10.5	100.0	514
Highest	30.5	1,925	13.3	12.2	4.0	11.4	4.2	25.1	7.2	3.0	8.8	10.9	100.0	1,113
Total	22.3	8,870	17.5	11.6	7.0	6.8	4.3	19.3	6.3	10.4	8.1	8.7	100.0	3,242

[1] Brands accounting for less than 2 percent of observed nets are tabulated under other. These include Koopernet, Iconet, Bamboo Hut, Century and Victoria.

13.2.3 Source of Mosquito Nets

The UMCSP adopts a private/public mix approach to distribute, sell, and promote the use of ITNs. Information on source of mosquito nets is therefore useful in monitoring interventions for the major distribution channels in the country.

The percent distribution of nets by source, according to background characteristics is shown in Table 13.3. Overall, shops, pharmacies, and open markets remain the main distribution channels for mosquito nets (60 percent), followed by projects, NGOs, and churches (14 percent). In urban areas, hawkers are more likely to be sources of nets than projects, NGOs, or churches; otherwise, a similar pattern is seen for both urban and rural.

Table 13.3 Source of mosquito nets

Percentage of households with a net, and the percent distribution of nets by source, according to background characteristics, Uganda 2006

Background characteristic	Percentage of households with net	Number of households	Government health facility	Private health facility	Shop/ pharmacy/ open market	Hawker	Project/ NGO/ church	Other	Missing	Total	Number of nets
Residence											
Urban	60.6	1,389	4.3	2.5	63.0	16.1	7.2	6.1	0.7	100.0	1,653
Rural	29.4	7,481	6.2	1.6	58.4	10.8	17.0	5.4	0.5	100.0	3,651
Region											
Central 1	35.7	1,029	1.6	1.5	59.9	25.3	4.5	7.0	0.2	100.0	703
Central 2	28.9	920	1.1	1.8	55.1	21.8	12.4	7.5	0.4	100.0	467
Kampala	65.6	663	1.3	1.7	66.0	19.6	3.6	7.1	0.7	100.0	867
East Central	27.8	863	7.1	1.5	61.3	11.3	12.9	4.5	1.5	100.0	363
Eastern	44.1	1,168	3.2	0.2	79.6	4.1	8.2	3.5	1.0	100.0	1,004
North	41.5	1,385	16.0	0.9	37.9	3.9	37.0	3.9	0.2	100.0	897
West Nile	28.8	473	8.2	17.4	47.3	18.0	2.8	6.3	0.0	100.0	215
Western	20.0	1,289	7.7	0.2	51.4	7.1	27.5	6.1	0.0	100.0	410
Southwest	23.1	1,081	5.5	3.6	65.2	7.6	10.6	6.8	0.7	100.0	380
North Sub-regions											
IDP	53.1	594	20.3	1.2	9.7	1.4	64.8	2.0	0.5	100.0	423
Karamoja	13.5	328	23.3	1.0	43.6	18.4	5.7	8.0	0.0	100.0	81
Wealth quintile											
Lowest	25.7	1,798	12.2	0.7	48.2	4.7	31.8	2.2	0.2	100.0	656
Second	26.5	1,788	7.4	0.9	64.9	3.9	18.1	4.1	0.8	100.0	751
Middle	22.9	1,709	3.7	1.8	63.3	9.6	13.6	7.3	0.7	100.0	601
Fourth	31.6	1,650	6.3	2.8	53.2	16.7	15.5	5.4	0.2	100.0	808
Highest	61.9	1,925	3.6	2.3	62.6	16.5	7.6	6.6	0.7	100.0	2,488
Total	34.3	8,870	5.6	1.9	59.8	12.5	14.0	5.6	0.6	100.0	5,304

At the regional level, Eastern region has the highest percentage of nets obtained from shops, pharmacies, or open markets (80 percent). In North region, 16 percent of nets come from a government health facility, while in the other regions less than 10 percent of nets are obtained from the that source. Projects, NGOs, and churches were the source for 37 percent of households in the North region and 65 percent of households in the IDP camps sub-region.

Information on brand of mosquito net by source is shown in Table 13.4. Shops, pharmacies, and open markets are the major source of all types of mosquito nets except Permanet and Olyset nets. While 37 percent of Permanet nets come from shops/pharmacies/open markets, 39 percent come from projects/NGOs/churches. The main source of Olyset nets is projects/NGOs/churches. Government health facilities distribute 30 percent of Olyset nets and 13 percent of Permanet nets.

Table 13.4 Brand of mosquito net by source

Percent distribution of observed nets by source, according to brand of net, Uganda 2006

Source	Permanet	Smartnet	Olyset	Ko net	Safi net	B52	Lucky net	Home-made net	Other[1]	Brand not known/ missing	Total
Government health facility	12.5	10.9	29.9	5.4	3.3	2.1	1.2	0.2	2.0	2.6	7.0
Private health facility	2.8	8.5	0.0	2.5	0.0	0.6	0.0	0.0	0.4	1.3	1.9
Shop/pharmacy/open market	37.0	50.2	20.7	60.3	43.9	70.8	75.1	96.1	62.6	63.1	58.7
Hawker	4.7	5.4	1.8	8.0	10.8	16.3	20.1	1.4	11.6	16.4	9.5
Project/NGO/church	38.5	18.4	40.2	17.3	25.7	5.9	2.3	0.6	15.1	7.5	17.2
Other	4.1	6.0	7.0	5.7	12.9	4.1	1.2	0.5	6.6	9.1	5.1
Missing	0.4	0.5	0.3	0.7	3.3	0.1	0.0	1.3	1.7	0.0	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	568	377	228	219	140	624	205	338	263	281	3,242

[1] Brands accounting for less than 2 percent of observed nets are tabulated under other. These include Koopernet, Iconet, Bamboo Hut, Century and Victoria.

13.2.4 Use of Mosquito Nets by Children

Children under five years of age are susceptible to malaria and are one of the main groups targeted for ITNs. This is because progression of malaria infection to severe disease and anaemia (as a result of severe malaria) is more rapid in those children under five than those age five and above.

During the 2006 UDHS, interviewers asked who slept under each mosquito net the household owned on the night before the survey. These data are therefore useful in monitoring the proportion of children under five protected by an ITN.

Table 13.5 shows the percentage of children under five who slept under a mosquito net (treated or untreated) on the night preceding the interview by background characteristics. In an ideal situation, all children under five years should sleep under an ITN. However, the findings show that on the night preceding the interview, only 22 percent of children under five slept under a mosquito net (treated or untreated); 13 percent slept under an ever-treated net; and 10 percent slept under an ITN. Older children are less likely than younger children to sleep under a mosquito net. There are no differentials in mosquito net usage by sex of child. Children in urban areas are more likely to use an ITN (21 percent) than those in rural areas (8 percent).

Regional variations show that the proportion of children under five who slept under any type of mosquito net was lowest in Western region (10 percent) followed by 14 percent in Southwest and East Central regions. The highest percentage of children under five sleeping under a net (55 percent), observed in Kampala, is still far short of the ideal of 100 percent. The use of mosquito nets among children was higher in the wealthiest households (43 percent) than in the poorest households (19 percent). Use of ITNs is highest in the North region (18 percent). In IDP camps, over one-quarter of children under five slept under an ITN on the night before the survey. The use of ITNs varies by wealth quintile. The percentage of children under five sleeping under an ITN was highest (15 percent) in households in the highest wealth quintile, followed by 11 percent of children in households in the lowest wealth quintile. Children in households in the middle wealth quintile were least likely to sleep under an ITN on the night preceding the survey (5 percent).

Table 13.5 Use of mosquito nets by children

Percentage of children under five years of age who slept under a mosquito net (treated or untreated), an ever-treated mosquito net, and an insecticide-treated net (ITN) the night before the survey, by background characteristics, Uganda 2006.

Background characteristic	Percentage who slept under any net the past night	Percentage who slept under an ever-treated net the past night[1]	Percentage who slept under an ITN the past night[2]	Number of children
Age in months				
<1	25.5	15.8	11.8	1,649
1	24.6	13.5	10.8	1,698
2	22.7	13.5	10.0	1,679
3	17.7	10.3	7.9	1,662
4	17.3	10.5	8.0	1,713
Sex				
Male	21.3	12.3	9.5	4,148
Female	21.7	13.1	9.8	4,254
Residence				
Urban	49.4	28.8	21.3	902
Rural	18.2	10.8	8.3	7,500
Region				
Central 1	22.5	8.3	4.4	817
Central 2	17.1	8.4	5.3	764
Kampala	55.4	26.7	15.8	377
East Central	14.4	8.2	5.8	915
Eastern	33.8	17.0	12.8	1,297
North	25.4	20.3	18.1	1,449
West Nile	18.2	15.6	14.4	454
Western	9.5	5.7	5.0	1,315
Southwest	13.9	9.8	6.5	1,013
North Sub-regions				
IDP	33.3	30.1	26.3	631
Karamoja	12.2	7.2	7.2	317
Wealth quintile				
Lowest	18.8	12.9	10.7	1,870
Second	19.3	11.3	9.7	1,856
Middle	13.7	6.8	4.9	1,711
Fourth	17.6	11.0	8.8	1,612
Highest	43.0	23.8	15.4	1,353
Total	21.5	12.7	9.7	8,402

[1] An ever-treated net is a pretreated net or a non-pretreated net which has subsequently been soaked with insecticide at any time.
[2] An insecticide-treated net (ITN) is: (1) a factory treated net that does not require any further treatment; (2) a pretreated net obtained within the past 12 months; or (3) a net that has been soaked with insecticide within the past 12 months.

13.2.5 Use of Mosquito Nets by Pregnant Women

The strategy for reducing malaria in pregnancy, an essential part of the malaria control program, includes three elements: Intermittent Preventive Treatment (IPT), prevention with ITNs, and prompt treatment of clinical malaria episodes with drugs. Objectives 9 and 10 of the UMCSP 2005/6-2009/10 emphasize the prevention of malaria by increasing the percentage of public and private sector ANC clients who receive at least two doses of IPT and by promoting the use of ITNs among pregnant women.

Table 13.6 shows the percentage of all women and the percentage of pregnant women who slept under a mosquito net the night prior to the interview, by background characteristics. Only 23 percent of women slept under any mosquito net, while 10 percent slept under an ITN. Pregnant women are not more likely to sleep under an ITN than women in general. Urban pregnant women are more than twice as likely to sleep under any mosquito net as pregnant women in rural areas. The use of mosquito nets among all women is highest in Kampala (48 percent) and lowest in the Western region (11 percent). On the other hand, considering use of ITNs, West Nile has the highest percentage of pregnant women (17 percent) who slept under an ITN while Central 1 region has the lowest percentage (4 percent). In the IDP camps, the use of any type of net by all women and pregnant women is higher than the national average and the average for the North region. Karamoja has the smallest proportion of each category using any type of net. Both women in general and pregnant women who are more educated and those in the highest wealth quintile are more likely to sleep under any net and ITNs.

Table 13.6 Use of mosquito nets by women

Percentage of all women age 15-49 and pregnant women age 15-49 who slept under a mosquito net (treated or untreated), an ever-treated mosquito net[1], and an insecticide-treated net[2] (ITN) the night before the survey, by background characteristics, Uganda 2006

	Percentage of all women age 15-49 who:				Percentage of pregnant women age 15-49 who:			
Background characteristic	Slept under any net the past night	Slept under an ever-treated net the past night[1]	Slept under an ITN the past night[2]	Number of women	Slept under any net the past night	Slept under an ever-treated net the past night[1]	Slept under an ITN the past night[2]	Number of women
Residence								
Urban	43.0	26.3	18.7	1,530	49.2	26.6	22.9	102
Rural	19.1	11.3	8.3	7,496	21.6	11.6	8.6	917
Region								
Central 1	25.0	9.9	5.2	962	24.2	10.1	4.2	106
Central 2	16.8	9.8	6.5	818	14.6	10.0	6.2	74
Kampala	48.0	26.4	16.7	756	59.6	21.4	14.7	41
East Central	16.8	10.3	6.2	889	17.9	9.4	6.7	134
Eastern	36.8	18.7	13.6	1,221	39.6	16.0	12.3	175
North	24.7	18.9	17.2	1,383	23.6	18.0	16.2	160
West Nile	18.5	15.2	13.8	499	20.8	17.2	17.2	54
Western	11.3	6.8	5.7	1,348	14.9	9.0	9.0	172
Southwest	14.4	10.7	6.5	1,150	19.1	11.7	5.5	103
North Sub-regions								
IDP	32.3	28.3	25.4	534	26.4	24.2	20.9	66
Karamoja	10.6	4.6	4.6	325	4.7	2.7	2.7	34
Education								
No education	19.4	11.8	9.1	1,648	23.0	12.6	9.8	220
Primary	21.3	13.2	10.0	5,543	23.0	12.5	9.5	662
Secondary +	32.1	17.5	11.2	1,835	33.5	16.6	12.8	138
Wealth quintile								
Lowest	18.8	12.5	10.1	1,641	19.4	10.2	7.2	221
Second	19.7	11.3	9.7	1,714	22.2	10.0	7.7	250
Middle	14.9	7.9	5.5	1,703	21.9	12.1	9.4	184
Fourth	18.4	11.2	8.5	1,722	18.6	12.5	10.9	210
Highest	39.0	23.3	15.1	2,247	46.0	24.4	17.3	153
Total	23.2	13.8	10.1	9,026	24.4	13.1	10.0	1,019

[1] An ever-treated net is a pretreated net or a non-pretreated net which has subsequently been soaked with insecticide at any time.
[2] An insecticide-treated net (ITN) is: (1) a factory treated net that does not require any further treatment; (2) a pretreated net obtained within the past 12 months; or (3) a net that has been soaked with insecticide within the past 12 months.

13.3 INTERMITTENT PREVENTIVE TREATMENT DURING PREGNANCY

IPT in pregnancy prevents development of malaria and eliminates malaria parasites from the placenta. During pregnancy, the malaria control guidelines in Uganda recommend the use of at least two doses of SP/Fansidar during the second and third trimester of pregnancy.

In the 2006 UDHS, women who gave birth in the past five years were asked whether they took any antimalarial tablets during pregnancy for preventive purposes during their last pregnancy. Information was collected on the types of drugs taken, the number of times the drug was taken and whether the drug was obtained during an antenatal visit. The IPT programme was introduced in Uganda in 2002 and the analysis is therefore based on women who gave birth in the last two years prior to the survey.

Overall, 37 percent of pregnant women received at least one dose of SP/Fansidar to prevent malaria during pregnancy (Table 13.7), and 18 percent received two or more doses. This is far below the target of 100 percent. Most of the pregnant women taking SP/Fansidar received it during an ANC visit. Overall, just over one in three pregnant women (34 percent) received SP/Fansidar for malaria prevention during an ANC visit. Furthermore, less than half of these women (16 percent) received the recommended two doses of SP/Fansidar and received at least one dose during an antenatal care visit.

Table 13.7 Prophylactic use of antimalarial drugs and use of Intermittent Preventive Treatment (IPT) by women during pregnancy

Percentages of women age 15-49 with a live birth in the two years preceding the survey who took any antimalarial drugs for prevention, who took SP/Fansidar, any and two or more doses, and percentage who received Intermittent Preventive Treatment (IPT) during the pregnancy for their last live birth in the two years preceding the survey, by background characteristics, Uganda 2006

Background characteristic	Percentage who took any antimalarial drug	SP/Fansidar		Intermittent Preventive Treatment[1]		Number of women
		Percentage who took any SP/Fansidar	Percentage who took 2+ doses	Percentage who received any SP/Fansidar during an ANC visit	Percentage who received 2+ doses, at least one during an ANC visit	
Residence						
Urban	51.5	43.4	17.8	40.1	17.1	365
Rural	44.1	35.7	17.5	32.7	16.1	2,882
Region						
Central 1	34.9	25.8	13.3	23.5	13.3	315
Central 2	35.1	27.8	13.4	26.3	12.6	277
Kampala	51.6	43.1	17.5	40.3	16.7	164
East Central	45.1	32.9	14.9	31.2	14.0	358
Eastern	52.9	46.8	16.4	45.1	15.7	504
North	40.1	26.7	12.1	23.5	11.2	560
West Nile	42.1	33.4	15.0	31.5	14.1	185
Western	51.5	44.5	26.1	39.0	21.8	502
Southwest	46.2	44.4	26.2	39.3	24.6	382
North Sub-regions						
IDP	44.2	32.2	18.9	29.2	18.6	248
Karamoja	46.2	30.9	6.2	29.9	5.9	117
Education						
No education	35.7	25.9	11.8	24.0	11.0	686
Primary	44.2	36.1	17.9	32.8	16.3	2,083
Secondary +	61.2	53.7	24.4	50.3	23.1	478
Wealth quintile						
Lowest	42.2	31.9	15.7	30.3	14.8	706
Second	42.0	33.8	14.7	29.8	13.1	754
Middle	42.7	35.4	17.8	31.8	16.0	665
Fourth	49.1	40.8	18.4	36.8	16.5	602
Highest	50.8	43.5	22.9	41.6	22.4	520
Total	44.9	36.6	17.6	33.5	16.2	3,247

[1] IPT: Intermittent Preventive Treatment is preventive treatment with a dose of sulfodoxine-pyrimethamine (SP/Fansidar) to pregnant women at ANC visits.

The percentage of women who received at least two doses of SP/Fansidar is much higher than the national average in Western and Southwest regions (26 percent). Pregnant women are least likely to receive two doses of SP/Fansidar in the North region (12 percent). Receiving two or more doses of SP/Fansidar is related to education of the women and wealth. Women with no education are less likely to receive two doses of SP/Fansidar during pregnancy than women with secondary education or

higher. More than one in five pregnant women (23 percent) in the highest wealth quintile received two doses of SP/Fansidar compared with 16 percent of the pregnant women in the lowest quintile.

13.4 FEVER AND TREATMENT

13.4.1 Treatment of Malaria in Children

Malaria is one of the major causes of childhood illness in Uganda, and fever is one of the major manifestations of malaria. Among the objectives of the UMCSP under case management is the enhancement of prompt treatment of children under five within 24 hours of the onset of fever. During the 2006 UDHS, mothers were asked if their children under five years had a fever in the two weeks preceding the survey. If the child had a fever, the mother was asked to provide information on the type of treatment sought, whether the child was given medication and, if treated, how soon the treatment was given after the illness started.

Table 13.8 shows the percentage of children under five years with fever in the two weeks prior to the survey and treatment of fever. Overall, 41 percent of the children under five years had fever in the two weeks prior to the interview, of whom six in every ten (61 percent) received antimalarial drugs. However, only three in ten (29 percent) were given antimalarial drugs on the same day or the day following the onset of fever, as recommended.

Table 13.8 Prevalence and prompt treatment of fever

Percentage of children under age five with fever in the two weeks preceding the survey, and among children with fever, the percentage who took antimalarial drugs and the percentage who took the drugs the same or next day following the onset of fever, by background characteristics, Uganda 2006

	Among children under age five:		Among children under age five with fever:		
Background characteristic	Percentage with fever in the two weeks preceding the survey	Number of children	Percentage who took antimalarial drugs	Percentage who took antimalarial drugs same or next day	Number of children
Age (in months)					
<12	40.5	1,590	53.8	20.8	644
12-23	52.0	1,590	63.0	30.5	827
24-35	44.6	1,528	65.5	33.0	681
36-47	37.1	1,467	62.9	31.0	545
48-59	29.6	1,489	60.6	28.5	441
Residence					
Urban	25.0	872	58.0	26.5	218
Rural	43.0	6,791	61.6	29.0	2,919
Region					
Central 1	40.9	733	58.6	30.5	300
Central 2	37.6	659	54.4	26.8	248
Kampala	18.9	387	43.0	11.1	73
East Central	47.2	829	53.3	22.0	391
Eastern	52.6	1,222	66.2	31.7	643
North	50.5	1,310	68.9	31.6	661
West Nile	37.4	409	66.5	43.4	153
Western	35.3	1,185	59.7	27.5	419
Southwest	26.9	928	56.4	23.8	249
North Sub-regions					
IDP	60.9	539	69.2	31.5	328
Karamoja	35.6	292	68.4	41.7	104
Mother's education					
No education	42.2	1,714	58.1	25.0	723
Primary	42.1	4,874	61.9	29.5	2,051
Secondary +	33.8	1,076	64.4	33.2	364
Wealth quintile					
Lowest	48.3	1,702	63.5	26.9	823
Second	44.7	1,722	56.6	25.7	769
Middle	37.1	1,535	61.2	29.3	569
Fourth	39.2	1,456	63.1	32.5	570
Highest	32.5	1,249	63.4	33.1	406
Total	40.9	7,664	61.3	28.9	3,138

Regional variations show that children in Kampala were least likely to have fever (19 percent) while children in Eastern region were the most affected (53 percent). Regarding prompt treatment of fever, 43 percent of the children with fever in West Nile were given antimalarial drugs on the same day or next day, compared with 11 percent in Kampala. Fever was most common among children in the IDP camps (61 percent). However, children with fever in IDP camps were also most likely to receive antimalarial drugs (69 percent). More than two-thirds of the children with fever in Karamoja received antimalarial drugs. This is one of the few areas where the Karamoja sub-region performed better than the national average and most other regions. The children of mothers who had secondary education or were in the highest wealth quintile were least likely to have a fever (34 and 33 percent, respectively). Children of women with secondary education or higher who had fever were more likely than other children to take antimalarial drugs and to take them at the correct time.

13.4.2 Types of Antimalarial Drugs Used

According to the UMCSP, during the second part of the 1990s, resistance to antimalarial drugs and particularly chloroquine began to increase in Uganda. At the end of 2000, a decision was made to change the first-line malaria treatment policy to Chloroquine and Fansidar (CQ + SP). This policy was officially launched in 2002, but the resistance to SP as well as CQ + SP continued to rise during 2002-2004. In 2004, the first-line treatment policy for malaria was changed to artemether/lumefantrin. To enable broad access to artemisimin-based combination therapy (ACT) in the private, for-profit sector, artesunate + amodiaquine has been defined as an alternative first-line treatment. The roll out of the new policy began in February 2006 using a brand of artemether/lumefantrin called Coartem.

Home-based management of fever was launched in 2002, starting with 10 districts, and covered the entire country in 2006. The treatment, called Homapak, is a combination of CQ + SP that is distributed in two age-specific colour packages, i.e., red for those age 6 months to two years and green for children age two to five years. Caretakers of children with fever access the treatment from volunteers at the village level called Community Medicine Distributors (CMD).

During the 2006 UDHS, mothers of children who had fever were asked whether they had given their children antimalarial drugs. Table 13.9 shows the type and timing of antimalarial drugs given to children under five with fever in the two weeks preceding the interview. Chloroquine and quinine were the most common administered antimalarial drugs (28 percent and 14 percent, respectively). Although Homapak red should be administered to children less than two years of age, it was observed that some children received it when they were above two years. In addition, a smaller proportion of children under two years received Homapak green.[1] Three percent of children with fever received Coartem.

Children treated on the same day or next day following the onset of fever were most likely to have received Chloroquine. The percentage of children who took antimalarial drugs within the recommended time frame (same day or next day) is small.

[1] The field interviewers were required to show the two packets of Homapak (red and green) to the respondent to assist the child's mother or caretaker in identifying the type of Homapak that was given to the child.

Table 13.9 Type and timing of antimalarial drugs

Among children under age five with fever in the two weeks preceding the survey, percentage who took specific antimalarial drugs and percentage who took each type of drug the same or next day after developing the fever, by background characteristics, Uganda 2006

Background characteristic	Percentage of children who took drug:								Percentage of children who took drug the same or next day:								Number of children with fever
	SP/ Fansidar	Chloro-quine	Chloro-quine with Fansidar	Qui-nine	Homa-pack RED	Homa-pack GREEN	COAR-TEM	Other anti-malarial	SP/ Fansidar	Chloro-quine	Chloro-quine with Fansidar	Qui-nine	Homa-pack RED	Homa-pack GREEN	COAR-TEM	Other anti-malarial	
Age (in months)																	
<12	5.8	25.2	2.8	10.8	8.7	1.6	1.6	2.7	2.4	9.3	1.0	2.5	3.9	0.7	0.5	1.5	644
12-23	6.3	27.3	4.1	15.6	8.3	1.6	4.4	2.0	3.0	14.0	1.9	5.5	5.1	0.7	1.4	0.9	827
24-35	6.4	28.4	2.9	16.6	4.5	6.0	3.2	2.9	2.4	12.0	1.7	9.3	3.2	3.4	1.3	1.3	681
36-47	6.0	31.5	4.6	14.2	2.9	6.3	2.8	1.7	3.2	15.1	2.0	7.0	1.3	3.0	1.2	0.6	545
48-59	6.8	28.1	3.1	12.3	3.7	6.6	2.5	2.7	3.4	13.8	1.8	5.4	1.3	3.5	0.5	1.2	441
Residence																	
Urban	5.7	23.8	2.6	16.5	2.2	3.7	4.1	5.1	2.0	10.2	1.0	9.4	1.6	0.6	0.3	2.6	218
Rural	6.3	28.2	3.6	13.9	6.2	4.1	2.9	2.2	2.9	13.0	1.7	5.7	3.3	2.2	1.1	1.0	2,919
Region																	
Central 1	5.8	20.5	3.2	13.0	6.0	3.9	3.9	6.1	3.0	8.3	3.2	5.7	4.6	2.4	0.9	3.1	300
Central 2	3.9	30.4	3.5	12.0	2.4	1.2	2.8	1.8	1.8	12.6	3.1	7.1	1.3	0.7	0.9	0.5	248
Kampala	3.4	17.3	1.3	14.2	0.0	0.0	4.0	3.8	1.3	1.8	0.0	4.4	0.0	0.0	0.9	2.7	73
East Central	4.9	29.0	7.7	9.0	2.1	0.9	4.5	1.4	1.0	12.0	3.4	2.7	0.8	0.0	2.6	0.5	391
Eastern	7.9	37.6	2.8	15.2	3.1	2.7	1.9	1.7	3.7	18.6	0.4	6.9	1.1	1.2	0.4	1.4	643
North	8.0	28.2	3.5	15.4	9.2	8.3	4.3	1.0	3.9	14.9	1.0	5.0	4.8	3.9	0.9	0.4	661
West Nile	6.2	30.8	8.3	9.2	7.8	9.0	3.0	0.4	4.0	18.0	6.1	2.5	7.2	6.8	1.2	0.4	153
Western	5.3	23.9	1.2	19.3	5.4	2.2	2.1	3.5	3.2	8.5	0.4	11.5	2.3	0.7	1.4	1.4	419
Southwest	5.0	15.3	1.1	13.4	15.8	5.6	0.5	4.5	0.6	6.0	0.6	3.5	8.7	3.9	0.5	0.6	249
North Sub-regions																	
IDP	10.0	23.7	4.9	19.4	8.3	8.0	3.8	0.9	5.1	11.6	1.6	6.5	3.6	4.7	1.3	0.0	328
Karamoja	9.2	52.5	2.3	4.1	2.0	1.7	5.2	0.0	7.2	33.2	1.5	1.5	1.8	0.4	1.4	0.0	104
Mother's education																	
No education	4.4	26.7	2.4	12.4	6.6	4.7	2.9	1.9	2.5	11.5	0.7	4.8	3.2	1.4	1.3	0.6	723
Primary	6.6	28.7	3.8	14.2	6.2	4.0	2.4	2.0	2.7	13.4	1.8	6.0	3.4	2.4	0.8	0.8	2,051
Secondary +	8.2	26.2	4.4	17.1	3.5	2.9	6.5	5.8	4.0	11.6	2.7	8.2	2.3	1.9	2.3	3.4	364
Wealth quintile																	
Lowest	7.0	30.6	3.2	14.2	6.2	4.7	2.4	2.0	3.4	13.6	0.9	4.5	3.1	2.1	0.5	0.8	823
Second	5.3	27.7	2.1	11.4	7.7	5.4	3.5	0.3	2.1	12.3	0.6	4.3	3.9	2.9	1.0	0.1	769
Middle	6.6	30.2	4.2	11.0	6.2	4.0	2.0	2.5	3.0	14.8	2.5	3.8	3.7	2.3	0.4	0.9	569
Fourth	6.2	24.8	5.6	16.6	5.0	3.3	3.5	3.1	2.9	10.9	3.2	8.5	2.8	2.1	1.8	1.8	570
Highest	6.0	24.2	3.3	19.8	3.3	1.3	4.2	6.3	2.8	11.8	1.9	11.4	2.0	0.1	2.1	2.7	406
Total	6.3	27.9	3.5	14.1	6.0	4.1	3.0	2.4	2.8	12.8	1.7	5.9	3.2	2.1	1.1	1.1	3,138

13.4.3 Availability of Antimalarial Drugs at Home

During the 2006 UDHS, mothers whose children were treated with antimalarials were asked to establish the source of drugs. Table 13.10 shows the percentage of children for whom the antimalarial drug was at home when they became ill, among children who took that drug.

Overall, for one in every ten children (11 percent) who were given antimalarials, the drug was available at home when the child fell sick. For 19 percent of children treated with Homapak green and 15 percent of children treated with Homapak red, the drug was available at home at the time the children fell sick. Among children who took chloroquine, the drug was already at home in 11 percent of the cases. Homapak is free and within easy reach because it is distributed by one of the Community Medicine Distributors (CMDs), which may explain why it is more readily available in the households.

Table 13.10 Availability at home of antimalarial drugs taken by children with fever

Among children under age five who had fever in the two weeks preceding the survey and who took specific antimalarial drugs, the percentage for whom the drug was at home when the child became ill with fever, Uganda 2006

Drug	Percentage for whom the drug was at home when child became ill with fever	Number of children who took the specific antimalarial drug
SP/Fansidar	5.6	196
Chloroquine	10.7	877
Chloroquine with Fansidar	11.0	111
Quinine	8.2	443
Homapack RED	15.0	187
Homapack GREEN	19.0	127
COARTEM	1.8	95
Other antimalarial	8.9	75
Any antimalarial drugs	10.6	1,924

13.5 HOUSEHOLD INSECTICIDE SPRAYING

Indoor residual insecticide spraying (IRS) is one of the vector control mechanisms under the core interventions for the malaria control programme aimed at halting transmission in epidemic-prone areas.

Table 13.11 shows the percentage of households that have been sprayed with insecticides in the 12 months preceding the survey. The results show that 6 percent of the households are reported as having been sprayed with insecticides in the past 12 months to prevent malaria. Households located in urban areas are more than twice as likely as those in rural areas to have been sprayed with insecticides for malaria prevention.

The coverage of houses ever sprayed is lowest in West Nile with less than 1 percent coverage. Eastern and Southwest regions have coverage rates of 2 percent and 3 percent of households, respectively. Twelve percent of the households in IDP camps received indoor spraying in the past 12 months, while none of the households in Karamoja received spraying. The highest percentages of households reporting spraying were those in Kampala region and those in the highest wealth quintile.

Table 13.11 Household insecticide spraying

Percentage of households for which the interior walls of the dwelling were sprayed with insecticide in the 12 months preceding the survey, Uganda 2006

Background characteristic	Percentage of households sprayed in the past 12 months	Number of households
Residence		
Urban	11.9	1,389
Rural	5.1	7,481
Region		
Central 1	10.3	1,029
Central 2	9.9	920
Kampala	15.7	663
East Central	6.0	863
Eastern	1.7	1,168
North	5.6	1,385
West Nile	0.6	473
Western	5.0	1,289
Southwest	2.5	1,081
North Sub-regions		
IDP	11.7	594
Karamoja	0.0	328
Wealth quintile		
Lowest	2.8	1,798
Second	2.4	1,788
Middle	4.0	1,709
Fourth	5.7	1,650
Highest	15.0	1,925
Total	6.2	8,870

HIV/AIDS-RELATED KNOWLEDGE, ATTITUDES, AND SEXUAL BEHAVIOUR

14

14.1 INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS), is caused by a human immunodeficiency virus (HIV) that weakens the immune system, making the body susceptible to and unable to recover from other opportunistic diseases that lead to death through these secondary infections. The predominant mode of HIV transmission is through heterosexual contact, followed in magnitude by perinatal transmission, in which the mother passes the virus to the child during pregnancy, delivery or breastfeeding. Other modes of transmission are through infected blood and unsafe injections.

This chapter presents current levels of HIV/AIDS knowledge, attitudes, and related behaviours for the general adult population. The chapter then focuses on HIV/AIDS knowledge and patterns of sexual activity among young people, as young adults are the main target of many HIV prevention efforts.

14.2 KNOWLEDGE OF HIV/AIDS AND OF TRANSMISSION AND PREVENTION METHODS

14.2.1 Awareness of HIV/AIDS

The 1995 and 2000-2001 Uganda DHS surveys as well as the 2004-2005 Uganda HIV/AIDS Sero-Behavioural Survey have shown that general awareness of HIV/AIDS among men and women is almost universal. It is not surprising, therefore, that Table 14.1 shows that in Uganda today, knowledge of HIV/AIDS is very high among all sub-groups of men and women by various background characteristics.

Table 14.1 Knowledge of AIDS

Percentage of women and men age 15-49 who have heard of AIDS, by background characteristics, Uganda 2006

Background characteristic	Women		Men	
	Has heard of AIDS	Number of women	Has heard of AIDS	Number of men
Age				
15-24	99.1	3,646	99.7	997
15-19	98.9	1,936	99.6	595
20-24	99.4	1,710	99.9	402
25-29	99.3	1,413	100.0	350
30-39	99.4	2,157	100.0	666
40-49	99.2	1,315	99.9	372
Marital status				
Never married	98.9	2,028	99.7	918
Ever had sex	99.8	778	100.0	470
Never had sex	98.4	1,250	99.4	447
Married/living together	99.3	5,337	100.0	1,343
Divorced/separated/ widowed	99.4	1,167	100.0	124
Residence				
Urban	99.5	1,442	100.0	404
Rural	99.2	7,089	99.8	1,982
Region				
Central 1	99.9	905	100.0	272
Central 2	100.0	770	100.0	233
Kampala	99.8	722	100.0	218
East Central	99.5	836	100.0	209
Eastern	99.5	1,148	100.0	323
North	96.9	1,322	99.6	333
West Nile	99.6	471	99.6	124
Western	99.1	1,271	99.6	369
Southwest	100.0	1,086	100.0	304
North sub-regions				
IDP	98.7	504	100.0	146
Karamoja	88.8	286	97.8	62
Education				
No education	97.9	1,650	98.4	116
Primary	99.4	5,062	99.9	1,551
Secondary +	99.9	1,819	100.0	719
Wealth quintile				
Lowest	97.4	1,541	99.6	378
Second	99.5	1,636	99.6	495
Middle	99.5	1,615	100.0	422
Fourth	99.7	1,621	100.0	506
Highest	99.8	2,118	100.0	584
Total 15-49	99.2	8,531	99.9	2,385
Men 50-54	na	na	100.0	118
Total men 15-54	na	na	99.9	2,503

na = Not applicable

14.2.2 Knowledge of HIV Prevention

HIV among adults is mainly transmitted through heterosexual contacts between an infected partner and a non-infected partner. Consequently, the HIV prevention programme has mainly sought

to reduce further sexual transmission through three programmatically important ways, namely promotion of sexual abstinence, mutually faithful monogamy among uninfected couples, and condom use by those that cannot abstain.

In the 2006 UDHS, men and women were specifically asked if one can reduce the risk of acquiring HIV through consistently using condoms, limiting sexual intercourse to one uninfected partner who has no other sex partners, and abstaining from sexual intercourse. As shown in Table 14.2, 70 percent of women and 84 percent of men agree that using a condom at every sexual intercourse can reduce the risk of getting the AIDS virus, while 89 percent of women and 95 percent of men agree that limiting sexual intercourse to one uninfected partner is a way to avoid contracting HIV/AIDS.

Table 14.2 Knowledge of HIV prevention methods

Percentage of women and men age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, by having one sex partner who is not infected and has no other partners, and by abstaining from sexual intercourse, by background characteristics, Uganda 2006

	Women					Men				
	Percentage who say HIV can be prevented by:					Percentage who say HIV can be prevented by:				
Background characteristic	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Using condoms and limiting sexual intercourse to one uninfected partner[1,2]	Abstaining from sexual intercourse	Number of women	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Using condoms and limiting sexual intercourse to one uninfected partner[1,2]	Abstaining from sexual intercourse	Number of men
Age										
15-24	72.4	88.0	67.9	86.0	3,646	82.0	93.3	79.2	90.6	997
15-19	71.6	86.3	66.3	85.7	1,936	80.9	92.7	78.0	92.0	595
20-24	73.3	89.9	69.6	86.5	1,710	83.6	94.2	80.9	88.5	402
25-29	71.2	91.8	68.4	85.8	1,413	87.7	96.9	86.4	94.9	350
30-39	67.8	90.1	65.3	87.3	2,157	87.0	97.7	85.8	93.4	666
40-49	65.3	89.9	61.7	86.6	1,315	80.9	95.4	78.6	95.5	372
Marital status										
Never married	72.2	86.4	67.0	85.9	2,028	82.3	93.4	79.4	91.5	918
Ever had sex	79.6	90.4	75.8	89.4	778	88.3	95.5	86.1	92.2	470
Never had sex	67.5	84.0	61.6	83.8	1,250	76.0	91.1	72.4	90.8	447
Married/living together	68.5	90.4	65.6	86.2	5,337	85.4	96.7	83.8	93.8	1,343
Divorced/separated/widowed	72.7	90.1	68.9	88.1	1,167	82.3	95.5	81.0	90.8	124
Residence										
Urban	77.1	92.0	73.9	89.1	1,442	82.9	97.2	81.8	93.8	404
Rural	68.5	88.9	64.9	85.9	7,089	84.3	95.0	82.0	92.6	1,982
Region										
Central 1	85.7	94.5	83.0	95.7	905	95.7	97.8	94.6	94.5	272
Central 2	89.1	94.4	86.1	93.1	770	93.0	98.1	91.4	98.4	233
Kampala	81.1	92.8	77.7	90.7	722	86.0	97.4	86.0	94.1	218
East Central	80.6	95.1	78.2	93.2	836	67.8	84.8	63.7	75.4	209
Eastern	79.5	94.5	77.2	92.1	1,148	80.4	93.0	76.0	93.3	323
North	63.7	86.2	59.3	80.9	1,322	83.4	93.2	81.0	93.3	333
West Nile	40.0	76.7	35.7	69.5	471	85.3	97.2	83.5	93.3	124
Western	57.8	82.0	52.8	77.0	1,271	81.2	97.3	79.5	93.4	369
Southwest	52.5	87.9	48.3	84.9	1,086	84.2	98.8	83.0	96.0	304
North sub-regions										
IDP	74.9	90.6	70.9	82.4	504	89.5	97.7	89.0	96.8	146
Karamoja	20.7	72.5	17.9	63.7	286	41.6	76.5	35.6	75.1	62
Education										
No education	53.2	84.3	49.6	80.2	1,650	68.8	87.5	66.1	85.7	116
Primary	70.7	89.3	66.7	86.3	5,062	82.8	95.2	80.5	92.9	1,551
Secondary +	83.2	94.5	80.6	92.2	1,819	89.1	97.0	87.6	93.6	719
Wealth quintile										
Lowest	58.0	85.0	53.9	83.1	1,541	75.3	91.5	72.6	90.5	378
Second	64.5	87.5	60.8	84.3	1,636	85.1	96.0	82.8	92.8	495
Middle	67.3	88.5	63.8	84.5	1,615	84.5	96.7	82.5	94.3	422
Fourth	75.1	90.2	70.9	86.7	1,621	84.7	95.6	82.9	91.5	506
Highest	81.0	94.2	78.2	91.6	2,118	88.0	96.2	86.2	94.3	584
Total 15-49	70.0	89.4	66.4	86.4	8,531	84.1	95.4	82.0	92.8	2,385
Men 50-54	na	na	na	na	na	76.4	97.9	75.0	96.0	118
Total men 15-54	na	na	na	na	na	83.7	95.5	81.7	92.9	2,503

na = Not applicable
[1] Using condoms every time they have sexual intercourse
[2] Partner who has no other partners

UNAIDS Indicator 1, 'Knowledge of HIV prevention methods', is shown in columns three and eight of Table 14.2. Sixty-six percent of women know that both using condoms consistently and limiting sexual intercourse to one uninfected partner who has no other partners can reduce risk, while the comparable proportion for men is 82 percent. Finally, 86 percent of women and 93 percent of men agree that abstaining from sexual intercourse is an effective way to reduce the risk of becoming infected with HIV.

Knowledge of HIV prevention methods is generally higher among urban than rural residents. Considering age, knowledge of ways to prevent HIV tends to be highest among men age 25-39; however, among women patterns by age are less clear. Among women, knowledge of ways to prevent HIV tends to be higher among residents in the Central 1, Central 2, and East Central regions, while among men, this knowledge tends to be higher in Central 1, Central 2, and Kampala regions. Residents of IDP camps have high levels of knowledge of prevention methods, but the level of this knowledge is low in the Karamoja sub-region, particularly with respect to the role condoms play in prevention. Knowledge of HIV prevention methods increases with educational attainment and wealth quintile.

14.2.3 Rejection of Misconceptions about HIV/AIDS

In addition to knowing about effective ways to avoid contracting HIV, it is also useful to be able to identify incorrect beliefs about AIDS to eliminate misconceptions. Common misconceptions about AIDS include the idea that all HIV-infected people always appear ill and the belief that the virus can be transmitted through mosquito or other insect bites, by sharing food with someone who is infected, or by witchcraft or other supernatural means. Respondents were asked about these four misconceptions and the findings are presented in Tables 14.3.1 and 14.3.2.

Eighty-five percent of women and 90 percent of men know that a healthy-looking person can have the virus that causes AIDS. However, a smaller percentage of respondents understand that the AIDS virus cannot be transmitted by mosquito bites (54 percent of women and 61 percent of men). Knowledge that people cannot get the AIDS virus by sharing food with a person who has AIDS is higher (77 percent of women and 84 percent of men). Respondents were also asked if they thought that people could get the AIDS virus because of witchcraft or other supernatural means. The majority of respondents reject this idea (84 percent of women and 93 percent of men).

Tables 14.3.1 and 14.3.2 also look at the proportion of respondents who reject common misconceptions about HIV/AIDS. Specifically, they show that 42 percent of women and 51 percent of men know that a healthy-looking person can be infected with HIV, that HIV cannot be transmitted by mosquito bites, and that HIV cannot be transmitted through sharing food or utensils with an infected person.

As with many other indicators of HIV/AIDS knowledge, rejection of misconceptions regarding HIV/AIDS is higher among respondents in urban areas. Among both men and women, rejection of misconceptions about HIV/AIDS is highest in Kampala, followed by Central 2 for women and East Central for men. Generally the percentages of people in the Karamoja sub-region who reject these misconceptions are below the national average. Educational attainment and increasing wealth quintile are positively associated with rejection of misconceptions.

Table 14.3.1 Comprehensive knowledge about HIV/AIDS: Women

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS, by background characteristics, Uganda 2006

Background characteristic	Percentage of respondents who say that: A healthy-looking person can have the AIDS virus	The AIDS virus cannot be transmitted by mosquito bites	The AIDS virus cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has the AIDS virus	Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions[1]	Percentage with a compre-hensive knowledge about HIV/AIDS[2]	Number of women
Age							
15-24	83.6	56.8	85.5	76.2	42.5	31.9	3,646
15-19	81.3	58.5	84.3	75.3	41.6	31.0	1,936
20-24	86.1	54.9	86.8	77.2	43.5	32.9	1,710
25-29	85.8	55.2	85.2	80.3	44.2	33.2	1,413
30-39	86.2	53.4	83.7	78.4	42.0	31.2	2,157
40-49	85.7	48.6	81.9	75.9	38.5	27.6	1,315
Marital status							
Never married	83.6	63.8	86.3	78.6	48.7	36.6	2,028
Ever had sex	89.6	66.2	89.7	81.2	53.4	43.0	778
Never had sex	79.8	62.3	84.2	77.0	45.8	32.6	1,250
Married/living together	84.8	51.2	83.6	76.6	39.5	29.2	5,337
Divorced/separated/widowed	88.2	53.0	84.7	78.8	42.2	31.5	1,167
Residence							
Urban	93.7	69.5	89.8	85.1	60.3	46.6	1,442
Rural	83.2	51.4	83.3	75.8	38.3	28.2	7,089
Region							
Central 1	95.9	56.8	91.0	77.5	46.7	39.0	905
Central 2	93.9	61.9	88.4	76.1	50.4	45.9	770
Kampala	96.1	75.8	92.0	85.1	65.8	51.7	722
East Central	90.8	54.1	85.3	73.5	42.6	35.8	836
Eastern	84.4	49.3	85.4	81.3	38.8	33.2	1,148
North	65.1	44.8	78.8	71.1	27.6	20.4	1,322
West Nile	84.1	45.4	65.0	71.7	34.2	15.0	471
Western	77.8	54.9	82.8	77.5	38.5	23.9	1,271
Southwest	91.0	53.6	86.5	81.9	44.4	24.4	1,086
North sub-regions							
IDP	64.8	51.2	85.2	78.8	31.7	25.6	504
Karamoja	45.7	28.8	51.0	59.2	16.4	7.1	286
Education							
No education	74.8	40.5	73.5	68.1	26.6	16.0	1,650
Primary	85.2	50.7	84.5	76.0	38.2	27.8	5,062
Secondary +	93.5	77.4	93.9	89.8	66.9	54.9	1,819
Wealth quintile							
Lowest	69.5	43.5	75.5	70.8	27.4	18.6	1,541
Second	81.5	45.1	80.1	73.5	33.0	23.4	1,636
Middle	86.7	52.3	84.9	76.1	38.9	26.7	1,615
Fourth	87.8	56.4	86.8	80.9	45.2	34.3	1,621
Highest	95.3	69.8	92.0	83.5	59.7	47.8	2,118
Total 15-49	84.9	54.4	84.4	77.4	42.0	31.3	8,531

[1] Two most common local misconceptions: AIDS can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has AIDS

[2] Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

Table 14.3.2 Comprehensive knowledge about HIV/AIDS: Men

Percentage of men age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS, by background characteristics, Uganda 2006

Background characteristic	Percentage of respondents who say that: A healthy-looking person can have the AIDS virus	The AIDS virus cannot be transmitted by mosquito bites	The AIDS virus cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has the AIDS virus	Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions[1]	Percentage with a comprehensive knowledge about HIV/AIDS[2]	Number of men
Age							
15-24	87.0	60.9	92.9	81.2	48.1	38.2	997
15-19	83.6	63.6	90.9	79.9	47.9	37.7	595
20-24	92.0	56.8	95.8	83.2	48.5	39.0	402
25-29	90.9	60.8	95.8	85.4	51.0	43.7	350
30-39	92.9	63.3	91.5	87.2	55.6	48.2	666
40-49	91.9	57.4	93.4	82.3	48.4	39.5	372
Marital status							
Never married	87.0	63.3	92.5	81.4	50.4	40.1	918
Ever had sex	90.7	62.0	93.4	86.0	54.7	46.1	470
Never had sex	83.0	64.7	91.4	76.5	46.0	33.8	447
Married/living together	91.8	59.8	93.4	85.3	51.3	43.8	1,343
Divorced/separated/widowed	92.7	56.9	93.1	82.9	45.8	36.0	124
Residence							
Urban	94.2	69.1	96.7	88.9	63.0	49.9	404
Rural	89.1	59.3	92.2	82.6	48.2	40.4	1,982
Region							
Central 1	92.0	55.8	90.4	77.8	41.9	39.8	272
Central 2	95.9	58.0	94.0	80.5	49.1	44.4	233
Kampala	96.9	72.4	95.9	88.5	67.5	56.6	218
East Central	96.5	72.4	90.1	80.3	63.5	35.9	209
Eastern	82.5	49.7	88.4	87.4	41.0	32.9	323
North	77.9	57.5	96.3	85.7	44.2	38.8	333
West Nile	89.8	62.6	92.2	82.4	52.0	46.3	124
Western	92.9	68.1	96.6	85.8	57.3	48.2	369
Southwest	92.0	58.3	91.9	81.9	47.9	39.5	304
North sub-regions							
IDP	83.1	62.6	97.3	90.0	51.1	47.5	146
Karamoja	56.0	43.3	90.9	71.6	26.3	12.8	62
Education							
No education	82.3	33.8	85.5	64.5	20.5	14.3	116
Primary	88.3	53.9	91.9	81.0	43.0	34.5	1,551
Secondary +	94.8	80.5	96.6	92.4	72.2	62.7	719
Wealth quintile							
Lowest	78.0	55.7	89.8	80.6	40.4	32.0	378
Second	86.3	56.0	93.2	82.1	44.7	37.7	495
Middle	93.6	56.8	91.3	82.6	46.9	37.8	422
Fourth	92.3	63.0	94.3	83.0	52.6	44.1	506
Highest	96.2	69.9	95.1	88.2	63.4	53.2	584
Total 15-49	90.0	61.0	93.0	83.7	50.7	42.0	2,385
Men 50-54	95.2	55.7	91.5	79.5	49.2	35.6	118
Total men 15-54	90.2	60.7	92.9	83.5	50.6	41.7	2,503

[1] Two most common local misconceptions: AIDS can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has AIDS

[2] Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

14.2.4 Comprehensive Knowledge about HIV/AIDS

As the landscape of the HIV epidemic changes with time, it is necessary for people to have more comprehensive knowledge of HIV/AIDS. An indicator of comprehensive knowledge about HIV/AIDS combines several individual indicators previously discussed. It is the percentage of respondents age 15-49 who say that: i) people can reduce the chances of getting the AIDS virus by using a condom every time they have sex, ii) people can reduce the chances of getting the AIDS virus by having sex with just one partner who is not infected and who has no other partners, iii) people cannot get the AIDS virus from mosquito bites, iv) people cannot get the AIDS virus from sharing food with a person who has AIDS, and v) that a healthy-looking person can have the AIDS virus.

Tables 14.3.1 and 14.3.2 show the proportions of women and men who have a comprehensive knowledge about HIV/AIDS. Just over 30 percent of women and 40 percent of men have such a comprehensive knowledge. Caution should be taken in analysing trends between the 2004-2005 UHSBS and the 2006 UDHS. The short time between the two surveys allows little opportunity for changes to occur in knowledge, attitudes or behaviours at the population level that are large enough to exceed the sampling errors in the estimates. Nonetheless, these two surveys provide evidence that comprehensive knowledge of HIV/AIDS may be increasing, particularly among men. In the 2004-2005 UHSBS, 28 percent of women and 36 percent of men possessed comprehensive knowledge of HIV/AIDS.

According to the results of the 2006 UDHS, women in urban areas are more likely to have comprehensive knowledge compared to their rural counterparts (47 percent compared with 28 percent). Never-married women who have ever had sex, residents of Kampala and the Central regions, women with secondary level education, and those in the highest wealth quintile are more likely to have comprehensive knowledge than other women. Like women, comprehensive knowledge is more common among men in urban areas, those with higher education and those in the higher wealth quintiles. The proportion of men with comprehensive knowledge is highest in Kampala, Western and West Nile regions. Among both men and women in the Karamoja sub-region, the proportion with comprehensive knowledge is far below the national average.

14.2.5 Knowledge of Prevention of Mother-to-Child Transmission of HIV

Given that about 21 percent of HIV transmission in Uganda is currently believed to be due to mother-to-child transmission (Uganda AIDS Commission, 2007), Uganda has been implementing strategies for prevention of mother-to-child transmission (PMTCT). Some of the preconditions for reducing mother-to-child transmission are knowing that HIV can be transmitted from mother to child and knowing that the use of anti-retroviral drugs by the mother can reduce the risk of transmission.

In the 2006 UDHS, all women and men interviewed were asked if the virus that causes AIDS can be transmitted from a mother to a child. If the answer was 'Yes', they were further asked whether the virus could be transmitted during pregnancy, during delivery, and/or during breastfeeding. They were also asked if there are any special drugs that a doctor or nurse can give to a pregnant woman who is infected with the AIDS virus to reduce the risk of transmission to the baby.

Seventy-three percent of women and 63 percent of men know that HIV can be transmitted from a mother to her child by breastfeeding (Tables 14.4.1 and 14.4.2). A lower proportion of women (65 percent) and about the same proportion of men (64 percent) know that there are special drugs that a doctor or nurse can give to a pregnant woman infected with the AIDS virus to reduce the risk of transmitting the virus to the baby. About half of women (52 percent) and 43 percent of men age 15-49 know that HIV can be transmitted through breastfeeding and that the risk of transmission can be reduced by special drugs.

Table 14.4.1 Knowledge of prevention of mother-to-child transmission (PMTCT) of HIV: Women

Percentage of women age 15-49 who know that HIV can be transmitted from mother to child by breastfeeding and that the risk of mother-to-child transmission (MTCT) of HIV can be reduced by mother taking special drugs during pregnancy, and among women who know about PMTCT drugs, the percentage who know a place to get them, by background characteristics, Uganda 2006

	Percentage who know that:				Among women who know of PMTCT drugs	
Background characteristic	HIV can be transmitted by breastfeeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of women	Percentage who know place to get PMTCT drugs	Number of women
Age						
15-24	73.9	63.4	51.6	3,646	83.1	2,311
15-19	72.5	59.6	48.8	1,936	80.0	1,154
20-24	75.5	67.7	54.7	1,710	86.2	1,157
25-29	74.2	69.9	56.2	1,413	87.1	987
30-39	74.6	66.6	54.2	2,157	85.2	1,436
40-49	68.4	60.4	46.5	1,315	82.9	795
Marital status						
Never married	72.4	61.8	49.8	2,028	82.7	1,253
Ever had sex	77.5	73.2	59.5	778	84.3	569
Never had sex	69.3	54.7	43.8	1,250	81.3	684
Married/living together	73.5	65.1	52.4	5,337	84.9	3,475
Divorced/separated/widowed	74.0	68.6	55.5	1,167	84.7	800
Currently pregnant						
Pregnant	74.3	65.4	52.4	1,006	87.0	658
Not pregnant or not sure	73.2	64.7	52.2	7,525	84.0	4,871
Residence						
Urban	80.0	79.9	66.7	1,442	89.0	1,152
Rural	71.9	61.7	49.3	7,089	83.1	4,377
Region						
Central 1	80.4	84.9	70.8	905	85.1	769
Central 2	76.4	75.7	59.8	770	84.8	583
Kampala	84.9	84.6	73.4	722	89.8	611
East Central	68.1	60.8	45.2	836	79.1	509
Eastern	67.7	57.3	42.8	1,148	90.5	657
North	65.3	56.0	41.6	1,322	77.5	741
West Nile	76.2	39.0	34.9	471	82.7	184
Western	69.5	59.1	49.5	1,271	85.8	751
Southwest	80.3	66.8	56.2	1,086	82.6	726
North sub-regions						
IDP	68.9	68.3	50.9	504	80.9	344
Karamoja	49.3	12.9	10.7	286	81.5	37
Education						
No education	67.8	49.1	39.3	1,650	78.6	810
Primary	73.4	64.1	51.5	5,062	83.2	3,243
Secondary +	78.0	81.2	65.9	1,819	90.1	1,477
Wealth quintile						
Lowest	66.0	48.2	38.2	1,541	80.1	743
Second	68.7	54.6	41.3	1,636	82.0	893
Middle	73.6	65.0	52.2	1,615	81.8	1,050
Fourth	74.7	68.4	54.8	1,621	83.4	1,109
Highest	80.9	81.9	68.8	2,118	89.5	1,735
Total 15-49	73.3	64.8	52.2	8,531	84.3	5,529

Table 14.4.2 Knowledge of prevention of mother-to-child transmission (PMTCT) of HIV: Men

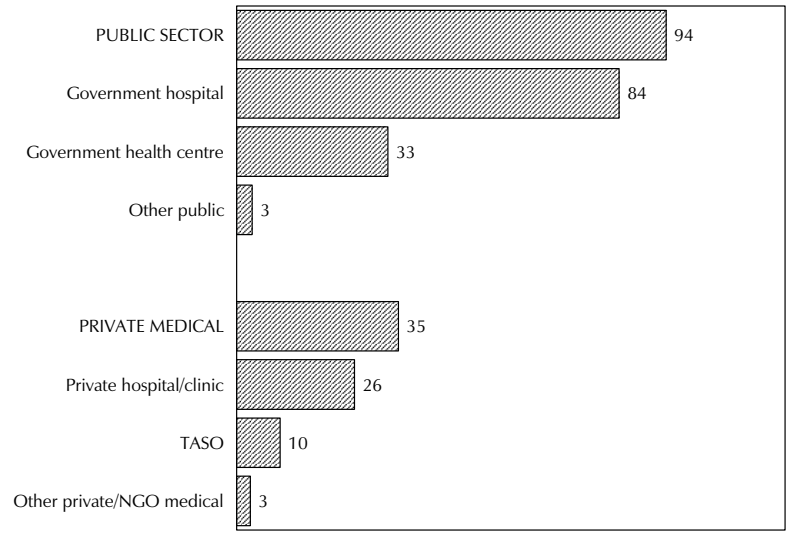
Percentage of men age 15-49 who know that HIV can be transmitted from mother to child by breastfeeding and that the risk of mother-to-child transmission (MTCT) of HIV can be reduced by mother taking special drugs during pregnancy, by background characteristics, Uganda 2006

Background characteristic	Percentage who know that: HIV can be transmitted by breastfeeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of men
Age				
15-24	63.2	59.0	40.7	997
15-19	63.9	54.8	38.6	595
20-24	62.0	65.3	43.9	402
25-29	63.6	68.4	45.7	350
30-39	61.3	67.5	44.6	666
40-49	61.5	64.6	43.1	372
Marital status				
Never married	63.9	58.8	40.7	918
Ever had sex	61.4	66.4	43.0	470
Never had sex	66.5	50.7	38.3	447
Married/living together	61.7	67.0	44.5	1,343
Divorced/separated/widowed	60.1	63.2	42.0	124
Residence				
Urban	61.6	69.3	45.5	404
Rural	62.7	62.5	42.4	1,982
Region				
Central 1	67.9	72.0	48.6	272
Central 2	60.7	75.0	49.0	233
Kampala	59.9	70.1	43.7	218
East Central	42.3	54.9	26.4	209
Eastern	59.0	60.8	38.3	323
North	63.8	61.0	42.8	333
West Nile	71.6	57.5	46.8	124
Western	66.7	57.3	43.9	369
Southwest	68.1	64.9	46.1	304
North sub-regions				
IDP	74.0	68.0	55.3	146
Karamoja	51.0	22.9	13.8	62
Education				
No education	64.3	40.8	29.0	116
Primary	62.4	60.2	40.6	1,551
Secondary +	62.4	74.7	50.1	719
Wealth quintile				
Lowest	65.6	53.4	36.4	378
Second	62.2	60.3	40.7	495
Middle	60.5	61.4	41.1	422
Fourth	60.1	66.6	43.5	506
Highest	64.2	72.1	49.7	584
Total 15-49	62.5	63.6	42.9	2,385
Men 50-54	72.5	76.7	59.3	118
Total men 15-54	62.9	64.3	43.7	2,503

Levels of PMTCT knowledge are generally higher among urban than rural residents. By region, women residing in West Nile and men residing in the East Central region are less likely than those in the other regions to have knowledge of PMTCT. Slightly more than half of men and women in the IDP camps know of PMTCT. However, only around one in ten women (11 percent) and 14 percent of men in the Karamoja sub-region have this knowledge.

Among women who know about PMTCT drugs, a high proportion (84 percent) know of a source for these drugs. The proportion who know of a source for PMTCT drugs does not vary much by background characteristics. The vast majority of respondents report that public sector facilities are a source of PMTCT (94 percent) while private medical facilities are mentioned as a source by 35 percent (Figure 14.1).

Figure 14.1 Knowledge of Sources for PMTCT Drugs



TASO = The AIDS Support Organisation

UDHS 2006

14.2.6 Knowledge of Drugs for AIDS Treatment

Uganda is currently engaged in a rapid scale-up of AIDS care, including anti-retroviral therapy (ART) to reduce viral load and cotrimoxazole (Septrin) to prevent opportunistic infections. General knowledge of AIDS care and anti-retroviral therapy is therefore critical to utilization of the services and achieving the programme objectives. In the 2006 UDHS, adult men and women were asked if they know about drugs that can be prescribed to people with HIV/AIDS to enable them to live longer. Because Septrin is more widely available than anti-retroviral drugs (ARVs), and both drugs can be described as medications that 'help people with AIDS live longer', respondents were also asked to name the drug or drugs they knew about.

Overall, knowledge that there are drugs to help HIV-positive people live longer is high (82 percent of women and 87 percent of men). However, this knowledge is lower among women who had never had sex (75 percent), women in the North region (72 percent), women in the Karamoja sub-region (22 percent), those with no education (69 percent) and women in the lowest wealth quintile (70 percent). Differences by other characteristics are not substantial.

Table 14.5.1 Knowledge of drug treatments for AIDS: Women

Percentage of women who have heard of drugs to help people with AIDS live longer, among women who have heard of these drugs, percentage who know different types of drugs, and among women who know ARVs, percentage who know at least one source for ARVs, according to background characteristics, Uganda 2006

Background characteristic	Among all women		Among women who have heard of drugs to help people with AIDS live longer, percentage who know:						Among women who know ARVs:	
	Percentage who know drugs for people with AIDS	Number of women	ARVs	Septrin	Traditional medicine (herbs)	Other drugs	Don't know name of any drugs	Number of women	Percentage who know a source for ARVs	Number of women
Age										
15-24	79.4	3,646	11.5	10.7	1.0	0.9	78.1	2,894	90.7	334
15-19	76.5	1,936	11.1	8.9	0.9	0.9	79.6	1,482	90.2	164
20-24	82.6	1,710	12.0	12.5	1.1	0.9	76.5	1,412	91.2	169
25-29	84.8	1,413	10.1	14.7	1.5	0.7	76.2	1,199	92.0	121
30-39	84.8	2,157	9.2	12.6	1.1	0.5	79.2	1,828	90.5	169
40-49	81.8	1,315	9.7	11.2	2.2	0.7	79.7	1,076	92.4	105
Marital status										
Never married	79.2	2,028	17.1	10.5	1.0	1.2	73.4	1,606	91.2	275
Ever had sex	85.4	778	21.7	15.6	1.2	0.8	66.8	664	94.1	144
Never had sex	75.3	1,250	13.9	6.8	0.8	1.4	78.1	942	87.9	131
Married/living together	82.5	5,337	8.0	11.9	1.5	0.6	80.2	4,400	91.5	353
Divorced/separated/widowed	85.0	1,167	10.1	14.5	1.2	0.5	77.9	991	89.8	100
Residence										
Urban	88.4	1,442	22.0	15.5	2.5	1.1	64.4	1,274	94.9	281
Rural	80.7	7,089	7.8	11.1	1.0	0.7	81.4	5,724	88.8	448
Region										
Central 1	93.2	905	9.7	17.0	1.7	0.9	73.6	843	92.2	82
Central 2	92.3	770	11.1	12.9	2.2	0.8	75.4	711	95.2	79
Kampala	91.4	722	23.0	13.1	3.8	1.1	63.9	660	92.3	152
East Central	85.5	836	11.9	2.8	4.7	1.0	81.8	715	91.8	85
Eastern	81.9	1,148	11.8	10.6	0.0	1.0	81.1	941	86.3	111
North	71.5	1,322	5.3	14.6	0.2	1.1	80.2	946	(96.9)	50
West Nile	79.3	471	7.3	7.4	0.1	0.2	87.3	373	(95.1)	27
Western	79.4	1,271	4.0	10.2	0.1	0.0	86.7	1,008	(96.7)	40
Southwest	73.7	1,086	12.8	15.7	0.0	0.4	74.2	800	84.2	103
North sub-regions										
IDP	87.6	504	3.2	7.5	0.3	1.2	88.9	442	*	14
Karamoja	22.3	286	8.5	0.0	0.0	2.0	89.5	64	*	5
Education										
No education	68.7	1,650	1.8	7.1	0.7	0.5	90.6	1,134	*	21
Primary	82.4	5,062	5.4	11.7	1.3	0.6	82.7	4,173	92.7	226
Secondary +	92.9	1,819	28.5	15.6	1.6	1.3	59.0	1,690	91.4	481
Wealth quintile										
Lowest	69.7	1,541	2.9	8.0	0.4	1.1	88.3	1,074	(86.9)	31
Second	77.4	1,636	4.2	11.2	0.8	0.6	84.8	1,267	89.5	53
Middle	82.4	1,615	5.2	11.3	1.1	0.5	83.7	1,330	87.9	69
Fourth	85.9	1,621	9.3	11.1	1.3	0.4	80.0	1,393	88.2	130
Highest	91.3	2,118	23.0	15.6	2.3	1.0	63.5	1,933	93.0	444
Total 15-49	82.0	8,531	10.4	11.9	1.3	0.7	78.3	6,997	91.1	728

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

Table 14.5.2 Knowledge of drug treatments for AIDS: Men

Percentage of men who have heard of drugs to help people with AIDS live longer, among men who have heard of these drugs, percentage who know different types of drugs, and among men who know ARVs, percentage who know at least one source for ARVs, according to background characteristics, Uganda 2006

Background characteristic	Among all men: Percentage who know drugs for people with AIDS	Among all men: Number of men	Among men who have heard of drugs to help people with AIDS live longer, percent who know: ARVs	Septrin	Other drugs	Don't know name of any drugs	Number of men	Among men who know ARVs: Percentage who know a source for ARVs	Number of men
Age									
15-24	82.5	997	21.1	10.7	3.2	68.1	822	94.7	173
15-19	79.6	595	19.7	10.4	2.6	70.1	474	93.4	94
20-24	86.7	402	22.9	11.0	4.1	65.2	348	96.2	80
25-29	89.0	350	23.6	15.9	2.8	61.2	311	91.4	74
30-39	91.3	666	22.3	16.0	5.1	63.9	608	94.9	136
40-49	90.7	372	20.1	11.5	2.2	70.8	338	89.1	68
Marital status									
Never married	81.6	918	23.6	11.3	3.0	65.3	749	94.4	176
Ever had sex	87.7	470	26.2	12.1	2.6	62.5	413	95.2	108
Never had sex	75.1	447	20.3	10.4	3.5	68.8	336	93.0	68
Married/living together	91.1	1,343	21.1	14.7	3.9	66.0	1,224	93.1	258
Divorced/separated/widowed	85.6	124	15.3	8.4	2.6	75.6	106	*	16
Residence									
Urban	87.6	404	34.0	15.3	4.3	51.0	354	97.1	120
Rural	87.1	1,982	19.2	12.7	3.4	69.4	1,726	92.0	330
Region									
Central 1	86.1	272	23.8	19.6	11.7	55.1	234	90.4	56
Central 2	94.3	233	13.9	11.4	9.4	71.3	220	(90.6)	31
Kampala	84.9	218	30.3	15.7	7.2	51.3	185	95.9	56
East Central	80.4	209	22.1	2.2	2.3	75.6	168	(92.7)	37
Eastern	93.9	323	24.7	7.9	0.6	70.6	304	94.9	75
North	84.6	333	21.2	18.0	0.0	63.1	282	92.3	60
West Nile	92.5	124	22.2	5.7	0.8	72.3	115	(95.2)	26
Western	85.1	369	11.1	5.8	1.4	82.9	314	*	35
Southwest	85.0	304	29.5	27.1	0.5	52.0	258	92.8	76
North sub-regions									
IDP	95.4	146	23.0	4.8	0.0	73.7	140	(91.7)	32
Karamoja	40.3	62	(23.1)	(0.0)	(0.0)	(76.9)	25	*	6
Education									
No education	66.4	116	4.0	7.6	3.9	85.5	77	*	3
Primary	85.6	1,551	11.5	13.3	3.1	75.7	1,328	88.9	152
Secondary +	93.8	719	43.8	13.6	4.4	45.5	674	96.2	295
Wealth quintile									
Lowest	79.7	378	16.1	8.0	0.9	78.1	301	95.9	48
Second	88.2	495	12.9	11.5	0.8	76.0	437	88.4	56
Middle	86.7	422	17.0	14.9	2.0	70.9	366	84.4	62
Fourth	88.5	506	20.2	15.1	5.6	64.7	448	96.1	91
Highest	90.4	584	36.7	14.6	6.6	49.5	528	95.8	194
Total 15-49	87.2	2,385	21.7	13.2	3.5	66.3	2,079	93.4	451
Men 50-54	89.9	118	14.9	10.4	1.2	77.9	106	*	16
Total men 15-54	87.3	2,503	21.3	13.0	3.4	66.8	2,185	93.4	466

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Interestingly, high proportions of those who have ever heard of drugs to help people with AIDS did not know what the drugs were called (78 percent of women and 66 percent of men). However, 21 percent of the men and 10 percent of the women said they had heard of ARVs, while 13 percent of men and 12 percent of women had heard of Septrin. Having heard of ARVs is highest among never-married women and men, particularly those who had ever had sex. Knowledge was also higher in urban areas, in Kampala and Southwest regions, among men and women with secondary education or higher, and among men and women in the higher wealth quintiles.

Among those who knew ARVs, 91 percent of women and 93 percent of men know of a source of ARVs. Government hospitals are mentioned as a source of ARVs by 87 percent of women and 94 percent of men (Table 14.6).

Table 14.6 Knowledge of sources of ARV drugs

Among women and men age 15-49 who know a source of ARVs, percentage who mention specific sources, Uganda 2006

Source of ARV drugs	Women	Men
Public sector	86.8	93.7
Government hospital	81.5	89.2
Government health centre	24.6	43.4
Other public	5.0	6.9
Private medical	61.6	76.2
Private hospital/clinic	22.8	49.2
TASO	39.9	36.7
AIDS information centre	13.6	14.8
Other private/NGO medical	4.9	10.3
Other	0.6	1.1
Number	664	421

TASO = The AIDS Support Organization

14.2.7 Exposure to Media Messages on Drug Treatments for AIDS

Respondents who had ever heard of drugs that help people with AIDS to live longer were asked about media messages on these drugs that they may have been exposed to during the six months preceding the survey. The radio is by far the main source for information on drug treatments for AIDS. Around three in four women (76 percent) and 89 percent of men heard a message about drug treatments for AIDS on the radio in the six months preceding the survey (Table 14.7). Men and women in Eastern region were less likely to report radio as a source of information than those in other regions. In the sub-region of Karamoja less than one-third of women (32 percent) heard a message about drug treatments for AIDS on the radio in the six months preceding the survey.

Less than 10 percent of women reported seeing a message about drug treatments for AIDS on television, in newspapers or magazines, on signs or in pamphlets, or in a video or film. Men were more likely than women to report being exposed to a message about drug treatments for AIDS for each of these types of media. For example, 27 percent of men saw a message about drug treatments for AIDS in a newspaper or magazine. Residents of urban areas, men and women with secondary education or higher, those in the highest wealth quintile, and residents of Kampala were more likely than other respondents to have been exposed to messages about drug treatments for AIDS by media other than radio.

Table 14.7 Exposure of respondents to messages on drug treatments for AIDS

Among women and men who have heard of drugs to help people with AIDS live longer, percentage who heard or saw a drug treatment message on radio, television, newspaper magazine, sign, pamphlet, video or film in the past six months, according to background characteristics, Uganda 2006

	Women							Men						
Background characteristic	Radio	Tele-vision	News-paper or maga-zine	Sign or pamphlet	Video or film	None of these sources	Number of women	Radio	Tele-vision	News-paper or maga-zine	Sign or pamphlet	Video or film	None of these sources	Number of men
Age														
15-24	74.3	7.0	12.0	8.5	2.7	24.0	2,894	86.2	9.5	24.9	17.5	8.5	12.0	822
15-19	73.2	6.7	13.0	9.1	2.8	24.5	1,482	84.3	7.5	22.9	17.0	7.7	13.3	474
20-24	75.5	7.3	11.0	7.9	2.7	23.5	1,412	88.8	12.3	27.6	18.2	9.5	10.3	348
25-29	78.2	5.8	8.9	7.9	2.1	21.4	1,199	91.6	13.8	29.6	21.2	9.8	6.3	311
30-39	76.7	5.4	8.5	7.8	2.0	22.4	1,828	91.0	11.7	26.8	18.1	7.9	8.3	608
40-49	74.7	4.5	6.7	5.9	2.0	24.3	1,076	90.2	9.0	31.3	23.3	8.4	9.1	338
Marital status														
Never married	75.2	10.6	19.1	12.3	4.0	22.7	1,606	86.7	12.3	27.4	20.6	9.1	10.9	749
Ever had sex	78.9	14.9	24.9	14.6	5.6	19.4	664	89.2	16.7	31.4	24.8	12.2	8.6	413
Never had sex	72.5	7.5	15.0	10.7	2.8	25.0	942	83.5	7.0	22.5	15.5	5.3	13.9	336
Married/living together	75.9	4.5	7.0	6.5	1.8	23.3	4,400	90.1	9.6	26.4	18.0	8.2	9.1	1,224
Divorced/separated/ widowed	75.5	4.8	7.1	6.3	2.2	23.4	991	94.1	12.4	35.4	23.0	7.3	5.7	106
Residence														
Urban	85.3	19.9	23.1	16.1	3.9	13.1	1,274	92.1	36.7	55.0	41.2	20.5	5.0	354
Rural	73.5	2.9	6.8	6.0	2.0	25.5	5,724	88.4	5.4	21.5	14.7	6.0	10.5	1,726
Region														
Central 1	76.2	7.3	12.2	7.7	2.4	22.9	843	86.5	14.4	28.1	24.0	11.4	11.4	234
Central 2	83.9	6.4	9.4	6.1	2.4	15.8	711	91.6	8.8	31.5	34.9	15.3	5.5	220
Kampala	89.1	27.3	27.5	17.6	3.3	9.1	660	94.7	49.4	65.9	55.1	25.9	1.8	185
East Central	75.5	7.8	10.2	10.9	4.1	22.7	715	95.3	1.8	14.0	7.8	0.8	4.7	168
Eastern	57.2	2.4	7.0	4.8	2.3	41.1	941	74.7	3.5	20.0	10.7	5.5	23.9	304
North	69.0	1.2	3.8	3.0	2.9	30.1	946	82.8	1.3	19.5	13.8	1.4	15.6	282
West Nile	61.1	1.2	5.4	3.3	1.0	38.4	373	91.2	1.9	33.1	21.8	5.2	8.4	115
Western	78.8	2.3	6.7	8.2	1.4	20.0	1,008	95.8	8.2	18.7	9.0	6.5	4.2	314
Southwest	89.3	1.6	8.6	9.4	1.0	10.0	800	95.8	12.9	28.1	10.3	7.6	3.9	258
North sub-regions														
IDP	70.1	0.3	2.2	2.0	2.3	29.0	442	85.2	0.0	15.8	12.4	1.0	13.4	140
Karamoja	31.9	3.0	3.8	4.7	6.2	63.4	64	(60.4)	(3.3)	(29.5)	(23.1)	(0.0)	(36.3)	25
Education														
No education	69.1	0.5	0.5	1.5	0.6	30.3	1,134	84.6	0.0	1.9	5.3	1.1	15.4	77
Primary	74.0	2.7	4.6	5.8	1.8	25.0	4,173	87.6	5.8	16.0	12.6	5.2	11.2	1,328
Secondary +	84.2	17.8	28.7	17.0	4.8	13.9	1,690	92.4	21.5	52.1	33.8	15.8	5.8	674
Wealth quintile														
Lowest	57.4	0.2	2.2	1.7	1.4	41.1	1,074	78.4	0.9	9.6	4.9	1.3	20.2	301
Second	67.6	1.2	1.7	3.5	1.1	32.0	1,267	85.2	2.5	16.3	11.7	4.8	13.9	437
Middle	76.4	1.1	4.3	5.2	1.4	22.6	1,330	89.0	2.2	19.9	14.6	5.2	10.8	366
Fourth	80.5	3.1	8.4	8.5	2.4	17.7	1,393	95.0	7.0	26.7	16.9	8.8	4.4	448
Highest	87.1	17.7	23.9	15.3	4.3	11.9	1,933	93.4	32.2	51.7	38.7	17.7	3.6	528
Total 15-49	75.7	6.0	9.8	7.8	2.3	23.2	6,997	89.1	10.7	27.2	19.2	8.5	9.6	2,079
Men 50-54	na	na	na	na	na	na	na	92.0	8.5	24.8	18.1	7.7	8.0	106
Total men 15-54	na	na	na	na	na	na	na	89.2	10.6	27.1	19.1	8.4	9.5	2,185

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

14.2.8 Expanded Knowledge about ARVs

In addition to general knowledge of AIDS care and treatment, programmes in Uganda strive to improve community levels of ARV literacy in order to improve programme effectiveness. Table 14.8 presents the proportions of all women and men who were able to cite ARVs by name when asked about AIDS drugs. About 9 percent of all women age 15-49 interviewed correctly cited ARVs by name, while men were twice as likely to do so (19 percent). Urban respondents, residents of Kampala, those with educational attainment of at least secondary level, and those in the highest wealth quintiles were much more likely to mention ARVs by name.

Table 14.8 Expanded knowledge about ARVs

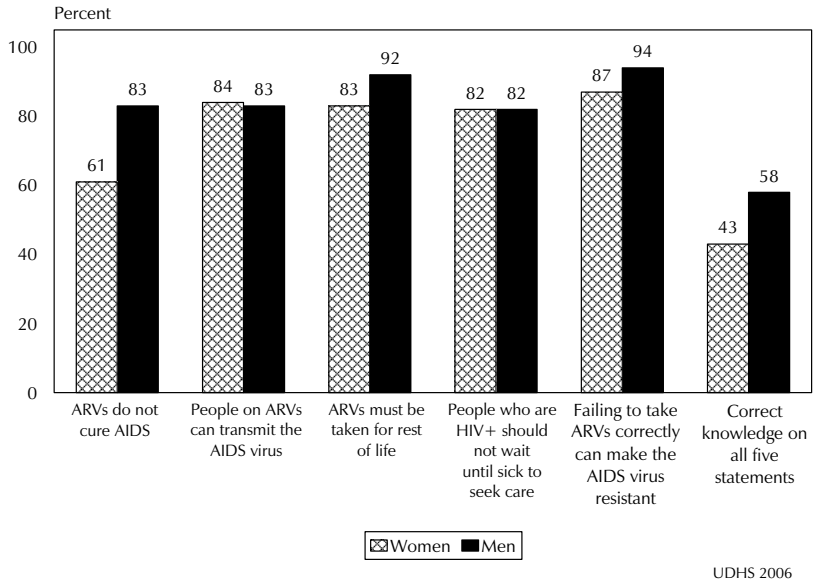
Percentage of all women and men age 15-49 who know ARVs by name, according to background characteristics, Uganda 2006

Background characteristic	Among all women: Percentage who know ARVs by name	Among all women: Number of women	Among all men: Percentage who know ARVs by name	Among all men: Number of men
Age				
15-24	9.2	3,646	17.4	997
15-19	8.5	1,936	15.7	595
20-24	9.9	1,710	19.9	402
25-29	8.6	1,413	21.0	350
30-39	7.8	2,157	20.4	666
40-49	7.9	1,315	18.2	372
Marital status				
Never married	13.6	2,028	19.2	918
Ever had sex	18.6	778	23.0	470
Never had sex	10.4	1,250	15.3	447
Married/living together	6.6	5,337	19.2	1,343
Divorced/separated/ widowed	8.6	1,167	13.1	124
Residence				
Urban	19.5	1,442	29.8	404
Rural	6.3	7,089	16.7	1,982
Region				
Central 1	9.0	905	20.5	272
Central 2	10.3	770	13.1	233
Kampala	21.0	722	25.7	218
East Central	10.2	836	17.8	209
Eastern	9.6	1,148	23.2	323
North	3.8	1,322	17.9	333
West Nile	5.8	471	20.5	124
Western	3.2	1,271	9.5	369
Southwest	9.4	1,086	25.1	304
North sub-regions				
IDP	2.8	504	21.9	146
Karamoja	1.9	286	9.3	62
Education				
No education	1.2	1,650	2.7	116
Primary	4.5	5,062	9.8	1,551
Secondary +	26.5	1,819	41.1	719
Wealth quintile				
Lowest	2.0	1,541	12.8	378
Second	3.3	1,636	11.3	495
Middle	4.3	1,615	14.7	422
Fourth	8.0	1,621	17.9	506
Highest	21.0	2,118	33.1	584
Total 15-49	8.5	8,531	18.9	2,385
Men 50-54	na	na	13.4	118
Total men 15-54	na	na	18.6	2,503

na = Not applicable

Respondents who had ever heard of ARVs by name were asked whether they agreed or disagreed with five statements regarding anti-retroviral therapy. The responses are presented in Figure 14.2. Sixty-one percent of women and 83 percent of men agree that ARVs do not cure AIDS. A high proportion of respondents (around 8 in 10 men and women) agree that people taking ARVs can still transmit the virus that causes AIDS. A similar proportion of women and 92 percent of men agree that ARVs must be taken for life. Eighty-two percent of respondents agree that HIV-positive people need not wait till they are sick to seek care and 87 percent of women and 94 percent of men agreed that failing to take ARVs correctly can make the AIDS virus resistant. The composite indicator of expanded HIV knowledge combines responses to all five statements. Forty-three percent of women and 58 percent of men had comprehensive or expanded knowledge of anti-retroviral therapy.

Figure 14.2 Expanded Knowledge of ARVs



14.3 Accepting Attitudes towards People Living with AIDS

People with HIV/AIDS often suffer stigma and discrimination in many communities. HIV/AIDS programmes in Uganda strive to fight such attitudes and to encourage positive living and utilization of HIV/AIDS testing, care, treatment, and support services by fighting secrecy and denial. To assess the level of stigma, survey respondents who had heard of AIDS were asked if they would be willing to care for a relative sick with AIDS in their own households, if they would be willing to buy fresh vegetables from a market vendor who had the AIDS virus, if they thought a female teacher who has the AIDS virus but is not sick should be allowed to continue teaching, and if they would want to keep a family member's HIV status secret. Tables 14.9.1 and 14.9.2 show the results for women and men, respectively.

Ninety percent of women and 91 percent of men age 15-49 say they would be willing to care for a relative who is sick with AIDS in their own household. Lower proportions of women (58 percent) and men (75 percent) say that they would buy fresh vegetables from a vendor if they knew that he/she were HIV positive. About seven in ten individuals feel that a female teacher who has the AIDS virus but is not sick should be allowed to continue teaching in the school, while 53 percent of women and 62 percent of men say that if a member of their family got infected with the AIDS virus, they would not want it to remain a secret.

Only one in about four women (26 percent) and 36 percent of men express positive attitudes on all four indicators. In the 2004-2005 UHSBS, these measures were found to be lower: 19 percent for women and 28 percent for men.

The composite measure of accepting attitudes shows some variation across background characteristics. For example, urban women and men are somewhat more likely than rural respondents to express accepting attitudes on all four issues examined. Education is positively associated with accepting attitudes. The wealth index is more directly associated with accepting attitudes among men. There are notable regional variations in accepting attitudes towards people living with HIV/AIDS. For example, the proportion of women who express accepting attitudes on all four indicators of stigma ranges from 17 percent in East Central region to 44 percent in Kampala. Among men, the same percentage ranges from 27 percent in East Central region to 54 percent in West Nile.

Table 14.9.1 Accepting attitudes towards those living with HIV/AIDS: Women

Among women age 15-49 who have heard of AIDS, percentage expressing specific accepting attitudes towards people with AIDS, by background characteristics, Uganda 2006

Background characteristic	Percentage of respondents who: Are willing to care for a family member with the AIDS virus in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Percentage expressing accepting attitudes on all four indicators	Number of women who have heard of AIDS
Age						
15-24	87.6	57.9	68.3	47.8	24.2	3,613
15-19	86.2	56.6	66.5	43.9	21.3	1,914
20-24	89.2	59.5	70.3	52.2	27.5	1,699
25-29	90.1	60.9	69.3	52.4	27.6	1,403
30-39	92.7	55.7	67.7	56.2	26.4	2,143
40-49	92.5	56.7	67.5	59.6	27.8	1,304
Marital status						
Never married	88.5	60.4	70.8	47.6	26.0	2,006
Ever had sex	94.5	68.2	74.9	49.1	29.2	776
Never had sex	84.7	55.5	68.3	46.7	23.9	1,229
Married/living together	90.2	55.3	66.0	53.9	24.5	5,299
Divorced/separated/widowed	92.1	63.5	73.7	54.7	32.0	1,159
Residence						
Urban	93.2	70.0	79.8	57.4	37.9	1,434
Rural	89.4	55.1	65.8	51.5	23.4	7,030
Region						
Central 1	91.4	58.3	66.4	48.8	25.2	904
Central 2	93.6	63.6	72.1	49.0	30.8	770
Kampala	95.1	75.5	85.7	58.5	44.0	721
East Central	90.6	51.6	66.6	41.5	16.8	833
Eastern	91.7	63.4	70.5	51.1	25.5	1,142
North	84.3	52.0	65.1	67.3	29.3	1,281
West Nile	85.6	56.8	67.2	68.6	33.1	469
Western	90.6	57.4	63.0	41.7	17.5	1,259
Southwest	89.0	47.0	64.2	52.1	21.0	1,086
North sub-regions						
IDP	90.7	62.2	68.9	72.5	37.8	497
Karamoja	56.6	24.4	36.2	54.8	7.8	254
Education						
No education	84.1	42.3	53.3	56.2	17.1	1,615
Primary	90.1	56.2	67.2	50.2	24.0	5,032
Secondary +	95.2	75.5	84.3	55.5	39.0	1,818
Wealth quintile						
Lowest	83.3	47.8	57.7	59.6	22.0	1,501
Second	89.1	51.8	61.9	49.7	21.9	1,628
Middle	91.0	55.2	67.1	49.6	21.3	1,608
Fourth	90.6	58.7	69.3	48.1	22.7	1,616
Highest	94.4	70.3	80.5	55.2	37.7	2,113
Total 15-49	90.1	57.7	68.2	52.5	25.9	8,464

Table 14.9.2 Accepting attitudes towards those living with HIV/AIDS: Men

Among men age 15-49 who have heard of HIV/AIDS, percentage expressing specific accepting attitudes towards people with HIV/AIDS, by background characteristics, Uganda 2006

Background characteristic	Percentage of respondents who: Are willing to care for a family member with the AIDS virus in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus	Percentage expressing accepting attitudes on all four indicators	Number of men who have heard of AIDS
Age						
15-24	87.7	72.8	68.4	57.9	31.9	994
15-19	85.1	70.0	65.8	56.7	27.4	593
20-24	91.5	76.9	72.3	59.7	38.4	401
25-29	95.3	77.1	75.1	61.1	39.9	350
30-39	93.8	78.5	71.9	65.2	39.1	666
40-49	93.0	73.1	71.3	68.2	38.3	372
Marital status						
Never married	87.2	74.3	70.0	57.6	32.4	915
Ever had sex	90.8	80.0	73.9	58.0	36.3	470
Never had sex	83.3	68.3	65.8	57.2	28.2	445
Married/living together	94.3	75.8	71.8	65.5	39.2	1,343
Divorced/separated/widowed	90.7	73.1	66.2	56.4	28.7	124
Residence						
Urban	93.3	83.6	81.3	68.8	48.1	404
Rural	90.9	73.3	68.7	60.6	33.6	1,978
Region						
Central 1	89.0	84.0	68.2	52.9	30.0	272
Central 2	90.0	79.2	61.1	57.5	34.4	233
Kampala	94.8	83.4	78.7	67.4	47.5	218
East Central	85.3	74.8	65.3	51.3	26.8	209
Eastern	95.0	66.3	69.7	64.5	33.5	323
North	88.1	68.3	70.2	68.1	34.3	332
West Nile	96.0	79.3	85.3	72.9	53.5	124
Western	91.3	71.8	70.5	67.7	39.1	368
Southwest	93.9	77.1	75.3	56.5	34.8	304
North sub-regions						
IDP	87.2	73.5	70.3	72.1	39.7	146
Karamoja	78.6	46.3	60.2	86.9	29.3	60
Education						
No education	88.3	60.5	56.7	67.5	26.4	114
Primary	90.2	70.4	65.0	60.2	31.1	1,549
Secondary +	94.3	87.5	85.6	65.2	48.3	719
Wealth quintile						
Lowest	85.8	61.5	65.0	66.8	29.7	376
Second	92.2	71.1	65.6	59.5	29.9	493
Middle	92.9	73.6	66.0	60.7	34.5	422
Fourth	92.6	78.6	74.4	60.1	37.1	506
Highest	92.0	85.1	79.4	63.7	45.6	584
Total 15-49	91.3	75.1	70.8	62.0	36.1	2,382
Men 50-54	93.6	76.6	70.3	65.8	42.1	118
Total men 15-54	91.5	75.1	70.8	62.2	36.3	2,500

Accepting attitudes towards persons living with HIV/AIDS are not common in the Karamoja sub-region, especially among women, only 8 percent of whom express accepting attitudes on all four issues.

To assess accepting attitudes towards children living with HIV/AIDS, adult men and women were also asked whether they believe that a child infected with HIV who is of primary school-going age should be allowed to go to school (Table 14.10). Seventy-six percent of women and 85 percent of men agree that the child should go to school. Urban women and men, those with secondary education, and those in the highest wealth quintile are more likely to have this accepting attitude, while people living in Karamoja sub-region are least likely to have accepting attitudes towards children living with HIV/AIDS.

Table 14.10 Accepting attitudes towards children living with HIV/AIDS

Among women and men age 15-49 who have heard of AIDS, percentage who believe a child of primary school going age who has the AIDS virus should go to school, by background characteristics, Uganda 2006

Background characteristic	Women		Men	
	Percentage who believe a child with the AIDS virus should go to school	Number of women	Percentage who believe a child with the AIDS virus should go to school	Number of men
Age				
15-24	73.8	3,613	80.9	994
15-19	70.6	1,914	77.1	593
20-24	77.3	1,699	86.5	401
25-29	78.5	1,403	88.7	350
30-39	77.8	2,143	89.8	666
40-49	77.4	1,304	86.4	372
Marital status				
Never married	74.6	2,006	81.2	915
Ever had sex	80.2	776	83.5	470
Never had sex	71.1	1,229	78.8	445
Married/living together	75.4	5,299	88.1	1,343
Divorced/separated/widowed	82.5	1,159	87.3	124
Residence				
Urban	88.3	1,434	90.1	404
Rural	73.7	7,030	84.4	1,978
Region				
Central 1	82.5	904	87.0	272
Central 2	84.3	770	90.3	233
Kampala	92.7	721	91.5	218
East Central	75.0	833	91.8	209
Eastern	77.9	1,142	83.4	323
North	69.8	1,281	78.5	332
West Nile	69.4	469	89.7	124
Western	65.5	1,259	80.9	368
Southwest	76.0	1,086	84.7	304
North sub-regions				
IDP	74.1	497	81.7	146
Karamoja	38.5	254	59.8	60
Education				
No education	63.0	1,615	79.2	114
Primary	75.5	5,032	82.4	1,549
Secondary +	89.7	1,818	92.8	719
Wealth quintile				
Lowest	63.9	1,501	76.5	376
Second	69.4	1,628	82.6	493
Middle	75.0	1,608	85.2	422
Fourth	79.2	1,616	88.4	506
Highest	88.7	2,113	91.1	584
Total 15-49	76.2	8,464	85.4	2,382
Men 50-54	na	na	79.3	118
Total men 15-54	na	na	85.1	2,500

na = Not applicable

14.4 ATTITUDES TOWARDS NEGOTIATING SAFER SEX

Knowledge about HIV transmission and ways to prevent it is less useful if people feel powerless to negotiate safer sex with their partners. To gauge attitudes towards safer sex, respondents in the survey were asked if they think a wife is justified in refusing to have sex with her husband if she knows he has a disease that can be transmitted through sexual contact. Table 14.11 shows that 80 percent of women and 87 percent of men feel that a woman is justified in refusing to have sex with her husband/partner if he has a sexually transmitted infection. There are minimal variations in accepting attitudes among sub-groups of men and women by background characteristics.

Table 14.11 Attitudes towards negotiating safer sexual relations with husband

Percentage of women and men age 15-49 who believe that, if a husband has a sexually transmitted disease, his wife is justified in refusing to have sexual intercourse with him, by background characteristics, Uganda 2006

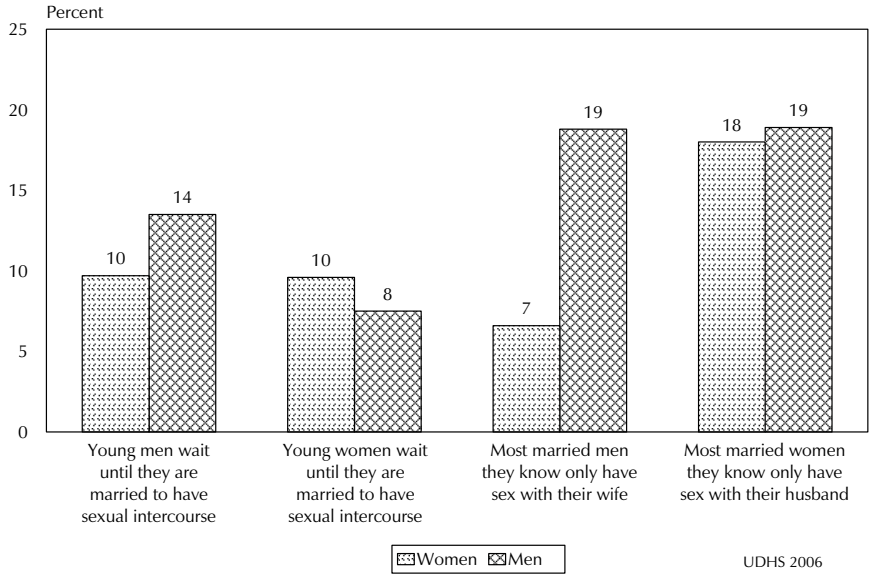
	Women		Men	
Background characteristic	Percentage	Number of women	Percentage	Number of men
Age				
15-24	79.1	3,646	84.8	997
15-19	75.9	1,936	84.6	595
20-24	82.6	1,710	85.2	402
25-29	82.1	1,413	88.8	350
30-39	81.5	2,157	89.0	666
40-49	80.2	1,315	87.8	372
Marital status				
Never married	76.0	2,028	85.5	918
Ever had sex	80.1	778	86.3	470
Never had sex	73.5	1,250	84.7	447
Married/living together	81.3	5,337	88.1	1,343
Divorced/separated/widowed	83.5	1,167	86.7	124
Residence				
Urban	82.0	1,442	88.9	404
Rural	80.0	7,089	86.6	1,982
Region				
Central 1	79.6	905	89.5	272
Central 2	82.0	770	87.4	233
Kampala	83.0	722	90.0	218
East Central	77.2	836	79.0	209
Eastern	83.4	1,148	78.4	323
North	85.6	1,322	90.1	333
West Nile	90.6	471	97.1	124
Western	77.3	1,271	88.1	369
Southwest	70.2	1,086	88.3	304
North sub-regions				
IDP	90.0	504	95.0	146
Karamoja	75.5	286	82.5	62
Education				
No education	78.2	1,650	83.0	116
Primary	80.4	5,062	86.2	1,551
Secondary +	82.1	1,819	89.5	719
Wealth quintile				
Lowest	81.3	1,541	83.8	378
Second	81.5	1,636	88.3	495
Middle	77.5	1,615	87.0	422
Fourth	79.2	1,621	87.6	506
Highest	81.9	2,118	87.6	584
Total 15-49	80.4	8,531	87.0	2,385
Men 50-54	na	na	91.8	118
Total men 15-54	na	na	87.3	2,503

na = Not applicable

14.5 Perceived Norms on Abstinence and Faithfulness

The 2006 UDHS included questions on perceived norms about abstinence and faithfulness. Respondents were asked if they believe that most young men/women they know wait until they are married to have sexual intercourse, and if they believe that most married men/women they know only have sexual intercourse with their wives/husbands. Figure 14.3 shows that the vast majority of Ugandans perceive that young men and women do not wait until marriage to have sex, and that married men and women are not faithful to their spouses.

Figure 14.3 Perception and Beliefs about Abstinence and Faithfulness



14.6 Sexual Behaviour

This section analyses data on sexual behaviour related to the spread of HIV/AIDS and other sexually transmitted infections (STIs) including: the number of sex partners, sex with non-marital, non-cohabitating partners, and paying or receiving money to have sex. The section also includes respondent reports of symptoms of STIs, seeking treatment for STIs, and the extent of voluntary counselling and testing (VCT) for HIV.

14.6.1 Multiple Partners and Condom Use

Only 2 percent of women who have ever had sex report having more than one sexual partner in the past 12 months, compared with 29 percent of men (Tables 14.12.1 and 14.12.2). Sexually active women age 15-19 are more likely to report having multiple partners in the past 12 months (4 percent) than women in older age groups. Among men, those age 25-39 are most likely to report multiple partners in the past 12 months. Women and men who are divorced/separated/widowed are more likely than other women and men to have had multiple partners in the past year.

Sex with more than one partner is more likely among women with secondary or higher education and those in the highest wealth quintile, but there are no clear patterns among men.

Table 14.12.1 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Women

Among women age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse in the past 12 months; and among those having more than one partner during the past 12 months, the percentage reporting that a condom was used at last intercourse; and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse: and the mean number of sexual partners during their lifetime for women who ever had sexual intercourse, by background characteristics, Uganda 2006

	Among women who had sexual intercourse in the past 12 months:			Among women who had 2+ partners in the past 12 months:		Among women who had higher-risk intercourse in the past 12 months:		Among women who ever had sexual intercourse:	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Percentage who had higher-risk intercourse in the past 12 months[1]	Number of women	Percentage who reported using a condom during last sexual intercourse	Number of women	Percentage who reported using a condom at last higher-risk intercourse[1]	Number of women	Mean number of sexual partners in lifetime	Number of women
Age									
15-24	3.0	27.1	2,131	24.8	63	38.4	578	1.8	2,409
15-19	3.6	44.0	700	*	25	36.3	309	1.6	831
20-24	2.7	18.8	1,431	(34.5)	38	40.9	269	1.9	1,578
25-29	2.4	11.1	1,277	(35.2)	30	30.2	142	2.1	1,395
30-39	1.9	10.1	1,889	(14.2)	35	29.0	191	2.3	2,134
40-49	2.2	9.1	970	*	22	32.6	88	2.7	1,294
Marital status									
Never married[2]	6.4	99.3	528	(32.2)	34	39.0	525	1.8	768
Married or living together	1.2	1.3	5,142	4.1	60	44.7	67	2.0	5,311
Divorced/separated/widowed	9.5	68.3	596	40.1	56	28.1	407	3.1	1,154
Residence									
Urban	3.2	29.9	1,000	(47.9)	32	48.4	300	2.5	1,184
Rural	2.2	13.3	5,266	17.4	118	29.2	699	2.1	6,049
Region									
Central 1	5.2	24.5	667	(22.9)	35	38.5	164	2.5	768
Central 2	2.5	17.2	570	*	14	31.1	99	2.6	662
Kampala	3.5	36.1	491	*	17	51.8	177	2.5	570
East Central	2.4	14.6	639	*	15	37.1	94	2.4	713
Eastern	1.8	11.2	884	*	16	25.5	99	2.4	1,019
North	0.7	9.5	974	*	6	16.2	92	1.5	1,160
West Nile	0.4	8.6	320	*	1	(40.9)	28	1.6	382
Western	3.6	16.6	988	(35.0)	36	32.6	164	2.4	1,097
Southwest	1.4	11.3	733	*	10	28.9	83	1.5	860
North sub-regions									
IDP	0.4	10.8	415	*	1	16.4	45	1.5	459
Karamoja	0.0	4.2	177	*	0	*	7	1.2	246
Education									
No education	1.8	6.1	1,337	*	24	18.9	82	2.0	1,600
Primary	2.3	14.3	3,733	23.7	86	27.3	532	2.2	4,243
Secondary +	3.4	32.1	1,197	(33.8)	41	49.0	385	2.3	1,390
Wealth quintile									
Lowest	1.4	9.0	1,142	*	16	13.3	103	1.8	1,377
Second	1.7	10.4	1,259	*	22	26.5	130	2.0	1,430
Middle	2.4	14.1	1,210	(27.9)	29	29.3	171	2.2	1,367
Fourth	2.7	15.1	1,211	(17.6)	32	33.2	183	2.3	1,364
Highest	3.6	28.4	1,444	36.9	52	46.1	412	2.4	1,695
Total 15-49	2.4	15.9	6,266	23.9	150	34.9	999	2.2	7,233

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent

[2] A few respondents who had sex in the past 12 months preceding the survey and who were recorded as never having been married nevertheless reported having only sexual partners who were either a spouse or cohabiting partner. This is why the proportion is not quite 100.0 percent.

Table 14.12.2 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Men

Among men age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse in the past 12 months; and among those having more than one partner during the past 12 months, the percentage reporting that a condom was used at last intercourse; and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse; and for men who ever had sexual intercourse the mean number of sexual partners during their lifetime, by background characteristics, Uganda 2006

Background characteristic	Among men who had sexual intercourse in the past 12 months:			Among men who had 2+ partners in the past 12 months:		Among men who had higher-risk intercourse in the past 12 months:		Among men who ever had sexual intercourse:	
	Percentage who had 2+ partners in the past 12 months	Percentage who had higher-risk intercourse in the past 12 months[1]	Number of men	Percentage who reported using a condom during last sexual intercourse	Number of men	Percentage who reported using a condom at last higher-risk intercourse[1]	Number of men	Mean number of sexual partners in lifetime	Number of men
Age									
15-24	22.7	65.3	408	37.1	92	54.5	266	3.8	555
15-19	21.2	94.4	128	(48.8)	27	46.1	121	2.9	209
20-24	23.4	52.0	279	32.3	65	61.5	145	4.2	346
25-29	29.9	40.0	313	21.6	94	62.5	125	5.2	335
30-39	32.5	27.1	630	16.6	205	61.0	171	7.6	656
40-49	27.6	15.7	353	11.4	98	48.4	55	9.3	353
Marital status									
Never married[2]	21.8	99.5	290	54.1	63	56.7	289	4.0	468
Married or living together	29.6	19.1	1,324	12.7	392	62.0	253	6.9	1,312
Divorced/separated/widowed	37.4	83.9	89	(46.7)	33	44.3	75	9.3	119
Residence									
Urban	26.9	47.4	275	39.1	74	75.5	131	7.4	325
Rural	29.0	34.1	1,428	17.1	414	52.5	487	6.2	1,574
Region									
Central 1	37.2	48.6	189	23.0	71	66.6	92	8.2	214
Central 2	45.8	56.6	160	24.3	74	64.1	91	8.6	177
Kampala	32.7	54.0	150	42.1	49	79.6	81	8.9	179
East Central	17.3	30.1	152	(11.2)	26	60.5	46	5.4	164
Eastern	25.3	29.3	250	12.1	63	37.8	73	5.4	258
North	27.4	28.7	243	12.6	66	45.2	70	5.3	276
West Nile	31.2	34.8	79	(30.6)	25	(52.7)	28	4.7	104
Western	27.9	33.2	280	16.9	78	58.7	93	6.7	308
Southwest	18.3	22.2	200	(14.3)	37	(32.1)	44	4.3	219
North sub-regions									
IDP	32.4	35.2	119	17.2	39	50.8	42	5.2	130
Karamoja	32.3	17.5	38	*	12	*	7	2.9	46
Education									
No education	20.0	20.8	96	*	19	*	20	6.9	103
Primary	30.2	35.4	1,120	16.6	338	48.9	396	6.0	1,205
Secondary +	26.8	41.3	488	31.9	131	74.3	201	7.0	591
Wealth quintile									
Lowest	28.3	24.4	277	8.6	78	31.5	68	4.8	304
Second	24.7	31.1	372	16.9	92	40.5	116	5.7	396
Middle	25.9	32.1	304	14.6	79	51.1	98	5.9	339
Fourth	32.5	39.8	349	15.5	113	58.6	139	7.1	397
Highest	31.4	49.1	402	38.4	126	78.4	197	7.7	463
Total 15-49	28.7	36.2	1,703	20.4	488	57.4	617	6.4	1,899
Men 50-54	24.1	13.0	101	*	24	*	13	10.5	108
Total men 15-54	28.4	34.9	1,804	20.0	513	57.0	630	6.6	2,007

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Sexual intercourse with a non-marital, non-cohabiting partner

[2] A few respondents who had sex in the past 12 months but were recorded as never having been married, reported only having sexual intercourse with a spouse or cohabiting partner. For this reason, the proportion is not quite 100.0 percent.

In the context of this survey, higher-risk sex is defined as sex with a partner who is not married to the respondent and does not live with the respondent. Among those who had sex in the past year, 16 percent of women and 36 percent of men engaged in sex with a non-marital, non-cohabiting partner in the 12 months prior to the survey.

The prevalence of higher-risk sex is greatest among the youngest age group (44 percent for females and 94 percent for males). Since all premarital sex is defined as higher-risk sex, the lower proportion of women and men who are married in the 15-19 age group results in a higher proportion engaging in higher-risk sex.

There are differences in the extent of higher-risk sex by region of residence. Higher-risk sex is more prevalent in Central 1 and Kampala among women and Central 2 and Kampala among men. Higher-risk sexual behaviour increases with education and with wealth status.

The 2006 UDHS also assessed condom use among men and women with multiple partners or higher-risk sex in the 12 months preceding the survey. Although truly effective protection would require condom use at every sexual encounter, the sexual encounters covered here are those considered to pose the greatest risk of HIV transmission.

Relatively few women in the survey had multiple partners in the past 12 months. However, among them, almost one-quarter (24 percent) used a condom during last sexual intercourse, compared with 20 percent of men. On the other hand, 35 percent of women and 57 percent of men who engaged in higher-risk sex in the past 12 months used a condom at last higher-risk sexual intercourse.

At last higher-risk sexual intercourse, condom use is highest among women age 20-24 and men age 20-39, urban women and men, those with secondary education, those in Kampala, and those in the highest wealth quintile.

Women reported a average of 2.2 lifetime sexual partners, compared with 6.4 for men. As expected, the average number of partners increases with age. Among women, the mean number of sexual partners is lower in rural areas, among women with no education, and in the lower wealth quintiles. Among men, there is no clear pattern between education and number of sexual partners, but the number of sexual partners increases with wealth quintile.

It is worth noting that the mean number of lifetime sexual partners in Karamoja for men and women is 2.9 and 1.2, respectively, which is the lowest of all the population subgroups. By region, the mean number of sexual partners for women is less than two in the North, West Nile, and Southwest regions and is 2.5 or higher in Central 1, Central 2, and Kampala. Among men, a similar pattern is observed, although the means are higher: less than five lifetime partners in West Nile and Southwest, and more than eight partners in Central 1, Central 2, and Kampala.

14.6.2 Transactional Sex

Transactional sex involves exchange of sex for money, favours, or gifts. Transactional sex is associated with high risk of contracting HIV and other sexually transmitted infections due to compromised power relations and the tendency to have multiple partnerships as a result. Respondents in the 2006 UDHS who had had sex in the previous 12 months were asked about giving or receiving money, favours, or gifts in exchange for sex.

About 7 percent of men and women age 15-49 who had sex in the past 12 months engaged in transactional sex during the same time period (Table 14.13). The proportion who engaged in transactional sex in the past 12 months is highest among young adults age 15-19 (16 percent of women and 18 percent of men). Among women, those who have never married were most likely to have engaged in transactional sex whereas for men the proportion is highest among those who are divorced, separated, or widowed (19 percent). Among both men and women, those who are currently

married are least likely to have engaged in transactional sex. The proportion of women who engaged in transactional sex is highest in Central 1 region, followed by Kampala. However, among men, transactional sex is most common in Central 2 followed by Eastern region. The prevalence of transactional sex is very low (1 percent or lower) in IDP camps and the Karamoja sub-region. Men and women with secondary education and those in the highest wealth quintile are most likely to engage in transactional sex.

Table 14.13 Transactional sex

Among women and men 15-49 who had sexual intercourse in the past 12 months, percentage who gave or received money, gifts, or favours in exchange for sex in the past 12 months, by background characteristics, Uganda 2006

	Women		Men	
Background characteristic	Gave or received money, gifts, or favours	Number of women	Gave or received money, gifts, or favours	Number of men
Age				
15-24	10.6	2,131	10.7	408
15-19	15.9	700	18.2	128
20-24	8.1	1,431	7.3	279
25-29	6.1	1,277	6.1	313
30-39	4.0	1,889	5.0	630
40-49	3.4	970	4.6	353
Marital status				
Never married	24.6	528	12.7	290
Married/living together	3.1	5,142	4.3	1,324
Divorced/separated/widowed	20.5	596	19.1	89
Residence				
Urban	10.6	1,000	8.2	275
Rural	5.8	5,266	6.1	1,428
Region				
Central 1	17.5	667	9.9	189
Central 2	8.7	570	16.9	160
Kampala	11.5	491	9.9	150
East Central	5.1	639	2.1	152
Eastern	3.4	884	11.7	250
North	1.4	974	0.8	243
West Nile	1.1	320	4.4	79
Western	8.1	988	2.3	280
Southwest	4.2	733	2.6	200
North sub-regions				
IDP	1.1	415	0.6	119
Karamoja	1.3	177	0.0	38
Education				
No education	1.7	1,337	4.9	96
Primary	6.7	3,733	6.0	1,120
Secondary +	11.6	1,197	7.9	488
Wealth quintile				
Lowest	2.2	1,142	0.7	277
Second	3.4	1,259	6.5	372
Middle	6.6	1,210	4.7	304
Fourth	7.3	1,211	5.6	349
Highest	12.3	1,444	12.5	402
Total 15-49	6.6	6,266	6.5	1,703
Men 50-54	na	na	2.0	101
Total men 15-54	na	na	6.2	1,804

na = Not applicable

14.6.3 Payment for Sexual Intercourse among Men

Payment for sex represents commercial sex where money is negotiated and directly exchanged for sex. Male respondents who had sex in the past 12 months were asked, "In the past 12 months, did you pay anyone in exchange for having sexual intercourse?" Women were not asked this question given that in the 2004-2005 UHSBS, very few women admitted to receiving money in exchange for sex. Individuals who either give or receive money in exchange for sex usually have numerous partners, and therefore these encounters present high risk for transmitting HIV and other sexually transmitted infections.

According to Table 14.14, 3 percent of men who had sex in the past 12 months reported that they paid for sex during this time period. Men who are formerly married, and men in Eastern region, Central 2 region, and Kampala are more likely to engage in commercial sex. The proportion of men who paid for sex hardly varies with increasing educational attainment, while there is no relationship between paying for sex and wealth quintile. Over half of men (58 percent) used a condom the last time they paid for sex (data not shown). Because the number of men who reported paying for sex in the 2006 UDHS was small, it was not possible to show differentials in the likelihood of condom use in commercial sex among sub-groups of men.

Table 14.14 Payment for sexual intercourse and condom use at last paid sexual intercourse: Men

Percentage of men age 15-49 reporting payment for sexual intercourse in the past 12 months, by background characteristics, Uganda 2006

Background characteristic	Percentage who paid for sexual intercourse	Number of men
Age		
15-24	3.1	997
15-19	2.4	595
20-24	4.2	402
25-29	2.7	350
30-39	2.8	666
40-49	2.9	372
Marital status		
Never married	2.7	918
Married or living together	2.4	1,343
Divorced/separated/widowed	10.4	124
Residence		
Urban	3.2	404
Rural	2.9	1,982
Region		
Central 1	2.3	272
Central 2	5.6	233
Kampala	4.6	218
East Central	1.9	209
Eastern	7.6	323
North	0.4	333
West Nile	1.7	124
Western	0.7	369
Southwest	2.1	304
North sub-regions		
IDP	0.9	146
Karamoja	0.0	62
Education		
No education	3.5	116
Primary	3.0	1,551
Secondary +	2.8	719
Wealth quintile		
Lowest	0.5	378
Second	3.8	495
Middle	2.5	422
Fourth	3.1	506
Highest	3.9	584
Total 15-49	2.9	2,385
Men 50-54	0.0	118
Total men 15-54	2.8	2,503

14.7 Coverage of HIV Counselling and Testing

People's knowledge of their HIV status is considered a key motivating factor for behaviour change and a critical linkage to care, treatment, and support services for infected individuals. The HIV/AIDS programme has been engaged in increasing coverage of HIV counselling and testing services based on a multiple programme approach. However, the 2000-2001 UDHS and the 2004-2005 UHSBS indicate that a high proportion of Ugandans have never been tested for HIV and do not know their status. In the 2006 UDHS, respondents were asked if they have ever undergone an HIV test and if they received the results of the test.

One-quarter of women and one-fifth of men (21 percent) age 15-49 have ever been tested for HIV and received their results. An additional 5 percent of women and 3 percent of men have ever been tested but never received their test results. Seventy-one percent of women and 77 percent of men have never been tested at all, implying that they are very unlikely to know their HIV status.

Table 14.15.1 Coverage of prior HIV testing: Women

Percentage of women age 15-49 who know where to get an HIV test, percent distribution of women age 15-49 by testing status and by whether they received the results of the last test, the percentage of women ever tested, and the percentage of women age 15-49 who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Uganda 2006

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of women by testing status and by whether they received the results of the last test				Percentage ever tested	Percentage who received results from last HIV test taken in the past 12 months	Number of women
		Ever tested and received results	Ever tested, did not receive results	Never tested[1]	Total			
Age								
15-24	81.3	21.1	4.6	74.3	100.0	25.7	12.2	3,646
15-19	77.4	13.8	2.8	83.4	100.0	16.6	9.1	1,936
20-24	85.7	29.4	6.5	64.0	100.0	36.0	15.7	1,710
25-29	85.3	29.3	4.9	65.8	100.0	34.2	12.8	1,413
30-39	82.8	28.9	4.9	66.2	100.0	33.8	12.2	2,157
40-49	79.2	23.5	3.5	73.0	100.0	27.0	10.1	1,315
Marital status								
Never married	79.0	16.0	2.2	81.8	100.0	18.2	9.1	2,028
Ever had sex	88.2	31.3	4.1	64.6	100.0	35.4	17.1	778
Never had sex	73.2	6.4	1.0	92.5	100.0	7.5	4.1	1,250
Married/living together	82.3	26.9	5.1	67.9	100.0	32.1	12.8	5,337
Divorced/separated/widowed	85.9	30.6	5.9	63.6	100.0	36.4	13.0	1,167
Residence								
Urban	90.8	40.7	4.0	55.3	100.0	44.7	17.7	1,442
Rural	80.2	21.6	4.7	73.7	100.0	26.3	10.8	7,089
Region								
Central 1	91.0	30.7	3.7	65.6	100.0	34.4	14.1	905
Central 2	87.9	28.4	4.2	67.4	100.0	32.6	13.0	770
Kampala	93.9	44.6	3.1	52.2	100.0	47.8	20.6	722
East Central	77.1	21.3	4.0	74.7	100.0	25.3	9.6	836
Eastern	86.6	18.8	4.7	76.5	100.0	23.5	8.1	1,148
North	69.9	23.7	4.9	71.4	100.0	28.6	13.8	1,322
West Nile	77.4	27.3	3.3	69.3	100.0	30.7	12.4	471
Western	82.7	20.3	8.9	70.8	100.0	29.2	8.4	1,271
Southwest	77.2	18.9	1.7	79.4	100.0	20.6	11.3	1,086
North sub-regions								
IDP	82.4	34.3	5.5	60.2	100.0	39.8	21.7	504
Karamoja	30.8	6.5	3.6	89.8	100.0	10.2	3.5	286
Education								
No education	66.7	16.4	4.9	78.7	100.0	21.3	7.6	1,650
Primary	82.2	23.0	4.7	72.3	100.0	27.7	11.2	5,062
Secondary +	95.3	37.5	3.9	58.6	100.0	41.4	18.1	1,819
Wealth quintile								
Lowest	69.1	17.8	3.6	78.6	100.0	21.4	8.7	1,541
Second	76.9	18.3	5.0	76.7	100.0	23.3	8.6	1,636
Middle	82.0	20.0	5.4	74.6	100.0	25.4	10.1	1,615
Fourth	85.5	24.5	4.9	70.6	100.0	29.4	12.0	1,621
Highest	92.6	38.9	4.0	57.1	100.0	42.9	18.3	2,118
Total 15-49	82.0	24.8	4.5	70.6	100.0	29.4	12.0	8,531

[1] Includes "don't know/missing"

Table 14.15.2 Coverage of prior HIV testing: Men

Percentage of men age 15-49 who know where to get an HIV test, percent distribution of men age 15-49 by testing status and by whether they received the results of the last test, the percentage of men ever tested, and the percentage of men age 15-49 who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Uganda 2006

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of men by testing status and by whether they received the results of the last test				Percentage ever tested	Percentage who received results from last HIV test taken in the past 12 months	Number of men
		Tested and received results	Tested, did not receive results	Never tested[1]	Total			
Age								
15-24	84.5	12.4	1.8	85.8	100.0	14.2	7.9	997
15-19	81.2	7.0	0.9	92.0	100.0	8.0	4.6	595
20-24	89.4	20.4	3.2	76.4	100.0	23.6	12.8	402
25-29	90.7	33.6	2.6	63.7	100.0	36.3	18.4	350
30-39	89.8	26.0	3.4	70.6	100.0	29.4	11.3	666
40-49	85.7	21.3	2.6	76.1	100.0	23.9	7.9	372
Marital status								
Never married	83.8	13.2	1.3	85.6	100.0	14.4	7.9	918
Ever had sex	90.8	18.3	1.8	79.9	100.0	20.1	11.1	470
Never had sex	76.6	7.8	0.7	91.5	100.0	8.5	4.5	447
Married/living together	89.8	25.7	3.1	71.2	100.0	28.8	12.0	1,343
Divorced/separated/widowed	81.1	22.5	5.3	72.2	100.0	27.8	10.7	124
Residence								
Urban	94.3	34.0	0.7	65.3	100.0	34.7	17.0	404
Rural	85.6	18.0	2.9	79.1	100.0	20.9	9.0	1,982
Region								
Central 1	87.9	21.4	4.2	74.5	100.0	25.5	9.5	272
Central 2	82.2	21.9	1.6	76.5	100.0	23.5	10.6	233
Kampala	94.6	42.5	0.1	57.4	100.0	42.6	20.5	218
East Central	89.5	18.6	3.5	77.9	100.0	22.1	7.1	209
Eastern	85.5	15.8	3.1	81.1	100.0	18.9	10.3	323
North	86.1	19.7	2.4	77.9	100.0	22.1	13.3	333
West Nile	95.3	23.5	2.0	74.5	100.0	25.5	9.8	124
Western	81.9	14.4	2.8	82.8	100.0	17.2	5.6	369
Southwest	88.5	17.9	2.0	80.1	100.0	19.9	8.9	304
North sub-regions								
IDP	93.2	31.1	3.2	65.8	100.0	34.2	21.9	146
Karamoja	49.8	3.3	0.0	96.7	100.0	3.3	1.5	62
Education								
No education	66.6	7.4	1.0	91.6	100.0	8.4	3.7	116
Primary	84.4	14.6	2.5	82.9	100.0	17.1	7.0	1,551
Secondary +	96.0	36.0	2.7	61.3	100.0	38.7	18.6	719
Wealth quintile								
Lowest	77.8	15.8	1.9	82.3	100.0	17.7	9.2	378
Second	82.6	12.4	2.2	85.5	100.0	14.5	5.8	495
Middle	88.6	11.3	5.2	83.6	100.0	16.4	6.8	422
Fourth	90.7	24.8	2.4	72.8	100.0	27.2	11.8	506
Highest	92.6	34.2	1.4	64.4	100.0	35.6	16.4	584
Total 15-49	87.1	20.7	2.5	76.8	100.0	23.2	10.4	2,385
Men 50-54	87.8	18.5	2.1	79.4	100.0	20.6	7.2	118
Total men 15-54	87.1	20.6	2.5	76.9	100.0	23.1	10.2	2,503

[1] Includes 'don't know/missing'

Because some of the HIV tests may have been conducted several years ago, and individuals who tested negative several years ago may have changed status since then, individuals are advised to repeat the test from time to time. In order to estimate the proportion of people who probably know their current HIV status, respondents were asked whether they had received an HIV test in the past 12 months. Only 12 percent of women and 10 percent of men had been tested and received their results in the past 12 months.

HIV testing is more common among women age 20-39 and men age 25-39, and those in urban areas, Kampala, Central 1, Central 2, and West Nile regions, as well as residents of IDP camps, those with higher education, and those in the highest wealth quintile. Testing is very rare in the Karamoja sub-region.

14.7.1 HIV Testing during Antenatal Care

As part of programmes for prevention of mother-to-child transmission of HIV/AIDS, all women should be counselled about HIV during antenatal care (ANC) and offered a test. Women aged 15-49 who gave birth in the two years preceding the survey were asked whether they got counselling during ANC for their most recent birth, whether they were tested for HIV, and whether they received the results.

Table 14.16 Pregnant women counselled and tested for HIV

Among all women age 15-49 who gave birth in the two years preceding the survey, the percentage who received HIV counselling during antenatal care for their most recent birth, and percentage who accepted an offer of HIV testing by whether they received their test results, according to background characteristics, Uganda 2006

Background characteristic	Percentage who received HIV counselling during antenatal care[1]	Percentage who were offered and accepted an HIV test during antenatal care and who:[2]		Percentage who were counselled, were offered and accepted an HIV test, and who received results[2]	Number of women who gave birth in the past two years[3]
		Received results	Did not receive results		
Age					
15-24	40.7	22.9	6.1	19.2	1,262
15-19	44.1	27.8	5.2	23.2	338
20-24	39.5	21.1	6.4	17.7	924
25-29	34.9	18.3	3.9	15.0	777
30-39	42.5	21.8	4.3	18.0	1,016
40-49	33.4	19.1	2.9	13.6	192
Residence					
Urban	65.2	49.3	4.5	44.5	365
Rural	36.2	17.7	4.8	14.1	2,882
Region					
Central 1	39.3	24.7	1.8	19.6	315
Central 2	45.7	21.9	4.1	19.2	277
Kampala	75.1	63.7	5.3	58.5	164
East Central	33.8	13.2	3.8	12.2	358
Eastern	40.4	13.5	4.7	10.8	504
North	35.9	23.1	4.0	17.2	560
West Nile	52.5	25.7	3.7	22.2	185
Western	31.4	20.0	10.7	15.8	502
Southwest	33.2	14.2	2.6	11.1	382
North sub-regions					
IDP	42.2	29.2	4.4	21.2	248
Karamoja	20.2	8.4	2.2	6.9	117
Education					
No education	28.0	12.7	4.9	8.3	686
Primary	38.9	19.5	4.6	16.0	2,083
Secondary +	58.1	41.2	5.3	37.2	478
Wealth quintile					
Lowest	31.7	14.4	3.4	11.1	706
Second	31.5	15.2	4.7	10.3	754
Middle	36.8	15.8	5.8	13.4	665
Fourth	43.3	23.1	4.1	19.9	602
Highest	60.4	44.0	6.5	39.2	520
Total 15-49	39.4	21.2	4.8	17.5	3,247

[1] In this context, "counselled" means that someone talked with the respondent about all three of the following topics: 1) babies getting the AIDS virus from their mother, 2) preventing the virus, and 3) getting tested for the virus
[2] Only women who were offered the test are included here; women who were either required or asked for the test are excluded from the numerator of this measure
[3] Denominator for percentages includes women who did not receive antenatal care for their last birth in the past two years

Almost four in ten pregnant women (39 percent) were counselled on HIV during ANC and 21 percent were offered a test that they accepted and for which they received the results (Table 14.16). Five percent were tested but did not receive the results. About 18 percent received all three services, namely counselling, being offered and accepting an HIV test, and receiving the results.

The women most likely to receive HIV counselling and testing during ANC are those in urban areas, those in Kampala, and those with secondary or higher education. Pregnant women in the Karamoja sub-region were least likely to receive HIV counselling and testing during ANC (7 percent).

14.8 PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections are closely associated with HIV because they increase the likelihood of contracting HIV and share similar risk factors. In the 2006 UDHS, all respondents who ever had sex were asked if they had had a sexually transmitted infection (STI) or symptoms of an STI (including bad-smelling/abnormal genital discharge and genital sore or ulcer) in the 12 months preceding the survey.

Table 14.17 Self-reported prevalence of sexually transmitted infections (STIs) and STIs symptoms

Among women and men age 15-49 who ever had sexual intercourse, the percentage who reported having an STI and/or symptoms of an STI in the past 12 months, by background characteristics, Uganda 2006

	Women					Men				
	Percentage of women who reported having in the past 12 months:					Percentage of men who reported having in the past 12 months:				
Background characteristic	STI	Bad-smelling/ abnormal genital discharge	Genital sore/ ulcer	STI, genital discharge, sore, or ulcer	Number of women who ever had sexual intercourse	STI	Bad-smelling/ abnormal genital discharge	Genital sore/ ulcer	STI, genital discharge, sore, or ulcer	Number of men who ever had sexual intercourse
Age										
15-24	10.6	11.6	13.9	21.3	2,414	6.8	4.4	8.2	10.9	556
15-19	8.4	9.2	11.7	19.4	833	3.1	3.3	6.2	7.7	210
20-24	11.7	12.8	15.1	22.3	1,581	9.0	5.1	9.4	12.8	346
25-29	11.6	11.6	14.4	21.5	1,401	9.4	5.2	11.0	14.2	344
30-39	13.4	13.5	17.0	24.8	2,153	8.6	3.5	10.8	14.2	665
40-49	9.0	11.8	13.8	20.1	1,313	4.6	2.1	8.0	12.1	372
Marital status										
Never married	7.0	8.7	9.7	15.9	778	5.0	4.1	6.1	8.3	470
Married or living together	12.2	12.3	15.4	22.7	5,337	8.5	3.6	10.4	14.0	1,343
Divorced/separated/widowed	10.3	13.9	15.9	23.7	1,167	5.5	5.3	13.9	17.5	124
Male circumcision										
Yes	na	na	na	na	na	7.6	3.8	6.4	10.7	498
No	na	na	na	na	na	7.3	3.8	10.6	13.6	1,437
Residence										
Urban	11.0	12.0	13.9	21.0	1,199	6.2	3.6	5.3	9.5	328
Rural	11.4	12.2	15.1	22.3	6,081	7.7	3.9	10.4	13.5	1,610
Region										
Central 1	14.8	22.2	25.0	37.4	771	7.3	3.8	18.6	20.1	223
Central 2	16.8	19.3	24.9	32.7	666	10.3	4.7	17.5	21.8	186
Kampala	9.9	13.6	14.7	22.5	578	8.6	4.9	7.0	11.7	180
East Central	18.9	12.5	26.7	31.7	721	10.1	4.2	8.2	11.2	170
Eastern	6.4	6.1	7.4	12.9	1,025	6.5	1.5	5.7	9.4	267
North	3.7	4.5	5.5	7.7	1,168	4.3	1.9	2.9	6.4	277
West Nile	11.3	5.8	7.0	16.3	383	1.7	1.8	1.2	3.0	104
Western	15.9	15.4	17.2	28.3	1,100	5.8	3.8	10.9	13.8	308
Southwest	9.1	12.8	10.8	17.4	870	12.2	7.9	11.8	15.5	223
North sub-regions										
IDP	6.1	6.5	7.0	10.0	459	5.1	3.1	5.1	7.7	130
Karamoja	0.2	0.6	0.6	0.6	247	0.0	0.0	0.0	0.0	46
Education										
No education	9.3	11.5	13.1	19.3	1,613	6.3	1.2	6.1	9.6	109
Primary	11.9	12.8	15.7	23.5	4,269	9.0	4.5	11.6	15.3	1,236
Secondary +	12.1	11.1	14.6	21.3	1,399	4.3	2.8	5.9	8.3	592
Wealth quintile										
Lowest	7.1	7.3	8.8	13.2	1,385	5.4	2.5	6.4	9.8	313
Second	9.1	10.5	13.0	19.4	1,442	9.3	5.0	11.1	14.0	406
Middle	11.2	14.0	15.3	23.5	1,375	8.0	5.1	11.7	16.5	347
Fourth	14.7	14.5	19.3	28.3	1,368	8.4	2.6	10.8	13.4	402
Highest	14.1	14.2	17.7	25.6	1,711	5.9	3.8	7.6	10.6	470
Total 15-49	11.3	12.2	14.9	22.1	7,281	7.4	3.8	9.5	12.8	1,938
Men 50-54	na	na	na	na	na	4.5	0.6	4.5	6.7	118
Total men 15-54	na	na	na	na	na	7.3	3.6	9.3	12.5	2,056

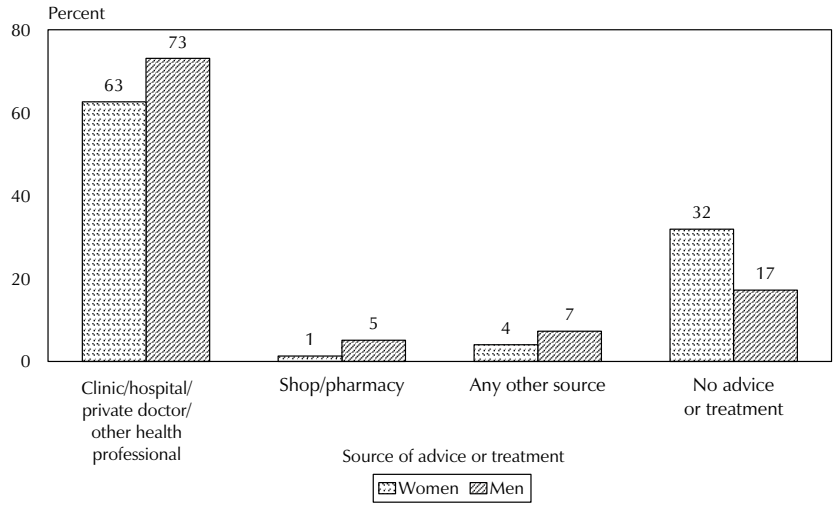
Note: Total includes 3 men with information missing on circumcision status.
na = Not applicable

According to Table 14.17, 22 percent of women and 13 percent of men report they had an STI or symptoms of an STI in the 12 months preceding the survey. Women age 20-39 and men age 25-39 have the highest likelihood of reporting symptoms of an STI. Never-married women and men are less likely to report symptoms of an STI. Men in rural areas are more likely to report symptoms of an STI than their counterparts in urban areas, although there is no meaningful difference between women in urban and rural areas.

More than 30 percent of women in Central 1, Central 2, and East Central regions reported STI symptoms, compared with only 8 percent of women in the North region. Reporting of symptoms of STIs is highest among men in Central 1 and Central 2, and is lowest in West Nile. Prevalence of STI symptoms is low in the IDP camps and negligible in the Karamoja sub-region. There are no strong patterns in reporting of STI symptoms by education or wealth, although respondents with primary education appear to be somewhat more likely to report STI symptoms than others, especially among men. Table 14.17 also shows that men who are not circumcised are slightly more likely to report STI symptoms than circumcised men (14 percent compared with 11 percent).

Respondents in the 2006 UDHS who reported having an STI or symptoms of an STI in the 12 months preceding the survey were asked if they sought treatment. Figure 14.4 shows that 63 percent of women and 73 percent of men sought treatment from a public or private health facility. Only a small proportion sought treatment from a shop or pharmacy, or other source, while 32 percent of women and 17 percent of men did not seek treatment or advice from any source.

Figure 14.4 **Percent Distribution of Women and Men Age 15-49 with an STI or Symptoms of STIs in the Past 12 Months Who Sought Advice or Treatment, by Source of Advice or Treatment**



UDHS 2006

14.9 PREVALENCE OF MEDICAL INJECTIONS

Non-sterile injections can pose a risk of infection with HIV and other diseases. To measure the potential risk of transmission of HIV associated with medical injections, respondents in the 2006 UDHS were asked if they had received an injection in the past 12 months, and if so, the number of injections. Those who had received injections were further asked if the syringe and needle were taken from a new, previously unopened pack. Table 14.18 shows that 44 percent of women and 32 percent of men reported receiving an injection in the past 12 months.

Table 14.18 Prevalence of medical injections

Percentage of women and men age 15-49 who received at least one medical injection in the last 12 months, the average number of medical injections per person in the last 12 months, and among those who received a medical injection, the percentage of last medical injections for which the syringe and needle were taken from a new, unopened package, by background characteristics, Uganda 2006

	Women					Men				
Background characteristic	Percentage who received a medical injection in the past 12 months	Average number of medical injections per person in the past 12 months	Number of women	For last injection, syringe, and needle taken from a new, unopened package	Number of women receiving medical injections in the past 12 months	Percentage who received a medical injection in the past 12 months	Average number of medical injections per person in the past 12 months	Number of men	For last injection, syringe, and needle taken from a new, unopened package	Number of men receiving medical injections in the past 12 months
Age										
15-24	42.3	1.6	3,646	97.1	1,542	30.1	1.2	997	97.9	300
15-19	38.0	1.4	1,936	97.3	736	30.5	1.0	595	98.2	181
20-24	47.1	1.8	1,710	97.0	806	29.5	1.3	402	97.4	118
25-29	48.6	2.4	1,413	98.4	687	30.6	1.3	350	93.7	107
30-39	46.7	2.4	2,157	97.6	1,007	32.2	1.6	666	93.7	214
40-49	39.0	2.3	1,315	97.2	513	40.8	2.2	372	98.8	152
Residence										
Urban	45.7	2.3	1,442	98.4	659	30.7	1.3	404	94.8	124
Rural	43.6	2.0	7,089	97.3	3,091	32.8	1.5	1,982	96.6	649
Region										
Central 1	55.3	2.4	905	97.9	501	25.6	0.9	272	93.7	70
Central 2	47.5	2.0	770	99.3	366	29.0	1.3	233	94.2	68
Kampala	42.3	1.8	722	98.8	305	34.5	1.4	218	93.7	75
East Central	44.2	2.3	836	97.0	370	27.0	1.4	209	94.1	56
Eastern	52.0	3.1	1,148	96.1	596	44.2	2.2	323	98.3	143
North	38.2	1.7	1,322	98.0	505	37.5	1.8	333	98.9	125
West Nile	38.2	1.1	471	94.3	180	27.1	1.3	124	96.1	34
Western	39.5	1.6	1,271	97.6	502	29.4	1.1	369	93.6	108
Southwest	39.0	1.7	1,086	97.9	424	31.1	1.4	304	100.0	94
North sub-regions										
IDP	42.6	1.3	504	98.0	215	43.4	1.8	146	97.9	63
Karamoja	28.3	0.9	286	97.0	81	38.8	3.1	62	100.0	24
Education										
No education	38.8	1.8	1,650	97.0	640	30.3	1.2	116	93.1	35
Primary	44.0	2.0	5,062	97.5	2,226	30.9	1.5	1,551	95.5	480
Secondary +	48.6	2.1	1,819	98.1	884	35.9	1.4	719	98.2	258
Wealth quintile										
Lowest	38.8	1.7	1,541	96.7	598	38.0	1.8	378	95.6	144
Second	40.3	2.0	1,636	96.8	659	30.2	1.4	495	96.7	150
Middle	44.9	2.0	1,615	96.6	724	30.4	1.4	422	95.2	128
Fourth	45.1	2.1	1,621	98.6	731	31.2	1.3	506	97.6	158
Highest	49.0	2.1	2,118	98.3	1,037	33.1	1.5	584	96.3	193
Total 15-49	43.9	2.0	8,531	97.5	3,749	32.4	1.5	2,385	96.3	773
Men 50-54	na	na	na	na	na	41.5	1.7	118	97.6	49
Total men 15-54	na	na	na	na	na	32.8	1.5	2,503	96.4	822

Note: Medical injections are those given by a doctor, nurse, pharmacist, dentist, or other health worker.
na = Not applicable

The average number of injections per woman was 2.0, and the average number of injections per man was 1.5. The vast majority of respondents reported that the syringe and needle used for their last injection was taken from a previously unopened pack (98 percent of women and 96 percent of men).

Respondents who had had an injection in the past 12 months were asked where they obtained their last injection. The information is summarized in the Figure 14.5. Sources of medical injections are fairly evenly distributed among public and private sector facilities. Women are slightly more likely to receive injections from a public sector facility while men are slightly more likely to receive injections from a private sector facility. A small proportion of men and women received injections at home.

Figure 14.6 shows that injections from both public and private health facilities are highly likely to be given using a needle and syringe from a new, previously unopened package.

Figure 14.5 **Percent Distribution of Women and Men Age 15-49 Who Received a Medical Injection in the Past 12 Months by Type of Facility Where the Last Injection Was Received**

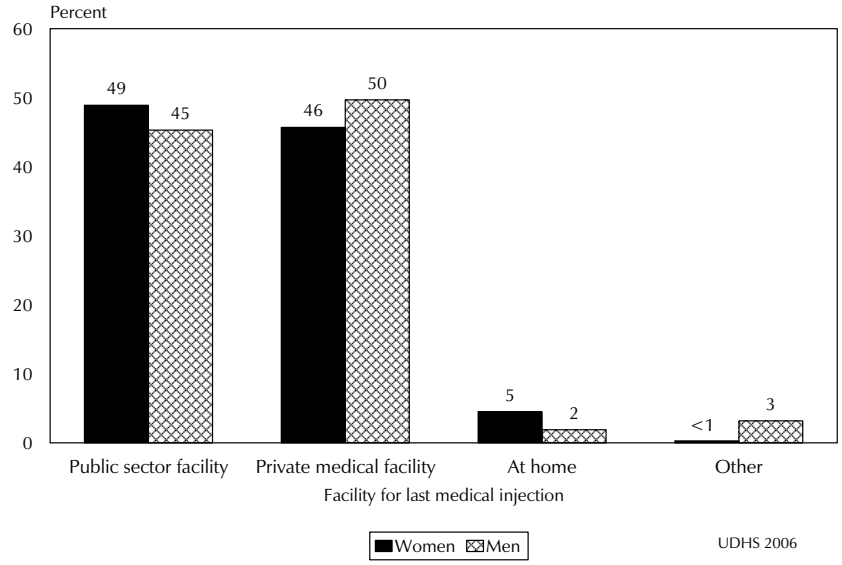
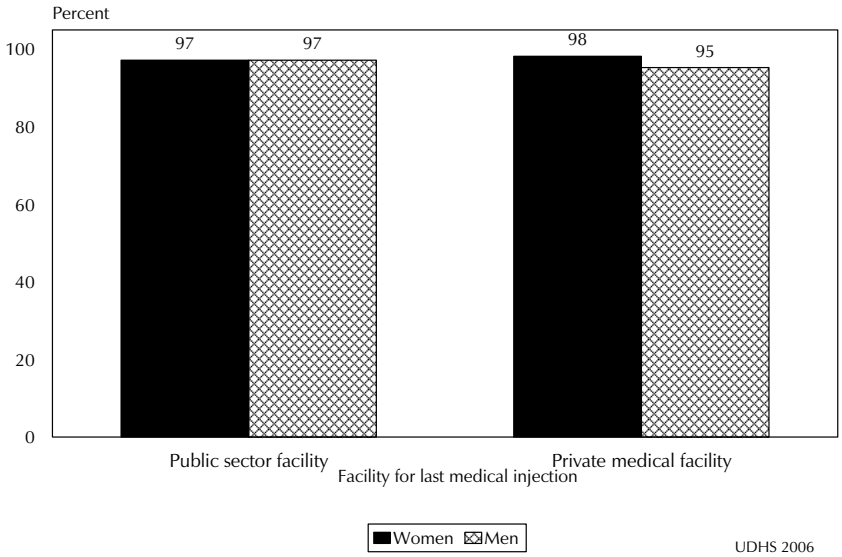


Figure 14.6 **Percentage of Women and Men Age 15-49 Whose Last Injection Was Given with a Syringe and Needle Taken from a New, Unopened Package, by Type of Facility**



14.10 HIV/AIDS Knowledge and Sexual Behaviour among Young Adults

This section addresses HIV/AIDS-related knowledge and behaviour among young adults age 15-24. Special attention is paid to this group because it accounts for half of all new HIV infections worldwide (Ross et al., 2006). In addition to knowledge of HIV transmission, data are presented on age at first sex, condom use, age differences between sexual partners, forced sex, sex related to alcohol use and voluntary counselling and testing for HIV.

14.10.1 HIV/AIDS Related Knowledge among Young Adults

Young respondents were asked the same set of questions on facts and beliefs about HIV transmission as other respondents. Information on the overall level of knowledge of major methods of avoiding HIV and rejection of major misconceptions were shown in Tables 14.2, 14.3.1, and 14.3.2 In general, the results indicated young adults are as likely as older adults to have knowledge of HIV prevention and to reject common misconceptions about HIV transmission.

Table 14.19 shows the level of the composite indicator, "comprehensive knowledge," among young people by background characteristics. Thirty-two percent of young women and 38 percent of young men have comprehensive knowledge of HIV/AIDS. The young women most likely to have comprehensive knowledge are those who have never married but who have ever had sex, those who live in urban areas, those in Kampala, those with higher education, and those in higher wealth quintiles. In Karamoja sub-region, only 4 percent of young women have comprehensive knowledge of HIV/AIDS.

Table 14.19 Comprehensive knowledge about HIV/AIDS and of a source of condoms among young adults

Percentage of young women and young men age 15-24 with comprehensive knowledge about AIDS and percentage with knowledge of a source of condoms, by background characteristics, Uganda 2006

	Women age 15-24			Men age 15-24		
Background characteristic	Percentage with comprehensive knowledge of HIV/AIDS[1]	Percentage who know a condom source[2]	Number of women	Percentage with comprehensive knowledge of HIV/AIDS[1]	Percentage who know a condom source[2]	Number of men
Age						
15-19	31.0	66.8	1,936	37.7	85.9	595
15-17	31.1	62.3	1,224	36.0	84.2	396
18-19	31.0	74.7	712	40.9	89.3	199
20-24	32.9	72.7	1,710	39.0	95.2	402
20-22	33.9	73.0	1,045	34.7	94.2	236
23-24	31.2	72.1	665	45.2	96.6	165
Marital status						
Never married	35.8	69.6	1,876	39.1	88.0	810
Ever had sex	42.1	85.1	644	45.1	96.4	370
Never had sex	32.5	61.6	1,232	34.1	80.9	441
Ever married	27.8	69.5	1,770	34.4	97.0	187
Residence						
Urban	47.9	88.0	718	44.6	95.2	185
Rural	28.0	65.0	2,928	36.8	88.4	812
Region						
Central 1	36.9	83.9	424	41.6	91.4	116
Central 2	45.8	81.0	276	44.9	94.6	97
Kampala	52.9	95.5	401	50.2	95.0	96
East Central	40.0	74.9	351	27.2	93.3	83
Eastern	35.1	80.3	476	24.3	86.0	133
North	18.6	36.7	522	34.3	92.3	146
West Nile	16.2	49.5	194	45.1	90.5	51
Western	25.4	62.4	557	49.8	87.8	149
Southwest	20.4	65.9	444	30.7	80.4	125
North sub-regions						
IDP	22.1	45.2	193	42.9	100.0	61
Karamoja	3.7	19.6	85	(9.2)	(56.0)	26

Continued…

Table 14.19—*Continued*

Education						
No education	12.5	38.1	265	*	*	14
Primary	24.7	63.3	2,304	29.3	87.3	666
Secondary +	52.1	90.7	1,077	58.0	96.8	317
Wealth quintile						
Lowest	20.3	46.4	606	28.3	80.3	151
Second	21.4	60.4	682	32.1	87.6	201
Middle	29.7	66.9	637	38.0	90.6	178
Fourth	31.1	71.9	653	41.1	92.1	212
Highest	47.0	88.8	1,068	46.6	94.1	256
Total	31.9	69.6	3,646	38.2	89.7	997

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention. The components of comprehensive knowledge are presented in Tables 14.2, 14.3.1, and 14.3.2.
[2] Friends, family members, and home are not considered sources for condoms.

The proportion of young men with comprehensive knowledge is also higher among men who have never married but ever had sex, and men in urban areas. By region, the proportion of men with comprehensive knowledge ranges from 24 percent in Eastern to 50 percent in Western region and Kampala. Men with secondary education or higher are more likely to have comprehensive knowledge than those with primary education only, and the likelihood of having comprehensive knowledge increases with wealth quintile.

14.10.2 Knowledge of Condom Sources among Young Adults

Condom use among young adults plays an important role in the prevention of transmission of HIV and other sexually transmitted infections, as well as unwanted pregnancies. Knowledge of a source of condoms helps young adults to obtain and use condoms. Table 14.19 shows that seven in ten young women (70 percent) and nine in ten young men (90 percent) know of a place to obtain condoms. Never-married young adults who have ever engaged in sex, those in urban areas, those with secondary or higher education, and those in the higher wealth quintiles are more likely to know of a place to obtain condoms.

14.10.3 Age at First Sexual Experience

Since HIV transmission in Uganda occurs predominantly through heterosexual intercourse between an infected and a non-infected person, age at first intercourse marks the time at which most individuals first risk exposure to the virus.

Table 14.20 shows the percentage of young women and men who had sexual intercourse before reaching age 12, age 15 and age 18, by background characteristics. About 1 percent of young women and 3 percent of young men in the 15-24 age group had their first sex very early in life, i.e., before the age of 12. About 16 percent of young women and 12 percent of young men had sex before they turned age 15, and 62 percent of young women and 48 percent of young men in the 18-24 age group had sex before age 18.

Among women, 12 percent of those age 15-19 had sex before age 15, compared with 20 percent among women age 20-24. Among men, the opposite pattern prevails, with 14 percent of those age 15-19 having sex before age 15 compared to 10 percent of those age 20-24.

Regarding marital status, ever-married women age 15-24 are more likely to initiate sexual activity before age 15 than those who have never married. For young men, the opposite is true,

although the proportions are close. With regard to initiating sex before age 18, both women and men who have ever married are much more likely to have had sex before 18 than those who have never married.

Table 14.20 Age at first sexual intercourse among young adults

Percentage of young women and of young men age 15-24 who had sexual intercourse before age 12 and before age 15 and percentage of young women and of young men age 18-24 who had sexual intercourse before age 18, by background characteristics, Uganda 2006

	Women age 15-24			Women age 18-24		Men age 15-24			Men age 18-24	
Background characteristic	Percentage who had sexual intercourse before age 12	Percentage who had sexual intercourse before age 15	Number of women	Percentage who had sexual intercourse before age 18	Number of women	Percentage who had sexual intercourse before age 12	Percentage who had sexual intercourse before age 15	Number of men	Percentage who had sexual intercourse before age 18	Number of men
Age										
15-19	1.0	11.8	1,936	na	na	3.8	13.9	595	na	na
15-17	0.7	11.6	1,224	na	na	3.3	14.0	396	na	na
18-19	1.4	12.3	712	58.0	712	4.8	13.7	199	43.9	199
20-24	1.2	19.7	1,710	64.2	1,710	1.4	9.6	402	49.9	402
20-22	1.2	18.7	1,045	63.6	1,045	1.6	11.2	236	54.3	236
23-24	1.1	21.2	665	65.1	665	1.3	7.2	165	43.5	165
Marital status										
Never married	0.8	7.7	1,876	32.1	777	2.8	13.1	810	45.2	414
Ever married	1.3	23.8	1,770	76.7	1,646	3.0	8.1	187	53.8	187
Knows condom source[1]										
Yes	1.3	16.6	2,536	62.1	1,775	3.1	13.2	894	50.1	560
No	0.5	13.0	1,110	63.1	648	0.6	3.3	103	(17.3)	41
Residence										
Urban	1.1	12.0	718	52.5	504	2.2	15.4	185	53.0	133
Rural	1.1	16.4	2,928	65.0	1,919	3.0	11.4	812	46.4	468
Region										
Central 1	0.8	18.0	424	67.0	278	2.4	18.0	116	60.5	67
Central 2	0.4	13.5	276	68.5	168	5.6	15.4	97	(59.2)	48
Kampala	0.8	11.8	401	50.0	289	3.4	13.6	96	56.3	66
East Central	1.9	20.6	351	76.3	218	0.0	4.8	83	49.8	50
Eastern	2.2	19.9	476	69.7	328	0.6	9.0	133	41.1	91
North	1.0	17.6	522	67.7	352	4.6	14.3	146	50.6	89
West Nile	0.0	8.4	194	52.7	122	6.3	20.6	51	(58.1)	25
Western	1.1	19.1	557	67.0	366	4.2	10.1	149	44.3	90
Southwest	0.6	5.2	444	40.6	302	0.0	7.8	125	26.6	75
North sub-regions										
IDP	0.8	19.0	193	74.5	135	5.5	15.4	61	56.6	35
Karamoja	3.0	5.9	85	38.2	57	(3.6)	(6.8)	26	(29.3)	17
Education										
No education	3.6	28.7	265	71.1	237	*	*	14	*	11
Primary	1.0	17.5	2,304	69.3	1,435	2.6	10.6	666	49.5	361
Secondary +	0.6	8.1	1,077	46.3	750	3.6	15.5	317	45.7	230
Wealth quintile										
Lowest	1.0	18.3	606	69.8	435	2.7	9.5	151	45.1	86
Second	1.7	17.9	682	70.6	478	1.7	9.0	201	47.1	122
Middle	0.9	14.7	637	56.8	420	4.7	15.4	178	43.5	104
Fourth	1.0	16.5	653	61.9	395	3.0	11.2	212	43.4	126
Highest	0.8	12.4	1,068	55.7	695	2.5	14.7	256	56.2	162
Total	1.1	15.5	3,646	62.4	2,422	2.9	12.2	997	47.9	601

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Friends, family members, and home are not considered sources for condoms.
na = Not available

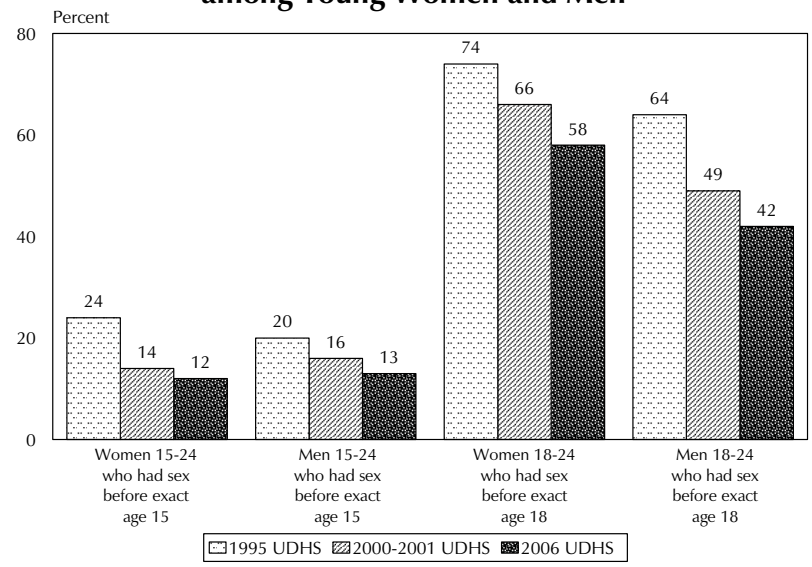
Early sexual initiation varies by urban-rural residence. While women in rural areas are more likely than women in urban areas to initiate sex before age 15, the opposite is true for men. Early sex also varies by region. The percentage of young women age 15-24 who have had sex by age 15 ranges from 5 percent in Southwest to 21 percent in East Central region. Among young men, the percentage that have had sex by age 15 varies from 5 percent in East Central to 21 percent in the West Nile region. Residents of IDP camps in the northern region had higher than average probability of initiating sex before age 15, while early sex was very rare in the Karamoja sub-region.

For young women, educational attainment is associated with a lower likelihood of having sex at early ages. For example, among women age 15-24 with secondary or higher education, only 8 percent had sex before age 15, compared with 29 percent among those with no education. Young men age 15-24 with secondary education or higher were more likely than those with primary education only to have initiated sex by age 15. The number of men age 15-24 in the survey who had never attended school was too small to measure the proportion who had sex by age 15.

14.10.4 Trends in Age at First Sex

Figure 14.7 shows trends in age at first sex across four surveys: the 1995 UDHS, the 2000-2001 UDHS, and the 2006 UDHS. The data have been adjusted to remove districts not included in the 2000-2001 UDHS. The proportions of men and women age 15-24 who had sex by exact age 15 has decreased over time, as have the proportions of men and women age 18-24 who had sex by exact age 18. For example, the proportion of women age 18-24 who had sex by exact age 18 has decreased from 74 to 58 percent, and the proportion of men has decreased from 64 to 42 percent.

Figure 14.7 **Trends in Age at First Sex among Young Women and Men**



Note: 1995 and 2006 figures have been adjusted to include districts not included in the 2000-2001 UDHS.

14.10.5 Condom Use at First Sex

Consistent condom use is advocated by HIV control programmes to reduce the risk of sexual transmission of HIV among sexually active young adults. Young adults who use condoms at first sex are more likely to sustain condom use later in life. Condom use at first sex serves as an indicator of reduced risk of exposure at the beginning of sexual activity.

Among young adults age 15-24 who have ever had sex, 27 percent of females and 29 percent of males used a condom the first time they had sex (Table 14.21). Females aged 15-19 years are more likely to have used a condom at first sex than those age 20-24 years while the opposite pattern is apparent among males. Males aged 15-17 were less likely than all other age groups to have used a condom at first sex. Never-married females and males are more likely to have used a condom at first sex than those who have ever been married. Young adults in urban areas, in Kampala, those with higher education, and those in higher wealth quintiles are more likely to use a condom at first sex. Condom use at first sex was particularly lower among women in Karamoja sub-region and those with no education.

Table 14.21 Condom use at first sexual intercourse among young adults

Among young women and young men age 15-24 who have ever had sexual intercourse, percentage who used a condom the first time they had sexual intercourse, by background characteristics, Uganda 2006

Background characteristic	Women age 15-24		Men age 15-24	
	Percentage who used a condom at first sexual intercourse	Number of women who have ever had sexual intercourse	Percentage who used a condom at first sexual intercourse	Number of men who have ever had sexual intercourse
Age				
15-19	32.4	833	27.6	210
15-17	32.3	349	22.7	108
18-19	32.5	484	32.8	102
20-24	24.6	1,581	30.0	346
20-22	27.3	935	28.5	193
23-24	20.7	645	31.8	153
Marital status				
Never married	47.7	644	32.1	370
Ever married	19.9	1,770	23.2	187
Knows condom source[1]				
Yes	34.2	1,778	30.1	537
No	8.1	636	*	19
Residence				
Urban	50.7	482	46.7	110
Rural	21.4	1,932	24.7	446
Region				
Central 1	39.0	291	40.9	67
Central 2	43.7	175	(28.5)	52
Kampala	58.4	263	46.6	59
East Central	36.4	236	(45.3)	44
Eastern	19.0	354	25.5	77
North	12.1	368	20.9	90
West Nile	17.0	109	(33.1)	32
Western	20.9	386	24.1	88
Southwest	7.9	232	(4.3)	48
North sub-regions				
IDP	13.4	148	23.9	45
Karamoja	1.0	47	*	10
Education				
No education	6.3	229	*	7
Primary	18.3	1,522	22.1	357
Secondary +	55.2	662	42.8	193
Wealth quintile				
Lowest	10.9	451	15.8	86
Second	13.7	492	17.7	113
Middle	21.3	398	22.4	103
Fourth	25.2	402	38.0	110
Highest	53.1	671	44.2	143
Total	27.3	2,414	29.1	556

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Friends, family members, and home are not considered sources for condoms.

14.10.6 Abstinence and Premarital Sex

Premarital sex and the interval between sexual initiation and marriage are among the factors that predispose people to HIV infection. Table 14.22 shows among never-married young adults, the percentage who have never had sex, the percentage who had sex in the 12 months preceding the survey, and among those, the percentage who used a condom at the last sex.

Over half of never-married men age 15-24 (54 percent) have never had sex, compared with two-thirds of never-married women. The percentage of never-married young adults who report that they have never had sex drops substantially from the 15-19 to the 20-24 age group. Primary abstinence is slightly more common among those who do not know a source of condoms, those in rural areas, those in Southwest region, and those with no education. Young men and women in the Karamoja sub-region are less likely to have had sex than their counterparts elsewhere.

Table 14.22 Premarital sexual intercourse and condom use during premarital sexual intercourse among young adults

Among never-married women and men age 15-24, the percentage who have never had sexual intercourse, the percentage who had sexual intercourse in the past 12 months, and, among those who had premarital sexual intercourse in the past 12 months, the percentage who used a condom at the last sexual intercourse, by background characteristics, Uganda 2006

	Never-married women age 15-24					Never-married men age 15-24				
				Among women who had sexual intercourse in the past 12 months:					Among men who had sexual intercourse in the past 12 months:	
Background characteristic	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the past 12 months	Number of never-married women	Percentage who used condom at last sexual intercourse	Number of women	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the past 12 months	Number of never-married men	Percentage who used condom at last sexual intercourse	Number of men
Age										
15-19	73.4	18.8	1,502	37.7	283	66.0	20.2	584	47.1	118
15-17	79.6	13.5	1,099	36.0	148	72.8	15.2	396	36.0	60
18-19	56.6	33.5	403	39.7	135	51.6	30.6	188	58.7	57
20-24	34.6	45.8	374	41.7	171	24.4	46.6	226	65.7	105
20-22	38.0	44.0	287	36.8	126	26.1	46.6	165	62.9	77
23-24	23.2	51.9	86	55.8	45	20.0	46.5	61	(73.2)	29
Knows condom source[1]										
Yes	58.1	30.2	1,306	43.5	395	50.0	30.9	713	56.4	220
No	83.2	10.5	569	11.5	60	86.4	3.2	97	*	3
Residence										
Urban	53.4	33.2	441	53.8	146	47.7	30.9	157	81.5	48
Rural	69.4	21.5	1,434	32.4	308	56.0	26.7	653	48.8	175
Region										
Central 1	58.2	31.2	228	43.3	71	48.1	31.0	102	(61.6)	32
Central 2	63.3	24.0	159	(27.6)	38	56.4	25.9	81	*	21
Kampala	53.4	35.2	258	58.3	91	46.4	31.0	79	(82.1)	24
East Central	60.6	26.4	190	41.0	50	58.1	27.7	67	*	19
Eastern	59.4	22.5	206	(34.3)	46	57.6	29.6	96	(49.2)	29
North	71.9	19.2	214	(13.7)	41	47.6	33.1	117	49.6	39
West Nile	81.5	13.7	105	*	14	43.3	31.5	45	*	14
Western	66.8	27.1	256	34.0	69	52.6	29.5	117	*	35
Southwest	82.0	12.7	259	(34.5)	33	73.7	10.9	106	*	12
North sub-regions										
IDP	69.3	28.4	64	(20.0)	18	33.8	49.3	47	48.6	23
Karamoja	89.3	7.1	42	*	3	76.1	8.4	21	*	2
Education										
No education	79.1	19.1	45	*	9	66.9	22.8	9	*	2
Primary	73.5	17.1	1,065	21.8	182	57.9	27.5	535	47.2	147
Secondary +	54.1	34.4	767	52.6	263	46.8	27.9	266	74.7	74
Wealth quintile										
Lowest	72.5	16.6	214	(17.3)	36	55.7	28.5	115	(40.1)	33
Second	72.2	19.9	264	(38.8)	52	59.1	30.3	148	35.9	45
Middle	73.5	19.6	325	31.3	63	54.7	24.9	136	(40.3)	34
Fourth	69.4	20.9	362	25.5	76	54.7	23.3	186	(62.4)	43
Highest	55.8	31.9	712	49.6	227	50.2	30.4	225	80.2	68
Total 15-24	65.7	24.2	1,876	39.3	454	54.4	27.6	810	55.9	223

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Friends, family members, and home are not considered sources for condoms.

Among never-married young adults, 24 percent of women and 28 percent of men age 15-24 had sex in the past 12 months. The tendency of never-married young men and women to be sexually active in the past 12 months increases substantially with age. Premarital sexual activity is more common among young adults in urban areas, those with higher education, and those who know of a source for condoms.

Of those who had sex in the past year, 56 percent of the males used a condom at last sex compared with only 39 percent of the females. Condom use at last sex is higher among urban residents and those with secondary education or higher.

14.10.7 Higher-Risk Sex and Condom Use among Young Adults

Tables 14.23.1 and 14.23.2 show among young men and women age 15-24 who had sexual intercourse in the past 12 months, the proportion who engaged in higher-risk sex in the past 12 months, and those who used a condom at last higher-risk sex. Twenty-seven percent of young women, compared with 65 percent of young men, engaged in higher-risk sex in the past 12 months. Young adults age 15-19, those who have never married, those in urban areas, women with any education, and those in the higher wealth quintiles are more likely to have had higher-risk sex. Almost four in ten young women (38 percent) and 55 percent of young men who have had higher-risk sex in the past 12 months used a condom at last higher-risk sex. Living in urban areas, having higher education, and belonging to the highest wealth quintile increases the likelihood of using a condom at last higher-risk sex.

Table 14.23.1 Higher-risk sexual intercourse among young adults and condom use at last higher-risk intercourse: Women

Among young women age 15-24 who had sexual intercourse in the past 12 months, the percentage who had higher-risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, by background characteristics, Uganda 2006

Background characteristic	Among women 15-24 who had sexual intercourse in the past 12 months: Percentage who had higher-risk intercourse in the past 12 months[1]	Among women 15-24 who had sexual intercourse in the past 12 months: Number of women	Among women 15-24 who had higher-risk intercourse in the past 12 months: Percentage who reported using a condom at last higher-risk intercourse[1]	Among women 15-24 who had higher-risk intercourse in the past 12 months: Number of women
Age				
15-19	44.0	700	36.0	308
15-17	56.2	271	35.2	152
18-19	36.3	428	36.9	155
20-24	18.8	1,431	40.9	269
20-22	21.2	846	36.1	179
23-24	15.4	586	50.3	90
Marital status				
Never married	99.3	454	39.4	451
Ever married	7.5	1,677	34.4	126
Knows condom source[2]				
Yes	31.8	1,567	42.2	498
No	13.9	564	13.2	78
Residence				
Urban	43.2	409	53.7	177
Rural	23.2	1,722	31.5	400
Region				
Central 1	38.4	262	43.9	101
Central 2	25.6	152	(32.2)	39
Kampala	48.1	228	55.9	110
East Central	29.2	205	41.1	60
Eastern	18.9	302	(28.0)	57
North	17.2	325	17.9	56
West Nile	21.2	92	(45.0)	20
Western	26.1	362	34.0	94
Southwest	20.1	203	(27.8)	41
North sub-regions				
IDP	18.2	137	(20.6)	25
Karamoja	8.0	39	*	3
Education				
No education	8.0	210	*	17
Primary	20.2	1,357	25.5	274
Secondary +	50.7	565	51.6	286
Wealth quintile				
Lowest	13.6	396	16.2	54
Second	15.7	454	33.9	71
Middle	25.5	359	33.4	92
Fourth	28.1	356	31.3	100
Highest	46.0	565	48.5	260
Total 15-24	27.1	2,131	38.3	577

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent
[2] Friends, family members, and home are not considered sources for condoms.

Table 14.23.2 Higher-risk sexual intercourse among young adults and condom use at last higher-risk intercourse: Men

Among young men age 15-24 who had sexual intercourse in the past 12 months, the percentage who had higher-risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, by background characteristics, Uganda 2006

	Among men 15-24 who had sexual intercourse in the past 12 months		Among men 15-24 who had higher-risk intercourse in the past 12 months	
Background characteristic	Percentage who had higher-risk intercourse in the past 12 months[1]	Number of men	Percentage who reported using a condom at last higher-risk intercourse[1]	Number of men
Age				
15-19	94.4	128	46.1	121
15-17	97.7	60	35.6	59
18-19	91.4	68	56.0	62
20-24	52.0	279	61.5	145
20-22	61.0	147	60.1	90
23-24	41.9	132	63.8	55
Marital status				
Never married	99.4	223	55.0	222
Ever married	24.0	184	(51.8)	44
Knows condom source[2]				
Yes	65.7	400	54.9	263
No	*	8	*	3
Residence				
Urban	73.3	77	78.0	56
Rural	63.4	331	48.2	210
Region				
Central 1	(74.2)	46	(60.6)	34
Central 2	(83.7)	37	(61.4)	31
Kampala	(72.8)	41	(74.3)	30
East Central	(63.7)	34	*	22
Eastern	54.4	65	(41.6)	35
North	68.2	67	48.0	46
West Nile	(83.7)	19	*	16
Western	59.1	67	(43.0)	39
Southwest	(40.4)	31	*	13
North sub-regions				
IDP	74.5	37	(51.2)	27
Karamoja	*	5	*	2
Education				
No education	*	6	*	3
Primary	65.5	277	47.3	181
Secondary +	65.5	124	71.4	81
Wealth quintile				
Lowest	64.1	67	(37.3)	43
Second	57.1	98	40.2	56
Middle	54.2	74	(44.7)	40
Fourth	73.9	69	57.7	51
Highest	76.5	99	77.7	76
Total 15-24	65.3	408	54.5	266

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent

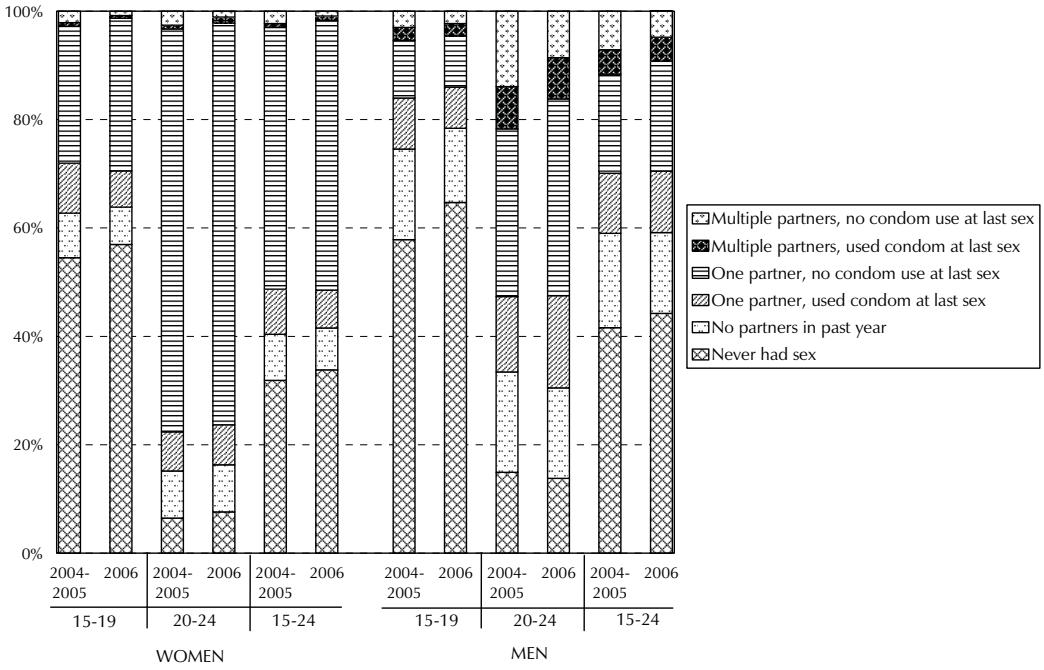
[2] Friends, family members, and home are not considered sources for condoms.

14.10.8 Abstinence, Being Faithful, and Condom Use among Young Adults

The Uganda HIV prevention programme evolved along the interventions of promoting abstinence, being faithful, and condom use (the "ABC" approach). The ABC approach is particularly pertinent for young adults. Figure 14.8 presents data on the practice of the ABC behaviours among young men and women. Thirty-four percent of young women age 15-24 and 44 percent of men age 15-24 are abstaining. The percentage of young women and men who have not had sex drops sharply between the 15-19 age group and the 20-24 age group.

In the relatively short time between the 2004-2005 UHSBS and the 2006 UDHS, there has been little change in the HIV prevention behaviours of young women. Because of sampling errors, differences should be interpreted with caution; however, it can be noted that the proportion of men age 15-19 who are abstaining increased from 58 to 65 percent. In addition, the proportion of men age 20-24 who remained faithful to one partner in the past 12 months increased from around 45 percent to around 53 percent. However, among men age 20-24 with one partner, the proportion who did not use a condom at last sex increased more than the proportion who used a condom. Finally, the percentage of men age 20-24 who had multiple partners in the past 12 months and did not use a condom at last sex decreased from 14 percent to 9 percent.

Figure 14.8 Abstinence, Being Faithful, and Condom Use (ABC) among Young Women and Men



14.10.9 Cross-generational Sexual Partners

To examine age differences between sexual partners, women age 15-19 who had higher-risk sex in the 12 months preceding the survey were asked the age of all their partners. In the event they did not know a partner's exact age, they were asked if the partner was older or younger than they were, and if older, whether the partner was 10 or more years older. Seven percent of women age 15-19 have had higher-risk sex with a partner who is 10 or more years older in the past 12 months (data not shown). The proportion measured in the 2004-2005 UHSBS was 10 percent. Age mixing in sexual relationships is more common among young women who do not know a condom source, those in rural areas, and those with primary-level education.

14.10.10 Drunkenness during Sex among Young Adults

Engaging in sex under the influence of alcohol can impair judgment, compromise power relations, and increase risky sexual behaviour. Respondents who had sex in the past 12 months were asked for each partner if they or their partner drank alcohol the last time they had sex with that partner, and whether they or their partner was drunk. As shown in Table 14.24, 6 percent of women and 2 percent of men age 15-24 reported that they or their partners were drunk the last time they had sex with any partner in the 12 months preceding the survey. Having sex under the influence of alcohol is more common among females in rural areas than those in urban areas, but the opposite is true among males. Women age 23-24, those in the North region, those in the Karamoja sub-region, those with no education, and those in the lowest wealth quintile are more likely to be drunk during sex. Among men, the variations in this indicator generally are minor.

Table 14.24 Drunkenness during sexual intercourse among young adults

Among all young women and young men age 15-24, the percentage who had sexual intercourse in the past 12 months while being drunk and percentage who had sexual intercourse in the past 12 months when drunk or with a partner who was drunk, by background characteristics, Uganda 2006

	Women age 15-24			Men age 14-24		
Background characteristic	Percentage who had sexual intercourse in the past 12 months when drunk	Percentage who had sexual intercourse in the past 12 months when drunk or with a partner who was drunk	Number of women	Percentage who had sexual intercourse in the past 12 months when drunk	Percentage who had sexual intercourse in the past 12 months when drunk or with a partner who was drunk	Number of men
Age						
15-19	0.4	2.6	1,936	0.6	0.6	595
15-17	0.2	1.8	1,224	1.0	1.0	396
18-19	0.7	4.2	712	0.0	0.0	199
20-24	1.4	9.0	1,710	3.4	4.4	402
20-22	1.2	7.7	1,045	2.4	3.2	236
23-24	1.8	10.9	665	4.7	6.1	165
Marital status						
Never married	0.4	1.5	1,876	1.3	1.3	810
Ever married	1.5	9.9	1,770	3.6	5.9	187
Knows condom source[1]						
Yes	0.7	4.8	2,536	1.9	2.3	894
No	1.3	7.5	1,110	0.6	0.7	103
Residence						
Urban	1.1	4.2	718	2.6	3.7	185
Rural	0.8	5.9	2,928	1.5	1.8	812
Region						
Central 1	0.8	3.5	424	1.2	1.2	116
Central 2	0.0	5.7	276	2.7	2.7	97
Kampala	1.2	3.7	401	2.9	2.9	96
East Central	0.7	3.0	351	0.0	0.0	83
Eastern	0.6	6.1	476	3.9	5.0	133
North	3.2	10.4	522	2.5	3.9	146
West Nile	0.0	7.1	194	0.0	1.4	51
Western	0.2	6.5	557	0.4	0.4	149
Southwest	0.4	3.3	444	1.0	1.0	125
North sub-regions						
IDP	0.0	8.4	193	3.3	3.3	61
Karamoja	15.2	20.7	85	(2.3)	(10.5)	26
Education						
No education	4.1	15.2	265	*	*	14
Primary	0.5	5.3	2,304	2.0	2.6	666
Secondary +	0.9	3.9	1,077	1.1	1.1	317
Wealth quintile						
Lowest	2.4	10.1	606	3.4	3.5	151
Second	0.7	6.9	682	0.5	2.6	201
Middle	0.4	4.8	637	0.0	0.0	178
Fourth	0.1	4.7	653	2.4	2.4	212
Highest	0.9	3.2	1,068	2.4	2.4	256
Total 15-24	0.9	5.6	3,646	1.7	2.2	997

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Friends, family members, and home are not considered sources for condoms.

14.10.11 Voluntary HIV Counselling and Testing among Young Adults

Knowledge of an individual's own HIV sero-status can motivate him or her to practice safer sexual behaviour thereafter to avoid transmitting the virus to others.

Table 14.25 shows that women age 15-24 are slightly more likely (17 percent) than men of the same age (13 percent) to have been tested for HIV in the 12 months preceding the survey and to know their results.

Among young women, testing and receiving results is more common among never-married women; however, testing and receiving results is more common among ever-married men. Urban respondents are more likely to have received an HIV test in the past 12 months, as are respondents with higher educational attainment. Among women, HIV testing behaviour is most common in the two highest wealth quintiles while among men, the pattern is not clear.

Table 14.25 Recent HIV tests among young adults

Among young women and young men age 15-24 who have had sexual intercourse in the past 12 months, the percentage who have had an HIV test in the past 12 months and received the results of the test, by background characteristics, Uganda 2006

Background characteristic	Among women age 15-24 who have had sexual intercourse in the past 12 months: Percentage who have been tested for HIV and received results in the past 12 months	Number of women	Among men age 15-24 who have had sexual intercourse in the past 12 months: Percentage who have been tested for HIV and received results in the past 12 months	Number of men
Age				
15-19	17.6	700	8.6	128
15-17	18.7	271	7.0	60
18-19	16.9	428	10.1	68
20-24	16.8	1,431	14.9	279
20-22	14.9	846	15.0	147
23-24	19.7	586	14.7	132
Marital status				
Never married	19.7	454	11.4	223
Ever married	16.4	1,677	14.8	184
Knows condom source[1]				
Yes	19.3	1,567	13.2	400
No	10.8	564	*	8
Residence				
Urban	24.9	409	20.4	77
Rural	15.2	1,722	11.2	331
Region				
Central 1	22.2	262	(5.6)	46
Central 2	19.8	152	(9.2)	37
Kampala	26.3	228	(25.8)	41
East Central	13.0	205	(13.9)	34
Eastern	10.2	302	15.4	65
North	19.6	325	23.9	67
West Nile	25.3	92	(14.4)	19
Western	10.5	362	2.0	67
Southwest	16.4	203	(3.5)	31
North Sub-regions				
IDP	26.7	137	30.9	37
Karamoja	10.5	39	*	5
Education				
No education	7.9	210	*	6
Primary	14.5	1,357	6.5	277
Secondary +	26.7	565	27.8	124
Wealth quintile				
Lowest	12.3	396	20.3	67
Second	11.8	454	8.8	98
Middle	12.4	359	10.6	74
Fourth	17.8	356	6.5	69
Highest	27.2	565	18.1	99
Total 15-24	17.1	2,131	12.9	408

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Friends, family members, and home are not considered sources for condoms.

WOMEN'S EMPOWERMENT AND DEMOGRAPHIC AND HEALTH OUTCOMES 15

The DHS Women's Questionnaire collects data on the general background characteristics (e.g., age, education, wealth quintile, and employment status) of female respondents and also data more specific to women's empowerment, such as receipt of cash earnings, the magnitude of a woman's earnings relative to those of her husband/partner, and control over the use of her own earnings and those of her husband/partner.

The Women's Questionnaire also collects data on a woman's participation in household decisionmaking, on the circumstances under which she feels that a woman is justified in refusing to have sexual intercourse with her husband/partner, and her attitude towards wife beating. For this report, three separate indices of empowerment are developed based on the number of household decisions in which the respondent participates, her opinion on the number of circumstances for which a woman is justified in refusing to have sexual intercourse with her husband/partner, and her opinion on the number of reasons that justify wife beating. The ranking of women on these three indices is then related to selected demographic and health outcomes including contraceptive use; ideal family size and unmet need for contraception; the receipt of health care services during pregnancy, childbirth, and the postnatal period; and survivorship of children.

15.1 EMPLOYMENT AND FORM OF EARNINGS

Like education, employment can also be a source of empowerment for both women and men. It may be particularly empowering for women if it puts them in control of income. Currently married respondents were asked whether they were employed at the time of the survey and if not, whether they were employed in the 12 months that preceded the survey. Tables 15.1.1 and 15.1.2 show that 92 percent of currently married women and almost 100 percent of currently married men were employed at some time in the year prior to the survey.

The percentage of currently employed women is lowest in the 15-19 age group and generally increases with age. The low employment rate at young ages is expected, because part of the labour force in those ages are students at secondary and higher learning institutions who are therefore not available for work.

The employment level for women is higher in rural areas than in urban areas. Almost all currently married men are employed regardless of background characteristic. Over 90 percent of currently married women in most of the regions are employed. However, the percentages are lower in Central 1 and Central 2 regions (slightly over 80 percent) and much lower in Kampala (62 percent). Women with higher education levels and those in the highest wealth quintile are least likely to be currently employed.

Men are more likely to be paid in cash (34 percent) for their work than women (19 percent). Women are more likely to work but not receive payment (30 percent) compared with men (13 percent). For both sexes, being paid in-kind and not being paid is more predominant in rural areas than in urban areas. Regional variations by type of earning exist, with Kampala having the highest percentage of women who earn cash (78 percent) and Eastern and Western regions having the lowest (7 and 8 percent, respectively). For both women and men, the percentage of respondents with in-kind earnings only is inversely associated with educational attainment: the more people are educated, the less they are paid in–kind only for their work.

Table 15.1.1 Employment and cash earnings among currently married women

Percentage of currently married women age 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women employed in the past 12 months by type of earnings, according to background characteristics, Uganda 2006

Background characteristic	Currently married women		Percent distribution of currently married women employed in the past 12 months, by type of earnings						
	Percentage employed	Number of women	Cash only	In-kind only	Cash and in-kind	Not paid	Missing	Total	Number of women
Age									
15-19	83.9	380	9.9	34.1	29.2	26.8	0.0	100.0	319
20-24	86.9	1,148	19.3	18.6	31.5	30.5	0.1	100.0	997
25-29	92.0	1,136	21.9	14.0	32.3	31.8	0.0	100.0	1,045
30-34	93.4	993	22.0	16.5	33.0	28.5	0.0	100.0	927
35-39	95.8	734	18.4	14.7	34.2	32.4	0.2	100.0	703
40-44	95.4	538	17.7	14.8	36.9	30.6	0.0	100.0	514
45-49	96.4	408	15.0	18.3	38.5	28.1	0.2	100.0	393
Residence									
Urban	71.8	696	63.6	4.8	19.6	11.7	0.3	100.0	500
Rural	94.8	4,641	14.0	18.7	34.9	32.4	0.0	100.0	4,398
Region									
Central 1	81.4	505	30.7	8.2	52.2	8.9	0.0	100.0	411
Central 2	87.2	470	26.3	7.2	49.3	17.2	0.0	100.0	409
Kampala	62.2	309	77.6	0.0	19.5	2.0	0.9	100.0	192
East Central	90.7	552	26.3	9.9	43.1	20.6	0.0	100.0	500
Eastern	98.4	824	7.4	30.7	25.6	36.4	0.0	100.0	811
North	96.7	915	12.8	34.2	24.2	28.7	0.1	100.0	885
West Nile	95.6	308	30.8	11.0	37.5	20.7	0.0	100.0	294
Western	97.3	799	7.9	17.8	45.0	29.3	0.0	100.0	777
Southwest	94.3	656	15.5	1.6	13.1	69.7	0.1	100.0	618
North sub-regions									
IDP	98.0	368	10.4	38.2	30.7	20.5	0.2	100.0	360
Karamoja	94.5	210	14.7	26.9	28.9	29.5	0.0	100.0	198
Education									
No education	95.6	1,315	11.2	20.3	35.3	33.2	0.0	100.0	1,257
Primary	93.0	3,211	15.3	17.8	34.0	32.8	0.0	100.0	2,986
Secondary +	81.0	811	51.4	9.0	26.4	13.0	0.3	100.0	656
Wealth quintile									
Lowest	98.0	1,094	7.5	28.7	30.6	33.2	0.0	100.0	1,072
Second	96.0	1,144	11.3	19.8	31.1	37.7	0.1	100.0	1,099
Middle	95.2	1,038	12.0	16.9	34.0	37.1	0.0	100.0	988
Fourth	91.9	1,024	22.1	11.7	40.1	26.1	0.0	100.0	941
Highest	77.1	1,036	50.6	5.4	31.2	12.6	0.3	100.0	799
Total	91.8	5,337	19.1	17.3	33.3	30.3	0.1	100.0	4,899

Table 15.1.2 Employment and cash earnings among currently married men

Percentage of currently married men age 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married men employed in the past 12 months by type of earnings, according to background characteristics, Uganda 2006

Background characteristic	Currently married men		Percent distribution of currently married men employed in the past 12 months, by type of earnings					
	Percentage employed	Number of men	Cash only	In-kind only	Cash and in-kind	Not paid	Total	Number of men
Age								
15-19	*	11	*	*	*	*	*	11
20-24	100.0	161	31.3	12.2	45.2	11.3	100.0	161
25-29	100.0	243	38.1	10.6	40.6	10.7	100.0	243
30-34	99.4	318	36.0	9.0	42.7	12.4	100.0	316
35-39	100.0	270	34.2	10.5	43.9	11.4	100.0	270
40-44	100.0	193	32.2	9.5	40.9	17.4	100.0	193
45-49	98.0	148	27.6	7.3	45.6	19.5	100.0	145
Residence								
Urban	100.0	193	78.2	1.0	14.0	6.8	100.0	193
Rural	99.6	1,150	26.2	11.4	47.9	14.5	100.0	1,145
Region								
Central 1	100.0	136	39.6	3.2	53.2	4.0	100.0	136
Central 2	100.0	115	40.8	7.1	40.1	12.0	100.0	115
Kampala	100.0	99	78.8	0.0	12.4	8.8	100.0	99
East Central	100.0	124	13.2	10.9	50.7	25.1	100.0	124
Eastern	100.0	209	21.4	19.5	27.7	31.3	100.0	209
North	97.8	195	23.8	32.0	33.1	11.1	100.0	191
West Nile	99.1	69	23.8	5.5	64.6	6.1	100.0	68
Western	100.0	221	29.2	0.0	64.1	6.7	100.0	221
Southwest	100.0	175	48.4	0.4	43.0	8.2	100.0	175
North sub-regions								
IDP	97.9	95	19.4	44.6	35.3	0.7	100.0	93
Karamoja	100.0	40	31.2	35.5	2.1	31.3	100.0	40
Education								
No education	100.0	89	29.2	10.6	42.7	17.4	100.0	89
Primary	99.5	894	26.4	11.4	47.7	14.5	100.0	889
Secondary +	100.0	360	52.9	6.0	31.5	9.5	100.0	360
Wealth quintile								
Lowest	98.4	236	14.3	25.0	40.3	20.3	100.0	232
Second	100.0	296	18.8	14.1	50.4	16.8	100.0	296
Middle	99.6	257	30.8	7.1	53.2	8.9	100.0	256
Fourth	100.0	275	35.2	3.1	48.8	12.9	100.0	275
Highest	100.0	280	66.9	2.1	22.5	8.6	100.0	280
Total 15-49	99.6	1,343	33.7	9.9	43.0	13.4	100.0	1,338
Men 50-54	100.0	96	22.1	17.1	49.9	10.3	100.0	96
Total men 15-54	99.7	1,439	32.9	10.4	43.5	13.2	100.0	1,434

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

15.2 WOMEN'S CONTROL OVER THEIR OWN EARNINGS AND RELATIVE MAGNITUDE OF WOMEN'S EARNINGS

Currently married and employed women who earn cash for their work were asked the relative magnitude of their earnings in comparison to their husband/partner's earnings. In addition, they were asked who the main decisionmaker is with regard to the use of their earnings. This information may provide some insight into women's empowerment in the family and the extent of their control over decisionmaking in the household. It is expected that employment and earnings are more likely to empower women if women themselves control their own earnings and perceive their earnings as significant relative to those of their husband/partner.

Table 15.2.1 shows for currently married women who had cash earnings in the past 12 months, their control over their own earnings, and their perception of the magnitude of their earnings relative to those of their husband/partner. In the previous UDHS, both married and unmarried women were asked who controls their cash earnings. The 2006 UDHS asked about cash earnings of only married women.

Table 15.2.1 Control over women's cash earnings and relative magnitude of women's earnings: Women

Percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how cash earnings are used and by whether she earned more or less than her husband/partner, according to background characteristics, Uganda 2006

Background characteristic	Person who decides how the woman's cash earnings are used					Women's cash earnings compared with husband/partner's cash earnings						
	Mainly wife	Mainly husband	Husband and wife jointly	Other/ missing	Total	More	Less	About the same	Husband/ partner has no earnings	Don't know/ missing	Total	Number of women
Age												
15-19	49.1	18.8	31.6	0.5	100.0	4.3	85.6	6.4	3.0	0.7	100.0	125
20-24	47.9	17.1	33.8	1.2	100.0	5.5	82.0	7.0	1.8	3.8	100.0	507
25-29	53.4	13.6	32.8	0.2	100.0	6.1	82.2	7.2	1.5	3.0	100.0	567
30-34	57.1	11.9	30.8	0.2	100.0	12.2	74.1	9.2	1.8	2.6	100.0	509
35-39	58.4	12.7	28.4	0.5	100.0	11.6	71.0	8.6	3.5	5.3	100.0	370
40-44	58.9	10.5	30.6	0.0	100.0	12.1	70.1	10.6	2.3	5.0	100.0	280
45-49	58.4	7.8	33.8	0.0	100.0	12.9	63.4	11.3	9.2	3.2	100.0	210
Number of living children												
0	55.0	16.1	28.0	0.9	100.0	11.1	72.7	9.3	5.7	1.2	100.0	150
1-2	51.2	13.8	34.2	0.9	100.0	7.7	81.7	6.9	1.0	2.7	100.0	688
3-4	55.5	13.9	30.2	0.7	100.0	9.4	76.7	7.8	2.4	3.6	100.0	719
5+	56.2	12.0	31.7	0.1	100.0	9.6	72.7	9.7	3.6	4.4	100.0	1,010
Residence												
Urban	68.0	4.2	27.0	0.9	100.0	9.2	80.3	3.6	1.5	5.3	100.0	416
Rural	52.0	15.0	32.7	0.3	100.0	9.1	75.5	9.3	2.9	3.2	100.0	2,151
Region												
Central 1	71.0	8.1	20.3	0.5	100.0	6.2	85.3	6.3	0.9	1.3	100.0	341
Central 2	74.5	9.1	16.4	0.0	100.0	9.8	79.7	6.5	2.0	2.0	100.0	309
Kampala	79.2	1.9	18.2	0.7	100.0	3.5	87.2	3.5	1.1	4.8	100.0	186
East Central	56.9	20.3	22.9	0.0	100.0	6.1	86.2	4.4	0.5	2.9	100.0	347
Eastern	24.4	18.1	57.6	0.0	100.0	9.3	69.5	10.7	1.2	9.3	100.0	267
North	36.7	16.9	45.4	0.1	100.0	15.1	59.6	16.4	5.5	3.3	100.0	328
West Nile	72.4	4.9	22.4	0.3	100.0	14.0	72.7	5.3	3.5	4.5	100.0	201
Western	44.5	16.9	38.3	0.3	100.0	8.7	75.2	9.9	4.1	2.1	100.0	411
Southwest	39.4	15.8	43.2	1.6	100.0	9.2	69.5	10.8	6.0	4.5	100.0	177
North sub-regions												
IDP	37.6	14.9	47.0	0.5	100.0	13.4	55.9	22.3	4.5	4.0	100.0	148
Karamoja	50.4	9.7	39.9	0.0	100.0	14.3	62.4	14.0	8.2	1.0	100.0	86
Education												
No education	48.4	17.1	34.1	0.4	100.0	12.1	67.1	12.3	4.1	4.4	100.0	584
Primary	54.1	14.3	31.1	0.5	100.0	7.9	78.1	7.7	2.7	3.6	100.0	1,473
Secondary +	63.1	5.8	30.8	0.3	100.0	9.1	81.5	6.1	0.9	2.4	100.0	510
Wealth quintile												
Lowest	44.1	18.5	36.3	1.1	100.0	12.4	62.4	14.2	6.1	4.9	100.0	408
Second	45.5	17.2	37.3	0.0	100.0	10.5	72.7	11.3	2.3	3.2	100.0	466
Middle	51.9	16.4	31.3	0.3	100.0	10.0	75.0	7.8	3.5	3.7	100.0	455
Fourth	54.6	13.6	31.2	0.7	100.0	7.2	82.3	5.8	1.6	3.1	100.0	585
Highest	69.4	4.7	25.7	0.2	100.0	7.1	82.9	5.5	1.2	3.2	100.0	653
Total	54.6	13.3	31.7	0.5	100.0	9.1	76.3	8.4	2.7	3.5	100.0	2,567

About 55 percent of the women mainly decide by themselves how their earnings are to be spent. Three in ten women report that they make the decision jointly with their husband/partner, while 13 percent report that the decision is mainly made by their husband/partner.

Older women are more likely to make their own decisions on how their cash earnings are spent than younger women. Urban women are more independent in making their own decisions than rural women (68 percent and 52 percent, respectively). Joint decisions are more frequent in rural areas than urban areas (33 percent versus 27 percent). The same is true of decisions made mainly by the husband.

The percentage of women who independently make decisions on their earnings ranges from 24 percent in Eastern region to 79 percent in Kampala. The proportion of women who independently decide how to use their earnings increases with education as well as wealth.

Regarding the magnitude of a woman's earnings relative to those of her husband/partner, about three in four working women (76 percent) reported that their earnings were less than those of their husband/partner, and only 3 percent of women reported that their husbands or partners did not bring in any money. The proportion of women who earn more than their husband/partner generally increases with age and decreases with level of wealth. Women who have fewer living children are more likely to earn more money than their husbands than women with higher numbers of living children. By region, North and West Nile have the highest proportions of married women who earn more than their husband/partner.

15.3 Women's Control Over Her Own and Husband's Earnings

Table 15.2.2 shows men's report versus women's report for who decides how men's cash earnings are spent, by background characteristics.

The data show that six in ten married women whose husbands receive cash earnings reported that their husbands/partners were the main decisionmakers on the use of their cash earnings, compared with only half of married men (49 percent) who report themselves as being so. A larger percentage of men (49 percent) than women (34 percent) reported that decisionmaking is joint between the husband and wife. There are generally small variations in women's report of decisionmaking by background characteristics. Men age 20-29, those living in urban areas, men residing in Kampala and East Central regions, those with any education, and the wealthiest men are more likely to report that they make their own decisions on how to use their earnings than other groups.

Table 15.2.2 Control over men's cash earnings

Percent distributions of currently married men age 15-49 who receive cash earnings and of currently married women 15-49 whose husbands receive cash earnings, by person who decides how men's cash earnings are used, according to background characteristics, Uganda 2006

Background characteristic	Men						Women						
	Mainly husband	Mainly wife	Husband and wife jointly	Missing	Total	Number of men	Mainly husband	Mainly wife	Husband and wife jointly	Other	Missing	Total	Number of women
Age													
15-19	*	*	*	*	*	6	59.1	1.8	36.8	1.1	1.2	100.0	374
20-24	60.7	0.0	38.8	0.5	100.0	123	57.6	5.0	36.3	0.7	0.4	100.0	1,131
25-29	50.6	2.5	46.5	0.4	100.0	191	61.3	3.9	34.5	0.1	0.3	100.0	1,104
30-34	47.9	2.1	50.0	0.0	100.0	249	61.0	6.4	32.4	0.2	0.1	100.0	965
35-39	50.0	0.5	49.4	0.0	100.0	211	60.4	7.1	32.0	0.2	0.3	100.0	705
40-44	45.6	0.9	53.4	0.0	100.0	141	62.9	5.9	31.2	0.0	0.0	100.0	521
45-49	41.0	4.7	54.3	0.0	100.0	106	60.3	3.5	35.9	0.0	0.3	100.0	373
Number of living children													
0	(57.8)	(0.0)	(39.6)	(2.6)	100.0	53	52.4	4.0	40.6	1.7	1.2	100.0	322
1-2	50.2	2.3	47.6	0.0	100.0	275	59.0	4.3	35.9	0.4	0.4	100.0	1,490
3-4	48.9	0.8	50.4	0.0	100.0	270	61.6	5.2	32.9	0.1	0.2	100.0	1,406
5+	48.1	2.1	49.8	0.0	100.0	430	61.5	5.7	32.5	0.1	0.2	100.0	1,956
Residence													
Urban	67.0	3.4	29.1	0.4	100.0	178	61.7	5.3	32.7	0.1	0.3	100.0	686
Rural	45.6	1.3	53.0	0.1	100.0	849	60.0	5.0	34.3	0.3	0.3	100.0	4,489
Region													
Central 1	41.6	1.1	57.3	0.0	100.0	127	66.1	6.8	26.6	0.4	0.1	100.0	500
Central 2	48.2	3.9	47.9	0.0	100.0	93	72.7	4.2	22.4	0.0	0.7	100.0	462
Kampala	67.5	6.0	25.7	0.9	100.0	91	68.2	4.2	27.0	0.0	0.6	100.0	306
East Central	71.7	2.2	26.0	0.0	100.0	80	72.6	6.3	21.1	0.0	0.1	100.0	546
Eastern	40.6	3.7	55.7	0.0	100.0	103	60.8	2.9	35.8	0.0	0.5	100.0	821
North	44.2	0.8	55.0	0.0	100.0	109	45.9	6.3	46.3	0.8	0.6	100.0	888
West Nile	47.6	1.0	51.4	0.0	100.0	61	70.4	6.6	23.0	0.0	0.0	100.0	298
Western	60.7	0.0	39.0	0.3	100.0	206	54.7	4.1	40.3	0.8	0.2	100.0	770
Southwest	29.8	0.0	70.2	0.0	100.0	160	52.8	5.2	41.9	0.0	0.0	100.0	583
North sub-regions													
IDP	52.6	1.3	46.1	0.0	100.0	51	41.6	3.9	52.3	1.6	0.6	100.0	356
Karamoja	*	*	*	*	*	13	53.1	11.7	35.1	0.0	0.1	100.0	200
Education													
No education	44.3	2.8	52.9	0.0	100.0	64	58.8	5.6	35.1	0.4	0.1	100.0	1,252
Primary	49.9	1.2	48.8	0.1	100.0	659	61.1	5.0	33.3	0.3	0.3	100.0	3,125
Secondary +	49.3	2.5	48.0	0.3	100.0	304	59.3	4.4	35.5	0.1	0.7	100.0	797
Wealth quintile													
Lowest	48.7	1.4	49.4	0.5	100.0	127	55.0	5.6	38.2	0.7	0.5	100.0	1,048
Second	46.0	1.2	52.8	0.0	100.0	205	59.6	5.2	34.8	0.3	0.1	100.0	1,115
Middle	47.5	0.5	52.0	0.0	100.0	215	59.7	3.9	36.0	0.2	0.1	100.0	986
Fourth	44.8	1.1	54.1	0.0	100.0	231	62.2	5.1	32.1	0.2	0.4	100.0	1,001
Highest	58.2	3.8	37.7	0.3	100.0	250	65.0	5.3	29.1	0.1	0.5	100.0	1,024
Total 15-49	49.3	1.7	48.8	0.1	100.0	1,027	60.2	5.1	34.1	0.3	0.3	100.0	5,174
Men 50-54	37.7	1.4	60.6	0.3	100.0	69	na	na	na	na	na	na	na
Total men 15-54	48.6	1.7	49.6	0.1	100.0	1,096	na	na	na	na	na	na	na

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

Table 15.3 shows, for currently married women who earned cash in the past 12 months, the person who decides how their cash earnings are used, and for all currently married women whose husbands earned cash in the past 12 months, the person who decides how their husband's cash earnings are used, according to the relative magnitude of the earnings of women and their husband or partner. As expected, women are more likely to decide mainly themselves how their cash earnings are used if their husband/partner has no earnings or did not work in the preceding 12 months. Women are only slightly more likely to make decisions about the use of their earnings on their own if they earn more than their husband/partner (60 percent) than if they earn less (57 percent). However, women are much more likely to be the main decisionmakers on how their husband/partner's earnings are used if they earn more money than their husbands/partners.

Table 15.3 Women's control over their own earnings and over those of their husband/partner

Percent distributions of currently married women age 15-49 with cash earnings in the past 12 months by person who decides how the woman's cash earnings are used and of currently married women age 15-49 whose husbands have cash earnings by person who decides how the husband/partner's cash earnings are used, according to the relation between woman's and husband's cash earnings, Uganda 2006

	Person who decides how the woman's cash earnings are used						Person who decides how husband/partner's cash earnings are used					
Woman's earnings relative to husband/partner's earnings	Mainly wife	Mainly husband	Husband and wife jointly	Other/ missing	Total	Number of women	Mainly wife	Wife and husband/ partner jointly	Respond-ent and other person	Other/ missing	Total	Number of women
More than husband/partner	59.8	5.6	34.6	0.0	100.0	234	15.3	50.1	34.6	0.0	100.0	227
Less than husband/partner	57.1	13.9	28.8	0.2	100.0	1,958	4.6	65.6	29.4	0.4	100.0	1,958
Same as husband/partner	21.4	15.3	63.3	0.0	100.0	216	3.6	27.8	68.6	0.0	100.0	215
Husband/partner has no cash earnings/did not work	63.5	13.5	22.0	1.0	100.0	69	na	na	na	na	na	na
Woman has no cash earnings	na	na	na	na	na	na	4.8	58.9	35.6	0.7	100.0	2,252
Woman did not work in past 12 months	na	na	na	na	na	na	2.9	64.2	32.3	0.7	100.0	434
Don't know/missing	58.9	14.5	19.2	7.4	100.0	91	11.0	61.0	21.9	6.1	100.0	88
Total[1]	54.6	13.3	31.7	0.5	100.0	2,567	5.1	60.2	34.1	0.6	100.0	5,174

[1] Excludes cases where a woman or her husband/partner has no earnings and includes cases where a woman does not know whether she earned more or less than her husband/partner
na = Not applicable

15.4 WOMEN'S EMPOWERMENT

Driven by gender inequalities in development initiatives, the government of Uganda emphasizes gender and gender mainstreaming in all its processes. The overall goal of the National Gender policy is to mainstream gender concerns in the national development process in order to improve the social, legal/civic, political, economic, and cultural conditions of the Ugandan people, especially its women.

In addition to educational attainment, employment status, and control over earnings, information was obtained on some direct measures of women's autonomy and status. Specifically, questions were asked on women's participation in household decisionmaking, on their acceptance of wife beating, and on their opinions about the conditions under which a wife should be able to deny sex to her husband. Such information provides insight into women's control over their environment and their attitudes toward gender roles, both of which are relevant to understanding women's demographic and health behaviour.

The first measure—women's participation in decisionmaking—requires little explanation since the ability to make decisions about one's own life is of obvious importance to women's empowerment. The other two measures derive from the notion that gender equity is essential to empowerment. Responses that indicate a view that the beating of wives by husbands is justified reflect a low status of women. They signify acceptance of norms that give men the right to use force against women, which is a violation of women's human rights. Similarly, beliefs about whether and when a woman can refuse to have sex with her husband reflect issues of gender equity regarding sexual rights and bodily integrity. Besides yielding an important measure of empowerment, information about women's attitudes toward sexual rights is useful for improving and monitoring reproductive health programmes that depend on women's willingness and ability to control their own sexual lives.

15.4.1 Women's Participation in Household Decisionmaking

To assess women's decisionmaking autonomy, information was sought on women's participation in four different types of household decisions: on the respondent's own health care, on making major household purchases, on making household purchases for daily needs, and on visiting her family or relatives. In the previous UDHS, both married and unmarried women were asked about

participation in decisionmaking. In the 2006 UDHS, only currently married women were asked about decisionmaking. Having a final say in decisionmaking processes is the highest degree of autonomy. Women are considered to participate in a decision if they alone or jointly with their husband/partner have the final say in that decision.

Table 15.4.1 shows that currently married women in Uganda do not often make decisions on their own, and that the person or persons who make decisions in the household depends on what is being decided. While 35 percent of women say they make decisions regarding daily household purchases on their own, only 15 percent report that they make decisions about major household purchases by themselves. Only about two in ten (22 percent) married women independently decide on their own health care. Women report that their husbands/partners are more likely to make independent decisions. Nearly half of women (49 percent) report their husbands/partners make decisions about large household purchases by themselves. In terms of visits to the woman's family or relatives, women are most likely to report that they make these decisions jointly with their husband/partner (43 percent). Women are equally likely to report that decisions about their health care are made jointly with their husband/partner and mainly by their husband/partner (39 percent).

Table 15.4.1 Women's participation in decisionmaking

Percent distribution of currently married women age 15-49 by person who usually makes decisions about four issues, Uganda 2006

Decision	Mainly wife	Mainly husband/ partner	Wife and husband/ partner jointly	Someone else	Other/ missing	Total	Number of women
Own health care	21.9	38.7	38.7	0.4	0.3	100.0	5,337
Major household purchases	14.9	48.5	35.8	0.4	0.3	100.0	5,337
Purchases of daily household needs	34.5	34.2	30.7	0.4	0.2	100.0	5,337
Visits to her family or relatives	20.3	35.8	43.4	0.2	0.2	100.0	5,337

The UDHS survey also asked currently married men who they think should have a greater say in making decisions about five different issues: making major household purchases, making household purchases for daily needs, visits to wife's family or relatives, what to do with the money the wife earns, and how many children to have. Data in Table 15.4.2 show that 70 percent of men think that mainly husbands should make decisions about major household purchases, and 60 percent think that mainly husbands should make the decisions about visits to the wife's family or relatives. Six in ten men think that mainly the wives should make decisions relating to purchases of daily household needs. Forty-seven percent of currently married men believe that the number of children to have should be decided mainly by the husband, while 45 percent say that it should be a joint decision between husbands and wives.

Table 15.4.2 Women's participation in decisionmaking according to men

Percent distribution of currently married men age 15-49 by person they think should have a greater say in making five specific decisions, Uganda 2006

Decision	Mainly husband	Mainly wife	Husband and wife jointly	Don't know/ depends	Total	Number of men
Major household purchases	70.4	2.8	26.6	0.3	100.0	1,343
Purchases of daily household needs	26.5	60.2	12.7	0.5	100.0	1,343
Visits to wife's family or relatives	58.9	13.1	27.2	0.7	100.0	1,343
What to do with the money wife earns	29.5	41.5	28.0	1.0	100.0	1,343
How many children to have	47.0	4.6	44.9	3.5	100.0	1,343

Table 15.5.1 shows how women's participation in decisionmaking varies by background characteristics. Although 37 percent of currently married women participate in making all four types of decisions asked about, 19 percent have no say in any of the four. Women's participation in all four decisions increases with age, from 26 percent among women age 15-19 to 52 percent among those age 45-49. Women who are not employed are less likely than other women to participate in decisionmaking in the household. About four in ten employed women participate in making all decisions at the household level, compared with two in ten unemployed women. This implies that employment, regardless of payment mode, is associated with an increase in women's decisionmaking

Table 15.5.1 Women's participation in decisionmaking by background characteristics

Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband/partner, by background characteristics, Uganda 2006

Background characteristic	Specific decision				Percentage who participate in all four decisions	Percentage who participate in none of the four decisions	Number of women
	Own health care	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives			
Age							
15-19	51.2	40.8	55.7	46.9	25.8	28.6	380
20-24	50.9	40.5	55.9	55.5	27.5	25.5	1,148
25-29	61.2	48.9	64.7	63.3	35.1	18.4	1,136
30-34	62.2	53.0	65.7	66.4	36.2	17.2	993
35-39	69.9	60.3	74.1	71.2	46.3	13.2	734
40-44	64.2	56.1	71.9	70.8	42.9	14.2	538
45-49	70.1	64.5	75.7	74.4	51.6	11.4	408
Employment (past 12 months)							
Not employed	42.2	32.2	50.1	53.9	20.4	29.7	434
Employed for cash	63.0	54.1	68.3	65.5	38.6	16.6	2,567
Employed not for cash	61.5	50.7	64.7	63.7	37.5	19.1	2,328
Number of living children							
0	54.5	45.4	60.4	58.5	30.5	23.6	332
1-2	56.1	46.3	61.9	59.6	31.8	20.9	1,515
3-4	60.5	50.2	64.8	63.7	35.4	19.0	1,457
5+	65.2	55.4	68.8	67.7	42.0	16.2	2,033
Residence							
Urban	63.8	51.8	71.4	70.4	39.6	15.3	696
Rural	60.2	50.6	64.3	62.7	36.1	19.3	4,641
Region							
Central 1	53.6	35.0	48.7	64.9	22.4	19.9	505
Central 2	55.6	42.4	60.0	65.9	34.6	23.2	470
Kampala	58.5	42.7	67.9	68.8	36.6	19.9	309
East Central	41.9	33.4	41.3	40.3	19.8	40.7	552
Eastern	55.5	43.8	58.6	62.4	30.4	21.6	824
North	77.0	68.6	86.8	79.8	54.0	5.5	915
West Nile	71.8	59.6	81.8	62.4	34.7	7.7	308
Western	51.9	48.0	61.8	46.9	27.9	23.9	799
Southwest	75.6	70.4	75.2	78.9	58.0	9.6	656
North sub-regions							
IDP	80.5	77.3	90.2	77.3	59.0	4.0	368
Karamoja	80.4	62.9	88.3	90.9	55.4	2.7	210
Education							
No education	66.6	58.2	70.2	68.4	43.7	14.7	1,315
Primary	57.6	47.8	62.5	60.3	33.5	21.3	3,211
Secondary +	62.9	50.7	68.0	69.6	37.5	15.2	811
Wealth quintile							
Lowest	70.4	60.9	73.5	71.2	46.9	13.3	1,094
Second	60.1	49.9	64.3	61.4	35.9	20.6	1,144
Middle	57.5	51.4	62.1	58.8	34.8	21.3	1,038
Fourth	54.4	44.9	58.6	56.8	30.3	23.3	1,024
Highest	60.2	46.2	67.2	70.2	34.6	15.6	1,036
Total	60.6	50.8	65.2	63.7	36.6	18.8	5,337

Note: Total includes 7 women with information on employment missing.

power. The percentage of women who have a say in all four areas of decisionmaking varies by region, with Central 1 and East Central regions having the least percentage of women who participate in all four decisions (22 and 20 percent, respectively). Surprisingly, women with no education are most likely to participate in all four decisions (44 percent) and least likely not to participate in any decisions (15 percent). Women in the lowest wealth quintile are most likely to participate in all four types of decisions.

Figure 15.1 gives the percentage of currently married women according to the number of decisions in which they participate, either alone or in conjunction with their husbands/partners. The percentage of women who participate in decisions decreases from 37 percent who participate in all four decisions to 13 percent who participate in only one of the four decisions, before increasing again to 19 percent of women who do not participate in any of the four decisions.

Figure 15.1 Number of Decisions in Which Currently Married Women Participate

Table 15.5.2 shows the percentage of currently married men who believe that a wife should make decisions alone or jointly with her husband on five different issues: making major household purchases, making household purchases for daily needs, visits to wife's family or relatives, what to do with the money the wife earns, and how many children to have. The results show that one in ten men is of the opinion that wives alone or jointly should participate in all five specified decisions. Five percent of men believe that a wife should not participate in any of the specified decisions. The proportion of men who feel that women should have a say in none of the specified decisions is smaller in urban areas than in rural areas (3 percent and 5 percent, respectively). Seven in ten men think that a wife alone or jointly with her partner should make decisions about making purchases for daily household needs and about how to use the money she earns. Furthermore, half of the married men are of the view that a wife or partner should decide by herself or jointly with her husband/partner about the number of children to have. Fewer men say that wives should have a say in decisions related to major household purchases (30 percent).

Men with higher educational attainment are more likely to state that wives should be involved in decisionmaking. Men with secondary or higher education are more than twice as likely to think that a wife or partner should participate in all of the five specified decisions than men with primary or no education (15 percent compared with 7 percent). Looking at regional variations, the highest proportions of men who say wives should participate in all specified decisions are found in North and West Nile regions, while the lowest proportion is in Eastern region.

Table 15.5.2 Men's attitudes towards wives' participation in decisionmaking

Percentage of currently married men age 15-49 who think a wife should make decisions alone or jointly with her husband on five specific decisions, by background characteristics, Uganda 2006

Background characteristic	Specific decision					Percentage who think wife should participate in all five decisions	Percentage who think wife should participate in none of the five decisions	Number of men
	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives	What to do with the money the wife earns	How many children to have			
Age								
15-19	*	*	*	*	*	*	*	11
20-24	26.7	65.2	32.8	68.8	45.1	6.3	6.8	161
25-29	27.2	68.3	41.3	66.3	51.3	10.2	5.7	243
30-34	29.6	73.9	38.0	70.1	48.2	8.3	4.1	318
35-39	28.4	76.1	42.5	67.6	50.5	10.3	5.1	270
40-44	31.3	77.0	41.8	75.4	52.3	9.5	3.7	193
45-49	34.6	77.3	46.1	70.0	48.1	9.4	3.0	148
Employment (past 12 months)								
Not employed	*	*	*	*	*	*	*	5
Employed for cash	31.4	75.1	40.9	73.2	50.9	9.8	3.4	1,027
Employed not for cash	22.8	65.5	37.9	57.8	45.4	6.8	9.1	311
Number of living children								
0	32.7	66.6	28.8	60.3	56.8	5.6	1.1	73
1-2	24.7	73.5	35.5	69.5	46.3	8.0	4.8	351
3-4	27.3	75.0	39.1	66.2	50.5	10.0	5.0	340
5+	32.9	72.2	45.3	72.6	50.1	9.8	4.9	578
Residence								
Urban	32.7	71.2	48.1	75.6	58.1	8.2	2.7	193
Rural	28.8	73.3	38.9	68.5	48.1	9.3	5.0	1,150
Region								
Central 1	51.6	64.8	47.6	85.3	57.3	14.7	1.7	136
Central 2	34.3	64.5	42.9	83.3	43.2	10.3	0.0	115
Kampala	30.9	65.4	47.3	79.6	55.5	7.7	0.0	99
East Central	23.0	39.8	38.9	73.8	45.2	6.3	9.0	124
Eastern	27.2	63.3	27.7	66.7	42.3	3.6	12.5	209
North	41.5	86.7	53.6	54.1	63.5	17.0	1.7	195
West Nile	47.7	84.8	58.6	84.8	71.6	21.2	1.7	69
Western	13.4	81.4	37.3	59.8	42.4	5.3	7.6	221
Southwest	14.1	93.6	26.5	66.0	40.7	4.7	1.3	175
North sub-regions								
IDP	45.1	88.0	64.1	66.2	70.4	27.5	2.1	95
Karamoja	28.5	87.4	46.4	48.7	32.0	0.8	6.9	40
Education								
No education	27.2	74.6	39.9	67.8	34.6	7.1	6.3	89
Primary	26.3	71.5	36.1	67.4	45.7	6.9	5.5	894
Secondary +	37.5	76.3	50.7	75.1	62.9	15.2	2.5	360
Wealth quintile								
Lowest	30.4	76.8	44.7	63.9	46.0	12.5	7.4	236
Second	25.7	72.9	35.4	64.1	46.6	6.2	5.4	296
Middle	27.2	71.5	35.9	69.3	44.8	8.6	6.3	257
Fourth	29.7	75.4	32.2	70.6	49.3	7.1	4.1	275
Highest	33.9	68.8	53.6	79.1	60.3	11.9	0.9	280
Total 15-49	29.3	73.0	40.3	69.5	49.6	9.1	4.7	1,343
Men 50-54	36.3	71.2	59.0	84.8	58.9	17.9	5.8	96
Total men 15-54	29.8	72.8	41.5	70.5	50.2	9.7	4.8	1,439

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

15.4.2 Attitudes towards Wife Beating

Violence against women has serious consequences for their mental and physical well-being, including their reproductive and sexual health (WHO, 1999). One of the most common forms of violence against women worldwide is abuse by a husband or partner (Heise et al., 1999).

The UDHS gathered information on women's attitudes toward wife beating, a proxy for women's perception of their status. Women who believe that a husband is justified in hitting or beating his wife for any of the specified reasons may believe themselves to be low in status both absolutely and relative to men. Such a perception could act as a barrier to accessing health care for themselves and their children, affect their attitude toward contraceptive use, and impact their general well-being. Women were asked whether a husband is justified in beating his wife under a series of circumstances: if the wife burns the food, argues with him, goes out without telling him, neglects the children, and refuses sexual relations. Table 15.6.1 summarizes women's attitudes toward wife beating in these five specific circumstances.

Data show that most women find wife beating justified in certain circumstances. Seven in ten women agree that at least one of reasons asked about in the UDHS is sufficient justification for wife beating. This indicates that women in Uganda generally accept violence as part of male-female relationships, which is not surprising because traditional norms teach women to accept, tolerate, and even rationalize battery.

The most widely accepted reasons for wife beating are neglecting the children (56 percent) and going out without informing the husband (52 percent). Four in ten women think that arguing with a spouse justifies wife beating. Thirty-one percent and 23 percent of women, respectively, feel that denying sex to the husband and burning food are justifications for wife beating.

Acceptance of wife beating for at least one of the specified reasons is generally lower among women in urban areas, those residing in Kampala, women in the highest wealth quintile, women with secondary or higher education, and women who are not employed. On the other hand, women in rural areas, those living in Eastern and West Nile regions, less educated women, and women who are employed but do not receive cash payment are more likely to agree with at least one of the reasons for wife beating.

Men were also asked about their opinions on the justification of wife beating under certain circumstances. As shown in Table 15.6.2, six in ten men agree that wife beating is justified for at least one of the specified reasons. It is interesting to note that this is lower than the percentage of women who agreed with at least one of the reasons. Younger men; those who are employed not for cash; men who are divorced, separated, or widowed; and men with no children are more likely to agree than other groups that at least one of the specified reasons justifies wife beating. Furthermore, a higher proportion of rural men agree with wife beating for at least one of the specified reasons than their urban counterparts (63 versus 45 percent). Men with secondary education (49 percent) and those in the highest wealth quintile (50 percent) are least likely to accept wife beating. Higher education and wealth tend to decrease the chances that a man will agree that one of the reasons justifies wife beating.

Table 15.6.1 Women's attitudes towards wife beating

Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Uganda 2006.

Background characteristic	Husband is justified in hitting or beating his wife if she: Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him	Percentage who agree with at least one specified reason	Number of women
Age							
15-19	26.6	39.7	51.4	56.6	26.3	70.4	1,936
20-24	22.0	40.5	53.6	55.7	27.6	69.5	1,710
25-29	21.5	38.1	50.9	55.8	31.1	71.3	1,413
30-34	23.8	40.8	52.4	56.0	33.1	69.9	1,217
35-39	23.3	40.9	55.1	57.1	33.5	72.6	940
40-44	22.5	40.9	49.5	55.1	35.2	67.5	735
45-49	22.1	37.6	52.6	55.3	35.9	68.7	580
Employment (past 12 months)							
Not employed	18.9	27.6	47.2	49.9	21.4	64.0	1,154
Employed for cash	22.9	38.2	50.8	53.4	30.0	67.3	3,823
Employed not for cash	25.5	45.6	55.5	61.0	34.1	75.4	3,535
Marital status							
Never married	23.1	33.4	46.1	51.3	22.6	64.5	2,028
Married or living together	24.1	43.0	55.1	58.6	33.4	72.9	5,337
Divorced/separated/widowed	20.6	36.8	49.7	52.2	31.2	67.3	1,167
Number of living children							
0	24.3	35.3	47.9	53.5	25.1	66.6	2,177
1-2	20.8	41.0	52.4	56.0	28.7	69.9	2,135
3-4	23.7	39.8	52.6	56.3	32.1	71.2	1,804
5+	24.7	43.0	55.7	58.1	35.9	72.9	2,414
Residence							
Urban	11.7	21.4	38.5	43.1	16.2	55.5	1,442
Rural	25.8	43.6	55.0	58.7	33.4	73.1	7,089
Region							
Central 1	18.7	28.3	54.9	47.5	24.6	69.4	905
Central 2	20.0	22.8	44.8	41.9	20.5	57.5	770
Kampala	5.8	11.0	30.1	31.7	8.1	41.5	722
East Central	23.5	40.7	62.5	64.7	30.4	77.5	836
Eastern	25.8	56.6	61.8	73.5	33.0	82.8	1,148
North	34.4	58.6	52.3	59.8	40.8	73.6	1,322
West Nile	45.2	51.6	55.6	66.2	39.8	80.6	471
Western	27.0	46.9	56.9	58.9	40.3	73.3	1,271
Southwest	11.7	26.3	44.9	51.8	26.9	67.5	1,086
North sub-regions							
IDP	35.8	61.6	51.9	58.1	43.0	72.8	504
Karamoja	25.2	38.5	41.8	60.1	35.1	66.8	286
Education							
No education	28.3	47.4	53.7	59.6	41.2	74.3	1,650
Primary	25.6	42.9	55.6	58.6	31.9	73.1	5,062
Secondary +	12.8	24.6	41.6	45.7	17.1	58.3	1,819
Wealth quintile							
Lowest	32.1	55.8	55.4	63.1	40.6	75.4	1,541
Second	30.3	48.2	56.9	63.0	38.3	76.9	1,636
Middle	25.2	41.0	56.4	57.7	33.6	74.2	1,615
Fourth	20.7	38.7	55.8	58.5	29.1	73.6	1,621
Highest	12.4	21.8	40.4	42.4	15.9	55.4	2,118
Total	23.4	39.9	52.2	56.0	30.5	70.2	8,531

Note: Total includes 19 women with information on employment missing.

Table 15.6.2 Men's attitudes towards wife beating

Percentage of all men age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Uganda 2006

Background characteristic	Husband is justified in hitting or beating his wife if she: Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him	Percentage who agree with at least one specified reason	Number of men
Age							
15-19	20.8	42.3	46.5	51.9	22.7	69.2	595
20-24	14.9	41.2	43.8	45.3	18.9	65.1	402
25-29	12.5	31.5	39.5	45.2	16.2	59.3	350
30-34	11.2	28.8	29.3	36.2	15.3	50.2	355
35-39	9.5	30.4	38.1	41.3	17.8	53.3	311
40-44	12.0	34.1	38.1	39.7	17.8	56.0	210
45-49	11.6	37.2	42.5	43.2	23.5	57.0	162
Employment (past 12 months)							
Not employed	13.4	27.6	38.8	42.1	15.7	55.8	114
Employed for cash	13.2	33.5	39.0	42.7	16.9	57.8	1,507
Employed not for cash	16.7	42.0	43.4	48.3	23.6	65.6	761
Marital status							
Never married	18.0	38.8	43.1	48.7	19.5	65.5	918
Married or living together	11.2	33.2	37.5	40.9	18.0	55.7	1,343
Divorced/separated/widowed	20.9	43.4	50.8	50.8	25.4	69.2	124
Number of living children							
0	18.2	39.6	43.7	49.5	20.2	65.9	980
1-2	13.6	34.4	41.5	43.6	18.4	60.1	452
3-4	11.2	30.1	34.4	37.1	16.7	51.2	363
5+	10.3	34.5	37.7	41.1	18.7	56.1	591
Residence							
Urban	7.0	20.8	22.1	31.5	6.7	44.6	404
Rural	15.8	39.0	44.1	47.0	21.5	63.3	1,982
Region							
Central 1	18.5	34.0	47.0	43.3	10.6	61.3	272
Central 2	20.4	37.4	49.7	54.1	17.9	69.6	233
Kampala	7.1	15.6	17.7	32.1	7.1	41.7	218
East Central	21.6	61.5	63.6	66.9	26.3	80.7	209
Eastern	18.9	46.8	49.4	53.3	28.4	69.8	323
North	10.4	40.2	25.7	33.0	21.8	55.1	333
West Nile	31.4	49.7	42.2	58.6	32.3	78.0	124
Western	7.2	28.6	44.6	39.8	17.9	53.2	369
Southwest	6.9	20.3	27.9	34.3	13.4	47.5	304
North sub-regions							
IDP	4.7	38.4	23.3	27.2	25.0	52.2	155
Karamoja	18.4	40.9	29.6	51.4	12.2	61.3	65
Education							
No education	17.9	34.0	43.3	44.3	21.6	59.4	116
Primary	16.0	40.3	44.5	48.5	22.4	65.2	1,551
Secondary +	10.1	26.8	30.9	35.6	11.2	49.4	719
Wealth quintile							
Lowest	15.9	42.8	39.4	43.8	25.7	64.2	378
Second	15.8	43.8	46.2	51.1	26.5	68.3	495
Middle	17.5	37.1	43.8	47.5	21.1	62.8	422
Fourth	14.1	33.8	44.4	47.5	16.9	59.3	506
Highest	9.9	25.6	30.0	34.1	8.6	49.5	584
Total 15-49	14.3	35.9	40.4	44.4	19.0	60.2	2,385
Men 50-54	9.6	26.0	32.8	30.6	16.3	42.9	118
Total men 15-54	14.1	35.4	40.0	43.8	18.9	59.3	2,503

Note: Total includes 3 men with information on employment missing.

15.4.3 Attitudes towards Refusing Sex with Husband

The extent of control women have over when and with whom they have sex has important implications for outcomes such as transmission of HIV and other sexually transmitted diseases. To measure women's beliefs about sexual empowerment, female respondents were asked whether it is justifiable for a wife to deny her husband sex in the following circumstances: when she knows her husband has a sexually transmitted disease, when she knows her husband has sex with other women, and when she is tired or not in the mood.

Table 15.7.1 and Figure 15.2 show that six in ten women in Uganda agree that all of the above reasons are rational justifications for women refusing to have sexual relations with their husband, while only 8 percent agree with none of the reasons. This implies that the women believe they should have the ability to negotiate whether or not to have sex with one's partner. Considering the specific reasons, eight in ten women think that a woman is justified in refusing to have sex with her husband if he has a sexually transmitted disease or if she is tired or not in the mood, while three-fourths believe that a wife is justified in refusing to have sex with her husband if she knows he has sex with other women.

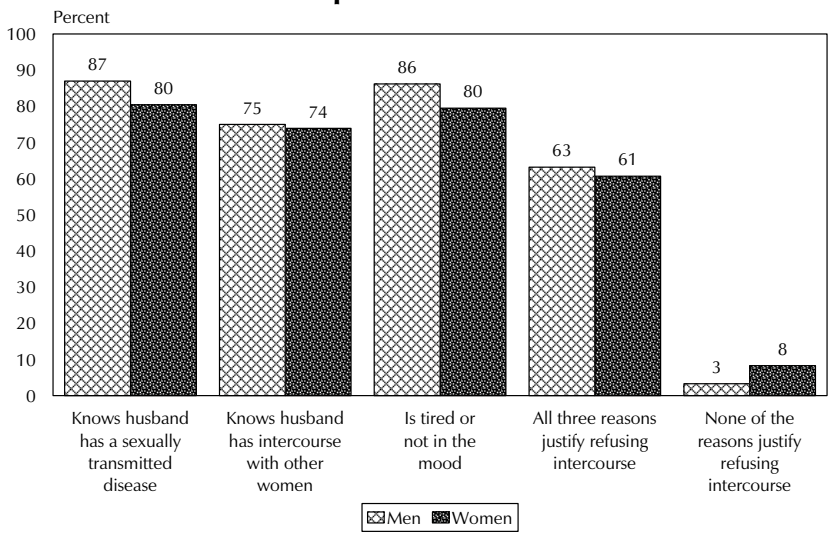
Table 15.7.1 Women's attitudes towards refusing sexual intercourse with husband

Percentage of all women age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Uganda 2006

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of women
	Knows husband has a sexually transmitted disease	Knows husband has intercourse with other women	Is tired or not in the mood			
Age						
15-19	75.9	75.3	73.8	57.6	11.0	1,936
20-24	82.6	76.0	80.8	62.7	6.3	1,710
25-29	82.1	74.3	82.0	64.0	7.8	1,413
30-34	82.0	72.6	80.9	61.2	8.4	1,217
35-39	80.8	71.6	82.6	61.1	8.4	940
40-44	82.1	73.2	81.7	59.6	5.4	735
45-49	77.8	68.8	77.8	56.7	9.4	580
Employment (past 12 months)						
Not employed	77.1	76.8	81.4	60.7	7.8	1,154
Employed for cash	82.5	75.0	83.1	62.7	5.9	3,823
Employed not for cash	79.1	71.6	75.0	58.5	11.1	3,535
Marital status						
Never married	76.0	75.3	74.2	58.4	11.0	2,028
Married or living together	81.3	72.8	80.4	60.7	7.8	5,337
Divorced/separated/widowed	83.5	76.0	84.5	64.7	5.7	1,167
Number of living children						
0	76.3	75.1	74.3	57.5	10.4	2,177
1-2	82.1	75.2	82.2	62.6	6.6	2,135
3-4	82.3	73.3	82.4	63.6	7.7	1,804
5+	81.0	71.9	79.6	59.7	8.2	2,414
Residence						
Urban	82.0	77.2	84.4	66.6	7.2	1,442
Rural	80.0	73.2	78.5	59.5	8.5	7,089
Region						
Central 1	79.6	83.6	90.5	66.6	1.9	905
Central 2	82.0	81.3	90.4	67.9	2.9	770
Kampala	83.0	77.5	86.8	69.3	6.7	722
East Central	77.2	76.3	83.1	60.7	6.7	836
Eastern	83.4	78.0	80.7	65.0	6.5	1,148
North	85.6	79.0	74.4	62.1	6.7	1,322
West Nile	90.6	85.6	85.6	71.5	1.3	471
Western	77.3	61.0	69.0	49.4	14.2	1,271
Southwest	70.2	55.5	69.5	47.2	19.6	1,086
North sub-regions						
IDP	90.0	83.7	78.6	68.3	4.4	504
Karamoja	75.5	61.5	65.0	48.7	14.2	286
Education						
No education	78.2	68.9	74.6	55.8	10.8	1,650
Primary	80.4	73.8	78.6	60.4	8.5	5,062
Secondary +	82.1	78.4	86.4	65.9	5.2	1,819
Wealth quintile						
Lowest	81.3	73.5	74.5	59.6	9.8	1,541
Second	81.5	74.6	77.4	60.7	8.5	1,636
Middle	77.5	69.7	75.4	55.4	10.2	1,615
Fourth	79.2	72.5	81.8	59.9	8.0	1,621
Highest	81.9	77.8	86.1	66.1	5.8	2,118
Total	80.4	73.9	79.5	60.7	8.3	8,531

Note: Total includes 19 women with information on employment missing.

Figure 15.2 Percentage of Men and Women Who Believe That a Woman is Justified in Refusing Intercourse With Her Husband, for Specific Reasons



UDHS 2006

Teenagers (15-19 years), older women (45-49 years), women who have never married, and women who have no children are the least likely to agree with all of the reasons for a woman to refuse sex with her husband (Table 15.7.1). Furthermore, women with no education, those who are employed but do not receive cash payment, and women in the middle wealth quintile are less likely than other groups to agree with all of the reasons. Women who live in rural areas are less likely than women who live in urban areas to agree with all of the reasons to refuse sex. Southwest region (47 percent) has the lowest proportion of women who agree with all of the reasons, followed by Western region (49 percent), while West Nile region has the highest (72 percent).

Table 15.7.2 and Figure 15.2 show the percentage of men who believe that a wife is justified in refusing to have sex with her husband under specific circumstances. The data show that about two in three men believe that a woman has a right to refuse to have sex with the husband for all the specified reasons. Similar to women, younger men (15-24 years), men who have never married, and those who have no children are the least likely to agree with all of the reasons for a wife to refuse sex with her husband (Table 15.7.2). Education, employment, and wealth are related to the men's attitudes toward a wife refusing sexual intercourse with her husband. Men with no education, those who are employed but do not receive cash payment, and men in the lowest wealth quintile are less likely than other groups to think that a wife can refuse sex with her husband. There are marked variations between regions; men in East Central region and Karamoja sub-region are least likely to agree that a woman can refuse sex with her husband for all of the specified reasons, while men in West Nile region and IDP sub-region are most likely to do so. Men in urban areas are more likely to agree that a woman can refuse sex with her husband for all reasons (71 percent) than men in rural areas (62 percent).

Table 15.7.2 Men's attitudes towards a wife refusing sexual intercourse with her husband

Percentage of all men age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Uganda 2006

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of men
	Knows husband has a sexually transmitted disease	Knows husband has intercourse with other women	Is tired or not in the mood			
Age						
15-19	84.6	74.2	78.2	58.5	5.8	595
20-24	85.2	72.4	86.8	58.1	2.5	402
25-29	88.8	72.9	91.7	64.5	2.8	350
30-34	88.4	77.9	88.5	67.4	2.7	355
35-39	89.6	77.1	89.9	68.6	2.2	311
40-44	89.5	76.0	86.2	67.1	2.4	210
45-49	85.5	76.6	90.1	65.5	1.7	162
Employment (past 12 months)						
Not employed	85.1	80.0	80.3	65.2	5.7	114
Employed for cash	89.3	75.9	88.3	66.2	2.8	1,507
Employed not for cash	82.9	72.3	83.0	56.9	3.9	761
Marital status						
Never married	85.5	75.6	81.9	60.1	4.3	918
Married or living together	88.1	74.5	88.9	65.0	2.6	1,343
Divorced/separated/widowed	86.7	75.5	88.1	67.1	3.4	124
Number of living children						
0	85.2	75.3	82.5	59.9	4.4	980
1-2	88.0	74.5	89.2	64.0	1.4	452
3-4	89.3	72.2	89.3	66.3	4.2	363
5+	88.0	76.5	88.0	66.1	2.4	591
Residence						
Urban	88.9	80.5	92.5	70.9	1.9	404
Rural	86.6	73.8	84.9	61.6	3.6	1,982
Region						
Central 1	89.5	84.0	90.2	73.4	2.9	272
Central 2	87.4	85.0	94.0	73.6	0.7	233
Kampala	90.0	82.4	95.0	73.8	1.0	218
East Central	79.0	65.1	85.1	46.9	2.1	209
Eastern	78.4	80.8	88.3	62.8	3.0	323
North	90.1	70.7	83.5	60.3	4.3	333
West Nile	97.1	88.7	85.5	79.3	1.3	124
Western	88.1	62.8	75.1	53.3	7.2	369
Southwest	88.3	68.3	85.5	58.6	3.4	304
North sub-regions						
IDP	94.4	79.3	89.7	71.1	2.2	155
Karamoja	83.3	46.4	75.0	33.3	7.2	65
Education						
No education	83.0	73.2	86.2	59.4	4.8	116
Primary	86.2	72.8	84.3	61.1	4.0	1,551
Secondary +	89.5	79.8	90.4	68.3	1.5	719
Wealth quintile						
Lowest	83.8	66.8	78.9	54.2	6.6	378
Second	88.3	73.0	88.8	62.3	2.5	495
Middle	87.0	73.7	85.2	61.7	2.9	422
Fourth	87.6	76.3	85.5	64.4	2.9	506
Highest	87.6	81.6	90.0	69.7	2.4	584
Total 15-49	87.0	75.0	86.2	63.2	3.3	2,385
Men 50-54	91.8	78.6	86.0	69.2	2.6	118
Total men 15-54	87.3	75.1	86.2	63.5	3.3	2,503

Note: Total includes 3 men with information on employment missing.

Table 15.7.3 shows the percentage of men who believe that a husband has a right to certain behaviours when his wife refuses to have sex with him when he wants her to. These behaviours include: getting angry and reprimanding her, refusing her financial support, forcing her to have sex, and having sex with another woman. The results show that only 2 percent of men agree that a man may engage in all four of these actions if his wife refuses sex, while half agree with none of the

actions. Men believe the most acceptable response if a wife refuses to have sex with her husband is for the husband to get angry and reprimand his wife (43 percent). One in seven men say that it is justifiable for a man to refuse to provide financial support to his wife or to have sex with another woman. Seven percent of men say that it is justifiable for a husband to force his wife to have sex with him.

Men in Kampala appear to be the most tolerant of women's sexual autonomy, with none agreeing that a man is justified in taking all of the specified actions when his wife refuses sex, while men in Central 1 and Eastern regions are the least tolerant.

Table 15.7.3 Men's attitudes towards a husband's rights when his wife refuses to have sexual intercourse

Percentage of men age 15-49 who think that a husband has the right to express certain behaviours when his wife refuses to have sex with him, by background characteristics, Uganda 2006

Background characteristic	When a woman refuses to have sex with her husband, he has the right to:				Percentage who agree with all of the specified behaviours	Percentage who agree with none of the specified behaviours	Number
	Get angry and reprimand her	Refuse her financial support	Use force to have sex	Have sex with another woman			
Age							
15-19	44.1	17.5	9.0	20.1	3.1	46.3	595
20-24	42.3	11.8	7.2	16.4	2.2	49.2	402
25-29	38.8	10.4	4.6	15.8	0.5	55.5	350
30-34	46.7	13.4	5.3	12.0	1.5	48.7	355
35-39	49.9	16.7	8.9	14.7	3.1	45.6	311
40-44	37.3	15.1	5.7	15.6	2.6	55.5	210
45-49	43.6	21.7	8.4	10.1	2.4	48.1	162
Employment (past 12 months)							
Not employed	35.9	10.4	7.1	12.7	3.0	58.1	114
Employed for cash	44.7	14.3	6.2	15.4	1.8	48.9	1,507
Employed not for cash	42.4	16.8	9.1	17.2	3.0	48.8	761
Marital status							
Never married	43.9	16.1	7.5	19.3	2.6	47.9	918
Married or living together	42.8	13.9	7.0	12.7	1.9	50.9	1,343
Divorced/separated/widowed	48.6	16.0	6.6	24.8	3.4	42.9	124
Number of living children							
0	43.6	16.3	7.8	18.9	2.6	47.6	980
1-2	45.2	11.2	5.5	14.1	1.4	49.5	452
3-4	40.2	11.9	5.7	11.1	1.4	53.4	363
5+	44.1	17.1	8.1	15.1	2.8	49.5	591
Residence							
Urban	34.8	6.4	2.7	9.0	0.4	60.3	404
Rural	45.3	16.6	8.0	17.3	2.6	47.1	1,982
Region							
Central 1	57.3	15.9	3.8	27.6	1.1	35.3	272
Central 2	40.4	11.3	3.6	24.4	1.4	47.9	233
Kampala	33.3	4.3	1.9	8.5	0.0	64.2	218
East Central	38.7	11.2	5.4	18.7	2.8	51.3	209
Eastern	53.2	25.7	18.2	26.0	7.7	36.6	323
North	33.6	11.4	6.9	6.9	1.0	59.8	333
West Nile	45.3	21.7	9.3	8.9	1.5	45.4	124
Western	35.7	13.2	4.8	10.3	1.0	58.3	369
Southwest	53.7	18.2	8.3	10.6	2.5	43.8	304
North sub-regions							
IDP	31.0	12.5	5.6	6.9	1.3	62.9	155
Karamoja	66.9	4.3	14.2	8.4	1.9	28.6	65
Education							
No education	47.6	10.6	3.4	13.6	0.6	47.6	116
Primary	47.4	17.2	8.7	17.6	2.8	45.3	1,551
Secondary +	34.6	10.6	4.3	12.5	1.3	58.2	719
Wealth quintile							
Lowest	46.8	15.0	11.2	12.2	1.8	47.3	378
Second	45.1	18.1	8.5	16.9	3.8	46.0	495
Middle	46.9	18.4	9.6	19.3	3.4	46.1	422
Fourth	43.7	16.9	6.0	17.4	2.4	48.4	506
Highest	37.6	7.7	2.6	13.5	0.2	56.6	584
Total 15-49	43.5	14.9	7.1	15.9	2.2	49.3	2,385
Men 50-54	40.2	11.1	2.8	5.8	0.0	56.0	118
Total men 15-54	43.4	14.7	6.9	15.4	2.1	49.6	2,503

Note: Total includes 3 men with information on employment missing.

15.4.4 Women's Empowerment Indicators

The three sets of empowerment indicators, namely women's participation in making household decisions, their attitude toward wife beating, and their attitude toward a wife's right to refuse sexual intercourse with her husband/partner, can be summarized into three separate indices. The first index shows the number of decisions (see Table 15.5.1 for the list of decisions) in which women participate alone or jointly with their husband/partner. This index ranges in value from 0 to 4 and is positively related to women's empowerment. It reflects the degree of decisionmaking control that women are able to exercise in areas that affect their own lives and environments.

The second index, which ranges in value from 0 to 5, is the total number of reasons (see Table 15.6.1 for the list of reasons) for which the respondent feels that a husband is justified in beating his wife. A lower score on this indicator is interpreted as reflecting a greater sense of entitlement and self-esteem and a higher status of women.

The final index, which ranges in value from 0 to 3, is the number of circumstances (see Table 15.7.1 for the list of the circumstances) in which the respondent feels that a woman is justified in refusing sexual intercourse with her husband or partner. This indicator reflects perceptions of sexual roles and women's rights over their bodies and relates positively to women's sense of self and empowerment.

Table 15.8 shows how these three indicators relate to each other. In general, the expectation is that women who participate in making household decisions are also more likely to have gender-egalitarian beliefs.

Table 15.8 Indicators of women's empowerment

Percentage of women age 15-49 who participate in all decisionmaking, percentage who disagree with all reasons for justifying wife beating, and percentage who agree with all reasons for refusing sexual intercourse with husband/partner, by value on each of the indicators of women's empowerment, Uganda 2006

Empowerment indicator	Percentage who participate in all decisionmaking[1]	Percentage who disagree with all the reasons justifying wife beating	Percentage who agree with all the reasons for refusing sexual intercourse with husband
Number of decisions in which women participate[1]			
0	na	20.1	59.0
1-2	na	20.7	59.0
3-4	na	32.7	62.1
Number of reasons for which wife beating is justified[2]			
0	49.6	na	64.1
1-2	33.5	na	59.5
3-4	30.7	na	59.2
5	30.3	na	58.4
Number of reasons given for refusing to have sexual intercourse with husband[3]			
0	44.2	28.4	na
1-2	33.0	26.9	na
3	37.5	31.5	na

[1] Restricted to currently married women. See Table 15.5.1 for the list of decisions.
[2] See Table 15.6.1 for the list of reasons.
[3] See Table 15.7.1 for the list of reasons.
na = Not applicable

Most of the relationships between these indices are as expected. Higher decisionmaking is associated with disapproval of wife beating and vice versa. In general, disapproval of wife beating is associated with agreement of a woman's right to refuse sex with her husband. Women who do not believe that a woman should refuse sex with her husband are more likely to disapprove of wife beating than women who agree with 1-2 reasons that a woman can refuse sex with her husband, but only slightly (28 percent versus 26 percent). Decisionmaking is also usually associated with agreement that a wife can refuse sex with her husband. It is surprising, however, that women who do not agree with any reason to justify refusing sex with husband are more likely to participate in all four decisions (44 percent) than women who agree that a woman may refuse to have sex with her husband for one or more reasons (38 percent and lower).

15.5 CURRENT USE OF CONTRACEPTION BY WOMEN'S EMPOWERMENT STATUS

A woman's ability to control her fertility and the contraceptive method she chooses are likely to be affected by her status, self-image, and sense of empowerment. A woman who feels that she is unable to control other aspects of her life may be less likely to feel she can make decisions regarding fertility. She may also feel the need to choose methods that are easier to conceal from her husband/partner or which do not depend on his cooperation.

Table 15.9 shows the relationship of each of the three indicators of women's empowerment with current use of contraceptive methods by currently married women age 15-49 in Uganda. It is evident from the data that women who participate in more household decisions and those who agree that a woman can refuse sexual intercourse with her partner for all three specified reasons are more likely to use any method of contraception. This pattern is consistent for both modern and traditional methods. Regarding the number of reasons for which wife beating is justified, women with lower approval of wife beating are more likely to use a method of contraception.

Table 15.9 Current use of contraception by women's empowerment status

Percent distribution of currently married women age 15-49 by current contraceptive method, according to selected indicators of women's status, Uganda 2006

			Modern methods							
Empowerment indicator	Any method	Any modern method	Female sterilization	Male sterilization	Temporary modern female methods[1]	Male condom	Any traditional method	Not currently using	Total	Number of women
Number of decisions in which women participate[2]										
0	20.1	15.5	1.9	0.3	12.3	1.0	4.6	79.9	100.0	1,001
1-2	23.2	18.1	2.0	0.0	13.9	2.2	5.1	76.8	100.0	1,450
3-4	25.1	18.6	2.7	0.1	14.1	1.7	6.6	74.9	100.0	2,885
Number of reasons for which wife beating is justified[3]										
0	29.9	21.6	3.2	0.1	15.7	2.5	8.3	70.1	100.0	1,444
1-2	25.2	20.4	2.3	0.0	16.1	2.0	4.8	74.8	100.0	1,606
3-4	20.3	15.1	2.2	0.2	11.7	1.0	5.2	79.7	100.0	1,574
5	15.1	10.7	1.5	0.0	8.4	0.8	4.3	84.9	100.0	712
Number of reasons given for refusing to have sexual intercourse with husband[4]										
0	21.1	16.5	1.8	0.0	13.7	0.9	4.7	78.9	100.0	416
1-2	22.0	16.2	2.1	0.0	12.5	1.6	5.8	78.0	100.0	1,683
3	24.9	18.9	2.6	0.1	14.3	1.9	5.9	75.1	100.0	3,238
Total	23.7	17.9	2.4	0.1	13.7	1.7	5.8	76.3	100.0	5,337

Note: If more than one method is used, only the most effective method is considered in this tabulation.
[1] Pill, IUD, injectables, implants, female condom, diaphragm, foam/jelly, and lactational amenorrhoea method
[2] Restricted to currently married women. See Table 15.5.1 for the list of decisions.
[3] See Table 15.6.1 for the list of reasons.
[4] See Table 15.7.1 for the list of reasons.

15.6 IDEAL FAMILY SIZE AND UNMET NEED BY WOMEN'S STATUS

Women's fertility preferences are commonly lower than those of their partners. As a woman becomes more empowered to negotiate fertility decisionmaking, she has more control over contraceptive use and thus her chances of becoming pregnant and giving birth. Table 15.10 shows how women's ideal family size and their unmet need for family planning vary by the three indicators of women's empowerment.

Table 15.10 shows that findings on the relationship between empowerment indicators and fertility issues are mixed. The data indicate that there is no relationship between decisionmaking power and ideal number of children. Although women who participate in 3-4 decisions have the lowest unmet need, women who participate in no decisions have lower unmet need than those who participate in 1-2 decisions. Attitudes towards wife beating, on the other hand, are associated with both ideal number of children and unmet need. Women who do not agree with any of the reasons to justify wife beating have a somewhat lower mean ideal number of children (4.7 children) than those who agree with all five reasons (5.3 children). In addition, unmet need increases with the number of reasons for which a woman believes that wife beating is justified. Similarly, women who agree with all three reasons for a wife to refuse sex with her husband also have a lower mean ideal number of children (4.9 children) when compared with women who do not agree with any of the reasons (5.3 children). However, women who do not agree with any of the reasons for refusing sex with their husband have lower unmet need than women who agree with any reason. It is possible this is related to their higher fertility preferences.

Table 15.10 Women's empowerment and ideal number of children and unmet need for family planning

Mean ideal number of children for women 15-49 and the percentage of currently married women age 15-49 with an unmet need for family planning, by indicators of women's empowerment, Uganda 2006

Empowerment indicator	Mean ideal number of children[1]	Number of women	Percentage of women with an unmet need for family planning[2]			Number of women
			For spacing	For limiting	Total	
Number of decisions in which women participate[3]						
0	5.3	971	25.2	15.1	40.3	1,001
1-2	5.4	1,415	28.6	14.5	43.1	1,450
3-4	5.4	2,733	22.1	17.2	39.4	2,885
Number of reasons for which wife beating is justified[4]						
0	4.7	2,436	20.7	15.6	36.3	1,444
1-2	5.0	2,521	24.1	15.1	39.2	1,606
3-4	5.2	2,294	26.5	15.9	42.3	1,574
5	5.3	973	28.3	20.0	48.3	712
Number of reasons given for refusing to have sexual intercourse with husband[5]						
0	5.3	657	20.9	16.2	37.1	416
1-2	5.1	2,521	25.3	15.6	40.9	1,683
3	4.9	5,045	24.5	16.3	40.8	3,238
Total	5.0	8,223	24.5	16.1	40.6	5,337

[1] Mean excludes respondents who gave non-numeric responses.
[2] See Table 8.3 for the definition of unmet need for family planning.
[3] Restricted to currently married women. See Table 15.5.1 for the list of decisions.
[4] See Table 15.6.1 for the list of reasons.
[5] See Table 15.7.1 for the list of reasons.

15.7 WOMEN'S STATUS AND REPRODUCTIVE HEALTH CARE

Table 15.11 examines whether women's use of antenatal, delivery, and postnatal care services from health workers varies by their level of empowerment as measured by the three indicators of empowerment. In societies where health care is widespread, women's empowerment may not affect their access to reproductive health services; in other societies, however, increased empowerment of women is likely to increase their ability to seek out and use health services to better meet their own reproductive health goals, including the goal of safe motherhood.

Table 15.11 indicates that none of the three indicators of empowerment are strongly associated with antenatal care, although the high coverage of antenatal care in Uganda may reduce the importance of women's empowerment in receiving this service. However, a woman's likelihood of receiving assistance from a skilled provider at childbirth is related to both women's attitudes towards wife beating and the right to refuse intercourse with the husband. Women who find fewer reasons for justifying wife beating and those who agree with more reasons for refusing sex are more likely than other women to receive care from a skilled provider during childbirth. The same relationship applies to the likelihood of receiving postnatal care.

Surprisingly, the data also show an inverse relationship between utilization of skilled providers for childbirth care and the number of decisions in which a woman participates. The proportion of women who gave birth with assistance from a skilled provider ranges from 44 percent among women who participate in 3-4 decisions to 47 percent among women who participate in none of the four decisions. There is no clear relationship between decisionmaking and postnatal care.

Table 15.11 Reproductive health care by women's empowerment

Percentage of women age 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance, and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, Uganda 2006

Empowerment indicator	Received antenatal care from a skilled provider	Received delivery assistance from a skilled provider	Received postnatal care from a skilled provider within the first two days after delivery[1]	Number of births
Number of decisions in which women participate[2]				
0	93.2	46.6	15.5	826
1-2	94.7	45.2	19.3	1,159
3-4	94.4	43.7	18.8	2,194
Number of reasons for which wife beating is justified[3]				
0	94.6	52.0	22.5	1,339
1-2	94.5	48.5	20.5	1,538
3-4	93.1	42.3	16.8	1,502
5	94.5	35.7	11.8	656
Number of reasons given for refusing to have sexual intercourse with husband[4]				
0	93.1	36.0	14.7	381
1-2	93.5	43.1	18.1	1,536
3	94.5	48.5	19.6	3,118
Total	94.1	45.9	18.8	5,035

Note: 'Skilled provider' includes doctor, nurse, midwife, medical assistant, or clinical officer
[1] Pertains to all recent deliveries including those delivered in a health facility
[2] Restricted to currently married women. See Table 15.5.1 for the list of decisions.
[3] See Table 15.6.1 for the list of reasons.
[4] See Table 15.7.1 for the list of reasons.

15.8 EARLY CHILDHOOD MORTALITY BY WOMEN'S STATUS

The ability to access information, make decisions, and act effectively in their own interest or in the interests of those who depend on them are essential aspects of empowerment of women. It follows that if women, who are the primary caretakers of children, are empowered, the health and survival of their children would be enhanced. In fact, mother's empowerment fits into the Mosley-Chen framework (Mosley and Chen, 1984) on child survival as an intervening individual-level variable that affects child survival through proximate determinants. Table 15.12 shows information on the effect of women's empowerment on infant and child mortality, as measured by the three specific indicators—participation in household decisionmaking, circumstances that justify a wife refusing to have sexual intercourse with her husband, and agreement with reasons for justifying wife beating.

Although there is an inverse relationship between women's status and early childhood mortality, the relationship is not necessarily linear (see Table 15.12). Surprisingly, among children with mothers who have no final say in any decision, 69 per 1,000 live births died before their first birthday, compared with 84-85 per 1,000 live births among children whose mothers participate in some decisions. The same pattern is observed for child and under-five mortality rates, although the relationship between mother's ability to participate in decisionmaking and child mortality is not as strong as with infant mortality. This is probably because a child's survival during infancy is more sensitive to health care interventions such as immunization, feeding, and early care-seeking. If mothers cannot freely and independently make decisions on these actions, the survival of their infants is likely to be adversely affected.

Another unexpected finding is that the infant mortality rate is higher among children whose mothers believe in all three reasons for a wife refusing sex with her husband (83 deaths per 1,000 live births) than those whose mothers don't agree with any of the reasons (78 deaths per 1,000 live births). However, the reverse is true for child and under-five mortality rates.

Women who do not approve of wife beating for any of the five reasons given are assumed to enjoy a higher status in the household and in society. In turn, this translates into a more favourable mortality profile for their children. Childhood mortality rates are lower among children whose mothers believe that wife beating is not justified for any reason. For example, the infant mortality rate is 77 deaths per 1,000 live births for children of mothers who consider wife beating unjustified for any reason compared with 98 deaths per 1,000 live births for children whose mothers agree with all five reasons. Similar relationships are observed between women's attitudes towards wife beating and levels of child mortality and under-five mortality.

Table 15.12 Early childhood mortality rates by women's status

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by women's status indicators, Uganda 2006

Empowerment indicator	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Number of decisions in which mothers participate[1]			
0	69	58	123
1-2	85	63	143
3-4	84	68	147
Number of reasons for which wife beating is justified[2]			
0	77	52	125
1-2	82	67	143
3-4	78	69	142
5	98	77	167
Number of reasons given for refusing to have sexual intercourse with husband[3]			
0	78	81	153
1-2	81	60	136
3	83	65	143

[1] Restricted to currently married women. See Table 15.5.1 for the list of decisions.
[2] See Table 15.6.1 for the list of reasons.
[3] See Table 15.7.1 for the list of reasons.

ORPHANS AND VULNERABLE CHILDREN 16

One of the outcomes of the AIDS epidemic has been an increased number of children who have been orphaned or whose social and economic vulnerability has been increased because of the serious illness of a parent or other adult in the family. This chapter covers the prevalence of orphans and vulnerable children (OVCs) in Uganda then examines the extent to which children who are orphaned and vulnerable are disadvantaged in comparison to other children on several key measures of children's welfare, including school attendance. The chapter then reviews information on the care and support available to households in which there are orphaned or vulnerable children.

In reviewing the 2006 UDHS results, it is important to remember that the survey obtained information only for OVCs living in households. Children who are living in institutions or other nonhousehold settings, including children living on the street, are not included in the UDHS OVC results. Thus, the UDHS results should be considered as a minimum estimate of the problem of OVCs in Uganda.

In the 2006 UDHS, an orphan is defined as a child below age 18 or below age 15 with one or both parents deceased. A vulnerable child is defined as a child below age 18 or below age 15 who has a chronically ill parent or who lives in a household where an adult has been chronically ill or has died in the 12 months preceding the survey.

16.1 ORPHANS AND VULNERABLE CHILDREN

16.1.1 Children's Living Arrangements and Orphanhood

Information was collected in the household questionnaire on the living arrangements and survival status of all children under age 18 resident in the households included in the UDHS sample. These data are presented in Table 16.1.

Forty-five percent of Ugandan children under age 18 in the households sampled for the UDHS surveyed were not living with both parents; this is a small increase over the corresponding figure of 42 percent found in the 2000-01 UDHS. In 2006, around one in five children was not living with either parent (the corresponding figure in 2000-01 was 18 percent). The percentage of children who were not living with both parents increased with age, from about a third of children age 0-4 years to 61 percent of children age 15-17 years. Urban children are more likely not to be living with either parent than rural children (54 percent compared with 44 percent). The percentage of children not living with both parents ranges from a high of 56 percent in Kampala to 35 percent in Eastern region. The proportions of children not living with both parents are also high in the IDP camps and Karamoja: 48 percent and 51 percent, respectively.

Only 3 percent of children under the age of 18 have lost both biological parents. Maternal orphans, those whose mother has died but whose father is still living, are less common than paternal orphans (3 percent versus 9 percent). These results are similar to those of the 2005-2006 Uganda National Household Survey (UNHS, 2006). The distribution of maternal and paternal orphans differs by region. While the highest proportion of maternal orphans is found in Central 1 region, the highest proportion of paternal orphans is found in the North. The percentages of paternal orphans in the IDP camps and Karamoja are especially high, 12 percent and 13 percent, respectively.

Table 16.1 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by children's living arrangements[1] and survival status of parents, and the percentage of de jure children not living with a biological parent, according to background characteristics, Uganda 2006

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent					Total	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead	Missing information on father/ mother		
Age												
0-4	68.3	18.7	2.3	1.7	0.3	6.2	0.6	0.9	0.4	0.6	100.0	8,398
<2	73.2	22.0	1.3	0.7	0.0	1.7	0.3	0.2	0.0	0.5	100.0	3,293
2-4	65.1	16.6	3.0	2.4	0.4	9.1	0.7	1.4	0.6	0.7	100.0	5,106
5-9	54.5	13.4	5.0	4.9	1.2	12.8	1.8	3.5	2.3	0.6	100.0	7,653
10-14	45.0	11.8	7.6	5.9	2.6	13.4	2.4	4.9	5.5	0.9	100.0	6,986
15-17	39.5	10.0	9.1	4.7	2.5	16.1	2.6	6.5	7.4	1.5	100.0	2,669
Sex												
Male	55.7	13.9	5.3	4.4	1.4	10.4	1.6	3.2	3.2	0.8	100.0	12,781
Female	54.0	14.8	5.2	3.8	1.4	11.9	1.7	3.5	3.0	0.8	100.0	12,926
Residence												
Urban	45.9	17.2	6.3	6.0	1.3	12.5	1.9	4.8	3.2	1.1	100.0	2,778
Rural	55.9	14.0	5.1	3.9	1.4	11.0	1.6	3.2	3.1	0.8	100.0	22,929
Region												
Central 1	45.0	14.9	4.9	4.3	1.8	16.5	2.1	4.4	5.0	1.3	100.0	2,644
Central 2	45.6	17.1	4.7	5.2	1.6	16.4	1.5	4.2	2.9	0.8	100.0	2,515
Kampala	44.3	19.0	4.2	7.2	0.7	14.4	2.1	3.6	3.0	1.6	100.0	1,121
East Central	57.5	12.1	4.2	4.6	1.2	13.5	1.4	2.9	1.8	0.9	100.0	2,724
Eastern	65.2	9.5	4.2	3.6	1.3	9.7	1.0	2.8	1.8	0.9	100.0	3,816
North	53.0	15.1	7.8	2.8	0.9	6.8	2.7	4.1	6.1	0.7	100.0	4,439
West Nile	53.6	17.7	3.1	4.5	1.3	12.6	1.1	4.4	1.1	0.4	100.0	1,390
Western	58.0	14.5	4.7	5.6	1.8	9.6	1.4	1.9	2.0	0.5	100.0	3,893
Southwest	58.8	15.1	6.7	2.0	1.8	8.3	1.4	3.0	2.3	0.6	100.0	3,164
North sub-regions												
IDP	51.8	13.0	7.0	2.3	0.8	5.6	3.7	5.0	10.0	0.7	100.0	1,981
Karamoja	49.5	22.7	10.0	1.9	1.4	8.5	1.4	2.6	1.5	0.5	100.0	979
Wealth quintile												
Lowest	56.5	16.2	6.9	2.2	1.1	7.2	2.0	3.2	3.8	0.9	100.0	5,334
Second	59.7	13.5	5.9	3.6	1.0	8.7	1.3	2.6	2.7	0.9	100.0	5,170
Middle	56.4	13.8	5.7	3.4	1.5	11.8	1.3	3.4	2.4	0.5	100.0	5,248
Fourth	54.5	13.7	4.0	5.9	1.5	11.7	1.7	3.5	2.8	0.8	100.0	5,301
Highest	46.3	14.5	3.7	5.7	2.1	16.8	2.0	4.1	3.8	1.0	100.0	4,653
Total <15	56.6	14.8	4.8	4.1	1.3	10.5	1.5	3.0	2.6	0.7	100.0	23,037
Total <18	54.9	14.3	5.3	4.1	1.4	11.1	1.6	3.4	3.1	0.8	100.0	25,706

Note: Table is based on children who usually live in the household.
[1] Living arrangements refers to whether children live with their biological mothers and/or father.

16.1.2 Orphaned and Vulnerable Children

Almost one in seven children under age 18 is orphaned (15 percent), that is, one or both parents are dead. This figure has not changed significantly since the 2000-2001 UDHS, where 14 percent of children were found to be orphans. The 2004-2005 UHSBS and the 2005-2006 UNHS found similar proportions (14 percent and 15 percent, respectively). As illustrated in Table 16.2, the percentage of children who are orphaned rises rapidly with age, from 5 percent of children under age five to 29 percent of children age 15-17. Urban children are slightly more likely to be orphaned than rural children (18 percent and 15 percent, respectively). West Nile region has the lowest proportion of children orphaned (11 percent), while North region has the highest (22 percent). Within North region, 27 percent of children in IDP camps and 17 percent of children in Karamoja are orphaned. Children living in households in the poorest wealth quintile are somewhat more likely to be orphaned than children in the second to fourth quintiles (17 percent), followed by children in the highest wealth quintile (16 percent).

Table 16.2 Orphans and vulnerable children (OVC)

Percentage of de jure children under age 18 years who are orphans or made vulnerable due to illness among adult household members (OVC), according to background characteristics, Uganda 2006

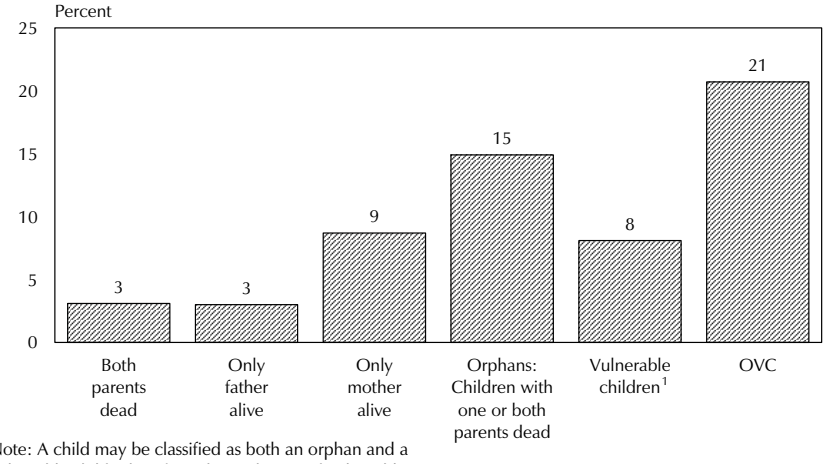
Background characteristic	Orphan children: Percentage of children with one or both parents dead	Percentage of children who: Have a very sick parent for at least 3 months in the past 12 months[1]	Percentage of children who: Live in a household where at least one adult has been very sick for at least 3 months in the past 12 months[2]	Percentage of children who: Live in a household where at least one adult died in the past 12 months[2]	Vulnerable children: Percentage of children who have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months	OVC children: Percentage of children who are orphans and/or vulnerable	Number of children
Age							
0-4	4.5	2.9	3.8	2.1	6.1	9.6	8,398
<2	1.9	2.4	3.3	1.7	5.1	6.5	3,293
2-4	6.3	3.2	4.1	2.4	6.7	11.5	5,106
5-9	14.0	3.8	4.7	2.5	8.1	19.7	7,653
10-14	23.2	4.7	5.3	3.2	9.7	29.7	6,986
15-17	28.5	4.9	5.7	3.2	10.2	34.9	2,669
Sex							
Male	14.9	3.8	4.5	2.5	7.8	20.4	12,781
Female	15.0	4.0	4.8	2.8	8.4	21.0	12,926
Residence							
Urban	17.6	1.9	3.3	3.7	7.1	22.4	2,778
Rural	14.6	4.1	4.9	2.5	8.2	20.5	22,929
Region							
Central 1	18.5	3.9	5.3	3.7	10.2	25.9	2,644
Central 2	15.0	3.4	5.0	1.7	7.4	20.8	2,515
Kampala	13.7	0.4	1.1	0.6	1.5	14.8	1,121
East Central	11.5	2.9	3.3	3.7	7.5	16.7	2,724
Eastern	11.6	3.2	3.8	1.8	6.4	15.9	3,816
North	21.7	5.3	6.7	3.6	11.2	29.1	4,439
West Nile	11.2	3.0	2.2	4.3	7.8	16.6	1,390
Western	11.8	4.7	5.0	2.1	7.9	18.1	3,893
Southwest	15.3	4.7	5.4	1.9	8.0	20.8	3,164
North sub-regions							
IDP	26.6	5.1	7.0	4.3	11.8	33.4	1,981
Karamoja	16.8	2.1	2.8	2.6	6.0	21.4	979
Wealth quintile							
Lowest	17.1	4.7	5.8	3.1	9.7	23.6	5,334
Second	13.9	4.6	4.8	2.9	8.5	20.1	5,170
Middle	14.2	3.2	4.1	2.7	7.3	19.4	5,248
Fourth	13.6	3.9	4.2	1.9	7.4	18.9	5,301
Highest	15.8	3.1	4.4	2.6	7.7	21.6	4,653
Total <15	13.4	3.8	4.6	2.6	7.9	19.0	23,037
Total <18	14.9	3.9	4.7	2.6	8.1	20.7	25,706

Note: Table is based on children who usually live in the household. Very sick means person was too sick to work or do normal activities.
[1] Whether or not lives in same household as child
[2] Person age 18-59 years

Children whose parents are ill for an extended period or who live in households where other adults suffer from chronic illness or have died recently can experience significant hardships, as serious illness and death may limit the resources available to feed, clothe, and educate a family's youngest members. The UDHS included several questions to determine if any adults in the household (including the child's parents) had been chronically ill or died during the 12-month period before the survey. Members of a household were considered to be chronically ill if they had been very sick, i.e., too sick to work or do normal activities, for a period of at least three months during the 12-month period before the survey. Questions were included for children whose parents were not living in the same household at the time of the survey to determine if the parent(s) had been chronically ill in the 12-month period before the survey.

Table 16.2 presents the proportion of children considered vulnerable because of chronic illness of a parent or chronic illness or death of other adult in the household during the 12-month period prior to the UDHS. The table also shows the overall proportion of children identified in the UDHS as orphaned or vulnerable. Among children under age 18, 4 percent have a parent who was chronically ill during the year prior to the survey, 5 percent live in a household in which at least one adult (a parent or other household member) was chronically ill during the period, and 3 percent live in a household where at least one adult had died during the 12 months preceding the survey. Overall, 8 percent of children under age 18 are considered vulnerable, i.e., they live in a household in which at least one adult had been chronically ill during the year before the survey or they have at least one parent living in the household or elsewhere who suffers from a chronic illness. Table 16.2 and Figure 16.1 also show that one in five Ugandan children are orphaned or vulnerable (21 percent).

Figure 16.1 **Percentage of Children Age 0-17 Who Are Orphaned or Vulnerable**



Note: A child may be classified as both an orphan and a vulnerable child. Therefore, the orphans and vulnerable children categories do not sum to the OVC total.

[1] Vulnerable child: a child who has a very sick parent or lives in a household where an adult has been very sick or died in the past 12 months.

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The percentage of children under age 18 who are orphaned or vulnerable increases markedly with age, from 7 percent of children under age two years to 35 percent of children age 15-17 years. Urban children are as likely to be orphaned or vulnerable as rural children. Kampala has the lowest proportion of children orphaned and vulnerable (15 percent) while the North region has the highest proportion (29 percent), with considerable variation between the sub-regions: 33 percent of children in the IDP camps and 21 percent of children in Karamoja were considered orphaned or vulnerable. Children who are orphaned or vulnerable are somewhat more likely to live in households in the poorest wealth quintile (24 percent); however, they are also likely to be found in the highest wealth quintile (22 percent).

16.2 Social and Economic Situation of Orphaned and Vulnerable Children

Information collected in the UDHS household questionnaire can be used to examine several important aspects of the social and economic situation of orphaned and vulnerable children, including information on school attendance, possession of items considered basic for meeting a child's material needs, residence with siblings, and nutritional status. These results provide a means for assessing the impact on children's welfare of the chronic illness and/or death of parents or other adult household members and of monitoring and evaluating OVC programmes (UNICEF, 2005).

16.2.1 School Attendance

Orphaned and vulnerable children may be at greater risk of dropping out of school. This can happen for many reasons, such as the inability to pay school fees, the need to help with household labour, or the need to stay at home to care for sick parents or younger siblings. Table 16.3 and Figure 16.2 present data on school attendance rates among children age 6-17. The first several columns of the table contrast the situation among children who have lost at least one parent and children whose parents are both alive and the child is living with at least one parent. The final columns compare school attendance for the entire population of OVCs to that of children who are neither orphaned nor vulnerable. Ratios of the proportions of orphans to non-orphans living with at least one parent and OVCs to non-OVCs who are attending school are also presented.

The results indicate that, in general, orphaned and vulnerable children are only slightly disadvantaged with respect to school attendance in comparison to other children. Eighty-one percent of orphans and 82 percent of OVCs are currently attending school, compared with 85 percent of non-OVC children. The ratio of orphans to non-orphans living with at least one parent who are attending school is 0.95, while the ratio of OVCs to non-OVCs who are attending school is 0.96.

Age is an important factor in the effect of OVC status on school attendance. OVC status has little effect on primary-school-age children. Around 86 percent of children age 6-12 years are currently attending school, regardless of OVC status. The ratio of orphans to non-orphans living with at least one parent who are attending school and the ratio of OVCs to non-OVCs who are attending school are 1.01 and 1.00, respectively. However, among children age 13-17, OVC status is associated with lower likelihood of attending school. Three in four OVCs age 13-17 are currently attending school, compared with 83 percent of non-OVCs. The ratio of the proportion of orphans to non-orphans living with at least one parent and who are attending school drops to 0.87, while the ratio of OVCs to non-OVCs who are attending school is 0.91.

School attendance is more equitable for orphans in rural areas than in urban areas (attendance ratios are 0.96 and 0.87, respectively). Orphans and vulnerable children face more inequity in school attendance compared with their non-orphan/non-vulnerable peers in Kampala than in any other region (0.79 for orphans:non-orphans and 0.85 for OVCs:non-OVCs), while in Karamoja, it appears that orphans and vulnerable children have an advantage in terms of school attendance compared with their non-OVC peers (1.29 for orphans:non-orphans and 1.36 for OVCs:non-OVCs).

Table 16.3 School attendance by survivorship of parents and OVC status

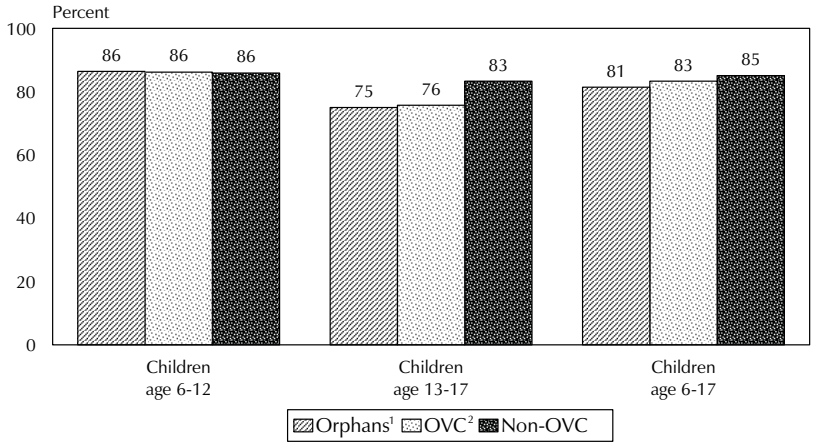
For de jure children 6-17 years of age, the percentage attending school by parental survival and by OVC status and the ratios of the percentages attending by parental survival and OVC status, according to background characteristics, Uganda 2006

Background characteristic	Percentage attending school by survivorship of parents: One or both parents dead	Number	Both parents alive and living with at least one parent	Number	Ratio[1]	OVC: Percentage attending school	OVC: Number	Non-OVC: Percentage attending school	Non-OVC: Number	Ratio[2]
Sex										
Male	81.9	1,648	86.5	5,225	0.95	82.3	2,122	86.0	5,798	0.96
Female	81.0	1,665	85.3	5,022	0.95	81.5	2,155	84.2	5,779	0.97
Age of children										
Children age 6-12	86.4	1,870	85.8	7,232	1.01	86.2	2,497	85.9	8,079	1.00
Children age 13-17	75.0	1,444	86.3	3,015	0.87	75.7	1,780	83.3	3,498	0.91
Residence										
Urban	81.2	432	93.5	1,008	0.87	82.1	519	89.7	1,202	0.92
Rural	81.5	2,881	85.1	9,238	0.96	81.8	3,758	84.6	10,375	0.97
Region										
Central 1	80.8	437	92.5	891	0.87	82.6	575	90.7	1,112	0.91
Central 2	87.6	330	92.9	957	0.94	88.4	417	90.7	1,188	0.97
Kampala	74.7	142	94.9	417	0.79	75.9	152	88.8	545	0.85
East Central	85.6	272	89.9	1,102	0.95	86.1	360	88.5	1,303	0.97
Eastern	90.6	364	89.2	1,621	1.02	90.1	469	88.6	1,817	1.02
North	76.3	787	74.2	1,675	1.03	76.6	1,004	73.0	1,696	1.05
West Nile	82.9	137	82.6	594	1.00	82.9	183	81.8	697	1.01
Western	80.9	411	83.7	1,665	0.97	79.9	573	83.9	1,802	0.95
Southwest	78.5	434	85.5	1,324	0.92	79.2	544	84.7	1,417	0.94
North sub-regions										
IDP	82.6	427	83.6	690	0.99	82.5	503	83.4	700	0.99
Karamoja	51.1	136	39.5	390	1.29	51.3	172	37.6	423	1.36
Wealth quintile										
Lowest	75.7	748	72.4	2,050	1.05	74.8	949	72.1	2,155	1.04
Second	78.9	613	84.3	2,034	0.94	80.2	833	83.8	2,183	0.96
Middle	81.3	624	86.8	2,174	0.94	82.2	796	86.1	2,496	0.95
Fourth	85.2	649	90.6	2,239	0.94	85.5	834	90.0	2,542	0.95
Highest	86.5	680	96.6	1,750	0.90	87.4	864	92.4	2,201	0.95
Total	81.4	3,313	85.9	10,246	0.95	81.9	4,277	85.1	11,577	0.96

Note: Table is based on children who usually live in the household.
[1] Ratio of the percentage with one or both parents dead to the percentage with both parents alive and living with a parent
[2] Ratio of the percentage for orphans and vulnerable children (OVCs) to the percentage for non-OVCs

The ratio of current school attendance among orphans to that of non-orphans age 10-14 calculated in the 2006 UDHS is 0.96 (data not shown). This figure corresponds to UNICEF-OVC Core Indicator 6, UNAIDS Health and Social Impact Indicator 5 and UNGASS Knowledge and Behaviour Indicator 12. Specifically, this figure is calculated as the ratio of the percentage of orphans age 10-14 with both parents dead who are currently attending school to the percentage of non-orphans age 10-14 living with at least one parent who are currently attending school.

Figure 16.2 **Percentage of Orphaned and Vulnerable Children Currently Attending School**



Note: Currently attending school means the child attended at any time during the 2006 school year up until the time of the survey.
[1]Orphan: Any child with one or both parents dead
[2]Orphan or vulnerable child (OVC): a child with one or both parents dead or who has a parent who has been chronically ill for three of the past 12 months, or who lives in a household with an adult who has been chronically ill or died in the past 12 months

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16.2.2 Basic Material Needs

Provision of goods to satisfy basic material needs, such as food, clothing, bedding, and shelter is one of the core programme areas in the Ugandan OVC strategy. The UDHS obtained information as to whether or not the minimum basic material needs of children age 5-17 were being met. Basic material needs were considered to have been met if the child had a pair of shoes, two sets of clothes, and a blanket. Table 16.4 shows that basic minimum material needs were met in the case of only 28 percent of all children age 5-17. In terms of the basic items, children were least likely to have a pair of shoes (37 percent) and most likely to have two sets of clothes (74 percent).

Table 16.4 shows that rural OVCs were less than half as likely as urban OVCs to have all three minimum basic material needs met (21 and 50 percent, respectively), In both urban and rural areas, the ratio of OVCs to non-OVCs in terms of possessing all three basic needs did not differ (0.82 for urban and 0.84 for rural). The ratio of the proportion of OVCs to non-OVCs with met basic needs reflects the greatest inequality in the North region (where only 6 percent of all children have their basic needs met) with a ratio of 0.65. There is no inequity in possession of all three basic needs between OVCs and non-OVCs in Kampala, East Central, and Eastern regions; however, overall levels of possession of the three basic needs vary considerably among these regions (75 percent in Kampala, 21 percent in East Central, and 12 percent in Eastern). Both overall levels of possession of basic needs and the ratio of the proportion for OVCs to the proportion for non-OVCs have a generally positive relationship with wealth quintiles: the percentage of children with all three basic needs met increased from 4 percent among those in the lowest (poorest) wealth quintile to 67 percent in the highest quintile, while the ratio increased from 0.64 for the lowest quintile to over 0.85 for the two highest quintiles.

Table 16.4. Possession of basic material needs by orphans and vulnerable children (OVC)

Among de jure children age 5-17 years, the percentage possessing three minimum basic material needs, the percentage of OVCs and non-OVCs who possess all three basic material needs, and the ratio of the percentage for OVCs to the percentage for non-OVC, by background characteristics, Uganda 2006

Background characteristic	Among children 5-17 years of age percentage possessing: Shoes	Two sets of clothes[1]	Blanket	All three basic needs[2]	Number of children	OVC: Percentage possessing all three basic needs	OVC: Number	Non-OVC: Percentage possessing all three basic needs	Non-OVC: Number	Ratio[3]
Age										
5-9	31.5	70.7	47.5	23.4	7,653	16.6	1,510	25.1	6,143	0.66
10-14	37.0	74.2	52.0	27.7	6,986	23.6	2,075	29.5	4,911	0.80
15-17	53.2	80.6	62.1	41.7	2,669	40.9	933	42.1	1,736	0.97
Sex										
Male	35.6	71.6	51.9	26.9	8,630	23.1	2,238	28.3	6,392	0.82
Female	38.5	75.7	51.2	29.0	8,678	26.5	2,279	29.9	6,399	0.89
Residence										
Urban	71.8	93.0	67.5	57.8	1,861	50.1	541	61.0	1,320	0.82
Rural	32.9	71.3	49.6	24.4	15,447	21.4	3,976	25.4	11,470	0.84
Region										
Central 1	57.6	93.1	67.4	48.9	1,833	44.8	600	50.8	1,233	0.88
Central 2	56.1	93.7	67.6	47.2	1,753	42.6	437	48.7	1,316	0.87
Kampala	86.6	96.6	77.5	75.0	743	77.1	154	74.5	589	1.04
East Central	28.2	72.5	47.6	21.1	1,834	20.7	384	21.3	1,450	0.98
Eastern	19.0	70.7	32.0	11.5	2,528	11.6	513	11.4	2,015	1.02
North	11.8	42.9	30.5	6.2	2,965	4.7	1,069	7.1	1,896	0.65
West Nile	35.4	77.4	29.3	17.1	948	15.1	190	17.6	758	0.86
Western	35.4	67.1	60.7	26.2	2,582	22.5	602	27.4	1,980	0.82
Southwest	53.5	86.2	70.6	40.5	2,122	34.2	568	42.9	1,554	0.80
North sub-regions										
IDP	4.0	31.2	38.8	2.2	1,323	1.7	542	2.5	780	0.69
Karamoja	10.1	32.6	10.0	6.0	652	7.7	180	5.4	472	1.43
Wealth quintile										
Lowest	7.4	43.0	24.3	3.6	3,408	2.6	1,022	4.0	2,386	0.64
Second	21.0	66.9	40.3	11.5	3,331	9.0	878	12.4	2,453	0.73
Middle	32.6	78.5	53.9	23.2	3,571	19.1	845	24.5	2,725	0.78
Fourth	46.3	83.2	61.9	35.2	3,698	34.4	864	35.5	2,834	0.97
Highest	78.4	96.2	77.1	66.9	3,301	61.5	908	69.0	2,393	0.89
Total	37.1	73.6	51.6	28.0	17,308	24.8	4,517	29.1	12,791	0.85

Note: Table is based on children who usually live in the household.
[1] Excludes school uniforms
[2] Shoes, two sets of clothing, and a blanket
[3] Ratio of the percentage for OVCs to the percentage for non-OVCs

16.2.3 Orphans Living with Siblings

Sibling connections are particularly close in situations where a parent dies, and maintaining these bonds can be very helpful in assisting children to deal with the loss of a parent. Table 16.5 assesses the success of families and communities in keeping orphaned siblings together. Overall, half of orphans were not living with all their siblings under age 18. Maternal orphans and double orphans are less likely than paternal orphans to be living with all siblings under age 18. The likelihood that an orphan is not living with all other siblings under age 18 increases with the child's age, is somewhat greater among urban than rural children, and tends to increase with wealth quintile, although the pattern is not uniform. East Central region has the lowest proportion of orphans living apart from other siblings under age 18 (40 percent), while proportions exceed 60 percent in Central 2, Kampala, and Western regions.

Table 16.5 Orphans not living with siblings

Among de jure orphans under age 18 years who have one or more siblings[1] under age 18 years, the percentage who do not live with all their siblings under age 18, by background characteristics, Uganda 2006

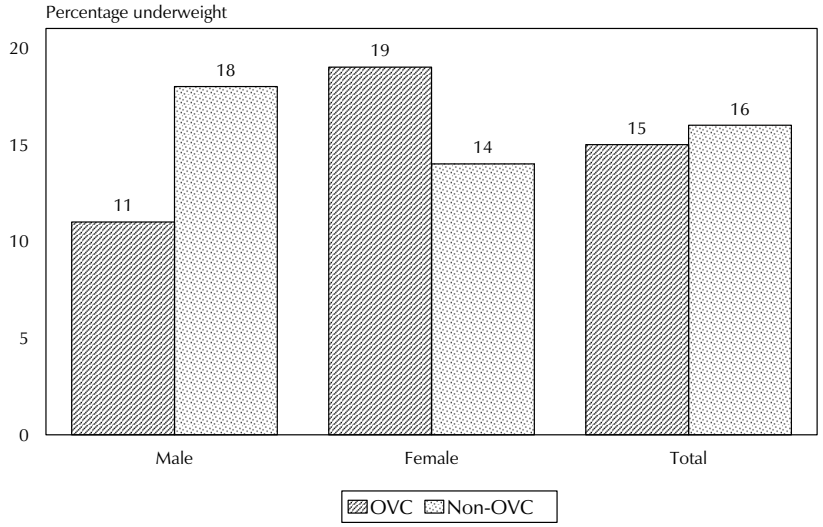
Background characteristic	Percentage of orphans not living with all siblings	Number of orphans with one or more siblings
Age		
0-4	43.9	246
5-9	46.7	732
10-14	53.2	1,116
15-17	55.4	459
Sex		
Male	51.7	1,257
Female	50.0	1,296
Orphanhood status		
Maternal orphan	54.6	511
Paternal orphan	47.6	1,585
Both parents dead	57.8	457
Residence		
Urban	57.1	308
Rural	50.0	2,246
Region		
Central 1	53.9	277
Central 2	62.9	192
Kampala	63.3	90
East Central	39.6	211
Eastern	44.6	295
North	47.7	698
West Nile	55.6	113
Western	64.2	335
Southwest	42.3	342
North sub-regions		
IDP	46.5	383
Karamoja	41.1	131
Wealth quintile		
Lowest	49.1	641
Second	44.0	495
Middle	45.5	517
Fourth	53.1	456
Highest	64.9	443
Total	50.8	2,553

Note: Table is based on children who usually live in the household.
[1] Siblings have the same biological mother and father

16.2.4 Nutritional Status

Figure 16.3 considers the effect of orphanhood on the nutritional status of children under age five. The results show that OVCs were not disadvantaged relative to non-OVCs in terms of nutrition. Fifteen percent of OVCs were underweight, compared with 16 percent of other children. OVC status appears to affect the nutritional status of girls to a greater extent than boys. Only 14 percent of girls who are not OVCs are underweight compared with 19 percent of girls who are OVC. The same relationship is not seen among boys. While 18 percent of boys who are not OVCs are underweight, only 11 percent of boys who are OVCs are underweight.

Figure 16.3 Percentage of OVC and Non-OVC Children Under Age 5 Years Who Are Underweight



Note: Underweight defined as weight-for-age below -2SD from the median of the WHO Child Growth Standards

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16.2.5 Sex before Age 15

Teenage orphans and vulnerable children may be at a comparatively higher risk of early sexual activity because they may lack adult guidance to help them to protect themselves. Table 16.6 shows that among those in the 15-17 age group, male OVCs were more likely than male non-OVCs to have initiated sexual activity before age 15 (18 and 12 percent, respectively). The corresponding gap for young women is negligible.

16.3 CARE AND SUPPORT FOR OVCS

One of the important challenges in countries like Uganda that have sizable OVC populations, largely a result of the AIDS epidemic, is the need to assist families to care for these children. The UDHS obtained several indicators of the extent to which families and communities are recognising and addressing the need to care for young children.

Table 16.6 Sexual intercourse before age 15 for orphans and vulnerable children (OVC)

Percentage of de jure children age 15-17 who had sexual intercourse before exact age 15, by OVC status, and the ratio of the percentage for OVCs to the percentage for non-OVCs, by sex, Uganda 2006

	Women		Men	
OVC status	Percentage who had sexual intercourse before exact age 15	Number of women	Percentage who had sexual intercourse before exact age 15	Number of men
OVC	11.0	368	17.8	133
Non-OVC	10.6	772	11.6	245
Total	10.7	1,140	13.8	377
Ratio[1]	1.05	na	1.53	na

Note: Table is based on children who usually live in the household and who also slept in the household the night preceding the interview
na = Non applicable
[1] Ratio of the percentage for OVCs to the percentage for non-OVCs

16.3.1 Succession Planning

Succession planning is important in ensuring that children will receive appropriate care and support in the event of the death of a parent or primary caregiver. In the 2006 UDHS respondents who were primary caregivers for children under the age of 18 were asked, 'Have you made arrangements for someone to care for [your children] in the event that you fall sick or are unable to care for them?' This question is used to measure a proxy for succession planning. Table 16.7 shows that overall, 23 percent of respondents age 15-49 said that they were a primary caregiver for a child under the age of 18. Among these primary caregivers, 28 percent had made succession arrangements. There was little difference by age or residence in the proportions of caregivers who had made succession arrangements. However, male caregivers were more likely than female caregivers to report having made such arrangements (37 and 26 percent, respectively), and there was a positive association between education and wealth status and succession planning: as education and household wealth increase, so does the likelihood of succession planning. Caregivers in East Central and Western regions (42 percent each), and those in West Nile region (38 percent) were most likely to have made succession plans, while those in the North region were least likely to have done so (18 percent), particularly among those in IDP camps.

Table 16.7 Succession planning

Percentage of de facto women and men age 15-49 who are the primary caregivers of children under age 18 years, and among the primary caregivers, the percentage who have made arrangements for someone else to care for the children in the event of their own inability to do so due to illness or death, by background characteristics, Uganda 2006

Background characteristic	Percentage of women and men who are primary caregivers	Number of women and men age 15-49	Percentage of caregivers who have made succession arrangements	Number of primary caregivers
Age				
15-19	4.6	2,531	26.8	116
20-29	20.6	3,875	30.2	799
30-39	30.9	2,823	28.0	873
40-49	41.7	1,687	26.4	704
Sex				
Male	21.7	2,385	36.5	517
Female	23.1	8,531	26.0	1,974
Education				
No education	26.4	1,765	21.7	466
Primary	21.5	6,613	28.3	1,422
Secondary +	20.9	2,059	30.8	430
Residence				
Urban	25.1	1,845	27.2	463
Rural	22.4	9,071	28.4	2,028
Region				
Central 1	25.5	1,177	25.1	300
Central 2	24.8	1,002	23.4	248
Kampala	20.2	940	29.5	190
East Central	24.9	1,045	42.4	260
Eastern	19.8	1,471	22.4	291
North	30.3	1,655	18.2	502
West Nile	27.8	595	38.3	165
Western	19.0	1,640	41.9	312
Southwest	16.0	1,390	23.3	222
North sub-regions				
IDP	39.5	650	13.9	257
Karamoja	11.8	348	24.2	41
Wealth quintile				
Lowest	21.8	1,919	19.5	418
Second	21.5	2,131	28.8	459
Middle	19.9	2,037	28.5	404
Fourth	25.1	2,128	30.9	534
Highest	25.0	2,702	30.8	677
Total	22.8	10,916	28.2	2,491

Note: Table is based on women and men who slept in the household the night preceding the interview.

16.3.2 Widows Dispossessed of Property

Dispossession of property can worsen the vulnerability of people who care for children and the children themselves. It is therefore important to ensure that inheritance laws include enforcement mechanisms to ensure the right of women and children to inherit property after the death of a husband or father (UNICEF, 2005).

Table 16.8 presents the proportion of women who were or are widows (ever-widowed) and the prevalence of dispossession. Altogether, 6 percent of women surveyed were ever-widowed. This proportion naturally increases with the age of the woman, from none at ages 15 to 19, to 20 percent at ages 40 to 49. Women with no schooling (12 percent) are more than twice as likely to have ever been widowed as women with any schooling, and there is a negative association between widowhood and wealth: as wealth increases, the proportion of women ever widowed decreases.

Overall, 48 percent of ever-widowed women reported that their late husbands' possessions went to someone other than themselves. There appears to be a negative relationship between age and dispossession; however, this relationship cannot be interpreted given that the woman's age at widowhood is not known. Women who remarried after being widowed are far more likely to report dispossession than women who did not remarry; this suggests that dispossession may be an economic determinant of the decision to remarry. There is no difference in likelihood of dispossession by residence; however, those in the North and West Nile regions are the most likely to report dispossession upon widowhood (63 and 67 percent), while those in the Southwest are least likely to report dispossession (18 percent).

Table 16.8 Widows dispossessed of property

Percentage of de facto women age 15-49 who have been widowed, and the percentage of widowed women who have been dispossessed of property, by background characteristics, Uganda 2006

Background characteristic	Percentage of women ever widowed	Number of women	Among ever-widowed women: Percentage who were dispossessed of property[1]	Among ever-widowed women: Number of women
Age				
15-19	0.0	1,936	*	1
20-29	2.6	3,123	58.9	82
30-39	9.1	2,157	47.8	196
40-49	20.1	1,315	45.6	264
Marital status				
Married	3.4	5,337	69.0	180
Widowed	100.0	363	38.1	363
Age of youngest child				
No children	0.6	2,075	*	12
< 18 years	8.0	6,329	46.6	507
18+ years	18.3	127	*	23
Residence				
Urban	4.8	1,442	49.1	70
Rural	6.7	7,089	48.2	473
Region				
Central 1	5.1	905	(40.0)	46
Central 2	7.2	770	53.0	56
Kampala	2.4	722	*	18
East Central	5.9	836	(36.8)	49
Eastern	5.3	1,148	(45.7)	61
North	11.0	1,322	63.4	145
West Nile	4.5	471	(66.5)	21
Western	5.7	1,271	56.4	73
Southwest	6.8	1,086	17.9	74
North sub-regions				
IDP	12.2	504	69.0	62
Karamoja	13.1	286	73.2	37
Education				
No education	12.4	1,650	52.9	205
Primary	5.7	5,062	45.6	288
Secondary +	3.0	1,488	(45.2)	45
Wealth quintile				
Lowest	9.0	1,541	55.6	139
Second	7.9	1,636	43.8	129
Middle	6.9	1,615	49.4	111
Fourth	5.8	1,621	57.0	95
Highest	3.3	2,118	28.5	69
Total	6.4	8,531	48.3	542

Notes: Table is based on women who slept in household the night preceding the interview. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Dispossessed of property indicates that none of late husband's assets went to the respondent.

16.3.3 External Support for Households with OVCs

The UDHS collected information on the extent to which free external care and support services are reaching orphans and vulnerable children. Table 16.9 shows that around nine in ten orphaned and vulnerable children lived in households that did not receive any type of support. Among those children who lived in households that did receive some type of support, the most common type of support received was schooling support (6 percent), followed by medical support (4 percent).

The only background characteristic demonstrating variation in the receipt of support was region: orphaned and vulnerable children living in households that received external support were most likely to be found in Western region (20 percent), while households with OVCs in Central 1 region were the least likely to have been given some type of support (5 percent). Children in the IDP camps were the most likely to live in households reporting having received support (25 percent).

Table 16.9 External support for orphans and vulnerable children

Percentage of orphans and vulnerable children under age 18 years whose household received certain free basic external support to care for the child in the last 12 months, by background characteristics, Uganda 2006

	Percentage of orphans and vulnerable children whose households received:							
Background characteristic	Medical support in the past 12 months[1]	Emotional support in the past 3 months[2]	Social/ material support in the past 3 months[3]	School-related assistance in the past 12 months[4]	At least one type of support[5]	All of the types of support[5]	None of the types of support	Number of OVC children
Age								
0-4	5.2	0.4	3.9	0.0	9.3	0.0	90.7	803
5-9	5.0	1.0	3.3	6.4	11.6	0.0	88.4	1,510
10-14	3.7	1.1	2.7	7.8	11.2	0.1	88.8	2,075
15-17	2.5	0.8	2.2	6.8	9.4	0.0	90.6	933
Sex								
Male	4.1	0.9	3.0	5.9	10.8	0.0	89.2	2,610
Female	4.1	1.0	2.9	6.2	10.6	0.0	89.4	2,711
Residence								
Urban	3.0	0.6	2.5	6.1	9.4	0.2	90.6	622
Rural	4.2	1.0	3.0	6.1	10.9	0.0	89.1	4,698
Region								
Central 1	2.1	0.1	1.4	3.1	5.2	0.0	94.8	684
Central 2	2.0	0.1	1.3	4.9	7.0	0.0	93.0	524
Kampala	2.3	0.0	2.3	8.4	11.3	0.0	88.7	166
East Central	3.0	0.0	1.5	3.5	5.9	0.0	94.1	454
Eastern	3.0	0.3	0.7	4.5	6.0	0.0	94.0	608
North	3.1	1.2	8.4	7.7	15.2	0.0	84.8	1,291
West Nile	1.1	1.5	3.3	5.3	9.2	0.0	90.8	230
Western	12.3	1.4	0.6	11.6	19.8	0.0	80.2	705
Southwest	4.0	2.6	0.8	3.7	9.0	0.3	91.0	658
North sub-regions								
IDP	4.1	2.0	15.4	12.8	24.8	0.0	75.2	661
Karamoja	1.1	0.0	3.2	3.2	5.5	0.0	94.5	210
Wealth quintile								
Lowest	1.8	1.1	6.5	8.3	13.1	0.0	86.9	1,256
Second	5.3	1.2	3.1	5.7	11.0	0.0	89.0	1,040
Middle	6.9	2.1	1.3	5.3	12.2	0.1	87.8	1,020
Fourth	4.6	0.1	2.1	5.0	9.5	0.0	90.5	1,000
Highest	2.2	0.1	1.0	5.5	7.1	0.1	92.9	1,004
Total	4.1	0.9	2.9	6.1	10.7	0.0	89.3	5,321

Note: Table is based on women and men who usually live in the household.
na = Not applicable
[1] Medical care, supplies, or medicine
[2] Companionship, counselling from a trained counselor, or spiritual support for which there was no payment.
[3] Help with household work, training for a caregiver, legal services, clothing, food, or financial support for which there was no payment.
[4] Allowance, free admission, books, or supplies for which there as no payment. Percentage calculated for ages 5-17 years.
[5] Four types of support for those age 5-17, three types of support (i.e., excluding school support) received by those age 0-4.

ADULT AND MATERNAL MORTALITY 17

Chapter 9 of this report presented survey findings related to child mortality. This chapter presents information on adult mortality and maternal mortality. While early childhood mortality is relatively high and varies with social and economic development, death rates are much lower at adult ages and estimates for particular subgroups can be distorted by small sample sizes. This is particularly true for maternal deaths, which, although far too common in Uganda, are still very rare events. Child mortality is also easier to measure, for example through a history of a woman's births, whereas adult mortality is more difficult to measure accurately, because there is not always a unique and reliable person to report the death. Maternal death estimation can also suffer from misreporting of the cause of death.

17.1 DATA

To estimate adult mortality, the 2006 UDHS included a sibling history in the Women's Questionnaire. All female respondents were asked a number of questions about the children born to their natural mothers, including the number of sons and daughters still alive, the number who died, and the number for whom the respondent does not know the survival status. The respondent was then asked to list all her siblings in birth order starting with the first born. The respondent was also asked to report the sex and survival status of each sibling. For brothers and sisters who were alive, only their current age was asked. For deceased siblings, the number of years since death and age at death were asked. For each sister who had died at age 12 years or older, three questions were asked to determine whether the death was maternity-related: "Was [NAME OF SISTER] pregnant when she died?" and, if negative, "Did she die during childbirth?" and, if negative, "Did she die within two months after the end of a pregnancy or childbirth?"

Adult and maternal mortality estimation requires accurate reporting of the number of siblings the respondent ever had, the number who died and, for maternal mortality, the number of sisters who have died of maternal causes. Table 17.1 presents several indicators of the quality of sibling survivorship data.

Table 17.1 Data on siblings

Number of siblings reported by female respondents and completeness of reported data on sibling's age, age at death (AD), and years since death (YSD), Uganda 2006

Sibling status and completeness of reporting	Females		Males		Total	
	Number	Percent	Number	Percent	Number	Percent
All siblings reported	28,655	100.0	29,200	100.0	57,855	100.0
Living	21,470	74.9	20,800	71.2	42,270	73.1
Dead	6,949	24.2	8,179	28.0	15,128	26.1
Missing information	236	0.8	221	0.8	457	0.8
Surviving siblings	21,470	100.0	20,800	100.0	42,270	100.0
Age reported	21,423	99.8	20,742	99.7	42,165	99.8
Age missing	47	0.2	58	0.3	105	0.2
Deceased siblings	6,949	100.0	8,179	100.0	15,128	100.0
AD and YSD reported	6,848	98.6	8,014	98.0	14,862	98.2
Missing only AD	39	0.6	81	1.0	120	0.8
Missing only YSD	27	0.4	26	0.3	53	0.3
Missing both	35	0.5	58	0.7	94	0.6

The data do not show any obvious defects that would indicate poor data quality or significant underreporting. A total of 57,855 siblings were recorded in the maternal mortality section of the 2006 UDHS questionnaires. The sex ratio of the enumerated siblings (the ratio of brothers to sisters) is 1.02, which is slightly on the low side (though it is higher than the 1.01 found in the 2000-01 UDHS). The survival status was not reported for only 457 (less than 1 percent) of the siblings. For the surviving siblings, current age was not reported for only 105 (less than half of 1 percent). Among deceased siblings, both the age at death and years since death were missing for less than 1 percent. Rather than exclude the siblings with missing data from further analysis, information on the birth order of siblings in conjunction with other information was used to impute the missing data.[1] The sibling survivorship data, including cases with imputed values, have been used in the direct estimation of adult and maternal mortality. The data also show little difference in the reporting of information about female and male siblings.

17.2 ESTIMATES OF ADULT MORTALITY

The direct estimation of adult mortality uses the reported ages at death and years since death of respondents' brothers and sisters. Mortality rates were calculated by dividing the number of deaths in each age group of females and males by the total person-months of exposure to the risk of dying in that age group during a specified period prior to the survey.[2] To have a sufficiently large number of adult deaths to generate a robust estimate, the ten-year period (0-9 years) prior to the survey was chosen. Nevertheless, since the number of deaths on which the rates are based is not very large (1,151 female deaths and 1,211 male deaths), the estimated age-specific rates are subject to considerable sampling variation.

Table 17.2 shows age-specific mortality rates for women and men age 15-49 for the ten-year period preceding the survey (mid-1997 to mid-2006). Overall, the level of adult mortality is slightly higher among men than women (9.3 and 8.2 deaths per 1,000 population, respectively). The age-specific mortality rates show expected increases for both sexes with increasing age. For age groups 15-19 and 20-24, female mortality slightly exceeds male mortality; the rates are nearly the

Table 17.2 Adult mortality

Direct estimates of female and male adult mortality rates for the ten-year period preceding the survey by age, Uganda 2006

Age	Deaths	Exposure	Mortality rates
WOMEN			
15-19	110	32,369	3.4
20-24	158	32,787	4.8
25-29	219	28,819	7.6
30-34	261	22,737	11.5
35-39	208	15,889	13.1
40-44	125	9,381	13.3
45-49	69	4,901	14.1
15-49	1,151	146,883	8.2
MEN			
15-19	81	30,956	2.6
20-24	140	31,789	4.4
25-29	214	28,407	7.5
30-34	257	22,211	11.6
35-39	234	15,124	15.5
40-44	184	8,747	21.0
45-49	101	4,727	21.4
15-49	1,211	141,960	9.3

Note: Rates for 15-49 have been adjusted to reflect the age distribution of respondents in the household.

[1] The imputation procedure was based on the assumption that the reported birth order of siblings in the history was correct. The first step is to calculate birth dates. For each living sibling with a reported age and each dead sibling with complete information on both age at death and years since death, the birth date was calculated. For a sibling missing these data, a birth date was imputed within the range defined by the birth dates of the bracketing siblings. In the case of living siblings, an age at the time of the survey was then calculated from the imputed birth date. In the case of dead siblings, if either the age at death or years since death was reported, that information was combined with the birth date to produce the missing information. If both pieces of information were missing, the distribution of the ages at death for siblings for whom the years since death was unreported, but age at death was reported, was used as a basis for imputing the age at death.

[2] The death rates for ages 15-49 were adjusted using the age distribution of the de facto population age 15-49 obtained from the Household Questionnaire. This is necessary because the age distribution of siblings is distorted. The survey interviewed only women age 15-49; consequently, siblings at the extremes of the age range (i.e., 15-19 and 45-49) were underreported. This occurred because some of the sisters were ineligible for interview because they fell outside the age cutoff for respondents.

same for women and men at ages 25-29 and 30-34. Above age 35, male mortality exceeds female mortality by wider margins as age advances.

A comparison of the 2006 UDHS data with results from the 1995 and 2000-01 UDHS surveys suggests that there has not been much change in adult mortality levels over the past 10-15 years in Uganda. The summary measure of mortality for age group 15-49 increased slightly from 7.9 to 8.6 for women between the 1995 and 2000-01 surveys before falling slightly to 8.2 for the 2006 survey (Table 17.3). Data for men show even smaller changes, from 9.5 in 1995 to 9.7 in 2000-01 to 9.3 in 2006.

Figures 17.1 and 17.2 show the age-specific mortality rates for males and females aged 15-49 for the ten-year period preceding the 1995, 2000-01 and 2006 UDHS surveys. Each series of rates in the figures is somewhat erratic, most probably because of sampling variability. As expected, the mortality rates rise as age advances. The rise is steeper for men than for women. For both sexes, the rates at age 15-29 (and for men age 30-34 as well) are lowest for the 2006 survey, implying that there has been a decline in mortality among young adults. However, the rates at older ages are either higher or very similar in 2006 compared with those from the previous surveys. Among men age 35-49, there seems to be a gradual but steady increase in mortality rates over the three surveys.

Figure 17.1 **Trends in Adult Mortality Rates for Women, 1995 UDHS, 2000-01 UDHS, and 2006 UDHS**

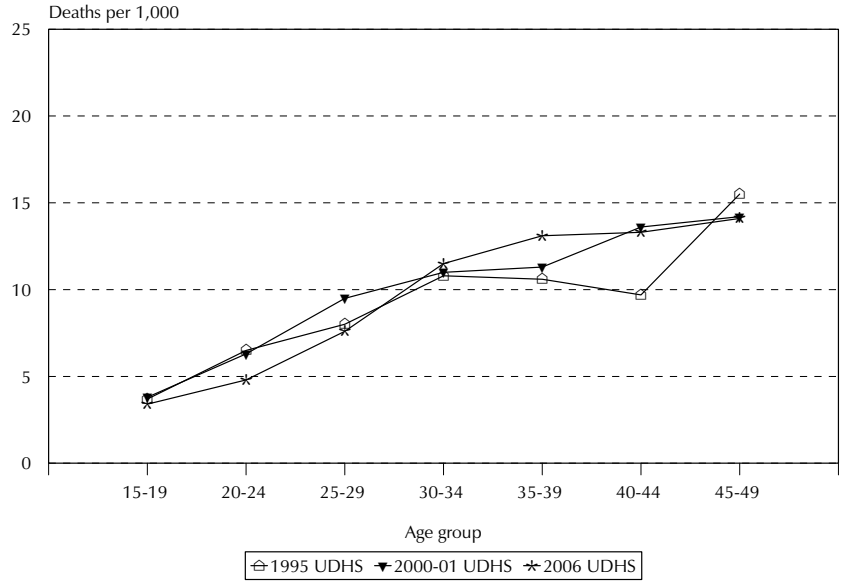


Figure 17.2 Trends in Adult Mortality Rates for Men, 1995 UDHS, 2000-01 UDHS, and 2006 UDHS

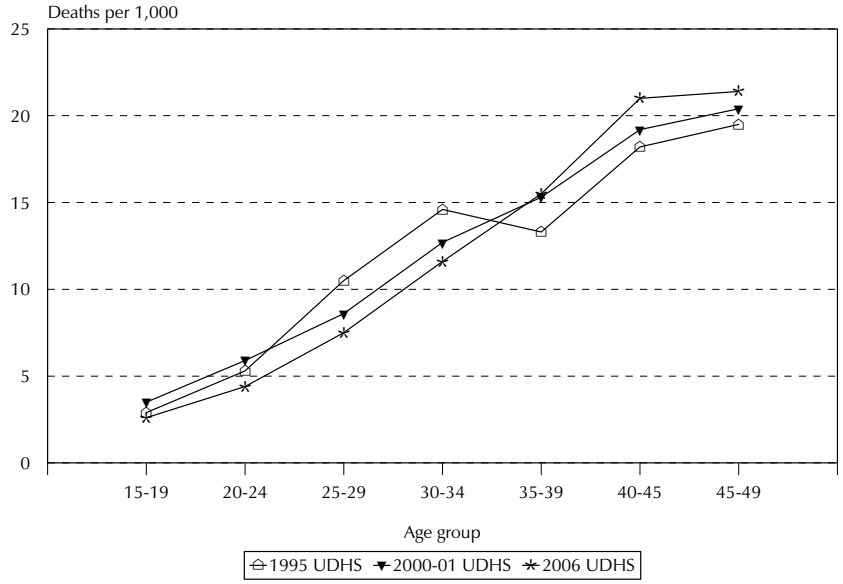


Table 17.3 Trends in adult mortality

Trends in female and male adult mortality rates, Uganda 2006

Age	1995 UDHS	2000-01 UDHS	2006 UDHS
WOMEN			
15-19	3.7	3.8	3.4
20-24	6.5	6.3	4.8
25-29	8.0	9.5	7.6
30-34	10.8	11.0	11.5
35-39	10.6	11.3	13.1
40-44	9.7	13.6	13.3
45-49	15.5	14.2	14.1
15-49	7.9	8.6	8.2
MEN			
15-19	2.9	3.5	2.6
20-24	5.3	5.9	4.4
25-29	10.5	8.6	7.5
30-34	14.6	12.7	11.6
35-39	13.3	15.3	15.5
40-44	18.2	19.2	21.0
45-49	19.5	20.4	21.4
15-49	9.5	9.7	9.3

Note: Rates refer to the 10-year period prior to each survey. Rates for 15-49 have been adjusted to reflect the age distribution of respondents in the household; however, they have not been adjusted for differences in geographic coverage between the surveys.

17.3 ESTIMATES OF MATERNAL MORTALITY

Two survey methods are generally used to estimate maternal mortality in developing countries: the sisterhood method (Graham et al., 1989) and a direct variant of the sisterhood method (Rutenberg and Sullivan, 1991). In this report, the direct estimation procedure is applied. Age-specific mortality rates are calculated by dividing the number of maternal deaths by woman-years of exposure. To remove the effect on the age distribution of siblings from the restriction of interviewing to only women age 15-49, the overall rate for women age 15-49 was standardized by the age distribution of the survey respondents. Maternal deaths are defined as any death that occurred during pregnancy, childbirth, or within two months after the birth or termination of a pregnancy.[3]

Table 17.4 presents direct estimates of maternal mortality for the ten-year period preceding the survey. The data indicate that the rate of mortality associated with pregnancy and childbearing is 1.0 maternal death per 1,000 woman-years of exposure. The estimated age-specific mortality rates display a plausible pattern, being higher at the peak childbearing ages of the 20s and 30s than at younger and older ages. Maternal deaths represent only 13 percent of all deaths among women age 15-49 (151/1151), a figure that is slightly lower than the 15 percent found in 2000-2001 and lower than the level found in most Demographic and Health Surveys (Stanton et al., 1997). The low proportion of maternal deaths may be related to the relatively high proportion of non-maternal deaths (e.g., deaths from AIDS, conflict, or injury) or to underreporting of maternal deaths in the surveys.

Table 17.4 Maternal mortality

Direct estimates of maternal mortality rates and ratio for the 10-year period preceding the survey, Uganda 2006

Age	Maternal deaths	Exposure (woman-years)	Mortality rates
15-19	14	32,369	0.42
20-24	34	32,787	1.04
25-29	42	28,819	1.46
30-34	34	22,737	1.49
35-39	16	15,889	1.01
40-44	7	9,381	0.74
45-49	4	4,901	0.91
15-49	151	146,883	1.00
General fertility rate			0.229
Maternal mortality ratio			435[a]

Note: Rates refer to the 10-year period prior to the survey. The mortality rate for 15-49 and the general fertility rate have been adjusted to reflect the age distribution of respondents in the household.

[a] Per 100,000 births; calculated as maternal mortality rate divided by the general fertility rate.

[3] This time-dependent definition includes all deaths that occurred during pregnancy and two months after pregnancy, even if the death was due to nonmaternal causes. However, this definition is unlikely to result in overreporting of maternal deaths because most deaths to women during the two-month period are from maternal causes, and maternal deaths are more likely to be underreported than overreported.

The overall maternal mortality rate can be converted to a maternal mortality ratio and expressed per 100,000 live births by dividing it by the general fertility rate of 0.229, which prevailed during the same time period. With this procedure, the maternal mortality ratio during the 10-year period before the survey is estimated as 435 maternal deaths per 100,000 live births. This figure should be viewed with caution, since the number of female deaths occurring during pregnancy, at delivery, or within two months of delivery is small (151). As a result, the maternal mortality estimates are subject to larger sampling errors than the adult mortality estimates; the 95 percent confidence intervals indicate that the maternal mortality ratio varies from 345 to 524 (see Appendix Table B.2).

At first glance, it would appear that the maternal mortality ratio has declined significantly over the last five years, from 527 maternal deaths per 100,000 live births for the ten-year period prior to the 1995 UDHS to 505 for the ten-year period before the 2000-01 UDHS, and to 435 for the ten-year period before the 2006 UDHS. However, the methodology used and the sample sizes implemented in these three surveys do not allow for precise estimates of maternal mortality. The sampling errors around each of the estimates are large and, consequently, the estimates are not significantly different; thus, it is impossible to say with confidence that maternal mortality has declined. Moreover, a decline in the maternal mortality ratio is not supported by the trends in related indicators, such as antenatal care coverage, delivery in health facilities, and medical assistance at delivery, all of which have increased only marginally over the last ten years.

VIOLENCE 18

18.1 INTRODUCTION

The World Health Organization defines violence as 'the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation' (Krug et al., 2002). Violence can be self-directed, such as suicidal behaviour; interpersonal, such as family or intimate partner violence or violence between individuals who are not related; or collective, including violence by states or organized groups of people. Furthermore, the nature of violent acts may be physical, sexual, emotional, or may involve neglect or deprivation.

Worldwide, women experience many forms of violence to a greater extent than men. Violence against women is often referred to as gender-based violence. Gender is the term used to denote the social characteristics assigned to men and women, which interact with other factors such as age, religion, nationality, ethnicity, and social background. Gender-based violence is therefore violence targeted to women or girls on the basis of their subordinate status in society (Heise et al., 1995).

Gender-based violence has been shown to have a direct impact on women's reproductive health (Heise et al., 1995; Heise, 1993; Kishor and Johnson, 2004) and child health (Jejeebhoy, 1998). Furthermore, the United Nations has defined violence against women as a public policy and human rights concern (United Nations, 1993; United Nations, 1995).

The 2006 UDHS included a module of questions that focus on specific aspects of violence within this broad realm. The module addresses women's and men's experience of interpersonal violence, including acts of physical, sexual and emotional violence. Information was collected on both domestic violence (also known as spousal violence or intimate partner violence) and violence by other family members or unrelated individuals. Specifically, this chapter presents the prevalence of women and men who ever experienced interpersonal violence (physical violence since the age of 15 and lifetime experience of sexual violence), and the prevalence of women and men who experienced intimate partner violence ever, and in the past 12 months. In addition, detailed information is presented on intimate partner violence including physical consequences of violence and when partner violence started.

18.2 MEASUREMENT OF VIOLENCE

Collecting valid, reliable, and ethical data on intimate partner violence poses particular challenges because: a) what constitutes violence or abuse varies across cultures and individuals; b) a culture of silence surrounds domestic violence that can affect reporting; and c) the sensitivity of the topic, concerns for the safety of respondents and interviewers when asking about domestic violence in a familial setting, and the protection of women who disclose violence, all raise specific ethical concerns. The responses by the 2006 UDHS to these challenges are described below.

18.2.1 The Use of Valid Measures of Violence

The 2006 UDHS measures violence by spouses and by other household members. Accordingly, information was obtained from ever-married women and men on violence by spouses

and by others, and from never-married women and men on violence by anyone, including boyfriends/girlfriends.

International research on violence shows that intimate partner violence is one of the most common forms of violence against women. Thus, spousal/partner violence was measured in more detail than violence by other perpetrators by using a greatly shortened and modified Conflict Tactics Scale (CTS) (Straus, 1990). Specifically, spousal violence was measured using the following set of questions for women:

(Does/did) your (last) husband/partner ever do any of the following things to you?

a) Slap you?
b) Twist your arm or pull your hair?
c) Push you, shake you, or throw something at you?
d) Punch you with his fist or with something that could hurt you?
e) Kick you, drag you or beat you up?
f) Try to choke you or burn you on purpose?
g) Threaten or attack you with a knife, gun, or any other weapon?
h) Physically force you to have sexual intercourse with him even when you did not want to?
i) Force you to perform any sexual acts you did not want to?

In cases when the answer was 'yes', women were asked about the frequency of the act in the 12 months preceding the survey. A 'yes' answer to one or more of items (a) to (g) above constitutes evidence of physical violence, while a 'yes' answer to items (h) or (i) constitutes evidence of sexual violence.

Emotional violence among ever-married women was measured in a similar way, using the following set of questions:

(Does/did) your (last) husband ever:

a) Say or do something to humiliate you in front of others?
b) Threaten to hurt or harm you or someone close to you?
c) Insult you or make you feel bad about yourself?

This approach of asking about specific acts to measure different forms of violence has the advantage of not being affected by different understandings of what constitutes a summary term such as violence. By including a wide range of acts, this approach has the additional advantage of giving the respondent multiple opportunities to disclose any experience of violence.

This same set of questions was asked to men to determine whether they experienced physical, sexual or emotional violence by their wives/partners.

In addition to these questions asked only of ever-married women and men, all women and men were asked about physical violence from persons other than the current or most recent spouse/partner with the question: *From the time you were 15 years old, has anyone [other than your (current/last) husband/wife] hit, slapped, kicked, or done anything else to hurt you physically?* Respondents who answered this question in the affirmative were asked who had done this to them and the frequency of such violence during the 12 months preceding the survey.

All women and men were also asked: *At any time in your life, as a child or as an adult, has any one ever forced you in any way to have sexual intercourse or perform any other sexual acts?* Respondents who said "yes" were then asked questions about the age at which this first happened and the person who committed the act.

Although this approach to questioning is generally considered to be optimal, the possibility of underreporting of violence, particularly of sexual violence, cannot be entirely ruled out in any survey.

18.2.2 Ethical Considerations

Three specific protections were built into the questionnaire, in accordance with the World Health Organization's ethical and safety recommendations for research on domestic violence (WHO, 2001):

a) Only one eligible person in each household was administered the questions on violence. In every three households one household was pre-selected for an interview on violence with one female respondent. From the remaining two households, one was pre-selected for an interview on violence with one male respondent. In households with more than one eligible man or woman, the respondent to participate in the module was randomly selected through a specially designed simple selection procedure (based on the 'Kish Grid') which was built into the Household Questionnaire. Interviewing only one person in each household using the violence module provides assurance to the selected respondent that other respondents in the household will not talk about the types of questions the selected respondent was asked.

b) Informed consent was obtained from the respondent for the survey at the start of the individual interview. In addition, at the start of the violence section, the respondents were read an additional statement informing them the proceeding questions could be sensitive and reassuring them of the confidentiality of their responses.

c) The violence module was implemented only if privacy could be obtained. If privacy could not be obtained, the interviewer was instructed to skip the module, thank the respondent, and end the interview. If a translator was needed to conduct the interview, in order to maintain privacy, respondents were not asked questions from the violence module.

18.2.3 Special Training for Implementing the Domestic Violence Module

Complete privacy is also essential for ensuring the security of the respondent and the interviewer. Asking about or reporting violence, especially in households where the perpetrator may be present at the time of interview, carries the risk of further violence. Accordingly, interviewers were provided specific training for implementing the violence module to enable the field staff to collect violence data in a secure, confidential and ethical manner.

Although most women interviewed do not necessarily ask for help, some abused women may ask the interviewer for assistance. To prepare for this possibility interviewers were trained to instruct the respondents that they could seek help from the Probation and Social Welfare Officer at the district level. These officers are responsible for handling social welfare matters in the district, including the welfare of children and families.

18.2.4 Characteristics of the Sub-sample of Respondents for the Violence Module

Given that only one person was administered the domestic violence module in each selected household, and that the violence module was not administered if privacy could not be obtained, only 58 of the 2,169 women eligible for the violence module had to be excluded because of lack of privacy. An additional 24 women were not interviewed for other reasons. Among men, 1,877 were eligible, 25 were excluded because privacy could not be obtained, and 8 were not interviewed for other reasons. It is noteworthy that the age, marital status, residential, regional, educational, and wealth index distributions of the sub-sample of respondents selected for the violence module are virtually identical to the entire UDHS sample of respondents (data not shown).

18.3 Experience of Violence by Women Age 15-49 and Men Age 15-54

This section of the chapter discusses women's and men's experience of violence by any individual. The section begins by examining experience of physical violence since age 15 and physical violence during pregnancy, and continues by presenting data on lifetime experience of sexual violence. Background characteristics associated with increased risk of violence are also discussed.

18.3.1 Physical Violence since Age 15

Table 18.1 shows the distribution of women and men who have experienced physical violence since age 15, ever and in the previous 12 months, by background characteristics. Six in ten women have experienced physical violence since the age of 15. More than half of these women, or 34 percent of all women have experienced physical violence in the past 12 months. Seven percent of women experience physical violence often, while 28 percent experienced violence occasionally in the past 12 months.

The proportion of women who have experienced physical violence is highest among women age 25-39. However, women age 15-19 are most likely to report having experienced physical violence in the past 12 months (40 percent). Women who are employed but are not paid in cash are more likely to report having experienced physical violence since age 15 and having experienced physical violence in the past 12 months than women who are unemployed, or employed for cash.

Women who have never married are less likely to have ever experienced physical violence (52 percent) than women who are currently married or divorced/widowed/separated (62 percent and 63 percent, respectively). The pattern for recent violence is different, with currently married women most likely to have experienced physical violence in the past 12 months (38 percent) and formerly married women being least likely (24 percent). Parity is also related to experience of physical violence. Women with three or more living children are more likely to have experienced physical violence since age 15 and in the past 12 months than women with 1-2 children or no children.

Physical violence is higher among women in rural areas than those in urban areas (61 percent compared with 54 percent). Women in rural areas are also more likely to have experienced physical violence in the past 12 months, and to have experienced it often during that time. There is substantial variation in experience of physical violence by region. The percentage of women who ever experienced physical violence ranges from 52 percent in Kampala to 76 percent in Eastern region.

Experiencing physical violence ever and in the past 12 months is highest among women with only primary education (62 percent and 38 percent, respectively). Although women with no education and those with secondary education or higher are equally likely to have ever experienced physical violence, women with no education are much more likely to have experienced physical violence in the past 12 months (36 percent) than those with secondary or higher education (22 percent). By wealth quintile, there is no clear pattern in women ever experiencing physical violence. Nevertheless, women's experience of physical violence in the past 12 months decreases consistently with increasing wealth quintile.

Ever experiencing physical violence is somewhat lower among men than among women (53 percent compared with 60 percent). In addition, men are much less likely than women to have experienced physical violence in the past 12 months (20 percent compared with 34 percent). In the 12 months preceding the survey, 16 percent of men experienced violence sometimes, and 5 percent experienced it often.

Table 18.1 Experience of physical violence

Percentage of women and men age 15-49 who experienced physical violence since age 15 and percentage who experienced physical violence in the past 12 months, by background characteristics Uganda 2006

Background characteristic	Percentage of women who experienced physical violence since age 15					Percentage of men who experienced physical violence since age 15				
		In the past 12 months			Number of women		In the past 12 months			Number of men
	Ever[1]	Often	Sometimes	Any		Ever[1]	Often	Sometimes	Any	
Current age										
15-19	56.0	5.1	35.0	40.1	471	51.0	10.7	21.8	32.5	435
20-24	55.8	5.5	21.9	27.4	412	60.6	4.6	11.2	15.8	310
25-29	62.9	6.8	31.9	38.7	333	48.0	1.8	11.3	13.0	254
30-39	65.7	8.9	28.9	37.8	546	49.9	1.6	15.3	16.9	486
40-49	57.6	5.3	19.7	24.9	325	55.6	2.9	15.1	18.0	279
Employment										
Not employed	58.3	3.0	28.7	31.7	236	40.7	3.5	9.6	13.1	97
Employed for cash	57.0	5.7	23.1	28.7	972	53.0	3.8	15.1	18.9	1,112
Employed not for cash	63.4	8.3	33.1	41.4	879	54.6	6.5	17.7	24.2	551
Marital status										
Never married	52.4	3.2	27.7	30.9	489	54.3	8.5	16.9	25.5	683
Married or living together	61.9	6.9	31.2	38.1	1,304	51.9	2.0	15.1	17.1	993
Divorced/separated/widowed	63.3	10.1	14.0	24.1	294	49.4	3.6	9.8	13.4	87
Number of living children										
0	52.8	3.8	28.0	31.8	506	55.4	8.0	16.5	24.5	737
1-2	59.8	6.2	26.6	32.8	531	44.5	2.0	13.7	15.7	316
3-4	64.6	6.9	31.7	38.6	439	51.2	2.0	14.1	16.2	270
5+	62.4	8.7	26.3	34.9	611	54.9	2.3	16.2	18.5	442
Residence										
Urban	54.1	4.0	21.6	25.7	342	50.2	5.4	9.1	14.5	304
Rural	61.0	7.0	29.2	36.1	1,745	53.2	4.4	16.9	21.4	1,460
Region										
Central 1	58.7	4.7	22.4	27.1	205	51.0	7.1	17.5	24.6	202
Central 2	59.3	7.1	25.6	32.7	197	54.5	11.5	18.2	29.7	175
Kampala	52.3	1.4	16.3	17.7	175	52.0	7.5	7.3	14.8	159
East Central	66.1	4.7	33.9	38.6	196	31.0	2.3	6.6	8.8	151
Eastern	75.6	6.2	38.8	45.0	297	71.9	6.2	22.5	28.7	240
North	54.0	6.7	29.0	35.6	316	53.1	2.8	17.9	20.7	248
West Nile	64.1	2.6	35.6	38.2	113	82.6	2.3	20.9	23.2	88
Western	56.1	11.4	23.2	34.6	316	40.8	1.1	14.8	16.0	282
Southwest	53.8	7.8	26.3	34.1	274	49.8	2.0	12.4	14.4	220
North sub-regions										
IDP	52.3	6.3	31.5	37.8	118	69.8	5.3	28.4	33.7	108
Karamoja	49.2	7.3	30.1	37.4	64	52.9	2.9	7.6	10.5	46
Education										
No education	56.9	8.9	27.1	36.0	383	33.7	2.8	10.3	13.0	95
Primary	61.5	6.9	31.0	37.9	1,294	54.2	4.9	16.6	21.6	1,131
Secondary +	57.6	2.8	19.1	21.9	410	52.8	4.2	14.3	18.5	538
Wealth quintile										
Lowest	60.2	8.9	33.4	42.3	382	59.5	2.4	18.9	21.3	272
Second	66.5	9.3	31.4	40.7	370	57.9	4.9	19.7	24.7	377
Middle	59.2	7.3	26.7	34.0	404	44.9	3.2	13.8	16.9	298
Fourth	60.9	5.6	26.3	31.9	422	48.9	6.1	12.9	19.1	368
Highest	54.5	2.7	23.6	26.4	509	52.4	5.4	13.4	18.8	449
Total 15-49	59.9	6.5	27.9	34.4	2,087	52.7	4.6	15.6	20.2	1,764
Men 50-54	na	na	na	na	na	48.3	3.6	8.9	12.5	80
Total men 15-54	na	na	na	na	na	52.5	4.6	15.3	19.8	1,844

Note: Totals include 5 men with information missing on employment status.
na = Not applicable
[1] Includes in the past 12 months

There is no clear pattern among men in ever experiencing physical violence by age; however, men age 15-19 are much more likely than older men to have experienced physical violence in the past 12 months. Similarly to women, men who are employed but are not paid in cash are more likely than other men to experience physical violence ever and in the past 12 months.

Unlike women, men who have never married are most likely to have experienced physical violence, ever and in the past 12 months. Men with no living children are more likely than other men to have experienced physical violence in the past 12 months. As in the case for women, men in rural areas are more likely than those in urban areas to experience physical violence, but the differential is not as great. The distribution of physical violence by region differs for men and women. Men are least likely to have ever experienced physical violence in East Central region (31 percent), and most likely in West Nile (83 percent). Men with no education are less likely than educated men to have experienced physical violence ever and in the past 12 months.

Table 18.2 Persons committing physical violence

Among women and men age 15-49 who experienced physical violence since age 15, percentage who reported that specific persons committed the violence, by marital status, Uganda 2006

Person	Marital status: Ever married	Marital status: Never married	Total
	WOMEN		
Current husband/partner	63.3	na	50.4
Former husband/partner	22.5	na	17.9
Current boyfriend	0.0	0.8	0.2
Former boyfriend	1.4	0.6	1.3
Father/stepfather	9.9	21.1	12.2
Mother/stepmother	10.3	24.3	13.2
Sister/brother	9.0	19.2	11.1
Daughter/son	0.0	0.0	0.0
Other relative	3.4	10.4	4.8
Mother-in-law	0.3	na	0.2
Other in-law	1.6	na	1.3
Teacher	7.3	55.4	17.1
Employer/someone at work	0.6	0.0	0.5
Police/soldier	0.6	0.0	0.4
Other	8.0	13.9	9.2
Number	993	256	1,249
	MEN		
Current wife/partner	34.1	na	20.5
Former wife/partner	5.1	na	3.1
Current girlfriend	2.4	0.0	1.5
Former girlfriend	1.6	0.3	1.1
Father/stepfather	18.5	25.5	21.3
Mother/stepmother	8.6	13.4	10.5
Sister/brother	10.3	10.5	10.4
Daughter/son	0.3	0.0	0.2
Other relative	22.8	16.4	20.2
Mother-in-law	0.0	na	0.1
Other in-law	0.9	na	0.5
Teacher	17.5	44.7	28.4
Employer/someone at work	2.8	4.7	3.5
Police/soldier	7.9	2.2	5.6
Other	29.4	34.7	31.5
Number	558	371	930

na = Not applicable

Among men and women who ever experienced physical violence, Table 18.2 shows the percentages who report specific persons who committed the violence by current marital status of the respondent. Since respondents could have experienced violence at the hands of several people, the percentages do not sum to 100. Among ever-married women who have experienced physical violence since age 15, 63 percent report that a current husband or partner committed physical violence against them, while 23 percent report they experienced violence by a former husband/partner. Other perpetrators commonly reported by ever-married women are parents or stepparents (10 percent), sisters and brothers (9 percent), and teachers (7 percent). Ever-married men who experienced physical violence since age 15 are much less likely than women to report that violence was perpetrated by their current or former wife/partner (34 percent and 5 percent, respectively). Ever-married men are more likely to experience violence by a father or stepfather (19 percent), a sister or brother (10 percent), or other relatives (23 percent). Eighteen percent report violence was perpetrated against them by a teacher.

Among men and women who have never been married, teachers are the by far the most common perpetrators of physical violence, reported by 55 percent of women and 45 percent of men. Never-married men and women are also likely to experience violence at the hands of family members. It is interesting to note that women are somewhat more likely to report experiencing physical violence by mothers/stepmothers than by fathers/stepfathers while men are more likely to report the opposite.

18.3.2 Physical Violence during Pregnancy

Women who have ever been pregnant were asked about experience of physical violence during pregnancy. The findings presented in Table 18.3 indicate that overall, 16 percent of women in Uganda experience physical violence while pregnant. Results by background characteristics reveal that the likelihood of having experienced violence during pregnancy increases with the number of living children, from 6 percent of women who have ever been pregnant and have no living children to 18 percent among women who have five or more children. This relationship is not unexpected because women with more living children have had more pregnancies, and thus greater exposure to the risk of physical violence during pregnancy.

Only 4 percent of never-married women who have ever been pregnant are physically abused during pregnancy, compared with 16 percent of ever-married women. Seven percent of urban women experience physical violence while pregnant compared with 17 percent of rural women. By region, experience of violence during pregnancy reflects the prevalence of ever having experienced physical violence (see Table 18.1) with women in Eastern region being most at risk. Relatively higher levels of physical violence during pregnancy are also found among women in the lower wealth quintiles. Women with secondary education are less likely to experience physical violence during pregnancy than those with lower education.

18.3.3 Lifetime Sexual Violence

The 2006 UDHS investigated women's and men's experience of sexual violence, including a question on whether the respondent's first sexual intercourse was forced against his or her will. As expected, forced first sexual intercourse is much more common among women than men. Almost one in four women age 15-49 (24 percent) report that their first sexual intercourse was forced against their will, compared with less than 1 percent of men (data not shown).

Table 18.3 Violence during pregnancy

Among women age 15-49 who have ever been pregnant, percentage who ever experienced physical violence during pregnancy, by background characteristics, Uganda 2006

Background characteristic	Percentage who ever experienced physical violence during pregnancy	Number of women who have ever been pregnant
Current age		
15-19	12.9	122
20-24	15.5	343
25-29	14.7	321
30-39	16.9	535
40-49	15.9	322
Marital status		
Never married	4.1	70
Married or living together	16.3	1,282
Divorced/separated/widowed	15.8	291
Number of living children		
0	6.1	62
1-2	12.8	531
3-4	17.4	439
5+	18.0	611
Residence		
Urban	6.6	245
Rural	17.3	1,398
Region		
Central 1	15.1	164
Central 2	11.1	148
Kampala	6.3	115
East Central	15.6	165
Eastern	23.5	221
North	16.5	255
West Nile	16.4	88
Western	15.9	261
Southwest	14.8	225
North sub-regions		
IDP	17.4	103
Karamoja	12.7	46
Education		
No education	15.8	372
Primary	16.7	1,021
Secondary +	11.5	249
Wealth quintile		
Lowest	20.1	313
Second	24.4	311
Middle	12.7	342
Fourth	12.6	330
Highest	9.8	347
Total	15.7	1,643

In addition to the question on whether first sexual intercourse was forced, the 2006 UDHS included two sets of questions on sexual violence. Sexual violence limits women's ability to practice safer sex and to protect themselves from STIs and unwanted pregnancies (WHO, 1999). The first set of questions asked ever-married respondents only about sexual violence committed by their current spouse, if they were currently married, and the most recent spouse, if they were currently divorced, separated, or widowed. The second set asked all respondents whether they had ever, as a child or as an adult, experienced sexual violence. Sexual violence here includes being forced to have sexual intercourse or perform any other sexual acts against one's will. Tables 18.4 through 18.6 present the results on experiencing any sexual violence. The results on sexual violence by a spouse or intimate partner are explored later in the chapter.

Table 18.4 Experience of sexual violence

Percentage of women and men age 15-49 who have ever experienced sexual violence, by background characteristics, Uganda 2006

Background characteristic	Women		Men	
	Percentage who have ever experienced sexual violence[1]	Number of women	Percentage who have ever experienced sexual violence[1]	Number of men
Current age				
15-19	21.3	471	7.4	435
20-24	40.9	412	9.1	310
25-29	41.4	333	17.2	254
30-39	49.0	546	12.6	486
40-49	42.9	325	9.8	279
Employment				
Not employed	22.8	236	3.4	97
Employed for cash	45.1	972	14.5	1,112
Employed not for cash	36.7	879	5.1	551
Marital status				
Never married	18.4	489	8.8	683
Married or living together	43.2	1,304	11.9	993
Divorced/separated/widowed	54.5	294	15.9	87
Residence				
Urban	31.4	342	9.6	304
Rural	40.5	1,745	11.2	1,460
Region				
Central 1	46.3	205	13.0	202
Central 2	31.6	197	21.6	175
Kampala	28.2	175	10.6	159
East Central	52.9	196	9.0	151
Eastern	43.0	297	14.0	240
North	32.4	316	3.6	248
West Nile	25.0	113	0.0	88
Western	42.6	316	8.4	282
Southwest	40.7	274	14.6	220
North sub-regions				
IDP	27.7	118	3.9	108
Karamoja	33.2	64	0.0	46
Education				
No education	42.6	383	6.0	95
Primary	39.9	1,294	11.6	1,131
Secondary +	32.7	410	10.3	538
Wealth quintile				
Lowest	36.1	382	6.3	272
Second	42.8	370	7.1	377
Middle	43.5	404	12.8	298
Fourth	40.3	422	16.9	368
Highest	33.8	509	10.7	449
Total 15-49	39.0	2,087	10.9	1,764
Men 50-54	na	na	17.8	80
Total men 15-54	na	na	11.2	1,844

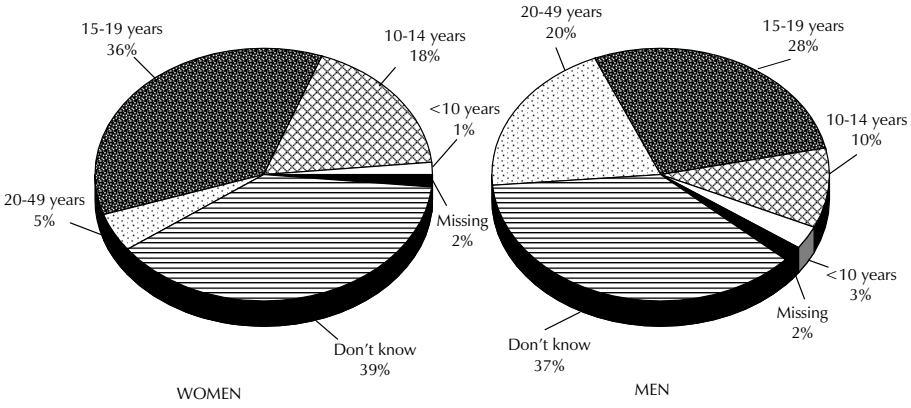
Note: Total includes 5 men with information missing on employment status.
na = Not applicable
[1] Includes those whose sexual initiation was forced against their will

As shown in Table 18.4, almost four in ten women have ever experienced sexual violence (39 percent). Women age 15-19 are least likely to have experienced sexual violence. Women who are employed for cash, those who are divorced/separated/widowed, and those who live in rural areas are more likely than other women to have experienced sexual violence. By region, the proportion of women who have experienced sexual violence ranges from 25 percent in West Nile region to more than double that, 53 percent, in East Central region. Prevalence of sexual violence is lower than the national average in both IDP camps and Karamoja. The likelihood of experiencing sexual violence decreases with a woman's educational attainment, and it is higher among women in the middle wealth quintiles than those in the lowest and highest quintiles.

Eleven percent of men report ever experiencing sexual violence. Ever having experienced sexual violence is highest among men age 25-39. Differentials among men by employment and marital status are similar to those among women. Like women, those in rural areas are more likely to have experienced sexual violence, and those in West Nile region are least likely to have experienced it. Unlike women, men in Central 2 region, men with any education, and men in the higher three wealth quintiles are more likely to experience sexual violence than other men.

Figure 18.1 shows the percent distribution of respondents who have experienced sexual violence by age at first experience of sexual violence. In the UDHS questionnaire, if a respondent experienced sexual violence only by their current spouse/partner (or the most recent spouse if they are currently divorced/separated), and their sexual initiation was not forced against their will, information was not collected on age at first experience of sexual violence. These respondents are included in the column for 'Don't know', which represents 39 percent of women and 37 percent of men.

Figure 18.1 Age at First Experience of Sexual Violence



Note: 'Don't know' includes repondents who reported having experienced sexual violence only by their current spouse (if currently married) or most recent spouse (if divorced, separated,, or widowed), and whose sexual initiation was not forced against their will. For these respondents, the age at first experience of sexual violence is not known.

UDHS 2006

For 36 percent of women who ever experienced sexual violence, the first experience of violence occurred at age 15-19. A notable proportion of women with experience of sexual violence first experienced such violence below the age of 15 (18 percent). Among men, a higher proportion of those who experienced sexual violence had their first such experience over the age of 20 (20 percent compared with 5 percent of women). Twenty-eight percent of men who experienced sexual violence first experienced it at age 15-19, while 13 percent experienced sexual violence before the age of 15.

Table 18.5 shows the perpetrators of sexual violence against women and men according to marital status. Overall, 44 percent of women who have experienced sexual violence experienced this violence at the hands of a current husband or partner, while 22 percent experienced sexual violence by a former husband or partner. Other perpetrators of sexual violence reported by women are current or former boyfriend (10 percent), stranger (8 percent) and a friend or acquaintance (7 percent). Among never-married women, current or former boyfriends and strangers are most commonly reported as perpetrators of sexual violence (27 percent each).

Among men who have ever experienced sexual violence, 34 percent report they experienced this violence at the hands of their current wife or partner while 17 percent reported they experienced sexual violence by a stranger.

Table 18.5 Persons committing sexual violence

Among women and men age 15-49 who have experienced sexual violence, percentage who reported that specific persons committed the sexual violence, by current marital status and age at first experience of sexual violence, Uganda 2006

	Marital status		Age at first experience of sexual violence			Age at first experience of sexual violence			
Person	Ever married	Never married	<15 years	15 years or higher	Don't know[1]	<18 years	18 years or higher	Don't know[1]	Total
				WOMEN					
Current husband/partner	49.2	na	15.6	29.3	73.9	21.7	36.4	73.9	43.7
Former husband/partner	24.5	na	22.4	21.3	23.1	24.9	10.6	23.1	21.8
Current/former boyfriend	7.5	27.4	12.7	17.8	0.5	15.5	18.6	0.5	9.7
Other relative	1.2	4.0	4.3	1.7	0.0	3.3	0.0	0.0	1.5
In-law	0.6	na	0.6	0.9	0.0	0.3	2.9	0.0	0.5
Own friend/acquaintance	4.9	20.8	11.0	10.9	0.6	10.9	11.0	0.6	6.7
Family friend	2.0	4.6	4.3	3.7	0.0	3.6	4.7	0.0	2.3
Teacher	0.1	0.0	0.0	0.2	0.0	0.1	0.0	0.0	0.1
Employer/someone at work	0.2	0.4	0.0	0.6	0.0	0.1	1.5	0.0	0.2
Police/soldier	0.2	0.0	1.1	0.0	0.0	0.4	0.0	0.0	0.2
Stranger	6.0	27.3	20.6	10.7	0.6	13.8	13.8	0.6	8.3
Other	1.1	11.0	7.4	2.2	0.0	4.8	0.4	0.0	2.2
Missing	2.6	4.7	0.0	0.7	1.4	0.6	0.0	1.4	2.8
Number of women	724	90	149	329	320	369	108	320	814
				MEN					
Current wife/partner	49.5	na	(0.0)	0.7	90.0	0.0	1.0	90.0	34.0
Former wife/partner	8.6	na	(0.0)	4.6	10.0	0.0	6.8	10.0	5.9
Current/former girlfriend	5.2	(14.6)	(0.0)	16.8	0.0	13.0	13.6	0.0	8.1
Father	0.0	(0.8)	(2.0)	0.0	0.0	0.9	0.0	0.0	0.3
Stepfather	0.8	(0.0)	(0.0)	1.1	0.0	0.0	1.6	0.0	0.5
Other relative	6.4	(12.7)	(32.2)	8.3	0.0	19.0	8.2	0.0	8.4
Own friend/acquaintance	6.4	(15.8)	(6.5)	17.6	0.0	10.1	19.9	0.0	9.3
Family friend	2.5	(2.1)	(7.9)	2.8	0.0	3.5	4.2	0.0	2.4
Employer/someone at work	2.0	(0.0)	(0.0)	2.8	0.0	0.0	4.3	0.0	1.4
Police/soldier	0.5	(0.0)	(0.0)	0.7	0.0	0.0	1.0	0.0	0.3
Stranger	7.2	(36.8)	(14.2)	30.3	0.0	27.4	26.5	0.0	16.5
Other	9.6	(15.3)	(37.1)	13.6	0.0	24.9	12.8	0.0	11.4
Missing	1.4	(1.8)	(0.0)	0.7	0.0	1.2	0.0	0.0	1.5
Number of men	132	60	25	93	72	56	62	72	192

Note: Totals include 17 women and 3 men with information missing on age at first sexual intercourse. Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable
[1] Includes respondents who reported experiencing sexual violence only by their current spouse (if currently married) or most recent spouse (if divorced, separated, or widowed), and whose sexual initiation was not forced against their will. For these respondents, age at first experience of sexual violence is not known.

18.3.4 Physical or Sexual Violence

Table 18.6 shows the percentages of respondents who have received different combinations of physical and sexual violence, by age. Overall, 31 percent of women age 15-49 have experienced only physical violence, while 11 percent have experienced only sexual violence. Almost one in three women (29 percent) has experienced both physical and sexual violence, and seven in ten women have experienced either physical or sexual violence. The likelihood of having experienced either physical or sexual violence increases with age, from 65 percent among women age 15-19 to 75 percent among women age 30-39 before dropping slightly among women in the 40-49 age group.

Among men age 15-49, 45 percent have experienced only physical violence. This is higher than the proportion of women who have experienced only physical violence, but that is because women are more likely to experience sexual violence in addition to physical violence. Four percent of men have experienced sexual violence only, while 7 percent have experienced physical and sexual violence. Notably, women are 4 times more likely than men to experience both physical and sexual violence. Over half of men (56 percent) have experienced physical or sexual violence.

Table 18.6 Experience of different forms of violence

Percentage of women and men age 15-49 who have experienced various forms of violence, by current age, Uganda 2006

Age	Physical violence only	Sexual violence only[1]	Physical and sexual violence[1]	Physical or sexual violence[1]	Number of respondents
WOMEN					
15-19	43.8	9.0	12.2	65.1	471
15-17	47.1	8.4	9.3	64.8	311
18-19	37.3	10.3	18.0	65.6	160
20-24	29.3	14.4	26.5	70.3	412
25-29	31.7	10.3	31.2	73.1	333
30-39	26.3	9.6	39.5	75.3	546
40-49	24.2	9.5	33.5	67.1	325
Total 15-49	31.4	10.5	28.5	70.4	2,087
MEN					
15-19	45.1	1.5	5.9	52.5	435
15-17	43.3	1.1	4.4	48.7	277
18-19	48.2	2.2	8.7	59.1	158
20-24	53.7	2.2	6.9	62.8	310
25-29	36.6	5.9	11.3	53.9	254
30-39	42.3	4.9	7.6	54.9	486
40-49	50.0	4.1	5.6	59.8	279
Total 15-49	45.4	3.6	7.3	56.3	1,764
Men 50-54	38.1	7.6	10.2	55.9	80
Total men 15-54	45.1	3.8	7.4	56.3	1,844

[1] Includes forced sexual initiation

18.4 SPOUSAL/INTIMATE PARTNER VIOLENCE

This section of the chapter is devoted to violence perpetrated by intimate partners who are married to the respondent, or who live with the respondent as if married. Since spousal or intimate partner violence is the most common form of violence for women age 15-49, the 2006 UDHS collected detailed information on the different types of violence experienced—physical, sexual, and emotional. Currently married women were asked about violence perpetrated by their current husband,

and formerly married women were asked about violence perpetrated by their most recent husband. Respondents were asked about seven specific acts of physical violence, two of sexual violence, and three of emotional violence. The acts are listed in Table 18.7.1. Men were asked an identical set of questions about violence perpetrated by their current or most recent wives.

18.4.1 Physical, Sexual, or Emotional Violence

According to Table 18.7.1 and Figure 18.2, 48 percent of women have ever experienced physical violence at the hands of their husband or partner, 36 percent have ever experienced sexual violence, and 49 percent have experienced emotional violence. Overall, more than two-thirds of ever-married women (68 percent) have experienced any kind of violence (physical, sexual or emotional) by a husband or other intimate partner.

Table 18.7.1 Forms of spousal violence: Women

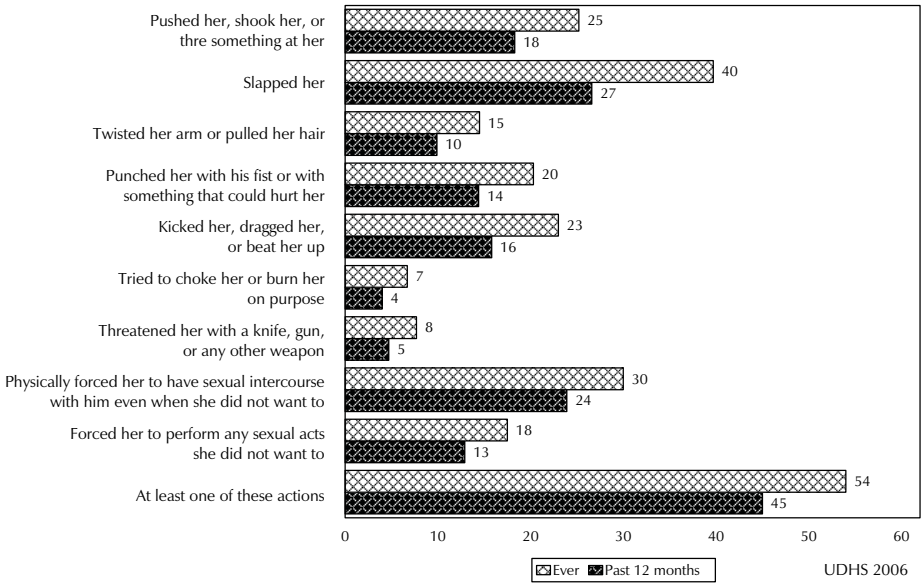
Percentage of ever-married women age 15-49 who have experienced various forms of violence by their husband/partner, ever and in the 12 months preceding the survey, Uganda 2006

Type of violence experienced	Ever	In the past 12 months[1]		
		Often	Sometimes	Any
Physical violence				
Any	48.0	7.6	27.3	34.9
Pushed her, shook her, or threw something at her	25.2	3.2	15.1	18.3
Slapped her	39.7	5.1	21.6	26.6
Twisted her arm or pulled her hair	14.5	1.6	8.2	9.9
Punched her with his fist or with something that could hurt her	20.3	1.9	12.5	14.4
Kicked her, dragged her, or beat her up	23.0	2.2	13.6	15.8
Tried to choke her or burn her on purpose	6.7	0.6	3.4	4.0
Threatened her or attacked her with a knife, gun, or any other weapon	7.7	0.6	4.1	4.7
Sexual violence				
Any	35.5	8.1	16.7	24.8
Physically forced her to have sexual intercourse with him even when she did not want to	30.0	7.9	16.0	23.9
Forced her to perform any sexual acts she did not want to	17.5	4.4	8.6	12.9
Sexual initiation was with current or most recent husband and was forced[2]	8.5	na	na	na
Emotional violence				
Any	48.6	11.2	27.8	39.0
Said or did something to humiliate her in front of others	24.2	4.9	14.4	19.3
Threatened to hurt or harm her or someone close to her	21.8	3.8	12.2	16.0
Insulted her or made her feel bad about herself	42.1	9.5	24.1	33.5
Any form of physical and/or sexual violence	59.1	13.2	31.8	45.0
Any form of physical and sexual violence	24.5	8.9	11.5	20.3
Any form of emotional, physical and/or sexual violence	67.9	18.8	36.6	55.4
Any form of emotional, physical and sexual violence	19.9	9.1	8.1	17.2
Number of ever-married women	1,598	1,518	1,518	1,518

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women.
na = Not applicable
[1] Excludes widows
[2] Excludes women who have been married more than once since their sexual initiation could not have been with the current/most recent partner.

Among the physical acts of violence, slapping was the most commonly reported act, experienced by 40 percent of women. One in four women have been pushed, shaken, or have had something thrown at them by their husbands or partners. Thirty percent of women were forced to have sex by their husbands/partners when they did not want to, and 42 percent of women were insulted or demeaned.

Figure 18.2 Percentage of Ever-married Women Age 15-49 Who Have Experienced Various Forms of Physical and Sexual Violence by Their Husband/Partner



Rates of spousal or intimate partner violence against men are lower than for women (Table 18.7.2). One in five men report they have ever experienced physical violence by their wives or partners, with 12 percent having experienced such violence in the past 12 months. Seven percent experienced sexual violence, and 35 percent experienced emotional violence. Almost one in four men (24 percent) experienced emotional violence in the past 12 months.

The most common physical act of violence was being pushed, shaken, or having something thrown at them, with 10 percent of men reporting they ever experienced this type of violence at the hands of their wives or partners. Six percent of men report they have been physically forced by their wives to have sex, and 30 percent have been insulted or made to feel bad about themselves.

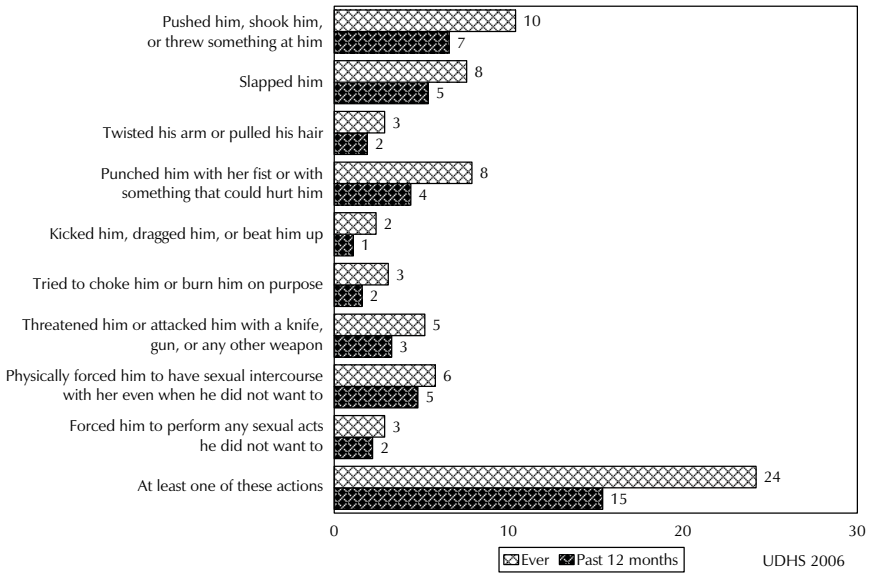
Table 18.7.2 Forms of spousal violence: Men

Percentage of ever-married men age 15-49 who have experienced various forms of violence by their wife/partner, ever and in the 12 months preceding the survey, Uganda 2006

Type of violence experienced	Ever	In the past 12 months[1]		
		Often	Sometimes	Any
Physical violence				
Any	19.5	1.9	9.6	11.5
Pushed him, shook him, or threw something at him	10.4	0.8	5.8	6.6
Slapped him	7.6	0.9	4.4	5.4
Twisted his arm or pulled his hair	2.9	0.1	1.7	1.9
Punched him with her fist or with something that could hurt him	7.9	0.2	4.2	4.4
Kicked him, dragged him, or beat him up	2.4	0.1	1.0	1.1
Tried to choke his or burn him on purpose	3.1	0.1	1.5	1.6
Threatened him or attacked him with a knife, gun, or any other weapon	5.2	0.5	2.7	3.3
Sexual violence				
Any	7.2	0.8	4.9	5.7
Physically forced him to have sexual intercourse with him even when he did not want to	5.8	0.7	4.1	4.8
Forced him to perform any sexual acts he did not want to	2.9	0.2	2.0	2.2
Sexual initiation was with current or most recent wife and was forced[2]	0.0	na	na	na
Emotional violence				
Any	35.0	5.2	18.6	23.8
Said or did something to humiliate him in front of others	14.9	1.7	7.6	9.3
Threatened to hurt or harm him or someone close to him	9.5	1.1	4.7	5.8
Insulted him or made him feel bad about himself	29.6	3.8	16.3	20.1
Any form of physical and/or sexual violence	24.2	2.5	12.9	15.4
Any form of physical and sexual violence	2.5	0.8	1.2	2.0
Any form of emotional, physical and/or sexual violence	43.2	6.3	23.4	29.7
Any form of emotional, physical and sexual violence	1.9	0.9	0.7	1.6
Number of ever-married men	1,081	1,072	1,072	1,072

Note: Wife/partner refers to the current wife/partner for currently married men and the most recent wife/partner for divorced, separated or widowed men.
na = Not applicable
[1] Excludes widowers
[2] Excludes men who have been married more than once since their sexual initiation could not have been with the current/most recent partner.

Figure 18.3 Percentage of Ever-married Men 15-49 Who Have Experienced Various Forms of Physical and Sexual by Their Wife/Partner



Tables 18.8.1 and 18.8.2 show the experience of ever-married men and women with different types of violence by background characteristics. Among ever-married women, those who are not employed are least likely to have experienced emotional, physical and sexual violence at the hands of their husbands or other intimate partners, while those who are employed but are not paid in cash are most likely to experience each type. Once again, marital status shows a strong relationship with experience of violence. Women who are divorced, separated or widowed are most likely to have experienced each type of violence. This finding suggests that experience of violence may increase the likelihood of relationships to end. Currently married women in their first marriages are more likely than currently married women who have married more than once to experience physical and sexual violence by their husbands. Among women who have been married only once, the likelihood of having experienced each type of violence increases with the duration of the union.

Rural women are more likely to experience each type of violence at the hands of their husbands than urban women. Women in Eastern region are most likely to have experienced emotional, physical or sexual violence by their husbands. Women with secondary education are least likely to have suffered each type of violence at the hands of their husband; however, those with primary education are more likely than those with no education to have experienced physical or sexual violence by their husbands.

The husband's alcohol consumption and, particularly, how often he gets drunk are associated with spousal violence. Interestingly, women who report their husbands never drink are more likely to experience each type of spousal violence than women who report their husbands drink but never get drunk. However, wives who report their husbands get drunk are more likely to have experienced each type of violence than women whose husbands do not get drunk, and women whose husbands get drunk very often are more likely to experience each type of spousal violence than those whose husbands get drunk sometimes. For example, 87 percent of women whose husbands get drunk very often have experienced emotional, physical, or sexual violence, compared with 71 percent of those whose husbands get drunk sometimes and 53 percent of those whose husbands drink but do not get drunk. Table 18.8.1 also shows that women whose fathers beat their mothers are much more likely themselves to experience all three types of violence.

Table 18.8.1 Spousal violence by background characteristics: Women

Percentage of ever-married women age 15-49 who have ever experienced emotional, physical, or sexual violence by their husband/partner, according to background characteristics, Uganda 2006

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical or sexual violence	Emotional, physical, or sexual violence	Number of women
Current age						
15-19	36.1	47.8	35.8	62.6	67.1	100
20-24	46.2	41.3	34.0	54.3	64.1	327
25-29	46.4	51.3	34.3	62.5	71.3	313
30-39	53.9	52.7	40.3	64.6	72.8	537
40-49	48.1	44.0	30.1	50.4	60.4	321
Employment						
Not employed	36.0	30.8	26.4	43.6	56.0	99
Employed for cash	45.8	44.6	35.1	57.1	65.9	851
Employed not for cash	54.2	55.2	37.5	64.0	72.3	648
Number of living children						
0	39.6	32.1	29.8	42.6	53.3	75
1-2	45.4	44.1	32.9	56.8	66.2	477
3-4	48.2	52.8	37.3	63.4	70.5	436
5+	52.5	49.7	37.0	59.8	69.1	611
Marital status and duration						
Currently married woman	46.8	47.2	34.1	57.9	67.0	1,304
Married only once	46.8	47.9	34.7	59.0	67.8	1,024
0-4 years	32.2	33.4	27.2	47.9	55.8	238
5-9 years	46.6	48.3	33.2	58.2	70.1	212
10+ years	52.9	53.7	38.4	64.0	71.8	574
Married more than once	47.0	44.9	31.6	53.8	64.0	280
Divorced/separated/widowed	56.5	51.5	42.0	64.2	72.0	294
Residence						
Urban	40.2	33.6	27.5	44.5	54.7	227
Rural	50.0	50.4	36.9	61.5	70.1	1,371
Region						
Central 1	60.7	44.0	46.6	60.3	72.9	150
Central 2	33.3	33.3	28.8	44.3	52.4	145
Kampala	40.6	29.8	24.3	41.0	54.2	108
East Central	56.7	46.5	44.8	62.3	72.2	161
Eastern	54.1	62.9	47.7	73.6	78.1	214
North	44.3	49.9	27.1	58.2	66.8	247
West Nile	21.9	53.0	18.1	58.1	60.6	90
Western	45.6	45.6	34.3	56.1	65.3	258
Southwest	62.2	54.7	37.3	65.0	75.4	225
North sub-regions						
IDP	37.9	43.7	23.7	53.9	61.5	98
Karamoja	46.4	49.8	36.5	59.9	72.1	46
Education						
No education	50.3	48.1	33.7	58.5	67.7	373
Primary	50.7	52.4	37.2	62.5	71.3	1,004
Secondary +	36.5	28.2	31.1	44.8	52.6	221
Wealth quintile						
Lowest	47.4	57.0	33.2	64.5	70.6	300
Second	52.1	55.8	37.3	65.7	74.2	317
Middle	46.9	49.3	40.2	59.7	68.9	334
Fourth	53.9	46.9	34.5	59.2	69.3	330
Highest	42.6	31.7	32.0	46.6	56.5	318
Husband's/partner's alcohol consumption						
Does not drink	39.3	34.9	30.9	48.8	59.3	701
Drinks/never gets drunk	31.7	30.7	25.6	43.3	53.0	101
Gets drunk sometimes	49.1	54.4	33.1	64.3	70.8	457
Gets drunk very often	72.3	72.2	51.1	78.4	86.5	335
Respondent's father beat her mother						
Yes	52.8	56.6	41.0	67.2	75.4	762
No	44.1	38.4	29.2	50.2	59.9	711
Total	48.6	48.0	35.5	59.1	67.9	1,598

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women. Total includes those who do not know if their father beat their mother.

Table 18.8.2 Spousal violence by background characteristics: Men

Percentage of ever-married men age 15-49 who have ever experienced emotional, physical, or sexual violence by their wife/partner, according to background characteristics, Uganda 2006

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical or sexual violence	Emotional, physical or sexual violence	Number of men
Current age						
15-19	*	*	*	*	*	10
20-24	30.0	13.2	7.5	18.4	37.9	137
25-29	33.7	17.1	9.3	21.7	40.4	188
30-39	35.3	20.2	6.7	25.5	44.8	469
40-49	38.9	23.7	6.5	27.2	46.3	277
Employment						
Not employed	*	*	*	*	*	6
Employed for cash	36.8	18.2	8.7	24.1	44.5	823
Employed not for cash	29.2	22.9	1.9	23.8	38.5	252
Number of living children						
0	15.8	10.9	1.9	12.7	21.8	88
1-2	37.2	15.3	9.1	21.1	43.1	281
3-4	36.7	20.3	7.5	24.5	45.0	270
5+	36.4	23.4	6.8	28.2	46.5	441
Marital status and duration						
Currently married man	33.5	19.1	7.0	23.9	42.0	993
Married only once	28.2	14.5	7.0	19.8	36.0	570
0-4 years	20.9	7.6	8.0	13.5	27.1	186
5-9 years	27.4	18.0	3.6	19.2	35.3	130
10+ years	33.9	17.9	8.0	24.8	43.0	254
Married more than once[1]	40.7	25.3	7.0	29.4	50.1	423
Divorced/separated/widowed	51.8	23.4	8.8	27.5	56.7	87
Residence						
Urban	35.7	14.0	5.4	17.9	41.1	150
Rural	34.9	20.4	7.4	25.2	43.6	930
Region						
Central 1	20.4	12.0	8.9	19.9	29.6	104
Central 2	50.8	24.1	8.1	28.1	58.5	108
Kampala	42.6	8.9	6.8	14.3	46.8	74
East Central	50.6	19.0	6.3	23.8	56.9	101
Eastern	44.9	24.8	9.0	30.8	52.2	168
North	36.3	33.4	1.7	33.7	46.0	157
West Nile	29.1	21.3	0.0	21.3	37.2	57
Western	21.4	17.6	4.2	17.8	28.7	171
Southwest	24.0	7.3	16.3	20.2	36.0	141
North sub-regions						
IDP	54.1	50.2	3.0	50.9	63.6	70
Karamoja	17.0	19.6	0.0	19.6	27.3	30
Education						
No education	18.4	13.7	3.6	17.3	26.8	79
Primary	37.0	21.5	7.9	26.9	45.6	715
Secondary +	34.6	16.0	6.2	19.3	41.7	287
Wealth quintile						
Lowest	35.9	30.5	4.0	33.3	44.9	184
Second	32.3	21.7	5.6	25.2	39.8	248
Middle	36.2	16.0	8.1	20.9	45.8	202
Fourth	35.9	17.7	12.8	25.6	45.4	225
Highest	35.2	12.9	5.1	17.0	41.1	221
Respondent's father beat his mother						
Yes	40.1	23.3	9.5	29.9	49.1	684
No	23.9	9.7	4.1	12.0	28.8	318
Total 15-49	35.0	19.5	7.2	24.2	43.2	1,081
Men 50-54	40.3	25.8	6.8	30.4	43.4	78
Total men 15-54	35.4	19.9	7.1	24.6	43.2	1,158

Note: Wife/partner refers to the current wife/partner for currently married men and the most recent wife/partner for divorced, separated or widowed men. An asterisk indicates that a figure was based on fewer than 25 unweighted cases and has been suppressed. Total includes those who do not know if their father beat their mother.

[1] Includes men who are currently married to more than one wife

Among ever-married men, the percentages who have experienced emotional and physical violence by their wives increase with age (Table 18.8.2). In addition, men with three or more children are more likely to experience most types of spousal violence than those with one to two children, or no children. Like women, men who are divorced, separated or widowed are most likely to have experienced emotional and sexual violence by their wives. However, this relationship does not hold true for physical violence. Differences between experience of violence by urban and rural residence are small, with the exception of physical violence by wife, which is much more prominent in rural than urban areas (20 percent versus 14 percent). Notably, experience of spousal emotional and physical violence among men living in IDP camps is higher than the national average. By educational attainment, men with no education are least likely to have experienced each type of spousal violence while men with primary education are most likely. Men whose fathers beat their mothers are more likely to experience each of the three types of spousal violence themselves.

18.4.2 Frequency of Spousal Abuse

Table 18.9 and Figure 18.4 show the percent distribution of currently married, divorced or separated respondents who reported emotional violence and who reported physical or sexual violence by current or most recent spouse in the 12 months preceding the survey and frequency with which violence was experienced, according to selected background characteristics. Eighty percent of women who ever experienced emotional violence by their current or most recent husband experienced such violence in the 12 months preceding the survey, and 23 percent of them experienced emotional violence often. Similarly, 78 percent of women who have ever experienced physical or sexual violence by their current or most recent husband have experienced such violence in the 12 months preceding the survey, and 23 percent have experienced such violence often.

Among women who have ever experienced spousal emotional, or physical or sexual violence, the likelihood of experiencing such violence in the past 12 months decreases with increasing age. As expected, frequency of violence in the 12 months preceding the survey among women who report ever experiencing the violence is higher for currently married women than for women who are separated or divorced. However, currently married women who have been married more than once are more likely than currently married women in their first marriage to have experienced the violence in the past 12 months, and have experienced it often.

Differentials by residence are small, however, women who have ever experienced spousal emotional, physical, or sexual violence are more likely to have experienced such violence in the 12 months preceding the survey, and to have experienced it more often if they live in rural areas than if they live in urban areas. By region, women in Kampala who have ever experienced spousal violence are least likely to have experienced either emotional or physical or sexual violence in the past 12 months. Women living in the IDP and Karamoja sub-regions, while they are no more likely than average to have ever experienced emotional or physical or sexual violence by their current or most recent husbands, are more likely than women in other areas to have experienced such violence in the 12 months preceding the survey. For example, 97 percent of women who live in IDP camps and have ever experienced spousal emotional violence experienced such violence in the past 12 months, compared with the national average of 80 percent. Women who have ever experienced spousal violence and have secondary education or higher are less likely than other women to have experienced spousal violence in the past 12 months. In addition, the likelihood of experiencing violence in the past 12 months generally declines with increasing wealth quintile, although the pattern is not uniform.

Table 18.9 Frequency of spousal violence among women who reported violence

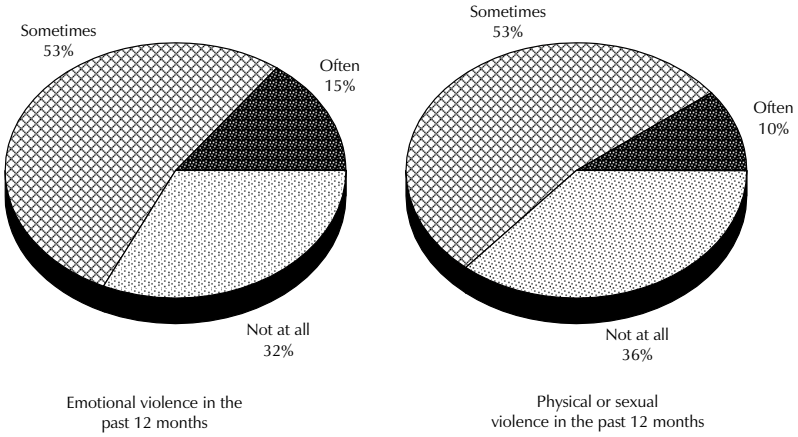
Percent distribution of ever-married women age 15-49 who have ever experienced emotional violence by their husband/partner by frequency of violence in the 12 months preceding the survey and percent distribution of those who have ever experienced physical or sexual violence by their husband/partner by frequency of violence in the 12 months preceding the survey, according to background characteristics, Uganda 2006

Background characteristic	Frequency of emotional violence in the past 12 months					Frequency of physical or sexual violence in the past 12 months				
	Often	Sometimes	Not at all	Total	Number of women	Often	Sometimes	Not at all	Total	Number of women
Current age										
15-19	(24.0)	(67.5)	(8.5)	(100.0)	36	30.4	65.3	4.2	100.0	56
20-24	24.4	60.1	15.5	100.0	151	22.4	59.0	18.6	100.0	166
25-29	19.1	58.0	22.9	100.0	143	20.6	57.9	21.5	100.0	189
30-39	25.1	54.5	20.4	100.0	267	23.1	54.8	22.1	100.0	313
40-49	21.2	55.5	23.4	100.0	142	24.0	44.6	31.4	100.0	145
Employment										
Not employed	11.7	73.2	15.1	100.0	34	20.5	58.3	21.2	100.0	43
Employed for cash	25.0	51.8	23.2	100.0	365	21.5	51.7	26.8	100.0	441
Employed not for cash	21.9	61.3	16.8	100.0	338	25.1	59.0	15.9	100.0	385
Number of living children										
0	(28.3)	(62.3)	(9.4)	(100.0)	26	(22.9)	(55.1)	(22.0)	(100.0)	27
1-2	20.7	56.4	22.9	100.0	210	23.7	56.6	19.7	100.0	251
3-4	24.2	55.2	20.6	100.0	205	19.0	57.3	23.7	100.0	257
5+	23.3	58.5	18.2	100.0	297	25.7	52.6	21.6	100.0	333
Marital status and duration										
Currently married woman	23.0	64.6	12.4	100.0	606	22.7	61.4	15.9	100.0	725
Married only once	20.6	65.4	14.0	100.0	474	20.7	63.3	16.0	100.0	574
0-4 years	27.5	64.6	7.9	100.0	77	23.4	72.1	4.6	100.0	107
5-9 years	15.7	74.2	10.1	100.0	98	19.6	66.5	13.9	100.0	121
10+ years	20.5	62.7	16.8	100.0	300	20.2	59.6	20.3	100.0	346
Married more than once	31.3	61.7	6.9	100.0	132	30.4	54.1	15.5	100.0	151
Divorced/separated	23.1	23.0	54.0	100.0	132	24.8	24.2	51.0	100.0	144
Residence										
Urban	18.1	61.1	20.8	100.0	87	19.2	56.3	24.5	100.0	90
Rural	23.6	56.6	19.8	100.0	651	23.5	55.1	21.4	100.0	778
Region										
Central 1	22.6	49.2	28.2	100.0	88	26.0	42.8	31.2	100.0	86
Central 2	28.5	58.7	12.8	100.0	45	33.3	43.2	23.6	100.0	59
Kampala	10.7	57.3	32.0	100.0	43	12.8	50.8	36.4	100.0	40
East Central	18.6	64.8	16.6	100.0	82	25.3	61.9	12.8	100.0	95
Eastern	29.9	53.5	16.5	100.0	110	21.1	59.8	19.0	100.0	147
North	26.4	59.5	14.1	100.0	103	19.9	64.0	16.1	100.0	125
West Nile	(14.8)	(58.8)	(26.3)	(100.0)	20	7.9	61.4	30.7	100.0	48
Western	24.5	50.9	24.7	100.0	116	28.9	46.1	25.0	100.0	137
Southwest	19.6	63.4	17.0	100.0	133	22.5	59.3	18.2	100.0	132
North sub-regions										
IDP	26.3	70.7	2.9	100.0	36	19.8	74.0	6.1	100.0	43
Karamoja	(8.5)	(89.8)	(1.8)	(100.0)	19	19.6	79.0	1.4	100.0	25
Education										
No education	17.8	62.0	20.2	100.0	171	23.3	58.2	18.6	100.0	193
Primary	25.4	55.6	19.0	100.0	491	24.0	54.5	21.6	100.0	587
Secondary +	19.0	56.1	24.9	100.0	76	16.6	54.1	29.3	100.0	89
Wealth quintile										
Lowest	29.8	62.2	8.1	100.0	135	28.4	59.8	11.8	100.0	174
Second	23.3	57.2	19.4	100.0	158	25.8	51.1	23.1	100.0	194
Middle	27.5	54.7	17.9	100.0	145	22.9	58.8	18.2	100.0	183
Fourth	19.1	56.4	24.5	100.0	167	20.5	52.4	27.1	100.0	183
Highest	15.7	55.5	28.8	100.0	133	15.8	54.4	29.8	100.0	134
Total	23.0	57.1	19.9	100.0	738	23.0	55.2	21.7	100.0	869

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women. Table excludes widows who were not asked about spousal violence in the past 12 months. Figures in parentheses are based on 25-49 unweighted cases.

Not only are men less likely than women to ever experience spousal violence, Figure 18.4 shows that among those who do experience spousal violence, men experience it less frequently than do women. More than two-thirds of men (68 percent) who ever experienced emotional violence by their current or most recent wife experienced such violence in the 12 months preceding the survey, and 15 percent of them experienced emotional violence often. Almost two in three men (64 percent) who have ever experienced physical or sexual violence by their current or most recent wife have experienced such violence in the 12 months preceding the survey, and 10 percent have experienced such violence often.

Figure 18.4 Among Ever-married Men Age 15-49 Who Reported Violence, Frequency of Spousal Violence (Emotional and Physical or Sexual)



Note: Excludes widowers

UDHS 2006

18.4.3 Physical Consequences of Spousal Violence

In the 2006 UDHS, women and men who ever experienced spousal physical or sexual violence were asked about the physical consequences of the violence. Specifically, they were asked if, as a consequence of what their spouses did to them, they ever had any of three different sets of injuries: 1) cuts, bruises or aches; 2) burns, eye injuries, sprains, or dislocations; and 3) deep wounds, broken bones, broken teeth or any other serious injury. Table 18.10 shows the percentage of ever-married women and men who report any spousal physical or sexual violence by the different types of physical consequences according to the type of violence ever experienced.

More than four in ten women (43 percent) who ever experienced physical violence by their current or most recent husband/partner suffered any of the injuries asked about, compared with 36 percent of women who suffered sexual violence, and 37 percent of women who suffered physical or sexual violence. For each type of violence, women were most likely to report having experienced cuts, bruises or aches, followed by eye injuries, sprains, dislocations or burns. Women were least likely to report having suffered the most severe injuries; nevertheless, more than one in ten women who have ever experienced physical or sexual violence by their husband reported suffering deep wounds, broken bones, broken teeth, or other serious injuries.

Men who experience spousal violence are less likely than women to suffer physical consequences from the violence. Three in ten men who ever experienced physical violence reported having suffered any injury, compared with 14 percent of men who experienced sexual violence and 24 percent of men who experienced physical or sexual violence. The pattern of injuries experienced by men is similar to that of women.

Table 18.10 Injuries to women and men resulting from spousal violence

Among ever-married women and men age 15-49 who have experienced spousal violence, percentage who reported receiving specific types of injuries as a result of the actions of their husband/wife/partner, according to type of violence and when the violence was experienced (ever, and in the 12 months preceding the survey), Uganda 2006

Type of violence and when experienced	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any of the specified injuries	Number of respondents
WOMEN					
Experienced physical violence					
Ever[1]	37.2	15.7	13.0	42.6	768
In the past 12 months[2]	37.2	18.1	13.3	43.7	530
Experienced sexual violence[3]					
Ever[1]	31.2	14.7	13.8	35.5	495
In the past 12 months[2]	29.4	15.1	12.5	34.5	376
Experienced physical or sexual violence[3]					
Ever[1]	32.3	13.4	11.1	37.1	904
In the past 12 months[2]	31.9	14.6	10.9	37.3	680
MEN					
Experienced physical violence					
Ever[1]	24.9	8.3	7.9	29.6	211
In the past 12 months[2]	27.3	9.1	9.5	32.8	124
Experienced sexual violence[3]					
Ever[1]	8.7	5.7	3.7	14.4	77
In the past 12 months[2]	9.5	6.3	3.1	15.7	62
Experienced physical or sexual violence[3]					
Ever[1]	20.2	6.7	6.6	24.3	261
In the past 12 months[2]	20.8	6.9	7.7	25.5	165

Note: Husband/wife/partner refers to the current husband/wife/partner for currently married respondents and the most recent husband/wife/partner for divorced, separated or widowed respondents.
[1] Includes in the past 12 months
[2] Excludes widows/widowers
[3] Excludes respondents whose sexual initiation was forced but who have not experienced any other form of physical or sexual violence

18.4.4 Self-report of Violence Initiated by the Respondent

The 2006 UDHS also asked men and women about violence they themselves initiated against their spouse or other intimate partner. Specifically, women were asked, "Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?" Men were asked a corresponding question. Respondents who said yes to this question were asked about the frequency of such violence in the 12 months preceding the survey.

Table 18.11.1 shows the percentage of ever-married women who have ever initiated violence against their current or most recent husband, and the percentage of all ever-married women (excluding widows) who say that they have initiated spousal violence in the 12 months preceding the survey. Overall, 7 percent of ever-married women report that they have ever initiated physical violence against their current or most recent husband, while 4 percent say they have committed such violence in the 12 months preceding the survey.

Notably, the proportion of women who say they have ever committed physical violence against their husbands is lower than the proportion of men who say they have ever experienced physical violence at the hands of their current or most recent wife/partner (20 percent, see Table 18.7.2). However, in comparing these two statistics it is important to keep several things in mind. First, because of the survey's protections for respondents, interviewers did not collect violence data from couples. Only one person per household was administered the violence module, so it is not possible to compare an individual woman's report with that of her husband. Second, the question to female respondents on the violence they perpetrated specifically asked about physical violence that a woman initiated when her husband was not already hurting her; however, physical violence reported by men includes any violence wives may have committed in self-defence or retaliation while experiencing violence at the hands of their husbands. Third, the less thorough manner in which respondents were asked about spousal physical violence they initiate compared to violence they receive (one question versus seven) is expected to result in a lower figure. Finally, under-reporting by respondents of violence they initiate could also be an issue.

Table 18.11.1 Violence by women against their spouse

Percentage of ever-married women age 15-49 who have committed physical violence against their husband/partner when he was not already beating or physically hurting them, ever and in the past 12 months, by women's own experience of spousal physical violence and background characteristics, Uganda 2006

Woman's experience of physical violence/background characteristics	Percentage who have committed physical violence against their current or most recent husband/partner: Ever	Number of women	In the past 12 months[1]	Number of women[1]
Woman's experience of spousal physical violence				
Ever	11.9	742	5.5	735
In the past 12 months	12.3	534	7.4	530
Not past 12 months/widow/ missing	10.9	208	0.5	205
Never	3.1	856	1.7	783
Current age				
15-19	7.5	100	7.6	98
20-24	8.0	327	2.5	325
25-29	6.0	313	2.3	308
30-39	6.7	537	3.4	505
40-49	8.3	321	4.9	282
Employment				
Not employed	6.3	99	1.5	94
Employed for cash	6.7	851	2.5	807
Employed not for cash	8.0	648	5.3	617
Number of living children				
0	6.3	75	3.6	72
1-2	7.5	477	3.1	461
3-4	6.7	436	3.1	418
5+	7.4	611	4.2	568
Residence				
Urban	3.5	227	1.0	213
Rural	7.8	1,371	4.0	1,305
Region				
Central 1	15.4	150	4.5	141
Central 2	4.2	145	2.1	137
Kampala	2.0	108	1.6	103
East Central	8.9	161	5.6	155
Eastern	4.0	214	1.6	204
North	10.7	247	5.8	232
West Nile	7.1	90	0.9	89
Western	4.9	258	3.7	246
Southwest	7.0	225	3.5	211
North sub-regions				
IDP	6.5	98	4.1	91
Karamoja	11.7	46	6.8	43
Wealth quintile				
Lowest	6.6	300	4.5	283
Second	8.7	317	5.4	299
Middle	9.5	334	3.9	318
Fourth	4.1	330	2.5	317
Highest	7.1	318	1.5	301

Continued…

Table 18.11.1—*Continued*

	Percentage who have committed physical violence against their current or most recent husband/partner			
	Ever	Number of women	In the past 12 months[1]	Number of women[1]
Marital status and duration				
Currently married woman	5.5	1,304	3.2	1,304
Married only once	5.7	1,024	3.2	1,024
0-4 years	2.6	238	2.0	238
5-9 years	8.2	212	4.8	212
10+ years	6.0	574	3.1	574
Married more than once	4.8	280	3.1	280
Divorced/separated/widowed	14.8	294	5.7	214
Education				
No education	7.0	373	3.6	341
Primary	7.1	1,004	3.6	967
Secondary +	7.9	221	3.0	210
Husband/partner's education				
No education	10.8	146	8.2	136
Primary	7.1	943	3.5	904
Secondary+	6.5	457	2.3	435
Husband/partner's alcohol consumption				
Does not drink	4.5	701	2.3	671
Drinks/never gets drunk	5.4	101	1.0	93
Gets drunk sometimes	8.9	457	3.4	434
Gets drunk very often	11.3	335	7.2	316
Spousal age difference[2]				
Wife older	6.0	70	1.6	70
Wife is same age	(3.9)	37	(1.4)	37
Wife is 1-4 years younger	6.0	467	3.2	467
Wife is 5-9 years younger	4.8	426	3.2	426
Wife is 10+ years younger	5.7	301	3.8	301
Spousal education difference				
Husband better educated	6.7	997	2.9	946
Wife better educated	10.2	281	5.4	272
Both equally educated	5.5	149	2.9	148
Neither educated	5.0	95	5.2	86
Total	7.2	1,598	3.5	1,518

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women. Totals include 52 women with information missing on husband's education, 4 women with information missing on husband's alcohol consumption, 3 women with information missing on spousal age difference, and 76 women with information missing on spousal education difference. Figures in parentheses are based on 25-49 unweighted cases.

[1] Excludes widows

[2] Currently married women

Differentials in women initiating physical violence against their current or most recent husbands are generally small. It is noted that women who report ever experiencing physical violence at the hands of their husbands are more likely to report initiating violence against their husbands compared with women who never experienced physical violence by their husbands (12 percent compared with 3 percent). Women in rural areas, those in Central 1 and North regions and the sub-region of Karamoja, women whose husbands have no education, those who have more education than their husbands, and those whose husbands get drunk often, are more likely to report initiating physical violence against their husbands than other women.

Table 18.11.2 shows that overall, 41 percent of men report ever having initiated physical violence against their current or most recent wife/partner, and 14 percent have done so within the 12 months preceding the survey. This figure is close to the proportion of women who report ever having experienced physical violence by their husband (48 percent, see Table 18.7.1). Among men who have ever experienced physical violence by their wives, 68 percent have initiated physical violence against their wives, compared with 35 percent of men who have never experienced physical violence at the hands of their current or most recent wife/partner.

Table 18.11.2 Violence by men against their spouse

Percentage of ever-married men age 15-49 who have committed physical violence against their wife/partner when she was not already beating or physically hurting them, ever and in the past 12 months, by men's own experience of spousal physical violence and background characteristics, Uganda 2006

Man's experience of physical violence/background characteristics	Percentage who have committed physical violence against their current or most recent wife/partner			
	Ever	Number of men	In the past 12 months[1]	Number of men[1]
Man's experience of spousal physical violence				
Ever	67.7	208	32.0	208
In the past 12 months	64.6	124	47.4	124
Not past 12 months/widower/ missing	72.4	84	9.5	84
Never	34.5	873	10.2	864
Current age				
15-19	*	10	*	10
20-24	28.9	137	18.4	137
25-29	37.6	188	15.5	187
30-39	40.3	469	14.8	467
40-49	51.0	277	11.1	272
Employment				
Not employed	*	6	*	5
Employed for cash	42.2	823	15.5	815
Employed not for cash	36.7	252	11.2	252
Number of living children				
0	19.5	88	7.8	87
1-2	31.5	281	16.1	280
3-4	42.3	270	13.7	268
5+	50.3	441	15.1	438
Residence				
Urban	37.7	150	14.4	150
Rural	41.4	930	14.4	922
Region				
Central 1	34.5	104	12.2	102
Central 2	38.5	108	17.9	106
Kampala	38.7	74	17.5	74
East Central	54.6	101	5.8	101
Eastern	57.1	168	21.9	168
North	35.0	157	14.7	155
West Nile	60.7	57	22.2	57
Western	31.1	171	11.3	168
Southwest	29.6	141	9.3	141
North sub-regions				
IDP	33.6	70	14.9	68
Karamoja	35.3	30	12.7	30
Wealth quintile				
Lowest	45.4	184	17.6	184
Second	47.3	248	15.7	244
Middle	36.7	202	13.2	201
Fourth	40.1	225	13.5	222
Highest	34.5	221	12.4	221

Continued. …

Table 18.11.2—*Continued*

	Percentage who have committed physical violence against their current or most recent wife/partner			
	Ever	Number of men	In the past 12 months[1]	Number of men[1]
Marital status and duration				
Currently married man	40.9	993	14.6	993
Married only once	34.3	570	12.6	570
0-4 years	22.1	186	15.7	186
5-9 years	32.2	130	9.6	130
10+ years	44.4	254	11.9	254
Married more than once[2]	49.8	423	17.2	423
Divorced/separated/widowed	40.7	87	12.8	79
Education				
No education	45.5	79	12.3	77
Primary	43.0	715	14.9	710
Secondary +	34.4	287	13.8	285
Wife's/partner's alcohol consumption				
Does not drink	37.0	762	12.3	756
Drinks/never gets drunk	42.2	120	17.1	119
Gets drunk sometimes	49.4	138	21.7	137
Gets drunk very often	68.9	59	19.9	59
Spousal age difference[3]				
Wife older	41.6	41	14.1	41
Wife is same age	(33.8)	42	(17.1)	42
Wife is 1-4 years younger	40.0	387	16.6	387
Wife is 5-9 years younger	43.0	338	11.4	338
Wife is 10+ years younger	40.4	185	15.8	185
Total 15-49	40.9	1,081	14.4	1,072
Men 50-54	29.5	78	4.1	77
Total men 15-54	40.1	1,158	13.7	1,149

Note: Wife/partner refers to the current wife/partner for currently married men and the most recent wife/partner for divorced, separated or widowed men. Totals include 2 men with information missing on wife's alcohol consumption. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Excludes widowers

[2] Includes men who are currently married to more than one wife

[3] Currently married men

The likelihood of having committed physical violence against one's current or most recent wife/partner increases with the age of the man from 29 percent of men age 20-24 to 51 percent of men 40-49, while men 20-24 are most likely to have committed physical violence against their wives in the 12 months preceding the interview. Men with more living children, men who live in rural areas, those in West Nile and Eastern regions, those who are currently married and have been married more than once, those with no education, and those whose wives get drunk very often are more likely than other men to have initiated physical violence against their current or most recent wife/partner at some time.

18.5 HELP SEEKING

All respondents who have ever experienced physical or sexual violence by any person were asked a series of questions about whether and from whom they sought help to try to end the violence. Table 18.12 shows that comparable proportions of women and men who experience violence seek help (35 percent and 34 percent, respectively). Women and men who experience both physical and sexual violence are most likely to seek help than those who experience only one or the other. Those who experience sexual violence only are least likely to do so. The percent of respondents who seek help generally increases with age and with number of living children.

Table 18.12 Help seeking to stop violence

Among women and men age 15-49 who have ever experienced physical or sexual violence, percentage who sought help for the violence from any source, by type of violence and background characteristics, Uganda 2006

Type of violence/ background characteristic	Women		Men	
	Sought help for violence	Number of women	Sought help for violence	Number of men
Type of violence				
Physical only	30.9	654	34.1	801
Sexual only	11.9	219	13.6	64
Both physical and sexual	48.0	595	40.6	129
Current age				
15-19	29.7	307	25.9	229
20-24	29.2	289	27.8	195
25-29	34.1	243	34.9	137
30-39	40.9	411	40.8	267
40-49	40.0	218	38.2	167
Employment				
Not employed	24.2	156	(20.9)	42
Employed for cash	36.5	686	37.5	642
Employed not for cash	36.0	626	27.2	308
Number of living children				
0	25.8	310	26.7	426
1-2	32.7	395	31.8	159
3-4	39.1	324	41.6	147
5+	40.5	439	41.4	262
Marital status and duration				
Never married	23.1	297	27.2	387
Currently married woman	36.0	942	37.6	560
Married only once	34.6	730	37.0	302
0-4 years	27.3	164	24.3	94
5-9 years	27.1	151	41.6	69
10+ years	40.2	415	43.2	138
Married more than once[1]	40.7	212	38.4	258
Divorced/separated/widowed	46.3	229	38.1	47
Residence				
Urban	30.8	225	34.8	163
Rural	35.7	1,244	33.3	830
Region				
Central 1	33.8	148	32.7	110
Central 2	29.3	138	43.3	105
Kampala	20.1	115	27.4	88
East Central	35.4	155	20.0	55
Eastern	42.9	238	17.2	181
North	44.6	203	27.8	135
West Nile	29.5	78	75.4	73
Western	32.7	209	38.0	126
Southwest	33.1	184	37.8	121
North sub-regions				
IDP	50.6	72	29.0	77
Karamoja	28.0	37	(10.5)	24
Education				
No education	36.4	262	30.1	36
Primary	37.1	923	32.7	660
Secondary +	26.6	283	35.9	297
Wealth quintile				
Lowest	47.6	262	30.1	170
Second	39.1	280	34.8	226
Middle	32.9	273	34.3	147
Fourth	30.8	312	30.1	201
Highest	27.4	342	37.3	249
Total 15-49	35.0	1,468	33.6	993
Men 50-54	na	na	(58.5)	45
Total men 15-54	na	na	34.7	1,038

Note: Excludes women whose sexual initiation was forced but who have not experienced any other form of physical or sexual violence. Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable
[1] Includes men who are currently married to more than one wife

Women who are divorced, separated, or widowed and have ever experienced physical or sexual violence, are more likely than never-married and currently married women to seek help. Currently married women who have been married more than once are more likely than currently married women in their first marriage to seek help. Never-married women are least likely to seek help. Thirty-six percent of women in rural areas have sought help, compared with 31 percent of women in urban areas. Women in North and Eastern regions and those in IDP camps are more likely than women in other regions to seek help (45 percent, 43 percent, and 51 percent, respectively). Women in Kampala who have ever experienced violence are least likely to seek help (20 percent). Women with no education or primary level education as well as those in the lower wealth quintiles are more likely to seek out help than other women.

In the case of men, those who are divorced, separated, or widowed, and currently married men who have been married more than once and have experienced violence are more likely to have sought help than other men. Men from West Nile region who have experienced violence are far more likely than men in other regions to seek help (75 percent). Unlike women, men with higher levels of education are more likely than other men to have sought help to end violence, as are those in the highest wealth quintile.

Table 18.13 shows the sources of help among men and women who have ever experienced violence and have sought help, by type of violence. Among all those who sought help, both men and women are most likely to have sought help from their own family (48 percent of women and men). Women are also likely to seek help from their in-laws (39 percent); however, this is not a common source of help among men (7 percent). Friends and neighbours were also an important source of help, sought out by 16 percent of women and 27 percent of men. Men were more likely than women to have sought help from formal institutions including social service organizations (23 percent compared with 18 percent of women) and the police (12 percent compared with 6 percent of women).

Table 18.13 Sources from which help was sought

Among women and men age 15-49 who have ever experienced physical or sexual violence and sought help, percentage who sought help from specific sources, by type of violence experienced, Uganda 2006

Sources of help	Type of violence			Total
	Physical only	Sexual only	Both physical and sexual	
	WOMEN			
Own family	41.1	(54.2)	51.4	47.5
In-laws	38.5	(26.7)	40.4	39.0
Husband/partner, boyfriend	0.3	(0.0)	0.2	0.2
Friend/neighbour	13.4	(14.6)	17.1	15.5
Religious leader	0.5	(0.0)	0.9	0.7
Doctor/medical personnel	1.1	(4.9)	1.0	1.3
Police	6.0	(0.0)	5.6	5.5
Lawyer	0.5	(0.0)	0.0	0.2
Social service organization	12.1	(4.9)	23.1	17.8
Other	13.4	(16.9)	2.5	7.5
Number	202	26	285	514
	MEN			
Own family	46.1	*	35.4	48.2
In-laws	6.2	*	8.8	6.9
Wife/partner, girlfriend	0.0	*	3.9	0.6
Friend/neighbour	22.2	*	34.7	27.1
Religious leader	0.7	*	1.8	0.9
Doctor/medical personnel	4.4	*	1.4	4.0
Police	11.1	*	12.0	11.9
Lawyer	0.3	*	0.0	0.2
Social service organization	20.9	*	34.9	23.3
Other	15.4	*	0.0	14.2
Number	273	9	52	334

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

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SAMPLE IMPLEMENTATION

Appendix A

Table A.1 Sample implementation: Women

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall response rates, according to urban-rural residence and region, Uganda 2006

	Residence		Region									
Result	Urban	Rural	Central 1	Central 2	Kampala	East Central	Eastern	North	West Nile	Western	South-west	Total
Selected households												
Completed (C)	84.9	90.9	91.0	89.3	83.9	91.8	92.0	88.9	86.6	92.2	93.8	89.9
Household present but no competent respondent at home (HP)	3.5	1.0	0.7	0.7	5.0	0.8	0.5	1.6	1.7	0.7	1.0	1.4
Postponed (P)	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Refused (R)	1.5	0.3	0.3	0.8	2.1	0.1	1.1	0.1	0.1	0.2	0.3	0.5
Dwelling not found (DNF)	1.4	0.2	0.1	0.0	0.8	0.2	0.2	0.4	1.1	0.2	0.6	0.4
Household absent (HA)	1.9	2.2	1.6	1.5	2.3	1.1	1.2	4.5	2.2	1.1	0.9	2.1
Dwelling vacant/address not a dwelling (DV)	5.1	3.9	5.4	5.1	4.8	3.6	2.9	3.5	7.0	2.8	2.7	4.1
Dwelling destroy (DD)	1.6	1.4	0.9	2.6	0.9	2.3	2.0	0.7	1.2	2.5	0.6	1.5
Other (O)	0.0	0.1	0.0	0.0	0.0	0.0	0.2	0.2	0.1	0.2	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	1,637	8,227	985	989	949	992	1,040	2,098	837	986	988	9,864
Household response rate (HRR)[1]	92.9	98.4	98.8	98.3	91.3	98.8	98.2	97.7	96.8	98.8	98.0	97.5
Eligible women												
Completed (EWC)	91.9	95.3	97.2	96.6	90.3	97.5	94.1	91.6	95.5	96.9	96.4	94.7
Not at home (EWNH)	5.1	3.4	1.9	2.0	6.1	1.7	3.9	6.4	3.2	2.5	2.4	3.7
Postponed (EWP)	0.1	0.1	0.0	0.0	0.1	0.0	0.0	0.3	0.0	0.0	0.0	0.1
Refused (EWR)	2.0	0.3	0.5	0.1	2.8	0.1	0.8	0.5	0.5	0.0	0.1	0.6
Partly completed (EWPC)	0.4	0.2	0.2	0.3	0.2	0.1	0.1	0.5	0.1	0.3	0.3	0.3
Incapacitated (EWI)	0.2	0.6	0.2	1.0	0.2	0.4	0.8	0.6	0.7	0.3	0.7	0.5
Other (EWO)	0.3	0.1	0.0	0.0	0.3	0.1	0.2	0.2	0.0	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,577	7,429	848	786	937	931	974	1,817	760	961	992	9,006
Eligible women response rate (EWRR)[2]	91.9	95.3	97.2	96.6	90.3	97.5	94.1	91.6	95.5	96.9	96.4	94.7
Overall response rate (ORR)[3]	85.4	93.8	96.0	95.0	82.4	96.4	92.4	89.5	92.5	95.7	94.4	92.3

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

[3] The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR/100$$

Table A.2 Sample implementation: Men

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall response rates, according to urban-rural residence and region, Uganda 2006

Result	Residence		Region									Total
	Urban	Rural	Central 1	Central 2	Kampala	East Central	Eastern	North	West Nile	Western	South-west	
Selected households												
Completed (C)	86.4	90.9	91.0	88.8	87.5	90.0	91.7	89.7	87.4	91.2	93.9	90.2
Household present but no competent respondent at home (HP)	3.3	1.0	0.9	0.9	4.3	1.2	0.6	1.3	1.1	1.8	1.2	1.4
Refused (R)	0.9	0.2	0.6	0.3	1.3	0.0	0.6	0.0	0.0	0.3	0.3	0.3
Dwelling not found (DNF)	0.6	0.1	0.0	0.0	0.3	0.0	0.0	0.3	0.7	0.0	0.0	0.1
Household absent (HA)	1.5	2.1	2.7	0.9	1.3	0.9	1.4	4.1	1.8	1.2	1.2	2.0
Dwelling vacant/address not a dwelling (DV)	5.2	3.9	3.0	6.2	4.3	4.4	3.6	3.7	7.6	2.0	3.5	4.1
Dwelling destroy (DD)	2.0	1.7	1.8	2.9	1.0	3.5	2.2	0.7	1.1	3.5	0.0	1.8
Other (O)	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.4	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	538	2,809	335	340	305	341	362	701	278	342	343	3,347
Household response rate (HRR)[1]	94.7	98.6	98.4	98.7	93.7	98.7	98.8	98.3	98.0	97.8	98.5	98.0
Eligible men												
Completed (EMC)	81.6	92.6	90.1	92.3	78.1	96.2	93.1	90.7	89.7	91.8	94.2	90.7
Not at home (EMNH)	13.4	5.8	8.1	6.5	15.8	2.7	5.2	6.9	9.8	6.6	3.2	7.1
Refused (EMR)	4.0	0.4	0.7	0.0	5.1	0.0	0.7	1.0	0.4	0.3	0.3	1.0
Partly completed (EMPC)	0.2	0.1	0.0	0.4	0.0	0.0	0.0	0.2	0.0	0.0	0.3	0.1
Incapacitated (EMI)	0.6	1.0	1.1	0.8	0.7	1.1	0.7	0.6	0.0	1.3	1.9	0.9
Other (EMO)	0.2	0.2	0.0	0.0	0.3	0.0	0.3	0.6	0.0	0.0	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	479	2,281	283	261	292	261	306	507	224	318	308	2,760
Eligible men response rate (EMRR)[2]	81.6	92.6	90.1	92.3	78.1	96.2	93.1	90.7	89.7	91.8	94.2	90.7
Overall response rate (ORR)[3]	77.3	91.3	88.7	91.1	73.2	94.9	92.0	89.2	87.9	89.8	92.7	88.8

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] Using the number of eligible men falling into specific response categories, the eligible man response rate (EMRR) is calculated as:

$$\frac{100 * EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO}$$

[3] The overall response rate (ORR) is calculated as:

$$ORR = HRR * EMRR/100$$

ESTIMATES OF SAMPLING ERRORS

Appendix B

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2006 Uganda Demographic and Health Survey (2006 UDHS) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2006 UDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2006 UDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2006 UDHS is the ISSA Sampling Error Module. This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2}\sum_{h=1}^{H}\left[\frac{m_h}{m_{h-1}}\left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h}\right)\right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi} \text{ , and } z_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H,
m_h is the total number of clusters selected in the h^{th} stratum,
y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,
x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum, and
f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2006 UDHS, there were 368 non-empty clusters. Hence, 368 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 368 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 367 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, ISSA computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2006 UDHS are calculated for selected variables considered to be of primary interest for the women's survey and for the men's survey. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the nine sub-domains. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.13 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for each variable. The DEFT is considered undefined when the standard error for a simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to child-bearing.

The confidence interval (e.g., as calculated for *children ever born to women age 40-49*) can be interpreted as follows: the overall average from the national sample is 7.318 and its standard error is 0.101. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., 7.318 ± 2 × 0.101. There is a high probability (95 percent) that the *true* average number of children ever born to all women age 40 to 49 is between 7.116 and 7.519.

In general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. There are differentials in the relative standard error for the estimates of sub-populations. For example, for the variable *contraceptive use for currently married women*, the relative standard errors as a percent of the estimated mean for the whole country, for the urban areas and for the rural areas are 3.3 percent, 5.3 percent and 3.9 percent, respectively.

For the total sample, the value of the design effect (DEFT), averaged over all selected variables, is 1.305 which means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.305 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, Uganda 2006

Variable	Estimate	Base population
	WOMEN	
Urban	Proportion	All women
Literate	Proportion	All women
No education	Proportion	All women
Secondary education or higher	Proportion	All women
Net attendance ratio	Ratio	Children 6-12 years
Never married	Proportion	All women
Currently married/in union	Proportion	All women
Married before age 20	Proportion	Women age 20-49
Had sexual intercourse before age 18	Proportion	All women
Currently pregnant	Proportion	All women
Children ever born	Mean	All women
Children surviving	Mean	All women
Children ever born to women age 40-49	Mean	Women age 40-49
Total fertility rate (3 years)	Rate	All women
Know any contraceptive method	Proportion	Currently married women
Ever used any contraceptive method	Proportion	Currently married women
Currently using any contraceptive method	Proportion	Currently married women
Currently using pill	Proportion	Currently married women
Currently using IUD	Proportion	Currently married women
Currently using female sterilisation	Proportion	Currently married women
Currently using rhythm method	Proportion	Currently married women
Obtained method from public sector source	Proportion	Current users of modern methods
Want no more children	Proportion	Currently married women
Want to delay birth at least 2 years	Proportion	Currently married women
Ideal family size	Mean	All women
Perinatal mortality (0-4 years)	Ratio	Number of pregnancies of 7+ months
Neonatal mortality (1-5 years)	Rate	Children exposed to the risk of mortality
Postneonatal mortality (1-5 years)	Rate	Children exposed to the risk of mortality
Infant mortality (1-5 years)	Rate	Children exposed to the risk of mortality
Infant mortality (6-10 years)	Rate	Children exposed to the risk of mortality
Infant mortality (11-15 years)	Rate	Children exposed to the risk of mortality
Child mortality (1-5 years)	Rate	Children exposed to the risk of mortality
Under-five mortality (1-5 years)	Rate	Children exposed to the risk of mortality
Maternal mortality ratio (0-9 years)	Ratio	Number of births in the last 10 years
Mothers received tetanus injection for last birth	Proportion	Women with at least one live birth in five years before survey
Mothers received medical assistance at delivery	Proportion	Births occurring 1-59 months before interview
Having diarrhoea in two weeks before survey	Proportion	Children age 0-59 months
Treated with oral rehydration salts (ORS)	Proportion	Children with diarrhoea in two weeks before interview
Taken to a health provider	Proportion	Children with diarrhoea in two weeks before interview
Vaccination card seen	Proportion	Children age 12-23 months
Received BCG	Proportion	Children age 12-23 months
Received DPT (3 doses)	Proportion	Children age 12-23 months
Received Polio (3 doses)	Proportion	Children age 12-23 months
Received measles	Proportion	Children age 12-23 months
Fully-immunised	Proportion	Children age 12-23 months
Height-for-age (-2SD)	Proportion	Children age 0-59 months
Weight-for-height (-2SD)	Proportion	Children age 0-59 months
Weight-for-age (-2SD)	Proportion	Children age 0-59 months
Anaemia in children	Proportion	Children age 6-59 months
Anaemia in women	Proportion	All women
Vitamin A deficiency in children	Proportion	Children age 6-59 months
Vitamin A deficiency in women	Proportion	All women
Body Mass Index (BMI) <18.5	Proportion	All women
Used condom at last higher-risk sex	Proportion	All women who had higher-risk sex in past 12 months
Used condom at last higher-risk sex (youth)	Proportion	All women 15-24 who had higher-risk sex in past 12 months
Had higher-risk sex in past 12 months	Proportion	All women who had sex in past 12 months
Abstinence among youth (never had sex)	Proportion	Women 15-24
Sexually active in past 12 months, never-married youth	Proportion	Never-married women 15-24
Had any injection in past 12 months	Proportion	All women
Accepting attitudes towards people with HIV	Proportion	All women who have heard of HIV/AIDS
Had HIV test and received results in past 12 months	Proportion	All women
	MEN	
Urban	Proportion	All men
Literate	Proportion	All men
No education	Proportion	All men
Secondary education or higher	Proportion	All men
Never married	Proportion	All men
Currently married/in union	Proportion	All men
Married before age 20	Proportion	Men 20-54
Had sexual intercourse before age 18	Proportion	All men
Children ever born	Mean	All men
Know any contraceptive method	Proportion	Currently married men
Ever used any contraceptive method	Proportion	Currently married men
Want no more children	Proportion	Currently married men
Want to delay birth at least 2 years	Proportion	Currently married men
Ideal family size	Mean	All men
Used condom at last higher-risk sex	Proportion	All men who had higher-risk sex in past 12 months
Used condom at last higher-risk sex (youth)	Proportion	All men 15-24 who had higher-risk sex in past 12 months
Sexually active in past 12 months, never-married youth	Proportion	Never-married men 15-24
Abstinence among youth (never had sex)	Proportion	All men 15-24
Had any injection in past 12 months	Proportion	All men
Accepting attitudes towards people with HIV	Proportion	All men who have heard of HIV/AIDS
Had HIV test and received results in past 12 months	Proportion	All men

Table B.2 Sampling errors for national sample, Uganda 2006

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban	0.169	0.007	8531	8531	1.692	0.041	0.155	0.183
Literate	0.563	0.011	8531	8531	2.023	0.019	0.542	0.585
No education	0.193	0.007	8531	8531	1.749	0.039	0.178	0.208
Secondary education or higher	0.213	0.007	8531	8531	1.666	0.035	0.198	0.228
Net attendance ratio for primary school	0.819	0.006	10716	10576	1.440	0.007	0.807	0.831
Never married	0.238	0.006	8531	8531	1.331	0.026	0.225	0.250
Currently married/in union	0.626	0.007	8531	8531	1.278	0.011	0.612	0.639
Married before age 20	0.724	0.008	6583	6595	1.367	0.010	0.709	0.739
Had sexual intercourse before age 18	0.692	0.008	6583	6595	1.386	0.011	0.676	0.708
Currently pregnant	0.118	0.004	8531	8531	1.121	0.033	0.110	0.126
Children ever born	3.535	0.039	8531	8531	1.120	0.011	3.457	3.613
Children surviving	2.953	0.031	8531	8531	1.076	0.011	2.891	3.016
Children ever born to women age 40-49	7.318	0.101	1324	1315	1.168	0.014	7.116	7.519
Total Fertility Rate (3 years)	6.673	0.129	na	23465	1.433	0.019	6.415	6.930
Know any contraceptive method	0.974	0.003	5362	5337	1.431	0.003	0.968	0.980
Ever used any contraceptive method	0.515	0.011	5362	5337	1.599	0.021	0.493	0.536
Currently using any contraceptive method	0.237	0.008	5362	5337	1.338	0.033	0.221	0.252
Currently using pill	0.029	0.003	5362	5337	1.230	0.097	0.024	0.035
Currently using IUD	0.002	0.001	5362	5337	1.168	0.410	0.000	0.003
Currently using female sterilisation	0.024	0.002	5362	5337	1.117	0.097	0.019	0.029
Currently using rhythm method	0.028	0.003	5362	5337	1.266	0.102	0.022	0.033
Obtained method from public sector source	0.348	0.018	1266	1316	1.343	0.052	0.312	0.384
Want no more children	0.386	0.008	5362	5337	1.166	0.020	0.370	0.401
Want to delay birth at least 2 years	0.353	0.008	5362	5337	1.172	0.022	0.338	0.368
Ideal family size	4.979	0.035	8195	8223	1.462	0.007	4.909	5.049
Perinatal mortality (0-4 years)	36.349	2.494	8497	8564	1.157	0.069	31.362	41.337
Neonatal mortality (1-5)	29.261	2.225	8190	8243	1.090	0.076	24.810	33.711
Postneonatal mortality (1-5)	46.284	2.676	8254	8303	1.206	0.058	40.933	51.636
Infant mortality (1-5)	75.545	3.541	8304	8356	1.177	0.047	68.463	82.627
Infant mortality (6-10)	98.033	4.505	7602	7564	1.203	0.046	89.022	107.044
Infant mortality (11-15)	95.005	4.471	5630	5634	1.043	0.047	86.063	103.947
Child mortality (1-5)	66.125	3.556	8336	8388	1.210	0.054	59.012	73.238
Under five mortality (1-5)	136.674	4.952	8500	8556	1.284	0.036	126.771	146.578
Maternal mortality ratio (0-9)	434.573	44.793	na	na	na	0.103	344.988	524.159
Mothers received tetanus injection for last birth	0.508	0.009	5004	5035	1.347	0.019	0.489	0.527
Mothers received medical assistance at delivery	0.426	0.010	8369	8423	1.549	0.024	0.405	0.446
Had diarrhoea in two weeks before survey	0.258	0.007	7593	7664	1.280	0.026	0.244	0.271
Treated with oral rehydration salts (ORS)	0.396	0.014	1956	1974	1.200	0.036	0.368	0.425
Taken to a health provider	0.702	0.016	1956	1974	1.422	0.023	0.670	0.734
Vaccination card seen	0.631	0.014	1573	1590	1.131	0.022	0.603	0.658
Received BCG	0.905	0.008	1573	1590	1.120	0.009	0.889	0.922
Received DPT (3 doses)	0.639	0.015	1573	1590	1.225	0.023	0.609	0.668
Received polio (3 doses)	0.593	0.016	1573	1590	1.271	0.027	0.561	0.624
Received measles	0.681	0.015	1573	1590	1.240	0.021	0.651	0.710
Fully immunised	0.462	0.017	1573	1590	1.327	0.036	0.429	0.496
Height-for-age (below -2SD)	0.381	0.011	2641	2687	1.093	0.029	0.359	0.402
Weight-for-height (below -2SD)	0.061	0.005	2641	2687	1.105	0.087	0.051	0.072
Weight-for-age (below -2SD)	0.159	0.009	2641	2687	1.162	0.054	0.141	0.176
Anaemia in children	0.726	0.012	2417	2466	1.274	0.016	0.702	0.750
Anaemia in women	0.490	0.013	2817	2834	1.381	0.026	0.464	0.516
Vitamin A deficiency in children	0.206	0.019	2105	2134	1.866	0.091	0.168	0.243
Viatamin A deficiency in women	0.194	0.014	2819	2834	1.930	0.074	0.166	0.223
Body Mass Index (BMI) <18.5	0.121	0.007	2430	2434	1.084	0.059	0.107	0.136
Used condom at last higher-risk sex	0.349	0.018	971	998	1.201	0.053	0.312	0.385
Used condom at last higher-risk sex (youth)	0.383	0.021	566	577	1.026	0.055	0.341	0.425
Had higher-risk sex in past 12 months	0.159	0.006	6221	6266	1.328	0.039	0.147	0.172
Abstinence among youth (never had sex)	0.657	0.013	1906	1876	1.221	0.020	0.630	0.683
Sexually active past 12 months, never-married youth	0.242	0.011	1906	1876	1.132	0.046	0.220	0.264
Had any injection in past 12 months	0.439	0.007	8531	8531	1.314	0.016	0.425	0.454
Accepting attitudes towards people with HIV	0.259	0.007	8438	8464	1.519	0.028	0.244	0.273
HIV test and result in past 12 months	0.120	0.005	8531	8531	1.319	0.039	0.110	0.129
MEN								
Urban	0.169	0.013	2386	2385	1.700	0.077	0.143	0.195
Literate	0.828	0.009	2386	2385	1.194	0.011	0.809	0.846
No education	0.049	0.005	2386	2385	1.176	0.107	0.038	0.059
Secondary education or higher	0.301	0.013	2386	2385	1.376	0.043	0.276	0.327
Never married	0.385	0.012	2386	2385	1.191	0.031	0.361	0.408
Currently married/in union	0.563	0.013	2386	2385	1.271	0.023	0.537	0.589
Married before age 20	0.244	0.010	1804	1790	0.956	0.040	0.225	0.263
Had sexual intercourse before age 18	0.490	0.015	1804	1790	1.238	0.030	0.460	0.519
Children ever born	5.411	0.123	1346	1343	1.138	0.023	5.164	5.657
Know any contraceptive method	0.991	0.002	1346	1343	0.855	0.002	0.987	0.996
Ever used any contraceptive method	0.683	0.017	1346	1343	1.366	0.025	0.648	0.717
Want no more children	0.292	0.013	1346	1343	1.058	0.045	0.266	0.318
Want to delay birth at least 2 years	0.419	0.014	1346	1343	1.043	0.033	0.391	0.447
Ideal family size	5.683	0.106	2334	2345	1.406	0.019	5.471	5.895
Used condom at last higher-risk sex	0.574	0.021	617	617	1.038	0.036	0.532	0.615
Used condom at last higher-risk sex (youth)	0.545	0.035	277	266	1.173	0.065	0.475	0.615
Sexually active past 12 months, never-married youth	0.276	0.018	805	810	1.120	0.064	0.240	0.311
Abstinence among youth (never had sex)	0.544	0.020	805	810	1.162	0.038	0.503	0.585
Had any injection in past 12 months	0.324	0.010	2386	2385	1.000	0.030	0.305	0.343
Accepting attitudes towards people with HIV	0.361	0.011	2382	2382	1.161	0.032	0.338	0.383
HIV test and received results in past 12 months	0.104	0.008	2386	2385	1.238	0.075	0.088	0.119

na = Not applicable

Table B.3 Sampling errors for urban sample, Uganda 2006

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
			WOMEN					
Urban	1.000	0.000	1450	1442	na	0.000	1.000	1.000
Literate	0.815	0.016	1450	1442	1.571	0.020	0.783	0.847
No education	0.075	0.015	1450	1442	2.180	0.201	0.045	0.105
Secondary education or higher	0.516	0.022	1450	1442	1.677	0.043	0.472	0.560
Net attendance ratio for primary school	0.878	0.015	1025	1050	1.365	0.017	0.848	0.909
Never married	0.347	0.018	1450	1442	1.443	0.052	0.310	0.383
Currently married/in union	0.483	0.018	1450	1442	1.366	0.037	0.447	0.519
Married before age 20	0.548	0.025	1097	1099	1.664	0.046	0.498	0.598
Had sexual intercourse before age 18	0.589	0.023	1097	1099	1.524	0.038	0.543	0.634
Currently pregnant	0.072	0.007	1450	1442	1.069	0.101	0.057	0.086
Children ever born	2.298	0.067	1450	1442	1.005	0.029	2.164	2.432
Children surviving	2.025	0.055	1450	1442	0.935	0.027	1.916	2.135
Children ever born to women age 40-49	5.630	0.238	142	148	0.968	0.042	5.155	6.106
Total Fertility Rate (3 years)	4.397	0.287	na	4041	1.391	0.065	3.822	4.971
Know any contraceptive method	0.988	0.009	674	696	2.169	0.009	0.971	1.006
Ever used any contraceptive method	0.763	0.025	674	696	1.514	0.033	0.713	0.813
Currently using any contraceptive method	0.431	0.023	674	696	1.188	0.053	0.386	0.477
Currently using pill	0.076	0.011	674	696	1.045	0.140	0.055	0.098
Currently using IUD	0.006	0.003	674	696	1.087	0.528	0.000	0.013
Currently using female sterilisation	0.033	0.009	674	696	1.265	0.264	0.016	0.051
Currently using rhythm method	0.026	0.006	674	696	1.011	0.238	0.014	0.039
Obtained method from public sector source	0.240	0.029	414	406	1.381	0.121	0.182	0.298
Want no more children	0.353	0.020	674	696	1.085	0.057	0.313	0.393
Want to delay birth at least 2 years	0.369	0.022	674	696	1.161	0.058	0.326	0.412
Ideal family size	4.040	0.061	1429	1411	1.183	0.015	3.919	4.161
Perinatal mortality (0-4 years)	32.207	7.400	931	968	1.181	0.230	17.406	47.007
Neonatal mortality (1-10)	27.462	4.901	1640	1716	1.069	0.178	17.660	37.264
Postneonatal mortality (1-10)	40.980	7.134	1655	1732	1.354	0.174	26.713	55.247
Infant mortality (1-10)	68.442	8.483	1657	1734	1.240	0.124	51.476	85.409
Child mortality (1-10)	48.984	6.747	1649	1725	1.148	0.138	35.489	62.479
Under-five mortality (1-10)	114.074	11.658	1668	1743	1.356	0.102	90.759	137.389
Mothers received tetanus injection for last birth	0.576	0.021	645	668	1.095	0.036	0.534	0.618
Mothers received medical assistance at delivery	0.805	0.038	917	953	2.480	0.048	0.728	0.882
Had diarrhoea in two weeks before survey	0.197	0.023	847	872	1.662	0.118	0.150	0.243
Treated with oral rehydration salts (ORS)	0.414	0.048	151	172	1.181	0.116	0.318	0.510
Taken to a health provider	0.689	0.051	151	172	1.380	0.073	0.588	0.790
Vaccination card seen	0.625	0.042	155	156	1.078	0.067	0.542	0.709
Received BCG	0.920	0.029	155	156	1.339	0.032	0.862	0.978
Received DPT (3 doses)	0.672	0.038	155	156	1.019	0.057	0.596	0.748
Received polio (3 doses)	0.595	0.032	155	156	0.824	0.054	0.530	0.660
Received measles	0.767	0.026	155	156	0.780	0.034	0.715	0.820
Fully immunised	0.511	0.043	155	156	1.079	0.084	0.425	0.598
Height-for-age (below -2SD)	0.255	0.034	276	273	1.295	0.135	0.186	0.324
Weight-for-height (below -2SD)	0.068	0.018	276	273	1.215	0.268	0.032	0.105
Weight-for-age (below -2SD)	0.106	0.023	276	273	1.194	0.213	0.061	0.151
Anaemia in children	0.566	0.040	243	239	1.194	0.071	0.486	0.646
Anaemia in women	0.349	0.030	447	460	1.364	0.087	0.289	0.410
Vitamin A deficiency in children	0.158	0.035	218	220	1.314	0.221	0.088	0.228
Viatamin A deficiency in women	0.174	0.024	449	460	1.385	0.140	0.125	0.223
Body Mass Index (BMI) <18.5	0.059	0.015	419	428	1.315	0.253	0.029	0.089
Used condom at last higher-risk sex	0.482	0.030	320	299	1.071	0.062	0.422	0.542
Used condom at last higher-risk sex (youth)	0.537	0.031	192	177	0.859	0.058	0.475	0.599
Had higher-risk sex in past 12 months	0.299	0.017	1001	1000	1.197	0.058	0.264	0.334
Abstinence among youth (never had sex)	0.534	0.027	471	441	1.179	0.051	0.480	0.589
Sexually active past 12 months never married youth	0.332	0.020	471	441	0.928	0.061	0.291	0.372
Had any injection in past 12 months	0.457	0.018	1450	1442	1.347	0.039	0.422	0.492
Accepting attitudes towards people with HIV	0.379	0.024	1445	1434	1.893	0.064	0.330	0.427
HIV test and result in past 12 months	0.177	0.012	1450	1442	1.198	0.068	0.153	0.201
			MEN					
Urban	1.000	0.000	381	404	na	0.000	1.000	1.000
Literate	0.898	0.019	381	404	1.248	0.022	0.859	0.936
No education	0.030	0.010	381	404	1.186	0.345	0.009	0.051
Secondary education or higher	0.573	0.042	381	404	1.669	0.074	0.488	0.658
Never married	0.483	0.026	381	404	1.021	0.054	0.431	0.535
Currently married/in union	0.478	0.027	381	404	1.056	0.057	0.424	0.532
Married before age 20	0.149	0.023	299	312	1.092	0.151	0.104	0.194
Had sexual intercourse before age 18	0.486	0.036	299	312	1.255	0.075	0.413	0.558
Children ever born	4.241	0.236	177	193	0.976	0.056	3.768	4.713
Know any contraceptive method	0.994	0.006	177	193	1.049	0.006	0.982	1.006
Ever used any contraceptive method	0.844	0.033	177	193	1.198	0.039	0.778	0.910
Want no more children	0.393	0.049	177	193	1.335	0.125	0.295	0.491
Want to delay birth at least 2 years	0.354	0.042	177	193	1.172	0.119	0.270	0.439
Ideal family size	4.874	0.194	380	403	1.195	0.040	4.487	5.262
Used condom at last higher-risk sex	0.755	0.036	131	131	0.962	0.048	0.683	0.828
Used condom at last higher-risk sex (youth)	0.780	0.052	60	56	0.960	0.066	0.677	0.884
Sexually active past 12 months, never-married youth	0.309	0.036	150	157	0.943	0.115	0.238	0.381
Abstinence among youth (never had sex)	0.477	0.042	150	157	1.018	0.087	0.394	0.560
Had any injection in past 12 months	0.307	0.020	381	404	0.834	0.064	0.268	0.346
Accepting attitudes towards people with HIV	0.481	0.025	381	404	0.981	0.052	0.431	0.531
HIV test and received results in past 12 months	0.170	0.027	381	404	1.421	0.161	0.115	0.224

na = Not applicable

Table B.4 Sampling errors for rural sample, Uganda 2006

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
			WOMEN					
Urban residence	0.000	0.000	7081	7089	na	na	0.000	0.000
Literate	0.512	0.012	7081	7089	2.099	0.024	0.487	0.537
No education	0.217	0.008	7081	7089	1.715	0.039	0.201	0.234
Secondary education or higher	0.152	0.008	7081	7089	1.778	0.050	0.136	0.167
Net attendance ratio for primary school	0.812	0.006	9691	9526	1.443	0.008	0.800	0.825
Never married	0.216	0.007	7081	7089	1.332	0.030	0.203	0.229
Currently married/in union	0.655	0.007	7081	7089	1.294	0.011	0.640	0.669
Married before age 20	0.759	0.008	5486	5496	1.301	0.010	0.744	0.774
Had sexual intercourse before age 18	0.712	0.008	5486	5496	1.342	0.012	0.696	0.729
Currently pregnant	0.127	0.004	7081	7089	1.123	0.035	0.118	0.136
Children ever born	3.786	0.045	7081	7089	1.165	0.012	3.695	3.877
Children surviving	3.142	0.036	7081	7089	1.123	0.012	3.069	3.215
Children ever born to women age 40-49	7.532	0.107	1182	1167	1.187	0.014	7.318	7.746
Total Fertility Rate (3 years)	7.134	0.129	na	19424	1.378	0.018	6.877	7.391
Knows any contraceptive method	0.972	0.003	4688	4641	1.373	0.003	0.965	0.979
Ever used any contraceptive method	0.477	0.012	4688	4641	1.613	0.025	0.454	0.501
Currently using any contraceptive method	0.208	0.008	4688	4641	1.351	0.039	0.192	0.224
Currently using pill	0.022	0.003	4688	4641	1.353	0.131	0.016	0.028
Currently using IUD	0.001	0.001	4688	4641	1.228	0.633	0.000	0.002
Currently using female sterilisation	0.023	0.002	4688	4641	1.077	0.103	0.018	0.027
Currently using rhythm method	0.028	0.003	4688	4641	1.299	0.112	0.022	0.034
Obtained method from public sector source	0.396	0.023	852	910	1.344	0.057	0.351	0.441
Want no more children	0.391	0.008	4688	4641	1.175	0.021	0.374	0.408
Want to delay birth at least 2 years	0.351	0.008	4688	4641	1.178	0.023	0.334	0.367
Ideal family size	5.173	0.041	6766	6812	1.542	0.008	5.092	5.255
Perinatal mortality (0-4 years)	36.878	2.645	7566	7595	1.152	0.072	31.587	42.168
Neonatal mortality (1-10)	32.918	1.953	14120	14054	1.149	0.059	29.011	36.825
Postneonatal mortality (1-10)	55.373	2.521	14143	14079	1.237	0.046	50.332	60.414
Infant mortality (1-10)	88.291	3.279	14191	14131	1.237	0.037	81.733	94.849
Child mortality (1-10)	70.999	3.151	14214	14138	1.244	0.044	64.697	77.301
Under-five mortality (1-10)	153.022	4.581	14333	14268	1.375	0.030	143.860	162.184
Mothers received tetanus injection for last birth	0.498	0.010	4359	4367	1.387	0.021	0.477	0.519
Mothers received medical assistance at delivery	0.377	0.010	7452	7470	1.519	0.027	0.357	0.398
Had diarrhoea in two weeks before survey	0.265	0.007	6746	6791	1.244	0.027	0.251	0.280
Treated with oral rehydration salts (ORS)	0.394	0.015	1805	1802	1.198	0.038	0.365	0.424
Taken to a health provider	0.703	0.017	1805	1802	1.427	0.024	0.670	0.737
Vaccination card seen	0.631	0.015	1418	1434	1.137	0.023	0.602	0.661
Received BCG	0.904	0.009	1418	1434	1.099	0.010	0.886	0.921
Received DPT (3 doses)	0.635	0.016	1418	1434	1.242	0.025	0.603	0.667
Received polio (3 doses)	0.592	0.017	1418	1434	1.309	0.029	0.558	0.627
Received measles	0.671	0.016	1418	1434	1.270	0.024	0.639	0.703
Fully immunised	0.457	0.018	1418	1434	1.350	0.039	0.421	0.493
Height-for-age (below -2SD)	0.395	0.011	2365	2414	1.059	0.029	0.372	0.417
Weight-for-height (below -2SD)	0.061	0.006	2365	2414	1.092	0.091	0.049	0.072
Weight-for-age (below -2SD)	0.165	0.009	2365	2414	1.158	0.056	0.146	0.183
Anaemia in children	0.743	0.013	2174	2227	1.297	0.017	0.718	0.768
Anaemia in women	0.518	0.014	2370	2374	1.407	0.028	0.489	0.547
Vitamin A deficiency in children	0.211	0.021	1887	1914	1.904	0.097	0.170	0.252
Viatamin A deficiency in women	0.198	0.016	2370	2374	2.009	0.083	0.165	0.231
Body Mass Index (BMI) <18.5	0.135	0.008	2011	2006	1.077	0.061	0.118	0.151
Used condom at last higher-risk sex	0.292	0.023	651	699	1.289	0.079	0.246	0.337
Used condom at last higher-risk sex (youth)	0.315	0.027	374	400	1.123	0.086	0.261	0.369
Had higher-risk sex in past 12 months	0.133	0.007	5220	5266	1.428	0.051	0.119	0.146
Abstinence among youth (never had sex)	0.694	0.015	1435	1434	1.269	0.022	0.664	0.725
Sexually active past 12 months, never-married youth	0.215	0.013	1435	1434	1.221	0.062	0.188	0.241
Had any injection in past 12 months	0.436	0.008	7081	7089	1.305	0.018	0.421	0.451
Accepting attitudes towards people with HIV	0.234	0.007	6993	7030	1.370	0.030	0.221	0.248
HIV test and result in past 12 months	0.108	0.005	7081	7089	1.355	0.046	0.098	0.118
			MEN					
Urban	0.000	0.000	2005	1982	na	na	0.000	0.000
Literate	0.814	0.010	2005	1982	1.178	0.013	0.793	0.834
No education	0.052	0.006	2005	1982	1.186	0.113	0.040	0.064
Secondary education or higher	0.246	0.014	2005	1982	1.408	0.055	0.219	0.273
Never married	0.365	0.013	2005	1982	1.231	0.036	0.338	0.391
Currently married/in union	0.580	0.015	2005	1982	1.317	0.025	0.551	0.609
Married before age 20	0.264	0.011	1505	1478	0.943	0.041	0.243	0.286
Had sexual intercourse before age 18	0.490	0.016	1505	1478	1.233	0.032	0.459	0.522
Children ever born	5.607	0.134	1169	1150	1.130	0.024	5.339	5.876
Know any contraceptive method	0.991	0.002	1169	1150	0.827	0.002	0.986	0.995
Ever used any contraceptive method	0.656	0.019	1169	1150	1.369	0.029	0.618	0.694
Want no more children	0.275	0.013	1169	1150	1.007	0.048	0.249	0.301
Want to delay birth at least 2 years	0.430	0.015	1169	1150	1.027	0.035	0.401	0.460
Ideal family size	5.851	0.122	1954	1942	1.454	0.021	5.607	6.094
Used condom at last higher-risk sex	0.525	0.024	486	487	1.058	0.046	0.477	0.573
Used condom at last higher-risk sex (youth)	0.482	0.041	217	210	1.193	0.084	0.401	0.563
Sexually active past 12 months, never-married youth	0.267	0.020	655	653	1.164	0.075	0.227	0.308
Abstinence among youth (never had sex)	0.560	0.023	655	653	1.205	0.042	0.513	0.607
Had any injection in past 12 months	0.328	0.011	2005	1982	1.034	0.033	0.306	0.349
Accepting attitudes towards people with HIV	0.336	0.013	2001	1978	1.200	0.038	0.311	0.361
HIV test and received results in past 12 months	0.090	0.007	2005	1982	1.121	0.080	0.076	0.105

na = Not applicable

Table B.5 Sampling errors for Central 1 region, Uganda 2006

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
			WOMEN					
Urban	0.071	0.008	824	905	0.858	0.109	0.055	0.086
Literate	0.780	0.026	824	905	1.805	0.033	0.728	0.832
No education	0.116	0.018	824	905	1.639	0.157	0.080	0.153
Secondary education or higher	0.325	0.029	824	905	1.760	0.088	0.268	0.383
Net attendance ratio for primary school	0.832	0.018	982	1079	1.386	0.021	0.797	0.868
Never married	0.276	0.021	824	905	1.356	0.077	0.234	0.318
Currently married/in union	0.558	0.020	824	905	1.172	0.036	0.518	0.599
Married before age 20	0.673	0.027	608	677	1.441	0.041	0.618	0.728
Had sexual intercourse before age 18	0.736	0.022	608	677	1.207	0.029	0.693	0.779
Currently pregnant	0.114	0.011	824	905	0.973	0.095	0.092	0.136
Children ever born	3.281	0.125	824	905	1.153	0.038	3.031	3.531
Children surviving	2.708	0.099	824	905	1.133	0.037	2.509	2.907
Children ever born to women age 40-49	7.107	0.378	119	131	1.228	0.053	6.352	7.862
Total Fertility Rate (3 years)	5.597	0.428	na	2477	1.487	0.076	4.741	6.453
Know any contraceptive method	1.000	0.000	457	505	na	0.000	1.000	1.000
Ever used any contraceptive method	0.692	0.035	457	505	1.620	0.051	0.622	0.762
Currently using any contraceptive method	0.339	0.030	457	505	1.361	0.089	0.279	0.399
Currently using pill	0.073	0.017	457	505	1.416	0.237	0.038	0.107
Currently using IUD	0.005	0.004	457	505	1.185	0.811	0.000	0.012
Currently using female sterilisation	0.019	0.005	457	505	0.759	0.254	0.009	0.029
Currently using rhythm method	0.041	0.008	457	505	0.901	0.203	0.024	0.058
Obtained method from public sector source	0.235	0.058	169	190	1.762	0.246	0.119	0.350
Want no more children	0.361	0.019	457	505	0.859	0.053	0.323	0.400
Want to delay birth at least 2 years	0.434	0.027	457	505	1.161	0.062	0.380	0.488
Ideal family size	4.687	0.089	810	889	1.270	0.019	4.509	4.865
Perinatal mortality (0-4 years)	56.193	6.151	754	835	0.739	0.109	43.891	68.494
Neonatal mortality (1-10)	53.581	8.799	1390	1549	1.250	0.164	35.982	71.180
Postneonatal mortality (1-10)	48.345	9.062	1390	1549	1.466	0.187	30.221	66.468
Infant mortality (1-10)	101.925	12.915	1397	1557	1.380	0.127	76.094	127.756
Child mortality (1-10)	63.226	11.778	1398	1556	1.365	0.186	39.669	86.783
Under-five mortality (1-10)	158.707	18.242	1412	1573	1.528	0.115	122.222	195.191
Mothers received tetanus injection for last birth	0.484	0.021	449	497	0.904	0.044	0.441	0.526
Mothers received medical assistance at delivery	0.521	0.037	734	814	1.650	0.072	0.446	0.595
Had diarrhoea in two weeks before survey	0.234	0.015	663	733	0.916	0.063	0.205	0.263
Treated with oral rehydration salts (ORS)	0.326	0.043	152	171	1.157	0.131	0.240	0.411
Taken to a health provider	0.733	0.046	152	171	1.263	0.063	0.641	0.825
Vaccination card seen	0.549	0.048	142	160	1.138	0.087	0.454	0.645
Received BCG	0.768	0.038	142	160	1.090	0.050	0.692	0.845
Received DPT (3 doses)	0.517	0.049	142	160	1.164	0.095	0.419	0.615
Received polio (3 doses)	0.518	0.057	142	160	1.357	0.110	0.404	0.632
Received measles	0.599	0.061	142	160	1.481	0.102	0.478	0.721
Fully immunised	0.414	0.061	142	160	1.456	0.147	0.292	0.536
Height-for-age (below -2SD)	0.392	0.032	247	273	1.048	0.083	0.328	0.457
Weight-for-height (below -2SD)	0.045	0.015	247	273	1.151	0.332	0.015	0.075
Weight-for-age (below -2SD)	0.130	0.023	247	273	0.996	0.175	0.085	0.176
Anaemia in children	0.803	0.035	226	253	1.351	0.044	0.732	0.873
Anaemia in women	0.575	0.053	279	305	1.772	0.091	0.470	0.681
Vitamin A deficiency in children	0.239	0.058	189	206	1.650	0.243	0.123	0.355
Viatamin A deficiency in women	0.144	0.039	277	303	1.836	0.269	0.066	0.222
Body Mass Index (BMI) <18.5	0.071	0.016	245	263	0.971	0.226	0.039	0.104
Used condom at last higher-risk sex	0.385	0.054	144	164	1.316	0.139	0.278	0.492
Used condom at last higher-risk sex (youth)	0.439	0.056	88	101	1.049	0.127	0.328	0.551
Had higher-risk sex in last 12 months	0.245	0.021	598	667	1.171	0.084	0.204	0.286
Abstinence among youth (never had sex)	0.582	0.035	214	228	1.040	0.060	0.512	0.653
Sexually active past 12 months, never-married youth	0.312	0.030	214	228	0.951	0.097	0.252	0.373
Had any injection in past 12 months	0.553	0.016	824	905	0.917	0.029	0.522	0.585
Accepting attitudes towards people with HIV	0.252	0.017	823	904	1.098	0.066	0.219	0.286
HIV test and result in past 12 months	0.141	0.013	824	905	1.077	0.093	0.115	0.167
			MEN					
Urban	0.048	0.010	246	272	0.742	0.210	0.028	0.069
Literate	0.808	0.024	246	272	0.954	0.030	0.760	0.856
No education	0.058	0.021	246	272	1.387	0.358	0.016	0.099
Secondary education or higher	0.304	0.038	246	272	1.305	0.126	0.227	0.380
Never married	0.440	0.046	246	272	1.435	0.103	0.349	0.531
Currently married/in union	0.501	0.048	246	272	1.517	0.097	0.404	0.598
Married before age 20	0.189	0.039	179	196	1.314	0.204	0.112	0.266
Had sexual intercourse before age 18	0.514	0.036	179	196	0.964	0.070	0.442	0.586
Children ever born	5.199	0.266	121	136	0.763	0.051	4.667	5.732
Ever used any contraceptive method	0.831	0.051	121	136	1.497	0.062	0.729	0.934
Know any contraceptive method	1.000	0.000	121	136	na	0.000	1.000	1.000
Want no more children	0.260	0.042	121	136	1.044	0.161	0.176	0.344
Want to delay birth at least 2 years	0.463	0.054	121	136	1.179	0.116	0.356	0.570
Ideal family size	5.491	0.228	243	269	1.194	0.042	5.036	5.947
Condom use at last higher-risk sex	0.666	0.064	82	92	1.225	0.096	0.537	0.794
Condom use at last higher-risk sex (youth)	0.606	0.105	29	34	1.137	0.173	0.396	0.816
Sexually active past 12 months, never-married youth	0.310	0.052	92	102	1.077	0.169	0.205	0.414
Abstinence among youth (never had sex)	0.481	0.034	92	102	0.647	0.070	0.414	0.549
Had any injection in past 12 months	0.256	0.017	246	272	0.623	0.068	0.222	0.291
Accepting attitudes towards people with HIV	0.300	0.030	246	272	1.033	0.101	0.239	0.360
HIV test and received results in past 12 months	0.095	0.024	246	272	1.297	0.256	0.046	0.143

na = Not applicable

Table B.6 Sampling errors for Central 2 region, Uganda 2006

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
			WOMEN					
Urban	0.108	0.009	759	770	0.777	0.081	0.090	0.125
Literate	0.718	0.024	759	770	1.465	0.033	0.670	0.766
No education	0.115	0.017	759	770	1.452	0.146	0.081	0.149
Secondary education or higher	0.254	0.023	759	770	1.474	0.092	0.207	0.301
Net attendance ratio for primary school	0.841	0.023	1050	1082	1.871	0.028	0.794	0.887
Never married	0.223	0.014	759	770	0.928	0.063	0.194	0.251
Currently married/in union	0.610	0.024	759	770	1.355	0.039	0.562	0.658
Married before age 20	0.734	0.021	580	589	1.148	0.029	0.692	0.776
Had sexual intercourse before age 18	0.787	0.019	580	589	1.111	0.024	0.749	0.825
Currently pregnant	0.094	0.016	759	770	1.528	0.172	0.062	0.127
Children ever born	4.014	0.127	759	770	1.044	0.032	3.759	4.268
Children surviving	3.409	0.125	759	770	1.199	0.037	3.160	3.659
Children ever born to women age 40-49	7.385	0.229	147	151	0.929	0.031	6.928	7.843
Total Fertility Rate (3 years)	6.341	0.297	na	2113	1.197	0.047	5.746	6.936
Know any contraceptive method	1.000	0.000	461	470	na	0.000	1.000	1.000
Ever used any contraceptive method	0.700	0.024	461	470	1.117	0.034	0.652	0.748
Currently using any contraceptive method	0.360	0.022	461	470	0.967	0.060	0.317	0.403
Currently using pill	0.037	0.007	461	470	0.814	0.193	0.023	0.051
Currently using IUD	0.000	0.000	461	470	na	na	0.000	0.000
Currently using female sterilisation	0.050	0.009	461	470	0.875	0.178	0.032	0.068
Currently using rhythm method	0.014	0.006	461	470	1.113	0.431	0.002	0.027
Obtained method from public sector source	0.360	0.035	182	180	0.988	0.098	0.290	0.431
Want no more children	0.429	0.025	461	470	1.104	0.059	0.378	0.480
Want to delay birth at least 2 years	0.314	0.023	461	470	1.051	0.072	0.269	0.360
Ideal family size	4.925	0.091	748	759	1.245	0.018	4.744	5.107
Perinatal mortality (0-4 years)	22.100	5.638	700	715	0.974	0.255	10.823	33.376
Neonatal mortality (1-10)	32.785	4.469	1404	1424	0.929	0.136	23.846	41.724
Postneonatal mortality (1-10)	34.696	5.685	1412	1433	1.136	0.164	23.326	46.065
Infant mortality (1-10)	67.481	7.488	1414	1435	1.081	0.111	52.505	82.457
Child mortality (1-10)	65.808	9.686	1417	1438	1.255	0.147	46.435	85.180
Under-five mortality (1-10)	128.848	11.583	1429	1450	1.239	0.090	105.681	152.015
Mothers received tetanus injection for last birth	0.646	0.025	419	428	1.092	0.039	0.595	0.697
Mothers received medical assistance at delivery	0.520	0.034	696	710	1.450	0.065	0.453	0.587
Had diarrhoea in two weeks before survey	0.207	0.021	645	659	1.183	0.102	0.164	0.249
Treated with oral rehydration salts (ORS)	0.380	0.035	134	136	0.753	0.093	0.310	0.451
Taken to a health provider	0.664	0.043	134	136	0.919	0.065	0.578	0.751
Vaccination card seen	0.619	0.058	124	127	1.299	0.094	0.503	0.735
Received BCG	0.884	0.035	124	127	1.165	0.040	0.814	0.954
Received DPT (3 doses)	0.630	0.051	124	127	1.144	0.081	0.528	0.732
Received polio (3 doses)	0.594	0.051	124	127	1.133	0.086	0.491	0.696
Received measles	0.672	0.048	124	127	1.131	0.072	0.575	0.769
Fully immunised	0.486	0.054	124	127	1.194	0.112	0.378	0.595
Height-for-age (below -2SD)	0.298	0.025	242	249	0.777	0.085	0.247	0.348
Weight-for-height (below -2SD)	0.031	0.013	242	249	1.136	0.407	0.006	0.056
Weight-for-age (below -2SD)	0.084	0.022	242	249	1.173	0.262	0.040	0.129
Anaemia in children	0.723	0.039	223	229	1.205	0.054	0.644	0.801
Anaemia in women	0.429	0.043	252	251	1.367	0.100	0.343	0.515
Vitamin A deficiency in children	0.249	0.045	180	178	1.295	0.182	0.159	0.340
Viatamin A deficiency in women	0.207	0.036	254	253	1.395	0.173	0.135	0.278
Body Mass Index (BMI) <18.5	0.074	0.018	219	218	1.021	0.246	0.038	0.111
Used condom at last higher-risk sex	0.302	0.045	97	98	0.955	0.148	0.213	0.392
Used condom at last higher-risk sex (youth)	0.322	0.047	39	39	0.623	0.147	0.228	0.417
Had higher-risk sex in past 12 months	0.172	0.020	561	570	1.283	0.119	0.131	0.213
Abstinence among youth (never had sex)	0.633	0.034	159	159	0.897	0.054	0.565	0.702
Sexually active past 12 months, never-married youth	0.240	0.027	159	159	0.782	0.111	0.187	0.293
Had any injection in past 12 months	0.475	0.022	759	770	1.207	0.046	0.431	0.519
Accepting attitudes towards people with HIV	0.308	0.025	759	770	1.518	0.083	0.257	0.359
HIV test and result in past 12 months	0.130	0.015	759	770	1.254	0.118	0.099	0.161
			MEN					
Urban	0.080	0.018	230	233	1.027	0.231	0.043	0.117
Literate	0.807	0.024	230	233	0.937	0.030	0.758	0.856
No education	0.044	0.013	230	233	0.931	0.287	0.019	0.069
Secondary education or higher	0.313	0.032	230	233	1.054	0.103	0.248	0.377
Never married	0.387	0.039	230	233	1.226	0.102	0.308	0.466
Currently married/in union	0.493	0.043	230	233	1.311	0.088	0.406	0.580
Married before age 20	0.248	0.028	165	166	0.822	0.112	0.192	0.303
Had sexual intercourse before age 18	0.538	0.045	165	166	1.164	0.084	0.448	0.629
Children ever born	5.750	0.479	117	115	1.208	0.083	4.792	6.708
Know any contraceptive method	1.000	0.000	117	115	na	0.000	1.000	1.000
Ever used any contraceptive method	0.805	0.038	117	115	1.022	0.047	0.730	0.880
Want no more children	0.428	0.052	117	115	1.131	0.121	0.324	0.532
Want to delay birth at least 2 years	0.356	0.054	117	115	1.213	0.151	0.248	0.464
Ideal family size	5.693	0.218	230	233	1.208	0.038	5.258	6.129
Used condom at last higher-risk sex	0.641	0.040	86	91	0.777	0.063	0.560	0.722
Used condom at last higher-risk sex (youth)	0.614	0.093	28	31	0.995	0.152	0.427	0.800
Sexually active past 12 months, never-married youth	0.259	0.049	79	81	0.983	0.188	0.162	0.357
Abstinence among youth (never had sex)	0.564	0.055	79	81	0.972	0.097	0.455	0.673
Had any injection in past 12 months	0.290	0.027	230	233	0.917	0.095	0.235	0.345
Accepting attitudes towards people with HIV	0.344	0.030	230	233	0.970	0.089	0.283	0.405
HIV test and received results in past 12 months	0.106	0.023	230	233	1.120	0.215	0.061	0.152

na = Not applicable

Table B.7 Sampling errors for Kampala region, Uganda 2006

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban	1.000	0.000	846	722	na	0.000	1.000	1.000
Literate	0.908	0.011	846	722	1.066	0.012	0.887	0.930
No education	0.028	0.005	846	722	0.832	0.167	0.019	0.038
Secondary education or higher	0.624	0.028	846	722	1.671	0.045	0.568	0.680
Net attendance ratio for primary school	0.863	0.019	481	394	1.164	0.022	0.825	0.902
Never married	0.417	0.031	846	722	1.846	0.075	0.354	0.479
Currently married/in union	0.428	0.025	846	722	1.498	0.060	0.377	0.479
Married before age 20	0.460	0.038	641	549	1.916	0.082	0.385	0.536
Had sexual intercourse before age 18	0.578	0.032	641	549	1.650	0.056	0.514	0.642
Currently pregnant	0.059	0.009	846	722	1.119	0.153	0.041	0.078
Children ever born	1.805	0.090	846	722	1.230	0.050	1.625	1.985
Children surviving	1.632	0.075	846	722	1.144	0.046	1.481	1.782
Children ever born to women age 40-49	5.198	0.224	58	51	0.678	0.043	4.750	5.647
Total Fertility Rate (3 years)	3.651	0.248	na	1967	1.031	0.068	3.155	4.148
Know any contraceptive method	0.997	0.003	355	309	1.119	0.003	0.990	1.004
Ever used any contraceptive method	0.833	0.023	355	309	1.147	0.027	0.788	0.878
Currently using any contraceptive method	0.476	0.030	355	309	1.122	0.063	0.416	0.535
Currently using pill	0.098	0.020	355	309	1.271	0.205	0.058	0.138
Currently using IUD	0.014	0.007	355	309	1.168	0.519	0.000	0.029
Currently using female sterilisation	0.029	0.009	355	309	1.043	0.319	0.011	0.048
Currently using rhythm method	0.021	0.006	355	309	0.838	0.308	0.008	0.033
Obtained method from public sector source	0.143	0.027	248	209	1.197	0.187	0.089	0.196
Want no more children	0.356	0.025	355	309	0.996	0.071	0.305	0.406
Want to delay birth at least 2 years	0.384	0.028	355	309	1.068	0.072	0.329	0.439
Ideal family size	3.704	0.051	839	716	0.774	0.014	3.602	3.806
Perinatal mortality (0-4 years)	35.964	7.228	494	426	0.880	0.201	21.508	50.420
Neonatal mortality (1-10)	24.563	4.867	828	707	0.845	0.198	14.828	34.298
Postneonatal mortality (1-10)	29.770	6.725	832	711	1.149	0.226	16.320	43.220
Infant mortality (1-10)	54.333	7.924	834	712	1.019	0.146	38.485	70.181
Child mortality (1-10)	41.883	7.219	832	709	0.868	0.172	27.445	56.321
Under-five mortality (1-10)	93.940	11.267	840	716	1.142	0.120	71.405	116.475
Mothers received tetanus injection for last birth	0.614	0.025	343	298	0.948	0.040	0.564	0.663
Mothers received medical assistance at delivery	0.908	0.020	485	417	1.235	0.021	0.869	0.947
Had diarrhoea in two weeks before survey	0.165	0.017	454	387	0.959	0.105	0.130	0.199
Treated with oral rehydration salts (ORS)	0.362	0.094	69	64	1.540	0.258	0.175	0.549
Taken to a health provider	0.708	0.085	69	64	1.527	0.120	0.538	0.878
Vaccination card seen	0.610	0.035	87	74	0.668	0.057	0.541	0.680
Received BCG	0.910	0.044	87	74	1.447	0.049	0.821	0.998
Received DPT (3 doses)	0.683	0.041	87	74	0.827	0.060	0.600	0.765
Received polio (3 doses)	0.562	0.045	87	74	0.845	0.080	0.473	0.652
Received measles	0.713	0.036	87	74	0.733	0.050	0.641	0.784
Fully immunised	0.468	0.053	87	74	0.988	0.113	0.362	0.573
Height-for-age (below -2SD)	0.222	0.035	157	130	1.050	0.159	0.151	0.293
Weight-for-height (below -2SD)	0.074	0.024	157	130	1.174	0.321	0.027	0.122
Weight-for-age (below -2SD)	0.103	0.022	157	130	0.896	0.219	0.058	0.147
Anaemia in children	0.522	0.064	139	116	1.438	0.124	0.393	0.651
Anaemia in women	0.327	0.043	252	228	1.513	0.133	0.240	0.414
Vitamin A deficiency in children	0.122	0.052	121	107	1.557	0.424	0.019	0.226
Viatamin A deficiency in women	0.135	0.020	256	230	0.966	0.149	0.094	0.175
Body Mass Index (BMI) <18.5	0.048	0.021	244	221	1.569	0.435	0.006	0.090
Used condom at last higher-risk sex	0.518	0.044	213	177	1.289	0.085	0.429	0.606
Used condom at last higher-risk sex (youth)	0.559	0.044	132	110	1.005	0.078	0.472	0.647
Had higher-risk sex in past 12 months	0.361	0.030	575	491	1.476	0.082	0.302	0.420
Abstinence among youth (never had sex)	0.534	0.038	313	258	1.333	0.071	0.459	0.609
Sexually active past 12 months, never-married youth	0.352	0.028	313	258	1.021	0.078	0.297	0.408
Had any injection in past 12 months	0.423	0.016	846	722	0.938	0.038	0.391	0.455
Accepting attitudes towards people with HIV	0.440	0.032	845	721	1.890	0.073	0.375	0.505
HIV test and result in past 12 months	0.206	0.016	846	722	1.151	0.078	0.174	0.238
MEN								
Urban	1.000	0.000	223	218	na	0.000	1.000	1.000
Literate	0.942	0.014	223	218	0.880	0.015	0.915	0.970
No education	0.018	0.010	223	218	1.162	0.574	0.000	0.039
Secondary education or higher	0.642	0.061	223	218	1.900	0.095	0.520	0.765
Never married	0.491	0.032	223	218	0.951	0.065	0.427	0.555
Currently married/in union	0.456	0.035	223	218	1.056	0.077	0.385	0.527
Married before age 20	0.168	0.027	182	174	0.959	0.158	0.115	0.222
Had sexual intercourse before age 18	0.509	0.048	182	174	1.305	0.095	0.412	0.606
Children ever born	3.464	0.253	100	99	0.951	0.073	2.959	3.969
Know any contraceptive method	1.000	0.000	100	99	na	0.000	1.000	1.000
Ever used any contraceptive method	0.914	0.028	100	99	0.995	0.031	0.858	0.970
Want no more children	0.382	0.065	100	99	1.321	0.169	0.253	0.511
Want to delay birth at least 2 years	0.342	0.053	100	99	1.116	0.156	0.236	0.448
Ideal family size	4.619	0.296	223	218	1.276	0.064	4.027	5.211
Used condom at last higher-risk sex	0.796	0.044	86	81	1.000	0.055	0.709	0.884
Used condom at last higher-risk sex (youth)	0.743	0.062	36	30	0.840	0.084	0.619	0.867
Sexually active past 12 months, never-married youth	0.310	0.049	82	79	0.958	0.159	0.212	0.409
Abstinence among youth (never had sex)	0.464	0.051	82	79	0.914	0.109	0.363	0.565
Had any injection in past 12 months	0.345	0.027	223	218	0.846	0.078	0.291	0.399
Accepting attitudes towards people with HIV	0.475	0.028	223	218	0.832	0.059	0.419	0.531
HIV test and received results in past 12 months	0.205	0.031	223	218	1.163	0.154	0.142	0.268

na = Not applicable

Table B.8 Sampling errors for East Central region, Uganda 2006

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
		WOMEN						
Urban residence	0.098	0.014	908	836	1.387	0.140	0.070	0.125
Literate	0.522	0.028	908	836	1.709	0.054	0.465	0.579
No education	0.157	0.016	908	836	1.347	0.104	0.124	0.190
Secondary education or higher	0.241	0.030	908	836	2.093	0.123	0.182	0.301
Net attendance ratio for primary school	0.856	0.015	1230	1145	1.414	0.017	0.827	0.886
Never married	0.230	0.019	908	836	1.365	0.083	0.192	0.269
Currently married/in union	0.659	0.018	908	836	1.124	0.027	0.624	0.695
Married before age 20	0.818	0.018	696	637	1.211	0.022	0.782	0.853
Had sexual intercourse before age 18	0.797	0.023	696	637	1.520	0.029	0.751	0.843
Currently pregnant	0.154	0.013	908	836	1.111	0.086	0.128	0.181
Children ever born	3.932	0.140	908	836	1.214	0.036	3.652	4.211
Children surviving	3.344	0.103	908	836	1.057	0.031	3.138	3.549
Children ever born to women age 40-49	7.216	0.272	149	143	0.931	0.038	6.672	7.760
Total Fertility Rate (3 years)	7.528	0.300	na	2275	1.165	0.040	6.928	8.128
Know any contraceptive method	1.000	0.000	610	552	na	0.000	1.000	1.000
Ever used any contraceptive method	0.539	0.036	610	552	1.802	0.068	0.466	0.612
Currently using any contraceptive method	0.234	0.025	610	552	1.475	0.108	0.183	0.284
Currently using pill	0.035	0.008	610	552	1.106	0.236	0.018	0.051
Currently using IUD	0.000	0.000	610	552	na	na	0.000	0.000
Currently using female sterilisation	0.029	0.009	610	552	1.338	0.314	0.011	0.047
Currently using rhythm method	0.024	0.005	610	552	0.765	0.198	0.015	0.033
Obtained method from public sector source	0.458	0.062	136	129	1.435	0.134	0.335	0.581
Want no more children	0.422	0.023	610	552	1.168	0.055	0.375	0.469
Want to delay birth at least 2 years	0.342	0.011	610	552	0.581	0.033	0.320	0.365
Ideal family size	5.214	0.131	893	824	2.079	0.025	4.952	5.476
Perinatal mortality (0-4 years)	38.787	6.507	1032	924	1.064	0.168	25.773	51.800
Neonatal mortality (1-10)	23.935	4.430	1926	1723	0.943	0.185	15.075	32.795
Postneonatal mortality (1-10)	49.950	6.986	1933	1728	1.334	0.140	35.978	63.921
Infant mortality (1-10)	73.884	8.487	1939	1736	1.177	0.115	56.910	90.859
Child mortality (1-10)	58.122	5.795	1930	1727	0.989	0.100	46.532	69.713
Under-five mortality (1-10)	127.712	9.560	1949	1747	1.182	0.075	108.592	146.833
Mothers received tetanus injection for last birth	0.513	0.021	567	510	0.990	0.041	0.471	0.556
Mothers received medical assistance at delivery	0.564	0.028	1012	905	1.450	0.050	0.508	0.621
Had diarrhoea in two weeks before survey	0.227	0.017	921	829	1.142	0.075	0.193	0.261
Treated with oral rehydration salts (ORS)	0.337	0.047	199	188	1.281	0.140	0.242	0.431
Taken to a health provider	0.578	0.062	199	188	1.694	0.107	0.454	0.702
Vaccination card seen	0.636	0.034	208	190	1.016	0.053	0.568	0.704
Received BCG	0.889	0.030	208	190	1.345	0.033	0.830	0.948
Received DPT (3 doses)	0.602	0.050	208	190	1.447	0.082	0.503	0.701
Received polio (3 doses)	0.538	0.029	208	190	0.819	0.053	0.481	0.595
Received measles	0.583	0.040	208	190	1.149	0.068	0.504	0.662
Fully immunised	0.419	0.035	208	190	1.010	0.083	0.349	0.489
Height-for-age (below -2SD)	0.383	0.025	323	309	0.829	0.065	0.334	0.433
Weight-for-height (below -2SD)	0.099	0.019	323	309	1.084	0.194	0.061	0.138
Weight-for-age (below -2SD)	0.229	0.034	323	309	1.377	0.147	0.162	0.296
Anaemia in children	0.795	0.040	296	285	1.713	0.050	0.715	0.875
Anaemia in women	0.482	0.028	304	280	0.962	0.057	0.427	0.538
Vitamin A deficiency in children	0.331	0.102	259	242	3.010	0.309	0.127	0.536
Viatamin A deficiency in women	0.312	0.080	304	280	3.005	0.256	0.152	0.471
Body Mass Index (BMI) <18.5	0.134	0.021	250	234	1.003	0.160	0.091	0.176
Used condom at last higher-risk sex	0.371	0.064	100	94	1.318	0.172	0.243	0.499
Used condom at last higher-risk sex (youth)	0.411	0.064	62	60	1.019	0.156	0.282	0.539
Had higher-risk sex in past 12 months	0.146	0.018	704	639	1.362	0.124	0.110	0.183
Abstinence among youth (never had sex)	0.606	0.044	199	190	1.258	0.072	0.519	0.694
Sexually active past 12 months, never-married youth	0.264	0.040	199	190	1.276	0.151	0.184	0.344
Had any injection in past 12 months	0.442	0.019	908	836	1.166	0.043	0.404	0.481
Accepting attitudes towards people with HIV	0.168	0.015	905	833	1.203	0.089	0.138	0.197
HIV test and result in past 12 months	0.096	0.013	908	836	1.352	0.137	0.070	0.123
		MEN						
Urban	0.112	0.012	236	209	0.576	0.106	0.089	0.136
Literate	0.804	0.034	236	209	1.300	0.042	0.737	0.872
No education	0.055	0.014	236	209	0.925	0.251	0.027	0.082
Secondary education or higher	0.331	0.026	236	209	0.834	0.077	0.280	0.382
Never married	0.351	0.047	236	209	1.502	0.133	0.257	0.444
Currently married/in union	0.595	0.049	236	209	1.516	0.082	0.498	0.692
Married before age 20	0.345	0.032	186	165	0.920	0.093	0.281	0.409
Had sexual intercourse before age 18	0.565	0.035	186	165	0.963	0.062	0.495	0.635
Children ever born	6.488	0.305	142	124	0.723	0.047	5.879	7.098
Know any contraceptive method	1.000	0.000	142	124	na	0.000	1.000	1.000
Ever used any contraceptive method	0.635	0.030	142	124	0.742	0.047	0.575	0.695
Want no more children	0.281	0.034	142	124	0.892	0.120	0.213	0.348
Want to delay birth at least 2 years	0.425	0.036	142	124	0.855	0.084	0.354	0.496
Ideal family size	6.231	0.239	235	208	1.162	0.038	5.754	6.709
Used condom at last higher-risk sex	0.605	0.082	54	46	1.222	0.136	0.441	0.769
Used condom at last higher-risk sex (youth)	0.688	0.123	24	22	1.274	0.179	0.442	0.934
Sexually active past 12 months, never-married youth	0.277	0.049	73	67	0.938	0.179	0.178	0.375
Abstinence among youth (never had sex)	0.581	0.058	73	67	0.993	0.099	0.465	0.696
Had any injection in past 12 months	0.270	0.030	236	209	1.050	0.113	0.210	0.331
Accepting attitudes towards people with HIV	0.268	0.036	236	209	1.243	0.134	0.196	0.340
HIV test and received results in past 12 months	0.071	0.020	236	209	1.206	0.284	0.031	0.112

na = Not applicable

Table B.9 Sampling errors for Eastern region, Uganda 2006

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
Urban	0.069	0.026	917	1148	3.106	0.376	0.017	0.121
Literate	0.496	0.024	917	1148	1.479	0.049	0.447	0.544
No education	0.159	0.017	917	1148	1.407	0.107	0.125	0.193
Secondary education or higher	0.173	0.018	917	1148	1.413	0.102	0.138	0.208
Net attendance ratio for primary school	0.874	0.014	1274	1577	1.474	0.016	0.846	0.901
Never married	0.188	0.011	917	1148	0.862	0.059	0.166	0.211
Currently married/in union	0.718	0.014	917	1148	0.962	0.020	0.690	0.747
Married before age 20	0.784	0.017	726	912	1.135	0.022	0.749	0.818
Had sexual intercourse before age 18	0.757	0.021	726	912	1.306	0.027	0.715	0.799
Currently pregnant	0.153	0.012	917	1148	1.016	0.079	0.129	0.177
Children ever born	3.889	0.128	917	1148	1.186	0.033	3.633	4.145
Children surviving	3.356	0.107	917	1148	1.154	0.032	3.142	3.571
Children ever born to women age 40-49	7.380	0.242	151	193	0.925	0.033	6.897	7.863
Total Fertility Rate (3 years)	7.685	0.366	na	3190	1.215	0.048	6.953	8.418
Know any contraceptive method	0.992	0.007	666	824	1.868	0.007	0.978	1.005
Ever used any contraceptive method	0.502	0.035	666	824	1.788	0.069	0.433	0.572
Currently using any contraceptive method	0.201	0.023	666	824	1.504	0.116	0.154	0.247
Currently using pill	0.005	0.003	666	824	1.083	0.618	0.000	0.010
Currently using IUD	0.000	0.000	666	824	na	na	0.000	0.000
Currently using female sterilisation	0.033	0.008	666	824	1.219	0.257	0.016	0.050
Currently using rhythm method	0.028	0.008	666	824	1.176	0.266	0.013	0.044
Obtained method from public sector source	0.578	0.058	120	154	1.283	0.101	0.461	0.694
Want no more children	0.416	0.026	666	824	1.377	0.063	0.363	0.468
Want to delay birth at least 2 years	0.318	0.021	666	824	1.145	0.065	0.277	0.359
Ideal family size	5.174	0.086	892	1106	1.262	0.017	5.001	5.347
Perinatal mortality (0-4 years)	22.017	6.474	1062	1328	1.454	0.294	9.068	34.965
Neonatal mortality (1-10)	18.987	3.262	1908	2398	1.194	0.172	12.463	25.511
Postneonatal mortality (1-10)	50.904	5.350	1910	2396	0.971	0.105	40.203	61.604
Infant mortality (1-10)	69.891	5.961	1915	2405	0.959	0.085	57.968	81.814
Child mortality (1-10)	49.787	4.356	1920	2408	0.965	0.087	41.076	58.499
Under-five mortality (1-10)	116.199	6.220	1932	2424	0.863	0.054	103.758	128.639
Mothers received tetanus injection for last birth	0.402	0.035	605	755	1.765	0.088	0.332	0.473
Mothers received medical assistance at delivery	0.413	0.018	1051	1317	0.969	0.043	0.378	0.449
Had diarrhoea in two weeks before survey	0.264	0.022	972	1222	1.479	0.085	0.219	0.309
Treated with oral rehydration salts (ORS)	0.419	0.041	255	323	1.235	0.099	0.337	0.502
Taken to a health provider	0.712	0.037	255	323	1.260	0.052	0.637	0.786
Vaccination card seen	0.733	0.034	220	267	1.117	0.046	0.664	0.801
Received BCG	0.951	0.014	220	267	0.971	0.015	0.922	0.980
Received DPT (3 doses)	0.666	0.035	220	267	1.086	0.053	0.596	0.737
Received polio (3 doses)	0.619	0.053	220	267	1.582	0.086	0.513	0.725
Received measles	0.636	0.051	220	267	1.548	0.081	0.533	0.738
Fully immunised	0.468	0.058	220	267	1.678	0.124	0.352	0.583
Height-for-age (below -2SD)	0.362	0.032	326	411	1.119	0.088	0.298	0.426
Weight-for-height (below -2SD)	0.034	0.012	326	411	1.104	0.360	0.010	0.058
Weight-for-age (below -2SD)	0.112	0.023	326	411	1.220	0.206	0.066	0.158
Anaemia in children	0.800	0.027	300	376	1.230	0.034	0.745	0.854
Anaemia in women	0.489	0.025	308	393	0.900	0.052	0.438	0.540
Vitamin A deficiency in children	0.220	0.049	266	336	1.666	0.223	0.122	0.318
Viatamin A deficiency in women	0.240	0.043	307	391	1.774	0.179	0.154	0.326
Body Mass Index (BMI) <18.5	0.187	0.022	250	320	0.912	0.119	0.142	0.231
Used condom at last higher-risk sex	0.255	0.070	79	99	1.429	0.277	0.114	0.395
Used condom at last higher-risk sex (youth)	0.280	0.091	48	57	1.387	0.324	0.099	0.462
Had higher-risk sex in past 12 months	0.112	0.013	719	884	1.076	0.113	0.087	0.137
Abstinence among youth (never had sex)	0.594	0.052	166	206	1.370	0.088	0.490	0.699
Sexually active past 12 months, never-married youth	0.225	0.045	166	206	1.384	0.200	0.135	0.315
Had any injection in past 12 months	0.520	0.018	917	1148	1.116	0.035	0.483	0.556
Accepting attitudes towards people with HIV	0.255	0.024	913	1142	1.645	0.093	0.208	0.303
HIV test and result in past 12 months	0.081	0.015	917	1148	1.657	0.185	0.051	0.111
		MEN						
Urban	0.057	0.018	276	323	1.321	0.325	0.020	0.093
Literate	0.767	0.027	276	323	1.040	0.035	0.714	0.820
No education	0.031	0.014	276	323	1.316	0.442	0.004	0.059
Secondary education or higher	0.266	0.032	276	323	1.188	0.119	0.202	0.329
Never married	0.322	0.034	276	323	1.222	0.107	0.253	0.391
Currently married/in union	0.645	0.038	276	323	1.307	0.058	0.570	0.721
Married before age 20	0.205	0.024	212	245	0.864	0.117	0.157	0.253
Had sexual intercourse before age 18	0.456	0.051	212	245	1.498	0.113	0.353	0.558
Children ever born	5.251	0.330	179	209	1.179	0.063	4.592	5.910
Know any contraceptive method	1.000	0.000	179	209	na	0.000	1.000	1.000
Ever used any contraceptive method	0.572	0.051	179	209	1.375	0.089	0.470	0.674
Want no more children	0.304	0.037	179	209	1.071	0.122	0.230	0.378
Want to delay birth at least 2 years	0.363	0.041	179	209	1.150	0.114	0.280	0.446
Ideal family size	5.380	0.291	275	322	1.959	0.054	4.797	5.962
Used condom at last higher-risk sex	0.378	0.056	74	73	0.989	0.148	0.266	0.490
Used condom at last higher-risk sex (youth)	0.416	0.083	36	35	0.992	0.199	0.251	0.581
Sexually active past 12 months, never-married youth	0.296	0.069	81	96	1.348	0.232	0.159	0.434
Abstinence among youth (never had sex)	0.576	0.105	81	96	1.903	0.183	0.366	0.786
Had any injection in past 12 months	0.442	0.037	276	323	1.224	0.083	0.369	0.516
Accepting attitudes towards people with HIV	0.335	0.043	276	323	1.503	0.128	0.249	0.420
HIV test and received results in past 12 months	0.103	0.016	276	323	0.846	0.150	0.072	0.134

na = Not applicable

Table B.10 Sampling errors for North region, Uganda 2006

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
			WOMEN					
Urban	0.103	0.009	1664	1322	1.175	0.085	0.085	0.120
Literate	0.312	0.023	1664	1322	2.054	0.075	0.266	0.359
No education	0.355	0.022	1664	1322	1.858	0.061	0.311	0.399
Secondary education or higher	0.080	0.016	1664	1322	2.395	0.199	0.048	0.112
Net attendance ratio for primary school	0.742	0.016	2591	1916	1.600	0.022	0.709	0.775
Never married	0.170	0.016	1664	1322	1.696	0.092	0.139	0.202
Currently married/in union	0.692	0.018	1664	1322	1.599	0.026	0.656	0.728
Married before age 20	0.731	0.012	1332	1052	1.024	0.017	0.707	0.756
Had sexual intercourse before age 18	0.649	0.019	1332	1052	1.463	0.030	0.610	0.687
Currently pregnant	0.123	0.009	1664	1322	1.062	0.070	0.106	0.140
Children ever born	3.802	0.091	1664	1322	1.194	0.024	3.621	3.983
Children surviving	3.068	0.068	1664	1322	1.102	0.022	2.931	3.204
Children ever born to women age 40-49	7.454	0.142	305	226	0.960	0.019	7.171	7.738
Total Fertility Rate (3 years)	7.543	0.235	na	3635	1.281	0.031	7.073	8.013
Know any contraceptive method	0.872	0.016	1187	915	1.647	0.018	0.840	0.904
Ever used any contraceptive method	0.260	0.017	1187	915	1.346	0.066	0.226	0.295
Currently using any contraceptive method	0.109	0.016	1187	915	1.750	0.146	0.077	0.140
Currently using pill	0.005	0.002	1187	915	0.830	0.326	0.002	0.009
Currently using IUD	0.000	0.000	1187	915	na	na	0.000	0.000
Currently using female sterilisation	0.017	0.004	1187	915	1.018	0.222	0.010	0.025
Currently using rhythm method	0.023	0.005	1187	915	1.158	0.220	0.013	0.033
Obtained method from public sector source	0.450	0.052	100	95	1.041	0.116	0.346	0.554
Want no more children	0.346	0.016	1187	915	1.153	0.046	0.314	0.378
Want to delay birth at least 2 years	0.370	0.017	1187	915	1.194	0.045	0.336	0.403
Ideal family size	5.287	0.076	1484	1202	1.229	0.014	5.136	5.439
Perinatal mortality (0-4 years)	35.252	6.188	1874	1487	1.210	0.176	22.875	47.628
Neonatal mortality (1-10)	33.357	3.946	3505	2732	1.013	0.118	25.465	41.249
Postneonatal mortality (1-10)	72.696	4.812	3509	2733	0.996	0.066	63.073	82.320
Infant mortality (1-10)	106.053	5.899	3521	2743	0.976	0.056	94.254	117.852
Child mortality (1-10)	79.833	6.376	3536	2755	1.233	0.080	67.080	92.585
Under-five mortality (1-10)	177.419	7.644	3564	2776	0.992	0.043	162.131	192.708
Mothers received tetanus injection for last birth	0.549	0.020	1091	872	1.330	0.036	0.509	0.589
Mothers received medical assistance at delivery	0.310	0.021	1861	1474	1.664	0.069	0.267	0.352
Had diarrhoea in two weeks before survey	0.355	0.018	1647	1310	1.455	0.050	0.320	0.391
Treated with oral rehydration salts (ORS)	0.558	0.028	577	465	1.263	0.050	0.502	0.614
Taken to a health provider	0.885	0.017	577	465	1.225	0.020	0.850	0.920
Vaccination card seen	0.591	0.032	320	260	1.177	0.055	0.526	0.656
Received BCG	0.963	0.011	320	260	0.939	0.011	0.942	0.984
Received DPT (3 doses)	0.668	0.033	320	260	1.275	0.050	0.601	0.735
Received polio (3 doses)	0.564	0.032	320	260	1.156	0.057	0.500	0.628
Received measles	0.792	0.025	320	260	1.117	0.032	0.741	0.842
Fully immunised	0.465	0.038	320	260	1.368	0.082	0.389	0.541
Height-for-age (below -2SD)	0.400	0.028	522	397	1.291	0.070	0.344	0.456
Weight-for-height (below -2SD)	0.065	0.011	522	397	1.012	0.169	0.043	0.087
Weight-for-age (below -2SD)	0.218	0.020	522	397	1.083	0.091	0.178	0.258
Anaemia in children	0.802	0.020	481	366	1.125	0.025	0.762	0.843
Anaemia in women	0.640	0.025	538	421	1.213	0.040	0.589	0.691
Vitamin A deficiency in children	0.201	0.041	425	334	1.804	0.201	0.120	0.282
Viatamin A deficiency in women	0.208	0.042	536	419	2.383	0.203	0.124	0.292
Body Mass Index (BMI) <18.5	0.208	0.021	469	369	1.138	0.103	0.165	0.251
Used condom at last higher-risk sex	0.162	0.039	107	92	1.091	0.241	0.084	0.240
Used condom at last higher-risk sex (youth)	0.179	0.050	66	56	1.059	0.281	0.078	0.279
Had higher-risk sex in past 12 months	0.095	0.011	1218	974	1.319	0.117	0.072	0.117
Abstinence among youth (never had sex)	0.719	0.032	262	214	1.166	0.045	0.654	0.783
Sexually active past 12 months, never-married youth	0.192	0.023	262	214	0.941	0.120	0.146	0.237
Had any injection in past 12 months	0.382	0.015	1664	1322	1.234	0.038	0.353	0.412
Accepting attitudes towards people with HIV	0.293	0.018	1591	1281	1.551	0.060	0.258	0.328
HIV test and result in past 12 months	0.138	0.010	1664	1322	1.202	0.074	0.118	0.159
			MEN					
Urban	0.107	0.035	434	333	2.328	0.323	0.038	0.177
Literate	0.811	0.022	434	333	1.164	0.027	0.768	0.855
No education	0.077	0.010	434	333	0.780	0.130	0.057	0.097
Secondary education or higher	0.237	0.026	434	333	1.267	0.109	0.185	0.289
Never married	0.371	0.022	434	333	0.933	0.058	0.328	0.414
Currently married/in union	0.586	0.024	434	333	1.030	0.042	0.537	0.635
Married before age 20	0.267	0.031	329	247	1.259	0.115	0.206	0.329
Had sexual intercourse before age 18	0.498	0.033	329	247	1.187	0.066	0.432	0.563
Children ever born	5.684	0.301	262	195	1.131	0.053	5.082	6.286
Know any contraceptive method	0.988	0.007	262	195	0.978	0.007	0.974	1.001
Ever used any contraceptive method	0.644	0.033	262	195	1.113	0.051	0.578	0.710
Want no more children	0.182	0.031	262	195	1.284	0.168	0.121	0.244
Want to delay birth at least 2 years	0.392	0.037	262	195	1.230	0.095	0.317	0.466
Ideal family size	6.531	0.240	417	322	1.039	0.037	6.051	7.010
Used condom at last higher-risk sex	0.452	0.046	89	70	0.868	0.102	0.360	0.544
Used condom at last higher-risk sex (youth)	0.480	0.069	58	46	1.042	0.144	0.342	0.617
Sexually active past 12 months, never-married youth	0.331	0.049	144	117	1.234	0.147	0.234	0.428
Abstinence among youth (never had sex)	0.476	0.043	144	117	1.036	0.091	0.389	0.562
Had any injection in past 12 months	0.375	0.029	434	333	1.264	0.078	0.316	0.433
Accepting attitudes towards people with HIV	0.343	0.025	432	332	1.095	0.073	0.293	0.393
HIV test and received results in past 12 months	0.133	0.027	434	333	1.654	0.203	0.079	0.187

na = Not applicable

Table B.11 Sampling errors for West Nile region, Uganda 2006

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
		WOMEN						
Urban	0.150	0.020	726	471	1.522	0.135	0.109	0.190
Literate	0.418	0.046	726	471	2.504	0.110	0.326	0.510
No education	0.228	0.024	726	471	1.559	0.107	0.179	0.276
Secondary education or higher	0.108	0.024	726	471	2.087	0.223	0.060	0.156
Net attendance ratio for primary school	0.805	0.011	883	578	0.810	0.014	0.782	0.828
Never married	0.238	0.022	726	471	1.401	0.093	0.194	0.282
Currently married/in union	0.653	0.026	726	471	1.482	0.040	0.600	0.705
Married before age 20	0.756	0.022	553	362	1.198	0.029	0.713	0.800
Had sexual intercourse before age 18	0.647	0.027	553	362	1.336	0.042	0.593	0.701
Currently pregnant	0.112	0.012	726	471	1.026	0.107	0.088	0.137
Children ever born	3.366	0.159	726	471	1.405	0.047	3.049	3.683
Children surviving	2.738	0.132	726	471	1.427	0.048	2.474	3.001
Children ever born to women age 40-49	6.815	0.321	116	73	1.132	0.047	6.174	7.457
Total Fertility Rate (3 years)	7.163	0.346	na	1285	1.303	0.048	6.471	7.855
Know any contraceptive method	0.984	0.008	471	308	1.331	0.008	0.969	0.999
Ever used any contraceptive method	0.356	0.031	471	308	1.399	0.087	0.295	0.418
Currently using any contraceptive method	0.137	0.020	471	308	1.238	0.143	0.098	0.176
Currently using pill	0.004	0.003	471	308	1.001	0.719	0.000	0.010
Currently using IUD	0.000	0.000	471	308	na	na	0.000	0.000
Currently using female sterilisation	0.008	0.004	471	308	1.002	0.509	0.000	0.016
Currently using rhythm method	0.027	0.006	471	308	0.856	0.238	0.014	0.040
Obtained method from public sector source	0.586	0.081	59	40	1.245	0.137	0.425	0.747
Want no more children	0.295	0.022	471	308	1.038	0.074	0.252	0.339
Want to delay birth at least 2 years	0.406	0.024	471	308	1.066	0.059	0.358	0.454
Ideal family size	5.152	0.156	713	463	2.158	0.030	4.840	5.464
Perinatal mortality (0-4 years)	31.285	5.608	713	470	0.878	0.179	20.069	42.501
Neonatal mortality (1-10)	24.666	3.746	1315	871	0.905	0.152	17.173	32.159
Postneonatal mortality (1-10)	73.422	10.907	1319	876	1.514	0.149	51.607	195.236
Infant mortality (1-10)	98.088	11.163	1323	878	1.327	0.114	75.761	120.414
Child mortality (1-10)	96.249	10.780	1325	877	1.135	0.112	74.688	117.810
Under-five mortality (1-10)	184.896	17.706	1337	886	1.614	0.096	149.483	220.308
Mothers received tetanus injection for last birth	0.507	0.028	442	289	1.195	0.056	0.450	0.563
Mothers received medical assistance at delivery	0.346	0.038	702	462	1.784	0.109	0.271	0.421
Had diarrhoea in two weeks before survey	0.224	0.014	625	409	0.829	0.065	0.195	0.253
Treated with oral rehydration salts (ORS)	0.360	0.051	143	92	1.230	0.142	0.257	0.462
Taken to a health provider	0.638	0.053	143	92	1.224	0.083	0.532	0.743
Vaccination card seen	0.766	0.041	131	85	1.119	0.054	0.683	0.849
Received BCG	0.964	0.013	131	85	0.809	0.014	0.938	0.991
Received DPT (3 doses)	0.611	0.050	131	85	1.172	0.082	0.511	0.711
Received polio (3 doses)	0.582	0.049	131	85	1.130	0.084	0.484	0.679
Received measles	0.649	0.039	131	85	0.945	0.061	0.570	0.728
Fully immunised	0.464	0.054	131	85	1.245	0.117	0.356	0.573
Height-for-age (below -2SD)	0.377	0.028	236	156	0.826	0.076	0.320	0.434
Weight-for-height (below -2SD)	0.083	0.024	236	156	1.244	0.287	0.036	0.131
Weight-for-age (below -2SD)	0.166	0.030	236	156	1.216	0.180	0.106	0.226
Anaemia in children	0.692	0.047	207	135	1.353	0.068	0.597	0.787
Anaemia in women	0.371	0.033	253	165	1.072	0.088	0.306	0.436
Vitamin A deficiency in children	0.195	0.039	193	124	1.303	0.201	0.116	0.273
Viatamin A deficiency in women	0.213	0.040	253	165	1.561	0.188	0.133	0.293
Body Mass Index (BMI) <18.5	0.199	0.035	212	136	1.267	0.176	0.129	0.268
Used condom at last higher-risk sex	0.409	0.090	38	28	1.114	0.220	0.229	0.589
Used condom at last higher-risk sex (youth)	0.450	0.088	25	20	0.864	0.195	0.275	0.626
Had higher-risk sex	0.086	0.018	484	320	1.430	0.212	0.050	0.123
Abstinence among youth (never had sex)	0.815	0.039	166	105	1.300	0.048	0.736	0.893
Sexually active past 12 months, never-married youth	0.137	0.034	166	105	1.284	0.251	0.068	0.206
Had any injection in past 12 months	0.382	0.029	726	471	1.620	0.077	0.323	0.440
Accepting attitudes towards people with HIV	0.331	0.032	723	469	1.828	0.097	0.267	0.395
HIV test and result in past 12 months	0.124	0.015	726	471	1.254	0.124	0.093	0.155
		MEN						
Urban	0.148	0.023	194	124	0.909	0.157	0.102	0.195
Literate	0.854	0.043	194	124	1.703	0.051	0.768	0.941
No education	0.054	0.024	194	124	1.476	0.443	0.006	0.103
Secondary education or higher	0.288	0.054	194	124	1.659	0.188	0.180	0.397
Never married	0.384	0.036	194	124	1.030	0.094	0.312	0.456
Currently married/in union	0.556	0.034	194	124	0.952	0.061	0.488	0.624
Married before age 20	0.339	0.038	144	91	0.973	0.114	0.262	0.416
Had sexual intercourse before age 18	0.548	0.041	144	91	0.989	0.075	0.466	0.630
Children ever born	5.771	0.338	106	69	0.894	0.059	5.095	6.447
Know any contraceptive method	1.000	0.000	106	69	na	0.000	1.000	1.000
Ever used any contraceptive method	0.802	0.037	106	69	0.956	0.046	0.728	0.877
Want no more children	0.154	0.043	106	69	1.229	0.282	0.067	0.240
Want to delay birth at least 2 years	0.633	0.045	106	69	0.962	0.071	0.542	0.723
Ideal family size	5.534	0.209	168	107	1.028	0.038	5.116	5.953
Used condom at last higher-risk sex	0.527	0.081	41	28	1.020	0.153	0.366	0.688
Used condom at last higher-risk sex (youth)	0.566	0.117	24	16	1.128	0.206	0.332	0.799
Sexually active past 12 months, never-married youth	0.315	0.052	70	45	0.928	0.165	0.211	0.418
Abstinence among youth (never had sex)	0.433	0.052	70	45	0.872	0.120	0.329	0.537
Had any injection in past 12 months	0.271	0.055	194	124	1.734	0.205	0.160	0.382
Accepting attitudes towards people with HIV	0.535	0.048	193	124	1.338	0.090	0.438	0.631
HIV test and received results in past 12 months	0.098	0.023	194	124	1.058	0.232	0.052	0.143

na = Not applicable

Table B.12 Sampling errors for Western region, Uganda 2006

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
			WOMEN					
Urban	0.076	0.011	931	1271	1.314	0.150	0.053	0.099
Literate	0.427	0.041	931	1271	2.551	0.097	0.344	0.510
No education	0.253	0.027	931	1271	1.904	0.107	0.199	0.308
Secondary education or higher	0.117	0.014	931	1271	1.360	0.123	0.088	0.145
Net attendance ratio for primary school	0.806	0.012	1140	1555	0.947	0.014	0.783	0.829
Never married	0.221	0.018	931	1271	1.346	0.083	0.184	0.257
Currently married/in union	0.629	0.017	931	1271	1.060	0.027	0.595	0.662
Married before age 20	0.773	0.024	713	974	1.543	0.031	0.724	0.821
Had sexual intercourse before age 18	0.752	0.026	713	974	1.623	0.035	0.700	0.805
Currently pregnant	0.131	0.011	931	1271	1.015	0.086	0.108	0.153
Children ever born	3.696	0.096	931	1271	0.864	0.026	3.503	3.888
Children surviving	3.060	0.076	931	1271	0.827	0.025	2.907	3.212
Children ever born to women age 40-49	7.835	0.365	146	198	1.287	0.047	7.106	8.564
Total Fertility Rate (3 years)	7.314	0.386	na	3476	1.506	0.053	6.542	8.087
Know any contraceptive method	0.994	0.002	577	799	0.722	0.002	0.990	0.999
Ever using contraceptive method	0.543	0.036	577	799	1.720	0.066	0.471	0.614
Currently using any contraceptive method	0.206	0.018	577	799	1.079	0.088	0.170	0.243
Currently using pill	0.031	0.009	577	799	1.193	0.280	0.013	0.048
Currently using IUD	0.002	0.002	577	799	0.991	0.999	0.000	0.005
Currently using female sterilisation	0.009	0.004	577	799	0.999	0.430	0.001	0.017
Currently using rhythm method	0.042	0.011	577	799	1.365	0.270	0.019	0.065
Obtained method from public sector source	0.295	0.055	120	171	1.315	0.186	0.185	0.405
Want no more children	0.373	0.020	577	799	0.996	0.054	0.333	0.413
Want to delay birth at least 2 years	0.376	0.028	577	799	1.370	0.074	0.321	0.431
Ideal family size	5.284	0.110	889	1214	1.329	0.021	5.065	5.503
Perinatal mortality (0-4 years)	45.640	8.778	972	1344	1.164	0.192	28.083	63.196
Neonatal mortality (1-10)	31.445	4.487	1766	2405	1.020	0.143	22.471	40.419
Postneonatal mortality (1-10)	44.397	4.981	1775	2424	1.215	0.112	34.434	54.359
Infant mortality (1-10)	75.842	6.357	1783	2434	1.119	0.084	63.128	88.556
Child mortality (1-10)	74.740	9.119	1777	2420	1.234	0.122	56.502	92.978
Under-five mortality (1-10)	144.913	11.647	1802	2460	1.434	0.080	121.619	168.208
Mothers received tetanus injection for last birth	0.489	0.032	553	772	1.530	0.066	0.424	0.553
Mothers received medical assistance at delivery	0.315	0.026	948	1309	1.467	0.082	0.263	0.366
Had diarrhoea in two weeks before survey	0.211	0.020	862	1185	1.411	0.095	0.171	0.251
Treated with oral rehydration salts (ORS)	0.329	0.049	185	250	1.363	0.150	0.230	0.427
Taken to a health provider	0.671	0.026	185	250	0.710	0.039	0.619	0.723
Vaccination card seen	0.581	0.038	176	239	1.005	0.065	0.506	0.657
Received BCG	0.917	0.024	176	239	1.132	0.026	0.869	0.964
Received DPT (3 doses)	0.707	0.046	176	239	1.305	0.065	0.616	0.798
Received polio (3 doses)	0.657	0.050	176	239	1.388	0.077	0.556	0.758
Received measles	0.753	0.033	176	239	1.013	0.044	0.687	0.819
Fully immunised	0.510	0.044	176	239	1.148	0.086	0.422	0.598
Height-for-age (below -2SD)	0.376	0.036	300	422	1.175	0.095	0.305	0.448
Weight-for-height (below -2SD)	0.050	0.010	300	422	0.835	0.203	0.030	0.070
Weight-for-age (below -2SD)	0.146	0.017	300	422	0.798	0.115	0.112	0.179
Anaemia in children	0.644	0.029	272	383	0.943	0.044	0.587	0.701
Anaemia in women	0.451	0.044	312	427	1.564	0.098	0.363	0.539
Vitamin A deficiency in children	0.145	0.029	234	328	0.981	0.198	0.087	0.202
Viatamin A deficiency in women	0.127	0.013	312	427	0.683	0.101	0.101	0.153
Body Mass Index (BMI) <18.5	0.096	0.022	255	346	1.174	0.226	0.053	0.140
Used condom at last higher-risk sex	0.326	0.037	117	164	0.859	0.115	0.251	0.401
Used condom at last higher-risk sex (youth)	0.340	0.042	69	94	0.737	0.125	0.255	0.424
Had higher-risk sex in past 12 months	0.166	0.019	713	988	1.370	0.115	0.128	0.205
Abstinence among youth (never had sex)	0.668	0.041	197	256	1.211	0.061	0.586	0.749
Sexually active past 12 months, never-married youth	0.271	0.034	197	256	1.076	0.126	0.202	0.339
Had any injection in past 12 months	0.395	0.029	931	1271	1.781	0.072	0.338	0.452
Accepting attitudes towards people with HIV	0.175	0.017	923	1259	1.320	0.094	0.142	0.208
HIV test and result in past 12 months	0.084	0.015	931	1271	1.603	0.174	0.055	0.113
			MEN					
Urban	0.083	0.014	269	369	0.848	0.172	0.054	0.111
Literate	0.850	0.030	269	369	1.396	0.036	0.789	0.911
No education	0.049	0.017	269	369	1.324	0.357	0.014	0.084
Secondary education or higher	0.269	0.048	269	369	1.778	0.179	0.173	0.366
Never married	0.359	0.031	269	369	1.069	0.087	0.296	0.421
Currently married/in union	0.598	0.034	269	369	1.151	0.058	0.529	0.667
Married before age 20	0.273	0.021	198	278	0.672	0.078	0.230	0.316
Had sexual intercourse before age 18	0.521	0.049	198	278	1.363	0.093	0.424	0.618
Children ever born	5.678	0.426	157	221	1.322	0.075	4.827	6.530
Know any contraceptive method	0.974	0.011	157	221	0.822	0.011	0.953	0.995
Ever used any contraceptive method	0.660	0.061	157	221	1.605	0.092	0.539	0.782
Want no more children	0.282	0.029	157	221	0.804	0.103	0.224	0.340
Want to delay birth at least 2 years	0.468	0.027	157	221	0.684	0.058	0.413	0.522
Ideal family size	6.282	0.466	267	365	1.471	0.074	5.350	7.215
Used condom at last higher-risk sex	0.587	0.066	66	93	1.084	0.113	0.454	0.719
Used condom at last higher-risk sex (youth)	0.430	0.104	30	39	1.136	0.243	0.221	0.639
Sexually active past 12 months, never-married youth	0.295	0.053	89	117	1.100	0.181	0.188	0.402
Abstinence among youth (never had sex)	0.526	0.057	89	117	1.071	0.109	0.411	0.640
Had any injection in past 12 months	0.294	0.023	269	369	0.818	0.077	0.248	0.339
Accepting attitudes towards people with HIV	0.391	0.034	268	368	1.142	0.087	0.323	0.459
HIV test and received results in past 12 months	0.056	0.016	269	369	1.163	0.291	0.023	0.089

na = Not applicable

Table B.13 Sampling errors for Southwest region, Uganda 2006

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
		WOMEN						
Urban	0.099	0.018	956	1086	1.870	0.182	0.063	0.136
Literate	0.676	0.025	956	1086	1.679	0.038	0.625	0.727
No education	0.205	0.022	956	1086	1.706	0.109	0.161	0.250
Secondary education or higher	0.160	0.020	956	1086	1.712	0.127	0.119	0.200
Net attendance ratio for primary school	0.812	0.020	1085	1249	1.488	0.024	0.772	0.851
Never married	0.257	0.018	956	1086	1.273	0.070	0.221	0.293
Currently married/in union	0.603	0.023	956	1086	1.461	0.038	0.557	0.650
Married before age 20	0.715	0.024	734	843	1.412	0.033	0.668	0.762
Had sexual intercourse before age 18	0.518	0.017	734	843	0.944	0.034	0.483	0.553
Currently pregnant	0.092	0.010	956	1086	1.070	0.109	0.072	0.113
Children ever born	3.435	0.120	956	1086	1.185	0.035	3.195	3.676
Children surviving	2.816	0.088	956	1086	1.044	0.031	2.640	2.992
Children ever born to women age 40-49	7.524	0.352	133	150	1.401	0.047	6.821	8.228
Total Fertility Rate (3 years)	6.165	0.315	na	3035	1.287	0.051	5.534	6.796
Know any contraceptive method	0.995	0.003	578	656	1.128	0.003	0.989	1.002
Ever used any contraceptive method	0.485	0.026	578	656	1.242	0.053	0.433	0.536
Currently using any contraceptive method	0.268	0.023	578	656	1.230	0.085	0.223	0.313
Currently using pill	0.027	0.008	578	656	1.149	0.287	0.012	0.043
Currently using IUD	0.000	0.000	578	656	na	na	0.000	0.000
Currently using female sterilisation	0.026	0.007	578	656	1.091	0.279	0.011	0.040
Currently using rhythm method	0.022	0.010	578	656	1.563	0.429	0.003	0.042
Obtained method from public sector source	0.365	0.042	132	148	1.008	0.116	0.280	0.449
Want no more children	0.435	0.023	578	656	1.114	0.053	0.389	0.481
Want to delay birth at least 2 years	0.280	0.018	578	656	0.966	0.064	0.244	0.317
Ideal family size	4.963	0.126	927	1051	1.786	0.025	4.710	5.215
Perinatal mortality (0-4 years)	38.364	6.524	896	1034	1.014	0.170	25.317	51.411
Neonatal mortality (1-10)	44.679	5.937	1718	1960	1.056	0.133	32.805	56.554
Postneonatal mortality (1-10)	64.065	9.210	1718	1961	1.346	0.144	45.645	82.485
Infant mortality (1-10)	108.745	12.316	1722	1965	1.406	0.113	84.114	133.376
Child mortality (1-10)	81.383	9.563	1728	1972	1.206	0.118	62.256	100.510
Under-five mortality (1-10)	181.278	15.666	1736	1981	1.455	0.086	149.946	212.611
Mothers received tetanus injection for last birth	0.472	0.023	535	615	1.085	0.049	0.425	0.518
Mothers received medical assistance at delivery	0.325	0.035	880	1013	1.814	0.107	0.255	0.395
Had diarrhoea in two weeks before survey	0.306	0.017	804	928	0.954	0.055	0.272	0.339
Treated with oral rehydration salts (ORS)	0.273	0.027	242	284	0.861	0.100	0.218	0.328
Taken to a health provider	0.519	0.069	242	284	1.926	0.132	0.382	0.657
Vaccination card seen	0.621	0.042	165	189	1.117	0.068	0.537	0.706
Received BCG	0.865	0.026	165	189	0.983	0.030	0.813	0.917
Received DPT (3 doses)	0.613	0.044	165	189	1.167	0.072	0.525	0.702
Received polio (3 doses)	0.649	0.039	165	189	1.054	0.060	0.570	0.727
Received measles	0.674	0.032	165	189	0.867	0.047	0.611	0.737
Fully immunised	0.455	0.038	165	189	0.972	0.083	0.379	0.531
Height-for-age (below -2SD)	0.496	0.028	288	342	0.888	0.057	0.440	0.552
Weight-for-height (below -2SD)	0.090	0.021	288	342	1.181	0.231	0.049	0.132
Weight-for-age (below -2SD)	0.193	0.031	288	342	1.244	0.160	0.131	0.255
Anaemia in children	0.622	0.041	273	324	1.275	0.066	0.540	0.705
Anaemia in women	0.497	0.042	319	365	1.507	0.085	0.413	0.582
Vitamin A deficiency in children	0.142	0.039	238	279	1.662	0.276	0.063	0.220
Viatamin A deficiency in women	0.181	0.039	320	366	1.797	0.213	0.104	0.258
Body Mass Index (BMI) <18.5	0.066	0.016	286	327	1.069	0.237	0.035	0.097
Used condom at last higher-risk sex	0.289	0.046	76	83	0.882	0.160	0.196	0.381
Used condom at last higher-risk sex (youth)	0.278	0.073	37	41	0.972	0.261	0.133	0.423
Had higher-risk sex in past 12 months	0.113	0.019	649	733	1.506	0.166	0.075	0.150
Abstinence among youth (never had sex)	0.820	0.026	230	259	1.040	0.032	0.767	0.873
Sexually active past 12 months, never-married youth	0.127	0.024	230	259	1.097	0.190	0.078	0.175
Had any injection in past 12 months	0.390	0.017	956	1086	1.062	0.043	0.357	0.424
Accepting attitudes towards people with HIV	0.210	0.012	956	1086	0.916	0.058	0.186	0.234
HIV test and result in past 12 months	0.113	0.009	956	1086	0.863	0.078	0.095	0.130
		MEN						
Urban	0.091	0.012	278	304	0.704	0.134	0.067	0.115
Literate	0.841	0.023	278	304	1.058	0.028	0.795	0.888
No education	0.046	0.014	278	304	1.103	0.303	0.018	0.073
Secondary education or higher	0.179	0.027	278	304	1.161	0.149	0.126	0.233
Never married	0.394	0.031	278	304	1.050	0.078	0.332	0.456
Currently married/in union	0.576	0.031	278	304	1.058	0.055	0.513	0.638
Married before age 20	0.217	0.025	209	226	0.872	0.115	0.167	0.267
Had sexual intercourse before age 18	0.327	0.028	209	226	0.874	0.087	0.271	0.384
Children ever born	5.098	0.220	162	175	0.912	0.043	4.659	5.537
Know any contraceptive method	0.979	0.007	162	175	0.608	0.007	0.966	0.993
Ever used any contraceptive method	0.546	0.043	162	175	1.096	0.079	0.460	0.632
Want no more children	0.360	0.038	162	175	1.018	0.107	0.283	0.437
Want to delay birth at least 2 years	0.419	0.040	162	175	1.021	0.095	0.340	0.499
Ideal family size	4.981	0.156	276	302	1.064	0.031	4.669	5.293
Used condom at last higher-risk sex	0.321	0.060	39	44	0.792	0.187	0.201	0.441
Used condom at last higher-risk sex (youth)	0.422	0.204	12	13	1.370	0.483	0.014	0.830
Sexually active past 12 months, never-married youth	0.109	0.030	95	106	0.945	0.278	0.049	0.170
Abstinence among youth (never had sex)	0.737	0.050	95	106	1.101	0.068	0.637	0.837
Had any injection in past 12 months	0.311	0.020	278	304	0.720	0.064	0.271	0.351
Accepting attitudes towards people with HIV	0.348	0.029	278	304	1.007	0.083	0.291	0.406
HIV test and received results in past 12 months	0.089	0.018	278	304	1.040	0.200	0.053	0.124

na = Not applicable

DATA QUALITY TABLES

Appendix C

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Uganda 2006

	Female		Male			Female		Male	
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
0	844	3.7	841	4.0	36	220	1.0	200	1.0
1	831	3.7	793	3.8	37	154	0.7	149	0.7
2	857	3.8	794	3.8	38	221	1.0	227	1.1
3	884	3.9	819	3.9	39	139	0.6	125	0.6
4	811	3.6	873	4.2	40	223	1.0	228	1.1
5	731	3.2	692	3.3	41	88	0.4	66	0.3
6	854	3.8	818	3.9	42	153	0.7	161	0.8
7	744	3.3	774	3.7	43	137	0.6	93	0.4
8	787	3.5	756	3.6	44	126	0.6	108	0.5
9	679	3.0	685	3.3	45	155	0.7	184	0.9
10	765	3.4	837	4.0	46	152	0.7	105	0.5
11	639	2.8	569	2.7	47	94	0.4	88	0.4
12	776	3.4	739	3.5	48	114	0.5	91	0.4
13	687	3.0	677	3.2	49	74	0.3	73	0.3
14	612	2.7	612	2.9	50	134	0.6	136	0.6
15	483	2.1	506	2.4	51	102	0.5	31	0.1
16	455	2.0	482	2.3	52	144	0.6	77	0.4
17	384	1.7	358	1.7	53	86	0.4	57	0.3
18	443	2.0	461	2.2	54	90	0.4	74	0.4
19	340	1.5	272	1.3	55	84	0.4	65	0.3
20	500	2.2	456	2.2	56	112	0.5	96	0.5
21	293	1.3	194	0.9	57	53	0.2	39	0.2
22	355	1.6	280	1.3	58	73	0.3	58	0.3
23	333	1.5	252	1.2	59	47	0.2	41	0.2
24	359	1.6	264	1.3	60	178	0.8	101	0.5
25	357	1.6	308	1.5	61	42	0.2	24	0.1
26	315	1.4	231	1.1	62	80	0.4	56	0.3
27	292	1.3	243	1.2	63	36	0.2	32	0.2
28	343	1.5	280	1.3	64	49	0.2	47	0.2
29	260	1.2	181	0.9	65	83	0.4	84	0.4
30	384	1.7	368	1.8	66	36	0.2	37	0.2
31	180	0.8	135	0.6	67	25	0.1	33	0.2
32	247	1.1	249	1.2	68	51	0.2	47	0.2
33	185	0.8	170	0.8	69	28	0.1	26	0.1
34	209	0.9	198	0.9	70+	505	2.2	425	2.0
35	259	1.1	293	1.4	Don't know/ missing	7	0.0	1	0.0
					Total	22,572	100.0	20,949	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Table C.2.1 Age distribution of eligible and interviewed women

De facto household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age groups, Uganda 2006

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percent	
10-14	3,479	na	na	na
15-19	2,106	1,957	22.8	92.9
20-24	1,840	1,748	20.3	95.0
25-29	1,567	1,493	17.4	95.3
30-34	1,204	1,161	13.5	96.5
25-39	993	970	11.3	97.6
40-44	728	706	8.2	97.0
45-49	589	562	6.5	95.4
50-54	555	na	na	na
15-49	9,026	8,597	100.0	95.2

Note: The de facto population includes all residents and non-residents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.
na = Not applicable

Table C.2.2 Age distribution of eligible and interviewed men

De facto household population of men age 10-64, interviewed men aged 15-59, and percent of eligible men who were interviewed (weighted), Uganda 2006

Age group	Household population of men age 10-64	Interviewed men age 15-59		Percentage of eligible men interviewed
		Number	Percent	
10-14	1,170	na	na	na
15-19	676	608	23.4	90.0
20-24	472	421	16.2	89.3
25-29	424	381	14.7	89.8
30-34	384	362	14.0	94.3
25-39	350	319	12.3	91.2
40-44	247	225	8.7	91.2
45-49	179	165	6.4	92.3
50-54	120	113	4.3	94.2
55-59	105	0	0.0	0.0
60-64	80	na	na	na
15-59	2,955	2,594	100.0	87.8

Note: The de facto population includes all residents and non-residents who stayed in the household the night before the interview. Weights for both household population of men and interviewed men are household weights. Age is based on the household schedule.
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Uganda 2006

Age group	Reference population	Percentage with missing information	Number of cases
Birth date	Births in the 15 years preceding the survey		
Month only		2.70	22,158
Month and year		0.04	22,158
Age at death	Deaths among births in the 15 years preceding the survey	0.28	3,091
Age/date at first union[1]	All women age 15-49	0.10	6,503
Respondent's education	All women age 15-49	0.01	8,531
Diarrhoea in past 2 weeks	Living children age 0-59 months	3.60	7,664
Anthropometry	Living children age 0-59 months (from Household Questionnaire)		
Height		3.65	2,900
Weight		3.32	2,900
Height or weight		3.69	2,900
Anaemia			
Children	Living children age 6-59 months (from Household Questionnaire)	5.82	2,619
Women	All women age 15-49 (from Household Questionnaire)	7.20	3,101

[1] Both year and age missing

Table C.4 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Uganda 2006

Calendar year	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar year ratio[3]		
	L	D	T	L	D	T	L	D	T	L	D	T
2006	928	42	970	100.0	100.0	100.0	100.4	169.3	102.6	na	na	na
2005	1,607	144	1,750	100.0	100.0	100.0	95.5	103.2	96.1	na	na	na
2004	1,533	146	1,680	100.0	100.0	100.0	97.5	103.8	98.1	98.2	94.3	97.8
2003	1,518	166	1,684	100.0	100.0	100.0	90.6	141.3	94.6	99.5	101.8	99.8
2002	1,516	180	1,696	100.0	99.5	99.9	102.1	121.2	104.0	110.8	98.2	109.3
2001	1,219	201	1,420	100.0	100.0	100.0	92.0	144.0	98.0	81.0	78.4	80.6
2000	1,494	331	1,825	97.8	92.0	96.8	105.8	144.5	111.9	115.7	157.9	121.6
1999	1,363	219	1,583	97.1	93.8	96.7	101.1	135.4	105.2	98.2	77.7	94.8
1998	1,282	233	1,515	96.5	87.6	95.1	104.1	144.3	109.4	104.1	98.8	103.3
1997	1,098	252	1,350	97.1	88.7	95.5	98.3	124.2	102.7	88.6	102.2	90.8
2002-2006	7,102	678	7,780	100.0	99.9	100.0	96.8	119.9	98.7	na	na	na
1997-2001	6,456	1,237	7,692	97.7	92.1	96.8	100.5	138.4	105.7	na	na	na
1992-1996	5,223	1,108	6,330	95.7	88.7	94.5	100.3	128.8	104.8	na	na	na
1987-1991	3,281	824	4,106	95.1	84.9	93.0	95.8	106.4	97.9	na	na	na
<1987	3,133	1,114	4,246	91.7	84.3	89.8	92.8	138.3	102.9	na	na	na
All	25,194	4,960	30,154	96.8	89.4	95.6	97.8	127.8	102.2	na	na	na

[1] Both year and month of birth given
[2] (Bm/Bf)x100, where Bm and Bf are the numbers of male and female births, respectively
[3] [2Bx/(Bx-1+Bx+1)]x100, where Bx is the number of births in calendar year x
na = Not applicable

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Uganda 2006

Age at death (days)	Number of years preceding the survey				Total
	0-4	5-9	10-14	15-19	0-19
<1	82	82	84	57	305
1	31	57	36	29	153
2	13	21	21	11	65
3	20	26	10	15	72
4	15	5	5	7	32
5	8	1	2	3	14
6	1	6	7	4	19
7	18	39	27	25	108
8	0	0	5	1	7
9	2	0	0	2	4
10	0	2	3	1	6
11	1	0	0	0	1
12	0	0	0	3	3
13	1	0	1	0	2
14	13	16	18	10	57
15	2	1	1	2	6
16	1	1	0	0	2
17	0	1	0	1	2
20	3	2	0	0	5
21	7	7	4	1	18
22	0	0	1	0	1
24	0	0	0	2	2
25	0	0	1	0	1
27	2	0	1	0	3
28	0	2	1	0	2
29	2	1	1	0	4
30	1	0	0	0	1
Total 0-30	223	270	229	173	896
Percent early neonatal[1]	76.2	73.4	72.3	72.8	73.7

[1] = 6 days / = 30 days

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Uganda 2006

Age at death (months)	Number of years preceding the survey				Total
	0-4	5-9	10-14	15-19	0-19
<1[a]	223	270	229	173	896
1	42	31	35	26	134
2	31	40	36	25	132
3	36	52	34	37	159
4	36	46	36	22	140
5	20	38	38	25	122
6	33	48	51	40	173
7	35	51	30	19	135
8	30	51	37	34	154
9	32	57	39	26	153
10	8	19	8	7	42
11	18	19	18	2	56
12	55	81	62	34	232
13	10	22	19	6	57
14	12	33	21	9	76
15	10	19	17	10	55
16	8	4	10	5	26
17	15	15	4	12	47
18	19	28	22	19	87
19	4	9	5	3	20
20	7	15	4	7	33
21	1	3	2	3	10
22	3	1	3	1	7
23	3	5	2	0	10
24+	0	2	0	0	2
1 year	6	4	3	1	14
Total 0-11	543	723	591	437	2,294
Percent neonatal[1]	41.0	37.4	38.8	39.7	39.0

[a] Includes deaths under one month reported in days
[1] Under one month/under one year

Table C.7 Data on siblings

Percent distribution of respondents and siblings by year of birth, Uganda 2006

Year of birth	Respondents	Siblings
Before 1950	0.0	0.5
1950-54	0.0	1.0
1955-59	4.0	2.2
1960-64	8.2	4.2
1965-69	9.8	6.8
1970-74	13.2	10.3
1975-79	16.0	12.2
1980 or later	48.8	62.8
Total	100.0	100.0
Lower range	1956	1921
Upper range	1991	2006
Median	1979	1970
Number of cases	8,531	57,838

Table C.8 Sibship size and sex ratio of siblings

Mean sibship size and sex ratio of siblings, Uganda 2006

Respondent's year of birth	Mean sibship size	Sex ratio at birth
1955-59	7.6	107.6
1960-64	7.9	106.7
1965-69	7.9	104.1
1970-74	8.3	103.7
1975-79	7.9	99.1
1980-84	7.8	101.2
>1984	7.4	100.2
Total	7.8	101.9

NUTRITIONAL STATUS OF CHILDREN—2006 UDHS DATA ACCORDING TO THE NCHS/CDC/WHO INTERNATIONAL REFERENCE POPULATION

Appendix D

Table D.1 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Uganda 2006

	Height-for-age			Weight-for-height			Weight-for-age			
Background characteristic	Percentage below -3 SD	Percentage below -2 SD[1]	Mean z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Mean z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Mean z-score (SD)	Number of children
Age in months										
<6	2.2	8.2	-0.3	1.3	2.1	0.3	0.4	3.5	0.1	235
6-8	2.7	10.5	-0.5	0.0	6.0	-0.2	1.5	11.9	-0.5	143
9-11	10.9	26.1	-1.2	3.8	18.1	-0.9	13.7	36.5	-1.7	145
12-17	10.0	34.4	-1.4	1.4	13.1	-0.8	8.8	36.2	-1.5	297
18-23	13.7	42.4	-1.7	2.2	11.1	-0.5	6.4	26.8	-1.3	281
24-35	15.2	33.5	-1.4	0.5	4.0	-0.2	4.7	22.8	-1.1	536
36-47	12.4	36.3	-1.5	0.4	1.4	0.0	3.1	15.0	-1.0	526
48-59	15.3	38.4	-1.6	0.3	0.8	0.0	2.7	16.2	-1.0	520
Sex										
Male	13.4	34.1	-1.4	0.9	6.1	-0.2	4.6	20.8	-1.1	1,359
Female	10.4	30.3	-1.3	1.0	4.5	-0.2	4.5	19.9	-1.0	1,325
Birth interval in months[2]										
First birth[3]	11.7	30.9	-1.4	1.9	5.6	-0.2	3.9	18.6	-1.0	361
<24	14.8	35.7	-1.5	0.5	4.9	-0.2	5.5	22.9	-1.1	472
24-47	10.7	31.3	-1.3	0.8	5.5	-0.2	4.2	20.0	-1.0	1,285
48+	5.5	26.0	-1.0	1.9	5.9	-0.3	4.1	17.5	-0.9	287
Size at birth[2]										
Very small	15.2	42.5	-1.7	1.8	11.3	-0.6	7.4	40.9	-1.6	125
Small	15.0	41.0	-1.7	1.5	8.4	-0.4	6.7	29.8	-1.4	348
Average or larger	10.1	29.0	-1.3	0.9	4.5	-0.1	3.8	16.9	-0.9	1,919
Mother's status										
Interviewed	11.0	31.5	-1.3	1.0	5.4	-0.2	4.4	20.1	-1.0	2,405
Not interviewed but in household	23.1	43.0	-1.7	0.0	1.8	-0.2	7.1	22.7	-1.2	65
Not interviewed, and not in the household[4]	18.3	37.2	-1.4	0.3	4.9	-0.2	5.8	22.9	-1.0	213
Mother's nutritional status[5]										
Thin (BMI<18.5)	10.5	33.6	-1.4	1.3	9.4	-0.6	8.0	28.4	-1.3	260
Normal (BMI 18.5-24.9)	12.0	33.2	-1.4	0.9	5.0	-0.2	4.2	20.8	-1.1	1,825
Overweight/obese (BMI ≥25)	7.1	20.6	-1.1	1.5	4.2	0.2	2.5	9.3	-0.5	341
Residence										
Urban	6.9	22.4	-0.8	1.6	5.5	0.0	3.2	13.7	-0.6	274
Rural	12.5	33.3	-1.4	0.9	5.3	-0.2	4.7	21.1	-1.1	2,410

Continued…

Table D.1—Continued

Background characteristic	Height-for-age: Percentage below -3 SD	Height-for-age: Percentage below -2 SD[1]	Height-for-age: Mean z-score (SD)	Weight-for-height: Percentage below -3 SD	Weight-for-height: Percentage below -2 SD[1]	Weight-for-height: Mean z-score (SD)	Weight-for-age: Percentage below -3 SD	Weight-for-age: Percentage below -2 SD[1]	Weight-for-age: Mean z-score (SD)	Number of children
Region										
Central 1	12.4	33.3	-1.5	1.5	4.5	-0.2	4.6	17.8	-1.1	273
Central 2	5.9	24.3	-1.1	0.0	2.3	-0.1	3.0	12.4	-0.8	250
Kampala	5.0	18.7	-0.7	2.3	6.9	-0.1	2.6	11.6	-0.5	129
East Central	8.2	30.3	-1.3	1.8	9.3	-0.6	7.0	27.1	-1.2	308
Eastern	8.9	29.0	-1.3	0.0	2.2	-0.1	2.6	16.4	-0.9	406
North	15.8	34.0	-1.5	0.8	5.5	-0.3	7.6	28.0	-1.1	400
West Nile	11.3	32.5	-1.3	0.7	4.9	-0.4	4.6	22.1	-1.1	155
Western	14.0	34.1	-1.4	0.3	4.0	-0.1	3.0	17.6	-1.0	422
Southwest	18.6	43.1	-1.6	2.1	9.4	0.0	4.9	23.8	-1.0	342
North sub-regions										
IDP	11.4	31.2	-1.3	0.8	5.1	-0.1	4.6	23.6	-1.0	171
Karamoja	27.4	47.6	-2.1	0.5	9.1	-0.8	18.2	48.9	-1.9	88
Mother's education[6]										
No education	12.3	35.9	-1.5	1.1	6.3	-0.3	6.7	25.7	-1.2	553
Primary	12.3	33.5	-1.4	1.0	5.0	-0.2	4.1	20.4	-1.0	1,578
Secondary +	4.9	16.3	-0.9	0.7	5.5	-0.1	2.4	9.9	-0.6	337
Wealth quintile										
Lowest	15.5	36.4	-1.5	0.3	5.4	-0.3	6.5	25.4	-1.2	554
Second	13.3	33.4	-1.4	1.2	4.8	-0.2	3.9	21.2	-1.0	591
Middle	13.4	38.6	-1.6	0.7	6.3	-0.2	4.6	21.8	-1.1	574
Fourth	10.5	30.2	-1.4	1.9	6.3	-0.2	5.9	20.9	-1.0	504
Highest	5.5	19.8	-0.8	0.6	3.5	-0.1	1.5	10.7	-0.6	461
Total	11.9	32.2	-1.4	0.9	5.3	-0.2	4.6	20.4	-1.0	2,684

Note: Table is based on children who slept in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CHC/WHO International Reference Population. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Totals exclude 13 children with size at birth missing, 45 children with mother's BMI missing, and 3 children with mother's education missing.

[1] Includes children who are below -3 standard deviations (SD) from the International Reference Population median

[2] Excludes children whose mothers were not interviewed

[3] First born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval

[4] Includes children whose mothers are deceased

[5] Excludes children whose mothers were not weighed and measured. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 12.10

[6] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire

PERSONS INVOLVED IN THE 2006 UGANDA DEMOGRAPHIC AND HEALTH SURVEY

Appendix **E**

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QUESTIONNAIRES

Appendix ***F***

QUESTIONNAIRE NUMBER:

UGANDA BUREAU OF STATISTICS
2006 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE - **ENGLISH**

IDENTIFICATION

REGION _____
DISTRICT _____
COUNTY _____
SUBCOUNTY/TOWN _____
PARISH/LC2 NAME _____
EA NAME _____
UDHS NUMBER . . . . . .
LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4 . . . . . .
NAME OF HEAD OF HOUSEHOLD _____
HOUSEHOLD NUMBER . . . . . .
HOUSEHOLD SELECTED FOR MALE SURVEY, HEIGHT, WEIGHT, ANEMIA, VITAMIN A (YES=1, NO=2)
HOUSEHOLD SELECTED FOR DOMESTIC VIOLENCE (NO=0, FEMALE=1, MALE=2)
HOUSEHOLD SELECTED FOR UNHS III (IF YES RECORD HH CODE)
YES ☐ NO ☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD
TOTAL ELIGIBLE WOMEN
TOTAL ELIGIBLE MEN

LANGUAGE OF THE QUESTIONNAIRE 7
LANGUAGE USED IN THE INTERVIEW . . . . . ☐
NATIVE LANGUAGE OF RESPONDENT . . . . . ☐
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) . . . . . ☐

LANGUAGE USED: 1 ATESO-KARAMOJONG, 2 LUGANDA, 3 LUGBARA, 4 LUO, 5 RUNYANKORE-RUKIGA, 6 RUNYORO-RUTORO, 7 ENGLISH, 8 OTHER

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ ☐☐	DATE _____ ☐☐	☐☐	☐☐

Introduction and Consent

Hello. My name is _____ and I am working with UGANDA BUREAU OF STATISTICS. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes 30 to 45 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential.If we should come to any question you don't want to answer, just let me know and I will go on to the next question.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date:_____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2→ END

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER				IF AGE 18-59 YEARS
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE			MARITAL STATUS	ELIGIBILITY			SICK PERSON
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-39 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
			M F	Y N	Y N	YEARS					Y N DK
01			1 2	1 2	1 2			01	01	01	1 2 8
02			1 2	1 2	1 2			02	02	02	1 2 8
03			1 2	1 2	1 2			03	03	03	1 2 8
04			1 2	1 2	1 2			04	04	04	1 2 8
05			1 2	1 2	1 2			05	05	05	1 2 8
06			1 2	1 2	1 2			06	06	06	1 2 8
07			1 2	1 2	1 2			07	07	07	1 2 8
08			1 2	1 2	1 2			08	08	08	1 2 8
09			1 2	1 2	1 2			09	09	09	1 2 8
10			1 2	1 2	1 2			10	10	10	1 2 8
11			1 2	1 2	1 2			11	11	11	1 2 8
12			1 2	1 2	1 2			12	12	12	1 2 8
13			1 2	1 2	1 2			13	13	13	1 2 8
14			1 2	1 2	1 2			14	14	14	1 2 8
15			1 2	1 2	1 2			15	15	15	1 2 8

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES → ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES → ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES → ADD TO TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = CO-WIFE
12 = OTHER RELATIVE
13= ADOPTED/FOSTER/ STEPCHILD
14 = NOT RELATED
98 = DON'T KNOW

	IF AGE 0-17 YEARS									IF AGE 5 YEARS OR OLDER			
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS								BROTHERS AND SISTERS		EVER ATTENDED SCHOOL		
	Is (NAME)'s natural mother alive?	**IF ALIVE** Does (NAME)'s natural mother live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD 00	**IF MOTHER NOT LISTED IN HOUSEHOLD** Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	**IF ALIVE** Does (NAME)'s natural father live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD 00	**IF FATHER NOT LISTED IN HOUSEHOLD** Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	**MOTHER AND/OR FATHER DEAD/ SICK** CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	**BOTH PARENTS ALIVE** IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 not live in this household?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW. **24A** **24B**
(1)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	
	Y N DK		Y N DK	Y N DK		Y N DK			Y N DK	Y N	Y N	LEVEL	GRADE
01	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	01	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		
02	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	02	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		
03	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	03	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		
04	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	04	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		
05	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	05	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		
06	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	06	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		
07	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	07	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		
08	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	08	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		
09	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	09	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		
10	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	10	1 2 GO TO 23	1 2 8	1 2	1 2 GO TO 29		
11	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	11	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		
12	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	12	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		
13	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	13	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		
14	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	14	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		
15	1 2 8 GO TO 16		1 2 8	1 2 8 GO TO 19		1 2 8	15	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29		

CODES FOR Q. 24

LEVEL	GRADE
0=PRESCHOOL	00 = LESS THAN 1 YEAR COMPLETED AT THAT LEVEL
1 = PRIMARY	
2 = 'O' LEVEL	
3 = 'A' LEVEL	98 = DON'T KNOW
4= TERTIARY	
5= UNIVERSITY	
8 = DON'T KNOW	

	IF AGE 5-24 YEARS									IF AGE 5-17 YEARS		
LINE NO.	CURRENT SCHOOL ATTENDANCE			ABSENTISM			RECENT SCHOOL ATTENDANCE			BASIC MATERIAL NEEDS		
	At What age did (NAME) first attend primary school? DK=98 NA=95 **24AA**	Did (NAME) attend school at any time during the 2006 school year?	During this school year, what level and grade is/was (NAME) attending? SEE CODES BELOW. **26A** **26B**	How many days was (NAME'S) school open last week? DON'T KNOW =8 **26AA**	How many days did (NAME) attend school last week? DON'T KNOW =8 **26AB**	What was the main reason for (NAME) being absent at school? SEE CODES BELOW. **26AC**	Did (NAME) attend school at any time during the previous school year, that is, 2005?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW. **28A** **28B**	**IF STUDENT IS IN PRIMARY OR SECONDARY SCHOOL IN 2006** Did (NAME) change schools between the 2005 school year and the 2006 school year? **28AA**	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?
(1)	(24A)	(25)	(26)	(26A)	(26B)	(26C)	(27)	(28)	(28A)	(29)	(30)	(31)
	YEARS	Y N	LEVEL GRADE	DAYS	DAYS	REASON	Y N	LEVEL GRADE	Y N	Y N	Y N	Y N
01		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2
02		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2
03		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2
04		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2
05		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2
06		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2
07		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2
08		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2
09		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2
10		1 2 GO TO 27					1 2 GO TO 29		1 2	1 2	1 2	1 2
11		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2
12		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2
13		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2
14		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2
15		1 2 GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 GO TO 29		1 2	1 2	1 2	1 2

CODES FOR Qs. 26 AND 28

LEVEL

0=PRESCHOOL
1 = PRIMARY
2 = 'O' LEVEL
3 = 'A' LEVEL
4= TERTIARY
5= UNIVERSITY
8 = DON'T KNOW

GRADE

(USE '00' FOR Q. 24 ONLY. THIS CODE IS NOT ALLOWED FOR QS. 26 AND 28)

98 = DON'T KNOW

CODES FOR Q.26C

REASONS FOR ABSENCE

10=DOMESTIC WORK
11=WORK FOR FAMILY FARM/BUSINESS
12=WORK FOR EMPLOYERS
13=ANY OTHER WORK
14=DID NOT WANT TO GO
15=MISTREATED AT SCHOOL
16=FUNERAL/WEDDING/CEREMONY/ FAMILY FUNCTION
17=ILLINESS
18=SCHOOL UNIFORM
19=NO STATIONERY
96=OTHER

	COMPLETE COLUMNS 32-37 FOR ALL HH MEMBERS AGED 5 OR OLDER						0-14 YEARS	0-17 YEARS
LINE NO.	DISABILITY						DEWORMING	BIRTH REGIS-TRATION
	Does (NAME) have difficulty seeing, even if he/she is wearing glasses?	Does (NAME) have difficulty hearing, even if he/she is using a hearing aid?	Does (NAME) have difficulty walking or climbing steps?	Does (NAME) have difficulty remembering or concetrating?	Does (NAME) have difficulty (with self care such as) washing all over or dressing, feeding, toileting etc.?	Does (NAME) have difficulty communicating, (for example understanding others or others understanding him/her) because of a physical, mental or emotional health condition?	Has (NAME) been dewormed in the last 6 months?	Does (NAME) have a birth certificate? (IF YES, ASK RESPONDENT TO SHOW CERTIFICATE) IF NO, PROBE: Has (NAME) ever been registered for purpose of being given a birth certificate (by LC1 officials)? 1 = HAS CERTIFICATE SEEN 2 = HAS CERTIFICATE NOT SEEN 3 = REGISTERED 4 = NEITHER 8 = DON'T KNOW
(1)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)
	DISABILITY CODES BELOW						Y N DK	
01	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
02	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
03	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
04	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
05	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
06	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
07	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
08	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
09	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
10	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
11	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
12	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
13	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
14	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	
15	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	

CODES FOR Qs. 32, 33, 34, 35, 36 AND 37: DISABILITY

1. NO - NO DIFFICULTY
2. YES – SOME DIFFICULTY
3. YES – A LOT OF DIFFICULTY
4. CANNOT DO AT ALL
8. DON'T KNOW

TABLE FOR SELECTION OF RESPONDENT FOR THE DOMESTIC VIOLENCE QUESTIONS

CHECK COVER PAGE TO SEE IF HOUSEHOLD IS SELECTED FOR DOMESTIC VIOLENCE SECTION

HOUSEHOLD IS SELECTED FOR DV ☐ ↓ **HOUSEHOLD IS NOT SELECTED FOR DV** ☐ → 101

INSTRUCTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE IF THE HH IS SELECTED FOR A **FEMALE** RESPONDENT, CHECK THE TOTAL NUMBER OF ELIGIBLE **WOMEN** ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. IF THE HH IS SELECTED FOR A **MALE** RESPONDENT, CHECK THE TOTAL NUMBER OF ELIGIBLE **MEN** ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE AND CIRCLE THIS COLUMN NUMBER. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE WOMAN/MAN WHO WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS. THEN, GO TO COLUMN **(9)** IN THE HOUSEHOLD SCHEDULE IF THE HH IS SELECTED FOR **FEMALE** RESPONDENT OR **(10)** IF THE HH IS SELECTED FOR A **MALE** RESPONDENT, AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN/MAN AND RECORD THIS HOUSEHOLD LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

FOR EXAMPLE, IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THE HH IS SELECTED FOR A FEMALE RESPONDENT TO THE DV SECTION AND THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '03', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'. PUT A * NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN (9) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN/MEN IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

HOUSEHOLD LINE NUMBER OF PERSON SELECTED FOR DOMESTIC VIOLENCE MODULE ☐☐

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	**PIPED WATER** PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 PUBLIC TAP/STANDPIPE . . . . . 13 **WATER FROM OPEN WELL/SPRING** OPEN WELL/SPRING IN YARD/PLOT . 21 OPEN PUBLIC WELL/SPRING . . . . . 22 **WATER FROM PROTECTED WELL/SPRING** PROTECTED WELL/SPRING IN YARD/PLOT . . . . . 31 PROTECTED PUBLIC WELL/SPRING . 32 **WATER FROM BOREHOLE** . . . . . . BOREHOLE IN YARD/PLOT . . . . . 41 PUBLIC BOREHOLE . . . . . 42 **SURFACE WATER (RIVER/DAM ETC)** RIVER/STREAM . . . . . 51 POND/LAKE . . . . . 52 DAM . . . . . 53 RAIN WATER . . . . . 61 TANKER TRUCK . . . . . 71 VENDOR . . . . . 72 BOTTLED WATER . . . . . 91 OTHER _____ 96 (SPECIFY)	
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	**PIPED WATER** PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 → 106 PUBLIC TAP/STANDPIPE . . . . . 13 **WATER FROM OPEN WELL/SPRING** OPEN WELL/SPRING IN YARD/PLOT . 21 → 106 OPEN PUBLIC WELL/SPRING . . . . . 22 **WATER FROM PROTECTED WELL/SPRING** PROTECTED WELL/SPRING IN YARD/PLOT . . . . . 31 → 106 PROTECTED PUBLIC WELL/SPRING . 32 **WATER FROM BOREHOLE** . . . . . . BOREHOLE IN YARD/PLOT . . . . . 41 → 106 PUBLIC BOREHOLE . . . . . 42 **SURFACE WATER (RIVER/DAM ETC)** RIVER/STREAM . . . . . 51 POND/LAKE . . . . . 52 DAM . . . . . 53 RAIN WATER . . . . . 61 → 106 TANKER TRUCK . . . . . 71 VENDOR . . . . . 72 OTHER _____ 96 (SPECIFY)	
104	How long does it usually take to travel to the source of water which you use for cooking, washing, and so forth?	MINUTES . . . . . ☐☐☐ ON PREMISES . . . . . 996 → 106 DON'T KNOW 998	
104A	After arriving at the water source, how long is the waiting time to get water?	MINUTES . . . . . ☐☐☐ DON'T KNOW 998	
104B	How long does it take to travel home from the water source?	MINUTES . . . . . ☐☐☐ DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	Who usually goes to this source to fetch the water for your household? (RECORD LINE NUMBER FROM HH SCHEDULE)	LINE NUMBER . . . . . [ ][ ] LINE NUMBER . . . . . [ ][ ] LINE NUMBER . . . . . [ ][ ] NOT A HOUSEHOLD MEMBER 95	
106	Do you do anything to the water to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 108
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . . A ADD BLEACH/CHLORINE . . . . . B STRAIN THROUGH A CLOTH . . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) . . . . . D SOLAR DISINFECTION . . . . . E LET IT STAND AND SETTLE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH TOILET . . . . . 01 VIP LATRINE . . . . . 02 COVERED PIT LATRINE NO SLAB . . . . 03 COVERED PIT LATRINE W/ SLAB . . . . 04 UNCOVERED PIT LATRINE NO SLAB . . 05 UNCOVERED PIT LATRINE W/ SLAB . . 06 COMPOSTING TOILET . . . . . 07 BUSH . . . . . 08 OTHER _____ 96 (SPECIFY)	→ 111
109	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	→ 111
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . [0][ ] 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
111	Does your household have: a) Electricity? b) A radio? c) A cassette player? d) A television? e) A mobile phone? f) A fixed phone? g) A refrigerator? h) A table? i) A chair? j) A sofa set? k) A bed? l) A cupboard? m) A clock?	YES NO ELECTRICITY . . . . . 1 2 RADIO . . . . . 1 2 CASSETTE PLAYER . . . . . 1 2 TELEVISION . . . . . 1 2 MOBILE PHONE . . . . . 1 2 FIXED PHONE . . . . . 1 2 REFRIGERATOR . . . . . 1 2 TABLE . . . . . 1 2 CHAIRS . . . . . 1 2 SOFA SET . . . . . 1 2 BED . . . . . 1 2 CUPBOARD . . . . . 1 2 CLOCK 1 2	
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . . 01 LPG/NATURAL GAS . . . . . 02 BIOGAS . . . . . 04 KEROSENE/PARAFFIN . . . . . 05 CHARCOAL . . . . . 07 FIREWOOD . . . . . 08 STRAW/SHRUBS/GRASS . . . . . 09 ANIMAL DUNG . . . . . 11 NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	→ 115 → 117

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	In this household, is food cooked on an open fire or a stove?	OPEN FIRE . . . . . 1 STOVE . . . . . 2 OTHER _____ 6 (SPECIFY)	
114	Is the cooking done under a chimney?	YES . . . . . 1 NO 2	
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE . . . . . 1 IN A SEPARATE BUILDING . . . . . 2 OUTDOORS . . . . . 3 OTHER _____ 6 (SPECIFY)	→ 117
116	Do you have a separate room which is used as a kitchen?	YES . . . . . 1 NO 2	
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	**NATURAL FLOOR** EARTH/SAND . . . . . 11 EARTH AND DUNG . . . . . 12 **FINISHED FLOOR** PARQUET OR POLISHED WOOD . . . . . 31 MOSAIC OR TILES . . . . . 33 BRICKS . . . . . 34 CEMENT . . . . . 35 STONES . . . . . 36 OTHER _____ 96 (SPECIFY)	
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	**NATURAL ROOFING** THATCHED . . . . . 11 MUD . . . . . 12 **FINISHED ROOFING** WOOD/PLANKS . . . . . 21 IRON SHEETS . . . . . 22 ASBESTOS . . . . . 23 TILES . . . . . 24 TIN . . . . . 25 CEMENT . . . . . 26 OTHER _____ 96 (SPECIFY)	
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	**NATURAL WALLS** THATCHED/STRAW . . . . . 11 **RUDIMENTARY WALLS** MUD AND POLES . . . . . 21 UN-BURNT BRICKS . . . . . 22 UN-BURNT BRICKS WITH PLASTER . . . 23 BURNT BRICKS WITH MUD . . . . . 24 **FINISHED WALLS** CEMENT BLOCKS . . . . . 31 STONE . . . . . 32 TIMBER . . . . . 33 BURNT BRICKS WITH CEMENT . . . . . 34 OTHER _____ 96 (SPECIFY)	
120	How many rooms in this household are used for sleeping?	ROOMS . . . . . ☐☐	
121	Does any member of this household own: a) A bicycle? b) A motorcycle or motor scooter? c) An animal-drawn cart? d) A car or truck? e) A boat with a motor? f) A boat without a motor?	YES NO BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTER . . . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK . . . . . 1 2 BOAT WITH MOTOR . . . . . 1 2 BOAT WITH NO MOTOR 1 2	
122	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2	→ 125

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	How many acres of agricultural land do members of this household own?	ACRES . . . . . ☐☐.☐ 95 OR MORE ACRES . . . . . 95.0 DON'T KNOW 98.0	
125	How many of the following animals/birds does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.		
	i) Local Cattle?	LOCAL CATTLE . . . . . ☐☐	
	ii) Exotic/Cross Cattle?	EXOTIC/CROSS CATTLE . . . . . ☐☐	
	iii) Horses, donkeys, or mules?	HORSES/DONKEYS/MULES . . . . . ☐☐	
	iv) Goats?	GOATS . . . . . ☐☐	
	v) Sheep?	SHEEP . . . . . ☐☐	
	vi) Pigs?	PIGS . . . . . ☐☐	
	vii) Chickens?	CHICKENS . . . . . ☐☐	
125A	Were there any cases of measles in this HH in the last 3 months?	YES . . . . . 1 NO 2	
126A	At any one time in the last 12 months, has anyone sprayed the interior walls of your dwelling unit with insecticide?	YES . . . . . 1 NO . . . . . 2 DK 8	→ 127
126B	How many months ago was the house last sprayed? (IF LESS THAN ONE MONTH, RECORD 00)	NO OF MONTHS . . . . . ☐☐	
127	Does your household have any mosquito nets?	YES . . . . . 1 NO 2	→ 138
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . . ☐	

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. May I have a look at (all) the Net(s) to estabish the brand? IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2
130	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO ...... [ ][ ] 37 MONTHS (3 YRS) AGO OR MORE . 95 NOT SURE 98	MONTHS AGO ...... [ ][ ] 37 MONTHS (3 YRS) AGO OR MORE . 95 NOT SURE 98	MONTHS AGO ...... [ ][ ] 37 MONTHS (3 YRS) AGO OR MORE . 95 NOT SURE 98
130A	From where did you get the mosquito net?	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER .... 02 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC .... 03 PHARMACY ..... 04 OTHER SOURCE SHOP .... 05 OPEN MARKET ... 06 HAWKER .... 07 PROJECT/NGO ... 08 CAMPAIGN ..... 09 CHURCH .... 10 OTHER ________ 96 (SPECIFY)	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER .... 02 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC .... 03 PHARMACY ..... 04 OTHER SOURCE SHOP .... 05 OPEN MARKET ... 06 HAWKER .... 07 PROJECT/NGO ... 08 CAMPAIGN ..... 09 CHURCH .... 10 OTHER ________ 96 (SPECIFY)	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER .... 02 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC .... 03 PHARMACY ..... 04 OTHER SOURCE SHOP .... 05 OPEN MARKET ... 06 HAWKER .... 07 PROJECT/NGO ... 08 CAMPAIGN ..... 09 CHURCH .... 10 OTHER ________ 96 (SPECIFY)
131	OBSERVE THE BRAND/ TYPE OF MOSQUITO NET. IF NOT OBSERVED ASK What brand is this net?	'LONGLASTING' NET PERMANET ..... 11 SMARTNET ..... 12 OLYSET .... 13 (SKIP TO 135) FACTORY NET WITH INSECTICIDE KIT KO NET .... 21 KOOPER NET ... 22 ICONET .... 23 SAFI NET .... 24 FACTORY NET WITH NO INSECTICIDE B52 .... 31 BAMBOO HUT ... 32 CENTURY ..... 33 LUCKY NET ..... 34 VICTORIA ..... 35 HOMEMADE NET .. 41 OTHER ________ 96 (SPECIFY) DK BRAND 98	'LONGLASTING' NET PERMANET ..... 11 SMARTNET ..... 12 OLYSET .... 13 (SKIP TO 135) FACTORY NET WITH INSECTICIDE KIT KO NET .... 21 KOOPER NET ... 22 ICONET .... 23 SAFI NET .... 24 FACTORY NET WITH NO INSECTICIDE B52 .... 31 BAMBOO HUT ... 32 CENTURY ..... 33 LUCKY NET ..... 34 VICTORIA ..... 35 HOMEMADE NET .. 41 OTHER ________ 96 (SPECIFY) DK BRAND 98	'LONGLASTING' NET PERMANET ..... 11 SMARTNET ..... 12 OLYSET .... 13 (SKIP TO 135) FACTORY NET WITH INSECTICIDE KIT KO NET .... 21 KOOPER NET ... 22 ICONET .... 23 SAFI NET .... 24 FACTORY NET WITH NO INSECTICIDE B52 .... 31 BAMBOO HUT ... 32 CENTURY ..... 33 LUCKY NET ..... 34 VICTORIA ..... 35 HOMEMADE NET .. 41 OTHER ________ 96 (SPECIFY) DK BRAND 98
133	Since you got the mosquito net, was it ever soaked or dipped in an insectiside to kill or repel mosquitos?	YES .... 1 NO .... 2 (SKIP TO 135) NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 135) NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 135) NOT SURE 8

		NET #1	NET #2	NET #3
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO . . . . . . [ ][ ] 25 OR MORE MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . . . . [ ][ ] 25 OR MORE MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . . . . [ ][ ] 25 OR MORE MONTHS AGO . . . 95 NOT SURE 98
135	Did anyone sleep under this mosquito net last night?	YES . . . . 1 NO . . . . 2 (SKIP TO 137) ← NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 137) ← NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 137) ← NOT SURE 8
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____________ LINE NO. . . . . . . [ ][ ] NAME_____________ LINE NO. . . . . . . [ ][ ] NAME_____________ LINE NO. . . . . . . [ ][ ] NAME_____________ LINE NO. . . . . . . [ ][ ]	NAME_____________ LINE NO. . . . . . . [ ][ ] NAME_____________ LINE NO. . . . . . . [ ][ ] NAME_____________ LINE NO. . . . . . . [ ][ ] NAME_____________ LINE NO. . . . . . . [ ][ ]	NAME_____________ LINE NO. . . . . . . [ ][ ] NAME_____________ LINE NO. . . . . . . [ ][ ] NAME_____________ LINE NO. . . . . . . [ ][ ] NAME_____________ LINE NO. . . . . . . [ ][ ]
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.

138	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) . . . . 1 BELOW 15 PPM . . . . 2 15 PPM AND ABOVE . . . . 3 NO SALT IN HH . . . . 4 SALT NOT TESTED ____________________ 6 (SPECIFY REASON)

PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 401
302	How many household members died in the last 12 months?	NUMBER OF DEATHS . . . . . ☐	
303	ASK 304-306 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 6 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).		

304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____
305	Was (NAME) male or female?	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2
306	How old was (NAME) when (he/she) died?	AGE ☐☐	AGE ☐☐	AGE ☐☐
307		GO BACK TO 304 FOR NEXT DEATH; OR, IF NO MORE DEATHS, GO TO 401		
304	What was the name of the person who died (most recently/before him/her)?	NAME 4TH DEATH _____	NAME 5TH DEATH _____	NAME 6TH DEATH _____
305	Was (NAME) male or female?	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2
306	How old was (NAME) when (he/she) died?	AGE ☐☐	AGE ☐☐	AGE ☐☐
307		GO BACK TO 304 FOR NEXT DEATH; OR, IF NO MORE DEATHS, GO TO 401		

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	SKIP
401	CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD AGE 0-17?** AT LEAST ONE CHILD AGE 0-17 YEARS ☐ NO CHILD AGE 0-17 YEARS ☐ →	501
402	CHECK COLUMN 12 IN THE HOUSEHOLD SCHEDULE: **ANY ADULT AGE 18-59 WHO IS VERY SICK?** NO SICK ADULT AGE 18-59 ☐ AT LEAST ONE SICK ADULT AGE 18-59 ☐ → GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.	
403	CHECK 306 IN THE PREVIOUS SECTION: **ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?** NO ADULT DEATH AGE 18-59 IN 306 ☐ AT LEAST ONE ADULT DEATH AGE 18-59 IN 306 ☐ → GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.	
404	CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?** AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK ☐ NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK ☐ →	501
405	RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 19 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.	

		1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐
407	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
409	In the last 12 months, has your household received any emotional or psychosocial support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) DK 8
410	Did your household receive any of this emotional or psychosocial support in the past 3 months?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) DK 8
412	Did your household receive any of this material support in the past 3 months?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) DK 8
414	Did your household receive any of this social support in the past 3 months?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 (SKIP TO 417) AGE 5-17	AGE 0-4 (SKIP TO 417) AGE 5-17	AGE 0-4 (SKIP TO 417) AGE 5-17	AGE 0-4 (SKIP TO 417) AGE 5-17
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
417		GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.			

		5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
409	In the last 12 months, has your household received any emotional or psychosocial support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 411) ← DK 8
410	Did your household receive any of this emotional or psychosocial support in the past 3 months?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 413) ← DK 8
412	Did your household receive any of this material support in the past 3 months?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ← DK 8
414	Did your household receive any of this social support in the past 3 months?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 (SKIP TO 417) AGE 5-17	AGE 0-4 (SKIP TO 417) AGE 5-17	AGE 0-4 (SKIP TO 417) AGE 5-17	AGE 0-4 (SKIP TO 417) AGE 5-17
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
417		GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.			

WEIGHT, HEIGHT, HEMOGLOBIN AND VITAMIN A FOR CHILDREN AGE 0-5

501	CHECK COLUMN 11. RECORD THE LINE NUMBER, NAME AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTIONS 502-503. IF THERE ARE MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME FOR THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE VITAMIN A TEST PROCEDURE IN 513B FOR EACH ELIGIBLE WOMAN.			IF NO ELIGIBLE CHILDREN, ☐ TICK HERE AND SKIP TO Q. 515
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
503	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐
504	CHECK 503: CHILD BORN IN JANUARY 2001 OR LATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. . . . . ☐☐.☐	KG. . . . . ☐☐.☐	KG. . . . . ☐☐.☐
506	HEIGHT IN CENTIMETERS	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2
510	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR CHILD (COLUMN 1). RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐

		CHILD 1	CHILD 2	CHILD 3
	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
511	READ ANEMIA TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED . . . . . 1 (SIGN) ← REFUSED 2	GRANTED . . . . . 1 (SIGN) ← REFUSED 2	GRANTED . . . . . 1 (SIGN) ← REFUSED 2
511A	READ VITAMIN A TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED . . . . . 1 (SIGN) ← REFUSED 2	GRANTED . . . . . 1 (SIGN) ← REFUSED 2	GRANTED . . . . . 1 (SIGN) ← REFUSED 2
511B	CHECK 511 AND 511A AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE VITAMIN A TEST PROCEDURE IN 513B FOR EACH ELIGIBLE CHILD EVEN IF THE CHILD WAS NOT PRESENT, PARENT/ADULT REFUSED, OR CHILD COULD NOT BE TESTED FOR SOME OTHER REASON.			
512	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL . . . . . ☐☐.☐	G/DL . . . . . ☐☐.☐	G/DL . . . . . ☐☐.☐
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6

CONSENT STATEMENT FOR ANEMIA TEST FOR CHILDREN

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born in 2001 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME(S) OF CHILD(REN)) to participate in the anemia test?

CONSENT STATEMENT FOR VITAMIN A DEFICIENCY TEST FOR CHILDREN

As part of the survey we also are asking people all over the country to take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result from poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.

For the vitamin A test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME(S) OF CHILD(REN)) to take the vitamin A deficiency test?

		CHILD 1	CHILD 2	CHILD 3
	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
513A	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
513B	OUTCOME OF VITAMIN A TEST PROCEDURE	BLOOD TAKEN . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	BLOOD TAKEN . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	BLOOD TAKEN . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
513C	CHECK 513B: OUTCOME OF VITAMIN A TEST	BLOOD TAKEN BLOOD NOT TAKEN → GO TO 514	BLOOD TAKEN BLOOD NOT TAKEN → GO TO 514	BLOOD TAKEN BLOOD NOT TAKEN → GO TO 514
513D	READ THE CONSENT STATEMENT FOR ADDITIONAL TESTS TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2
513E	ADDITIONAL TESTS	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 515.		

CONSENT STATEMENT FOR ADDITIONAL TESTS

We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.

The blood sample will not have any name or other data attached that could identify (NAME(S) OF CHILD(REN)). You do not have to agree. If you do not want the blood sample stored for later use, (NAMES OF CHILD(REN)) can still participate in the vitamin A testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
503	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐
504	CHECK 503: CHILD BORN IN JANUARY 2001 OR LATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES . . . . . 1 NO . . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. . . . . ☐☐.☐	KG. . . . . ☐☐.☐	KG. . . . . ☐☐.☐
506	HEIGHT IN CENTIMETERS	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2
510	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR CHILD (COLUMN 1). RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐
511	READ ANEMIA TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2
511A	READ VITAMIN A TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2

		CHILD 4	CHILD 5	CHILD 6
	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
511B	CHECK 511 AND 511A AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE VITAMIN A TEST PROCEDURE IN 513B FOR EACH ELIGIBLE CHILD EVEN IF THE CHILD WAS NOT PRESENT, PARENT/ADULT REFUSED, OR CHILD COULD NOT BE TESTED FOR SOME OTHER REASON.			
512	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL . . . . . ☐☐.☐	G/DL . . . . . ☐☐.☐	G/DL . . . . . ☐☐.☐
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
513A	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
513B	OUTCOME OF VITAMIN A TEST PROCEDURE	BLOOD TAKEN . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	BLOOD TAKEN . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	BLOOD TAKEN . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
513C	CHECK 513B: OUTCOME OF VITAMIN A TEST	BLOOD TAKEN BLOOD NOT TAKEN → GO TO 514	BLOOD TAKEN BLOOD NOT TAKEN → GO TO 514	BLOOD TAKEN BLOOD NOT TAKEN → GO TO 514
513D	READ THE CONSENT STATEMENT FOR ADDITIONAL TESTS TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED . . . . . 1 (SIGN) ← REFUSED 2	GRANTED . . . . . 1 (SIGN) ← REFUSED 2	GRANTED . . . . . 1 (SIGN) ← REFUSED 2
513E	ADDITIONAL TESTS	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		

TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE. ☐

WEIGHT, HEIGHT, HEMOGLOBIN AND VITAMIN A FOR WOMEN AGE 15-49

515	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 516. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME FOR THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 528 AND FOR THE VITAMIN A TEST PROCEDURE IN 530 FOR EACH ELIGIBLE WOMAN.	IF NO ELIGIBLE WOMEN, ☐ TICK HERE AND SKIP TO Q. 531

		WOMAN 1	WOMAN 2	WOMAN 3
516	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . ☐☐ NAME ______	LINE NUMBER . . . . ☐☐ NAME ______	LINE NUMBER . . . . ☐☐ NAME ______
517	WEIGHT IN KILOGRAMS	KG. . . . . ☐☐☐.☐	KG. . . . . . ☐☐☐.☐	KG. . . . . . ☐☐☐.☐
518	HEIGHT IN CENTIMETERS	CM. . . . . ☐☐☐.☐	CM. . . . . . ☐☐☐.☐	CM. . . . . . ☐☐☐.☐
519	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6
520	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 523)	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 523)	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 523)
521	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION . . . . . 1 OTHER . . . . 2 (GO TO 523)	CODE 4 (NEVER IN UNION . . . . . 1 OTHER . . . . 2 (GO TO 523)	CODE 4 (NEVER IN UNION . . . . 1 OTHER . . . . 2 (GO TO 523)
522	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON-SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐
523	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPON-DENT'S CONSENT.	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED . . . . 3 ______ (SIGN) (IF REFUSED, GO TO 525).	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED . . . . 3 ______ (SIGN) (IF REFUSED, GO TO 525).	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED . . . . 3 ______ (SIGN) (IF REFUSED, GO TO 525).

CONSENT STATEMENT FOR ANEMIA TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 523 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 523 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you (allow NAME OF ADOLESCENT to) take the anemia test?

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____
524	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
525	READ THE VITAMIN A TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN)
526	CHECK 523 AND 525 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 528 AND FOR THE VITAMIN A TEST PROCEDURE IN 530 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
527	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET **(9).**	G/DL . . . . . [ ][ ].[ ]	G/DL . . . . . [ ][ ].[ ]	G/DL . . . . . [ ][ ].[ ]
528	RECORD RESULT CODE OF HEMO-GLOBIN MEASURE-MENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
529	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
530	OUTCOME OF VITAMIN A TEST PROCEDURE	BLOOD TAKEN . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	BLOOD TAKEN . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	BLOOD TAKEN . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6

CONSENT STATEMENT FOR VITAMIN A DEFICIENCY TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 525 IF RESPONDENT CONSENTS TO THE VITAMIN A TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 525 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of the survey we also are asking people all over the country to take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.

For the vitamin A test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you (allow NAME OF ADOLESCENT to) take the vitamin A deficiency test?

		WOMAN 1	WOMAN 2	WOMAN 3
530A	CHECK 530: OUTCOME OF VITAMIN A TEST	BLOOD TAKEN → BLOOD NOT TAKEN → GO TO NEXT WOMAN	BLOOD TAKEN → BLOOD NOT TAKEN → GO TO NEXT WOMAN	BLOOD TAKEN → BLOOD NOT TAKEN → GO TO NEXT WOMAN
530B	READ THE CONSENT STATEMENT FOR ADDITIONAL TESTS. FOR NEVER-IN UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN)
530C	ADDITIONAL TESTS	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.

CONSENT STATEMENT FOR ADDITIONAL TESTS

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 530B IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 530A IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.

The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, you/ NAME OF ADOLESCENT can still participate in the vitamin A testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-54

531	CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 532. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME FOR THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 543 FOR EACH ELIGIBLE MAN.	IF NO ELIGIBLE MEN, TICK HERE ☐

		MAN 1	MAN 2	MAN 3
532	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
533	WEIGHT IN KILOGRAMS	KG. . . . . ☐☐☐.☐	KG. . . . . ☐☐☐.☐	KG. . . . . ☐☐☐.☐
534	HEIGHT IN CENTIMETERS	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐
535	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
536	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 539) ↵	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 539) ↵	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 539) ↵
537	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION . . . . . 1 OTHER . . . . . 2 (GO TO 539) ↵	CODE 4 (NEVER IN UNION . . . . . 1 OTHER . . . . . 2 (GO TO 539) ↵	CODE 4 (NEVER IN UNION . . . . . 1 OTHER . . . . . 2 (GO TO 539) ↵
538	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐
539	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 538 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN)

CONSENT STATEMENT FOR ANEMIA TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 539 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF HE REFUSES.

FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 538) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 539 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you (allow NAME OF ADOLESCENT to) take the anemia test?

		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER . . . . . . NAME _____	LINE NUMBER . . . . . . NAME _____	LINE NUMBER . . . . . . NAME _____
541	CHECK 539 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE ANEMIA TEST IF CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST. A FINAL OUTCOME OF THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 543 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
542	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET (**9**).	G/DL . . . . . .□□.□	G/DL . . . . . .□□.□	G/DL . . . . . .□□.□
543	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6

UGANDA BUREAU OF STATISTICS
UGANDA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE - **ENGLISH**

IDENTIFICATION

REGION _____
DISTRICT _____
COUNTY _____
SUBCOUNTY/TOWN _____
PARISH/LC2 NAME _____
EA NAME _____
UDHS NUMBER . . . . . .
NAME OF HOUSEHOLD HEAD _____
HOUSEHOLD NUMBER . . . . . .
NAME AND LINE NUMBER OF WOMAN _____
WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE (YES=1; NO=2) . . . . . .

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:
1 COMPLETED 4 REFUSED
2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ (SPECIFY)
3 POSTPONED 6 INCAPACITATED

LANGUAGE OF THE QUESTIONNAIRE 7
LANGUAGE USED IN THE INTERVIEW . . . . .
NATIVE LANGUAGE OF RESPONDENT . . . . .
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) . . . . .

LANGUAGE USED: 1 ATESO-KARAMOJONG 4 LUO 7 ENGLISH
2 LUGANDA 5 RUNYANKOLE-RUKIGA 8 OTHER
3 LUGBARA 6 RUNYORO-RUTORO

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with UGANDA BUREAU OF STATISTICS. We are conducting a national survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 60 and 90 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . ☐☐ ALWAYS . . . . . 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY . . . . . 1 TOWN . . . . . 2 COUNTRYSIDE 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS . . . . . ☐☐ NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . . 1 NO 2	
106	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
108	Have you ever attended school?	YES . . . . . 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, '0' level, 'A' level, or university or tertiary?	PRIMARY . . . . . 1 'O' LEVEL . . . . . 2 'A' LEVEL . . . . . 3 TERTIARY . . . . . 4 UNIVERSITY 5	
110	What is the highest (class/year) you completed at that level?	CLASS/YEAR . . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: PRIMARY ☐ → SECONDARY OR HIGHER ☐ → 115		
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES . . . . . 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' CIRCLED ☐ → CODE '1' OR '5' CIRCLED ☐ → 116		
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
117A	In what level and grade do you think that children should start to be taught in English?	LEVEL — YEAR PRE-PRIMARY . . . . . 0 ☐ PRIMARY . . . . . 1 ☐ O LEVEL . . . . . 2 ☐ A LEVEL . . . . . 3 ☐ TERTIARY . . . . . 4 ☐ UNIVERSITY . . . . . 5 ☐	
118	What is your religion?	CATHOLIC . . . . . 1 PROTESTANT . . . . . 2 MUSLIM . . . . . 3 PENTECOSTAL . . . . . 4 SDA . . . . . 5 OTHERS 6	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . [ ][ ]	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . . [ ][ ]	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ ↓ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ ↓ NO BIRTHS ☐ →		226

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW).

212 What name was given to your (first/next) baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (NEXT BIRTH)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH

212 What name was given to your next baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES . . . . . 1 NO 2

223 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐ ↓ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED (Q215). . . . . ☐

FOR EACH BIRTH SINCE JANUARY 2001: MONTH AND YEAR OF BIRTH ARE RECORDED. . . . ☐

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (Q217). . . . . ☐

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED (Q220). . . . . ☐

FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q220). . . . . ☐

224 CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2001 OR LATER.
IF NONE, RECORD '0' AND SKIP TO 226. ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2001, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS	
228	At the time you became pregnant, did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?	THEN . . . . . 1 LATER . . . . . 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES . . . . . 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH . . . . . YEAR	
231	CHECK 230: LAST PREGNANCY ENDED IN JAN. 2001 OR LATER LAST PREGNANCY ENDED BEFORE JAN. 2001 →		237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS	
233	Since January 2001, have you had any other pregnancies that did not result in a live birth?	YES . . . . . 1 NO 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2001. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2001.	YES . . . . . 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2001 end?	MONTH . . . . . YEAR	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ] IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH . . . . . 995 NEVER MENSTRUATED 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 301
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES . . . . . 1 NO . . . . . 2 YES . . . . . 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) →	AT LEAST ONE "YES" (EVER USED) → 307	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→ 333
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN	
308	CHECK 302 (01): WOMAN NOT STERILIZED ☐ ↓ WOMAN STERILIZED ☐ →		311A
309	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ →		322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 322
311 311A	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B PILL . . . . . C IUD . . . . . D INJECTABLES . . . . . E IMPLANTS . . . . . F CONDOM . . . . . G FEMALE CONDOM . . . . . H DIAPHRAGM . . . . . I FOAM/JELLY . . . . . J LACTATIONAL AMEN. METHOD . . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER _____ X (SPECIFY)	→ 316 → 315 → 315 → 319A
312	RECORD IF CODE C FOR PILL IS CIRCLED IN 311. YES (USING PILL) ☐ ↓ May I see the package of pills you are using? NO (USING CONDOM BUT NOT PILL) ☐ ↓ May I see the package of condoms you are using? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN . . . . . 1 BRAND NAME _____ (SPECIFY) PACKAGE NOT SEEN 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ (SPECIFY) DON'T KNOW 98	
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS . . . ☐☐☐ DON'T KNOW 998	
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST ☐☐☐☐☐☐ FREE . . . . . 999995 DON'T KNOW 999998	→ 319A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 FAMILY PLANNING CLINIC . . . . . 13 OTHER PUBLIC _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . 21 PRIVATE DOCTOR'S OFFICE . . . 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
316A	Who accompanied you? RECORD ALL MENTIONED	HUSBAND/SPOUSE . . . . . A BOYFRIEND . . . . . B SISTER/RELATIVE/FRIEND . . . . . C NO ONE . . . . . D OTHER _____ X (SPECIFY)	
317	CHECK 311/311A: CODE 'A' CIRCLED → Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? CODE 'B' CIRCLED → Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
318	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?	COST ☐☐☐☐☐☐ FREE . . . . . 999995 DON'T KNOW 999998	→ 319
318A	Who paid the cost? RECORD ALL MENTIONED	HUSBAND/SPOUSE . . . . . A BOYFRIEND . . . . . B SISTER/RELATIVE/FRIEND . . . . . C RESPONDENT . . . . . D NO ONE . . . . . E OTHER X	
319	In what month and year was the sterilization performed?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	→ 320
319A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
320	CHECK 319/319A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A YES → GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). NO		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	CHECK 319/319A: YEAR IS 2001 OR LATER ⚑↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. ↓	YEAR IS 2000 OR EARLIER ⚑↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2001. THEN SKIP TO → 331	
322	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2001. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?		
323	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . . 00 FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER METHOD 96	→ 333 → 326 → 335 → 324A → 324A → 335 → 335
324	Where did you obtain (CURRENT METHOD) when you started using it?	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 FAMILY PLANNING CLINIC . . . . . 13 OUTREACH . . . . . 14 GOVT COMMUNITY BASED DISTRIBUTOR . . . . . 15 OTHER PUBLIC _____ 16 (SPECIFY)	
324A	Where did you learn to use the lactational amenorrhea/rhythm method? IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . 21 PHARMACY/DRUG SHOP . . . . . 22 PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . 23 OUTREACH . . . . . 24 NGO COMMUNITY BASED DISTRIBUTOR . . . . . 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) **OTHER SOURCE** SHOP . . . . . 31 RELIGIOUS INSTITUTION . . . . . 32 FRIEND/RELATIVE . . . . . 33 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . 11 RHYTHM METHOD 12	 → 332 → 329 → 329 → 329 → 329 → 329
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 328
327	At any other time were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	 → 329
328	Were you told what to do if you experienced side effects or problems?	YES . . . . . 1 NO 2	
329	CHECK 326: CODE '1' CIRCLED → At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED → When you obtained (CURRENT METHOD from 323) FROM SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?	YES . . . . . 1 NO 2	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . . 1 NO 2	
331	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER METHOD 96	→ 335 → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 FAMILY PLANNING CLINIC . . . . . 13 OUTREACH . . . . . 14 GOVT COMMUNITY BASED DISTRIBUTOR . . . . . 15 OTHER PUBLIC _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . 21 PHARMACY/DRUG SHOP . . . . . 22 PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . 23 OUTREACH . . . . . 24 NGO COMMUNITY BASED DISTRIBUTOR . . . . . 25 OTHER PRIVATE MEDICAL_____ 26 (SPECIFY) **OTHER SOURCE** SHOP . . . . . 31 RELIGIOUS INSTITUTION . . . . . 32 FRIEND/RELATIVE . . . . . 33 OTHER _____ 96 (SPECIFY)	→ 335
333	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	→ 335
334	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C OUTREACH . . . . . D GOVT COMMUNITY BASED DISTRIBUTOR . . . . . E OTHER PUBLIC _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY/DRUG SHOP . . . . . H PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . I OUTREACH . . . . . J NGO COMMUNITY BASED DISTRIBUTOR . . . . . K OTHER PRIVATE MEDICAL_____ L (SPECIFY) **OTHER SOURCE** SHOP . . . . . M RELIGIOUS INSTITUTION . . . . . N FRIEND/RELATIVE . . . . . O OTHER _____ X (SPECIFY)	
335	In the last 12 months, were you visited by a health worker who talked to you about family planning?	YES . . . . . 1 NO 2	
336	In the last 12 months, have you or your children visited a health facility for care other than family planning?	YES . . . . . 1 NO 2	→ 401
337	Did any health worker member at the health facility speak to you about family planning methods?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2001 OR LATER ☐ ↓ NO BIRTHS IN 2001 OR LATER ☐ → 576			
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NO. ☐☐	NEXT-TO-LAST BIRTH LINE NO. ☐☐	SECOND-FROM-LAST BIRTH LINE NO. ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . . 1 (SKIP TO 407) ← LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 407) ←	THEN . . . . . 1 (SKIP TO 432) ← LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 432) ←	THEN . . . . . 1 (SKIP TO 432) ← LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 432) ←
406	How much longer would you have liked to wait?	MONTHS . .1 ☐☐ YEARS . .2 DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . .2 DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . .2 DON'T KNOW . . . 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE . B MEDICAL ASSISTANT/ CLINICAL OFFICER . . . . . C NURSING AIDE . . . . D **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . E OTHER _____ X (SPECIFY) NO ONE . . . . . Y (SKIP TO 414) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**HOME** YOUR HOME . . . . A TBA'S HOME . . . . B OTHER HOME . . . . C **PUBLIC SECTOR** GOVT. HOSPITAL D GOVT. HEALTH CENTER . . . . . E GOVT. HEALTH POST . . . . . F OTHER PUBLIC _____ G (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . H OTHER PRIVATE MED. _____ I (SPECIFY) OTHER _____ X (SPECIFY)		
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . ☐☐ DON'T KNOW 98		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once?	YES NO WEIGHT . . . 1 2		
	Were you weighed?			
	Was your blood pressure measured?	BP 1 2		
	Did you give a urine sample?	URINE 1 2		
	Did you give a blood sample?	BLOOD . . . 1 2		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 414) ← DON'T KNOW 8		
413	Were you told where to go if you had any of these complications?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 417) ← DON'T KNOW 8		
415	During this pregnancy, how many times did you get this tetanus injection?	TIMES . . . . . ☐ DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	CHECK 415:	2 OR MORE TIMES ☐ → (SKIP TO 421) OTHER ☐ →		
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 421) ← DON'T KNOW 8		
418	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . . ☐☐ DON'T KNOW 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH . . . ☐☐ DK MONTH . . . . . 98 YEAR ☐☐☐☐ (SKIP TO 421) ← DK YEAR 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO . . . . . ☐☐		
421	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS	YES . . . . . 1 NO . . . . . 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . ☐☐☐ DON'T KNOW . . . 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
425	During this pregnancy, did you suffer from night blindness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
426	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 432) ← DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
427	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR . . . . . A CHLOROQUINE . . . . B OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z		
428	CHECK 427: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED ☐ CODE A' NOT CIRCLED ☐ (SKIP TO 432)		
429	How many doses of (SP/FANSIDAR) did you take during this pregnancy?	DOSES . . . . . ☐☐		
430	CHECK 407: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', B' OR 'C' CIRCLED ☐ OTHER ☐ (SKIP TO 432)		
431	Did you get (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT . . 1 ANOTHER FACILITY VISIT . . . . . 2 OTHER SOURCE 6		
432	When (NAME) was born, was he/she very big, bigger than average, average, smaller than average, or very small?	VERY BIG . . . . . 1 BIGGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY BIG . . . . . 1 BIGGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY BIGGER . . . . . 1 BIGGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8
433	Was (NAME) weighed at birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 435) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 435) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 435) DON'T KNOW 8
434	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW . 99.998	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW . 99.998	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW . 99.998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
435	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE . B MEDICAL ASSISTANT/ CLINICAL OFFICER . . . . . C NURSING AIDE . . . . D **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . E RELATIVE/FRIEND . F OTHER _____ X (SPECIFY) NO ONE . . . . . Y	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE . B MEDICAL ASSISTANT/ CLINICAL OFFICER . . . . . C NURSING AIDE . . . . D **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . E RELATIVE/FRIEND F OTHER _____ X (SPECIFY) NO ONE . . . . . Y	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE . B MEDICAL ASSISTANT/ CLINICAL OFFICER . . . . . C NURSING AIDE . . . . D **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . E RELATIVE/FRIEND F OTHER _____ X (SPECIFY) NO ONE . . . . . Y
436	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** YOUR HOME . . . . 11 TBA'S HOME . . . . 12 OTHER HOME . . . . 13 (SKIP TO 443) **PUBLIC SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 443)	**HOME** YOUR HOME . . . 11 TBA'S HOME . . . 12 OTHER HOME . . . 13 (SKIP TO 444) **PUBLIC SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 444)	**HOME** YOUR HOME . . . 11 TBA'S HOME . . . 12 OTHER HOME . . . 13 (SKIP TO 444) **PUBLIC SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 444)
436A	Who accompanied you to the place where you delivered? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.	HUSBAND/PARTNER A MOTHER . . . . . B OTHER RELATIVE . C FEMALE FRIEND . . . D NO ONE . . . . . E OTHER _____ X (SPECIFY)	HUSBAND/PARTNER A MOTHER . . . . . B OTHER RELATIVE . C FEMALE FRIEND . . . . D NO ONE . . . . . E OTHER _____ X (SPECIFY)	HUSBAND/PARTNER A MOTHER . . . . . B OTHER RELATIVE . C FEMALE FRIEND . . . . D NO ONE . . . . . E OTHER _____ X (SPECIFY)
437	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998
438	Was (NAME) delivered by caesarean section?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
439	Before you were discharged after (NAME) was born, did any health care provider check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 442)	YES . . . . . 1 (SKIP TO 455) NO 2	YES . . . . . 1 (SKIP TO 455) NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
439A	At that time, did anyone: check your abdomen? check your eyes? ask you about vaginal discharge?	YES NO ABDOMEN . 1 2 EYES . . . . . 1 2 DISCHARGE . 1 2		
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW . . . 998		
441	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE . 12 MEDICAL ASSISTANT/ CLINICAL OFFICER . . . . . 13 NURSING AIDE . . . . 14 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . 21 OTHER _____ 96 (SPECIFY) (SKIP TO 453)		
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES . . . . . 1 (SKIP TO 444A) NO . . . . . 2 (SKIP TO 453)	YES . . . . . 1 (SKIP TO 455) NO 2	YES . . . . . 1 (SKIP TO 455) NO 2
443	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANS-PORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVID-ER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F NOT NECESSARY . . G NOT CUSTOMARY . . H OTHER _____ X (SPECIFY)		
444	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 449)	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
444A	At that time, did anyone: check your abdomen? check your eyes? ask you about vaginal discharge?	YES NO ABDOMEN . 1 2 EYES . . . . . 1 2 DISCHARGE . 1 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
445	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW . . . 998		
446	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE . 12 MEDICAL ASSISTANT/ CLINICAL OFFICER . . . . . 13 NURSING AIDE . . . . 14 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . 21 OTHER _____ 96 (SPECIFY)		
447	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** YOUR HOME . . . . 11 TBA'S HOME . 12 OTHER HOME . . . . 13 **PUBLIC SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		
448	CHECK 442:	YES NOT ASKED (SKIP TO 453)		
449	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 453) DON'T KNOW 8		
450	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 DAYS AFTER BIRTH . . 2 WKS AFTER BIRTH . . 3 DON'T KNOW . . . 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
451	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE . 12 MEDICAL ASSISTANT/ CLINICAL OFFICER . . . . . 13 NURSING AIDE . . . . 14 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . 21 **OTHER**_____ 96 (SPECIFY)		
452	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** YOUR HOME . . . . 11 TBA'S HOME . . . . 12 OTHER HOME . . . . 13 **PUBLIC SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED._____ 36 (SPECIFY) OTHER_____ 96 (SPECIFY)		
453	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
454	Has your menstrual period returned since the birth of (NAME)?	YES . . . . . 1 (SKIP TO 456) NO . . . . . 2 (SKIP TO 457)		
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . . 1 NO . . . . . 2 (SKIP TO 459)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 459)
456	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT ☐ PREGNANT OR UNSURE ☐ (SKIP TO 459)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 460)		
459	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 467)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 467)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 467)
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS 1 ☐☐ DAYS 2 ☐☐		
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 464)		
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . . B SUGAR OR GLUCOSE WATER . . . . C GRIPE WATER . . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . G TEA/INFUSIONS . . . . H HONEY . . . . . I OTHER _____ X (SPECIFY)		
464	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 466)		
465	Are you still breastfeeding (NAME)?	YES . . . . . 1 (SKIP TO 468) NO 2		
466	For how many months did you breastfeed (NAME)?	MONTHS . . . ☐☐ DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . . 95 DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . . 95 DON'T KNOW . . . 98
467	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 470)	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 470)	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 470)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
468	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . ☐☐		
469	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . ☐☐		
470	Did (NAME) drink anything from a bottle with a nipple or a cup with a spout yesterday or last night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER	SECOND-FROM-LAST BIRTH LINE NUMBER . . . . .
503	FROM 212 AND 216	NAME_____ LIVING / DEAD (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME_____ LIVING / DEAD (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME_____ LIVING / DEAD (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573)
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . . 2 (SKIP TO 508) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . . 2 (SKIP TO 508) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) YES, NOT SEEN . . . . . 2 (SKIP TO 508) NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 (SKIP TO 508) NO 2	YES . . . . . 1 (SKIP TO 508) NO 2	YES . . . . . 1 (SKIP TO 508) NO 2

506 (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.
(3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.

	LAST BIRTH DAY	LAST BIRTH MONTH	LAST BIRTH YEAR	NEXT-TO-LAST BIRTH DAY	NEXT-TO-LAST BIRTH MONTH	NEXT-TO-LAST BIRTH YEAR	SECOND-FROM-LAST BIRTH DAY	SECOND-FROM-LAST BIRTH MONTH	SECOND-FROM-LAST BIRTH YEAR
BCG				BCG			BCG		
POLIO 0 (POLIO GIVEN AT BIRTH)				P0			P0		
POLIO 1				P1			P1		
POLIO 2				P2			P2		
POLIO 3				P3			P3		
DPT-HepB-Hib 1				DH1			DH1		
DPT-HepB-Hib 2				DH2			DH2		
DPT-HepB-Hib 3				DH3			DH3		
DPT 1				D1			D1		
DPT 2				D2			D2		
DPT 3				D3			D3		
MEASLES				MEA			MEA		
VITAMIN A (MOST RECENT)				VIT A			VIT A		
VITAMIN A (2nd MOST RECENT)				VIT A			VIT A		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
507	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT-HepB-Hib 1-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO . . . . 2 (SKIP TO 512) DON'T KNOW 8	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO . . . . 2 (SKIP TO 512) DON'T KNOW 8	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO . . . . 2 (SKIP TO 512) DON'T KNOW 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 512) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 512) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 512) DON'T KNOW 8
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the right upper arm that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
509B	Polio vaccine, that is, drops in the mouth?	YES . . . . 1 NO . . . . 2 (SKIP TO 509E) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509E) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509E) DON'T KNOW 8
509C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2
509D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . . ☐	NUMBER OF TIMES . . . . . . ☐	NUMBER OF TIMES . . . . . ☐
509E	A DPT vaccination, that is, an injection given in the left upper thigh sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 (SKIP TO 509G) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509G) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509G) DON'T KNOW 8
509F	How many times was a DPT vaccination received?	NUMBER OF TIMES . . . . . . ☐	NUMBER OF TIMES . . . . . . ☐	NUMBER OF TIMES . . . . . ☐
509G	A measles injection or an MMR injection - that is, a shot in the left upper arm at the age of 9 months or older - to prevent him/her from getting measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE ☐ NO CARD/ CARD BLANK OR CODE '44' FOR MOST RECENT VITAMIN A DOSE ☐ (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE ☐ NO CARD/ CARD BLANK OR CODE '44' FOR MOST RECENT VITAMIN A DOSE ☐ (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE ☐ NO CARD/ CARD BLANK OR CODE '44' FOR MOST RECENT VITAMIN A DOSE ☐ (SKIP TO 514)
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . 1 (SKIP TO 515) NO . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . 1 (SKIP TO 515) NO . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . 1 (SKIP TO 515) NO . . . . 2 (SKIP TO 516) DON'T KNOW 8
514	HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . 1 NO . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 516) DON'T KNOW 8
515	Did (NAME) receive a vitamin A dose within the last six months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
516	In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/ SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
518	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 533) DON'T KNOW 8
519	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
520	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
521	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
522	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 527)	YES . . . . 1 NO . . . . 2 (SKIP TO 527)	YES . . . . 1 NO . . . . 2 (SKIP TO 527)
523	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. ______ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT HOSPITAL . A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C CLINIC/OUTREACH SERVICES . . . D COMMUNITY HEALTH WORKER . . . . . E OTHER PUBLIC ______ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC . . . . G PHARMACY/ DRUG SHOP . H PVT DOCTOR . . . I CLINIC/OUTREACH SERVICES . . . J COMMUNITY HEALTH WORKER . . . . . K OTHER PRIVATE MED. ______ L (SPECIFY) **OTHER SOURCE** SHOP . . . . M TRADITIONAL PRACTITIONER N OTHER ______ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL . A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C CLINIC/OUTREACH SERVICES . . . D COMMUNITY HEALTH WORKER . . . . . E OTHER PUBLIC ______ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC . . . . G PHARMACY/ DRUG SHOP . H PVT DOCTOR . . . I CLINIC/OUTREACH SERVICES . . . J COMMUNITY HEALTH WORKER . . . . . K OTHER PRIVATE MED. ______ L (SPECIFY) **OTHER SOURCE** SHOP . . . . M TRADITIONAL PRACTITIONER N OTHER ______ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL . A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C CLINIC/OUTREACH SERVICES . . . D COMMUNITY HEALTH WORKER . . . . . E OTHER PUBLIC ______ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC . . . . G PHARMACY/ DRUG SHOP . H PVT DOCTOR . . . I CLINIC/OUTREACH SERVICES . . . J COMMUNITY HEALTH WORKER . . . . . K OTHER PRIVATE MED. ______ L (SPECIFY) **OTHER SOURCE** SHOP . . . . M TRADITIONAL PRACTITIONER N OTHER ______ X (SPECIFY)
524	CHECK 523:	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 526)	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 526)	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 526)
525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
526	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐	DAYS . . . . . . ☐☐
527	Does (NAME) still have diarrhea?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:	YES NO DK	YES NO DK	YES NO DK
	a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?	FLUID FROM ORS PKT . . 1 2 8	FLUID FROM ORS PKT . . 1 2 8	FLUID FROM ORS PKT . . 1 2 8
	c) A government-recommended homemade fluid?	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
529	Was anything (else) given to treat the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 533) DON'T KNOW 8
530	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ________ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ________ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ________ X (SPECIFY)
531	CHECK 530: GIVEN ZINC?	CODE "C" CIRCLED ☐ CODE "C" NOT CIRCLED ☐ (SKIP TO 533)	CODE "C" CIRCLED ☐ CODE "C" NOT CIRCLED ☐ (SKIP TO 533)	CODE "C" CIRCLED ☐ CODE "C" NOT CIRCLED ☐ (SKIP TO 533)
532	How many times was (NAME) given zinc?	TIMES . . . . . . ☐☐ DON'T KNOW 98	TIMES . . . . . . ☐☐ DON'T KNOW 98	TIMES . . . . . . ☐☐ DON'T KNOW 98
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 537) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 537) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 537) DON'T KNOW 8
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . 1 NO . . . . 2 (SKIP TO 538) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 538) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 538) DON'T KNOW 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER ________ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 538)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER ________ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 538)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER ________ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 538)
537	CHECK 533: HAD FEVER?	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES ☐ NO OR DK ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE IF NO MORE BIRTHS BIRTHS, GO TO 573

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 NOTHING TO DRINK 5 DON'T KNOW 8
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
540	Did you seek advice or treatment for the illness from any source?	YES .... 1 NO .... 2 (SKIP TO 545)←	YES .... 1 NO .... 2 (SKIP TO 545)←	YES .... 1 NO .... 2 (SKIP TO 545)←
541	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. ______ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST .... C CLINIC/OUTREACH SERVICES ... D COMMUNITY HEALTH WORKER ..... E OTHER PUBLIC ______ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC .... G PHARMACY/ DRUG SHOP . H PVT DOCTOR ... I CLINIC/OUTREACH SERVICES ... J COMMUNITY HEALTH WORKER ..... K OTHER PRIVATE MED. ______ L (SPECIFY) **OTHER SOURCE** SHOP .... M TRADITIONAL PRACTITIONER N OTHER ______ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST .... C CLINIC/OUTREACH SERVICES ... D COMMUNITY HEALTH WORKER ..... E OTHER PUBLIC ______ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC .... G PHARMACY/ DRUG SHOP . H PVT DOCTOR ... I CLINIC/OUTREACH SERVICES ... J COMMUNITY HEALTH WORKER ..... K OTHER PRIVATE MED. ______ L (SPECIFY) **OTHER SOURCE** SHOP .... M TRADITIONAL PRACTITIONER N OTHER ______ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST .... C CLINIC/OUTREACH SERVICES ... D COMMUNITY HEALTH WORKER ..... E OTHER PUBLIC ______ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC .... G PHARMACY/ DRUG SHOP . H PVT DOCTOR ... I CLINIC/OUTREACH SERVICES ... J COMMUNITY HEALTH WORKER ..... K OTHER PRIVATE MED. ______ L (SPECIFY) **OTHER SOURCE** SHOP .... M TRADITIONAL PRACTITIONER N OTHER ______ X (SPECIFY)
542	CHECK 541:	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO 544)←	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO 544)←	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO 544)←
543	Where did you first seek advice or treatment? USE LETTER CODE FROM 541.	FIRST PLACE ... ☐	FIRST PLACE ... ☐	FIRST PLACE ... ☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
544	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . . [ ][ ]	DAYS . . . . . . [ ][ ]	DAYS . . . . . . [ ][ ]
545	Is (NAME) still sick with a (fever/ cough)?	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . 8
546	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . 1 NO . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE) DON'T KNOW 8
547	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . A CHLOROQUINE . . . B CHLOROQUINE WITH FANSIDAR . . . C HOMAPACK RED . . . . D GREEN . . . . E COARTEM . . . . . F OTHER ANTI-MALARIAL ________ . . . G (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP . . . H INJECTION . . . I **OTHER DRUGS** PANADOL . . . . J ASPRIN . . . . K IBUPROFEN . . . L OTHER ________ X (SPECIFY) DON'T KNOW . . . . . Z	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . A CHLOROQUINE . . . B CHLOROQUINE WITH FANSIDAR . . . C HOMAPACK RED . . . . D GREEN . . . . E COARTEM . . . . . F OTHER ANTI-MALARIAL ________ . . . G (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP . . . H INJECTION . . . I **OTHER DRUGS** PANADOL . . . . J ASPRIN . . . . K IBUPROFEN . . . L OTHER ________ X (SPECIFY) DON'T KNOW . . . . . Z	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . A CHLOROQUINE . . . B CHLOROQUINE WITH FANSIDAR . . . C HOMAPACK RED . . . . D GREEN . . . . E COARTEM . . . . . F OTHER ANTI-MALARIAL ________ . . . G (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP . . . H INJECTION . . . I **OTHER DRUGS** PANADOL . . . . J ASPRIN . . . . K IBUPROFEN . . . L OTHER ________ X (SPECIFY) DON'T KNOW . . . . . Z
548	CHECK 547: ANY CODE A-H CIRCLED?	YES [ ] NO [ ] (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES [ ] NO [ ] (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES [ ] NO [ ] (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE IF NO MORE BIRTHS BIRTHS, GO TO 573)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
549	Did you already have (NAME OF DRUG FROM 547) at home when the child became ill? ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'H' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547. IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL DRUGS, CIRCLE 'Y'.	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . . . B CHLOROQUINE WITH FANSIDAR . . . C HOMAPACK RED . . . . D GREEN . . . . E COARTEM . . . . . F OTHER ANTI-MALARIAL ______ . . . G (SPECIFY) ANTIBIOTIC PILL/ SYRUP . . . . H NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . . . B CHLOROQUINE WITH FANSIDAR . . . C HOMAPACK RED . . . . D GREEN . . . . E COARTEM . . . . . F OTHER ANTI-MALARIAL ______ . . . G (SPECIFY) ANTIBIOTIC PILL/ SYRUP . . . . H NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . . . B CHLOROQUINE WITH FANSIDAR . . . C HOMAPACK RED . . . . D GREEN . . . . E COARTEM . . . . . F OTHER ANTI-MALARIAL ______ . . . G (SPECIFY) ANTIBIOTIC PILL/ SYRUP . . . . H NO DRUG AT HOME . Y
550	CHECK 547: ANY CODE A-G CIRCLED?	YES ☐ NO ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES ☐ NO ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES ☐ NO ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE IF NO MORE BIRTHS BIRTHS, GO TO 573)
551	CHECK 547: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 554)	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 554)	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 554)
552	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
553	For how many days did (NAME) take the (SP/Fansidar)? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8
554	CHECK 547: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED ☐ CODE 'B' NOT CIRCLED ☐ (SKIP TO 557)	CODE 'B' CIRCLED ☐ CODE 'B' NOT CIRCLED ☐ (SKIP TO 557)	CODE 'B' CIRCLED ☐ CODE 'B' NOT CIRCLED ☐ (SKIP TO 557)
555	How long after the fever started did (NAME) first take chloroquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
556	For how many days did (NAME) take the chloroquine? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8
557	CHECK 547: CHLOROQUINE WITH FANSIDAR ('C') GIVEN	CODE 'C' CIRCLED [ ] CODE 'C' NOT CIRCLED [ ] (SKIP TO 560)	CODE 'C' CIRCLED [ ] CODE 'C' NOT CIRCLED [ ] (SKIP TO 560)	CODE 'C' CIRCLED [ ] CODE 'C' NOT CIRCLED [ ] (SKIP TO 560)
558	How long after the fever started did (NAME) first take Chloroquine with Fansidar?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
559	For how many days did (NAME) take the Chloroquine with Fansidar? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8
560	CHECK 547: HOMAPACK RED ('D') GIVEN	CODE 'D' CIRCLED [ ] CODE 'D' NOT CIRCLED [ ] (SKIP TO 563)	CODE 'D' CIRCLED [ ] CODE 'D' NOT CIRCLED [ ] (SKIP TO 563)	CODE 'D' CIRCLED [ ] CODE 'D' NOT CIRCLED [ ] (SKIP TO 563)
561	How long after the fever started did (NAME) first take Homapack Red?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
562	For how many days did (NAME) take the Homapack Red? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8
563	CHECK 547: HOMAPACK GREEN ('E') GIVEN	CODE 'E' CIRCLED [ ] CODE 'E' NOT CIRCLED [ ] (SKIP TO 566)	CODE 'E' CIRCLED [ ] CODE 'E' NOT CIRCLED [ ] (SKIP TO 566)	CODE 'E' CIRCLED [ ] CODE 'E' NOT CIRCLED [ ] (SKIP TO 566)
564	How long after the fever started did (NAME) first take Homapack Green?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
565	For how many days did (NAME) take the Homapack Green? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8
566	CHECK 547: COARTEM ('F") GIVEN	CODE 'F' CIRCLED [ ] ↓ CODE 'F' NOT CIRCLED [ ] (SKIP TO 569)	CODE 'F' CIRCLED [ ] ↓ CODE 'F' NOT CIRCLED [ ] (SKIP TO 569)	CODE 'F' CIRCLED [ ] ↓ CODE 'F' NOT CIRCLED [ ] (SKIP TO 569)
567	How long after the fever started did (NAME) first take Coartem?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
568	For how many days did (NAME) take Coartem? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8
569	CHECK 547: OTHER ANTIMALARIAL ('G') GIVEN	CODE 'G' CIRCLED [ ] ↓ CODE 'G' NOT CIRCLED [ ] (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	CODE 'G' CIRCLED [ ] ↓ CODE 'G' NOT CIRCLED [ ] (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	CODE 'G' CIRCLED [ ] ↓ CODE 'G' NOT CIRCLED [ ] (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE IF NO MORE BIRTHS BIRTHS, GO TO 573)
570	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
571	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8
572		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS GO TO 573	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS GO TO 573	GO BACK TO 503 IN NEXT TO LAST COLUMN OF NEW QUESTINNAIRE; OR, IF NO MORE BIRTHS, GO TO 573

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
573	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2001 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ ↓ NONE ☐ → 576		
574	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01 PUT/RINSED INTO TOILET OR LATRINE . . . . . 02 PUT/RINSED INTO DRAIN OR DITCH . . . . . 03 THROWN INTO GARBAGE . . . . . 04 BURIED . . . . . 05 LEFT IN THE OPEN . . . . . 06 OTHER _____ 96 (SPECIFY)	
575	CHECK 528(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET ☐ ↓ ANY CHILD RECEIVED FLUID FROM ORS PACKET ☐ → 577		
576	Have you ever heard of a special product called ORS you can get for the treatment of diarrhea?	YES . . . . . 1 NO 2	
577	CHECK 215 AND 218, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2003 OR LATER AND LIVING WITH HER ☐ ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME) DOES NOT HAVE ANY CHILDREN BORN IN 2003 OR LATER AND LIVING WITH HER ☐ → 601		
578	Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night Did (NAME FROM 577) (drink/eat): a) Plain water? b) Any Nan, SMA, Lactogen or other commercially produced infant formula? c) Any Cerelac? d) Any porridge?	YES NO DK PLAIN WATER . . . . . 1 2 8 FORMULA . . . . . 1 2 8 CERELAC . . . . . 1 2 8 PORRIDGE 1 2 8	

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP
579	Now I would like to ask you about (other) liquids or foods that (NAME FROM 577) may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.				
	Did (NAME FROM 577)/you drink (eat):		CHILD YES NO DK	MOTHER YES NO DK	
	(A) BEVERAGES/LIQUIDS				
	a) Fresh, tinned or powderd milk, or yoghurt?	**a**	1 2 8	1 2 8	
	b) Black tea/coffee?	**b**	1 2 8	1 2 8	
	c) Fresh fruit juice or juice concentrate?	**c**	1 2 8	1 2 8	
	d) Other beverages/liquids not mentioned above?	**d**	1 2 8	1 2 8	
	(B) STAPLE FOODS				
	e) Starchy fruits such as cooking banana-matoke?	**e**	1 2 8	1 2 8	
	f) Cassava,yams,sweet potatoes,Irish potatoes or other roots and tubers?	**f**	1 2 8	1 2 8	
	g) Rice, posho, porridge, bread, chapatti, pasta/macaroni, pizza, or other foods made from maize, millet, sorghum or other grains?	**g**	1 2 8	1 2 8	
	C) SAUCES(RELISHES)				
	h) Beans, peas, cow peas,nuts,seeds ,oil seeds soya beans or other legumes or seeds	**h**	1 2 8	1 2 8	
	i) Meat(beef, pork, goat, lamb, chicken,duck) or other meat?	**I**	1 2 8	1 2 8	
	j) Organ meats(liver, Kidney, heart etc)?	**j**	1 2 8	1 2 8	
	k) Eggs (Chicken eggs, duck eggs etc)?	**j**	1 2 8	1 2 8	
	l) Fresh fish, dry fish or shell fish?	**I**	1 2 8	1 2 8	
	(D) VEGETABLES AND FRUITS				
	m) Dark green leafy vegetables like dodo, nakati spinnach,amaranths,bugga,sungsa,jjobyo, Marakwang'	**m**	1 2 8	1 2 8	
	n) Orange coloured vegetables such as pumpkins, carrots? orange fleshed sweet potatoes'	**n**	1 2 8	1 2 8	
	o) Any bio-fortified food(Orange fleshed sweet potatoes)?	**o**	1 2 8	1 2 8	
	p) Orange colured fruits like ripe mangoes, pawpaw?	**p**	1 2 8	1 2 8	
	q) Other fruits or vegetables(passion fruit, jack fruit, pineaples, oranges etc)?	**q**	1 2 8	1 2 8	
	(E) OTHER FOODS				
	r) Any cheese or other milk products?	**r**	1 2 8	1 2 8	
	s) Cooking oil, margarine, butter or other oils/fats?	**s**	1 2 8	1 2 8	
	t) Any sugary foods such as chocolates, sweets, candies pastries,cakes or biscuits?	**t**	1 2 8	1 2 8	
	u) Any other solid or semi solid food'	**u**	1 2 8	1 2 8	
580	CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE) AND 579 (CATEGORIES e THROUGH u FOR CHILD): AT LEAST ONE "YES" ☐ ↓ NOT A SINGLE "YES" ☐ → 601				
581	How many times did (NAME FROM 577) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night' IF 7 OR MORE TIMES, RECORD '7'.		NUMBER OF TIMES ☐☐ DON'T KNOW 8		

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A MAN . . . . . 2 NO, NOT IN UNION 3	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A MAN . . . . . 2 NO 3	→ 617
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO.	
606	Does your husband/partner have other wives or does he live with other women as if married?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . . DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	→ 611
610	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED OR CURRENTLY DIVORCED/ SEPARATED → 615 CURRENTLY WIDOWED → 613		
611	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? CURRENTLY WIDOWED → 613 NOT ASKED CURRENTLY DIVORCED/ SEPARATED → 615		
612	How did your previous marriage or union end?	DEATH/WIDOWHOOD . . . . . 1 DIVORCE . . . . . 2 SEPARATION 3	→ 615
613	To whom did most of your late husband's property go to?	RESPONDENT . . . . . 1 OTHER WIFE . . . . . 2 SPOUSE'S CHILDREN . . . . . 3 SPOUSE'S FAMILY . . . . . 4 OTHER_____ 6 (SPECIFY) NO PROPERTY 7	→ 615
614	Did you receive any of your late husband's assets or valuables?	YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE → In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 617
616	How old were you when you first started living with him?	AGE . . . . . ☐☐	
617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
618	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 621 → 621
619	CHECK 107: AGE 15-24 → AGE 25-49 AGE OF RESPONDENT	☐	→ 641
620	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	→ 641
621	CHECK 107: AGE 15-24 → AGE 25-49 AGE OF RESPONDENT	☐	→ 626
622	The first time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
623	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . . ☐☐ DON'T KNOW 98	→ 626
624	Was this person older than you, younger than you, or about the same age as you?	OLDER . . . . . 1 YOUNGER . . . . . 2 ABOUT THE SAME AGE . . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	→ 626
625	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . 1 LESS THAN TEN YEARS OLDER . . . 2 OLDER, UNSURE HOW MUCH 3	
626	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐	→ 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
626A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. **SKIP TO → 628**			
627	When was the last time you had sexual intercourse with this person?		DAYS . 1 [ ][ ] WEEKS 2 [ ][ ] MONTHS 3 [ ][ ]	DAYS . 1 [ ][ ] WEEKS 2 [ ][ ] MONTHS 3 [ ][ ]
628	The last time you had sexual intercourse with this person, was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 630)	YES . . . . 1 NO . . . . 2 (SKIP TO 630)	YES . . . . 1 NO . . . . 2 (SKIP TO 630)
629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
630	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND . . . . 1 (SKIP TO 636) LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . 5 OTHER ____________ 6 (SPECIFY)	HUSBAND . . . . 1 (SKIP TO 636) LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . 5 OTHER ____________ 6 (SPECIFY)	HUSBAND . . . . 1 (SKIP TO 636) LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . 5 OTHER ____________ 6 (SPECIFY)
631	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 [ ][ ] MONTHS 2 [ ][ ] YEARS 3 [ ][ ]	DAYS . 1 [ ][ ] MONTHS 2 [ ][ ] YEARS 3 [ ][ ]	DAYS . 1 [ ][ ] MONTHS 2 [ ][ ] YEARS 3 [ ][ ]
632	CHECK 107:	AGE 15-24 [ ] ↓ AGE 25-49 [ ] (SKIP TO 636)	AGE 15-24 [ ] ↓ AGE 25-49 [ ] (SKIP TO 636)	AGE 15-24 [ ] ↓ AGE 25-49 [ ] (SKIP TO 636)
633	How old is this person?	AGE OF PARTNER [ ][ ] (SKIP TO 636) DON'T KNOW 98	AGE OF PARTNER [ ][ ] (SKIP TO 636) DON'T KNOW 98	AGE OF PARTNER [ ][ ] (SKIP TO 636) DON'T KNOW 98
634	Is this person older than you, younger than you, or about the same age?	OLDER . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)	OLDER . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)	OLDER . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)
635	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
636	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 638) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 638) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 639) ←
637	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
638	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 627 IN NEXT COLUMN) ← NO . . . . . 2 (SKIP TO 639A) ←	YES . . . . . 1 (GO BACK TO 627 IN NEXT COLUMN) ← NO . . . . . 2 (SKIP TO 639A) ←	
639	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . ☐☐ DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
639A	In the past 12 months, did you ever give or receive money, gifts or favours in exchange for sex?	YES . . . . . 1 NO 2	
640	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . . [ ][ ] DON'T KNOW 98	
641	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 643A
642	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C OUTREACH . . . . . D GOVT COMMUNITY BASED DISTRIBUTOR . . . . . E OTHER PUBLIC _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY/DRUG SHOP . . . . . H PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . I OUTREACH . . . . . J NGO COMMUNITY BASED DISTRIBUTOR . . . . . K OTHER PRIVATE MEDICAL _____ L (SPECIFY) **OTHER SOURCE** SHOP . . . . . M RELIGIOUS INSTITUTION . . . . . N FRIENDS/RELATIVES . . . . . O STREET VENDOR . . . . . P LODGE . . . . . Q OTHER _____ X (SPECIFY)	
643	If you wanted to, could you yourself get a condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	
643A	Have You ever heard about female circumsicion? (A practise in which a girl may have part of her genitals cut).	YES . . . . . 1 NO 2	→ 643C
643B	Have you yourself been circumcised?	YES . . . . . 1 NO 2	
643C	Sometimes a woman can have a problem, usually after a difficult childbirth, in which she experinces uncontrollable leakage of urine or stool from her vagina. Have you ever experienced this problem?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED ☐ → HE OR SHE STERILIZED ☐ → 713		
702	CHECK 226: NOT PREGNANT OR UNSURE ☐ → Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? PREGNANT ☐ → Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 → 704 SAYS SHE CAN'T GET PREGNANT . 3 → 713 UNDECIDED/DON'T KNOW AND PREGNANT . . . . . 4 → 709 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE . . . . . 5 → 708	
703	CHECK 226: NOT PREGNANT OR UNSURE ☐ → How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ → After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 → 708 SAYS SHE CAN'T GET PREGNANT 994 → 713 AFTER MARRIAGE . . . . . 995 OTHER _____ 996 → 708 (SPECIFY) DON'T KNOW 998	
704	CHECK 226: NOT PREGNANT OR UNSURE ☐ → PREGNANT ☐ → 709		
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ → NOT CURRENTLY USING ☐ → CURRENTLY USING ☐ → 713		
706	CHECK 703: NOT ASKED ☐ → 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ → 00-23 MONTHS OR 00-01 YEAR ☐ → 709		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	CHECK 702: WANTS TO HAVE A/ANOTHER CHILD You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason? WANTS NO MORE/ NONE You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED . . . . . A **FERTILITY-RELATED REASONS** NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOMY . D SUBFECUND/INFECUND . . . . . E POSTPARTUM AMENORRHEIC . . . F BREASTFEEDING . . . . . G FATALISTIC . . . . . H **OPPOSITION TO USE** RESPONDENT OPPOSED . . . . . I HUSBAND/PARTNER OPPOSED . J OTHERS OPPOSED . . . . . K RELIGIOUS PROHIBITION . . . . . L **LACK OF KNOWLEDGE** KNOWS NO METHOD . . . . . M KNOWS NO SOURCE . . . . . N **METHOD-RELATED REASONS** HEALTH CONCERNS . . . . . O FEAR OF SIDE EFFECTS . . . . . P LACK OF ACCESS/TOO FAR . . . . . Q COSTS TOO MUCH . . . . . R INCONVENIENT TO USE . . . . . S INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . T OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
708	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED NO, NOT CURRENTLY USING YES, CURRENTLY USING		→ 713
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 711 → 713
710	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER _____ 96 (SPECIFY) UNSURE 98	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED . . . . . 11 **FERTILITY-RELATED REASONS** INFREQUENT SEX/NO SEX . . . 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND . . . . . 24 WANTS AS MANY CHILDREN AS POSSIBLE . . . . . 26 **OPPOSITION TO USE** RESPONDENT OPPOSED . . . . . 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED . . . . . 33 RELIGIOUS PROHIBITION . . . . . 34 **LACK OF KNOWLEDGE** KNOWS NO METHOD . . . . . 41 KNOWS NO SOURCE . . . . . 42 **METHOD-RELATED REASONS** HEALTH CONCERNS . . . . . 51 FEAR OF SIDE EFFECTS . . . . . 52 LACK OF ACCESS/TOO FAR . . . 53 COSTS TOO MUCH . . . . . 54 INCONVENIENT TO USE . . . . . 55 INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 713
712	Would you ever use a contraceptive method if you were married?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
713	CHECK 216: HAS LIVING CHILDREN ☐ ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ ↓ If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 715 → 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
715	In the last six months have you heard about family planning: a) On the radio? b) On the television? c) In a newspaper or magazine? d) In a video or film?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 VIDEO/FILM 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601: YES, CURRENTLY MARRIED YES, LIVING WITH A MAN NO, NOT IN UNION → 801		
718	CHECK 311/311A: CODE B, G, OR M CIRCLED → 720 NO CODE CIRCLED → 720A ANY OTHER CODES CIRCLED		
719	Does your husband/partner know that you are using a method of family planning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 720A
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT . . . . . 1 MAINLY HUSBAND/PARTNER . . . . . 2 JOINT DECISION . . . . . 3 OTHER _____ 6 (SPECIFY)	
720A	How often have you talked to your husband/Partner about Family Planning in the past year?	NEVER . . . . . 1 ONCE OR TWICE . . . . . 2 MORE OFTEN 3	
721	CHECK 311/311A: NEITHER STERILIZED HE OR SHE STERILIZED → 801		
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 DON'T KNOW 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ↓ FORMERLY MARRIED/ LIVED WITH A MAN →		803
		NEVER MARRIED AND NEVER LIVED WITH A MAN →	807
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) husband/partner ever attend school?	YES . . . . . 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher? IF JUNIOR SECONDARY CIRCLE '2' FOR 'O' LEVEL	PRIMARY . . . . . 1 'O' LEVEL . . . . . 2 'A' LEVEL . . . . . 3 TERTIARY . . . . . 4 UNIVERSIT' . . . . . 5 DON'T KNOW 8	→ 806
805	What was the highest (grade/form/year) he completed at that level?	GRADE . . . . . ☐☐ DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN ↓ What is your husband's/partner's occupation? That is, what kind of work does he mainly do?	_____ ☐☐☐ _____ _____	
	FORMERLY MARRIED/ LIVED WITH A MAN ↓ What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?		
807	Aside from your own housework, have you done any work in the last seven days?	YES . . . . . 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . . 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES . . . . . 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐☐ _____ _____	
812	CHECK 811: WORKS IN AGRICULTURE ↓ DOES NOT WORK IN AGRICULTURE →		814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . . 01 FAMILY LAND . . . . . 02 RENTED/BORROWED LAND . . . . . 03 SOMEONE ELSE'S LAND . . . . . 04 COMMUNAL LAND . . . . . 05 PUBLIC LAND 06	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME . . . . . 1 AWAY 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN ↓ NOT IN UNION →		827
819	CHECK 817: CODE 1 OR 2 CIRCLED ↓ OTHER →		822
820	Who usually decides how the money that you earn will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 OTHER _____ 6 SPECIFY	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM . . . . . 1 LESS THAN HIM . . . . . 2 ABOUT THE SAME . . . . . 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY . . . . . 4 DON'T KNOW 8	→ 823
822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . . 4 OTHER _____ 6 SPECIFY	
823	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6	
824	Who usually makes decisions about making major household purchases?	1 2 3 4 6	
825	Who usually makes decisions about making purchases for daily household needs?	1 2 3 4 6	
826	Who usually makes decisions about visits to your family or relatives?	1 2 3 4 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN. / PRES./ NOT LISTEN. / NOT PRES. CHILDREN < 10 . . . . . 1 2 3 HUSBAND . . . . . 1 2 3 OTHER MALES . . . . . 1 2 3 OTHER FEMALES . . . 1 2 3	
828	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	YES / NO / DK	
	a) If she goes out without telling him?	GOES OUT 1 2 8	
	b) If she neglects the children?	NEGL. CHILDREN . . . 1 2 8	
	c) If she argues with him?	ARGUES 1 2 8	
	d) If she refuses to have sex with him?	REFUSES SEX 1 2 8	
	e) If she burns the food?	BURNS FOOD 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 942
902	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
909	Can the virus that causes AIDS be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
910	CHECK 909: AT LEAST ONE 'YES' ☐ ↓ OTHER ☐ →		912
911	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 912
911A	Do you know of a place where a pregnant woman with the AIDS virus can go to get this drug to reduce the risk of her baby getting the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 912
911B	Where is this place? PROBE: Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C OUTREACH . . . . . D GOV'T COMMUNITY BASED WORKER . . . . . E OTHER PUBLIC _____ F (SPECIFY) **PRIVATE/NGO MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY/DRUG SHOP . . . . . H PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . I OUTREACH . . . . . J TASO . . . . . K AIDS INFORMATION CENTER . . . . . L OTHER PRIVATE/NGO MEDICAL _____ M (SPECIFY) OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
912	Have you heard about any drugs that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 913
912A	In the past six months, have you seen or heard anything about drug treatments for AIDS: a) On the radio? b) On the television? c) In a newpaper or magazine? d) On a sign or pamphlet? e) In a video or film?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . 1 2 SIGN OR PAMPHLET . . . . . 1 2 VIDEO/FILM 1 2	
912B	What drugs do you know about? PROBE: Any other drugs? IF MORE THAN ONE TYPE OF DRUG IS MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST DRUG ON LIST.	ANTI-RETROVIRAL DRUGS (ARV's) . . . A SEPTRIN . . . . . B OTHER DRUGS _____ X (SPECIFY) DON'T KNOW . . . . . Z	→ 913
912C	Do you know of a place to get ARVs?	YES . . . . . 1 NO 2	→ 912E
912D	Where is this place? PROBE: Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C OUTREACH . . . . . D GOV'T COMMUNITY BASED WORKER . . . . . E OTHER PUBLIC _____ F (SPECIFY) **PRIVATE/NGO MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY/DRUG SHOP . . . . . H PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . I OUTREACH . . . . . J TASO . . . . . K AIDS INFORMATION CENTER . . . . . L OTHER PRIVATE/NGO MEDICAL _____ M (SPECIFY) OTHER _____ X (SPECIFY)	
912E	Now I'd like to ask you some questions about the drug treatment (ART) that is available to people with AIDS virus. For each statement I read, please tell me if you agree or disagree with it a) ART is not a cure for the AIDS virus. b) A person receiving ART cannot transmit the virus to others. c) Once ART is started, a patient must continue treatment for the rest of his/her life. d) People who know they are HIV positive should wait until they feel sick to see a doctor or nurse about ART. e) Failing to follow ART as directed can make the AIDS virus become stronger and even harder to control.	Agree Disagree Dk CURE . . . . . 1 2 8 TRANSMIT . . . . . 1 2 8 CONTINUE ART . . . . . 1 2 8 WAIT UNTIL SICK . . . . . 1 2 8 AS DIRECTED 1 2 8	
913	CHECK 208 AND 215: LAST BIRTH SINCE JANUARY 2003 NO BIRTHS LAST BIRTH BEFORE JANUARY 2003		922 922
914	CHECK 407 FOR LAST BIRTH: HAD ANTENATAL CARE NO ANTENATAL CARE		922

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
915	During any of the antenatal visits for your last birth, did anyone talk to you about: a) Babies getting the AIDS virus from their mother? b) Things that you can do to prevent getting the AIDS virus? c) Getting tested for the AIDS virus?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO . 1 2 8 TESTED FOR AIDS . 1 2 8	
916	Were you offered a test for the AIDS virus as part of your antenatal care?	YES . . . . . 1 NO 2	
917	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES . . . . . 1 NO 2	→ 922
918	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
919	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 STAND-ALONE VCT CENTER . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 OUTREACH . . . . . 15 GOVT COMMUNITY BASED WORKER . . . . . 16 OTHER PUBLIC _____ 17 (SPECIFY) **PRIVATE/NGO MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 STAND-ALONE VCT CENTER . . . . . 22 PHARMACY/DRUG SHOP . . . . . 23 PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . 24 OUTREACH . . . . . 25 TASO . . . . . 26 AIDS INFORMATION CENTER . . . . . 27 OTHER PRIVATE/NGO MEDICAL _____ 28 (SPECIFY) OTHER _____ 96 (SPECIFY)	
920	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . . 1 NO 2	→ 923
921	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	→ 929
922	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . . 1 NO 2	→ 927
923	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	
924	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED 3	
925	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 STAND-ALONE VCT CENTER . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 OUTREACH . . . . . 15 GOVT COMMUNITY BASED WORKER . . . . . 16 OTHER PUBLIC _____ 17 (SPECIFY) **PRIVATE/NGO MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 STAND-ALONE VCT CENTER . . . . . 22 PHARMACY/DRUG SHOP . . . . . 23 PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . 24 OUTREACH . . . . . 25 TASO . . . . . 26 AIDS INFORMATION CENTER . . . . . 27 OTHER PRIVATE/NGO MEDICAL _____ 28 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 929
927	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . . 1 NO 2	→ 929
928	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B STAND-ALONE VCT CENTER . . . . . C FAMILY PLANNING CLINIC . . . . . D OUTREACH . . . . . E GOVT COMMUNITY BASED WORKER . . . . . F OTHER PUBLIC _____ G (SPECIFY) **PRIVATE/NGO MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . H STAND-ALONE VCT CENTER . . . . . I PHARMACY/DRUG SHOP . . . . . J PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . K OUTREACH . . . . . L TASO . . . . . M AIDS INFORMATION CENTER . . . . . N OTHER PRIVATE/NGO MEDICAL _____ O (SPECIFY) OTHER _____ 96 (SPECIFY)	
929	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
930	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
931	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
931A	Should a child of primary school going age who has the AIDS virus go to school?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
932	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
933	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DK ANYONE WITH AIDS 8	→ 942
934	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES . . . . . 1 NO 2	
935	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES . . . . . 1 NO 2	
936	CHECK 933, 934, AND 935: NOT A SINGLE 'YES' ↓ AT LEAST ONE 'YES' →		942
937	Do you personally know someone who has or is suspected to have the AIDS virus?	YES . . . . . 1 NO 2	
938	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
939	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
942	CHECK 901: HEARD ABOUT AIDS ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS ↓ Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
943	CHECK 618: HAS HAD SEXUAL INTERCOURSE ↓ HAS NOT HAD SEXUAL INTERCOURSE →		951
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ↓ NO →		946
945	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
946	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
947	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
948	CHECK 945, 946, AND 947: HAS HAD AN INFECTION (ANY 'YES') ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW →		951
949	The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 951

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
950	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B STAND-ALONE VCT CENTER . . . . . C FAMILY PLANNING CLINIC . . . . . D OUTREACH . . . . . E GOVT. COMMUNITY BASED WORKER . . . . . F OTHER PUBLIC _____ G (SPECIFY) **PRIVATE/NGO MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . H STAND-ALONE VCT CENTER . . . . . I PHARMACY/DRUG SHOP . . . . . J PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . K OUTREACH . . . . . L TASO . . . . . M AIDS INFORMATION CENTER . . . . . N OTHER PRIVATE/NGO MEDICAL _____ O (SPECIFY) **OTHER SOURCE** SHOP . . . . . P OTHER _____ Q (SPECIFY)	
951	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
953	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
954	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
955	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A PARTNER ☐ ↓ NOT IN UNION ☐ →		959
956	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	
957	Could you ask your husband/partner to use a condom if you wanted him to?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	
959	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
963	Do you think that most married men you know have sex only with their wives?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
965	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
969	Do you think that most married women you know have sex only with their husbands?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 1005
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH FOOD . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
1003	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1005	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 1009
1006	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 1009
1007	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 OTHER PUBLIC _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 DENTAL CLINIC/OFFICE . . . . . 22 PHARMACY/DRUG SHOP . . . . . 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER . . . . . 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) **OTHER PLACE** AT HOME . . . . . 31 OTHER _____ 96 (SPECIFY)	
1008	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1009	Do you currently smoke cigarettes?	YES . . . . . 1 NO 2	→ 1011

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . . ☐☐	
1011	Do you currently smoke or use any other type of tobacco?	YES . . . . . 1 NO 2	→ 1013
1012	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . . A CHEWING TOBACCO . . . . . B SNUFF . . . . . C OTHER _____ X (SPECIFY)	
1013	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	BIG PROB-LEM / NOT A BIG PROB-LEM	
	a) Getting permission to go?	PERMISSION TO GO . . . 1 2	
	b) Getting money needed for treatment?	GETTING MONEY 1 2	
	c) The distance to the health facility?	DISTANCE 1 2	
	d) Having to take transport?	TAKING TRANSPORT . . . 1 2	
	e) Not wanting to go alone?	GO ALONE 1 2	
	f) Concern that there may not be a female health provider?	NO FEMALE PROV. . . . 1 2	
	g) Concern that there may not be any health provider?	NO PROVIDER . . . 1 2	
	h) Concern that there may be no drugs available?	NO DRUGS . . . 1 2	
1016	CHECK 217: (YOUNGEST) CHILD IS AGE 0-17 ☐ ↓ OTHER ☐		→ 1018
1017	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	
1018	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES . . . . . 1 NO 2	→ 1100
1019	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	

SECTION 11. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1100	CHECK FRONT COVER: WOMAN SELECTED FOR THIS SECTION WOMAN NOT SELECTED →		1201A
1101	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . . 1 PRIVACY NOT POSSIBLE . . . . . 2 →		1134
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Uganda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
1102	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE) NEVER MARRIED/ NEVER LIVED WITH A MAN →		1114
1103	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?		
	a) He (is/was) jealous or angry if you (talk/talked) to other men?	JEALOUS . . . . . YES 1 NO 2 DK 8	
	b) He frequently (accuses/accused) you of being unfaithful?	ACCUSES 1 2 8	
	c) He (does/did) not permit you to meet your female friends?	NOT MEET FRIENDS 1 2 8	
	d) He (tries/tried) to limit your contact with your family?	NO FAMILY 1 2 8	
	e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE . . . 1 2 8	
	f) He (does/did) not trust you with any money?	MONEY 1 2 8	
1104	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.		
	A (Does/did) your (last) husband/partner ever:	B CHECK 603: ASK ONLY **IF RESPONDENT IS NOT A WIDOW** How often did this happen during the last 12 months: often, only sometimes, or not at all?	
		OFTEN / SOME-TIMES / NOT AT ALL	
	a) say or do something to humiliate you in front of others? YES 1 → NO 2 ↓	a) 1 2 3	
	b) threaten to hurt or harm you or someone close to you? YES 1 → NO 2 ↓	b) 1 2 3	
	c) insult you or make you feel bad about yourself? YES 1 → NO 2 ↓	c) 1 2 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1105	A (Does/did) your (last) husband/partner ever do any of the following things to you:	B CHECK 603: ASK ONLY **IF RESPONDENT IS NOT A WIDOW** How often did this happen during the last 12 months: often, only sometimes, or not at all?	

				OFTEN	SOME-TIMES	NOT AT ALL
a)	push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	a)	1	2	3
b)	slap you?	YES 1 → NO 2 ↓	b)	1	2	3
c)	twist your arm or pull your hair?	YES 1 → NO 2 ↓	c)	1	2	3
d)	punch you with his fist or with something that could hurt you?	YES 1 → NO 2 ↓	d)	1	2	3
e)	kick you, drag you or beat you up?	YES 1 → NO 2 ↓	e)	1	2	3
f)	try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	f)	1	2	3
g)	threaten or attack you with a knife, gun, or any other weapon?	YES 1 → NO 2 ↓	g)	1	2	3
h)	physically force you to have sexual intercourse with him even when you did not want to?	YES 1 → NO 2 ↓	h)	1	2	3
i)	force you to perform any sexual acts you did not want to?	YES 1 → NO 2 ↓	i)	1	2	3

1106	CHECK 1105A (a-i): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		1109
1107	How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS . . . . . ☐☐ BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	
1108	Did the following ever happen as a result of what your (last) husband/partner did to you:		
	a) You had cuts, bruises or aches?	YES . . . . . 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . . . . 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . . . . 1 NO 2	
1109	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?	YES . . . . . 1 NO 2	→ 1112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1110	CHECK 603: RESPONDENT IS **NOT** A WIDOW ↓ / RESPONDENT IS A WIDOW → 1112		
1111	In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1112	Does (did) your husband/partner drink alcohol?	YES . . . . . 1 NO 2	→ 1114
1113	How often does (did) he get drunk: often, only sometimes, or never?	YES OFTEN . . . . . 1 YES SOMETIMES . . . . . 2 NEVER 3	
1114	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN ↓ / NEVER MARRIED/ NEVER LIVED WITH A MAN ↓ From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically? From the time you were 15 years old has anyone ever hit slapped, kicked, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1117
1115	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . . A FATHER/STEP-FATHER . . . . . B SISTER/BROTHER . . . . . C DAUGHTER/SON . . . . . D OTHER RELATIVE . . . . . E FORMER HUSBAND/PARTNER . . F CURRENT BOYFRIEND . . . . . G FORMER BOYFRIEND . . . . . H MOTHER-IN-LAW . . . . . I FATHER-IN-LAW . . . . . J OTHER IN-LAW . . . . . K TEACHER . . . . . L EMPLOYER/SOMEONE AT WORK . M POLICE/SOLDIER . . . . . N OTHER _____ (SPECIFY) X	
1116	In the last 12 months, how often have you been hit slapped, kicked, or physically hurt by this/these person(s) often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1117	CHECK 201, 226, AND 229: EVER BEEN PREGNANT (YES ON 201 OR 226 OR 229) ↓ / NEVER BEEN PREGNANT → 1120		
1118	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . . 1 NO 2	→ 1120

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1119	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER . A MOTHER/STEP-MOTHER . . . . . B FATHER/STEP-FATHER . . . . . C SISTER/BROTHER . . . . . D DAUGHTER/SON . . . . . E OTHER RELATIVE . . . . . F FORMER HUSBAND/PARTNER . . G CURRENT BOYFRIEND . . . . . H FORMER BOYFRIEND . . . . . I MOTHER-IN-LAW . . . . . J FATHER-IN-LAW . . . . . K OTHER IN-LAW . . . . . L TEACHER . . . . . M EMPLOYER/SOMEONE AT WORK . N POLICE/SOLDIER . . . . . O OTHER _____ X (SPECIFY)	
1120	CHECK 618: EVER HAD SEX? HAS EVER HAD SEX ☐ ↓ NEVER HAD SEX ☐ →		1125
1121	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO . . . . . 1 FORCED TO . . . . . 2 REFUSED TO ANSWER/ NO RESPONSE 3	
1122	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN ☐ ↓ In the last 12 months, has anyone other than your (current/last) husband/ partner forced you to have sexual intercourse against your will? NEVER MARRIED/ NEVER LIVED WITH A MAN ☐ ↓ In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	
1123	CHECK 1121 AND 1122: 1121 ='1' OR '3' **AND** 1122 ='2' OR '3' ☐ ↓ OTHER ☐ →		1126
1124	CHECK 1105(h) and 1105(i): 1105(h) IS NOT '1' **AND** 1105(i) IS NOT '1' ☐ ↓ OTHER ☐ →		1128
1125	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	1128
1126	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . . . ☐☐ DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1127	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER . 01 FORMER HUSBAND/PARTNER .. 02 CURRENT/FORMER BOYFRIEND . 03 FATHER ..... 04 STEP FATHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE .. 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK . 11 POLICE/SOLDIER ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14 OTHER _____ . 96 (SPECIFY)	
1128	CHECK 1105A (a-i), 1114, 1118, 1122 AND 1125: AT LEAST ONE 'YES' ☐ NOT A SINGLE 'YES' ☐ →		1132
1129	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES ..... 1 NO 2	→ 1132
1130	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY ..... A HUSBAND/PARTNER'S FAMILY .... B CURRENT/LAST/LATE HUSBAND/PARTNER ..... C CURRENT/FORMER BOYFRIEND . D FRIEND ..... E NEIGHBOR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL . H POLICE ..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION . K OTHER _____ X (SPECIFY)	
1132	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW 8	

REASSURE THE RESPONDENT ABOUT THE CONFIDENTIALITY OF HER ANSWERS.
FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

1133	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	YES ONCE	YES, MORE THAN ONCE	NO
		HUSBAND 1	2	3
		OTHER MALE ADULT 1	2	3
		FEMALE ADULT 1	2	3
		CHILD 1	2	3
1134	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE			

SECTION 12. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201A	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. Did your mother give birth to any children other than yourself?	YES . . . . . 1 NO . . . . . 2 → 1201H	
1201B	How many sons did your mother have who are still alive?	BOYS LIVING	
1201C	Besides yourself, how many daughters did your mother have who are still alive?	GIRLS LIVING	
1201D	How many sons did your mother have who have died?	BOYS DEAD	
1201E	How many daughters did your mother have who have died?	GIRLS DEAD	
1201F	Has your mother given birth to other children for whom you do not know whether they are still alive or have died?	YES . . . . . 1 NO . . . . . 2 → 1201H	
1201G	How many other children has your mother had for whom you do not know whether they are still alive or have died?	OTHER CHILDREN	
1201H	SUM ANSWERS TO 1201B, 1201C, 1201D, 1201E, AND 1201G, ADD 1 (THE RESPONDENT) AND RECORD THE TOTAL	TOTAL	
1201I	CHECK 1201H Just to make sure that I have this right: your mother gave birth to _____ child(ren), including yourself. Is that correct? YES ↓ NO → PROBE AND CORRECT 1201A - 1201H AS NECESSARY		
1202	CHECK 1201 H: TWO OR MORE BIRTHS ↓ ONLY ONE BIRTH (RESPONDENT ONLY) →		1214
1203	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1204	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1206	Is (NAME) still alive?	YES . . . . . 1 NO . . . . . 2 GO TO 1208 DK . . . . . 8 GO TO (2)	YES . . . . . 1 NO . . . . . 2 GO TO 1208 DK . . . . . 8 GO TO (3)	YES . . . . . 1 NO . . . . . 2 GO TO 1208 DK . . . . . 8 GO TO (4)	YES . . . . . 1 NO . . . . . 2 GO TO 1208 DK . . . . . 8 GO TO (5)	YES . . . . . 1 NO . . . . . 2 GO TO 1208 DK . . . . . 8 GO TO (6)	YES . . . . . 1 NO . . . . . 2 GO TO 1208 DK . . . . . 8 GO TO (7)
1207	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)
1208	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1209	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
1210	Was (NAME) pregnant when she died?	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2
1211	Did (NAME) die during childbirth?	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
1213	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1214.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1204	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES . . . . . 1 NO . . . . . 2 GO TO 1208 DK . . . . . 8 GO TO (8)	YES . . . . . 1 NO . . . . . 2 GO TO 1208 DK . . . . . 8 GO TO (9)	YES . . . . . 1 NO . . . . . 2 GO TO 1208 DK . . . . . 8 GO TO (10)	YES . . . . . 1 NO . . . . . 2 GO TO 1208 DK . . . . . 8 GO TO (11)	YES . . . . . 1 NO . . . . . 2 GO TO 1208 DK . . . . . 8 GO TO (12)	YES . . . . . 1 NO . . . . . 2 GO TO 1208 DK . . . . . 8 GO TO (13)	
1207	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)	
1208	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	
1209	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)	
1210	Was (NAME) pregnant when she died?	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	
1211	Did (NAME) die during childbirth?	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	YES . . . . . 1 GO TO 1213 NO 2	
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	
1213	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	
	CHECK (X) HERE IF CONTINUATION SHEET USED ☐ IF NO MORE BROTHERS OR SISTERS, GO TO 1214.							
1214	RECORD THE TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐						

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____ (SPECIFY)

				1	
	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
	09	SEP	04		
2	08	AUG	05		2
0	07	JUL	06		0
0	06	JUN	07		0
6	05	MAY	08		6
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
	12	DEC	13		
	11	NOV	14		
	10	OCT	15		
	09	SEP	16		
2	08	AUG	17		2
0	07	JUL	18		0
0	06	JUN	19		0
5	05	MAY	20		5
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
	12	DEC	25		
	11	NOV	26		
	10	OCT	27		
	09	SEP	28		
2	08	AUG	29		2
0	07	JUL	30		0
0	06	JUN	31		0
4	05	MAY	32		4
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
	12	DEC	37		
	11	NOV	38		
	10	OCT	39		
	09	SEP	40		
2	08	AUG	41		2
0	07	JUL	42		0
0	06	JUN	43		0
3	05	MAY	44		3
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		
	12	DEC	49		
	11	NOV	50		
	10	OCT	51		
	09	SEP	52		
2	08	AUG	53		2
0	07	JUL	54		0
0	06	JUN	55		0
2	05	MAY	56		2
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		
	12	DEC	61		
	11	NOV	62		
	10	OCT	63		
	09	SEP	64		
2	08	AUG	65		2
0	07	JUL	66		0
0	06	JUN	67		0
1	05	MAY	68		1
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		

UGANDA BUREAU OF STATISTICS
UGANDA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE **-ENGLISH**

IDENTIFICATION

REGION _____
DISTRICT _____
COUNTY _____
SUBCOUNTY/TOWN _____
PARISH/LC2 NAME _____
EA NAME _____
UDHS NUMBER . . . . . .
NAME OF HOUSEHOLD HEAD _____
HOUSEHOLD NUMBER . . . . . .
NAME AND LINE NUMBER OF MAN _____
MAN SELECTED FOR QUESTIONS ON DOMESTIC VIOLENCE (SECTION 9) (YES=1, NO=2)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:
1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 INCAPACITATED
7 OTHER _____ (SPECIFY)

LANGUAGE OF THE QUESTIONNAIRE 7
LANGUAGE USED IN THE INTERVIEW . . . . . .
NATIVE LANGUAGE OF RESPONDENT . . . . . .
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) . . . . . .

LANGUAGE USED:
1 ATESO-KARAMOJONG
2 LUGANDA
3 LUGBARA
4 LUO
5 RUNYANKOLE-RUKIGA
6 RUNYORO-RUTORO
7 ENGLISH
8 OTHER

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with UGANDA BUREAU OF STATISTICS. We are conducting a national survey to ask men and women about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . [ ][ ] ALWAYS . . . . . 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY . . . . . 1 TOWN . . . . . 2 COUNTRYSIDE 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS . . . . . [ ][ ] NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . . 1 NO 2	
106	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
108	Have you ever attended school?	YES . . . . . 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, '0' level, 'A' level, or university or tertiary?	PRIMARY . . . . . 1 'O' LEVEL . . . . . 2 'A' LEVEL . . . . . 3 TERTIARY . . . . . 4 UNIVERSITY 5	
110	What is the highest (class/year) you completed at that level?	CLASS/YEAR . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: PRIMARY → SECONDARY OR HIGHER → 115		
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES . . . . . 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' CIRCLED → CODE '1' OR '5' CIRCLED → 116		
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
117A	In which level and grade do you think children should start to be taught in English?	LEVEL / YEAR PREPRMARY . . . . . 0 PRIMARY . . . . . 1 O LEVEL . . . . . 2 A LEVEL . . . . . 3 TERTIARY . . . . . 4 UNIVERSITY 5	
118	What is your religion?	CATHOLIC . . . . . 1 PROTESTANT . . . . . 2 MUSLIM . . . . . 3 PENTECOSTAL . . . . . 4 SDA . . . . . 5 OTHERS 6	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . . [ ][ ]	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN . . . . . [ ][ ]	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD ↓ HAS HAD ONLY ONE CHILD → 212 HAS NOT HAD ANY CHILDREN → 301		
210	Did all of the children you have fathered have the same biological mother?	YES . . . . . 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN . . . . . [ ][ ]	
212	How old were you when your (first) child was born?	AGE IN YEARS . . . . . [ ][ ]	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD ↓ NO LIVING CHILDREN → 301		
214	How many years old is your (youngest) child?	AGE IN YEARS . . . . . [ ][ ]	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-3 YEARS ↓ OTHER → 301		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 3	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT . . . . . 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY . . . . . 1 OTHER 2	→ 221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH . . . . . 01 FACILITY CLOSED . . . . . 02 TOO FAR/NO TRANSPORTATION . 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE . . . . . 04 NO FEMALE PROVIDER . . . . . 05 NOT THE FIRST CHILD . . . . . 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY . . . . . 07 HE DID NOT THINK IT WAS NECESSARY . . . . . 08 FAMILY DID NOT THINK IT WAS NECESSARY . . . . . 09 OTHER _____ 96 (SPECIFY) DON"T KNOW 98	
221	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL . . . . . 1 ABOUT THE SAME . . . . . 2 LESS THAN USUAL . . . . . 3 NOTHING TO DRINK . . . . . 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR METHODS 02, 07, 10, AND 11, ASK 302 IF 301 HAS CODE 1 CIRCLED.		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children	YES . . . . . 1 NO . . . . . 2 →	
02	MALE STERILIZATION Men can have an operation to avoid having any more children	YES . . . . . 1 NO . . . . . 2 →	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO . . . . . 2 →	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO . . . . . 2 →	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO . . . . . 2 →	
06	IMPLANTS Women can have several small rods placed in the arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO . . . . . 2 →	
07	CONDOM Men can put a rubber sheath on their penis before sexual ntercourse.	YES . . . . . 1 NO . . . . . 2 →	YES . . . . . 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO . . . . . 2 →	
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES . . . . . 1 NO . . . . . 2 →	
10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO . . . . . 2 →	YES . . . . . 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO . . . . . 2 →	YES . . . . . 1 NO 2
12	EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy	YES . . . . . 1 NO . . . . . 2 →	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last six months have you heard about family planning a) On the radio? b) On the television? c) In a newspaper or magazine? d) In a video or film?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE 1 2 VIDEO/FILM 1 2	
304	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES . . . . . 1 NO 2	
305	Now I would like to ask you about a woman's risk of pregnancy From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 307
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
307	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES . . . . . 1 NO . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	
308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may have sex with many men.	AGREE DISAGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY HAVE SEX WITH MANY MEN . 1 2 8	
309	CHECK 301 (07) KNOWS MALE CONDOM YES ☐ NO ☐		→ 401
310	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 401
311	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C OUTREACH SERVICES D GOVT COMMUNITY BASED DISTRIBUTOR . . . . . E OTHER PUBLIC _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY/DRUG SHOP . . . . . H PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . I OUTREACH SERVICES . . . . . J NGO COMMUNITY BASED DISTRIBUTOR . . . . . K OTHER PRIVATE MEDICAL _____ L (SPECIFY) **OTHER SOURCE** SHOP . . . . . M RELIGIOUS INSTITUTION . . . . . N FRIENDS/RELATIVES . . . . . O STREET VENDOR . . . . . P LODGE . . . . . Q OTHER _____ X (SPECIFY)	
312	If you wanted to, could you yourself get a condom?	YES . . . . . 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A WOMAN . . . . . 2 NO, NOT IN UNION 3	→ 404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A WOMAN . . . . . 2 NO 3	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 410
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM . . . . . 1 STAYING ELSEWHERE 2	
405	Do you have more than one wife or woman you live with as if married?	YES . . . . . 1 NO 2	→ 407
406	Altogether, how many wives do you have or other partners do you live with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . ☐☐	
407	CHECK 405: ONE WIFE/ PARTNER → Please tell me the name of your wife (the woman you are living with as if married). MORE THAN ONE WIFE/ PARTNER → Please tell me the name of each of your current wives (and/or of each woman you are living with as if married). RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. ASK 408 FOR EACH PERSON.	NAME _____ LINE NUMBER ☐☐ 408 How old was (NAME) on her last birthday? AGE ☐☐	
409	CHECK 407: ONE WIFE/ PARTNER MORE THAN ONE WIFE/ PARTNER		→ 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	→ 411A
411	In what month and year did you start living with your wife (partner)?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 413
411A	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/ partner?		
412	How old were you when you first started living with her?	AGE . . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 417 → 417
415	CHECK 107: AGE 15-24 ☐ AGE 25-54 ☐ AGE OF RESPONDENT		→ 501
416	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	→ 501
417	CHECK 107: AGE 15-24 ☐ AGE 25-54 ☐ AGE OF RESPONDENT		→ 419
418	The first time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
419	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐	→ 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
420	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. **SKIP TO → 422**			
421	When was the last time you had sexual intercourse with this person?		DAYS . 1 WEEKS 2 MONTHS 3	DAYS . 1 WEEKS 2 MONTHS 3
422	The last time you had sexual intercourse with this person, was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 424)	YES . . . . 1 NO . . . . 2 (SKIP TO 424)	YES . . . . 1 NO . . . . 2 (SKIP TO 424)
423	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
424	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02'. IF NO, CIRCLE '03'.	WIFE . . . . 1 (SKIP TO 426) LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . 5 OTHER ____________ 6 (SPECIFY)	WIFE . . . . 1 (SKIP TO 426) LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . 5 OTHER ____________ 6 (SPECIFY)	WIFE . . . . 1 (SKIP TO 426) LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . 5 OTHER ____________ 6 (SPECIFY)
425	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 MONTHS 2 YEARS 3	DAYS . 1 MONTHS 2 YEARS 3	DAYS . 1 MONTHS 2 YEARS 3
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES . . . . 1 NO . . . . 2 (SKIP TO 428)	YES . . . . 1 NO . . . . 2 (SKIP TO 428)	YES . . . . 1 NO . . . . 2 (SKIP TO 429)
427	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 (GO BACK TO 421 IN NEXT COLUMN) NO . . . . 2 (SKIP TO 430)	YES . . . . 1 (GO BACK TO 421 IN NEXT COLUMN) NO . . . . 2 (SKIP TO 430)	
429	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE ☐ NO PARTNERS ARE PROSTITUTES ☐ → 432		
431	CHECK 424 AND 422 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE ☐ → 434 OTHER ☐ → 435		
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . . 1 NO 2	→ 434A
433	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	→ 435
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES . . . . . 1 NO . . . . . 2 DK 8	→ 435
434A	In the past 12 months, did you ever give or receive money, gifts or favours in exchange for sex?	YES . . . . . 1 NO 2	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . . ☐☐ DON'T KNOW 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): NO CONDOM USED ☐ → 442 CONDOM USED ☐ NO CODE CIRCLED ☐ → 501		
437	You told me that a condom was used the last time you had sex. May I see the package of condoms you were using at that time? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN . . . . . 1 BRAND NAME _____ (SPECIFY) ☐☐ DOES NOT HAVE/NOT SEEN 2	→ 439
438	Do you know the brand name of the condom used at that time? RECORD NAME OF BRAND.	BRAND NAME _____ (SPECIFY) ☐☐ DON'T KNOW 98	
439	How many condoms did you get the last time?	NUMBER OF CONDOMS . . . . . ☐☐☐ DON'T KNOW 998	
440	The last time you obtained the condoms, how much did you pay in total, including the cost of the condom(s) and any consultation you may have had?	COST . . . ☐☐☐☐☐☐ FREE . . . . . 999995 DON'T KNOW 999998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 FAMILY PLANNING CLINIC . . . . . 13 OUTREACH . . . . . 14 GOVT COMMUNITY BASED DISTRIBUTOR . . . . . 15 OTHER PUBLIC _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY/DRUG SHOP . . . . . 22 PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . 23 OUTREACH . . . . . 24 NGO COMMUNITY BASED DISTRIBUTOR . . . . . 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) **OTHER SOURCE** SHOP . . . . . 31 RELIGIOUS INSTITUTION . . . . . 32 FRIENDS/RELATIVES . . . . . 33 STREET VENDOR . . . . . 34 LODGE . . . . . 35 OTHER _____ 36 (SPECIFY)	
442	CHECK 302 (02): RESPONDENT EVER STERILIZED NO ☐ YES ☐ → 501		
443	The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 501
444	What method did you or your partner use? PROBE: Did you use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION . . . . . A PILL . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E FEMALE CONDOM . . . . . F DIAPHRAGM . . . . . G FOAM/JELLY . . . . . H RHYTHM METHOD . . . . . I WITHDRAWAL . . . . . J OTHER _____ X (SPECIFY)	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407: ONE OR MORE WIVES/PARTNERS ☐ QUESTION NOT ASKED ☐ →		508
502	CHECK 302: MAN NOT STERILIZED ☐ MAN STERILIZED ☐ →		508
503	(Is your wife (partner)/Are any of your wives (partners)) currently pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW ☐ WIFE(WIVES)/ PARTNER(S) PREGNANT ☐ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 COUPLE CAN'T GET PREGNANT 3 WIFE (WIVES)/PARTNER(S) STERILIZED . . . . . 4 UNDECIDED/DON'T KNOW 8	508
505	CHECK 407: ONE WIFE/ PARTNER ☐ MORE THAN ONE WIFE/ PARTNER ☐ →		507
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW ☐ WIFE/PARTNER PREGNANT ☐ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 COUPLE CAN'T GET PREGNANT 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	508
507	How long would you like to wait from now before the birth of (a/another) child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 HE/ALL HIS WIVES/PARTNERS CAN'T GET PREGNANT . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	CHECK 203 AND 205: HAS LIVING CHILDREN ☐ → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ → If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 601 → 601
509	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES . . . . . 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES . . . . . 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 613
604	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐☐ _____ _____	
605	CHECK 604: WORKS IN AGRICULTURE ☐↓ DOES NOT WORK IN AGRICULTURE ☐		→ 607
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . . 01 FAMILY LAND . . . . . 02 RENTED/BORROWED LAND . . . . . 03 SOMEONE ELSE'S LAND . . . . . 04 COMMUNAL LAND . . . . . 05 PUBLIC LAND 06	
607	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED 3	
608	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
609	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	
610	CHECK 407: ONE OR MORE WIVES/PARTNERS ☐↓ QUESTION NOT ASKED ☐		→ 613
611	CHECK 609: CODE 1 OR 2 CIRCLED ☐↓ OTHER ☐		→ 613
612	Who decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT . . . . . 1 WIFE(WIVES)/PARTNER(S) . . . . . 2 RESPONDENT AND WIFE (WIVES)/ PARTNER(S) JOINTLY . . . . . 3 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally: a) making large household purchases? b) making small daily household purchases? c) deciding when to visit the wife's family or relatives? d) deciding what to do with the money she earns for her work? e) deciding how many children to have?	HUS-BAND / WIFE / BOTH EQUALLY / DON'T KNOW/ DEPENDS a) 1 2 3 8 b) 1 2 3 8 c) 1 2 3 8 d) 1 2 3 8 e) 1 2 3 8	
614	I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them. a) Childbearing is a woman's concern and there is no need for the father to get involved. b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.	AGREE / DIS-AGREE / DK CHILDBEARING WOMAN'S CONCERN 1 2 8 DOCTOR/NURSE'S ASSISTANCE CRUCIAL 1 2 8	
615	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	YES / NO / DK GOES OUT . . . . . 1 2 8 NEGL. CHILDREN . . . 1 2 8 ARGUES . . . . . 1 2 8 REFUSES SEX . . . . . 1 2 8 BURNS FOOD 1 2 8	
616	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to… a) Get angry and reprimand her? b) Refuse to give her money or other means of support? c) Use force and have sex with her even if she doesn't want to? d) Go ahead and have sex with another woman?	YES / NO / DON'T KNOW/ DEPENDS a) 1 2 8 b) 1 2 8 c) 1 2 8 d) 1 2 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 733
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
703	Can people get the AIDS virus from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
709	Can the virus that causes AIDS be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
710	CHECK 709: AT LEAST ONE 'YES' ☐ OTHER ☐		→ 712
711	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
712	Have you heard about any drugs that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 712F
712A	In the past six months, have you seen or heard anything about drug treatments for AIDS a) On the radio? b) On the television? c) In a newpaper or magazine? d) On a sign or pamphlet? e) In a video or film?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE 1 2 SIGN OR PAMPHLET . . . . . 1 2 VIDEO/FILM 1 2	
712B	What drugs do you know about?	ANTI-RETROVIRAL DRUGS (ARV's) . . . A SEPTRINE . . . . . B OTHER DRUGS _____ X (SPECIFY) DON'T KNOW . . . . . Z	→ 712F
712C	Do you know of a place to get ARVs?	YES . . . . . 1 NO 2	→ 712E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712D	Where is this place? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C OUTREACH . . . . . D GOV'T COMMUNITY BASED WORKER . . . . . E OTHER PUBLIC _____ F (SPECIFY) **PRIVATE/NGO MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY/DRUG SHOP . . . . . H PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . I OUTREACH . . . . . J TASO . . . . . K AIDS INFORMATION CENTER . . . . . L OTHER PRIVATE/NGO MEDICAL _____ M (SPECIFY) OTHER _____ X (SPECIFY)	
712E	Now I'd like to ask you some questions about the drug treatment (ART) that is available to people with AIDS virus. For each statement I read, please tell me if you agree or disagree with it	Agree Disagree DK	
	a) ART is not a cure for the AIDS virus.	CURE 1 2 8	
	b) A person receiving ART cannot transmit the virus to others.	TRANSMIT 1 2 8	
	c) Once ART is started, a patient must continue treatment for the rest of his/her life.	CONTINUE ART 1 2 8	
	d) People who know they are HIV positive should wait until they feel sick to see a doctor or nurse about ART.	WAIT UNTIL SICK . . . 1 2 8	
	e) Failing to follow ART as directed can make the AIDS virus become stronger and even harder to control.	AS DIRECTED 1 2 8	
712F	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	I don't want to know the results, but have you ever been tested to know if you have the AIDS virus?	YES . . . . . 1 NO 2	→ 718
714	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	
715	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED 3	
716	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 STAND-ALONE VCT CENTER . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 OUTREACH . . . . . 15 GOVT COMMUNITY BASED WORKER . . . . . 16 OTHER PUBLIC _____ 17 (SPECIFY) **PRIVATE/NGO MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 STAND-ALONE VCT CENTER . . . . . 22 PHARMACY/DRUG SHOP . . . . . 23 PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . 24 OUTREACH . . . . . 25 TASO . . . . . 26 AIDS INFORMATION CENTER . . . . . 27 OTHER PRIVATE/NGO MEDICAL _____ 28 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 720
718	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . . 1 NO 2	→ 720
719	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B STAND-ALONE VCT CENTER . . . . . C FAMILY PLANNING CLINIC . . . . . D OUTREACH . . . . . E GOVT. COMMUNITY BASED WORKER . . . . . F OTHER PUBLIC _____ G (SPECIFY) **PRIVATE/NGO MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . H STAND-ALONE VCT CENTER . . . . . I PHARMACY/DRUG SHOP . . . . . J PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . K OUTREACH . . . . . L TASO . . . . . M AIDS INFORMATION CENTER . . . . . N OTHER PRIVATE/NGO MEDICAL _____ O (SPECIFY) OTHER _____ X (SPECIFY)	
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
721	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
722	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722A	Should a child with the AIDS virus go to school?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
723	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
724	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DK ANYONE WITH AIDS 8	→ 733
725	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES . . . . . 1 NO 2	
726	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES . . . . . 1 NO 2	
727	CHECK 724, 725, AND 726: AT LEAST ONE 'YES' → 733 OTHER ↓		
728	Do you personally know someone who has or is suspected to have the AIDS virus?	YES . . . . . 1 NO 2	
729	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
730	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
733	CHECK 701: HEARD ABOUT AIDS ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS ↓ Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
734	CHECK 414: HAS HAD SEXUAL INTERCOURSE ↓ HAS NOT HAD SEXUAL INTERCOURSE → 742		
735	CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ↓ NO → 737		
736	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
737	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
738	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
739	CHECK 736, 737, AND 738: HAS HAD AN INFECTION (ANY 'YES') ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW →		742
740	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 742
741	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B STAND-ALONE VCT CENTER . . . . . C FAMILY PLANNING CLINIC . . . . . D OUTREACH . . . . . E GOVT COMMUNITY BASED WORKER F OTHER PUBLIC _____ G (SPECIFY) **PRIVATE/NGO MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . H STAND-ALONE VCT CENTER . . . . . I PHARMACY/DRUG SHOP . . . . . J PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . K OUTREACH . . . . . L TASO . . . . . M AIDS INFORMATION CENTER . . . . . N OTHER PRIVATE/NGO MEDICAL _____ O (SPECIFY) **OTHER SOURCE** SHOP . . . . . N OTHER _____ X (SPECIFY)	
742	Husbands and wives do not always agree on everything. If a wife knows that her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
744	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
745	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
747	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
751	Do you think that most married men you know have sex only with their wives?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
753	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
757	Do you think that most married women you know have sex only with their husbands?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 805
802	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH FOOD . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
803	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
805	Some men are circumcised. Are you circumcised?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
806	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 810
807	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 810
808	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 OTHER PUBLIC _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 DENTAL CLINIC/OFFICE . . . . . 22 PHARMACY/DRUG SHOP . . . . . 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER . . . . . 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) **OTHER PLACE** AT HOME . . . . . 31 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
810	Do you currently smoke cigarettes?	YES . . . . . 1 NO 2	→ 812
811	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . . ☐☐	
812	Do you currently smoke or use any other type of tobacco?	YES . . . . . 1 NO 2	→ 816
813	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . . A CHEWING TOBACCO . . . . . B SNUFF . . . . . C OTHER _____ X (SPECIFY)	
816	CHECK 214: (YOUNGEST) CHILD IS AGE 0-17 ☐ ↓ OTHER ☐ →		818
817	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	
818	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES . . . . . 1 NO 2	→ 900
819	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	

SECTION 9. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
900	CHECK FRONT COVER: MAN SELECTED FOR THIS SECTION? MAN SELECTED FOR THIS SECTION ↓	MAN NOT SELECTED →	935
901	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . . 1 ↓	PRIVACY NOT POSSIBLE . . . . . 2 →	934
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a man's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of men in UGANDA. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
902	CHECK 401 AND 402: CURRENTLY MARRIED/ LIVING WITH A WOMAN ↓ FORMERLY MARRIED/ LIVED WITH A WOMAN (READ IN PAST TENSE) ↓ NEVER MARRIED/ NEVER LIVED WITH A WOMAN →		914

903	First, I am going to ask you about some situations which happen to some men. Please tell me if these apply to your relationship with your (last) wife/partner?	YES	NO	DK
	a) She (is/was) jealous or angry if you (talk/talked) to other women?	JEALOUS 1	2	8
	b) She frequently (accuses/accused) you of being unfaithful?	ACCUSES 1	2	8
	c) She (does/did) not permit you to meet your male friends?	NOT MEET FRIENDS . 1	2	8
	d) She (tries/tried) to limit your contact with your family?	NO FAMILY 1	2	8
	e) She (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE . . . 1	2	8
	f) She (does/did) not trust you with any money?	MONEY 1	2	8

904	Now if you will permit me, I need to ask some more questions about your relationship with your (last) wife/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.		B CHECK 403: ASK ONLY **IF RESPONDENT IS NOT A WIDOWER** How often did this happen during the last 12 months: often, only sometimes, or not at all?		
	A (Does/did) your (last) wife/partner ever:			OFTEN	SOME-TIMES	NOT AT ALL
	a) say or do something to humiliate you in front of others?	YES 1 → NO 2 ↓	a)	1	2	3
	b) threaten to hurt or harm you or someone close to you?	YES 1 → NO 2 ↓	b)	1	2	3
	c) insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	c)	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
905	A (Does/did) your (last) wife/partner ever do any of the following things to you:	B CHECK 403: ASK ONLY **IF RESPONDENT IS NOT A WIDOWER** How often did this happen during the last 12 months: often, only sometimes, or not at all?	

				OFTEN	SOME-TIMES	NOT AT ALL
a)	push you, shake you, or throw something at you?	YES 1 → / NO 2 ↓	a)	1	2	3
b)	slap you?	YES 1 → / NO 2 ↓	b)	1	2	3
c)	twist your arm or pull your hair?	YES 1 → / NO 2 ↓	c)	1	2	3
d)	punch you with her fist or with something that could hurt you?	YES 1 → / NO 2 ↓	d)	1	2	3
e)	kick you, drag you or beat you up?	YES 1 → / NO 2 ↓	e)	1	2	3
f)	try to choke you or burn you on purpose?	YES 1 → / NO 2 ↓	f)	1	2	3
g)	threaten or attack you with a knife, gun, or any other weapon?	YES 1 → / NO 2 ↓	g)	1	2	3
h)	physically force you to have sexual intercourse with her even when you did not want to?	YES 1 → / NO 2 ↓	h)	1	2	3
i)	force you to perform any sexual acts you did not want to?	YES 1 → / NO 2 ↓	i)	1	2	3

906	CHECK 905A (a-i): AT LEAST ONE 'YES' ↓ ☐ NOT A SINGLE 'YES' ☐ →		909
907	How long after you first got married to/started living with your (last) wife/partner did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS . . . . . ☐☐ BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	
908	Did the following ever happen as a result of what your (last) wife/partner did to you:		
	a) You had cuts, bruises or aches?	YES . . . . . 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . . . . 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . . . . 1 NO 2	
909	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) wife/partner at times when she was not already beating or physically hurting you?	YES . . . . . 1 NO . . . . . 2 →	912

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
910	CHECK 403: RESPONDENT IS **NOT** A WIDOWER RESPONDENT IS A WIDOWER		912
911	In the last 12 months, how often have you done this to your wife/partner: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
912	Does (did) your wife/partner drink alcohol?	YES . . . . . 1 NO 2	→914
913	How often does (did) your wife/partner get drunk: often, only sometimes, or never?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NEVER 3	
914	CHECK 401 AND 402: EVER MARRIED/LIVED WITH A WOMAN: From the time you were 15 years old has anyone other than your (current/last) wife/partner hit, slapped, kicked, or done anything else to hurt you physically? NEVER MARRIED/ NEVER LIVED WITH A WOMAN: From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→920
915	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . . A FATHER/STEP-FATHER . . . . . B SISTER/BROTHER . . . . . C DAUGHTER/SON . . . . . D OTHER RELATIVE . . . . . E FORMER WIFE/PARTNER . . F CURRENT GIRLFRIEND . . . . . G FORMER GIRLFRIEND . . . . . H MOTHER-IN-LAW . . . . . I FATHER-IN-LAW . . . . . J OTHER IN-LAW . . . . . K TEACHER . . . . . L EMPLOYER/SOMEONE AT WORK . M POLICE/SOLDIER . . . . . N OTHER _____ (SPECIFY) X	
916	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
920	CHECK 414: EVER HAD SEX? HAS EVER HAD SEX NEVER HAD SEX		925
921	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO . . . . . 1 FORCED TO . . . . . 2 REFUSED TO ANSWER/ NO RESPONSE 3	
922	CHECK 401 AND 402: EVER MARRIED/LIVED WITH A WOMAN: In the last 12 months, has anyone other than your (current/last) wife/ partner forced you to have sexual intercourse against your will? NEVER MARRIED/ NEVER LIVED WITH A WOMAN: In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
923	CHECK 921 AND 922: 921 ='1' OR '3' **AND** 922 ='2' OR '3' → OTHER		926
924	CHECK 905(h) and 905(i): 905(h) IS NOT '1' **AND** 905(i) IS NOT '1' → OTHER		928
925	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	928
926	How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . . . ☐☐ DON'T KNOW 98	
927	Who was the person who was forcing you at that time?	CURRENT WIFE/PARTNER . 01 FORMER WIFE/PARTNER . . 02 CURRENT/FORMER GIRLFRIEND . 03 FATHER . . . . . 04 STEP FATHER . . . . . 05 OTHER RELATIVE . . . . . 06 IN-LAW . . . . . 07 OWN FRIEND/ACQUAINTANCE . . 08 FAMILY FRIEND . . . . . 09 TEACHER . . . . . 10 EMPLOYER/SOMEONE AT WORK . 11 POLICE/SOLDIER . . . . . 12 PRIEST/RELIGIOUS LEADER . . . . . 13 STRANGER . . . . . 14 OTHER _____ . 96 (SPECIFY)	
928	CHECK '905A (a-i), 914, 922 AND 925: AT LEAST ONE 'YES' → NOT A SINGLE 'YES'		932
929	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES . . . . . 1 NO 2	932
930	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . . . . . A WIFE/PARTNER'S FAMILY . . . . B CURRENT/LAST/LATE WIFE/PARTNER . . . . . C CURRENT/FORMER GIRLFRIEND . D FRIEND . . . . . E NEIGHBOR . . . . . F RELIGIOUS LEADER . . . . . G DOCTOR/MEDICAL PERSONNEL . H POLICE . . . . . I LAWYER . . . . . J SOCIAL SERVICE ORGANIZATION . K OTHER _____ X (SPECIFY)	
932	As far as you Know, did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

REASSURE THE RESPONDENT ABOUT THE CONFIDENTIALITY OF HIS ANSWERS.
FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

			YES ONCE	YES, MORE THAN ONCE	NO
933	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	WIFE	1	2	3
		OTHER FEMALE ADULT	1	2	3
		MALE ADULT	1	2	3
		CHILD	1	2	3

934 INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE

_____

_____

_____

935	RECORD THE TIME.	HOURS	☐☐
		MINUTES	☐☐

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____