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Demographic and Health Survey

2011

THE REPUBLIC OF UGANDA

Uganda Demographic and Health Survey 2011

Uganda Bureau of Statistics
Kampala, Uganda

MEASURE DHS
ICF International
Calverton, Maryland, USA

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PREFACE

The 2011 Uganda Demographic and Health Survey (2011 UDHS) was designed as a follow-up to the 1988/89, 1995, 2000-01, and 2006 Uganda DHS surveys. The main objective of the 2011 UDHS was to obtain current statistical data on the Ugandan population's demographic characteristics, family planning efforts, maternal mortality, and infant and child mortality. Another objective was to collect information on health care services and activities, antenatal, delivery, and postnatal care, children's immunisations, and management of childhood diseases. In addition, the survey was designed to evaluate the nutritional status of mothers and children, to measure the prevalence of anaemia among women and children, to assess the level of knowledge about HIV and AIDS among men and women, and to determine the extent of interpersonal violence.

The findings of the 2011 UDHS are critical to measurement of the achievements of family planning and other health programmes. To better understand and utilise these findings, the results will be widely disseminated at different planning levels using diverse dissemination techniques to reach the various segments of society.

The Uganda Bureau of Statistics would like to acknowledge the efforts of a number of organisations and individuals who contributed immensely to the success of the survey. The Ministry of Health (MOH) chaired the Technical Working Committee, which offered guidance on the implementation of the survey. The Makerere University School of Public Health (MakSPH) and the Makerere University Department of Biochemistry and Sports Science under the College of Natural Sciences conducted the Quality Control and the laboratory testing for vitamin A deficiency respectively. ICF International is greatly appreciated for providing important technical support.

Financial assistance was provided by the government of Uganda, USAID/Uganda, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the World Health Organisation (WHO), the UK Government and Irish Aid-the Government of Ireland.

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

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

MILLENNIUM DEVELOPMENT GOAL INDICATORS

Millennium Development Goal Indicators

Uganda 2011

Indicator	Sex: Female	Sex: Male	Total
1. Eradicate extreme poverty and hunger			
1.8 Prevalence of underweight children under five years of age	12.7	14.9	13.8
2. Achieve universal primary education			
2.1 Net attendance ratio in primary education[1]	81.0	81.1	81.0
2.3 Literacy rate of 15-24 year olds[2]	75.2[a]	77.1	76.1 [b]
3. Promote gender equality and empower women			
3.1a Ratio of girls to boys in primary education[3]	na	na	1.0
3.1b Ratio of girls to boys in secondary education[3]	na	na	1.1
3.1c Ratio of girls to boys in tertiary education[3]	na	na	0.7
4. Reduce child mortality			
4.1 Under five mortality rate[4]	98	114	90
4.2 Infant mortality rate[4]	59	70	54
4.3 Proportion of 1 year-old children immunized against measles	76.6	74.8	75.8
5. Improve maternal health			
5.1 Maternal mortality ratio[5]	na	na	438
5.2 Percentage of births attended by skilled health personnel[6]	na	na	58.0
5.3 Contraceptive prevalence rate[7]	30.0	na	na
5.4 Adolescent birth rate[8]	134.5	na	na
5.5a Antenatal care coverage: at least 1 visit by a skilled health professional	94.9	na	na
5.5b Antenatal care coverage: four or more visits by any provider	47.6	na	na
5.6 Unmet need for family planning	34.3	na	na
6. Combat HIV/AIDS, malaria and other diseases			
6.2 Condom use at last high-risk sex[9]	51.0 [a]	61.1	56.1 [b]
6.3 Percentage of the population age 15-24 years with comprehensive correct knowledge of HIV/AIDS[10]	38.1 [a]	39.5	38.8 [b]
6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	0.92	0.83	0.87
6.7 Percentage of children under 5 sleeping under insecticide treated bednets	44.0	41.6	42.8
6.8 Percentage of children under 5 with fever who are treated with appropriate antimalarial drugs[11]	66.7	62.1	64.5

	Residence: Urban	Residence: Rural	Total
7. Ensure environmental sustainability			
7.8 Percentage of population using an improved drinking water source[12]	89.6	66.6	70.0
7.9 Percentage of population with access to improved sanitation[13]	26.3	17.4	18.7

na = Not applicable

[1] The rate is based on reported attendance, not enrollment, in primary education among primary school age children (6-12 year-olds). The rate also includes children of primary school age enrolled in secondary education. This is proxy for MDG indicator 2.1, Net enrollment ratio.

[2] Refers to respondents who attended secondary school or higher or who could read a whole sentence or part of a sentence

[3] Based on reported net attendance, not gross enrollment, among 6-12 year-olds for primary, 13-18 year-olds for secondary and 19-24 year-olds for tertiary education

[4] Expressed in terms of deaths per 1,000 live births. Mortality by sex refers to a 10-year reference period preceding the survey. Mortality rates for males and females combined refer to the 5-year period preceding the survey. The difference in the reference periods explains the apparent inconsistency between the sex-specific and total mortality rates.

[5] Expressed in terms of maternal deaths per 100,000 live births in the 7-year period preceding the survey

[6] Among births in the five years preceding the survey

[7] Percentage of currently married women age 15-49 using any method of contraception

[8] Equivalent to the age-specific fertility rate for women age 15-19 for the 3-year preceding the survey, expressed in terms of births per 1,000 women age 15-19

[9] Higher-risk sex refers to sexual intercourse with a non-marital, non-cohabitating partner. Expressed as a percentage of men and women age 15-24 who had higher-risk sex in the past 12 months.

[10] Comprehensive knowledge means knowing that consistent use of a condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about transmission or prevention of the AIDS virus.

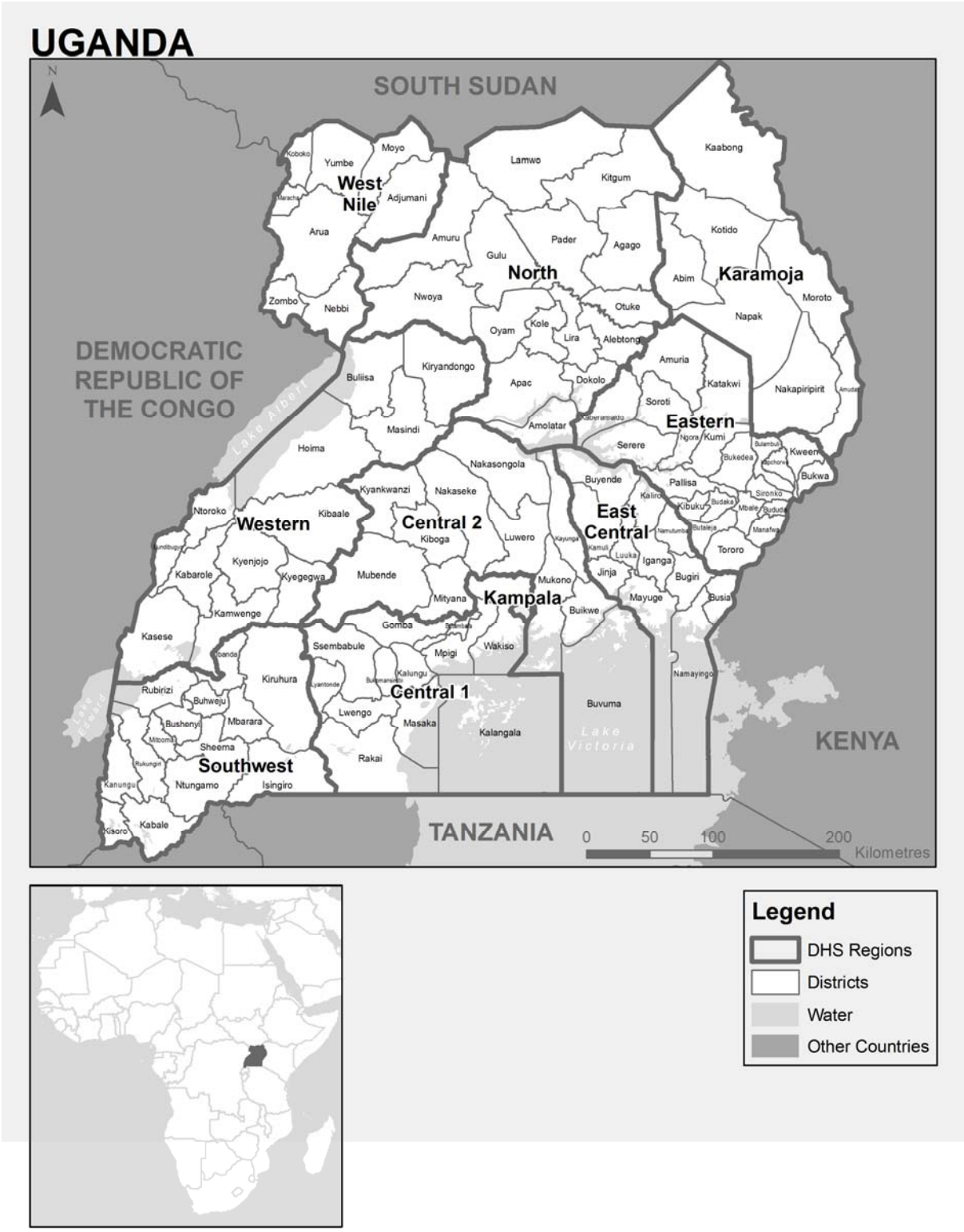
[11] Measured as the percentage of children age 0-59 months who were ill with a fever in the two weeks preceding the interview and received any anti-malarial drug

[12] Percentage of de-jure population whose main source of drinking water is a household connection (piped), private and public tap, boreholes, protected /dug well or spring, rain and bottled water

[13] Percentage of de-jure population whose household has a flush toilet, ventilated improved pit latrine, pit latrine with a slab, composting toilet, or Ecosan and does not share this facility with other households

[a] Restricted to men in sub-sample of households selected for the male interview

[b] The total is calculated as the simple arithmetic mean of the percentages in the columns for male and females


UGANDA
SOUTH SUDAN
DEMOCRATIC REPUBLIC OF THE CONGO
KENYA
TANZANIA
West Nile
North
Karamoja
Eastern
East Central
Central 2
Central 1
Western
Southwest
Kampala
Lake Albert
Lake Victoria
Lake Edward
Koboko
Yumbe
Moyo
Adjumani
Arua
Zombo
Nebbi
Lamwo
Kitgum
Kaabong
Kotido
Amuru
Gulu
Pader
Agago
Abim
Moroto
Napak
Nwoya
Otuke
Oyam
Kole
Lira
Alebtong
Amuria
Katakwi
Nakapiripirit
Buliisa
Kiryandongo
Apac
Dokolo
Soroti
Amolatar
Serere
Ngora
Kumi
Bukedea
Kaberamaido
Bulambuli
Kween
Bukwa
Hoima
Masindi
Nakasongola
Buyende
Pallisa
Kaliro
Kibuku
Budaka
Sironko
Mbale
Butaleja
Manafwa
Ntoroko
Kibaale
Kyankwanzi
Nakaseke
Kiboga
Luwero
Kayunga
Kamuli
Luuka
Iganga
Tororo
Jinja
Bugiri
Busia
Mandibwo
Kyenjojo
Kabarole
Kyegegwa
Mubende
Mukono
Mityana
Mayuge
Buikwe
Kamwenge
Kasese
Gomba
Butambala
Wakiso
Ssembabule
Mpigi
Kalungu
Lyantonde
Buvuma
Namayingo
Kiruhura
Rubirizi
Buhweju
Bushenyi
Mbarara
Mitooma
Sheema
Rukungiri
Lwengo
Masaka
Kalangala
Rakai
Kanungu
Ntungamo
Isingiro
Kisoro
Kabale
0 50 100 200 Kilometres
Legend
DHS Regions
Districts
Water
Other Countries

INTRODUCTION 1

Key Findings

- The 2011 Uganda Demographic and Health Survey (UDHS) is a nationally representative survey of 10,086 households with 9,247 women age 15-49 and 2,573 men age 15-54.
- The 2011 UDHS is the fifth comprehensive survey conducted in Uganda as part of the worldwide Demographic and Health Surveys project.
- The primary purpose of the UDHS is to furnish policymakers and planners with detailed information on fertility and family planning; infant, child, adult, and maternal mortality; maternal and child health; nutrition; and knowledge of HIV/AIDS and other sexually transmitted infections.
- In all selected households, women age 15-49 and children age 6-59 months were tested for anaemia and for vitamin A deficiency.

1.1 HISTORY, GEOGRAPHY, AND ECONOMY

History

Uganda's first elections were held on 1 March 1961 and the country obtained independence from Britain in 1962. Uganda became a republic in 1963 and maintained its British Commonwealth membership. There was conflict between supporters of a centralized state and supporters of a loose federation and a strong role of the tribally-based local kingdoms. In February 1966, the Prime Minister Milton Obote suspended the constitution, removed the president and the vice president, and abolished traditional kingdoms. In 1963, a new constitution proclaimed Uganda a republic and gave President Obote greater power.

In 1971, a military coup led by armed forces commander Idi Amin Dada overthrew President Obote's government. Amin became the President, dissolved the parliament, and amended the constitution to give himself absolute power. During Amin's rule, there was economic decline, social disintegration, and open human rights and ethnic violations. The Ugandan army attacked Tanzania because of a border dispute involving Ugandan exiles who had a camp close to the Ugandan border of Mutukula. In 1978, the Tanzanian armed forces fought against Amin's troops that invaded the Tanzanian territory. In return, the Tanzanian army, helped by Ugandans in exile, started a war against Amin's troops and in April 1979 captured Kampala and forced Amin and his remaining forces to flee to Libya.

After Amin's removal, there was a succession of leaders before the return of President Milton Obote in 1980. The security forces of Uganda had one of the world's worst human rights records under President Obote. He ruled until July 1985, when an army brigade took over and proclaimed a military government. Obote fled to exile in Zambia. The new government was headed by the former defense force commander General Tito Okello. The Okello government carried out a brutal counterinsurgency in an attempt to destroy the support for the National Resistance Army (NRA) led by Yoweri Kaguta Museveni.

Despite negotiations between the Okello government and the NRA and an agreement to a cease-fire in late 1985, the NRA continued the resistance and seized Kampala and the country in late January 1986, forcing Okello's forces to flee to Sudan. The NRA organized a government and proclaimed

Museveni as president. The new government ended human rights abuses of earlier governments in Uganda, instituted broad economic reforms, and started political liberalization and freedom of the press.

The armed resistance against the government has continued since 1986 in northern areas of the country, such as Acholiland. Some of the rebel groups include the Uganda People's Democratic Army, the Holy Spirit Movement, and the Lord's Resistance Army, headed by Joseph Kony, which carried out widespread abduction of children to serve as soldiers or sex slaves. Peace has however started returning to the Northern region and people originally living in internally displaced peoples camps have started settling in their villages.

Geography

The republic of Uganda is located in East Africa and lies astride the equator. It is a landlocked country that borders Kenya to the east, Tanzania to the south, Rwanda to the southwest, the Democratic Republic of Congo to the west, and South Sudan to the north. The country has an area of 241,039 square kilometres and is administratively divided into 112 districts. 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 formulating policy, setting and supervising standards, and providing national security.

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 relatively heavy rains from March through May and light rains from September through December. The level of rainfall decreases as one travels northward, 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. Because climate varies, Uganda’s topography ranges from tropical rain forest vegetation in the south to savannah woodlands and semi-arid vegetation in the north. Climate determines the agricultural potential and thus the land’s capacity to sustain human population; population densities are high in the Central and Western regions and decline towards the north.

Economy

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 its distribution is uneven over all areas. Coffee remains the main foreign exchange earner for the country. During the period immediately following independence, from 1962 to 1970, Uganda had a flourishing economy with a 5 percent growth Gross Domestic Product (GDP) per annum; this contrasted with a population growth rate of 2.6 percent per annum. 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. The growth of the economy and the provision of social services such as education and health care were seriously affected.

Since 1986, however, the government has introduced and implemented several reform programmes that have steadily reversed prior setbacks and aimed the country towards economic prosperity. Between 2006 and 2011, the country’s growth in GDP varied between 5.6 percent and 7.1 percent a year (UBOS, 2006a).

1.2 POPULATION

In the past, most demographic statistics in Uganda were derived from population censuses, which began in 1948. Subsequent censuses have been held in 1959, 1969, 1980, 1991, and 2002. In addition, Demographic and Health Surveys have been conducted in 1988-1989, 1995, 2000-2001, 2006, and most recently in 2011, 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 it is therefore not viable 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.

Table 1.1 presents several demographic indices compiled from the population censuses of 1969 through 2002. Over that period, the population has increased as a result of high fertility and declining mortality. The annual population growth rate between 1969 and 1980 was 2.7 percent, which decreased to 2.5 percent 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 1969-2002

Indicator	1969	1980	1991	2002
Population (thousands)	9,535.1	12,632.2	16,672.7	24,227.3
Intercensal growth rate (percent)	3.9	2.7	2.5	3.2
Density (population/kilometre^2)	48	64	85	124
Percent urban	6.6[a]	6.7	9.9	12.3
Life expectancy				
Male	46.0	u	45.7	48.8
Female	47.0	u	50.5	52.0
Total	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, 2006b

1.3 POPULATION AND HEALTH POLICIES

National Population Policy

Uganda's first explicit National Population Policy was promulgated by the government in 1995. That policy elaborated clear strategies with an overall goal of contributing to the improvement of the quality of life of the people of Uganda. Since its foundation, a number of lessons have been learnt. Some important targets were achieved, but others were not. There have also been some major challenges and opportunities at local, regional, and international levels, which need to be taken into account as the country moves forward.

It is against this backdrop that the government began to revise the National Population Policy to accommodate new and emerging challenges. The revised policy is a clarion call to plan for and invest in the increasing population, so that the country's human capital develops to its full potential. Only then can Ugandans hope to benefit from an increasing population as a demographic 'bonus' instead of a demographic 'burden' (POPSEC, 2008). A National Population Action Plan was also developed and rolled out at the subnational level.

Health Policy

The first Health Sector Strategic Plan (HSSP I) for Uganda covered the period 2000/01 to 2004/05. The plan helped to guide the government of Uganda in its health sector investments, which were led by the Ministry of Health, health development partners (HDPs), and other stakeholders over this period. Continuous monitoring through quarterly and mid-term reviews helped to assess key achievements and challenges during the implementation of HSSP I and formed the basis for the development of HSSP II for the period 2005/06 to 2009/10. HSSP II was completed in June 2010.

The government of Uganda, with the stewardship of the Ministry of Health (MOH), developed the second National Health Policy (NHP II) to cover a ten-year period from 2010/11 to 2019/20. The third Health Sector Strategic Plan (HSSP III) was developed to operationalize the NHP II and the health sector component of the National Development Plan (NDP) 2010/11-2014/15, which is the overall development plan for Uganda.

The HSSP III provides an overall framework for the health sector. Its major aim is to contribute towards the overall development goal of the government of Uganda by accelerating economic growth to reduce poverty.

1.4 OBJECTIVES OF THE 2011 UDHS SURVEY

The 2011 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, breastfeeding practices, and awareness and use of family planning methods. 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 2011 UDHS is a follow-up to the 1988-1989, 1995, 2000-2001, and 2006 UDHS surveys, which were implemented by the Statistics Department of Ministry of Finance and Planning, and later by the Uganda Bureau of Statistics (UBOS). The specific objectives of the 2011 UDHS were as follows:

- To provide data at the national and subnational level that would allow the calculation of demographic rates, particularly fertility and infant mortality rates
- To analyse the direct and indirect factors that determine the level of 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 5 and women by means of anthropometric measurements (weight and height), and to assess child feeding practices
- To collect data on family health, including antenatal visits, assistance at delivery, breastfeeding, immunizations, and prevalence and treatment of diarrhoea and other diseases among children under age 5
- 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

This information is essential for informed policy-making and planning, monitoring, and evaluation of health programmes in general and reproductive health programmes in particular, at both the national and regional levels. A long-term objective of the survey was to strengthen the technical capacity of the National Statistics Office to plan, conduct, process, and analyse data from complex national population and health surveys.

The 2011 UDHS provides national and regional estimates on population and health that are comparable to data collected in Uganda's four previous DHS surveys and similar surveys in other developing countries. Data collected in the 2011 UDHS add to the large and growing international database of demographic and health indicators.

1.5 ORGANIZATION OF THE SURVEY

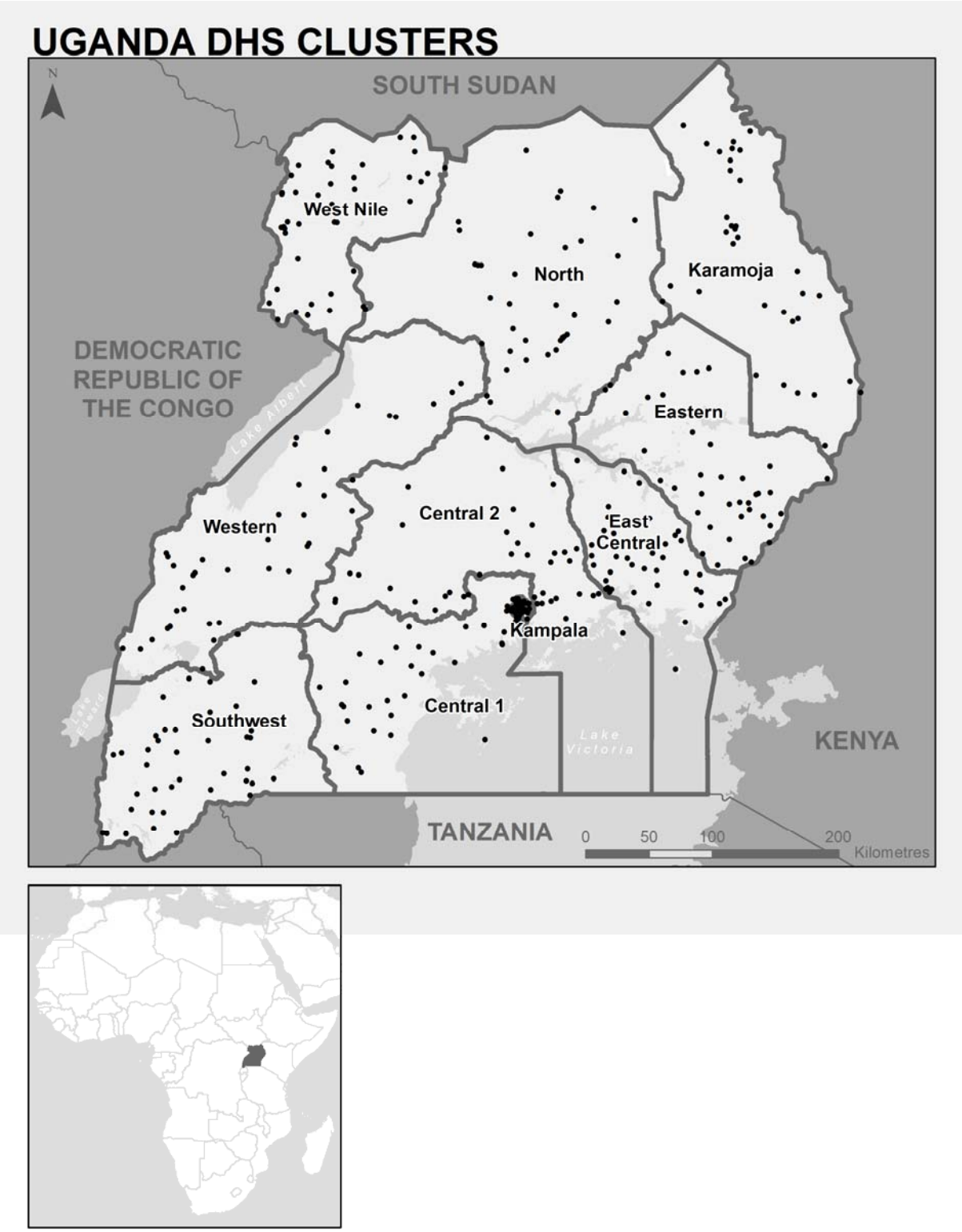
The Uganda Bureau of Statistics (UBOS) was the major implementer of the survey. Other agencies and organizations that facilitated the successful implementation of the survey through their technical support include the Ministry of Health, Makerere University School of Public Health, and the Biochemistry Department of Makerere University. A multi-sect oral Technical Working Committee was also constituted to provide technical backstopping. The same team was also responsible for questionnaire design, training, and report writing. Financial assistance was provided by the government of Uganda, USAID/Uganda, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the UK Government and Irish Aid-the Government of Ireland.

In addition, ICF International provided limited technical assistance in data processing and report production through the MEASURE DHS project, a USAID-funded program supporting the implementation of population and health surveys in countries worldwide. The UDHS Technical Working Committee, composed of members drawn from the Ministry of Health, the Population Secretariat, and various development partners, oversaw technical issues related to the survey, such as questionnaire design, training, and report writing.

1.6 SAMPLE DESIGN

The sample for the 2011 UDHS was designed to provide population and health indicator estimates for the country as a whole and for urban and rural areas separately. Estimates were also reported for the 10 regions of Uganda shown in Figure 1.1.

Figure 1.1 **Map of Uganda DHS clusters**



A representative sample of 10,086 households was selected for the 2011 UDHS. The sample was selected in two stages. In the first stage, 404 enumeration areas (EAs) were selected from among a list of clusters sampled for the 2009/10 Uganda National Household Survey (2010 UNHS). This matching of samples was done to allow linking of the 2011 UDHS health indicators to poverty data from the 2010 UNHS. The clusters in the UNHS were selected from the 2002 Population Census sample frame.

In the second stage of sampling, households in each cluster were selected from a complete listing of households, which was updated prior to the survey. Households were purposively selected from those listed. All households in the 2010 UNHS that were in the 404 EAs were included in the UDHS sample.

All women age 15-49 who were either permanent residents of the households or visitors who slept in the households the night before the survey were eligible to be interviewed. In addition, in a subsample of one-third of households selected for the survey, all men age 15-54 were eligible to be interviewed if they were either permanent residents or visitors who slept in the household on the night before the survey. Details about the sample design are presented in Appendix A. An additional sample was selected for administration of the Maternal Mortality Module.

1.7 QUESTIONNAIRES

Four types of questionnaires were used in the 2011 UDHS: the Household Questionnaire, the Woman's Questionnaire, the Maternal Mortality Questionnaire, and the Man's Questionnaire. These questionnaires were adapted from model survey instruments developed by ICF for the MEASURE DHS project and by UNICEF for the Multiple Indicator Cluster Survey (MICS) project. The intent was to reflect the population and health issues relevant to Uganda. Questionnaires were discussed at a series of meetings with various stakeholders, ranging from government ministries and agencies to nongovernmental organizations (NGOs) and development partners. The questionnaires were translated into seven major languages: Ateso, Ngakarimojong, Luganda, Lugbara, Luo, Runyankole-Rukiga, and Runyoro-Rutoro.

The Household Questionnaire was used to list all the usual members and visitors who spent the previous night in the selected households. Basic information was collected on the characteristics of each person listed, including his or her age, sex, education, relationship to the head of the household, and disability status. For children under age 18, survival status of the parents was determined. Data on the age and sex of household members were used to identify women and men eligible for an individual interview. In addition, the Household Questionnaire 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 bednets.

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

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

- Adult mortality, including maternal mortality
- Knowledge of tuberculosis and other health issues
- Gender-based violence

The Maternal Mortality Questionnaire was administered to all eligible women age 15-49 in 35 additional households in 394 out of 404 EAs. It collected data on maternal mortality using the Sibling Survival Module (commonly referred to as the 'Maternal Mortality Module').

The Man's Questionnaire was administered to all eligible men age 15-54 years in every third household in the 2011 UDHS sample. The Man's Questionnaire collected information similar to that in the Woman's Questionnaire but was shorter because it did not contain a detailed reproductive history or questions on maternal and child health.

1.8 ANTHROPOMETRY, ANAEMIA, AND VITAMIN A TESTING

The 2011 UDHS included height and weight measurements, testing for anaemia, and blood sample collection on filter paper cards for vitamin A testing in the laboratory. The protocol for anaemia testing and for the blood specimen collection for vitamin A testing was similar to that used in the 2006 UDHS.

Height and Weight Measurement

Height and weight measurements were carried out on eligible women age 15-49 and children under age 5 in all selected households, and eligible men age 15-54 in one-third of the households. Weight measurements were obtained using lightweight, SECA mother-infant scales with a digital screen that were designed and manufactured under the guidance of UNICEF. Height measurements were carried out using a measuring board. Children younger than 24 months were measured for height while lying down, and older children were measured while standing.

Anaemia Testing

Blood specimens were collected to test for anaemia in all children age 6-59 months, women age 15-49 years, and men age 15-54 years who voluntarily consented to the testing. Blood samples were drawn from a drop of blood taken from a finger prick (or a heel prick in the case of young children with small fingers) and collected in a microcuvette.

Haemoglobin analysis was carried out on site using a battery-operated portable HemoCue analyzer. Results were given verbally and in writing. Parents of children with a haemoglobin level under 7 grams per decilitre (g/dl) were instructed to take the child to a health facility for follow-up care. Likewise, non-pregnant women, pregnant women, and men were referred for follow-up care if their haemoglobin level was below 7 g/dl, 9 g/dl, and 9 g/dl, respectively. All households in which testing was conducted were given a brochure explaining the causes and prevention of anaemia. Resulting data were adjusted for altitude prior to being tabulated.

Vitamin A Testing

Blood specimens were collected by the health technicians to test for vitamin A in all women age 15-49 who consented and all children age 6-59 months whose parent or responsible adult consented. The protocol for the blood specimen collection and analysis was based on the anonymous linked protocol developed for the MEASURE DHS project. This protocol allows the merging of the vitamin A test results with the socio-demographic data collected from the individual questionnaires (after removal of all identifying information).

The health technicians explained the procedure, the confidentiality of the data, and the fact that the vitamin A test results would not be made available to the respondent. If a respondent consented to the vitamin A testing, a maximum of three blood drops from the finger prick were collected on a filter paper card to which a barcode label unique to the respondent was affixed. Respondents were asked whether they consented to having the laboratory store their blood sample for future unspecified testing. If the respondent did not consent to additional testing using their sample, the words 'no additional testing' were written on the filter paper card.

Each dried blood spot sample was given a unique barcode label in triplicate. The first copy was affixed to the filter paper card. The second copy was attached to the biomarker data collection page of the Household Questionnaire. The third copy of the barcode label was attached to the blood sample transmittal form to track the blood samples as they moved from the field to the laboratory. Blood samples were dried overnight and packaged for storage the following morning. Samples were periodically collected from the field and transported to the laboratory at the biochemistry department of Makerere University in Kampala to be logged in, checked, and stored. The vitamin A test results are shown in a separate report.

1.9 Listing, Pretest, Main Training, Fieldwork, and Data Processing

Listing

A household listing operation was conducted in the 404 selected clusters and 10 regions for about three months, starting in April 2011. For this purpose, 18 listing staff were recruited from the UBOS head office to carry out the household listing and prepare the sketch map for each selected EA. A manual of instructions that described the listing and mapping procedures was prepared as a guideline, and the training involved both classroom demonstrations and field practice. Instructions were given on the use of global positioning system (GPS) units to obtain location coordinates for the selected clusters. The listing was performed by organizing the listing staff into six teams, with two listers per team. Six supervisors were also assigned from the UBOS offices to perform quality checks and handle all administrative and technical aspects of the listing operation. Rounds of supervision were also carried out to assess the quality of the field operation and to ensure proper listing.

Pretest

Before the start of fieldwork, the questionnaires were pretested in all seven local languages to make sure that the questions were clear and could be understood by the respondents. Thirty field workers, comprising of women and men were hired to conduct the pretest. They were trained from August 30, 2010, to September 14, 2010, on how to administer the UDHS survey questionnaires. Seven days of fieldwork and one day of interviewer debriefing and examination followed. Pretest fieldwork was conducted in two clusters each (one urban and one rural) in seven districts. The majority of pretest participants attended the 2011 UDHS training and served as field editors and team leaders in the survey.

A second pretest was undertaken to test the management and implementation of the computer-assisted field data editing (CAFE) program and, more specifically, to develop data editing guidelines for the 2011 UDHS. The 2011 UDHS marked the first time tablet computers were used to collect data from the field. The data file transfer process was tested using the internet file streaming system (IFSS) developed by the DHS programme, through which data from the field could be transferred to the UBOS main office via the internet.

Main Training

UBOS recruited and trained 146 field workers to serve as team supervisors, field editors, male and female interviewers, and reserve interviewers for the main survey. The training, which was conducted from 2 May 2011 to 1 June 2011, consisted of instruction regarding interviewing techniques and field procedures, a detailed review of questionnaires, tests, and instruction and practice in weighing and

measuring children. The training also included mock interviews and role plays among participants in the classroom and in the neighbouring villages. Team supervisors and editors were further trained in data quality control procedures and fieldwork coordination. The training mainly used the English questionnaires, while the translated versions were simultaneously checked against the English questionnaires to ensure accurate translation.

Fieldwork

Sixteen data collection teams were formed, each comprised of a team supervisor, a field editor, three female interviewers, one male interviewer, one health technician, and a driver. UBOS staff coordinated and supervised fieldwork activities. USAID/Uganda technical staff also participated in the fieldwork monitoring. A data validation team was formed for each of the 10 regions. Each data validation team included a field supervisor and three interviewers. An independent quality control team that was looking at survey protocol issues also visited the data collection teams. Data collection took place over a six-month period, from end of June 2011 to early December 2011. Fieldwork was carried out in six 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.

Data Processing

As mentioned above, questionnaire data were entered in the field by the field editors on each team and the files were periodically sent to the UBOS office by internet. All the paper questionnaires were also returned to UBOS headquarters in Kampala for data processing, which consisted of office editing, coding of open-ended questions, a second data entry, and finally, editing computer-identified errors. The data were processed by a team of eight data entry operators, two office editors, and one data entry supervisor. Data entry and editing were accomplished using CSPro software. The processing of data was initiated in August 2011 and completed in January 2012.

1.10 RESPONSE RATES

Table 1.2 shows household and individual response rates for the 2011 UDHS. A total of 10,086 households were selected for the sample, of which 9,480 were found to be occupied during data collection. Of these, 9,033 households were successfully interviewed, giving a household response rate of 95 percent.

Of the 9,247 eligible women identified in the selected households, interviews were completed with 8,674 women, yielding a response rate of 94 percent for women.

Of the 2,573 eligible men identified in the selected subsample of households for men, 2,295 were successfully interviewed, yielding a response rate of 89 percent for men.

Response rates were higher in rural than in urban areas, with the rural-urban difference being more pronounced among men (92 and 82 percent, respectively) than among women (95 and 91 percent, respectively).

Table 1.2 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Uganda 2011

	Residence		
Result	Urban	Rural	Total
Household interviews			
Households selected	2,977	7,109	10,086
Households occupied	2,794	6,686	9,480
Households interviewed	2,551	6,482	9,033
Household response rate[1]	91.3	96.9	95.3
Interviews with women age 15-49			
Number of eligible women	2,805	6,442	9,247
Number of eligible women interviewed	2,562	6,112	8,674
Eligible women response rate[2]	91.3	94.9	93.8
Interviews with men age 15-54			
Number of eligible men	772	1,801	2,573
Number of eligible men interviewed	631	1,664	2,295
Eligible men response rate[2]	81.7	92.4	89.2

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

HOUSING CHARACTERISTICS AND HOUSEHOLD POPULATION 2

Key Findings

- More than half of the population of Uganda is age 15 or younger.
- Seventy percent of households use an improved source of drinking water.
- Fifty-eight percent of the population take more than 30 minutes roundtrip to fetch water.
- Only 16 percent of households have an improved sanitation facility.
- About one in every seven households (15 percent) has electricity.
- Three out of every ten children under age 5 have their birth registered.
- Twelve percent of children under age 18 are orphans.
- About three in ten households are headed by a woman.

This chapter summarizes demographic and socioeconomic characteristics of the households selected in the 2011 UDHS. Information was collected from both usual residents of a selected household (the de jure population) and persons who had stayed in the selected household the night before the interview (the de facto population). This chapter provides information on the conditions of the households in which the survey population lives, including the source of drinking water, availability of electricity, sanitation facilities, building materials, and possession of household durable goods. Also addressed are specific findings on birth registration of children under age 5, household living arrangements, orphanhood status, school attendance, educational attainment, and disability status.

The background information presented in this chapter is intended to facilitate the interpretation of the demographic, socioeconomic, and health indices presented in later chapters.

2.1 HOUSEHOLD ENVIRONMENT

The characteristics of a household determine the socioeconomic and health status of its members. The household is where all decisions about health, education, and general welfare are made and acted upon. The 2011 UDHS asked respondents about their household environment, including the source of drinking water, type of sanitation facility, access to electricity, type of material used for roofing, flooring, and walls, and number of rooms used for sleeping in the dwelling.

2.1.1 Drinking Water

Increasing access to improved drinking water is one of the targets of the National Development Plan. Access to improved drinking water is also one of the Millennium Development Goals that Uganda has adopted. Unimproved water sources increase the prevalence of waterborne disease and the burden of service delivery through increased demand for health care.

Table 2.1 presents indicators useful in monitoring household access to improved drinking water. Improved water sources include piped water into the dwelling, yard, or plot; a public tap/stand pipe or borehole; a protected well or protected spring water, and rainwater. Lack of easy access to an improved water source may limit the quantity of suitable drinking water that is available to a household as well as increase the risk of illness. Access to improved sources of drinking water has increased from 67 percent in

2006 to 70 percent of households in 2011. Nine in ten households in urban areas use improved water sources compared with only two in three households in rural areas. Access to improved water sources in rural areas increased from 63 percent to 67 percent during the same period. The most common source of improved drinking water in urban areas is piped water, used by 67 percent of households. In contrast, only 10 percent of rural households have access to piped water. A large proportion of rural households (44 percent) get their drinking water from a borehole. Ten percent of rural households get their drinking water from a protected spring or well.

If water needs to be fetched from a source that is not immediately accessible to the household, it may get contaminated during transportation or storage even if the water is obtained from an improved source. Another factor that influences access to a water source is the burden of fetching water, which often falls disproportionately on female members of the household.

Table 2.1 shows that, on average, 6 percent of the households have water on their premises. Urban households are more likely than rural households to have a water source in their house or yard (28 percent and 2 percent, respectively). Households that did not have water on their premises were asked how long it took to fetch water round trip. Thirty-three percent of all households (43 percent in urban areas and 31 percent in rural areas) take less than 30 minutes to fetch drinking water. More than half of all households (54 percent) travel 30 minutes or more to fetch their drinking water: 17 percent in urban areas and 62 percent in rural areas travel this length of time.

The 2011 UDHS asked all households whether they treat their water to ensure that it is safe for drinking. Forty-four percent of households boil their drinking water. Urban households (71 percent) are more likely than rural households (38 percent) to boil the water. Six in ten households (59 percent) in rural areas do not treat their drinking water.

Table 2.1 Household drinking water

Percent distribution of households and de jure population by source of drinking water, time to obtain drinking water, and treatment of drinking water, according to residence, Uganda 2011

	Households			Population		
Characteristic	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
Improved source	90.6	65.6	70.3	89.6	66.6	70.0
Piped into dwelling/yard/plot	27.9	1.5	6.4	28.4	1.3	5.3
Public tap/standpipe	38.9	8.2	13.9	34.9	7.8	11.7
Borehole	11.8	43.9	37.9	16.1	45.9	41.6
Protected well/spring	6.9	10.2	9.6	7.6	10.2	9.8
Rain water	0.5	1.4	1.3	0.4	1.3	1.2
Bottled water	4.6	0.4	1.2	2.1	0.1	0.4
Non-improved source	8.9	33.6	29.0	10.1	32.8	29.5
Unprotected well/spring	5.6	18.2	15.8	7.0	17.6	16.1
Tanker truck/vendor	2.2	0.9	1.1	1.6	0.6	0.8
Surface water	1.0	14.6	12.0	1.4	14.5	12.6
Other source	0.6	0.8	0.7	0.3	0.6	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using any improved source of drinking water	90.6	65.6	70.3	89.6	66.6	70.0
Time to obtain drinking water (round trip)						
Water on premises	40.1	6.2	12.5	37.4	5.4	10.0
Less than 30 minutes	42.8	31.1	33.3	41.5	29.7	31.4
30 minutes or longer	16.6	62.0	53.5	20.7	64.3	57.9
Don't know/missing	0.5	0.7	0.7	0.4	0.6	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking[1]						
Boiled	70.6	37.7	43.9	68.8	34.8	39.8
Added water guard	3.3	2.7	2.8	3.6	2.6	2.8
Bleach/chlorine added	0.1	0.2	0.2	0.1	0.2	0.2
Strained through cloth	0.8	1.4	1.3	1.0	1.6	1.5
Ceramic, sand, or other filter	0.5	0.5	0.5	0.5	0.5	0.5
Solar disinfection	0.0	0.2	0.2	0.1	0.2	0.1
Let it stand and settle	0.3	0.6	0.5	0.4	0.5	0.5
Other	0.5	0.4	0.4	0.5	0.4	0.4
No treatment	26.7	58.9	52.8	27.8	61.6	56.6
Percentage using an appropriate treatment method[2]	72.8	40.8	46.8	71.6	38.0	43.0
Number	1,691	7,342	9,033	6,468	37,782	44,250

[1] Respondents may report multiple treatment methods, so the sum of treatment may exceed 100 percent.
[2] Appropriate water treatment methods include boiling, adding waterguard, bleaching, straining, filtering, and solar disinfecting.

2.1.2 Household Sanitation Facilities

Ensuring adequate sanitation facilities is good public health practice. At the household level, the availability of hygienic sanitation facilities reduces the risk of exposure to illnesses and further lightens the burden on the public health delivery system. Appropriate sanitation facilities include an improved toilet and method of waste disposal that separates waste from human contact. A household is classified as having an improved toilet if the toilet is used only by household members (that is, the toilet is not shared) and if the toilet separates the waste from human contact (WHO and UNICEF, 2010). Flush/pour toilets that flush to a piped sewer system, and ventilated improved pit (VIP) latrines, pit latrines with a slab, and composting toilets (which separate solid waste from water) are also classified as improved toilets.

Table 2.2 shows that 16 percent of households in Uganda use improved toilet facilities that are not shared with other households (21 percent in urban areas and 15 percent in rural areas). Overall, 19 percent of households have improved facilities but shared toilet facilities− 52 percent in urban areas and 11 percent in rural areas. Two in three households use non-improved toilet facilities (73 percent in rural areas and 28 percent in urban areas). The most common type of toilet in urban areas is a pit latrine with a slab (34 percent), while in rural areas the most common type of toilet is a pit latrine without a slab (62 percent). Ten percent of the households, mainly in rural areas, have no toilet facilities. This proportion has declined over time, from 17 percent in 2000-01 to 12 percent in 2006 and to 10 percent in 2011 (UBOS and ORC Macro, 2001; UBOS and Macro International, Inc., 2007).

Table 2.2 Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities, according to residence, Uganda 2011

	Households			Population		
Type of toilet/latrine facility	Urban	Rural	Total	Urban	Rural	Total
Improved, not shared facility	20.9	15.3	16.4	26.3	17.4	18.7
Flush/pour flush to piped sewer system	8.6	0.2	1.8	9.4	0.1	1.5
Ventilated improved pit (VIP) latrine	3.7	2.0	2.3	4.8	2.1	2.5
Pit latrine with slab	8.4	12.8	12.0	12.1	14.8	14.4
Composting toilet/Ecosan	0.1	0.3	0.3	0.1	0.4	0.3
Shared facility[1]	51.6	11.3	18.8	43.6	8.0	13.2
Flush/pour flush to piped sewer system	2.7	0.1	0.6	2.0	0.1	0.3
Ventilated improved pit (VIP) latrine	14.9	2.2	4.6	12.3	1.5	3.1
Pit latrine with slab	33.8	8.9	13.5	29.1	6.4	9.7
Composting toilet/Ecosan	0.2	0.1	0.1	0.2	0.1	0.1
Non-improved facility	27.5	73.4	64.8	30.1	74.7	68.1
Pit latrine without slab/open pit	25.2	61.7	54.9	28.0	63.6	58.4
No facility/bush/field	1.8	11.5	9.7	1.8	10.9	9.6
Other	0.5	0.2	0.3	0.2	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,691	7,342	9,033	6,468	37,782	44,250

[1] Facilities that would be considered improved if they were not shared by two or more households

2.1.3 Housing Characteristics

Housing characteristics reflect the household's socioeconomic status in society. The availability or lack of adequate housing facilities determines the magnitude of exposure to risks associated with air pollution and ill health.

Table 2.3 shows that only 15 percent of the households in Uganda have electricity, and there is a very large disparity between urban and rural households (55 percent versus 5 percent). The proportion of households with access to electricity has increased since 2006. In urban areas, the proportion of households with electricity rose from 42 percent in 2006 to 55 percent in 2011. In rural areas, the percentage increased from less than 3 percent in 2006 to 5 percent in 2011.

The quality of housing for most Ugandans is still inadequate. More than two thirds (69 percent) of households have either earth, sand, or dung floors. Rural houses (81 percent) are more likely than urban

houses (19 percent) to have this type of floor. Urban houses are more likely to have floors made of cement than rural houses (76 percent versus 18 percent, respectively).

The number of rooms used for sleeping in relation to the number of household members is an indicator of the extent of crowding, which in turn increases the risk of contracting communicable diseases. Overall, 46 percent of the households use one room for sleeping, 29 percent use two rooms, and 25 percent use three or more rooms for sleeping. Urban households are more likely to use one room for sleeping than rural households, implying that overcrowding is more rampant in urban than rural households.

More than half of the households in Uganda (58 percent) cook in a building separate from the house, while about one-third (28 percent) cook outdoors. In urban areas, one in five households (22 percent) cooks indoors. Cooking and heating with solid fuels can lead to high levels of indoor smoke, which consists of a complex mix of pollutants that can increase the risk of contracting respiratory infections. Uganda is predominantly agriculture based, and the use of solid fuels is widespread. Solid fuels include charcoal, wood, straw, shrubs, grass, agricultural crops, and animal dung. The use of solid fuel in Uganda is almost universal, with 96 percent of households using solid fuel for cooking. The practice is nearly universal in rural households at 98 percent and very common in urban households (85 percent). Wood is the main type of fuel used for cooking in rural areas (85 percent), while charcoal is the most used cooking fuel in urban areas (68 percent).

The 2011 UDHS collected information on the frequency of smoking tobacco in the home. Smoking increases the risk of non-communicable diseases, not only for smokers but also for passive smokers. Table 2.3 shows that 16 percent of households are exposed to daily smoking, and 3 percent are exposed weekly. Rural households (17 percent) are almost twice as likely to be exposed to daily smoking as urban households (10 percent).

Table 2.3 Household characteristics

Percent distribution of households by housing characteristics, percentage using solid fuel for cooking, and percent distribution by frequency of smoking in the home, according to residence, Uganda 2011

	Residence		
Housing characteristic	Urban	Rural	Total
Electricity			
Yes	55.4	5.3	14.6
No	44.6	94.7	85.4
Total	100.0	100.0	100.0
Flooring material			
Earth/sand	13.0	47.5	41.0
Earth and dung	5.5	33.1	27.9
Parquet or polished wood	0.1	0.1	0.1
Mosaic or tiles	3.2	0.1	0.7
Bricks	0.4	0.3	0.3
Cement	76.1	17.9	28.8
Stones	1.2	0.6	0.7
Other	0.4	0.4	0.4
Total	100.0	100.0	100.0
Rooms used for sleeping			
One	62.3	42.0	45.8
Two	21.9	30.2	28.7
Three or more	15.1	27.2	24.9
Missing	0.7	0.6	0.6
Total	100.0	100.0	100.0
Place for cooking			
In the house	22.3	8.8	11.3
In a separate building	22.3	66.6	58.3
Outdoors	48.8	23.0	27.8
No food cooked in household	6.4	1.5	2.4
Other	0.2	0.1	0.1
Total	100.0	100.0	100.0
Percentage using a separate room as a kitchen within the house	9.5	2.5	3.8
Cooking fuel			
Electricity	1.3	0.1	0.3
LPG/natural gas/biogas	3.3	0.0	0.6
Kerosene	4.3	0.3	1.1
Charcoal	67.8	12.4	22.8
Wood	16.9	85.3	72.5
Straw/shrubs/grass	0.0	0.2	0.2
No food cooked in household	6.4	1.5	2.4
Total	100.0	100.0	100.0
Percentage using solid fuel for cooking[1]	84.7	98.0	95.5
Frequency of smoking in the home			
Daily	9.7	17.1	15.7
Weekly	2.4	3.6	3.4
Monthly	0.9	1.4	1.3
Less than monthly	2.0	3.5	3.2
Never	85.0	74.4	76.4
Total	100.0	100.0	100.0
Number	1,691	7,342	9,033

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

2.1.4 Household Possessions

The availability of durable consumer goods is an indicator of a household's welfare status. Moreover, particular goods have specific benefits. For instance, a radio, a mobile phone, or a television can be a source of information and new ideas for household members; a refrigerator prolongs the wholesomeness of foods; and a means of transport can increase access to many services that are beyond walking distance. Table 2.4 shows that two-thirds of Ugandan households have radios, 59 percent have mobile telephones, 12 percent have televisions, and 5 percent have refrigerators. There is a significant increase in the level of penetration of the mobile phone industry into rural areas. Between 2006 and 2011, the percentage of rural households owning mobile phones increased more than fivefold, from 10 percent to 53 percent. In urban areas, the percentage of households with mobile phones increased from 53 percent to 87 percent, representing a growth of 64 percent over the same period. Televisions and refrigerators continue to be available mainly in urban households.

Table 2.4 Household possessions

Percentage of households possessing various household effects, means of transportation, agricultural land and livestock/farm animals by residence, Uganda 2011

	Residence		
Possession	Urban	Rural	Total
Household effects			
Radio	71.8	64.6	66.0
Television	45.0	4.9	12.4
Mobile telephone	86.8	53.1	59.4
Non-mobile telephone	4.8	0.7	1.5
Refrigerator	19.7	1.7	5.1
Means of transport			
Bicycle	19.5	41.1	37.1
Animal drawn cart	0.3	0.8	0.7
Motorcycle/scooter	11.4	7.1	7.9
Car/truck	10.1	1.6	3.2
Boat with a motor	0.1	0.4	0.4
Boat without a motor	0.2	1.0	0.9
Ownership of agricultural land	44.2	78.8	72.3
Ownership of farm animals[1]	35.7	67.7	61.7
Local cattle	14.5	23.2	21.6
Exotic/cross cattle	3.9	3.7	3.7
Horses/donkeys/mules	0.1	0.4	0.4
Goats	17.6	39.8	35.7
Sheep	2.2	8.6	7.4
Pigs	7.1	20.1	17.7
Chickens	23.7	51.2	46.0
Number	1,691	7,342	9,033

[1] Cattle, cows, bulls, horses, donkeys, mules, goats, sheep, pigs, or chicken

More than one-third of the households possess a bicycle as a means of transport, with rural households being more likely to possess bicycles (41 percent) than urban households (20 percent). Ownership of motorcycles and cars increased between 2006 and 2011. Eight percent of the households own a motorcycle in 2011 compared with 3 percent in 2006. The proportion of households owning cars/trucks has increased slightly, from 2 percent to 3 percent, during the same period.

In 2011, 72 percent of households owned farming land and 62 percent owned farm animals. Urban households are less likely than rural households to own land and farm animals. For example, 36 percent of urban households own farm animals compared with 68 percent of rural households.

2.1.5 Hand Washing

Observance and promotion of basic hygiene is fundamental good public health. Hand washing with a detergent ensures that the transmission of germs is restricted, especially among children who are more prone than adults to diarrhoea and other childhood illnesses.

Respondents were asked if they had a place for washing hands after using the toilet. Table 2.6 shows that three in ten households (29 percent) had such a place where washing of hands was observed. More than one in four households (27 percent) have both water and soap. Another 27 percent have only water available. Hand washing with water and soap is practiced most in households in Kampala, Central 1, and Western regions. On the other hand, Karamoja and West Nile regions are on the other extreme end with more than 80 percent of households not having any of the hand washing facilities (water/soap/detergents).

Table 2.5 Hand washing

Percentage of households in which the place most often used for washing hands was observed, and among households in which the place for hand washing was observed, percent distribution by availability of water, soap, and other cleansing agents, Uganda 2011

Background characteristic	Percentage of households where place for washing hands was observed	Number of households	Among households where place for hand washing was observed							Number of households with place for hand washing observed
			Soap and water[1]	Water and cleansing agent[2] other than soap only	Water only	Soap but no water[3]	Cleansing agent other than soap only[2]	No water, no soap, no other cleansing agent	Total	
Residence										
Urban	34.9	1,691	37.7	0.0	30.0	2.1	0.0	30.2	100.0	589
Rural	27.6	7,342	23.9	0.5	25.9	3.0	0.7	45.8	100.0	2,026
Region										
Kampala	39.0	797	41.7	0.0	30.2	1.2	0.0	26.9	100.0	311
Central 1	50.1	1,140	45.2	0.0	17.6	3.9	1.2	32.0	100.0	571
Central 2	45.1	1,038	26.5	0.7	18.1	3.9	1.5	49.4	100.0	468
East Central	30.6	904	11.9	0.0	42.9	1.8	0.0	43.3	100.0	277
Eastern	25.2	1,226	9.3	0.9	29.9	3.2	0.0	56.8	100.0	309
Karamoja	12.5	306	1.6	0.0	10.1	0.2	0.0	88.2	100.0	38
North	7.2	757	10.3	7.7	19.0	2.3	0.0	60.7	100.0	55
West Nile	16.4	508	4.5	1.0	9.9	0.7	0.0	84.0	100.0	84
Western	22.1	1,228	31.8	0.0	51.1	3.4	0.0	13.7	100.0	272
Southwest	20.5	1,128	15.6	0.0	22.2	1.8	0.0	60.4	100.0	232
Wealth quintile										
Lowest	17.0	1,719	11.9	0.8	17.2	0.4	0.8	68.9	100.0	292
Second	23.7	1,767	12.4	0.8	26.3	3.9	1.0	55.6	100.0	418
Middle	28.5	1,672	15.0	0.3	31.5	2.5	0.4	50.3	100.0	476
Fourth	32.4	1,723	26.8	0.4	28.0	2.7	1.0	40.8	100.0	559
Highest	40.4	2,152	45.7	0.2	27.1	3.4	0.0	23.5	100.0	870
Total	29.0	9,033	27.0	0.4	26.9	2.8	0.5	42.3	100.0	2,615

[1] Soap includes soap or detergent in bar, liquid, powder, or paste form. This column includes households with soap and water only as well as those that had soap and water and another cleansing agent.
[2] Cleansing agents other than soap include locally available materials such as ash, mud, or sand.
[3] Includes households with soap only as well as those with soap and another cleansing agent

2.2 WEALTH INDEX

Household income or expenditure is usually regarded as the gold standard for measuring welfare and overall standard of living. However, studies have shown that the wealth index is a good proxy for measuring wealth of households. It serves as an indicator of level of wealth that is consistent with expenditure and income measures (Rutstein, 1999). The wealth index was constructed using household asset data via principal components analysis.

In its current form, which takes better account of urban-rural differences in scores and indicators of wealth, the wealth index is created in three steps. In the first step, a subset of indicators common to urban and rural areas is used to create wealth scores for households in both areas. Categorical variables to be used are transformed into separate dichotomous (0-1) indicators. These indicators and those that are continuous are then examined using a principal components analysis to produce a common factor score for each household. In the second step, separate factor scores are produced for households in urban and rural areas using area-specific indicators. The third step combines the separate area-specific factor scores to produce a nationally applicable combined wealth index by adjusting area-specific scores through a regression on the common factor scores. This three-step procedure permits greater adaptability of the wealth index in both urban and rural areas. The resulting combined wealth index has a mean of zero and a standard deviation of one. Once the index is computed, national-level wealth quintiles (from lowest to highest) are obtained by assigning the household score to each de jure household member, ranking each person in the population by his or her score, and then dividing the ranking into five equal categories, each comprising 20 percent of the population.

Table 2.6 shows that in urban areas three-quarters of the population is in the highest wealth quintile, in sharp contrast to the rural areas, where only one in nine persons are in the highest wealth quintile. The wealth quintile distribution varies greatly across regions. Over 90 percent of the population in Kampala is in the highest wealth quintile, while in other regions the proportion is 35 percent or lower. In

Karamoja, eight in ten households are in the lowest quintile. In North, West Nile, and Eastern regions, 33 percent or more of the households are in the lowest quintile. This finding is consistent with the results of Uganda National Household survey, which showed that poverty is more concentrated in the northern region (UBOS, 2010).

Table 2.6 further shows the Gini Coefficient of wealth in Uganda, with 0 representing equal distribution (everyone having the same amount of wealth) and 1 representing a totally unequal distribution (one person having all the wealth). The overall Gini Coefficient for Uganda is 0.4. The coefficient is higher in rural areas (0.3) than in urban areas (0.2), indicating a more unequal distribution of wealth in the rural than in the urban population. The lowest Gini Coefficient is in Kampala (0.1), where over 90 percent of the population is in the highest wealth quintile.

Table 2.6 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, and the Gini Coefficient, according to residence and region, Uganda 2011

Residence/region	Wealth quintile					Total	Number of persons	Gini Coefficient
	Lowest	Second	Middle	Fourth	Highest			
Residence								
Urban	1.9	3.1	4.5	15.5	74.9	100.0	6,468	0.19
Rural	23.1	22.9	22.7	20.8	10.6	100.0	37,782	0.32
Region								
Kampala	0.0	0.1	1.2	7.6	91.0	100.0	2,770	0.12
Central 1	6.0	9.8	18.6	30.9	34.8	100.0	4,823	0.30
Central 2	8.4	12.8	19.7	29.4	29.7	100.0	4,656	0.34
East Central	12.1	21.0	21.2	29.8	15.9	100.0	4,697	0.31
Eastern	32.8	25.2	20.7	15.0	6.3	100.0	6,790	0.35
Karamoja	79.2	6.2	6.7	5.2	2.7	100.0	1,628	0.56
North	40.7	34.6	12.4	7.0	5.3	100.0	4,117	0.34
West Nile	41.2	31.2	14.3	8.0	5.2	100.0	2,810	0.31
Western	14.1	21.4	28.1	21.8	14.7	100.0	6,402	0.35
Southwest	6.3	23.3	32.5	24.5	13.4	100.0	5,555	0.28
Total	20.0	20.0	20.0	20.0	20.0	100.0	44,250	0.39

2.3 POPULATION BY AGE AND SEX

Age and sex are important variables that are the primary basis for demographic classification in vital statistics, censuses, and surveys. They are also important variables for the study of mortality, fertility, and marriage.

Table 2.7 shows the distribution of the household population in the 2011 UDHS by five-year age groups, urban-rural residence, and sex. The total population in the survey is 43,508, with females slightly outnumbering males (22,285 compared with 21,223). There is no variation in sex composition across rural-urban residence. The overall sex ratio is 95 (or 95 males per 100 females). The sex ratio is higher in rural than in urban areas (96 compared with 92 males per 100 females).

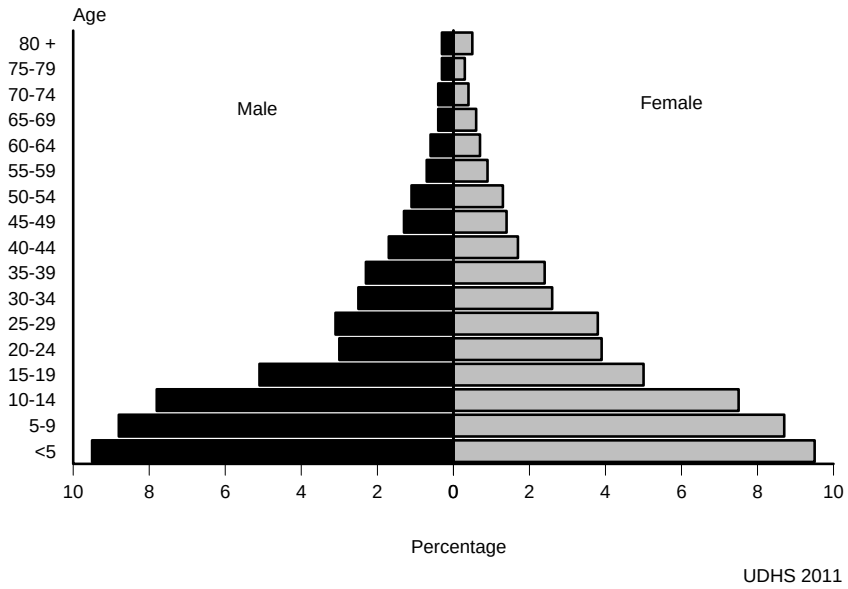
The broad base of the population pyramid in Figure 2.1 shows the large number of children under age 15, which characterizes a population with high fertility. Children under age 15 account for more than half (52 percent) of the total population.

Table 2.7 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 2011

	Urban			Rural			Total		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	17.1	16.1	16.6	19.9	19.0	19.4	19.5	18.5	19.0
5-9	14.6	12.4	13.4	18.7	17.7	18.2	18.1	16.9	17.5
10-14	10.7	11.2	11.0	16.8	15.1	15.9	15.9	14.6	15.2
15-19	9.8	12.0	11.0	10.5	9.4	10.0	10.4	9.8	10.1
20-24	11.2	13.1	12.2	5.3	6.7	6.1	6.2	7.7	7.0
25-29	11.1	11.5	11.3	5.7	6.8	6.2	6.5	7.5	7.0
30-34	6.8	7.1	7.0	4.7	4.8	4.8	5.0	5.1	5.1
35-39	7.1	5.3	6.2	4.3	4.6	4.5	4.7	4.7	4.7
40-44	3.4	3.1	3.3	3.4	3.4	3.4	3.4	3.4	3.4
45-49	2.7	2.1	2.4	2.7	2.9	2.8	2.7	2.8	2.7
50-54	2.1	2.2	2.2	2.2	2.5	2.4	2.2	2.5	2.3
55-59	1.3	1.3	1.3	1.5	1.8	1.6	1.5	1.7	1.6
60-64	0.9	0.9	0.9	1.2	1.5	1.4	1.2	1.4	1.3
65-69	0.4	0.5	0.5	1.0	1.2	1.1	0.9	1.1	1.0
70-74	0.4	0.4	0.4	0.8	0.9	0.9	0.7	0.8	0.8
75-79	0.2	0.2	0.2	0.6	0.6	0.6	0.5	0.6	0.5
80 +	0.3	0.5	0.4	0.7	1.0	0.8	0.6	0.9	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	3,058	3,325	6,383	18,166	18,960	37,125	21,223	22,285	43,508

Figure 2.1 **Population pyramid**



UDHS 2011

2.4 HOUSEHOLD COMPOSITION

Table 2.8 shows that three in ten households are headed by women, the same proportion as in the 2006 UDHS. This is consistent between rural and urban residence.

The average household size is 4.9 persons, which is slightly less than the average of 5.0 persons per household reported in 2006. The average household size is smaller in urban areas than in rural areas (3.8 compared with 5.1 persons). The average household size in urban areas declined from 4.1 in 2006 to 3.8 in 2011, while it remained the same in rural areas over the same time period. Single-person households are more common in urban areas (19 percent) than in rural areas (10 percent). In fact, more than half of the urban households have three or fewer household members. On the other hand, 56 percent of rural households have five or more members.

All persons below age 18 are defined as children. The 2011 UDHS collected information on the presence of foster children and orphans in households. Foster children are children under age 18 living in households with neither their mother nor their father present. Orphans are children with one or both parents dead. Foster children and orphans are of concern because they may be neglected or exploited if no parent is present. Close to one third of households have foster children; rural households are more likely to have foster children than urban households (30 percent and 24 percent, respectively). Eighteen percent of households have orphans. There are more households with a single orphan (14 percent) than double orphans (4 percent). There is little difference between rural and urban areas in the distribution of orphans.

Table 2.8 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 age 18, according to residence, Uganda 2011

Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	69.0	70.8	70.5
Female	31.0	29.2	29.5
Total	100.0	100.0	100.0
Number of usual members			
0	0.1	0.1	0.1
1	19.0	9.7	11.5
2	16.1	8.4	9.8
3	17.7	12.3	13.3
4	13.6	13.7	13.7
5	11.7	13.5	13.2
6	7.9	13.1	12.1
7	5.1	9.9	9.0
8	3.5	7.6	6.8
9+	5.2	11.7	10.5
Total	100.0	100.0	100.0
Mean size of households	3.8	5.1	4.9
Percentage of households with orphans and foster children under 18 years of age			
Foster children[1]	23.8	29.7	28.6
Double orphans	2.9	3.8	3.6
Single orphans[2]	10.3	14.8	14.0
Foster and/or orphan children	26.2	34.4	32.9
Number of households	1,691	7,342	9,033

Note: Table is based on de jure household members, i.e., usual residents.
[1] Foster children are those under age 18 living in households with neither their mother nor their father present.
[2] Includes children with one dead parent and an unknown survival status of the other parent.

2.5 BIRTH REGISTRATION

Registration of births ought to be universally practised. It is a human right for a child to know who its parents are and to acquire a nationality through registration. The registration system in Uganda aims to ensure that all children are registered. A collaborative effort involving UNICEF, the Ministry of Justice and Constitutional Affairs, Plan International, and UBOS, among others, is spearheading the exercise in over 54 districts in Uganda. 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 immunisation, education, and other social services.

Table 2.9 shows that three in ten children are registered in Uganda. This represents an increase of 9 percentage points from the 2006 UDHS (21 percent). Children age 2-4 are more likely to be registered than children below age 2 (32 percent and 26 percent, respectively). Similarly, children in urban areas are more likely to be registered than children in rural areas (38 percent compared with 29 percent). Registration coverage is highest in Kampala (45 percent), Central 1 (42 percent), and Western (36 percent) regions. On the other hand, Karamoja and Southwest regions have the lowest coverage. The highest

proportion of registered births is found in the highest wealth quintile (44 percent) whereas the lowest percentage is found in the second lowest quintile (26 percent).

Table 2.9 Birth registration of children under age 5

Percentage of de jure children under age 5 whose births are registered with the civil authorities, according to background characteristics, Uganda 2011

Background characteristic	Children whose births are registered			Number of children
	Percentage who had a birth certificate	Percentage who did not have birth certificate	Percentage registered	
Age				
<2	15.3	11.0	26.3	3,301
2-4	19.2	13.0	32.2	5,060
Sex				
Male	17.3	12.6	29.9	4,182
Female	18.0	11.9	29.9	4,179
Residence				
Urban	25.5	12.5	38.0	1,068
Rural	16.5	12.2	28.7	7,293
Region				
Kampala	27.5	17.0	44.5	440
Central 1	22.6	19.8	42.3	866
Central 2	25.5	7.7	33.3	873
East Central	21.9	4.6	26.4	924
Eastern	16.2	16.6	32.8	1,390
Karamoja	7.9	3.2	11.1	314
North	18.7	13.1	31.8	749
West Nile	9.3	8.6	17.8	530
Western	16.1	19.3	35.5	1,230
Southwest	9.3	4.1	13.5	1,047
Wealth quintile				
Lowest	14.1	13.1	27.2	1,864
Second	14.9	10.8	25.7	1,790
Middle	15.8	11.1	26.9	1,726
Fourth	19.6	8.2	27.8	1,513
Highest	25.7	18.3	44.0	1,467
Total	17.7	12.2	29.9	8,361

2.6 CHILDREN'S LIVING ARRANGEMENTS AND PARENTAL SURVIVAL

Table 2.10 presents data on children's living arrangements and orphanhood in Uganda. Fifty- five percent of children under age 18 live with both parents; 20 percent live with their mothers but not their father (whether alive or dead); 5 percent live with their fathers but not with mother (whether alive or dead); and 19 percent live with neither of their natural parents.

The proportion of children living with both parents decreases with age. Although 72 percent of children under age 2 live with both parents, by age 10-14 only 46 percent of children live with their father and mother. The proportion of children living with both parents varies little by the child's sex. Rural children are more likely to live with both parents than urban children (56 percent versus 49 percent). Regions with the highest proportion of children living with both parents are Eastern (63 percent), North (62 percent) and Southwest (61 percent), while the region with the lowest is Karamoja (49 percent). In general, the percentage of children living with both parents tends to decrease with an increase in household wealth.

Table 2.10 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by living arrangements and survival status of parents, the percentage of children not living with a biological parent, and the percentage of children with one or both parents dead, according to background characteristics, Uganda 2011

		Living with mother but not with father		Living with father but not with mother		Not living with either parent								
Background characteristic	Living with both parents	Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead	Missing information on father/ mother	Total	Percentage not living with a biological parent	Percentage with one or both parents dead[1]	Number of children
Age														
0-4	68.0	18.4	2.2	1.7	0.1	7.8	0.4	0.6	0.3	0.4	100.0	9.1	3.7	8,361
<2	72.2	21.7	1.9	0.7	0.0	2.8	0.1	0.1	0.2	0.3	100.0	3.2	2.4	3,301
2-4	65.2	16.3	2.4	2.4	0.2	11.0	0.7	1.0	0.4	0.4	100.0	13.0	4.6	5,060
5-9	55.7	15.2	4.1	4.8	0.7	13.3	1.6	2.6	1.4	0.7	100.0	18.9	10.4	7,688
10-14	45.5	13.9	6.4	6.6	1.6	15.6	2.3	4.2	3.2	0.7	100.0	25.3	17.9	6,659
15-17	39.7	13.2	8.6	6.0	1.9	17.9	2.5	4.8	4.4	0.9	100.0	29.7	22.4	2,875
Sex														
Male	56.2	15.4	4.4	5.1	0.9	11.6	1.5	2.4	1.9	0.6	100.0	17.4	11.2	12,947
Female	54.2	16.1	4.9	3.6	0.8	13.7	1.6	2.9	1.7	0.6	100.0	19.8	11.9	12,636
Residence														
Urban	48.9	18.9	3.3	5.1	0.6	15.1	1.8	3.7	1.9	0.5	100.0	22.5	11.5	3,058
Rural	56.1	15.3	4.8	4.3	0.9	12.3	1.5	2.5	1.8	0.6	100.0	18.1	11.5	22,525
Region														
Kampala	50.5	19.0	3.5	5.2	0.9	13.7	1.7	3.5	1.3	0.7	100.0	20.2	11.0	1,106
Central 1	49.5	15.9	3.7	6.8	1.5	16.5	1.6	2.6	1.3	0.6	100.0	21.9	10.8	2,722
Central 2	52.6	14.2	3.3	5.6	0.4	17.0	1.6	3.0	1.9	0.4	100.0	23.5	10.3	2,696
East Central	52.6	17.9	3.2	4.7	0.7	15.3	1.5	2.1	1.5	0.6	100.0	20.4	9.1	2,890
Eastern	62.5	12.4	3.8	4.4	1.1	10.5	1.1	2.4	1.2	0.6	100.0	15.2	9.8	4,086
Karamoja	48.9	23.6	6.8	1.2	1.6	7.5	2.6	2.7	4.9	0.1	100.0	17.7	18.7	999
North	61.5	9.0	6.9	3.1	1.1	8.8	1.2	3.8	4.0	0.6	100.0	17.8	17.1	2,476
West Nile	55.3	13.6	4.0	6.2	0.6	14.0	0.9	4.0	0.8	0.4	100.0	19.8	10.5	1,607
Western	49.5	21.4	6.0	4.8	0.5	11.0	2.4	2.1	1.6	0.8	100.0	17.0	12.5	3,822
Southwest	61.3	14.8	5.3	1.3	0.6	11.3	1.2	1.6	1.8	0.8	100.0	15.8	10.6	3,179
Wealth quintile														
Lowest	56.3	16.0	7.8	3.1	1.0	8.9	1.2	2.4	2.6	0.9	100.0	15.0	15.0	5,449
Second	58.4	14.3	4.9	3.9	0.5	11.3	2.1	2.3	1.7	0.5	100.0	17.4	11.6	5,291
Middle	56.5	15.3	4.5	4.4	0.8	12.0	1.5	2.7	1.6	0.7	100.0	17.8	11.1	5,287
Fourth	53.4	15.6	3.0	5.5	1.4	15.4	1.3	2.6	1.5	0.4	100.0	20.8	9.8	5,197
Highest	50.8	17.6	2.3	5.3	0.7	16.3	1.4	3.3	1.8	0.5	100.0	22.8	9.6	4,359
Total <15	57.2	16.0	4.1	4.2	0.7	11.9	1.4	2.3	1.5	0.6	100.0	17.2	10.1	22,707
Total <18	55.2	15.7	4.6	4.4	0.9	12.6	1.5	2.6	1.8	0.6	100.0	18.6	11.5	25,583

Note: Table is based on de jure members, i.e., usual residents.
[1] Includes children with father dead, mother dead, both dead and one parent dead but missing information on survival status of the other parent.

2.7 EDUCATION LEVEL OF THE HOUSEHOLD POPULATION

Education is a key determinant of an individual's stock of human capital. Studies have consistently shown that educational attainment strongly affects reproductive behaviour, fertility, infant and child morbidity and mortality, and attitudes and awareness related to family health, use of family planning, and sanitation. The 2011 UDHS collected information on educational attainment of all persons age 3 and older in the selected households.

2.7.1 School Attendance by Survivorship of Parents

The survival status of parents has an impact on their children's school attendance. Table 2.11 shows the percentage of children age 10-14 attending school, by parental survival status (deceased or alive), and the ratio of the percentage attending with both parents deceased to the percentage attending with both parents alive, according to background characteristics. Data show that double orphaned children are less likely to attend school (84 percent) than children who have both parents alive and live with at least one parent (96 percent), resulting in a school attendance ratio of 0.87 between the percentage of children with both parents deceased and the percentage of children with both parents alive and living with a parent.

Male children with both parents deceased are much less likely than female children in the same situation to attend school (80 percent versus 88 percent).

Table 2.11 School attendance by survivorship of parents

For de jure children 10-14 years of age, the percentage attending school, by parental survival and the ratio of the percentage attending, by parental survival, according to background characteristics, Uganda 2011

	Percentage attending school by survivorship of parents				
Background characteristic	Both parents deceased	Number	Both parents alive and living with at least one parent	Number	Ratio[1]
Sex					
Male	80.0	117	96.0	2,290	0.83
Female	87.7	97	95.1	2,101	0.92
Residence					
Urban	(83.8)	22	97.9	419	(0.86)
Rural	83.4	192	95.4	3,972	0.87
Region					
Kampala	*	5	97.6	123	0.68
Central 1	*	18	98.2	456	0.86
Central 2	(91.0)	28	97.5	447	0.93
East Central	*	18	97.5	511	0.96
Eastern	*	21	97.3	742	0.86
Karamoja	49.4	25	60.3	166	0.82
North	(93.4)	33	96.9	417	0.96
West Nile	*	9	92.1	279	0.78
Western	(100.0)	29	96.7	693	1.03
Southwest	*	29	97.3	558	0.79
Wealth quintile					
Lowest	73.1	61	87.4	889	0.84
Second	(81.6)	52	95.6	915	0.85
Middle	(91.0)	31	97.6	930	0.93
Fourth	(90.9)	32	98.9	1,016	0.92
Highest	(90.2)	38	98.8	643	0.91
Total	83.5	214	95.6	4,392	0.87

Note: Table is based only on children who usually live in the household. 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] Ratio of the percentage attending with both parents deceased to the percentage attending with both parents alive and living with at least one parent

2.7.2 Educational Attainment

Tables 2.12.1 and 2.12.2 show the percent distribution of the de facto female and male household population age 6 and older by the highest level of education attended or completed, according to background characteristics. The majority of Ugandans have either no formal education or only some primary education. One in five females (20 percent) and 13 percent of males age 6 and older have never had any formal education. Fifty-eight percent of females and 59 percent of males have attained some primary education only, and 7 percent each of females and males have completed primary education, but not continued. A slightly higher percentage of both females (12 percent) and males (14 percent) have attended but did not complete secondary education. Only 4 percent of females and 6 percent of males have completed secondary or higher education.

The trends in educational attainment by successive age groups indicate that, despite free universal primary education, 33 percent of girls and 34 percent of boys age 6-9 have never attended school. Studies have attributed the poor school attendance to long distances to and from schools, costs of education beyond tuition, and the fact that children below age 8 are still considered too young to start school by some sections of society in Uganda (UBOS, 2010).

The proportion of females and males with no education increases with increasing age. For example, 12 percent of women age 25-29 have never attended school compared with 59 percent of women age 60-64.

As expected, educational attainment is much higher among the urban population than among the rural population. For example, in urban areas only 8 percent of females and 7 percent of males have no education, compared with 22 percent of females and 14 percent of males in rural areas. At the regional level, Karamoja has the highest proportion of females and males with no education in Uganda. The highest percentage of females and males who have completed secondary or higher education live in Kampala, Central 1 and Central 2 regions and, among men, North region. The most substantial variation in educational attainment occurs across the wealth quintiles. Only 7 to 8 percent of females and males in the wealthiest households have no education, compared with 34 percent of females and 20 percent of males in the poorest households.

Table 2.12.1 Educational attainment of the female household population

Percent distribution of the de facto female household population age six and over by highest level of schooling attended or completed and median years completed according to background characteristics, Uganda 2011

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
Age										
6-9	32.6	67.4	0.0	0.0	0.0	0.0	0.0	100.0	3,069	0.0
10-14	4.3	92.8	0.9	2.0	0.0	0.0	0.0	100.0	3,243	2.5
15-19	3.3	56.8	9.0	29.0	0.5	1.4	0.1	100.0	2,191	5.4
20-24	5.6	40.8	13.5	28.7	3.7	7.6	0.1	100.0	1,711	6.2
25-29	11.6	43.9	12.2	21.5	1.2	9.5	0.1	100.0	1,663	5.5
30-34	17.6	48.9	10.6	14.1	1.0	7.7	0.0	100.0	1,145	4.1
35-39	21.8	50.8	9.6	11.1	0.9	5.7	0.0	100.0	1,056	3.4
40-44	27.3	45.7	11.3	12.2	0.7	2.7	0.1	100.0	753	3.2
45-49	30.7	46.1	13.0	5.5	0.4	4.2	0.1	100.0	620	2.6
50-54	42.1	36.8	8.9	7.4	1.9	2.6	0.4	100.0	553	1.4
55-59	47.9	36.6	6.9	5.4	0.4	2.1	0.8	100.0	381	0.0
60-64	59.4	29.2	2.0	5.5	0.0	3.1	0.8	100.0	319	0.0
65+	72.0	23.3	0.8	1.8	0.1	0.9	1.1	100.0	749	0.0
Residence										
Urban	8.2	40.9	8.3	27.0	3.2	12.2	0.1	100.0	2,719	6.1
Rural	22.0	60.9	6.2	8.9	0.3	1.5	0.1	100.0	14,739	2.3
Region										
Kampala	5.3	33.0	9.3	30.0	4.4	17.9	0.1	100.0	1,202	7.1
Central 1	16.0	53.6	9.1	15.4	1.7	4.0	0.1	100.0	1,908	3.8
Central 2	16.8	54.8	8.8	16.4	0.7	2.1	0.3	100.0	1,829	3.5
East Central	17.6	60.0	6.4	13.4	0.5	2.1	0.1	100.0	1,843	3.0
Eastern	14.8	68.4	6.0	8.8	0.4	1.5	0.1	100.0	2,620	2.6
Karamoja	58.1	36.3	1.4	3.1	0.3	0.8	0.0	100.0	677	0.0
North	22.7	66.3	4.6	4.9	0.3	1.1	0.2	100.0	1,583	2.2
West Nile	24.8	64.1	4.6	4.8	0.1	1.2	0.4	100.0	1,047	1.6
Western	21.4	59.8	5.1	11.1	0.2	2.4	0.0	100.0	2,476	2.6
Southwest	23.8	58.2	7.0	8.7	0.3	2.1	0.0	100.0	2,273	2.1
Wealth quintile										
Lowest	34.0	60.4	3.2	2.2	0.1	0.1	0.2	100.0	3,462	0.7
Second	24.4	64.1	5.4	5.6	0.1	0.3	0.0	100.0	3,309	1.9
Middle	18.8	65.0	7.1	8.0	0.3	0.7	0.0	100.0	3,440	2.5
Fourth	15.7	59.5	7.9	14.9	0.3	1.4	0.3	100.0	3,511	3.4
Highest	7.7	41.5	8.8	26.5	2.9	12.5	0.1	100.0	3,736	6.1
Total	19.9	57.8	6.5	11.7	0.8	3.2	0.1	100.0	17,458	2.7

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

Table 2.12.2 Educational attainment of the male household population

Percent distribution of the de facto male household population age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Uganda 2011

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
Age										
6-9	33.6	66.4	0.0	0.0	0.0	0.0	0.0	100.0	3,049	0.0
10-14	3.6	94.4	0.6	1.4	0.0	0.0	0.1	100.0	3,373	2.2
15-19	2.8	65.1	5.8	24.7	0.6	1.0	0.1	100.0	2,203	5.0
20-24	4.7	36.1	11.6	32.7	4.9	9.2	0.7	100.0	1,315	6.7
25-29	4.3	33.9	15.8	28.2	4.8	12.4	0.5	100.0	1,370	6.7
30-34	7.7	36.9	15.0	24.8	2.9	11.4	1.2	100.0	1,069	6.3
35-39	9.0	42.6	12.6	21.6	3.7	9.0	1.3	100.0	994	5.8
40-44	11.4	40.1	15.7	20.4	2.2	8.9	1.4	100.0	724	5.8
45-49	13.2	40.0	14.5	17.0	2.5	12.2	0.6	100.0	576	5.6
50-54	14.7	42.7	16.5	15.1	1.1	9.0	1.0	100.0	459	5.2
55-59	12.3	42.4	17.5	15.6	1.0	10.7	0.4	100.0	309	5.5
60-64	17.9	42.2	16.0	12.3	1.9	8.1	1.6	100.0	252	4.9
65+	37.2	46.1	3.9	6.4	0.6	4.7	0.9	100.0	594	1.8
Residence										
Urban	6.6	37.3	6.8	26.6	6.1	15.8	0.7	100.0	2,442	6.7
Rural	13.5	63.0	7.4	12.1	0.8	2.9	0.4	100.0	13,851	3.1
Region										
Kampala	4.1	28.1	6.2	30.5	8.4	21.7	1.0	100.0	1,045	9.0
Central 1	15.5	53.9	7.3	16.6	1.5	4.3	1.0	100.0	1,852	3.5
Central 2	12.8	56.1	8.2	16.0	2.2	3.3	1.4	100.0	1,725	3.7
East Central	12.3	61.3	5.9	16.0	1.1	2.9	0.6	100.0	1,708	3.3
Eastern	8.7	68.0	6.7	12.8	0.5	3.2	0.1	100.0	2,451	3.4
Karamoja	45.3	37.2	5.8	8.2	1.2	2.4	0.0	100.0	522	0.0
North	9.3	64.9	9.8	9.9	0.7	5.3	0.2	100.0	1,535	3.7
West Nile	9.9	65.1	8.5	11.3	1.1	3.9	0.3	100.0	1,022	3.3
Western	11.7	63.3	7.0	13.7	0.7	3.3	0.3	100.0	2,419	3.3
Southwest	14.5	63.1	7.5	9.6	1.4	4.0	0.0	100.0	2,013	2.6
Wealth quintile										
Lowest	20.3	67.3	5.4	5.8	0.0	1.0	0.2	100.0	3,032	2.0
Second	13.1	66.8	8.3	9.3	0.6	1.7	0.2	100.0	3,246	2.9
Middle	12.3	64.5	8.3	12.2	0.5	1.9	0.3	100.0	3,245	3.2
Fourth	10.8	59.5	7.4	17.1	1.2	3.4	0.6	100.0	3,449	3.8
Highest	6.6	38.4	7.1	25.9	5.4	15.7	1.0	100.0	3,321	6.5
Total	12.5	59.1	7.3	14.2	1.6	4.8	0.5	100.0	16,293	3.4

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

2.7.3 School Attendance Ratios

Uganda's educational system is a three-tier system that consists of seven years of primary education, followed by six years of secondary education (four years of ordinary secondary and two years of advanced secondary), and at least three years of university/tertiary education. The official age ranges for these levels are 6-12 years for primary education, 13-18 years for secondary education, and age 19-24 for university/tertiary education. The official age range for pre-primary education is 3-5 years.

Table 2.13 shows data on net attendance ratios (NARs) and gross attendance ratios (GARs) for the de facto household population by school level and sex, according to residence, region, and wealth index. The NAR for pre-primary school is the percentage of the pre-primary-school-age population (3-5 years) that attends pre-primary school; the NAR for primary school is the percentage of the primary-school-age population (6-12 years) that attends primary school; and the NAR for secondary school is the percentage of the population of secondary school age (13-18 years) that attends secondary school.

The GAR for pre-primary school is the total number of pre-primary school students of any age, expressed as a percentage of the official pre-primary-school-age population (3-5 years); the GAR for primary school is the total number of primary school students of any age, expressed as a percentage of the official primary-school-age population (6-12 years); and the GAR for secondary school is the total number of secondary school students of any age, expressed as a percentage of the official secondary-school-age population (13-18 years). If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent. Persons are considered to be currently attending school if they attended formal academic school at any point during the school year.

Table 2.13 shows that 23 and 24 percent, each, of male and female children of pre-primary school age in Uganda attend pre-primary school. Further, 81 percent each of male and female children of primary school age in Uganda attend primary school. At the same time, only 17 percent of secondary-school age population attend secondary school (16 percent of males and 18 percent of females).

At the pre-primary school level, the NAR is substantially lower in rural areas (20 percent) than in urban areas (53 percent). West Nile region has the lowest NAR at the pre-primary school level (5 percent) and Kampala has the highest NAR for pre-primary school (62 percent). The NAR at the pre-primary education level increases from just 7 percent in the lowest wealth quintile to 53 percent in the highest wealth quintile.

The pre-primary education GAR is almost the same among males and females (41 and 42 percent, respectively). Similar to the NAR, the GAR for pre-primary education level is higher in urban than rural areas (75 percent versus 37 percent). It is lowest in West Nile (7 percent) and highest in Kampala (82 percent), and it increases from 15 percent in the lowest wealth quintile to 75 percent in the highest wealth quintile.

The Gender Parity Index (GPI) measures sex-related differences in school attendance ratios regardless of age. It is the ratio of female-to-male attendance. A GPI of 1 indicates parity, or equality, between the school participation ratios for males and females. A GPI of less than 1 indicates a gender disparity in favour of males. That is, a higher proportion of males than females attend that level of schooling. A GPI that is higher than 1 indicates a gender disparity in favour of females. The GPI for pre-primary school level is 1.02, indicating that there is no gender gap.

At the primary level, the GAR is higher among males (124 percent) than among females (119 percent). The same pattern is observed at the secondary level (25 and 22 percent, respectively). The overall GAR of 121 percent shows that there are many overage students attending primary schools, and this applies to pupils in both rural and urban areas. There is a strong relationship between household economic status and schooling at both the primary and secondary levels and among males and females. For example, at the primary education level, the NAR increases from 73 percent in the lowest wealth quintile to 87 percent in the highest wealth quintile. Similarly, at the secondary level the NAR rises from 4 percent in the lowest wealth quintile to 33 percent in the highest wealth quintile.

The GPI for primary school level is 0.96, indicating that there is almost no gender gap. At the secondary level, the gender difference is slightly larger (0.89). The disparity in attendance between females and males at primary education is minimal in all regions except in West Nile (0.85) and Karamoja (0.88). However, at secondary school level, the variation widens in the North (0.57), West Nile (0.59), and Kampala (0.57) regions.

Table 2.13 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 2011

Background characteristic	Net attendance ratio[1]				Gross attendance ratio[2]			
	Male	Female	Total	Gender Parity Index[3]	Male	Female	Total	Gender Parity Index[3]
PRE-PRIMARY SCHOOL								
Residence								
Urban	50.0	55.7	52.8	1.11	72.2	77.0	74.6	1.07
Rural	18.9	20.2	19.5	1.07	37.1	37.0	37.1	1.00
Region								
Kampala	61.1	62.3	61.7	1.02	79.5	83.4	81.5	1.05
Central 1	31.9	39.6	35.8	1.24	50.4	53.7	52.1	1.07
Central 2	34.3	35.2	34.8	1.03	66.1	69.6	67.8	1.05
East Central	14.7	21.2	17.9	1.44	31.2	34.7	33.0	1.11
Eastern	11.1	14.8	13.0	1.33	23.1	22.3	22.7	0.97
Karamoja	4.4	7.4	6.0	1.66	10.8	15.9	13.5	1.47
North	11.8	10.4	11.2	0.88	18.6	17.9	18.3	0.96
West-Nile	5.4	4.2	4.8	0.79	6.6	6.8	6.7	1.03
Western	24.7	27.8	26.1	1.13	46.4	54.9	50.2	1.18
Southwest	33.0	27.0	30.0	0.82	70.6	56.5	63.4	0.80
Wealth quintile								
Lowest	5.9	7.6	6.7	1.28	12.5	17.1	14.8	1.37
Second	15.2	15.3	15.3	1.01	32.2	32.6	32.4	1.01
Middle	23.1	20.1	21.6	0.87	44.4	37.4	40.9	0.84
Fourth	26.0	30.4	28.2	1.17	55.2	52.9	54.1	0.96
Highest	50.1	56.3	53.2	1.12	72.0	78.6	75.3	1.09
Total	22.5	24.4	23.4	1.08	41.1	41.7	41.4	1.02
PRIMARY SCHOOL								
Residence								
Urban	85.3	84.6	85.0	0.99	114.4	118.1	116.2	1.03
Rural	80.6	80.6	80.6	1.00	125.2	118.7	122.0	0.95
Region								
Kampala	86.6	83.3	84.9	0.96	107.1	103.3	105.1	0.96
Central 1	85.5	89.2	87.3	1.04	121.7	121.5	121.6	1.00
Central 2	79.0	80.2	79.6	1.01	118.9	116.7	117.8	0.98
East Central	84.0	85.0	84.5	1.01	127.8	123.8	125.9	0.97
Eastern	86.3	89.3	87.7	1.03	136.3	128.6	132.5	0.94
Karamoja	53.9	49.3	51.4	0.91	76.9	67.8	71.9	0.88
North	80.1	77.9	79.0	0.97	131.8	125.5	128.8	0.95
West Nile	81.2	76.7	78.9	0.95	132.8	112.9	122.9	0.85
Western	80.5	78.9	79.7	0.98	124.7	122.4	123.6	0.98
Southwest	78.1	79.2	78.6	1.01	119.8	118.1	118.9	0.99
Wealth quintile								
Lowest	75.0	71.4	73.2	0.95	114.6	101.0	107.8	0.88
Second	79.6	79.3	79.5	1.00	128.0	118.3	123.3	0.92
Middle	82.6	84.9	83.7	1.03	129.7	125.1	127.4	0.96
Fourth	82.8	85.5	84.1	1.03	129.3	129.1	129.2	1.00
Highest	87.1	85.9	86.5	0.99	117.6	122.4	120.0	1.04
Total	81.1	81.0	81.0	1.00	124.1	118.6	121.4	0.96
SECONDARY SCHOOL								
Residence								
Urban	39.7	31.0	34.7	0.78	54.9	36.0	44.0	0.66
Rural	12.6	15.5	14.0	1.23	20.5	19.2	19.9	0.93
Region								
Kampala	48.6	34.4	39.8	0.71	64.5	36.7	47.4	0.57
Central 1	16.6	30.5	23.7	1.84	26.4	34.6	30.6	1.31
Central 2	19.6	25.2	22.4	1.29	28.1	28.3	28.2	1.01
East Central	19.4	20.7	20.0	1.07	30.6	26.6	28.7	0.87
Eastern	13.4	14.2	13.8	1.06	24.7	17.8	21.4	0.72
Karamoja	7.2	7.5	7.4	1.05	8.1	7.7	7.9	0.95
North	5.8	3.7	4.8	0.64	10.9	6.2	8.6	0.57
West Nile	11.5	7.6	9.7	0.66	20.9	12.3	16.9	0.59
Western	15.7	15.2	15.5	0.96	23.2	18.3	20.8	0.79
Southwest	13.1	16.8	14.9	1.28	19.2	23.6	21.3	1.23
Wealth quintile								
Lowest	4.7	3.9	4.3	0.81	7.8	4.5	6.2	0.58
Second	8.7	10.6	9.6	1.23	15.8	13.4	14.7	0.85
Middle	11.8	11.5	11.6	0.97	20.2	15.6	18.0	0.78
Fourth	20.0	25.9	23.0	1.30	31.6	31.3	31.5	0.99
Highest	35.1	31.5	33.1	0.90	48.2	37.0	41.8	0.77
Total	15.8	18.0	16.9	1.14	24.6	21.9	23.3	0.89

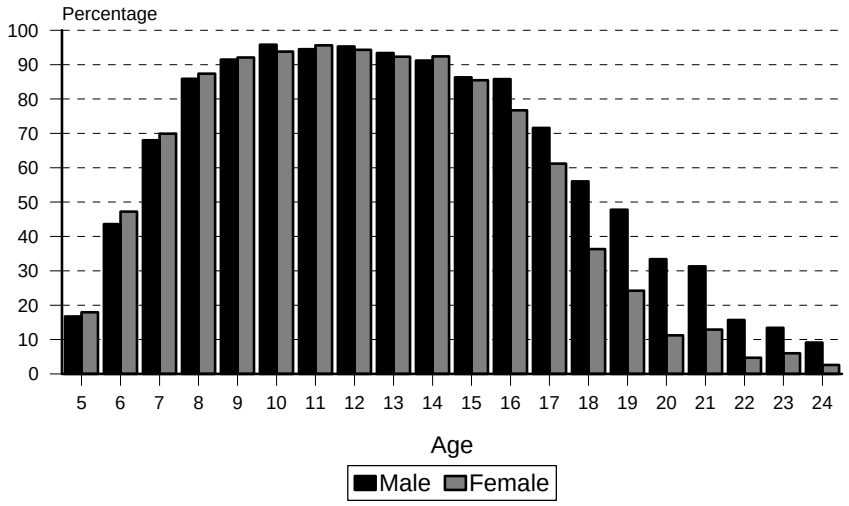
[1] The NAR for pre-primary school is the percentage of the pre-primary-school-age (3-5 years) population that is attending primary school. The NAR for primary school is the percentage of the primary-school-age (6-12 years) population that is attending primary school. The NAR for secondary school is 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.

Figure 2.2 shows the age-specific attendance rates (ASARs) for the population age 5-24 at primary, secondary, or tertiary/university level in the 2011 school year. In Uganda, the minimum age for schooling is age 6. However, some children start school at age 5. Over 80 percent of boys and girls age 8-15 attend school. There are some differences in the proportion of males and females attending school. The difference is obvious at age 16 and older, when the proportion of adolescent males attending school is higher than that of adolescent females.

Figure 2.2 **Age-specific attendance rates of the de facto population age 5-24**



UDHS 2011

2.8 DISABILITY

Persons with disabilities are considered vulnerable in Uganda. They are disadvantaged in work places and in other public places. The government of Uganda has developed a National Disability Policy to promote effective service delivery to persons with disabilities. Recently, the Expanding Social Protection Programme (ESP) was developed primarily to incorporate a national social protection system, including direct income support for the poorest and most vulnerable people, a population that includes those with disabilities. In the 2011 UDHS, information was collected on each household member age 5 and older about whether he or she had difficulties with seeing, hearing, communicating, walking or climbing stairs, remembering or concentrating, or performing self-care.

Table 2.14 shows that 19 percent of persons age 5 and over have some form of disability. The prevalence of disability increases with age, from 12 percent among children age 5-9 to 67 percent among those age 60 and above. The prevalence of disability is about 12 to 13 percent among persons age 5-29, and starts to rise after age 30. The prevalence increases significantly, from 19 percent among persons age 30-39, to 31 percent at age 40-49, and to 49 percent at age 50-59. Difficulties in seeing and walking or climbing stairs are the most common types of disabilities reported during the survey.

Table 2.14 Disability by functional area and age

Percent distribution of de facto household population age five and over by the degree of difficulty according to the functional area, and percent distribution by the highest degree of difficulty in at least one functional area by age, Uganda 2011

Functional area and age	Degree of difficulty						Some difficulty, a lot of difficulty, or can't do at all	Number of individuals
	Can't do at all	A lot of difficulty	Some difficulty	No difficulty	Don't know/ missing	Total		
Functional area								
Difficulty seeing	0.1	1.6	7.7	90.5	0.1	100.0	9.4	35,226
Difficulty hearing	0.1	0.8	4.5	94.5	0.1	100.0	5.4	35,226
Difficulty walking or climbing stairs	0.1	1.7	5.4	92.6	0.1	100.0	7.2	35,226
Difficulty remembering or concentrating	0.1	1.3	4.8	93.6	0.1	100.0	6.2	35,226
Difficulty with self-care	0.3	0.4	1.6	97.6	0.1	100.0	2.3	35,226
Difficulty communicating	0.1	0.3	1.0	98.4	0.1	100.0	1.5	35,226
Difficulty in at least one functional area								
5-9	1.0	1.8	8.7	88.3	0.2	100.0	11.5	7,602
10-14	0.4	2.4	9.5	87.6	0.1	100.0	12.3	6,616
15-19	0.4	2.2	9.7	87.6	0.1	100.0	12.3	4,394
20-29	0.3	2.1	10.4	87.1	0.1	100.0	12.8	6,059
30-39	0.1	3.2	15.2	81.4	0.0	100.0	18.5	4,265
40-49	0.5	6.0	24.9	68.6	0.0	100.0	31.4	2,672
50-59	0.6	11.6	36.6	51.2	0.0	100.0	48.8	1,703
60+	3.4	24.8	38.6	33.0	0.2	100.0	66.8	1,914
Total age 10 and over	0.6	4.9	15.8	78.7	0.1	100.0	21.3	27,624
Total age 15 and over	0.6	5.7	17.8	75.9	0.1	100.0	24.1	21,007
Total	0.7	4.2	14.3	80.8	0.1	100.0	19.2	35,226

CHARACTERISTICS OF RESPONDENTS 3

Key Findings

- Thirteen percent of women and 4 percent of men age 15-49 have no education. However, the percentage of women and men with at least some secondary education has increased by 30 percent and 18 percent, respectively, in the past five years.
- Twenty-one percent of women and 11 percent of men age 15-49 are not exposed to any source of mass media.
- Less than 1 percent of women and 2 percent of men are covered by health insurance.
- Sixty-nine percent of women were employed in the 12 months preceding the survey, with the majority (57 percent) employed in the agricultural sector.
- Twenty-six percent of working women are not paid for their work, and 79 percent of women in nonagricultural work are paid by cash only.

The purpose of this chapter is to create a demographic and socioeconomic profile of individual female and male respondents. This information helps to interpret findings presented later in the report and indicates the representativeness of the survey. The chapter begins by describing basic background characteristics, including age, marital status, religion, ethnicity, and wealth. It then provides more detailed information on education, media exposure, employment, health insurance, and tobacco use.

3.1 CHARACTERISTICS OF SURVEY RESPONDENTS

The basic characteristics of the 8,674 women and 2,191 men age 15-49 interviewed in the 2011 UDHS are presented in Table 3.1.

Relatively high proportions of both female and male respondents are in the younger age groups, with more than half of the respondents (61 percent of women and 57 percent of men) under age 30. In general, the proportion of women and men in each group declines as age increases, reflecting the comparatively young age structure of the population in Uganda, which results from previous high fertility levels.

The majority of women and men are Catholic (41 percent and 44 percent), 30 percent of women and 32 percent of men are Protestant, and 13 percent of women and 12 percent of men are Muslim. In addition, 13 percent of women and 9 percent of men are Pentecostal, and 2 percent of each sex are Seventh-day Adventists (SDA). In general the percentages for various religions are consistent across males and females.

More than one-fifth of women (24 percent) and more than one-third of men (38 percent) have never married. The majority of women (36 percent) and men (41 percent) are currently married, and 27 percent of women and 15 percent of men live together. Nine percent of women and 5 percent of men are divorced or separated. Four percent of women and very few men are widowed. Eight in ten respondents reside in rural areas. Across the ten regions, the Eastern and Western regions have the largest populations, while Karamoja has the smallest population for both men and women.

Table 3.1 Background characteristics of respondents

Percent distribution of women and men age 15-49 by selected background characteristics, Uganda 2011

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15-19	23.6	2,048	2,026	25.5	554	562
20-24	18.8	1,629	1,666	14.6	318	340
25-29	18.1	1,569	1,618	16.6	361	365
30-34	12.5	1,086	1,101	14.9	323	310
35-39	11.8	1,026	992	12.3	268	284
40-44	8.4	729	709	8.8	191	179
45-49	6.8	587	562	7.2	157	151
Religion						
Catholic	40.6	3,524	3,731	43.8	952	994
Protestant	30.0	2,601	2,463	32.0	695	678
Muslim	13.0	1,124	1,173	12.4	269	287
Pentecostal	13.3	1,154	1,079	8.5	185	169
SDA	1.9	168	149	1.8	39	34
Marital status						
Never married	24.4	2,118	2,208	38.4	834	872
Married	35.6	3,087	3,071	41.4	899	878
Living together	26.9	2,331	2,281	15.1	329	326
Divorced/separated	9.3	805	790	4.7	103	107
Widowed	3.8	328	319	0.3	8	8
Residence						
Urban	19.8	1,717	2,562	20.2	439	614
Rural	80.2	6,957	6,112	79.8	1,734	1,577
Region						
Kampala	9.7	839	1,039	10.2	221	238
Central 1	11.0	956	767	9.6	209	178
Central 2	10.4	902	830	10.8	236	221
East Central	10.0	869	875	10.8	236	244
Eastern	14.6	1,267	943	13.3	289	234
Karamoja	3.3	289	659	2.5	55	116
North	8.5	735	823	9.2	199	222
West Nile	5.8	500	910	6.1	133	236
Western	14.1	1,221	919	14.8	322	280
Southwest	12.7	1,097	909	12.6	273	222
Education						
No education	12.9	1,120	1,332	4.1	90	112
Primary	59.4	5,152	4,820	60.2	1,309	1,250
Secondary+	27.7	2,402	2,522	35.6	774	829
Wealth quintile						
Lowest	17.5	1,519	1,755	15.9	345	382
Second	18.2	1,579	1,433	19.5	423	400
Middle	18.5	1,608	1,404	18.5	402	361
Fourth	19.9	1,726	1,542	22.3	486	459
Highest	25.8	2,242	2,540	23.8	517	589
Total 15-49	100.0	8,674	8,674	100.0	2,173	2,191
50-54	na	na	na	na	122	104
Total 15-54	na	na	na	na	2,295	2,295

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.
na = Not applicable
SDA = Seventh-day Adventist

3.2 EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS

Education affects many aspects of life, including individual demographics and health behaviours. Studies have shown that educational level is strongly associated with contraceptive use, fertility, general health status, morbidity, and mortality of children.

Tables 3.2.1 and 3.2.2 show the distribution of respondents by educational attainment, according to background characteristics. Table 3.2.1 shows that 13 percent of women age 15-49 have never been to school, 48 percent have only some primary education, 11 percent have completed only primary school, and 21 percent have some secondary education. One percent of women stopped after completing secondary

school, and 5 percent have higher than secondary education. Older women and those who reside in rural areas are most likely to have no education. The advantage of urban residents over rural residents in education is pronounced for those who have completed secondary school. For example, women in urban areas are much more likely than those in rural areas to have completed secondary or more than secondary education (20 percent and 3 percent, respectively).

Table 3.2.1 Educational attainment: Women

Percent distribution of women age 15-49 by highest level of schooling attended or completed, and median grade completed, according to background characteristics, Uganda 2011

Background characteristic	Highest level of schooling						Total	Median years completed	Number of women
	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary			
Age									
15-24	3.8	48.7	11.7	29.7	1.7	4.4	100.0	5.9	3,677
15-19	2.9	54.1	10.7	30.2	0.6	1.5	100.0	5.6	2,048
20-24	4.9	41.8	12.9	29.2	3.2	8.0	100.0	6.2	1,629
25-29	11.2	45.4	12.2	21.5	1.4	8.4	100.0	5.5	1,569
30-34	16.9	49.6	10.5	15.1	1.3	6.4	100.0	4.0	1,086
35-39	22.6	51.4	9.0	11.6	0.5	4.9	100.0	3.3	1,026
40-44	27.3	46.6	10.3	12.4	0.5	2.8	100.0	3.2	729
45-49	32.3	45.2	13.1	5.7	0.1	3.5	100.0	2.5	587
Residence									
Urban	3.5	26.5	11.1	38.7	4.1	16.1	100.0	8.0	1,717
Rural	15.2	53.4	11.3	16.9	0.6	2.5	100.0	4.6	6,957
Region									
Kampala	1.4	22.5	12.0	39.0	4.6	20.6	100.0	8.7	839
Central 1	9.2	39.3	15.0	28.2	2.4	5.9	100.0	6.1	956
Central 2	8.9	41.7	15.5	28.7	1.3	3.9	100.0	6.0	902
East Central	9.0	50.3	10.7	25.1	0.9	4.0	100.0	5.4	869
Eastern	9.1	60.6	10.6	16.5	0.6	2.6	100.0	4.6	1,267
Karamoja	57.9	29.8	2.5	7.4	0.7	1.7	100.0	0.0	289
North	15.7	64.4	8.3	9.2	0.5	1.9	100.0	4.0	735
West Nile	19.3	61.7	8.1	8.5	0.3	2.1	100.0	3.6	500
Western	16.0	48.8	9.7	20.8	0.7	4.0	100.0	5.0	1,221
Southwest	15.7	51.3	13.0	15.4	0.6	3.9	100.0	4.4	1,097
Wealth quintile									
Lowest	29.5	59.9	6.0	4.4	0.1	0.1	100.0	2.5	1,519
Second	17.3	61.8	9.6	10.5	0.2	0.5	100.0	4.0	1,579
Middle	11.4	57.7	13.5	15.6	0.9	0.9	100.0	4.8	1,608
Fourth	9.1	46.5	13.8	27.7	0.6	2.4	100.0	5.6	1,726
Highest	2.7	24.7	12.6	39.1	3.7	17.2	100.0	8.1	2,242
Total	12.9	48.1	11.3	21.2	1.3	5.2	100.0	5.2	8,674

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

Women in the Kampala, Central 1, Central 2, East Central, Western, and Southwest regions are more likely than those in the other regions to have more than a secondary level education (4 percent or higher), while more than half of the women in the Karamoja region have no education at all.

The respondent's educational attainment relates directly to her or his economic status. An examination of education by wealth quintile indicates that 30 percent of women from the poorest households have never attended school, compared with 3 percent of those from the wealthiest households. Women in the highest wealth quintile are most likely to have a secondary education or higher. For example, 21 percent of women in the highest wealth quintile have completed secondary school or have more than a secondary education compared with less than 1 percent of women in the lowest wealth quintile.

At the national level, women have completed a median of 5.2 years of school. The median for urban women is 8.0 years, which compares with 4.6 years for rural women. The median number of years of schooling completed is highest among women in Kampala (8.7) and lowest among women in the Karamoja region (0.0). There is a large difference in median number of years completed by wealth quintile (8.1 in the highest quintile versus 2.5 in the lowest quintile).

Table 3.2.2 Educational attainment: Men

Percent distribution of men age 15-49 by highest level of schooling attended or completed, and median grade completed, according to background characteristics, Uganda 2011

Background characteristic	Highest level of schooling						Total	Median years completed	Number of men
	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary			
Age									
15-24	1.5	53.8	7.7	29.5	2.5	4.9	100.0	5.7	872
15-19	1.0	62.4	5.8	27.8	1.1	1.8	100.0	5.2	554
20-24	2.4	39.0	11.0	32.4	5.0	10.3	100.0	6.8	318
25-29	3.0	41.9	13.9	25.0	3.5	12.7	100.0	6.3	361
30-34	4.5	46.9	11.2	23.4	2.3	11.7	100.0	5.9	323
35-39	8.3	50.6	9.2	19.5	1.9	10.5	100.0	5.4	268
40-44	8.5	47.0	13.4	21.5	1.2	8.3	100.0	5.5	191
45-49	7.9	47.4	20.8	14.7	1.9	7.3	100.0	5.3	157
Residence									
Urban	1.0	23.8	9.1	35.2	7.9	23.1	100.0	9.1	439
Rural	4.9	55.8	11.3	22.2	1.0	4.6	100.0	5.3	1,734
Region									
Kampala	0.4	21.9	10.2	37.1	6.5	24.0	100.0	9.3	221
Central 1	6.0	50.8	12.5	23.2	1.5	6.1	100.0	5.5	209
Central 2	4.4	44.9	11.1	29.6	5.2	4.8	100.0	6.1	236
East Central	3.7	51.8	5.9	31.7	2.2	4.7	100.0	5.7	236
Eastern	4.6	58.6	9.7	20.4	0.7	5.9	100.0	5.2	289
Karamoja	29.5	20.7	20.1	26.6	1.2	1.8	100.0	6.0	55
North	0.0	55.8	14.6	19.2	0.5	10.0	100.0	5.8	199
West Nile	3.7	45.7	11.5	30.6	1.9	6.6	100.0	6.0	133
Western	4.2	54.7	11.0	20.8	0.5	8.8	100.0	5.1	322
Southwest	3.4	59.1	10.6	16.5	3.5	6.9	100.0	5.2	273
Wealth quintile									
Lowest	11.2	58.8	11.9	16.1	0.0	1.9	100.0	4.6	345
Second	4.8	63.5	12.8	15.8	0.7	2.4	100.0	5.0	423
Middle	4.2	58.5	12.2	19.7	1.6	3.8	100.0	5.1	402
Fourth	1.7	49.0	8.6	32.9	1.7	6.1	100.0	6.0	486
Highest	1.1	24.6	9.8	34.4	6.7	23.3	100.0	8.8	517
Total 15-49	4.1	49.3	10.9	24.8	2.4	8.4	100.0	5.8	2,173
50-54	11.7	43.7	16.2	18.7	1.0	8.7	100.0	5.3	122
Total 15-54	4.5	49.0	11.2	24.5	2.3	8.4	100.0	5.7	2,295

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

A similar educational attainment pattern is found among men (Table 3.2.2). Men are more educated than women in all categories. At the national level, 4 percent of men age 15-49 have no education, but almost half (49 percent) have some primary education only. Twenty-five percent of men have only some secondary schooling, and 11 percent have a secondary education or higher. Men age 40-44 are more likely to have no education (9 percent) than men age 15-24 (2 percent). Men in urban areas have higher levels of educational attainment than their rural counterparts. One percent of urban men have no formal education compared with 5 percent of rural men. Three in ten men (31 percent) in urban areas have completed secondary or have more than a secondary education, compared with only (6 percent) in rural areas. Overall, men age 15-49 have completed a median of 5.8 years of schooling. It is also worth noting that the percentage of women and men attending or who have completed primary education is higher in rural than urban areas, while for secondary higher and education, the reverse is true.

The likelihood of attending school and reaching higher levels of education increases dramatically as wealth increases. Differences by wealth are large among men; 11 percent of men from the poorest households have no schooling compared with 1 percent from the wealthiest households. At the other end of the spectrum, 64 percent of men from the wealthiest households have attended secondary school or higher compared with 18 to 41 percent for men in the lower quintiles.

Looking at trends over time, the percentage of women who attended secondary education or higher education has increased by 30 percent, from 21 percent in 2006 to 28 percent in 2011. A smaller increase (18 percent) was seen among men, from 30 percent in 2006 to 36 percent in 2011.

3.3 LITERACY

The ability to read and write empowers women and men. Literacy statistics are important for policymakers and program managers to assess the ability of the population to absorb information on health and nutrition from printed materials. In the 2011 UDHS, literacy was determined by the respondent's ability to read all or part of a simple sentence. During data collection, interviewers carried a set of cards on which simple sentences were printed in all the major languages spoken in Uganda. Only women and men who had never been to school and women and men who had only a primary education were asked to read the cards in the language they were most familiar with. Those with a secondary education or higher were assumed to be literate.

Table 3.3.1 indicates that two-thirds of women age 15-49 in Uganda (64 percent) are literate, which represents an increase from the 2006 figure of 56 percent. The level of literacy is much higher among women age 15-19 than among women in other age groups. This suggests that younger women have had more opportunity to learn than older women. Literacy varies by place of residence; 86 percent of urban women are literate compared with 59 percent of rural women.

Table 3.3.1 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 2011

		No schooling or primary school							
Background characteristic	Secondary school or higher	Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/ visually impaired	Total	Percent-age literate[1]	Number of women
Age									
15-24	35.9	24.2	15.2	23.7	1.1	0.0	100.0	75.2	3,677
15-19	32.3	28.7	17.4	20.8	0.8	0.0	100.0	78.4	2,048
20-24	40.4	18.5	12.3	27.3	1.5	0.0	100.0	71.2	1,629
25-29	31.3	20.5	11.5	35.1	1.6	0.0	100.0	63.2	1,569
30-34	22.9	18.2	14.7	41.8	2.4	0.0	100.0	55.8	1,086
35-39	17.0	20.2	13.4	47.0	1.9	0.4	100.0	50.6	1,026
40-44	15.8	27.3	11.0	43.4	2.3	0.1	100.0	54.1	729
45-49	9.4	28.5	11.9	47.4	2.2	0.7	100.0	49.7	587
Residence									
Urban	58.9	17.7	9.4	12.9	1.2	0.0	100.0	86.0	1,717
Rural	20.0	24.1	14.7	39.3	1.8	0.1	100.0	58.8	6,957
Region									
Kampala	64.2	16.0	10.5	7.8	1.5	0.0	100.0	90.6	839
Central 1	36.5	27.0	16.2	20.0	0.1	0.2	100.0	79.6	956
Central 2	34.0	25.1	15.5	23.5	1.9	0.0	100.0	74.5	902
East Central	29.9	16.0	11.8	41.3	1.0	0.1	100.0	57.7	869
Eastern	19.7	17.2	12.1	48.3	2.5	0.1	100.0	49.0	1,267
Karamoja	9.8	5.5	7.4	72.9	4.3	0.0	100.0	22.8	289
North	11.6	18.8	18.4	50.9	0.0	0.2	100.0	48.8	735
West Nile	10.9	17.0	17.3	54.0	0.7	0.2	100.0	45.1	500
Western	25.5	28.9	8.9	33.0	3.4	0.2	100.0	63.3	1,221
Southwest	20.0	37.7	17.7	23.3	1.2	0.0	100.0	75.5	1,097
Wealth quintile									
Lowest	4.7	14.9	12.5	64.5	3.4	0.0	100.0	32.0	1,519
Second	11.2	22.4	16.0	48.0	2.1	0.3	100.0	49.6	1,579
Middle	17.4	30.6	17.3	33.2	1.2	0.3	100.0	65.3	1,608
Fourth	30.6	27.3	13.9	26.8	1.3	0.0	100.0	71.8	1,726
Highest	60.0	19.6	10.0	9.7	0.7	0.0	100.0	89.6	2,242
Total	27.7	22.8	13.7	34.0	1.7	0.1	100.0	64.2	8,674

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

Regional differences in literacy are marked, with literacy levels highest among women in predominantly urban Kampala (91 percent) and lowest in the Karamoja region (23 percent). There is a significant difference in literacy by household wealth, with the literacy rate ranging from 32 percent among women in the lowest wealth quintile to 90 percent among women in the highest quintile. This reinforces the positive association between economic status and literacy.

Men are more likely to be literate than women (Table 3.3.2). Seventy-eight percent of Ugandan men age 15-49 are literate, a decline from 83 percent in 2006. The pattern of male literacy is similar to the pattern among women. However, there are marked differences between men and women across age groups. Seventy-nine percent of men age 45-49 are literate compared with 50 percent of women in the same age group. The gap in urban-rural literacy among men is smaller than that among women, suggesting that men in rural areas have better access to learning than women. Men in Kampala, North, Central 2, and West Nile regions are more likely to be literate than those in other regions. Men in the highest wealth quintile have the highest literacy level (90 percent).

Table 3.3.2 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 2011

		No schooling or primary school								
Background characteristic	Secondary school or higher	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	Percent-age literate[1]	Number of men
Age										
15-24	36.9	22.1	18.1	21.2	1.7	0.0	0.1	100.0	77.1	872
15-19	30.8	26.9	20.6	20.1	1.6	0.0	0.0	100.0	78.3	554
20-24	47.6	13.7	13.6	23.0	1.8	0.0	0.2	100.0	74.9	318
25-29	41.1	19.5	19.0	18.8	1.5	0.0	0.2	100.0	79.6	361
30-34	37.4	23.2	15.2	23.5	0.7	0.0	0.0	100.0	75.8	323
35-39	31.9	32.2	13.7	20.7	1.5	0.0	0.0	100.0	77.8	268
40-44	31.1	30.8	14.9	20.5	2.7	0.0	0.0	100.0	76.8	191
45-49	23.8	37.7	17.9	17.6	3.0	0.0	0.0	100.0	79.4	157
Residence										
Urban	66.2	12.9	12.0	7.7	1.1	0.0	0.1	100.0	91.1	439
Rural	27.9	28.0	18.2	24.0	1.8	0.0	0.0	100.0	74.1	1,734
Region										
Kampala	67.6	10.6	13.5	6.5	1.9	0.0	0.0	100.0	91.6	221
Central 1	30.7	23.7	19.3	25.3	1.0	0.0	0.0	100.0	73.8	209
Central 2	39.7	13.5	30.8	14.4	1.6	0.0	0.0	100.0	84.0	236
East Central	38.6	16.6	16.9	27.5	0.4	0.0	0.0	100.0	72.1	236
Eastern	27.0	25.1	15.1	30.1	2.7	0.0	0.0	100.0	67.2	289
Karamoja	29.7	18.5	14.7	35.4	1.8	0.0	0.0	100.0	62.8	55
North	29.6	50.0	5.2	14.7	0.5	0.0	0.0	100.0	84.8	199
West Nile	39.1	13.9	29.5	15.7	1.3	0.0	0.5	100.0	82.5	133
Western	30.1	28.7	15.8	21.6	3.6	0.0	0.2	100.0	74.6	322
Southwest	26.9	38.4	12.4	21.5	0.8	0.0	0.0	100.0	77.7	273
Wealth quintile										
Lowest	18.1	25.0	21.5	32.8	2.5	0.0	0.0	100.0	64.6	345
Second	18.9	33.0	19.5	26.9	1.6	0.0	0.2	100.0	71.4	423
Middle	25.1	29.8	17.5	26.6	1.1	0.0	0.0	100.0	72.3	402
Fourth	40.7	24.3	17.8	15.3	1.9	0.0	0.0	100.0	82.8	486
Highest	64.4	15.2	10.6	8.2	1.4	0.0	0.1	100.0	90.2	517
Total 15-49	35.6	25.0	17.0	20.7	1.7	0.0	0.1	100.0	77.5	2,173
50-54	28.5	29.2	19.3	20.5	0.0	2.5	0.0	100.0	77.0	122
Total 15-54	35.2	25.2	17.1	20.7	1.6	0.1	0.1	100.0	77.5	2,295

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

3.4 ACCESS TO MASS MEDIA

Exposure to information on television and radio and in print can increase an individual's knowledge and awareness of new ideas, social changes, and opportunities, which in turn can affect the individual's perceptions and behaviour, including those related to health. In the 2011 UDHS, exposure to media was assessed by asking respondents how often they listened to a radio, watched television, or read newspapers or magazines.

Media exposure in Uganda is higher among men than women; 14 percent of men and 6 percent of women are exposed to all three media at least once a week (Table 3.4.1 and Table 3.4.2). Seventy-four percent of women and 86 percent of men listen to the radio at least once a week, and 20 percent of women and 30 percent of men watch television at least once a week.

Table 3.4.1 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 2011

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	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of women
Age						
15-19	23.3	24.0	75.2	7.6	18.3	2,048
20-24	16.8	23.6	77.1	9.2	18.6	1,629
25-29	12.3	21.2	74.1	6.0	20.3	1,569
30-34	13.1	16.8	72.1	5.2	22.4	1,086
35-39	10.1	14.6	69.4	3.8	27.0	1,026
40-44	10.9	12.9	74.6	4.1	22.4	729
45-49	10.4	12.9	73.9	5.8	24.9	587
Residence						
Urban	36.9	59.7	78.0	23.0	8.4	1,717
Rural	10.0	9.8	73.2	2.3	24.2	6,957
Region						
Kampala	41.1	77.4	73.5	29.6	6.2	839
Central 1	21.6	27.6	79.0	9.0	14.8	956
Central 2	26.8	20.0	79.7	8.3	15.3	902
East Central	11.0	14.4	77.2	4.1	20.1	869
Eastern	8.7	6.6	58.0	1.6	38.5	1,267
Karamoja	4.8	3.7	28.3	0.6	69.3	289
North	6.2	5.4	82.2	1.8	16.3	735
West Nile	9.5	8.2	77.9	1.6	20.4	500
Western	9.5	16.9	80.4	3.2	17.4	1,221
Southwest	10.0	10.0	80.0	2.7	18.0	1,097
Education						
No education	0.1	6.6	60.0	0.1	39.0	1,120
Primary	8.5	12.5	73.5	2.0	23.0	5,152
Secondary+	37.1	41.2	82.1	18.9	8.6	2,402
Wealth quintile						
Lowest	2.8	3.2	49.4	0.1	48.8	1,519
Second	5.6	4.6	72.5	0.5	25.7	1,579
Middle	8.6	5.6	79.6	0.8	18.3	1,608
Fourth	15.0	12.8	83.8	2.8	13.7	1,726
Highest	35.8	57.0	80.7	21.7	6.6	2,242
Total	15.3	19.7	74.1	6.4	21.0	8,674

Women and men under age 30 are more likely to be exposed to the mass media than older women and men, presumably in part because of their higher level of education. There is a wide gap in exposure to mass media by place of residence. For example, the proportion of newspaper readers is notably higher among urban women (37 percent) and men (60 percent) than among their rural counterparts (10 percent and 16 percent, respectively). Not surprisingly, media exposure is closely related to the respondent's educational level as well as economic status. Although 19 percent of women and 30 percent of men with secondary and higher levels of education access all three media at least once a week, less than 1 percent of women and men with no education access all three media sources. Likewise, 22 percent of women and 44

percent of men from the highest wealth quintile access all three media at least once a week compared with less than 1 percent of women and men from the lowest quintile.

Women and men in Kampala are more likely to be exposed to all three media on a weekly basis than those in other regions. Forty-one percent of women and 58 percent of men in Kampala read a newspaper on a weekly basis. The patterns of exposure to mass media are similar among men and women.

Table 3.4.2 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 2011

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	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of men
Age						
15-19	21.3	32.3	83.7	10.5	12.3	554
20-24	29.3	37.4	85.6	19.0	11.3	318
25-29	29.5	36.4	90.7	19.5	6.9	361
30-34	28.3	28.5	85.4	16.4	10.4	323
35-39	21.9	25.4	82.4	13.7	14.4	268
40-44	20.3	16.9	86.7	7.5	12.5	191
45-49	22.5	16.1	84.0	10.6	15.0	157
Residence						
Urban	60.3	77.3	87.7	49.2	4.3	439
Rural	16.0	17.7	85.0	5.4	13.2	1,734
Region						
Kampala	57.7	88.7	86.1	49.2	3.3	221
Central 1	23.1	31.0	92.3	12.9	5.5	209
Central 2	29.6	34.3	88.5	18.1	8.6	236
East Central	19.7	34.4	88.1	11.8	9.4	236
Eastern	19.6	13.9	74.4	4.7	22.7	289
Karamoja	14.7	16.1	73.7	5.1	23.6	55
North	7.7	7.5	81.6	2.2	17.1	199
West Nile	25.6	8.0	76.9	5.2	18.9	133
Western	25.9	29.2	88.1	14.4	10.2	322
Southwest	19.3	20.4	93.5	10.8	6.1	273
Education						
No education	2.2	10.5	69.9	0.0	27.9	90
Primary	12.1	22.5	83.7	5.7	14.0	1,309
Secondary +	49.3	44.3	90.4	30.4	5.2	774
Wealth quintile						
Lowest	8.7	10.9	62.9	0.6	30.7	345
Second	12.7	12.7	87.6	2.1	11.2	423
Middle	13.8	13.4	87.9	4.6	11.5	402
Fourth	22.5	27.9	92.6	10.4	6.1	486
Highest	56.8	70.8	90.5	44.4	3.7	517
Total 15-49	25.0	29.8	85.5	14.3	11.4	2,173
50-54	17.3	21.2	87.6	8.6	11.8	122
Total 15-54	24.6	29.3	85.6	14.0	11.5	2,295

3.5 EMPLOYMENT

3.5.1 Employment Status

The 2011 UDHS asked respondents a number of questions regarding their employment status, including whether they worked in the seven days preceding the survey and, if not, whether they had worked in the 12 months before the survey. The results for women and men are presented in Tables 3.5.1 and 3.5.2. At the time of the survey, 69 percent of the women were currently employed, 4 percent were not employed but had worked sometime during the preceding 12 months, and 26 percent were not employed (Table 3.5.1 and Figure 3.1).

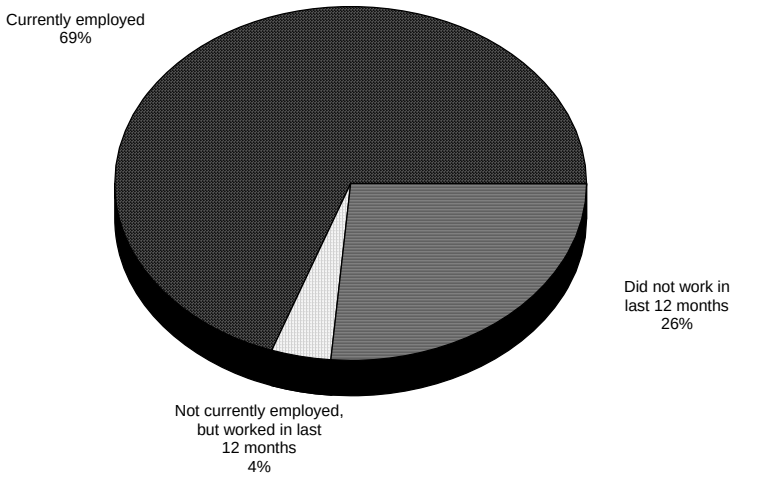
Table 3.5.1 Employment status: Women

Percent distribution of women age 15-49 by employment status, according to background characteristics, Uganda 2011

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	47.3	4.1	48.5	0.0	100.0	2,048
20-24	64.6	5.3	30.0	0.1	100.0	1,629
25-29	75.1	4.9	19.9	0.1	100.0	1,569
30-34	78.8	4.0	17.1	0.1	100.0	1,086
35-39	84.1	3.2	12.7	0.0	100.0	1,026
40-44	82.7	4.0	13.1	0.2	100.0	729
45-49	82.6	2.6	14.7	0.0	100.0	587
Marital status						
Never married	47.5	4.2	48.2	0.0	100.0	2,118
Married or living together	75.0	4.3	20.7	0.0	100.0	5,418
Divorced/separated/widowed	82.8	4.1	13.0	0.0	100.0	1,134
Number of living children						
0	49.1	4.0	46.8	0.0	100.0	2,279
1-2	70.9	5.0	24.0	0.2	100.0	2,099
3-4	76.1	5.0	18.9	0.0	100.0	1,832
5+	81.4	3.3	15.2	0.1	100.0	2,464
Residence						
Urban	64.3	3.9	31.7	0.1	100.0	1,717
Rural	70.5	4.3	25.2	0.1	100.0	6,957
Region						
Kampala	63.2	3.1	33.7	0.0	100.0	839
Central 1	56.2	5.1	38.7	0.0	100.0	956
Central 2	71.4	3.4	25.2	0.0	100.0	902
East Central	72.3	4.8	22.5	0.5	100.0	869
Eastern	63.5	3.1	33.5	0.0	100.0	1,267
Karamoja	85.3	6.8	8.0	0.0	100.0	289
North	53.0	10.3	36.6	0.0	100.0	735
West Nile	71.1	4.2	24.7	0.0	100.0	500
Western	79.5	1.4	19.0	0.1	100.0	1,221
Southwest	82.2	4.4	13.4	0.0	100.0	1,097
Education						
No education	77.8	4.0	18.2	0.0	100.0	1,120
Primary	70.8	4.4	24.7	0.1	100.0	5,152
Secondary +	62.0	4.0	33.9	0.0	100.0	2,402
Wealth quintile						
Lowest	73.9	4.1	22.0	0.0	100.0	1,519
Second	71.3	5.7	23.0	0.0	100.0	1,579
Middle	71.3	4.2	24.4	0.1	100.0	1,608
Fourth	68.0	4.4	27.4	0.1	100.0	1,726
Highest	64.2	3.2	32.6	0.0	100.0	2,242
Total	69.3	4.2	26.4	0.1	100.0	8,674

[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.

Figure 3.1 **Women's employment status in the past 12 months**



Uganda 2011 DHS

The proportion of women currently employed increases with age. Current employment is lowest among women age 15-19 (47 percent) and highest among those age 35-49 (83 percent, or higher). Women who are divorced, separated, or widowed are more likely to be currently employed than other women (83 percent versus 75 percent or lower). Women who have five or more children are more likely to be employed (81 percent) than those with no children (49 percent).

The proportion of women currently employed varies by place of residence and region. Rural women are more likely to be currently employed than urban women (71 percent versus 64 percent). Women in Karamoja, Southwest, and Western regions are more likely to be employed (85 percent, 82 percent, and 80 percent, respectively) than women in other regions.

The proportion of women currently employed decreases with level of education. For example, 78 percent of women with no education are employed, compared with 62 percent of women with a secondary or higher level of education. Women living in the poorest households are much more likely to be employed (74 percent) than women in the wealthiest households (64 percent).

The proportion of currently employed men (91 percent) is higher than that of women (Table 3.5.2). The percentage of currently employed men increases with age, from 75 percent among men age 15-19 to 99 percent among men age 30-34, and then declines to 97 percent among men age 45-49. Men who have never married (79 percent), men with no living children (81 percent), and urban men (87 percent) are less likely to be employed than other men.

Table 3.5.2 Employment status: Men

Percent distribution of men age 15-49 by employment status, according to background characteristics, Uganda 2011

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of men
	Currently employed[1]	Not currently employed			
Age					
15-19	75.1	7.4	17.5	100.0	554
20-24	89.1	4.4	6.5	100.0	318
25-29	97.4	0.9	1.7	100.0	361
30-34	99.0	0.6	0.4	100.0	323
35-39	97.9	0.8	1.4	100.0	268
40-44	96.1	2.0	1.9	100.0	191
45-49	96.7	1.7	1.6	100.0	157
Marital status					
Never married	79.2	6.3	14.5	100.0	834
Married or living together	97.7	1.3	1.0	100.0	1,228
Divorced/separated/widowed	98.1	0.0	1.9	100.0	111
Number of living children					
0	80.8	5.8	13.4	100.0	902
1-2	96.6	1.9	1.5	100.0	386
3-4	98.9	0.9	0.2	100.0	339
5+	97.5	1.1	1.4	100.0	546
Residence					
Urban	86.8	3.5	9.7	100.0	439
Rural	91.6	3.1	5.3	100.0	1,734
Region					
Kampala	82.7	4.4	12.9	100.0	221
Central 1	96.7	0.2	3.0	100.0	209
Central 2	96.0	1.6	2.3	100.0	236
East Central	84.4	8.3	7.3	100.0	236
Eastern	91.1	1.1	7.8	100.0	289
Karamoja	88.7	4.1	7.2	100.0	55
North	90.0	8.0	2.0	100.0	199
West Nile	90.0	5.6	4.4	100.0	133
Western	89.8	0.0	10.2	100.0	322
Southwest	94.7	2.4	3.0	100.0	273
Education					
No education	93.9	2.1	4.0	100.0	90
Primary	91.3	3.4	5.3	100.0	1,309
Secondary +	89.1	2.9	8.1	100.0	774
Wealth quintile					
Lowest	95.1	2.3	2.5	100.0	345
Second	91.2	4.3	4.5	100.0	423
Middle	93.1	1.6	5.3	100.0	402
Fourth	90.3	2.7	7.0	100.0	486
Highest	85.6	4.5	10.0	100.0	517
Total 15-49	90.6	3.2	6.2	100.0	2,173
50-54	94.2	0.8	4.9	100.0	122
Total 15-54	90.8	3.0	6.1	100.0	2,295

[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.

There is no clear pattern in the variation of men's employment by level of education. By wealth status, current employment among men decreases from 95 percent in the poorest households to 86 percent in the wealthiest households.

Current employment among women age 15-49 has decreased from 81 percent in 2006 to 69 percent in 2011, and employment among men has decreased from 94 percent in 2006 to 91 percent in 2011.

3.5.2 Occupation

Respondents who were currently employed or who had worked in the 12 months preceding the survey were asked to specify their occupation. The results are presented in Table 3.6.1 and Table 3.6.2.

Table 3.6.1 Occupation: Women

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Uganda 2011

Background characteristic	Professional/ managerial/ technical/ assistant professional	Clerical	Sales and services	Skilled agriculture, forestry, and fishery workers	Craft and related trade workers	Plant and machine operators and assemblers	Elementary occupations	Total	Number of women
Age									
15-19	0.8	0.2	13.2	60.2	5.7	0.0	19.9	100.0	1,054
20-24	6.1	0.5	18.8	52.2	7.3	0.0	15.2	100.0	1,138
25-29	9.1	0.4	19.9	52.1	6.0	0.2	12.4	100.0	1,255
30-34	6.3	0.4	16.5	56.3	7.9	0.0	12.5	100.0	899
35-39	4.7	0.4	15.9	61.1	4.7	0.0	13.2	100.0	896
40-44	4.7	0.0	15.3	63.5	6.7	0.0	9.7	100.0	632
45-49	3.2	0.1	13.9	63.4	7.6	0.0	11.9	100.0	500
Marital status									
Never married	7.4	0.7	16.1	49.4	6.1	0.0	20.3	100.0	1,096
Married or living together	5.4	0.3	15.0	61.3	6.5	0.0	11.4	100.0	4,293
Divorced/separated/widowed	2.4	0.2	24.2	48.8	6.6	0.0	17.8	100.0	986
Number of living children									
0	6.4	0.7	16.2	50.4	7.2	0.0	19.1	100.0	1,211
1-2	8.6	0.4	21.2	48.6	6.7	0.0	14.5	100.0	1,592
3-4	5.7	0.2	18.7	56.1	6.3	0.1	12.9	100.0	1,485
5+	1.8	0.1	11.9	68.9	6.0	0.0	11.3	100.0	2,087
Residence									
Urban	13.8	1.4	40.7	13.6	7.8	0.0	22.7	100.0	1,173
Rural	3.4	0.1	11.2	67.2	6.1	0.0	12.0	100.0	5,202
Region									
Kampala	14.2	2.0	45.5	2.4	7.6	0.0	28.4	100.0	557
Central 1	8.0	0.0	28.2	39.0	5.6	0.0	19.1	100.0	586
Central 2	6.1	0.2	21.8	54.0	5.9	0.0	12.0	100.0	674
East Central	5.0	0.4	15.1	64.1	4.0	0.0	11.4	100.0	669
Eastern	3.8	0.1	8.3	71.3	3.3	0.2	13.0	100.0	843
Karamoja	1.8	0.0	2.6	50.6	13.6	0.2	31.2	100.0	266
North	1.4	0.0	11.5	52.5	15.9	0.0	18.7	100.0	466
West Nile	1.9	0.1	24.4	41.1	17.9	0.0	14.6	100.0	376
Western	4.8	0.3	10.9	71.7	4.5	0.0	7.8	100.0	988
Southwest	3.9	0.0	6.8	81.8	2.1	0.0	5.3	100.0	951
Education									
No education	0.0	0.0	5.7	74.6	7.0	0.0	12.6	100.0	916
Primary	0.1	0.0	14.3	64.2	6.5	0.1	14.9	100.0	3,873
Secondary +	21.1	1.3	28.7	30.7	6.0	0.0	12.3	100.0	1,586
Wealth quintile									
Lowest	0.1	0.0	6.2	70.5	7.0	0.0	16.2	100.0	1,185
Second	1.2	0.0	8.0	71.8	8.9	0.0	10.1	100.0	1,216
Middle	1.8	0.0	9.6	72.5	5.5	0.1	10.3	100.0	1,213
Fourth	4.3	0.0	17.5	60.3	5.7	0.0	12.2	100.0	1,250
Highest	16.2	1.3	36.7	20.7	5.4	0.0	19.6	100.0	1,511
Total	5.3	0.3	16.6	57.3	6.4	0.0	13.9	100.0	6,375

In Uganda, the agricultural sector remains the main employer, with 57 percent of women and 55 percent of men age 15-49 engaged in work in agriculture, forestry and fishery. These figures are lower than those in the 2006 UDHS, when 75 percent of women and 68 percent of men were employed in agricultural occupations. The survey indicates that 17 percent of women work in sales and services, an increase from 13 percent in 2006. Five percent of women work in professional, technical, and managerial fields. Among men, 11 percent work in sales and services, and 5 percent have professional, technical, and managerial positions, similar to the 2006 UDHS findings. Fourteen percent of women and 15 percent of men work in elementary occupations (i.e., cleaners and helpers).

Table 3.6.2 Occupation: Men

Percent distribution of men age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Uganda 2011

Background characteristic	Professional/ managerial/ technical/ assistant professional	Clerical	Sales and services	Skilled agriculture forestry and fishery workers	Craft and related trade workers	Plant and machine operators, and assemblers	Elementary occupations	Total	Number of men
Age									
15-19	1.2	0.2	6.4	66.9	7.1	0.7	17.6	100.0	457
20-24	3.1	0.5	15.9	45.3	12.8	4.9	17.5	100.0	298
25-29	6.0	0.2	13.1	43.6	7.7	10.5	18.9	100.0	355
30-34	9.1	0.7	10.1	52.8	9.1	7.2	11.1	100.0	322
35-39	7.3	0.9	8.3	57.1	7.2	5.8	13.3	100.0	265
40-44	5.7	0.0	12.5	62.9	5.8	1.1	12.0	100.0	187
45-49	6.2	0.0	11.3	60.9	5.6	1.6	14.3	100.0	154
Marital status									
Never married	3.5	0.4	9.5	55.9	9.6	2.4	18.7	100.0	713
Married or living together	6.2	0.4	11.6	55.8	7.1	5.8	13.2	100.0	1,216
Divorced/separated/widowed	4.4	0.0	9.0	46.9	10.9	9.6	19.2	100.0	109
Number of living children									
0	4.1	0.4	10.0	55.7	9.2	2.1	18.6	100.0	782
1-2	9.0	0.5	12.3	44.9	9.0	9.4	15.0	100.0	380
3-4	7.0	0.2	11.4	49.1	9.6	8.8	13.9	100.0	338
5+	2.9	0.4	10.2	66.2	5.2	3.0	12.1	100.0	539
Residence									
Urban	14.8	1.9	22.7	10.1	17.3	12.0	21.2	100.0	396
Rural	2.8	0.0	7.8	66.3	6.0	3.1	14.1	100.0	1,642
Region									
Kampala	16.0	1.2	26.7	2.3	18.0	11.6	24.2	100.0	193
Central 1	5.9	0.0	10.8	53.1	6.9	7.4	16.0	100.0	203
Central 2	3.5	1.0	11.8	54.3	9.3	4.6	15.4	100.0	230
East Central	3.1	0.0	9.7	54.3	10.5	3.7	18.7	100.0	218
Eastern	2.7	0.0	8.7	72.7	5.1	3.7	7.2	100.0	266
Karamoja	2.9	1.5	19.3	34.3	11.3	0.0	30.7	100.0	51
North	5.0	0.0	6.0	73.2	3.4	0.7	11.6	100.0	195
West Nile	5.1	0.0	7.4	74.6	7.5	1.2	4.1	100.0	127
Western	5.9	0.8	4.7	66.8	4.3	6.1	11.4	100.0	289
Southwest	2.0	0.0	11.1	49.2	9.6	4.3	24.0	100.0	265
Education									
No education	2.3	0.0	9.8	66.5	3.8	0.4	17.3	100.0	86
Primary	1.0	0.0	8.7	63.2	6.8	3.8	16.6	100.0	1,240
Secondary +	12.8	1.1	14.4	40.3	11.1	7.2	13.2	100.0	712
Wealth quintile									
Lowest	0.8	0.0	5.7	77.6	4.4	0.6	10.9	100.0	336
Second	1.7	0.0	6.0	71.7	6.4	1.2	13.0	100.0	404
Middle	1.6	0.0	8.4	65.3	6.1	3.1	15.5	100.0	381
Fourth	2.7	0.3	13.0	53.6	5.3	6.5	18.6	100.0	452
Highest	16.5	1.3	18.2	18.6	16.9	10.8	17.7	100.0	466
Total 15-49	5.2	0.4	10.7	55.4	8.2	4.8	15.4	100.0	2,038
50-54	5.1	0.0	4.9	64.0	12.5	1.8	11.6	100.0	116
Total 15-54	5.1	0.4	10.4	55.8	8.4	4.6	15.2	100.0	2,154

As expected, place of residence has a significant effect on type of occupation. In rural areas, two of three employed men and women (66 percent and 67 percent, respectively) are engaged in agricultural work. Employment outside the agricultural sector is highest among women and men with more than secondary education and those in the highest wealth quintile.

Women in the Southwest, Western, and Eastern regions are more likely than other women to be involved in agriculture, forestry, or fisheries (71 percent or higher). Seventy-two percent or more of men in Eastern, North, and West Nile regions work in agricultural fields. However, since 2006, employment in agriculture has declined and shifted to other occupations, especially sales and services. The lowest proportion of women and men engaged in the agricultural sector live in Kampala region.

There is a positive relationship between women's education and their involvement in sales and services. For example, 29 percent of women with secondary or higher education are involved in this sector, compared with 6 to 14 percent of women with less education. A similar pattern is found among men. Seventy-one percent of employed women in the lowest wealth quintile work in agriculture compared with

21 percent of women in the highest wealth quintile. Agricultural work is also less common among men with some secondary or higher education and men in the highest wealth quintile.

The proportion of respondents in elementary occupations, such as cleaners and helpers, decreases with age and is highest among the never-married, respondents with no living children, urban respondents, and those with no education or primary education..

3.5.3 Type of Women's Employment

Table 3.7 presents the percent distribution of employed women age 15-49 by type of earnings, employer characteristics, and continuity of employment, according to type of employment (agricultural or nonagricultural). About half (49 percent) of women who were employed in the 12 months preceding the survey received cash payment only; with 35 percent in the agricultural sector versus 79 percent in the nonagricultural sector. Women working in agriculture are more likely not to be paid than those working in nonagricultural work (36 percent compared with 4 percent). Five percent of women employed in the agricultural sector are paid in-kind only.

Two in three women, in both agriculture and nonagricultural sectors, are self-employed. Women who work in agriculture are more likely to be employed by a family member (22 percent), whereas those who work in a nonagricultural sector are more likely to be employed by a nonfamily member (28 percent).

Table 3.7 Type of employment: Women

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 nonagricultural), Uganda 2011

Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	35.1	78.9	49.1
Cash and in-kind	23.6	14.5	20.7
In-kind only	5.4	2.2	4.4
Not paid	35.8	4.4	25.8
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	22.0	7.7	17.4
Employed by nonfamily member	11.4	27.5	16.5
Self-employed	66.6	64.7	66.0
Total	100.0	100.0	100.0
Continuity of employment			
All year	54.1	72.2	59.9
Seasonal	36.5	13.1	29.1
Occasional	9.4	14.6	11.1
Total	100.0	100.0	100.0
Number of women employed during the last 12 months	4,339	2,034	6,375

Note: Total includes women with missing information on type of employment who are not shown separately.

Six in ten employed women work all year, 54 percent of those who work in the agricultural sector and 72 percent of those in the non-agricultural sector. Three in ten women are employed seasonally. Women in the agricultural sector are three times more likely to work seasonally than those who work in the nonagricultural sector (37 percent and 13 percent, respectively).

3.6 HEALTH INSURANCE

Over the last two decades, interest has grown in the potential of social health insurance (SHI) as a health financing mechanism for low- and middle-income countries. Like many other African countries, Uganda is currently trying to find an efficient, equitable, and sustainable health financing mechanism that

will raise a substantial amount of funds for the health sector. A National Health Insurance scheme (NHIS) has been introduced in a phased manner, with the objective of obtaining additional funding for the health sector and promoting financial risk protection. The scheme is expected to bring additional resources for the health sector and improve equity in access to health services.

In the 2011 UDHS, respondents were asked whether they have any type of health insurance. The health insurance may be obtained through a mutual health organization or community-based program, or privately purchased from a commercial provider.

Tables 3.8.1 and 3.8.2 show that only 1 percent of women and less than 2 percent of men are covered by health insurance. Urban women, women who live in Kampala, those with secondary or higher education, and those from the wealthiest households are the most likely to be covered by some type of health insurance. Men show the same pattern as women.

Table 3.8.1 Health insurance coverage: Women

Percentage of women age 15-49 with specific types of health insurance coverage, according to background characteristics, Uganda 2011

Background characteristic	Mutual health organization/ community-based insurance	Privately purchased commercial insurance	Other	None	Number of women
Age					
15-19	0.3	0.5	0.0	99.2	2,048
20-24	0.4	0.9	0.0	98.7	1,629
25-29	0.2	1.3	0.2	98.4	1,569
30-34	0.1	1.3	0.0	98.6	1,086
35-39	0.1	0.7	0.1	99.1	1,026
40-44	0.4	1.0	0.1	98.4	729
45-49	0.3	0.5	0.0	99.2	587
Residence					
Urban	0.3	3.4	0.2	96.0	1,717
Rural	0.2	0.3	0.0	99.5	6,957
Region					
Kampala	0.1	4.6	0.2	95.1	839
Central 1	0.2	0.7	0.2	98.9	956
Central 2	0.0	0.6	0.0	99.4	902
East Central	0.2	0.6	0.0	99.1	869
Eastern	0.1	0.2	0.1	99.6	1,267
Karamoja	0.0	0.3	0.0	99.7	289
North	0.2	0.1	0.0	99.8	735
West Nile	0.0	0.1	0.0	99.9	500
Western	0.1	0.7	0.0	99.2	1,221
Southwest	1.3	0.8	0.0	98.0	1,097
Education					
No education	0.3	0.1	0.1	99.5	1,120
Primary	0.2	0.2	0.0	99.6	5,152
Secondary +	0.4	2.8	0.1	96.6	2,402
Wealth quintile					
Lowest	0.1	0.0	0.1	99.8	1,519
Second	0.2	0.2	0.0	99.7	1,579
Middle	0.2	0.2	0.0	99.6	1,608
Fourth	0.1	0.3	0.1	99.5	1,726
Highest	0.5	3.0	0.1	96.4	2,242
Total	0.3	0.9	0.1	98.8	8,674

Table 3.8.2 Health insurance coverage: Men

Percentage of men age 15-49 with specific types of health insurance coverage, according to background characteristics, Uganda 2011

Background characteristic	Mutual health organization/ community based insurance	Privately purchased commercial insurance	Other	None	Number of men
Age					
15-19	0.0	0.4	0.0	99.6	554
20-24	0.3	2.0	0.0	97.7	318
25-29	0.8	1.9	0.0	97.3	361
30-34	0.9	3.1	0.0	96.0	323
35-39	0.1	0.7	0.0	99.3	268
40-44	0.0	0.1	0.0	99.9	191
45-49	0.6	1.5	0.3	97.6	157
Residence					
Urban	0.3	5.2	0.1	94.4	439
Rural	0.4	0.4	0.0	99.2	1,734
Region					
Kampala	0.2	7.3	0.0	92.4	221
Central 1	0.0	0.6	0.2	99.2	209
Central 2	0.4	0.4	0.0	99.2	236
East Central	0.0	0.6	0.0	99.4	236
Eastern	0.9	0.5	0.0	98.6	289
Karamoja	0.0	0.8	0.0	99.2	55
North	0.0	1.0	0.0	99.0	199
West Nile	0.2	0.0	0.0	99.8	133
Western	0.0	1.3	0.0	98.7	322
Southwest	1.3	0.9	0.0	97.8	273
Education					
No education	0.0	1.6	0.0	98.4	90
Primary	0.5	0.2	0.0	99.3	1,309
Secondary +	0.2	3.4	0.1	96.4	774
Wealth quintile					
Lowest	0.8	0.3	0.0	98.9	345
Second	0.0	0.2	0.0	99.8	423
Middle	0.7	0.2	0.0	99.1	402
Fourth	0.2	0.9	0.0	98.9	486
Highest	0.3	4.4	0.1	95.2	517
Total 15-49	0.4	1.4	0.0	98.2	2,173
50-54	0.0	1.2	0.0	98.8	122
Total 15-54	0.4	1.4	0.0	98.3	2,295

3.7 USE OF TOBACCO

Smoking and using other forms of tobacco can cause a wide variety of diseases and lead to death. Smoking is a risk factor for cardiovascular disease, lung cancer, and other forms of cancer, and contributes to the severity of pneumonia, emphysema, and chronic bronchitis. Further, secondhand smoke may adversely affect health and aggravate illnesses.

In the 2011 UDHS, women and men age 15-49 were asked whether they currently smoke cigarettes and, if so, how many cigarettes they had smoked in the past 24 hours. Those who were not currently smoking cigarettes were asked whether they used any other forms of tobacco, such as a pipe, chewing tobacco, or snuff. Results are shown in Tables 3.9.1 and 3.9.2 for women and men, respectively.

Table 3.9.1 Use of tobacco: Women

Percentage of women age 15-49 who smoke cigarettes or a pipe or use other tobacco products, according to background characteristics and maternity status, Uganda 2011

Background characteristic	Uses tobacco			Does not use tobacco	Number of women
	Cigarettes	Pipe	Other tobacco		
Age					
15-19	0.0	0.0	0.5	99.5	2,048
20-24	0.4	0.1	1.1	98.5	1,629
25-29	0.7	0.2	2.1	96.8	1,569
30-34	0.5	0.3	2.2	97.0	1,086
35-39	1.1	1.1	2.4	95.5	1,026
40-44	1.0	1.2	2.8	95.4	729
45-49	2.4	0.7	5.1	92.8	587
Maternity status					
Pregnant	0.2	0.0	1.9	97.7	1,011
Breastfeeding (not pregnant)	0.6	0.2	2.3	96.9	2,500
Neither	0.7	0.5	1.6	97.3	5,163
Residence					
Urban	0.3	0.6	0.2	98.8	1,717
Rural	0.7	0.3	2.2	96.8	6,957
Region					
Kampala	0.2	0.9	0.2	98.8	839
Central 1	0.5	1.3	0.8	97.5	956
Central 2	0.2	0.5	0.2	99.2	902
East Central	0.3	0.0	0.0	99.1	869
Eastern	0.0	0.0	0.0	100.0	1,267
Karamoja	0.3	0.0	35.4	64.4	289
North	0.0	0.0	0.0	100.0	735
West Nile	1.6	0.3	2.6	95.7	500
Western	1.8	0.2	0.9	97.4	1,221
Southwest	1.2	0.4	1.9	96.7	1,097
Education					
No education	2.1	0.5	9.0	89.1	1,120
Primary	0.5	0.5	1.1	97.9	5,152
Secondary +	0.1	0.1	0.1	99.5	2,402
Wealth quintile					
Lowest	1.4	0.0	7.7	91.4	1,519
Second	0.9	0.4	0.7	98.1	1,579
Middle	0.6	0.6	0.8	98.0	1,608
Fourth	0.5	0.3	0.8	98.4	1,726
Highest	0.1	0.5	0.2	99.0	2,242
Total	0.6	0.4	1.8	97.2	8,674

Table 3.9.2 Use of tobacco: Men

Percentage of men age 15-49 who smoke cigarettes or a pipe or use other tobacco products and the percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics, Uganda 2011

Background characteristic	Uses tobacco			Does not use tobacco	Number of men
	Cigarettes	Pipe	Other tobacco		
Age					
15-19	1.2	0.4	0.2	98.3	554
20-24	6.5	0.0	3.0	92.4	318
25-29	12.0	0.9	4.7	84.7	361
30-34	19.2	1.3	5.0	77.6	323
35-39	20.9	1.1	8.6	75.7	268
40-44	18.2	1.4	6.1	78.1	191
45-49	28.3	0.0	11.7	67.2	157
Residence					
Urban	7.9	0.0	0.7	91.8	439
Rural	13.4	0.9	5.4	83.6	1,734
Region					
Kampala	8.2	0.0	0.0	91.7	221
Central 1	12.6	2.0	3.8	84.9	209
Central 2	9.4	1.6	2.0	87.4	236
East Central	6.1	1.3	0.4	92.7	236
Eastern	11.2	0.1	1.4	88.4	289
Karamoja	5.1	1.6	42.2	53.8	55
North	18.9	0.0	12.1	80.0	199
West Nile	31.1	0.0	16.3	66.3	133
Western	14.3	0.0	1.7	85.0	322
Southwest	9.8	1.1	1.7	88.6	273
Education					
No education	12.4	2.0	12.5	75.8	90
Primary	15.6	0.8	5.5	81.6	1,309
Secondary +	6.7	0.3	1.8	92.6	774
Wealth quintile					
Lowest	24.6	0.3	15.4	68.4	345
Second	17.1	0.9	5.7	80.6	423
Middle	11.1	1.2	2.5	87.3	402
Fourth	8.0	0.8	1.7	90.0	486
Highest	5.2	0.3	0.1	94.4	517
Total 15-49	12.3	0.7	4.4	85.3	2,173
50-54	25.1	4.0	9.1	66.1	122
Total 15-54	13.0	0.9	4.7	84.3	2,295

Tables 3.9.1 and 3.9.2 show that tobacco use is more common among Ugandan men than women (15 percent compared with 3 percent). Twelve percent of men age 15-49 smoke cigarettes, while 1 percent smoke pipes, and 4 percent consume other forms of tobacco. Use of tobacco is most common among older men, men living in rural areas, and those with no education. The highest tobacco use is found among men in the lowest wealth quintile (32 percent). Cigarette smoking among men is most prevalent in West Nile region (31 percent), while Karamoja has the highest proportion of men who use other types of tobacco (42 percent). Karamoja also accounts for a large proportion of the women who use tobacco.

Among women age 15-49 who smoke cigarettes, 18 percent smoked 3 to 5 cigarettes, and 18 percent smoked 10 or more cigarettes in the previous 24 hours (data not shown). Among men who smoked cigarettes, 28 percent smoked 1 to 2 cigarettes, 32 percent smoked 3 to 5 cigarettes, and 20 percent smoked 10 or more cigarettes in the 24 hours prior to the survey (data not shown).

MARRIAGE AND SEXUAL ACTIVITY 4

Key Findings

- The median age at marriage for men age 25-49 is 22.3 years, four years older than the median age for women in the same age range, at 17.9 years.
- The percentage of women who were first married by age 15 has declined from 19 percent among women currently age 45-49 to 3 percent among women age 15-19.
- For Ugandan women, the median age at first sex is about one year less than the median age at first marriage. In contrast, men typically initiate sexual intercourse four years before their first marriage.
- Overall, 25 percent of married women in Uganda are in a polygynous union. The percentage of women who are in a polygynous union has declined steadily over the past decade from 32 percent in the 2000-01 to 25 percent in 2011.

This chapter addresses the principal factors, other than contraception, that affect a woman's risk of becoming pregnant. These factors are marriage, polygyny, and sexual activity.

4.1 CURRENT MARITAL STATUS

For most women in Uganda, marriage marks the onset of regular exposure to the risk of pregnancy. Therefore, information on age at first marriage is important for understanding fertility. Populations in which age at first marriage is low tend to have early childbearing and high fertility.

Table 4.1.1 presents the percent distribution of women and men by current marital status, according to age group. The term 'married' refers to legal or formal marriage, while the term 'living together' designates an informal union in which a man and a woman live together but a formal civil or religious ceremony has not taken place. In later tables that do not list 'living together' as a separate category, these respondents are included in the 'currently married' group. Respondents who are currently married, widowed, divorced, or separated are referred to as 'ever married'.

Table 4.1.1 shows that the proportion of women currently in union (married or cohabiting) is 63 percent, the same as in the 2006 UDHS, and a reduction from 67 percent in the 2000-2001 UDHS. Notable, however, is the decrease in the proportion of married women, from 49 percent in 2006 to 36 percent in 2011, and the increase in the proportion of those living together, from 14 percent to 27 percent during the same period. One in four women (24 percent) has never been married, while about 13 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 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 younger women.

Men age 15-49 are more likely to have never been married (38 percent) than women (24 percent). The proportion of men age 15-49 who are married has declined since the previous survey, from 50 percent in 2006 to 41 percent in 2011. This decline is noticeable 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 4.1.1 Current marital status

Percent distribution of women and men age 15-49 by current marital status, according to age, Uganda 2011

Age	Marital status							Percentage of respondents currently in union	Number of respondents
	Never married	Married	Living together	Divorced	Separated	Widowed	Total		
				WOMEN					
15-19	77.3	8.6	11.4	0.1	2.6	0.1	100.0	20.0	2,048
20-24	23.9	31.8	35.5	0.5	7.2	1.0	100.0	67.3	1,629
25-29	5.6	44.6	37.9	0.6	9.9	1.3	100.0	82.5	1,569
30-34	2.3	48.2	32.9	0.9	12.1	3.6	100.0	81.1	1,086
35-39	1.5	51.3	28.6	0.4	11.9	6.3	100.0	79.9	1,026
40-44	0.8	50.8	25.0	1.7	10.6	10.9	100.0	75.8	729
45-49	2.2	46.2	15.8	1.8	15.5	18.5	100.0	62.0	587
Total	24.4	35.6	26.9	0.7	8.6	3.8	100.0	62.5	8,674
				MEN					
15-19	96.9	0.6	1.2	0.0	1.2	0.0	100.0	1.9	554
20-24	63.4	16.1	15.7	0.4	4.4	0.0	100.0	31.9	318
25-29	19.9	50.6	24.1	1.1	4.0	0.3	100.0	74.6	361
30-34	6.0	61.3	25.9	1.7	4.8	0.4	100.0	87.2	323
35-39	0.9	72.5	17.9	1.0	5.9	1.9	100.0	90.4	268
40-44	0.6	76.2	17.7	1.7	3.9	0.0	100.0	93.8	191
45-49	0.6	78.4	12.7	4.6	3.7	0.0	100.0	91.1	157
Total 15-49	38.4	41.4	15.1	1.1	3.7	0.3	100.0	56.5	2,173
50-54	0.0	75.5	14.4	1.9	7.5	0.7	100.0	89.9	122
Total 15-54	36.3	43.2	15.1	1.1	3.9	0.4	100.0	58.3	2,295

Table 4.1.2 shows the current marital status and type of marriage among women and men age 15-49. One in four women (25 percent) and about one in three men (32 percent) have had a customary marriage, 27 percent of women and 15 percent of men are cohabiting, and 9 percent of women and 8 percent of men 15-49 have had a religious marriage. Just 1 percent, each, of women and men have had a civil marriage.

Table 4.1.2 Current marital status and type of marriage

Percent distribution of women and men age 15-49 by current marital status and type of marriage, according to age, Uganda 2011

Age	Marital status an type of marriage						Percentage of respondents currently in union	Number of respondents
	Marriage							
	Civil marriage	Customary marriage	Religious marriage	Living together	Never married/ previously married	Total		
				WOMEN				
15-19	0.2	7.7	0.7	11.4	80.0	100.0	20.0	2,048
20-24	0.9	27.0	4.0	35.5	32.6	100.0	67.3	1,629
25-29	1.3	33.3	10.0	37.9	17.3	100.0	82.5	1,569
30-34	1.7	32.4	14.1	32.9	18.9	100.0	81.1	1,086
35-39	1.4	34.9	15.0	28.6	20.0	100.0	79.9	1,026
40-44	1.4	30.3	19.2	25.0	24.0	100.0	75.8	729
45-49	1.6	26.6	18.1	15.8	38.0	100.0	62.0	587
Total	1.1	25.4	9.1	26.9	37.5	100.0	62.5	8,674
				MEN				
15-19	0.0	0.4	0.2	1.2	98.1	100.0	1.9	554
20-24	1.0	12.9	2.2	15.7	68.1	100.0	31.9	318
25-29	2.1	42.3	6.2	24.1	25.4	100.0	74.6	361
30-34	0.4	52.1	8.8	25.9	12.8	100.0	87.2	323
35-39	1.7	57.4	13.5	17.9	9.6	100.0	90.4	268
40-44	1.3	53.5	21.4	17.7	6.2	100.0	93.8	191
45-49	1.8	50.4	26.2	12.7	8.9	100.0	91.1	157
Total 15-49	1.0	32.2	8.2	15.1	43.5	100.0	56.5	2,173
50-54	0.9	54.2	20.4	14.4	10.1	100.0	89.9	122
Total 15-54	1.0	33.4	8.8	15.1	41.7	100.0	58.3	2,295

4.2 POLYGYNY

Marital unions are predominantly of two types: monogamous and polygynous. The distinction has social significance and probable fertility implications, although the association between union type and fertility is complex and not well understood. Polygyny, the practice of having more than one wife, has

implications for the frequency of sexual intercourse and thus an effect on fertility. The extent of polygyny is ascertained by asking currently married women whether their husband or partner has other wives and, if so, how many. Similarly, interviewers ask currently married men how many wives or partners they have.

Tables 4.2.1 and 4.2.2 show the proportion of currently married women and men, respectively, who are in polygynous unions, by background characteristics. Overall, 25 percent of married women in Uganda are in a polygynous union. In the 2011 UDHS, 5 percent of women are in a polygynous union with two or more co-wives, compared with 7 percent in 2006. The extent of polygyny reported by women has declined steadily over the last decade from 32 percent in the 2000-01 UDHS to 28 percent in the 2006 UDHS and to 25 percent in 2011.

Table 4.2.1 Number of women's co-wives

Percent distribution of currently married women age 15-49 by number of co-wives, according to background characteristics, Uganda 2011

Background characteristic	Number of co-wives					Total	Number of women
	0	1	2+	Don't know	Missing		
Age							
15-19	82.4	11.1	2.6	3.9	0.0	100.0	409
20-24	80.2	14.3	1.5	4.0	0.0	100.0	1,097
25-29	72.6	19.7	3.7	4.0	0.0	100.0	1,295
30-34	67.4	22.5	6.9	3.0	0.2	100.0	880
35-39	64.7	23.9	8.6	2.8	0.1	100.0	820
40-44	65.1	21.1	10.1	3.7	0.0	100.0	553
45-49	68.7	20.0	9.1	2.2	0.0	100.0	364
Residence							
Urban	73.5	15.5	4.7	6.3	0.0	100.0	892
Rural	71.5	19.9	5.6	3.0	0.1	100.0	4,526
Region							
Kampala	73.3	14.9	2.7	9.1	0.0	100.0	397
Central 1	75.9	14.6	2.7	6.8	0.0	100.0	559
Central 2	64.4	20.3	6.4	9.0	0.0	100.0	565
East Central	58.3	27.6	11.1	3.0	0.0	100.0	580
Eastern	80.0	14.4	3.8	1.8	0.0	100.0	859
Karamoja	48.4	33.5	17.8	0.3	0.0	100.0	215
North	74.7	22.4	2.7	0.2	0.0	100.0	487
West Nile	67.7	24.3	7.0	0.4	0.5	100.0	330
Western	74.2	17.4	6.3	2.0	0.2	100.0	743
Southwest	79.5	16.2	2.3	2.1	0.0	100.0	681
Education							
No education	65.4	23.3	9.3	1.9	0.1	100.0	877
Primary	71.8	19.3	5.1	3.7	0.1	100.0	3,313
Secondary +	76.4	15.9	3.6	4.1	0.0	100.0	1,227
Wealth quintile							
Lowest	71.1	20.9	5.9	2.2	0.0	100.0	1,063
Second	75.5	17.9	4.3	2.3	0.1	100.0	1,101
Middle	73.3	18.9	5.0	2.8	0.1	100.0	1,042
Fourth	67.5	20.8	7.7	4.0	0.0	100.0	997
Highest	71.4	17.8	4.7	6.0	0.1	100.0	1,215
Total	71.8	19.2	5.4	3.5	0.1	100.0	5,418

The prevalence of polygynous unions generally increases with age; young women are more likely to be in a monogamous marriage than older women. Eighty-two percent of married women age 15-19 are in a monogamous union as compared with 69 percent of women age 45-49. Rural women are more likely to be in polygynous unions (26 percent) than urban women (20 percent). The regional distribution also shows substantial variation. The prevalence of polygyny is lowest in Central 1 (17 percent) and highest in Karamoja (51 percent). Polygyny also is relatively common in East Central (39 percent), West Nile (31 percent), and Central 2 (27 percent) regions.

There is an inverse relationship between education and polygyny. The proportion of currently married women in a polygynous union decreases from 33 percent among women with no education to 20 percent among women with more than secondary education. The relationship between wealth quintile of the household and polygyny is not clear.

Data on polygynous unions among currently married men are shown in Table 4.2.2. Seventeen percent of men age 15-54 report having two or more wives. Like women, older men, men living in rural areas, and those with little or no education are more likely to be in polygynous unions than other men. Polygyny is higher among men in Karamoja (27 percent), North (26 percent) and East Central (23 percent) regions. The level of polygyny reported by men age 15-54 has remained constant over the past five years at 17 percent.

Table 4.2.2 Number of men's wives

Percent distribution of currently married men age 15-49 by number of wives, according to background characteristics, Uganda 2011

Background characteristic	Number of wives 1	2+	Total	Number of men
Age				
15-19	*	*	100.0	10
20-24	94.7	5.3	100.0	101
25-29	90.7	9.3	100.0	270
30-34	83.0	17.0	100.0	282
35-39	85.4	14.6	100.0	242
40-44	76.8	23.2	100.0	179
45-49	73.5	26.5	100.0	143
Residence				
Urban	90.5	9.5	100.0	215
Rural	82.9	17.1	100.0	1,014
Region				
Kampala	94.9	5.1	100.0	96
Central 1	84.9	15.1	100.0	120
Central 2	85.3	14.7	100.0	127
East Central	77.3	22.7	100.0	122
Eastern	85.9	14.1	100.0	199
Karamoja	73.1	26.9	100.0	40
North	73.9	26.1	100.0	117
West Nile	83.6	16.4	100.0	77
Western	86.0	14.0	100.0	183
Southwest	88.9	11.1	100.0	147
Education				
No education	67.0	33.0	100.0	73
Primary	83.6	16.4	100.0	754
Secondary +	88.7	11.3	100.0	402
Wealth quintile				
Lowest	80.5	19.5	100.0	243
Second	86.1	13.9	100.0	257
Middle	80.6	19.4	100.0	233
Fourth	83.5	16.5	100.0	247
Highest	90.3	9.7	100.0	248
Total 15-49	84.3	15.7	100.0	1,228
50-54	71.0	29.0	100.0	109
Total 15-54	83.2	16.8	100.0	1,338

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

4.3 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 4.3 shows the percentage of women and men who have married by specific exact ages, according to current age. 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, 15 percent were married by age 15, and 49 percent were married by age 18. The median age at first marriage among women age 25-49 is 17.9 years and has been fairly stable for the past 30 years. However, the trend has shifted toward fewer women marrying at very young ages. The proportion of women married by age 15 has declined over time, from 19 percent among women currently age 45-49 to 3 percent among women currently age 15-19.

Men tend to marry at much older ages than women. Among men age 25-49, only 9 percent were married by age 18, and 25 percent by age 20. The median age at marriage for men age 25-49 is 22.3 years, four years older than the median age for women in the same age range, at 17.9 years.

The median age at marriage for men age 25-49 has remained the same in the last five years.

Table 4.3 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 2011

	Percentage first married by exact age:					Percentage never married	Number of respondents	Median age at first marriage
Current age	15	18	20	22	25			
				WOMEN				
15-19	3.2	na	na	na	na	77.3	2,048	a
20-24	9.9	39.7	61.2	na	na	23.9	1,629	18.9
25-29	14.0	48.0	66.8	79.7	90.7	5.6	1,569	18.2
30-34	18.1	52.4	71.8	83.0	91.6	2.3	1,086	17.8
35-39	16.5	52.9	73.4	84.0	91.4	1.5	1,026	17.7
40-44	21.9	55.6	73.1	84.2	93.2	0.8	729	17.6
45-49	19.3	51.3	70.4	79.5	87.9	2.2	587	17.9
20-49	15.4	48.6	68.3	na	na	8.1	6,626	18.1
25-49	17.2	51.5	70.6	82.0	91.1	2.9	4,997	17.9
				MEN				
15-19	0.0	na	na	na	na	96.9	554	a
20-24	0.8	5.5	16.6	na	na	63.4	318	a
25-29	0.6	8.0	24.0	47.6	67.6	19.9	361	22.4
30-34	0.3	12.7	27.3	48.7	68.2	6.0	323	22.2
35-39	0.4	6.9	25.4	46.7	67.3	0.9	268	22.4
40-44	0.0	5.2	23.5	48.5	74.7	0.6	191	22.1
45-49	1.0	7.6	26.7	44.0	61.7	0.6	157	23.0
20-49	0.5	7.9	23.6	na	na	18.4	1,619	a
25-49	0.4	8.5	25.4	47.4	68.0	7.4	1,301	22.3

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

Table 4.4 shows the median age at first marriage for women age 20-49 and age 25-49, and for men age 25-54 by background characteristics. Data for women age 15-19 and for men age 15-24 have been omitted because of the small number of married respondents in these age groups.

Women age 25-49 living in urban areas marry about two years later than rural women (20 years compared with 17.6 years). The median age at first marriage is highest in Kampala (20.7 years) and lowest in North region at 16.7 years. The median age at first marriage for women age 25-49 is higher among the better educated and the wealthier. Variations by background characteristics among men age 25-54 display a pattern like that among women but are not as pronounced.

Table 4.4 Median age at first marriage by background characteristics

Median age at first marriage among women age 20-49 and age 25-49, and median age at first marriage among men age 25-54, according to background characteristics, Uganda 2011

Background characteristic	Women age		Men age
	20-49	25-49	25-54
Residence			
Urban	a	20.0	a
Rural	17.8	17.6	21.9
Region			
Kampala	a	20.7	a
Central 1	18.2	17.7	23.0
Central 2	17.8	17.6	22.9
East Central	17.3	17.0	22.5
Eastern	17.6	17.5	21.7
Karamoja	18.4	18.6	20.8
North	16.9	16.7	21.4
West Nile	18.1	17.9	22.3
Western	18.1	17.9	21.9
Southwest	18.9	18.6	22.8
Education			
No education	16.9	16.9	22.3
Primary	17.4	17.4	21.6
Secondary +	a	20.8	24.5
Wealth quintile			
Lowest	17.5	17.5	21.6
Second	17.5	17.4	21.3
Middle	17.8	17.5	22.2
Fourth	17.8	17.5	21.9
Highest	a	19.7	a
Total	18.1	17.9	22.5

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner
a = Omitted because less than 50 percent of the respondents began living with their spouse/partners for the first time before reaching the beginning of the age group

4.4 AGE AT FIRST SEXUAL INTERCOURSE

Although age at first marriage is often used as a proxy for first exposure to sexual intercourse, the two events do not necessarily coincide. In the 2011 UDHS interviewers asked women and men how old they were when they first had sexual intercourse.

Table 4.5 shows the percentages of women and men who first had sexual intercourse by specific exact ages. Among women age 25-49, 23 percent first had sexual intercourse before age 15, 64 percent before age 18, and by age 25 the majority of Ugandan women (90 percent) had had sexual intercourse. The median age at first sexual intercourse for women age 25-49 is 16.8 years compared with the median age at first marriage of 17.9 years. This suggests that Ugandan women generally begin sexual intercourse about a year earlier than their first marriage. The median age at first sexual intercourse has increased over the past two decades, from 16.8 years for women currently age 45-49 to 17.5 years for women currently age 20-24.

As is the case with age at first marriage, men tend to initiate sexual activity later in life than women. The median age at first sex for men age 25-49 years is 18.6 years, about two years later than for women. The median ages at first intercourse among the different age cohorts suggest no significant change in age at first sexual intercourse for men over the past 30 years. The median age at first sexual intercourse for men age 25-49 years, at 18.6 years, is about four years lower than the median age at first marriage, at 22.3 years.

Table 4.5 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 sexual intercourse, and median age at first sexual intercourse, according to current age, Uganda 2011

Current age	Percentage who had first sexual intercourse by exact age: 15	18	20	22	25	Percentage who never had intercourse	Number of respondents	Median age at first intercourse
				WOMEN				
15-19	12.2	na	na	na	na	54.9	2,048	a
20-24	16.1	57.9	77.1	na	na	8.2	1,629	17.5
25-29	19.6	61.7	77.9	86.6	91.1	0.8	1,569	17.0
30-34	23.7	64.2	81.0	88.4	90.8	0.8	1,086	16.8
35-39	22.7	65.4	80.8	86.9	89.5	0.2	1,026	16.7
40-44	27.2	63.2	79.5	84.7	88.2	0.0	729	16.7
45-49	27.5	64.1	81.7	86.1	89.9	0.0	587	16.8
20-49	21.4	62.1	79.2	na	na	2.4	6,626	17.0
25-49	23.1	63.5	79.8	86.7	90.1	0.4	4,997	16.8
15-24	13.9	na	na	na	na	34.2	3,677	a
				MEN				
15-19	17.9	na	na	na	na	59.9	554	a
20-24	12.8	42.9	69.5	na	na	14.5	318	18.4
25-29	8.8	37.6	65.2	79.5	89.7	3.3	361	18.8
30-34	7.7	39.4	70.6	84.4	91.4	1.1	323	18.5
35-39	8.8	40.2	67.7	81.3	89.8	0.3	268	18.5
40-44	6.2	35.3	66.6	84.1	89.7	0.0	191	18.6
45-49	6.6	39.5	69.8	83.9	90.4	0.0	157	18.5
20-49	8.8	39.3	68.2	na	na	3.9	1,619	18.5
25-49	7.9	38.5	67.8	82.3	90.2	1.3	1,301	18.6
15-24	16.0	na	na	na	na	43.3	872	a
20-54	8.7	39.6	67.9	na	na	3.6	1,741	18.5
25-54	7.8	38.8	67.5	82.4	90.2	1.2	1,423	18.6

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

Table 4.6 shows the median age at first sexual intercourse for women and men by current age and background characteristics. Urban women have their first sexual experience at somewhat older ages than rural women. Examination by region reveals that women of the Eastern and East Central regions engage in sexual relations earliest (16.3 and 16.2 years respectively), while their counterparts in the Southwest region initiate sex about two years later, at age 18.7 years. Women with at least some secondary education start sexual relations almost two years later than less educated women. The relationship between the level of household wealth and the initiation of sexual intercourse is not strong.

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 West Nile region and the Southwest region start sexual intercourse later than men in other regions (19.3 and 20.0 years, respectively).

Table 4.6 Median age at first sexual intercourse by background characteristics

Median age at first sexual intercourse among women age 20-49 and age 25-49, and median age at first sexual intercourse among men age 20-54 and 25-54, according to background characteristics, Uganda 2011

Background characteristic	Women age		Men age	
	20-49	25-49	20-54	25-54
Residence				
Urban	17.6	17.4	18.4	18.6
Rural	16.8	16.7	18.6	18.5
Region				
Kampala	17.8	17.6	18.4	18.4
Central 1	16.5	16.3	18.2	18.4
Central 2	16.6	16.5	18.4	18.4
East Central	16.2	15.9	18.4	18.5
Eastern	16.3	16.2	18.4	18.4
Karamoja	17.8	17.9	18.9	19.0
North	16.7	16.6	18.0	18.1
West Nile	17.8	17.6	19.3	19.3
Western	16.9	16.8	18.4	18.3
Southwest	18.7	18.4	a	20.0
Education				
No education	16.4	16.3	17.9	18.0
Primary	16.6	16.5	18.5	18.5
Secondary +	18.2	18.2	18.8	18.9
Wealth quintile				
Lowest	16.6	16.6	18.4	18.4
Second	16.9	16.8	18.4	18.4
Middle	16.9	16.6	18.6	18.6
Fourth	16.7	16.5	18.6	18.6
Highest	17.6	17.4	18.6	18.7
Total	17.0	16.8	18.5	18.6

a = Omitted because less than 50 percent of the respondents had sexual intercourse for the first time before reaching the beginning of the age group

4.5 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. Therefore, information on sexual activity can be used to refine measures of exposure to pregnancy. Interviewers asked women and men how long ago their last sexual activity occurred, recording whether they had had a sexual encounter in the preceding four weeks.

Tables 4.7.1 and 4.7.2 show the percent distributions of women and men by recent sexual activity. Fifty-one percent of all women age 15-49 were sexually active in the four weeks before the survey, 22 percent had been sexually active in the year before the survey but not in the four weeks prior to the interview, and 13 percent had been sexually active at some time in their lives but not for the past one or more years. Fifteen percent of the women had never had sexual intercourse.

The highest level of recent sexual activity is observed among women age 25-34 (65 to 67 percent). 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 78 percent among women married for less than five years to 72 percent for women married 25 years or more. Women who were married in the past or who have never been married are less likely to have had sex in the recent past. As expected, women who are currently in union are much more likely to have been sexually active in the four weeks preceding the survey (76 percent) than women who were formerly married (14 percent) or who have never been married (8 percent).

Rural women were more likely to be recently sexually active (52 percent) than urban women (48 percent). Women residing in the North region (56 percent), Western (55 percent), and Central 1 (53 percent) were more likely than women in other regions to have been sexually active in the past four weeks, while women in West Nile (42 percent) were least likely. Women with no education (59 percent) were substantially more sexually active in the recent past than women with some education (46 to 52 percent). Among wealth quintiles the richest women were the least likely to report being sexually active in the past four weeks (49 percent).

Table 4.7.1 Recent sexual activity: Women

Percent distribution of women age 15-49 by timing of last sexual intercourse, according to background characteristics, Uganda 2011

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	18.7	17.8	8.5	0.0	54.9	100.0	2,048
20-24	57.6	25.2	8.9	0.1	8.2	100.0	1,629
25-29	67.2	23.6	8.1	0.2	0.8	100.0	1,569
30-34	65.2	21.9	11.8	0.2	0.8	100.0	1,086
35-39	61.7	22.8	15.1	0.2	0.2	100.0	1,026
40-44	61.6	18.8	19.4	0.2	0.0	100.0	729
45-49	44.6	18.5	36.2	0.8	0.0	100.0	587
Marital status							
Never married	7.9	18.3	13.4	0.0	60.5	100.0	2,118
Married or living together	75.8	20.5	3.5	0.1	0.0	100.0	5,418
Divorced/separated/widowed	13.6	32.2	53.7	0.5	0.0	100.0	1,134
Marital duration[2]							
Married only once	75.5	20.7	3.6	0.1	0.0	100.0	4,402
0-4 years	77.6	20.8	1.5	0.1	0.0	100.0	1,171
5-9 years	76.2	21.2	2.6	0.0	0.0	100.0	916
10-14 years	75.0	22.2	2.7	0.1	0.0	100.0	818
15-19 years	74.5	19.8	5.7	0.0	0.0	100.0	634
20-24 years	74.2	18.5	6.9	0.5	0.0	100.0	426
25+ years	72.4	20.2	6.9	0.5	0.0	100.0	437
Married more than once	76.8	19.7	3.3	0.2	0.0	100.0	1,018
Residence							
Urban	47.6	22.7	14.2	0.5	15.1	100.0	1,717
Rural	51.9	21.2	12.1	0.1	14.7	100.0	6,957
Region							
Kampala	45.4	22.6	16.8	0.1	15.1	100.0	839
Central 1	53.4	20.4	12.0	0.1	14.1	100.0	956
Central 2	51.8	24.3	9.8	0.7	13.5	100.0	902
East Central	51.0	25.9	10.1	0.5	12.5	100.0	869
Eastern	49.6	24.6	12.3	0.0	13.5	100.0	1,267
Karamoja	46.6	20.1	20.8	0.1	12.4	100.0	289
North	56.4	17.6	11.3	0.1	14.5	100.0	735
West Nile	41.6	26.1	15.8	0.1	16.3	100.0	500
Western	55.4	19.5	12.7	0.2	12.2	100.0	1,221
Southwest	51.5	15.4	10.8	0.0	22.2	100.0	1,097
Education							
No education	58.5	20.0	18.6	0.1	2.9	100.0	1,120
Primary	51.6	21.2	12.0	0.2	14.9	100.0	5,152
Secondary+	46.3	22.9	10.7	0.2	19.9	100.0	2,402
Wealth quintile							
Lowest	47.5	25.3	16.6	0.1	10.5	100.0	1,519
Second	54.8	19.9	12.6	0.1	12.5	100.0	1,579
Middle	54.9	21.5	9.1	0.1	14.5	100.0	1,608
Fourth	49.6	20.5	11.0	0.3	18.6	100.0	1,726
Highest	49.1	20.9	13.2	0.3	16.5	100.0	2,242
Total	51.0	21.5	12.5	0.2	14.8	100.0	8,674

Total includes 5 women whose marital status is missing.
[1] Excludes women who had sexual intercourse within the last 4 weeks
[2] Excludes women who are not currently married

Overall, men are as likely as women to have had recent sexual intercourse (Table 4.7.2). Fifty-two percent of men age 15-49 had sexual intercourse in the four weeks before the survey, 21 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 18 percent have never had sexual intercourse. As with women, men's recent sexual activity at first increases with age, peaks in the late thirties at 81 percent, and then declines.

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 41 percent in the West Nile region and 43 percent in Kampala to 58 percent in Karamoja region. Men's recent sexual activity, like women's, is inversely related to their level of education. It decreases from 78 percent among men with no education to 52 percent among men with some primary education and to 47 percent among those with secondary education or higher education. Recent sexual activity is least common among the wealthiest men (45 percent).

Table 4.7.2 Recent sexual activity: Men

Percent distribution of men age 15-49 by timing of last sexual intercourse, according to background characteristics, Uganda 2011

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of men
	Within the past 4 weeks	Within 1 year[1]	One or more years	Missing			
Age							
15-19	7.5	15.9	16.7	0.0	59.9	100.0	554
20-24	34.4	34.6	16.5	0.0	14.5	100.0	318
25-29	68.2	22.9	5.5	0.0	3.3	100.0	361
30-34	74.4	20.2	4.4	0.0	1.1	100.0	323
35-39	81.0	14.4	4.2	0.0	0.3	100.0	268
40-44	80.1	16.5	3.4	0.0	0.0	100.0	191
45-49	72.4	20.5	6.5	0.6	0.0	100.0	157
Marital status							
Never married	10.9	22.2	19.5	0.0	47.3	100.0	834
Married or living together	81.6	17.6	0.8	0.0	0.0	100.0	1,228
Divorced/separated/widowed	26.0	42.8	30.3	0.9	0.0	100.0	111
Marital duration[2]							
Married only once	81.3	18.0	0.7	0.0	0.0	100.0	938
0-4 years	75.3	24.3	0.4	0.0	0.0	100.0	254
5-9 years	78.0	21.1	0.9	0.0	0.0	100.0	207
10-14 years	86.3	13.5	0.2	0.0	0.0	100.0	194
15-19 years	88.1	10.9	1.0	0.0	0.0	100.0	135
20-24 years	85.2	13.2	1.6	0.0	0.0	100.0	98
25+ years	80.2	19.0	0.8	0.0	0.0	100.0	50
Married more than once	82.6	16.1	1.3	0.0	0.0	100.0	291
Residence							
Urban	47.0	26.9	11.9	0.0	14.1	100.0	439
Rural	52.8	19.1	8.9	0.1	19.2	100.0	1,734
Region							
Kampala	42.7	27.2	13.7	0.0	16.4	100.0	221
Central 1	53.6	20.5	9.3	0.0	16.5	100.0	209
Central 2	54.3	21.6	8.8	0.0	15.4	100.0	236
East Central	47.9	26.0	8.4	0.0	17.7	100.0	236
Eastern	52.2	23.3	6.3	0.0	18.2	100.0	289
Karamoja	57.8	25.2	4.4	0.0	12.6	100.0	55
North	55.3	17.6	12.1	0.0	15.0	100.0	199
West Nile	41.0	28.3	11.1	0.0	19.6	100.0	133
Western	55.6	15.9	10.2	0.3	18.0	100.0	322
Southwest	54.2	10.4	8.9	0.0	26.4	100.0	273
Education							
No education	77.9	11.1	5.6	0.0	5.4	100.0	90
Primary	52.4	19.4	8.3	0.1	19.8	100.0	1,309
Secondary +	47.4	23.8	12.0	0.0	16.8	100.0	774
Wealth quintile							
Lowest	55.7	22.8	5.1	0.3	16.1	100.0	345
Second	55.9	17.0	8.8	0.0	18.3	100.0	423
Middle	56.2	16.0	9.2	0.0	18.6	100.0	402
Fourth	48.0	21.3	11.6	0.0	19.1	100.0	486
Highest	45.3	25.2	11.3	0.0	18.2	100.0	517
Total 15-49	51.6	20.6	9.5	0.0	18.2	100.0	2,173
50-54	67.8	22.1	9.2	0.9	0.0	100.0	122
Total 15-54	52.5	20.7	9.5	0.1	17.2	100.0	2,295

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

FERTILITY LEVELS, TRENDS, AND DIFFERENTIALS 5

Key Findings

- The total fertility rate in Uganda for the three years preceding the survey is 6.2 children per woman. Rural women have almost twice as many children as urban women.
- Fertility declined only slightly between 2000-01 and 2006, from 6.9 children per woman to 6.7 children, and decreased further to 6.2 children in 2011.
- Childbearing begins early in Uganda. More than one-third (39 percent) of women age 20-49 gave birth by age 18, and more than half (63 percent) by age 20.
- About two thirds (66 percent) of births occur within three years of a previous birth; 25 percent occur within 24 months.
- Twenty four percent of women age 15-19 are already mothers or pregnant with their first child.

5.1 INTRODUCTION

The chapter discusses current, cumulative, and past fertility in terms of levels, patterns, and trends observed in the 2011 UDHS and past DHS surveys. To generate data on fertility, all women who were interviewed were asked to report the total number of sons and daughters to whom they had ever given birth in their lifetime. To ensure all information was reported, women were asked separately about children still living at home, those living elsewhere, and those who had died. A complete birth history was obtained, including information on sex, date of birth, and survival status of each child. For living children, the mother was asked whether the child was living with her or away. For dead children, the age of the child at death was recorded.

5.2 CURRENT FERTILITY

The current level of fertility is one of the most important statistics in the report because it represents the prevailing situation and is relevant to population policies and programmes. Table 5.1 presents age-specific fertility rates (ASFRs), the total fertility rate (TFR), the general fertility rate (GFR), and the crude birth rate (CBR) for the three-year period preceding the survey. The ASFRs provide the age pattern of fertility, while the TFR (the most commonly used measure) 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 generalized indicators of fertility include the general fertility rate (GFR), expressed as the annual number of live births per 1,000 women age 15-44, and the crude birth rate (CBR), expressed as the annual number of live births per 1,000 population.

Table 5.1 Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Uganda 2011

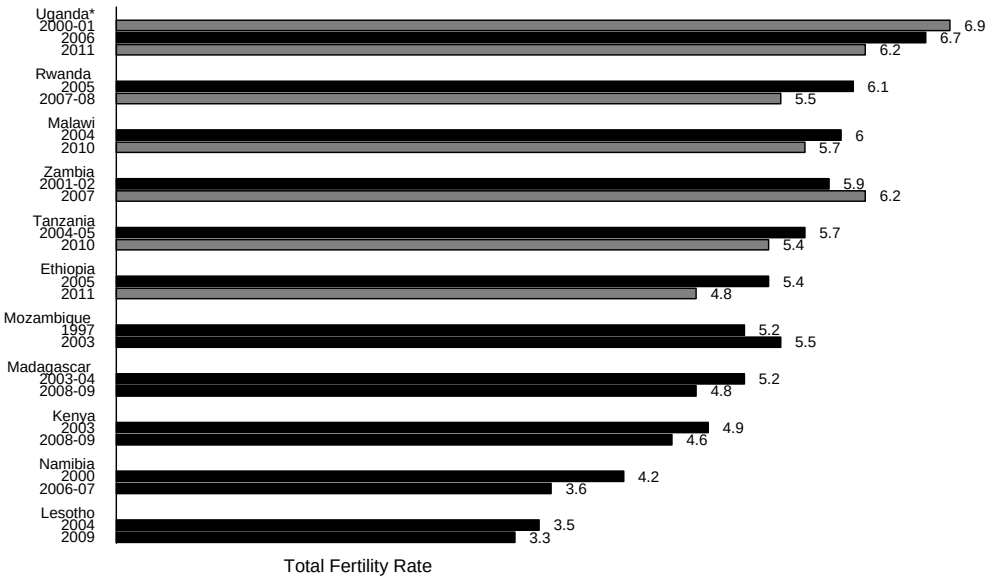
	Residence		
Age group	Urban	Rural	Total
15-19	91	146	134
20-24	205	350	313
25-29	194	318	291
30-34	171	248	232
35-39	87	187	172
40-44	16	82	74
45-49	(2)	26	23
TFR (15-49)	3.8	6.8	6.2
GFR	148	234	217
CBR	40.3	42.4	42.1

Notes: Figures in parentheses are based on 125-249 unweighted person-years of exposure. 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 interview.
TFR: Total fertility rate expressed per woman
GFR: General fertility rate expressed per 1,000 women age 15-44
CBR: Crude birth rate expressed per 1,000 population

Table 5.1 shows that a Ugandan woman would bear an average of 6.2 children in her lifetime if her fertility were to remain constant at current levels. This represents a decrease of 0.5 children in the 5 years since the 2006 UDHS, when the TFR was 6.7 births per woman. Fertility is significantly higher among rural than urban women (6.8 and 3.8, 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 fertility for the country as a whole. The table also shows a GFR of 217 live births per 1,000 women and a crude birth rate of 42 live births per 1,000 population. This is a decrease from 230 and 45, respectively, since the 2006 UDHS.

Figure 5.1 shows that Uganda and Zambia have the highest TFRs in eastern and southern Africa with 6.2 live births per woman.

Figure 5.1 **TFR in eastern and southern Africa, DHS surveys**



* In the 2000-2001 UDHS, areas making up the districts of Amuru, Nwoya, Bundibugyo, Ntoroko, Gulu, Kasese, Kitgum, Lamwo, Agago, and Pader were excluded from the sample. These areas contained about 5 percent of the national population of Uganda. Thus, the trends need to be viewed in that light.

5.3 FERTILITY DIFFERENTIALS BY BACKGROUND CHARACTERISTICS

As observed in earlier surveys, fertility varies by the respondent's characteristics, such as residence and education. In this report, fertility differentials are measured using the TFR, the percentage of women age 15-49 who are currently pregnant, and the mean number of children ever born to women age 40-49. The mean number of births to women age 40-49 is an indicator of cumulative fertility; reflecting the fertility performance of older women approaching the end of their reproductive span. If fertility remains stable over time, the TFR and the number of children ever born tend to be very similar. The percentage of women pregnant provides a useful additional measure of current fertility, though it may not capture pregnancies in early stages because early pregnancies are often undetected.

Table 5.2 shows substantial variations across background characteristics. By region, the TFR in Kampala, which is mostly urban, is almost half the national level (3.3 and 6.2, respectively). Since the 2006 UDHS, the TFRs in the Eastern, East Central, and West Nile regions have remained above the national level (7.5, 6.9, and 6.8, respectively). The difference between the TFR and completed fertility is an indicator of the magnitude and direction of fertility. Table 5.2 shows that the difference between the mean number of children ever born to women age 40-49 and TFR is one child, 0.4 higher than that in the 2006 UDHS (0.6), reflecting a larger decline in fertility in the last five years than in the previous five years.

Women's education and their household wealth status show a strong negative relationship with their fertility level. Women with no education have on average 6.9 children compared with 4.8 children for women with more than secondary education. Similarly, the TFR decreases from 7.9 children among women in the lowest wealth quintile to 4.0 children among women in the highest wealth quintile.

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 2011

Background characteristic	Total fertility rate	Percentage women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
Residence			
Urban	3.8	8.2	5.5
Rural	6.8	12.5	7.5
Region			
Kampala	3.3	8.3	5.0
Central 1	5.6	9.9	7.2
Central 2	6.3	9.6	7.1
East Central	6.9	13.7	7.9
Eastern	7.5	12.5	7.5
Karamoja	6.4	18.7	7.5
North	6.3	12.4	7.3
West Nile	6.8	10.4	7.4
Western	6.4	13.2	7.4
Southwest	6.2	11.3	7.2
Education			
No education	6.9	11.9	7.7
Primary	6.8	12.3	7.4
Secondary+	4.8	10.1	5.5
Wealth quintile			
Lowest	7.9	15.2	7.8
Second	7.1	14.6	7.6
Middle	6.9	12.4	7.8
Fourth	6.1	9.2	7.3
Highest	4.0	8.5	5.7
Total	6.2	11.7	7.2

Note: Total fertility rates are for the period 1 to 36 months prior to interview.

5.4 FERTILITY TRENDS

One way to examine trends in fertility is to use retrospective data from the birth histories collected in the 2011 UDHS. Table 5.3.1 shows age-specific fertility rates for successive five-year periods preceding the 2011 UDHS. Because women age 50 and older were not interviewed in the survey, the rates are successively truncated as the number of years before the survey increases. Fertility rates are lower in every age group during the period zero to four years before the survey than they are in the period five to nine years before the survey, suggesting a recent decline in fertility. In the 2011 UDHS, as in the 2006 UDHS, the largest decline is in age group 15-19.

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 2011

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	146	173	207	211
20-24	304	319	334	349
25-29	298	318	329	342
30-34	243	284	283	[295]
35-39	182	212	[236]	
40-44	82	[130]		
45-49	[26]			

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

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 2000-01, 2006, and 2011 surveys. In the 2000-2001 UDHS, areas making up the districts of Amuru, Nwoya, Bundibugyo, Ntoroko, Gulu, Kasese, Kitgum, Lamwo, Agago, and Pader were excluded from the sample. These areas contained about 5 percent of the national population of Uganda. Thus, the trends need to be viewed in that light. The largest differences are observed in the age group 15-19. The ASFR for this age group has declined steadily from 178 in the 2000-01 UDHS to 134 in the 2011 UDHS, indicating a trend towards later age at marriage, first intercourse, and first birth. ASFRs in other age groups have changed more gradually.

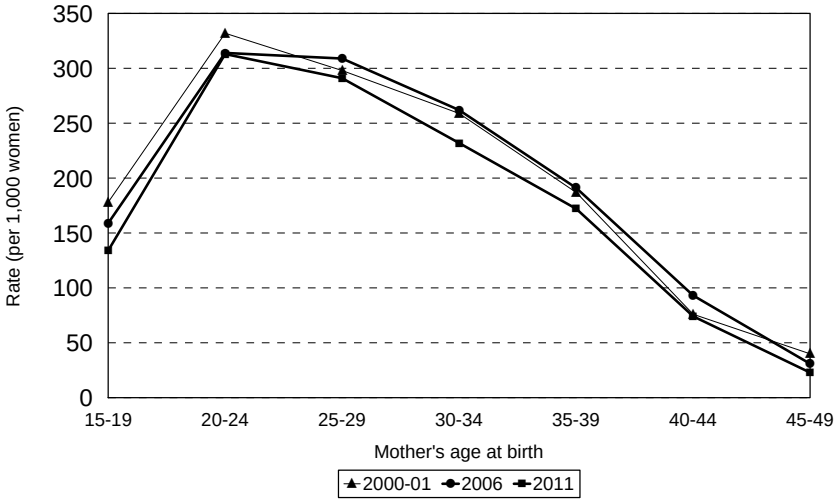
Table 5.3.2 Trends in age-specific and total fertility rates, Uganda 2000-01, 2006, 2011

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

Mother's age at birth	2000-2001 UDHS[1]	2006 UDHS	2011 UDHS
15-19	178	152	134
20-24	332	309	313
25-29	298	305	291
30-34	259	258	232
35-39	187	190	172
40-44	76	94	74
45-49	40	26	23
TFR	6.9	6.7	6.2

Note: Age-specific fertility rates are per 1,000 women.
[1] In the 2000-2001 UDHS, areas making up the districts of Amuru, Nwoya, Bundibugyo, Ntoroko, Gulu, Kasese, Kitgum, Lamwo, Agago, and Pader were excluded from the sample. These areas contained about 5 percent of the national population of Uganda. Thus, the trends need to be viewed in that light.

Figure 5.2 **Trends in fertility**



Note: In the 2000-2001 UDHS, areas making up the districts of Amuru, Nwoya, Bundibugyo, Ntoroko, Gulu, Kasese, Kitgum, Lamwo, Agago, and Pader were excluded from the sample. These areas contained about 5 percent of the national population of Uganda. Thus, the trends need to be viewed in that light.

5.5 CHILDREN EVER BORN AND LIVING

Table 5.4 gives the percent distribution of women by the number of children ever born for all women and women currently married, by five-year age groups. The table also presents the mean number of children ever born.

In Uganda childbearing starts early and is nearly universal. Eight in ten women age 15-19 have never given birth compared with only one in four women age 20-24. In the subsequent age groups the percentage of women who have never given birth drops to 5 percent or lower.

The mean number of children ever born among women age 15-19 has remained at 0.2 live births per woman since the 2006 UDHS. By her late twenties, a woman in Uganda has given birth to more than three children and by her late thirties to more than six children. These findings are similar to those of the 2006 UDHS.

Currently married women have had more births than all women in all age groups. The largest difference is still in the youngest age groups (15-19) because a large number of unmarried young women are not exposed to the risk of pregnancy. Currently married women age 15-19 have an average of almost one child compared with 0.2 children for all women. 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 survive. 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 and has remained the same at about 3 percent since the 2006 UDHS.

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 2011

	Number of children ever born														
Age	0	1	2	3	4	5	6	7	8	9	10+	Total	Number of women	Mean number of children ever born	Mean number of living children
ALL WOMEN															
15-19	81.9	13.3	4.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,048	0.24	0.22
20-24	23.9	24.9	27.6	16.1	6.3	1.1	0.0	0.2	0.0	0.0	0.0	100.0	1,629	1.60	1.47
25-29	4.8	9.4	18.3	20.1	22.9	14.6	7.4	2.0	0.5	0.1	0.0	100.0	1,569	3.34	3.04
30-34	2.9	3.3	7.0	9.8	16.0	18.2	17.2	16.1	6.6	2.2	0.6	100.0	1,086	4.97	4.37
35-39	1.6	1.7	4.2	5.8	9.8	12.0	16.0	17.6	14.2	8.8	8.4	100.0	1,026	6.27	5.37
40-44	1.2	1.8	2.8	4.8	6.1	7.6	13.7	14.1	16.1	13.9	18.0	100.0	729	7.13	6.00
45-49	3.4	2.0	3.4	4.4	4.9	8.7	10.9	9.6	13.3	12.5	26.9	100.0	587	7.36	5.96
Total	25.6	10.4	11.3	9.4	9.3	7.8	7.3	6.3	4.9	3.4	4.4	100.0	8,674	3.42	2.97
CURRENTLY MARRIED WOMEN															
15-19	38.0	40.2	18.9	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	409	0.87	0.80
20-24	8.7	26.0	33.0	21.8	8.6	1.5	0.0	0.2	0.0	0.0	0.0	100.0	1,097	2.01	1.84
25-29	1.5	7.4	17.5	20.6	24.7	16.6	8.6	2.3	0.6	0.2	0.0	100.0	1,295	3.60	3.27
30-34	1.0	2.7	5.8	8.7	14.9	18.6	18.8	18.6	7.7	2.4	0.8	100.0	880	5.27	4.64
35-39	1.1	1.2	3.3	5.3	8.6	10.9	16.3	19.5	14.6	10.0	9.1	100.0	820	6.50	5.59
40-44	0.7	1.2	1.7	4.5	5.3	7.9	11.5	14.6	15.9	15.1	21.4	100.0	553	7.47	6.33
45-49	2.8	1.3	2.8	2.6	4.0	7.6	7.6	9.3	13.0	14.4	34.6	100.0	364	7.98	6.53
Total	5.6	10.9	14.1	12.4	12.2	10.3	9.3	8.7	6.1	4.5	6.0	100.0	5,418	4.47	3.90

5.6 BIRTH INTERVALS

Birth interval is the length of time between two live births. The recommended interval before the any two births is at least two years, to reduce morbidity and mortality risks for the mother and baby. Research has shown that short birth intervals are closely associated with poor health of children, especially during infancy. Longer birth intervals, on the other hand, contribute to improved health status of both mother and child. They allow the mother to recover physically and emotionally before she becomes pregnant again and must face the demands of another pregnancy and birth, with the added stressors of breastfeeding and child care.

The study of birth intervals uses two measures, namely median birth interval and proportion of non-first births that occur both before and after an interval of 24 months 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 last birth.

The findings in Table 5.5 indicate that a quarter of non-first births (25 percent) occur within 24 months of the previous birth, 41 percent occur between 24 and 35 months, 18 percent between 36 and 47 months, and 16 percent after 48 months (four or more years). The overall median birth interval is 30.2 months.

These findings show a very slight change in the birth intervals over time. The proportion of births with an interval of 48 months or longer from a preceding birth has increased from 13 percent in 2000-01 to 16 percent in 2011, while the proportion of births within an interval of less than 24 months has decreased from 28 percent in 2000-01 to 25 percent in both 2006 and 2011.

Similar to the findings of the 2006 UDHS, younger women are more likely than older women to have shorter birth intervals (less than 24 months). The median birth interval increases with age from 25.9 months among women age 15-19 to 34 months among women age 40.and over.

The median birth interval does not vary by the sex of the preceding birth or the birth order. However, median birth intervals do vary by the survival of the preceding birth. The median interval for births following a child that died is 24.5 months compared with 30.6 months for births following a surviving birth. Births in rural areas have a median birth interval of 29.8 months compared with 35.1 months for births in urban areas.

There are variations in birth intervals across regions. Kampala has the longest median birth interval (37.5 months) compared with other regions. East Central, Eastern, and Karamoja regions have the shortest median interval (28 months or less). There is no clear pattern in the variation by education and wealth.

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 2011

Background characteristic	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Age									
15-19	15.5	23.5	38.3	15.3	5.7	1.8	100.0	107	25.9
20-29	10.0	17.8	43.8	17.6	5.8	5.1	100.0	3,348	28.8
30-39	8.1	14.5	37.9	18.1	9.2	12.2	100.0	2,547	32.0
40-49	5.8	14.8	34.1	19.9	7.8	17.6	100.0	635	34.0
Sex of preceding birth									
Male	9.2	16.7	40.6	17.8	6.9	8.7	100.0	3,294	30.1
Female	8.7	16.0	40.4	18.0	7.6	9.3	100.0	3,343	30.4
Survival of preceding birth									
Living	6.8	16.0	42.2	18.4	7.5	9.1	100.0	5,990	30.6
Dead	28.3	19.7	24.4	14.2	5.2	8.1	100.0	648	24.5
Birth order									
2-3	9.3	17.0	39.1	18.5	6.9	9.2	100.0	2,508	30.1
4-6	8.5	15.4	42.6	17.5	6.9	9.2	100.0	2,533	30.3
7+	9.0	16.9	39.3	17.9	8.4	8.4	100.0	1,596	30.1
Residence									
Urban	8.2	14.1	29.6	17.7	12.2	18.1	100.0	804	35.1
Rural	9.0	16.7	42.0	18.0	6.6	7.7	100.0	5,833	29.8
Region									
Kampala	6.1	16.8	24.5	18.8	10.3	23.6	100.0	318	37.5
Central 1	7.9	14.0	41.1	17.4	6.6	13.0	100.0	653	30.6
Central 2	11.2	16.8	35.5	17.8	7.4	11.4	100.0	690	31.3
East Central	12.7	17.5	42.0	15.8	4.8	7.1	100.0	792	28.1
Eastern	9.4	18.9	41.9	16.8	6.8	6.1	100.0	1,110	28.4
Karamoja	14.8	20.9	40.8	14.9	5.8	2.8	100.0	273	27.5
North	5.7	11.7	46.7	21.3	8.1	6.6	100.0	611	32.4
West-Nile	6.5	11.8	45.7	20.8	7.2	8.0	100.0	393	31.8
Western	8.1	16.9	37.1	17.9	10.5	9.6	100.0	992	30.8
Southwest	7.2	16.6	44.1	19.0	5.6	7.5	100.0	807	30.3
Education									
No education	10.3	12.9	41.0	20.6	6.9	8.3	100.0	1,095	31.2
Primary	8.4	18.0	42.0	16.8	7.0	7.7	100.0	4,326	29.5
Secondary+	9.5	13.4	34.7	19.7	8.6	14.0	100.0	1,217	32.5
Wealth quintile									
Lowest	9.9	17.2	42.9	18.2	6.4	5.4	100.0	1,564	29.7
Second	8.4	16.4	44.7	17.1	6.6	6.9	100.0	1,440	29.8
Middle	9.5	18.4	41.7	17.0	6.8	6.6	100.0	1,335	29.1
Fourth	8.7	14.4	40.2	18.4	7.7	10.6	100.0	1,198	30.8
Highest	7.9	14.8	30.4	19.2	9.7	18.0	100.0	1,099	34.4
Total	8.9	16.4	40.5	17.9	7.3	9.0	100.0	6,637	30.2

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.

5.7 POSTPARTUM AMENORRHOEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhoea refers to the interval between childbirth and the return of menstruation. The length and intensity of breastfeeding influence the duration of amenorrhoea, which offers protection from conception. Postpartum abstinence refers to the period between childbirth and the time when a woman resumes sexual activity. Delaying the resumption of sexual relations can also prolong protection from conception. Women are considered to be insusceptible to pregnancy if they are not exposed to the risk of conception, either because their menstrual period has not resumed since giving birth or because they are abstaining from intercourse after childbirth.

Table 5.6 shows that the median duration of amenorrhoea among women who gave birth in the three years preceding the survey is 9.4 months and the median duration of postpartum abstinence is 2.4 months. The two factors, postpartum amenorrhoea and abstinence, taken together indicate that the median duration of postpartum insusceptibility to pregnancy is 11 months.

Table 5.6 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 2011

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrhoeic	Abstaining	Insusceptible[1]	
< 2	98.3	79.6	98.9	241
2-3	82.8	42.1	85.8	293
4-5	67.7	27.7	72.1	282
6-7	65.5	17.2	69.9	298
8-9	48.5	19.7	56.0	263
10-11	49.4	15.0	54.8	295
12-13	35.0	13.4	44.2	252
14-15	27.9	14.0	33.4	264
16-17	16.5	6.9	20.5	250
18-19	14.1	8.1	20.0	232
20-21	9.6	5.1	13.2	261
22-23	6.1	4.8	9.3	295
24-25	4.2	1.8	5.2	275
26-27	3.0	3.8	5.5	275
28-29	1.5	3.1	4.7	252
30-31	0.9	3.0	3.8	250
32-33	2.5	1.1	3.5	282
34-35	0.0	1.3	1.3	262
Total	30.1	14.8	33.9	4,821
Median	9.4	2.4	11.0	na
Mean	10.9	5.7	12.3	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable
[1] Includes births for which mothers are either still amenorrhoeic or still abstaining (or both) following birth

Table 5.6 further shows that during the first two months after childbirth, almost all women (99 percent) are insusceptible to pregnancy. The percentage of births in which the mother is amenorrheic, abstaining, and insusceptible is negatively associated with the number of months after a woman gives birth. During the second and third months after giving birth; there is a substantial drop− from 80 percent to 42 percent− in the percentage of women who are protected by postpartum abstinence. Within 12 to 13 months of childbirth, 44 percent of women are insusceptible to pregnancy, 35 percent are amenorrhoeic, and only 13 percent are abstaining from sexual relations.

Table 5.7 shows that the median duration of postpartum amenorrhoea is longer among women age 30-49 (10.6 months) than among women 15-29 (8.9 months). The duration of postpartum insusceptibility is also longer among women age 30-49 (12.9 months) than among younger women (10.5 months). However, the median length of postpartum abstinence is the same for younger and older women (2.4).

Rural women have a much longer period of postpartum amenorrhoea than urban women (10 and 6.1 months, respectively) and longer median period of postpartum insusceptibility (11.7 and 7 months, respectively). The median length of postpartum abstinence for both rural and urban women is the same (2.4 months).

There are considerable regional variations in postpartum amenorrhoea and insusceptibility. The median duration of postpartum amenorrhoea ranges from 4.4 months in Kampala to 14.8 months in West Nile, while postpartum abstinence ranges from 1.3 months in Southwest to 5.5 months in Karamoja. Postpartum insusceptibility ranges from 4.6 months in Kampala to 16.2 months in West Nile.

The median duration of amenorrhoea and insusceptibility generally declines as the woman's education and household wealth increase. For example, postpartum amenorrhoea lasts 12.7 months among women from the lowest quintile compared with 5.6 months among women from the highest wealth quintile.

Table 5.7 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 2011

Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insusceptibility[1]
Mother's current age			
15-29	8.9	2.4	10.5
30-49	10.6	2.4	12.9
Residence			
Urban	6.1	2.4	7.0
Rural	10.0	2.4	11.7
Region			
Kampala	4.4	2.4	4.6
Central 1	6.4	2.0	7.2
Central 2	9.2	2.4	9.5
East Central	9.4	2.4	10.8
Eastern	9.8	3.4	11.2
Karamoja	12.8	5.5	14.7
North	12.6	2.5	13.2
West Nile	14.8	4.0	16.2
Western	8.7	1.7	9.9
Southwest	11.3	1.3	12.5
Education			
No education	13.3	2.9	14.3
Primary	10.0	2.3	11.4
Secondary+	6.5	2.7	8.5
Wealth quintile			
Lowest	12.7	4.1	14.1
Second	9.8	2.3	10.4
Middle	8.8	2.0	9.7
Fourth	9.2	2.3	11.4
Highest	5.6	2.3	7.0
Total	9.4	2.4	11.0

Note: Medians are based on the status at the time of the survey (current status)
[1] Includes births for which mothers are either still amenorrhoeic or still abstaining (or both) following birth

5.8 MENOPAUSE

Another factor influencing the risk of pregnancy is menopause. Women are considered menopausal if they are neither pregnant nor postpartum amenorrhoeic, and if they have not had a menstrual period in the six months preceding the survey.

Table 5.8 indicates that overall, 9 percent of women age 30-49 in Uganda are menopausal. The proportion of women who are menopausal increases with age, ranging from 3 percent of women age 30-34 to 40 percent of women age 48-49.

Table 5.8 Menopause

Percentage of women age 30-49 who are menopausal, by age, Uganda 2011

Age	Percentage menopausal[1]	Number of women
30-34	2.6	1,086
35-39	4.0	1,026
40-41	9.3	356
42-43	10.2	265
44-45	15.1	245
46-47	19.5	187
48-49	39.7	263
Total	9.0	3,428

[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

5.9 AGE AT FIRST BIRTH

The age at which childbearing starts has important consequences for the overall level of fertility as well as the health and welfare of the mother and the child. Today, teenage pregnancy and motherhood are a major health and social concern. In some societies, the postponement of age at marriage and age at first birth has contributed to overall fertility decline. However, in many societies, it is common for women to have children before getting married.

Table 5.9 shows that the median age at first birth among women age 20-49 is 18.9 years, similar to the median age reported in the 2006 UDHS. Women age 15-19 are left out in the presentation because less than 50 percent had given birth before age 15. The last column in Table 5.9 shows that the initiation of child bearing in Uganda has not changed much over time. The median age at first birth for women age 20-24 is 19.3 years compared with 18.9 years or younger for older women.

Table 5.9 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 2011

	Percentage who gave birth by exact age							
Current age	15	18	20	22	25	Percentage who have never given birth	Number of women	Median age at first birth
15-19	1.7	na	na	na	na	81.9	2,048	a
20-24	6.6	33.0	57.3	na	na	23.9	1,629	19.3
25-29	8.3	39.3	63.1	78.4	91.8	4.8	1,569	18.9
30-34	10.0	43.7	68.9	81.3	91.7	2.9	1,086	18.5
35-39	9.8	42.1	65.3	82.3	91.8	1.6	1,026	18.7
40-44	13.0	42.8	65.2	82.9	93.4	1.2	729	18.6
45-49	11.0	38.2	59.9	76.1	87.0	3.4	587	18.9
20-49	9.2	39.2	62.9	na	na	8.2	6,626	18.9
25-49	10.0	41.2	64.8	80.2	91.4	3.0	4,997	18.7

na = Not applicable due to censoring
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

As shown in Table 5.10, urban women, women in Kampala and Southwest, women with secondary or higher education, and women in the highest wealth quintile have their first child at age 20, a later age than other women. There is a clear positive relationship between a woman's education and the initiation of child bearing. Women with at least secondary education on average start giving birth at age 20.8 years, 2.7 years later than women with no education.

Table 5.10 Median age at first birth

Median age at first birth among women age 20-49 (25-49) years, according to background characteristics, Uganda 2011

Background characteristic	Women age 20-49	Women age 25-49
Residence		
Urban	a	19.6
Rural	18.7	18.6
Region		
Kampala	a	20.2
Central 1	18.5	18.1
Central 2	18.3	18.2
East Central	18.1	17.9
Eastern	18.6	18.7
Karamoja	19.2	19.4
North	17.9	17.8
West-Nile	19.5	19.4
Western	18.8	18.8
Southwest	a	20.0
Education		
No education	18.1	18.1
Primary	18.3	18.3
Secondary+	a	20.8
Wealth quintile		
Lowest	18.4	18.5
Second	18.5	18.5
Middle	18.8	18.6
Fourth	18.5	18.3
Highest	a	19.6
Total	18.9	18.7

a = Omitted because less than 50 percent of the women had a birth before reaching the beginning of the age group

5.10 TEENAGE PREGNANCY AND MOTHERHOOD

Teenage pregnancy and motherhood has remained a major health and social concern in Uganda because of its association with higher morbidity and mortality for both the mother and child. In addition to the physiological risks, there is a negative effect on the socioeconomic status of the mother, and hence the child, because current school policy is to have pregnant girls terminate their education.

Table 5.11 shows that 24 percent of teenagers have begun childbearing: 18 percent of them have had a live birth and 6 percent are carrying their first child. The findings show that the proportion of teenagers who have started childbearing has declined over time, from 43 percent in the 1995 UDHS, to 31 percent in the UDHS 2000-01, to 25 percent in the 2006 UDHS, and finally, to 24 percent in 2011. As expected, the percentage of women who have started their reproductive life increases with age because of longer exposure, from 2 percent of women age 15 to 58 percent of women age 19.

Rural teenagers start parenthood earlier than their urban counterparts (24 percent versus 21 percent, respectively). Teenage pregnancy also varies greatly with a woman's education. Sixteen percent of girls with secondary education have begun their reproductive life compared with 45 percent of those with no education.

The percentage of teenagers who have begun childbearing varies by region and wealth index of the household. Region wise, East Central, Eastern, and Karamoja regions have the highest percentages compared with other regions (around 30 percent), while Southwest region has the lowest (15 percent). The percentage of teenagers who have begun childbearing in the poorest households is 34 percent compared with only 16 percent in the wealthiest households.

Table 5.11 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 2011

Background characteristic	Percentage of women age 15-19 who: Have had a live birth	Are pregnant with first child	Percentage who have begun childbearing	Number of women
Age				
15	0.7	0.9	1.6	480
16	5.0	3.5	8.5	414
17	13.1	7.7	20.8	367
18	28.3	9.1	37.4	417
19	48.7	8.8	57.6	370
Residence				
Urban	16.6	4.8	21.4	395
Rural	18.4	6.0	24.4	1,652
Region				
Kampala	15.3	6.3	21.6	190
Central 1	17.1	2.0	19.1	230
Central 2	17.5	5.1	22.6	199
East Central	23.6	7.0	30.6	202
Eastern	24.5	5.8	30.3	318
Karamoja	11.5	18.2	29.7	65
North	17.5	8.2	25.6	181
West Nile	19.7	6.6	26.4	127
Western	17.3	5.3	22.6	288
Southwest	11.1	3.4	14.6	249
Education				
No education	29.9	14.6	44.5	60
Primary	20.9	6.0	26.9	1,327
Secondary+	11.4	4.4	15.8	661
Wealth quintile				
Lowest	24.0	10.4	34.4	316
Second	24.9	7.9	32.8	346
Middle	20.0	4.3	24.3	368
Fourth	14.1	5.0	19.1	481
Highest	12.5	3.3	15.8	537
Total	18.1	5.8	23.8	2,048

FERTILITY PREFERENCES 6

Key Findings

- About two-fifths (43 percent) of currently married women age 15-49 and one-third (30 percent) of currently married men age 15-49 either want no more children or have been sterilized.
- The desire to limit the number of children in a family has increased somewhat among married men and women over the past decade. The 'ideal' number of children—5 for women and 6 for men— has not changed over the past 10 years among women and men age 15-49.
- The percentage of planned births has decreased from 60 percent in the 2000-01 UDHS to 56 percent in the 2011 UDHS.

The 2011 Uganda DHS included questions to ascertain fertility preferences. Women and men were asked about their desire to have another child, the length of time they would like to wait before having another child, and how many they would consider to be the ideal number of children. These fertility preferences were then used to assess future fertility patterns and potential demand for contraception. The information also was used to construct measures of unwanted or mistimed births.

6.1 DESIRE FOR MORE CHILDREN

Information about the desire for more children helps predict future reproductive behaviour in Uganda. The provision of adequate and accessible family planning services depends on the availability of such information. In the 2011 UDHS, currently married women and men were asked about their desire to have another child and, if they had such preferences, they were asked how soon they wanted the child. The same question was phrased differently in the case of pregnant women or men whose spouses or partners were pregnant at the time of the interview; the question then focused on desire for subsequent children after completion of the current pregnancy. Sterilized women and men were considered to want no more children, so they were not asked questions about their desire for more children.

Table 6.1 shows that 14 percent of women and 19 percent of men age 15-49 want to have another child soon (within two years), while 38 percent of women and 46 percent of men want another child in two or more years. Forty percent of women and 29 percent of men do not want any more children, and 3 percent of women and less than 1 percent of men have already been sterilized. Overall, 3 percent of currently married women and 2 percent of currently married men are undecided about having more children.

Fertility preferences have not changed substantially since the 2006 UDHS survey.

Fertility preferences relate closely to the number of living children among both women and men. The desire to limit childbearing increases with the number of living children, from 3 percent among married women and men with no children to 72 percent among women and 52 percent among men with six or more children. On the other hand, almost four-fifths of respondents (79 percent of women and 78 percent of men) with no living children want to have a child soon; in comparison, only 3 percent of women and 10 percent of men with six or more children want to have another soon.

Table 6.1 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 2011

Desire for children	Number of living children 0	1	2	3	4	5	6+	Total 15-49	Total 15-54
				WOMEN[1]					
Have another soon[2]	78.9	25.7	17.2	16.7	8.6	8.9	3.4	14.3	na
Have another later[3]	9.4	67.7	63.7	49.3	37.6	27.6	11.9	37.8	na
Have another, undecided when	1.3	0.9	1.0	0.7	1.0	0.7	0.5	0.8	na
Undecided	0.8	1.5	1.7	3.9	3.3	3.3	2.8	2.7	na
Want no more	3.1	3.0	14.3	25.9	46.5	53.3	72.4	39.5	na
Sterilized[4]	0.0	0.0	0.7	2.2	1.6	4.1	6.6	3.0	na
Declared infecund	6.4	0.9	1.3	1.1	1.4	2.1	2.3	1.8	na
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	na
Number of women	192	660	871	790	738	665	1,502	5,418	na
				MEN[5]					
Have another soon[2]	(77.5)	31.0	26.8	21.3	15.8	13.9	9.6	19.3	18.1
Have another later[3]	(14.3)	67.7	63.3	54.7	50.9	37.7	32.4	46.1	43.1
Have another, undecided when	(0.0)	0.9	0.5	0.1	3.2	1.2	1.9	1.4	1.3
Undecided	(0.0)	0.4	1.3	4.0	4.2	2.3	2.4	2.4	2.7
Want no more	(2.6)	0.0	6.6	17.3	24.9	45.0	52.0	29.4	32.8
Sterilized[4]	(0.0)	0.0	0.0	0.0	0.0	0.0	1.1	0.4	0.6
Declared infecund	(4.4)	0.0	1.4	0.3	1.0	0.0	0.2	0.6	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	39	118	194	155	172	133	418	1,228	1,338

na =Not applicable
Figures in parentheses are based on 25-49 unweighted cases.
[1] The number of living children includes the current pregnancy.
[2] Wants next birth within two years
[3] Wants to delay next birth for two 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 pregnant (or if any wife is pregnant for men with more than one current wife).

6.2 DESIRE TO LIMIT CHILDBEARING BY BACKGROUND CHARACTERISTICS

Table 6.2 shows the percentage of currently married women who want no more children (or who are sterilized), by number of living children and background characteristics. Currently married rural women are more likely to want to limit childbearing than their counterparts in urban areas (44 percent versus 37 percent). However, among women with one or more living children, urban women are more likely than rural women to want to limit childbearing. Among regions, married women in Southwest (50 percent) are the most likely to want to limit childbearing, and women in Karamoja are the least likely (27 percent).

Overall, the desire to limit childbearing decreases with increasing education. About half of women (53 percent) with no education want to limit the size of their families compared with about one-third (32 percent) of those with secondary or higher education. However, among women with 4, 5, and 6 living children, there is a clear pattern of those with more education being more likely to want no more children. There is no clear pattern in the variation of this indicator by women's wealth.

For all background characteristics, the desire to limit childbearing among currently married women increases with an increase in the number of living children.

Table 6.2 Desire to limit childbearing: Women

Percentage of currently married women age 15-49 who want no more children, by number of living children, according to background characteristics, Uganda 2011

Background characteristic	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	1.0	3.9	19.9	39.6	58.6	70.1	83.0	36.6
Rural	3.7	2.7	13.4	25.6	46.3	55.5	78.6	43.6
Region								
Kampala	(0.0)	4.6	24.9	43.6	62.5	(74.1)	(81.2)	34.6
Central 1	*	0.5	9.4	42.2	49.8	41.4	73.8	40.6
Central 2	*	8.7	14.7	22.1	41.4	64.1	74.2	41.6
East Central	*	3.6	6.6	27.2	40.2	55.8	80.5	45.7
Eastern	*	3.4	16.6	26.2	47.2	56.4	85.5	46.2
Karamoja	*	1.7	12.5	21.2	33.9	35.8	43.1	27.3
North	*	2.9	6.8	20.4	56.8	57.3	82.2	45.0
West Nile	*	1.8	12.9	24.4	36.8	62.7	74.8	37.9
Western	*	(2.1)	12.3	20.7	46.1	51.6	79.1	39.8
Southwest	*	0.0	23.1	27.3	58.9	73.1	84.1	50.0
Education								
No education	(0.0)	7.6	14.8	27.2	39.6	51.7	77.7	53.2
Primary	0.9	2.9	13.6	28.2	44.5	57.4	79.1	43.4
Secondary +	8.4	2.5	17.4	28.3	63.7	65.1	82.3	32.4
Wealth quintile								
Lowest	0.0	2.9	14.3	19.1	47.0	51.6	75.9	40.8
Second	0.0	4.0	15.8	23.5	52.9	57.5	78.1	43.5
Middle	2.9	2.3	9.9	25.4	31.9	57.1	83.2	43.8
Fourth	0.0	2.6	17.2	34.7	44.1	51.5	78.2	46.7
Highest	7.7	3.0	16.6	36.4	60.7	69.5	79.1	38.3
Total	3.1	3.0	15.0	28.1	48.1	57.3	79.0	42.5

Note: Women who have been sterilized are considered to want no more children. 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] The number of living children includes any current pregnancy.

6.3 IDEAL FAMILY SIZE

In the preceding section of this chapter, the discussion concentrated on the respondents' current childbearing preferences. These preferences are influenced by the number of children a respondent already has. The 2011 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?'* Even though this question is based on a hypothetical situation, it provides two measures. First, for women and men who have not yet started a family, the findings point to the respondent's ideal future fertility. Second, for older and high-parity women, the excess of past fertility reflects the difference between the desired and unwanted fertility. This information helps family planners understand the potential demand for fertility control in Uganda.

Table 6.3 shows that almost all women (97 percent) and men (99 percent) were able to provide a numeric response to the question when asked to assess the ideal family size. Both women and men age 15-49 in Uganda prefer a relatively big family (4.8 children for women and 5.7 children for men). The ideal family size is even higher among currently married respondents age 15-49 when compared with all respondents: 5.1 children for currently married women and 6.6 children for currently married men.

The majority of women and men (81 percent of women and 83 percent of men) want four or more children. By contrast, only 2 percent of women and men do not want children or want just one child.

Table 6.3 shows that the mean ideal number of children increases with the number of living children among both women and men, from 3.9 children for all women and 4.5 children for all men with no children to 6.1 and 8.5 children among respondents with six or more children.

Despite the overall high ideal family size in Uganda, the survey results also reflect evidence of unwanted fertility. For example, 41 percent of women with 6 or more living children say their ideal family size is 5 or fewer. Similarly, one-third of women with 5 children say they ideally would prefer fewer.

The mean ideal number of children among women and men has remained almost unchanged since the 2000-01 UDHS that reported an ideal family size of 4.8 for women and 5.6 for men. This finding could also explain why the total fertility rate in Uganda has remained high over the past decade.

Table 6.3 Ideal number of children by number of living 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 the number of living children, Uganda 2011

	Number of living children							
Ideal number of children	0	1	2	3	4	5	6+	Total
			WOMEN[1]					
0	2.4	0.1	0.4	0.7	0.4	0.1	1.0	1.0
1	1.1	1.0	0.2	0.5	0.6	0.3	0.4	0.7
2	14.2	11.9	6.3	4.7	4.8	3.3	2.8	7.5
3	12.7	15.0	7.3	6.6	3.1	3.8	2.4	7.6
4	44.8	46.4	55.0	42.3	33.5	26.9	22.5	38.6
5	10.2	10.4	11.1	15.3	11.6	11.3	11.6	11.4
6+	12.9	14.8	18.0	28.5	43.2	50.2	53.7	30.5
Non-numeric responses	1.6	0.4	1.8	1.4	2.6	4.1	5.7	2.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,083	1,015	1,121	972	914	792	1,777	8,674
Mean ideal number children for:[2]								
All women	3.9	4.1	4.4	4.8	5.2	5.7	6.1	4.8
Number of women	2,050	1,011	1,100	958	890	760	1,676	8,444
Currently married women	4.3	4.2	4.4	4.8	5.1	5.7	6.0	5.1
Number of currently married women	188	658	854	781	721	642	1,419	5,263
			MEN[3]					
0	2.1	1.3	0.0	0.0	0.1	1.0	1.3	1.3
1	0.7	0.6	0.4	0.0	0.0	0.6	0.0	0.4
2	7.9	3.7	3.4	3.4	0.9	2.2	1.3	4.5
3	14.1	17.3	10.4	9.7	2.3	3.8	2.6	9.7
4	37.0	45.5	38.5	39.3	19.9	14.4	15.2	30.8
5	16.0	17.6	17.2	17.0	16.2	17.0	8.3	14.9
6+	21.5	14.1	29.1	29.7	59.8	59.2	67.5	37.1
Non-numeric responses	0.5	0.0	1.0	0.8	0.8	1.7	3.7	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	871	155	231	172	178	143	424	2,173
Mean ideal number children for:[2]								
All men	4.5	4.5	5.2	5.1	6.2	6.2	8.7	5.7
Number of men	866	155	228	171	177	140	408	2,145
Currently married men	(4.1)	4.6	5.2	5.2	6.2	6.1	8.7	6.5
Number of currently married men	39	118	192	154	171	130	402	1,205
Mean ideal number children for men 15-54:[2]								
All men	4.5	4.5	5.2	5.1	6.3	6.2	8.5	5.7
Number of men	867	158	231	177	188	151	489	2,261
Currently married men	(4.1)	4.6	5.2	5.2	6.3	6.1	8.6	6.6
Number of currently married men	39	119	193	160	181	140	476	1,309

Note: Figures in parentheses are based on 25-49 unweighted cases.
[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 pregnant (or if any wife is pregnant for men with more than one current wife).

Table 6.4 shows the mean ideal number of children for all women age 15-49, by background characteristics. This increases with the age of the woman, ranging from 4.1 children among women age 15-19 to 6.2 among those age 45-49. The ideal number of children for women is slightly lower among urban women than among rural women (4.1 children versus 5.0 children).

There are differences in the mean ideal number of children by region, with the highest number being in Karamoja (7.2 children) and the lowest number in Kampala (4.0 children). The mean ideal number of children is inversely related to education and wealth. It ranges from 6.2 children among women with no education to 4.0 children among women with secondary or higher education. Similarly, women in the lowest wealth quintile want 5.5 children compared with 4.2 children in the highest wealth quintile.

Table 6.4 Mean ideal number of children

Mean ideal number of children for all women age 15-49, by background characteristics, Uganda 2011

Background characteristic	Mean	Number of women[1]
Age		
15-19	4.1	2,023
20-24	4.3	1,610
25-29	4.7	1,545
30-34	5.1	1,057
35-39	5.6	985
40-44	6.0	688
45-49	6.2	536
Residence		
Urban	4.1	1,689
Rural	5.0	6,755
Region		
Kampala	4.0	828
Central 1	4.8	906
Central 2	5.0	871
East Central	4.9	851
Eastern	5.0	1,252
Karamoja	7.2	280
North	4.6	728
West Nile	5.1	480
Western	4.9	1,195
Southwest	4.5	1,054
Education		
No education	6.2	1,055
Primary	4.9	5,013
Secondary +	4.0	2,376
Wealth quintile		
Lowest	5.5	1,473
Second	4.9	1,530
Middle	4.9	1,568
Fourth	4.9	1,667
Highest	4.2	2,205
Total	4.8	8,444

[1] Number of women who gave a numeric response

6.4 FERTILITY PLANNING

The analysis of the level of fertility planning in a society provides some insight into the degree to which couples are able to control their fertility. To measure the level of unwanted fertility, women in the UDHS were asked, for all children born in the preceding five years, whether the pregnancy was wanted at the time, wanted 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 these results because an unwanted conception may have become a cherished child, leading to the rationalization of responses to these questions. The rationalization of the responses may result in an underestimate of the true extent of unwanted births.

Table 6.5 shows that in the five years preceding the survey, 56 percent of births were planned (wanted then), 32 percent were mistimed (wanted later), and 12 percent were unwanted. Generally, the proportion of planned births decreases and the proportion of unwanted births increases with an increase in the birth order. Sixty-four percent of first-order births were wanted when they occurred compared with 48 percent of fourth and higher-order births. On the other hand, only 2 percent of first-order births were unwanted compared with 21 percent of fourth and higher-order births. The proportion of mistimed births does not vary much by birth order. The proportion of planned births and mistimed births tends to decrease with a woman's age, while the proportion of unwanted births increases with an increase in women's age. For example, the percentage of unwanted births increases from 2 percent among mothers below age 20 to 50 percent among mothers age 40-44.

Table 6.5 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 2011

	Planning status of birth					
Birth order and mother's age at birth	Wanted then	Wanted later	Wanted no more	Missing	Total	Number of births
Birth order						
1	64.1	34.1	1.5	0.2	100.0	1,609
2	66.3	31.8	1.7	0.1	100.0	1,524
3	62.4	35.0	2.6	0.0	100.0	1,303
4+	48.4	30.0	21.4	0.1	100.0	4,650
Mother's age at birth						
<20	58.1	40.0	1.7	0.2	100.0	1,512
20-24	63.7	33.9	2.3	0.1	100.0	2,678
25-29	58.8	33.6	7.5	0.1	100.0	2,208
30-34	48.9	29.4	21.4	0.3	100.0	1,440
35-39	44.3	18.5	37.2	0.0	100.0	918
40-44	36.8	12.5	50.3	0.4	100.0	285
45-49	(20.5)	(5.0)	(74.5)	(0.0)	100.0	45
Total	56.2	31.8	11.9	0.1	100.0	9,086

Note: Figures in parentheses are based on 25-49 unweighted cases.

The percentage of planned births has decreased from 60 percent in the 2000-01 UDHS to 56 percent in the 2011 UDHS. On the other hand, the percentage of mistimed births has increased from 25 percent to 32 percent over the same period.

6.5 WANTED FERTILITY RATES

The wanted fertility rate measures the potential demographic impact of avoiding unwanted births. It is calculated in the same manner as the total fertility rate but excludes unwanted births from the numerator. A birth is considered wanted if the number of living children at the time of conception is 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. This measure also may be an underestimate because women may not want to report an ideal family size that is lower than their actual family size.

The total wanted fertility rates in Table 6.6 represent the levels of fertility that would have prevailed in the three years preceding the survey if all unwanted births had been avoided. Overall, women have 1.7 children more than their ideal number (6.2 children compared with 4.5 children). This implies that the total fertility rate (TFR) is higher by almost two children than it would be if unwanted births were avoided.

The gap between wanted and observed fertility rates is wider among women who live in rural areas (2.0 children) than among women who live in urban areas (0.6 children). The gap is widest among women residing in East Central region (2.5 children) and narrowest among women living in Kampala (0.4 children).

The difference between wanted and observed total fertility rates varies from 1.0 child among women with secondary or higher education to 1.9 children among women with no education or only primary school. There is an inverse relationship between the wanted fertility rate and wealth quintile. The gap between wanted and actual fertility rates ranges from 0.7 children among women in the highest wealth quintile to 2.3 children among women in the lowest wealth quintile.

The comparison between the findings of the 2000-01 and 2011 UDHS surveys reveals that the gap between wanted and actual fertility rates has increased slightly, from 1.6 to 1.7 children.

Table 6.6 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Uganda 2011

Background characteristic	Total wanted fertility rates	Total fertility rate
Residence		
Urban	3.2	3.8
Rural	4.8	6.8
Region		
Kampala	2.9	3.3
Central 1	4.2	5.6
Central 2	4.6	6.3
East Central	4.4	6.9
Eastern	5.3	7.5
Karamoja	5.8	6.4
North	4.3	6.3
West Nile	5.1	6.8
Western	4.7	6.4
Southwest	4.4	6.2
Education		
No education	5.0	6.9
Primary	4.9	6.8
Secondary +	3.8	4.8
Wealth quintile		
Lowest	5.6	7.9
Second	4.9	7.1
Middle	5.0	6.9
Fourth	4.4	6.1
Highest	3.3	4.0
Total	4.5	6.2

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

FAMILY PLANNING 7

Key Findings

- Awareness of at least one method of contraception in Uganda is nearly universal.
- Three in ten currently married women are using a method of contraception, with most women using a modern method (26 percent).
- Injectables remain the most commonly used method of contraception among currently married women (14 percent).
- The use of modern methods of family planning has consistently increased over the past decade, growing from 14 percent of currently married women in 2000-01 (excluding LAM) to 26 percent in 2011.
- The government sector remains the major provider of contraceptive methods for nearly half of the users of modern contraceptive methods (47 percent).
- Forty-three percent of family planning users in Uganda discontinue use of a method within 12 months of starting its use. Fear of side effects is the main reason for discontinuation (16 percent). The pill has the highest discontinuation rate (54 percent).
- Only one-third of the users of the rhythm/moon beads method know when the fertile period occurs.
- About one-third (34 percent) of currently married women have an unmet need for family planning services, with 21 percent in need of spacing and 14 percent in need of limiting.

The government of Uganda is committed to improving family planning use and access in the country as highlighted in various government plans and policies. The five-year National Development Plan (2010/11-2014/15) acknowledges that limited access to family planning services hinders overall development of the society and of women in particular. One of the goals outlined in the plan is to reduce unmet need for family planning by ensuring access to family planning services, especially in rural areas (NPA, 2010). Furthermore, the 2008 National Population Policy urges special emphasis on family planning and reproductive commodity security, including use of contraceptives (MoFPED, 2008). In addition, some of the strategies in the Health Sector Strategic and Investment Plan (2010/11-2014/15) are geared toward improvement of overall sexual and reproductive health and rights of the population. Goals include provision of integrated family planning services in all health facilities at all levels, procurement and distribution of contraceptives to men and women of reproductive age, and design of programmes to engage men in family planning services and use. Budget constraints, however, serve as a major impediment to these interventions (MOH, 2010b).

This chapter presents information on knowledge of various contraceptive methods and discusses past and current prevalence. For users of periodic abstinence (the rhythm method), knowledge of the ovulatory cycle is examined; for those relying on sterilization, the timing of the procedure is assessed. Also discussed are the source of modern contraceptive methods, informed choice, discontinuation rates and reasons for discontinuation, unmet need for family planning, nonuse of contraception, and intent to use contraceptive methods in the future. In addition, information is provided on exposure to family planning

messages through the media and contact with family planning providers. These topics are of practical use in formulating efficient and effective family planning strategies and policies. Although the focus is on women, some results from the male survey are presented, because men play an important role in the realization of reproduction goals. Comparisons, where possible, are made with findings from the previous surveys to show trends over the last decade.

7.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

Knowledge of contraceptive methods is an important precursor to their use. The ability to recognize a family planning method when it is described is a simple test of a respondent's knowledge but does not necessarily indicate the extent of her or his knowledge. The 2011 UDHS collected information on knowledge of contraception by asking respondents whether or not they had heard about 10 modern methods (female and male sterilization, the pill, intrauterine devices [IUDs], injectables, implants, male and female condoms, lactational amenorrhoea [LAM], and emergency contraception) and two traditional methods (rhythm/moon beads and withdrawal). Respondents were also asked whether they knew about other methods in addition to those listed.

Table 7.1 shows that knowledge of at least one contraceptive method is nearly universal in Uganda among both women and men. Modern methods are more widely known than traditional methods; almost all women and men know of a modern method (98 and 100 percent, respectively) compared with 74 percent of all women and 83 percent of all men who know of a traditional method. Among both women and men, the male condom (97 and 99 percent, respectively), injectables (94 and 91 percent), and the pill (93 and 92 percent) are the most well-known modern methods, while LAM (13 and 11 percent) is the least known modern method.

Table 7.1 Knowledge of contraceptive methods

Percentage of all respondents, currently married respondents, and sexually-active unmarried respondents age 15-49 who have heard of any contraceptive method, by specific method, Uganda 2011

	Women			Men		
Method	All women	Currently married women	Sexually active unmarried women[1]	All men	Currently married men	Sexually active unmarried men[1]
Any method	98.2	98.7	99.5	99.7	99.9	99.9
Any modern method	98.1	98.6	99.5	99.7	99.8	99.9
Female sterilization	79.2	83.7	85.2	80.2	86.2	81.1
Male sterilization	53.0	57.5	51.0	62.2	68.2	59.2
Pill	92.6	95.2	93.8	92.0	95.1	95.9
IUD	70.2	75.4	75.6	65.5	73.0	74.0
Injectables	94.1	96.9	96.4	91.3	95.3	96.0
Implants	77.4	84.5	78.3	62.2	73.5	63.8
Male condom	96.6	97.1	98.9	99.2	99.3	99.9
Female condom	70.5	72.8	75.3	81.4	85.0	89.5
Lactational amenorrhoea (LAM)	13.0	14.6	10.5	11.4	13.5	13.9
Emergency contraception	30.7	32.1	39.3	37.1	40.4	51.7
Any traditional method	73.7	80.4	85.8	82.6	90.5	90.9
Rhythm/moon beads	53.3	58.0	58.3	68.7	76.8	75.5
Withdrawal	62.8	70.3	75.2	72.7	81.6	84.1
Folk method	9.5	11.6	8.6	3.5	4.1	5.2
Mean number of methods known by respondents 15-49	8.0	8.5	8.5	8.3	8.9	8.9
Number of respondents	8,674	5,418	320	2,173	1,228	120
Mean number of methods known by respondents 15-54	na	na	na	8.3	8.9	9.0
Number of respondents	0	0	0	2,295	1,338	125

na = Not applicable
[1] Had sexual intercourse within 30 days preceding the survey

Because knowledge of at least one method of contraception is nearly universal, there are few differences in knowledge by background characteristics. The knowledge of any contraceptive method is slightly lower among respondents in Karamoja where 79 percent of all women and 96 percent of all men

have heard of a contraceptive method (data not shown). The high level of knowledge could be attributed to the successful dissemination of family planning messages through the mass media.

7.2 CURRENT USE OF CONTRACEPTION

This section presents information on the prevalence of current contraceptive use among women age 15-49 at the time of the survey. Level of current use is the most widely employed and valuable measure of the success of family planning programs. The contraceptive prevalence rate (CPR) is usually defined as the percentage of currently married women who are currently using a method of contraception.

Table 7.2 shows the percent distribution by age of all women, currently married women, and sexually active unmarried women who use specific family planning methods. Twenty-four percent of all women, 30 percent of currently married women, and 52 percent of sexually active unmarried women are using some method of contraception.

Users of the modern methods of contraception make up the large majority of all users. Among currently married women, 26 percent are using a modern method and only 4 percent are using a traditional method. The same pattern is observed among all women and unmarried sexually active women. The most commonly used modern method among all women and currently married women is injectables (used by 11 percent of all women and 14 percent of currently married women), while the most commonly used methods among unmarried sexually active women are the male condom (19 percent) and injectables (18 percent).

Current contraceptive use varies by age. Use is lowest among young women below age 25 (because they are in the early stages of family building) and among older women age 45 and above (some of whom are no longer fecund) than among those at the intermediate age groups. For example, 14 percent of currently married women age 15-19 report current use of any contraceptive method. This proportion increases until it peaks at 38 percent among those age 35-44, after which it decreases to 21 percent among women age 45-49. A similar pattern is observed among all women.

Table 7.2 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 2011

			Modern method									Traditional method					
Age	Any method	Any modern method	Female sterili-zation	Male sterili-zation	Pill	IUD	Inject-ables	Implants	Male condom	LAM	Any tradi-tional method	Rhythm/ moon beads	With-drawal	Folk	Not currently using	Total	Number of women
ALL WOMEN																	
15-19	6.8	6.0	0.0	0.0	0.3	0.0	2.6	0.2	2.9	0.0	0.8	0.2	0.6	0.0	93.2	100.0	2,048
20-24	22.1	19.8	0.0	0.0	2.8	0.3	11.3	1.0	4.3	0.1	2.3	0.6	1.6	0.1	77.9	100.0	1,629
25-29	31.6	27.6	0.3	0.2	2.3	0.7	16.9	3.5	3.4	0.2	3.9	1.7	1.9	0.3	68.4	100.0	1,569
30-34	33.5	30.0	2.0	0.0	4.2	0.4	16.8	3.3	3.1	0.2	3.5	1.3	1.4	0.8	66.5	100.0	1,086
35-39	34.5	30.3	6.0	0.0	2.8	0.8	13.5	3.8	3.2	0.3	4.1	1.3	1.9	0.9	65.5	100.0	1,026
40-44	32.0	26.5	7.8	0.0	3.3	0.2	11.3	1.3	2.6	0.0	5.4	2.5	2.3	0.6	68.0	100.0	729
45-49	17.5	14.1	7.4	0.2	0.4	0.0	3.7	0.6	1.7	0.0	3.4	0.8	2.0	0.7	82.5	100.0	587
Total	23.6	20.7	2.2	0.1	2.1	0.4	10.7	1.9	3.2	0.1	2.9	1.1	1.5	0.4	76.4	100.0	8,674
CURRENTLY MARRIED WOMEN																	
15-19	13.9	13.1	0.0	0.0	0.5	0.0	8.0	0.7	3.8	0.1	0.8	0.0	0.8	0.0	86.1	100.0	409
20-24	22.9	20.4	0.0	0.0	2.9	0.5	13.4	1.1	2.5	0.1	2.5	0.6	1.9	0.0	77.1	100.0	1,097
25-29	32.0	27.8	0.3	0.2	2.6	0.8	17.1	3.6	2.8	0.3	4.2	1.7	2.1	0.4	68.0	100.0	1,295
30-34	35.4	31.2	2.0	0.0	4.7	0.5	17.7	3.6	2.5	0.3	4.2	1.4	1.8	1.0	64.6	100.0	880
35-39	37.8	33.4	6.9	0.0	2.9	0.9	14.3	4.7	3.3	0.3	4.4	1.6	2.1	0.7	62.2	100.0	820
40-44	37.5	30.6	9.4	0.0	4.1	0.3	12.6	1.7	2.6	0.0	6.9	3.1	3.1	0.7	62.5	100.0	553
45-49	20.5	15.2	7.3	0.4	0.5	0.0	4.8	0.9	1.2	0.0	5.3	1.2	3.2	0.9	79.5	100.0	364
Total	30.0	26.0	2.9	0.1	2.9	0.5	14.1	2.7	2.7	0.2	4.0	1.4	2.1	0.5	70.0	100.0	5,418
SEXUALLY ACTIVE UNMARRIED WOMEN[1]																	
15-19	45.1	35.3	0.0	0.0	1.3	0.0	9.6	0.0	24.3	0.0	9.9	0.0	9.9	0.0	54.9	100.0	80
20-24	54.3	47.9	0.0	0.0	7.1	0.0	15.9	1.5	23.3	0.0	6.5	2.0	4.1	0.4	45.7	100.0	81
25+	53.9	47.0	1.2	0.0	3.7	0.2	23.7	3.9	14.2	0.0	6.9	3.3	1.4	2.2	46.1	100.0	160
Total	51.8	44.3	0.6	0.0	4.0	0.1	18.2	2.4	19.0	0.0	7.5	2.2	4.2	1.2	48.2	100.0	320

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

LAM = Lactational amenorrhoea method
[1] Women who have had sexual intercourse within 30 days preceding the survey

7.3 CURRENT USE OF CONTRACEPTIVE BY BACKGROUND CHARACTERISTICS

Analysing current use of contraception by background characteristics helps to identify subgroups of the population that may need to be targeted for family planning services. Table 7.3.1 presents the percent distribution of currently married women by their use of family planning methods, according to background characteristics. The table allows a comparison of levels of current contraceptive use across major population groups.

There are variations in current use of contraception among subgroups. There is a direct association between use of family planning methods and the number of children that women have. The majority of women do not begin to use contraception until they have had at least one child. Only five percent of married women with no living children use contraception; the percentage increases to 27 percent among women with one or two children and to 34 percent among women with three or more children.

There is a wide gap in the use of any methods between urban and rural areas (46 percent versus 27 percent). Distribution by region shows that the percentage of currently married women using a contraceptive method is highest in Kampala (48 percent) and lowest in Karamoja (8 percent).

The use of contraception increases with education. Forty-four percent of currently married women with secondary or more education are using a contraceptive method compared with 18 percent of those with no education. Contraceptive use also increases as household wealth increases, from 15 percent of women in the lowest wealth quintile to 46 percent among those in the highest wealth quintile.

As mentioned above, by far the most commonly used method among currently married women is injectables, used by 14 percent of women. Use of injectables follows the same pattern as use of any contraceptive method: it increases with number of living children, education, and wealth. Injectable use is higher in urban than in rural areas (20 percent versus 13 percent) and is highest in Kampala (19 percent) and lowest in Karamoja (3 percent). The rhythm, or moon beads, method is used by 1 of currently married women. Female sterilization, the pill, implants, and male condoms are used by 3 percent each.

Table 7.3 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 2011

			Modern method									Traditional method					
Background characteristic	Any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	LAM	Any traditional method	Rhythm/ moon beads	Withdrawal	Folk	Not currently using	Total	Number of women
Number of living children																	
0	5.1	4.2	0.0	0.0	1.8	0.0	1.3	0.0	1.2	0.0	0.8	0.2	0.6	0.0	94.9	100.0	341
1-2	27.1	23.7	0.3	0.1	3.1	0.5	13.8	1.3	4.3	0.2	3.4	1.3	1.9	0.2	72.9	100.0	1,532
3-4	33.5	29.1	1.8	0.1	3.0	1.1	16.4	3.6	2.8	0.1	4.4	1.8	2.4	0.2	66.5	100.0	1,475
5+	33.8	29.2	6.0	0.1	2.9	0.2	14.6	3.4	1.7	0.2	4.6	1.4	2.2	1.0	66.2	100.0	2,069
Residence																	
Urban	45.8	39.2	2.5	0.2	7.9	1.6	19.9	1.8	4.7	0.6	6.6	2.8	3.3	0.6	54.2	100.0	892
Rural	26.9	23.4	3.0	0.1	1.9	0.3	12.9	2.8	2.3	0.1	3.5	1.1	1.9	0.5	73.1	100.0	4,526
Region																	
Kampala	48.2	40.2	2.0	0.5	10.3	1.8	19.3	1.6	4.7	0.0	8.0	3.6	3.8	0.6	51.8	100.0	397
Central 1	37.3	30.7	2.2	0.2	4.6	0.8	15.0	2.2	5.4	0.2	6.6	2.6	3.6	0.4	62.7	100.0	559
Central 2	33.7	30.7	4.9	0.3	3.0	0.5	14.3	3.4	3.3	1.1	2.9	0.4	2.5	0.0	66.3	100.0	565
East Central	32.0	27.7	3.9	0.0	2.5	0.2	16.3	0.6	4.2	0.0	4.3	1.1	1.5	1.7	68.0	100.0	580
Eastern	26.1	23.2	4.1	0.0	0.8	0.0	15.3	1.8	1.2	0.0	3.0	1.2	1.2	0.5	73.9	100.0	859
Karamoja	7.8	7.4	0.2	0.0	1.9	0.0	2.8	1.6	0.9	0.0	0.4	0.0	0.4	0.0	92.2	100.0	215
North	23.9	23.4	2.7	0.0	1.2	0.9	12.7	5.0	0.8	0.1	0.5	0.4	0.1	0.0	76.1	100.0	487
West Nile	14.6	13.6	1.0	0.0	1.3	0.7	4.8	3.7	2.1	0.0	0.9	0.5	0.3	0.1	85.4	100.0	330
Western	32.7	26.8	2.1	0.0	1.5	0.5	15.5	4.2	2.8	0.2	5.9	2.8	2.2	0.9	67.3	100.0	743
Southwest	29.6	25.1	2.7	0.0	4.0	0.5	14.0	2.5	1.6	0.0	4.4	0.5	3.7	0.2	70.4	100.0	681
Education																	
No education	17.9	15.5	3.1	0.0	1.7	0.1	6.3	2.3	1.7	0.2	2.5	1.3	0.9	0.3	82.1	100.0	877
Primary	28.0	24.5	3.2	0.1	1.9	0.4	13.9	2.9	2.0	0.1	3.5	0.8	2.1	0.6	72.0	100.0	3,313
Secondary +	44.2	37.7	1.9	0.1	6.5	1.3	19.9	2.3	5.3	0.4	6.5	3.1	3.0	0.3	55.8	100.0	1,227
Wealth quintile																	
Lowest	14.7	12.7	0.9	0.0	0.4	0.2	8.2	2.0	1.0	0.0	2.0	0.6	1.2	0.1	85.3	100.0	1,063
Second	23.2	21.2	2.6	0.0	1.3	0.0	12.6	2.8	2.0	0.0	2.0	0.8	1.1	0.1	76.8	100.0	1,101
Middle	29.3	24.7	2.8	0.1	2.0	0.4	13.5	3.1	2.5	0.2	4.6	1.1	2.6	0.9	70.7	100.0	1,042
Fourth	35.0	31.0	4.9	0.1	2.7	0.4	17.6	2.7	2.5	0.1	4.0	1.3	1.7	0.9	65.0	100.0	997
Highest	46.2	39.1	3.4	0.1	7.5	1.5	18.1	2.7	5.1	0.6	7.0	2.9	3.6	0.5	53.8	100.0	1,215
Total	30.0	26.0	2.9	0.1	2.9	0.5	14.1	2.7	2.7	0.2	4.0	1.4	2.1	0.5	70.0	100.0	5,418

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

7.4 TRENDS IN CURRENT USE OF FAMILY PLANNING

Table 7.4 and Figure 7.1 show trends in contraceptive use since the 2000-01 Uganda DHS. Use of contraceptive methods by currently married women has increased over the last decade, from 19 percent in 2000-01 to 30 percent in 2011. One of the targets of the Ministry of Health in the Health Sector Strategic and Investment Plan is an increase in the contraceptive prevalence rate from 24 percent in 2006 to 35 percent in 2015. The results in the 2011 UDHS show that the government is on track to achieve this indicator (MoH, 2010b).

Table 7.4 Trends in the current use of contraception

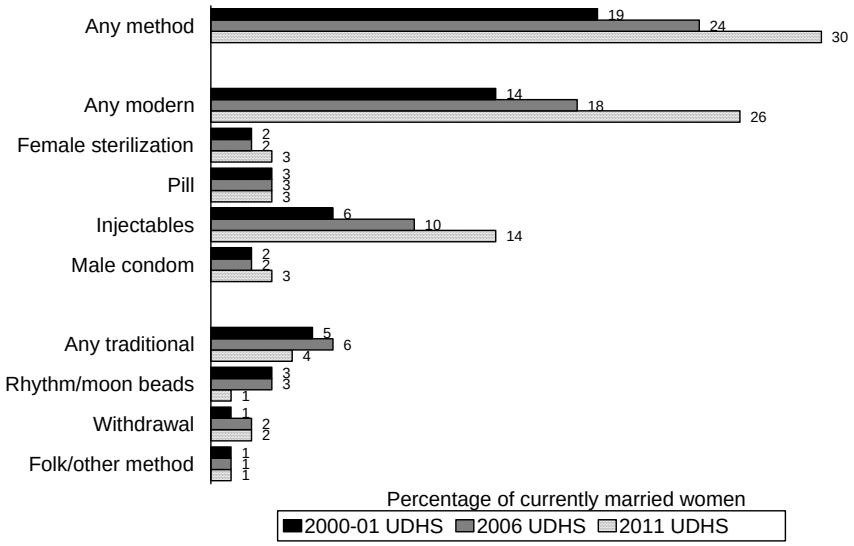
Percent distribution of currently married women age 15-49 by contraceptive method currently used, Uganda 2000-2011

Method	2000-01 UDHS	2006 UDHS	2011 UDHS
Any method[1]	18.6	23.7	29.9
Any modern method[1]	14.0	17.9	25.9
Female sterilization	2.0	2.4	2.9
Male sterilization	0.0	0.1	0.1
Pill	3.2	2.9	2.9
IUD	0.2	0.2	0.5
Injectables	6.4	10.2	14.1
Implants	0.3	0.3	2.7
Male condom	1.9	1.7	2.7
Any traditional method	4.6	5.8	4.0
Rhythm/moon beads	2.5	2.8	1.4
Withdrawal	1.1	2.1	2.1
Folk/other method	1.0	0.9	0.5
Not currently using	81.4	76.3	70.0
Total	100.0	100.0	100.0
Number of women	4,881	5,337	5,418

[1]Excludes LAM in order to increase comparability across surveys.
Note: In the 2000-01 UDHS, areas making up the districts of Amuru, Nwoya, Bundibugyo, Ntoroko, Gulu, Kasese, Kitgum, Lamwo, Agago, and Pader were excluded from the sample. These areas contained about 5 percent of the national population of Uganda. Thus, the trends need to be viewed in that light.

The increase is especially pronounced for the use of modern methods, which has increased from 14 percent to 26 percent during the same period. The use of traditional methods has remained constant at 4 to 6 percent over the last decade

Figure 7.1 **Trends in contraceptive use among currently married women**



Note: In the 2000-2001 UDHS, areas making up the districts of Amuru, Nwoya, Bundibugyo, Ntoroko, Gulu, Kasese, Kitgum, Lamwo, Agago, and Pader were excluded from the sample. These areas contained about 5 percent of the national population of Uganda. Thus, the trends need to be viewed in that light.

7.5 TIMING OF FEMALE STERILIZATION

Given the effectiveness of female sterilization as a means of preventing pregnancies among women in high-risk groups, the family planning programmes should emphasize dissemination of information about this method. Trends in the use of sterilization as a family planning method are of interest, especially trends in women's age at the time of the operation.

Results show that the vast majority (86 percent) of women were age 39 or younger at the time of sterilization (data not shown). Six percent were under 25, 19 percent were age 25-29, 30 percent were 30-34, and 31 percent were 35-39 at the time of the sterilization. Only 14 percent were 40 or older. The median age at sterilization is 33.4 years.

7.6 SOURCE OF CONTRACEPTION

Table 7.5 documents the main sources of contraception for users of modern methods. This information is important to those who plan, manage, and implement programmes. In the 2011 UDHS, all current users of modern contraceptive methods were asked the most recent source of their methods.

The public sector is a major source of modern contraceptive methods in Uganda, providing contraception to 47 percent of current users. Within the public sector, 14 percent of users obtain their contraception from government hospitals and 29 percent from government health centers. Forty-five percent of users obtain their methods from the private medical sector, mainly from private hospitals or clinics (40 percent).

Female sterilizations are performed mostly in government hospitals and health centers (53 and 24 percent, respectively). Pill users are almost evenly split between those who rely on public sector sources and those who use private medical sources. Most of the women using implants also obtain them from public sector sources (85 percent). Injectables are mostly obtained from private facilities (60 percent), mainly private hospitals or clinics (57 percent). Four in ten male condom users obtain their condoms from various sources outside of the public and private sectors, primarily shops (33 percent).

Table 7.5 Source of modern contraception methods

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, Uganda 2011

Source	Female sterili-zation	Pill	IUD	Inject-ables	Implants	Male condom	Total
Public sector	79.1	45.7	(38.9)	39.0	85.1	28.6	46.6
Government hospital	52.5	12.1	(7.0)	7.4	22.7	7.5	14.2
Government health center	24.2	27.7	(21.9)	29.1	57.0	14.1	28.6
Family planning clinic	1.8	4.4	(5.4)	2.3	2.8	0.6	2.3
Outreach	0.0	0.0	(4.6)	0.1	2.6	3.2	0.9
Fieldworker/VHT	0.0	1.5	(0.0)	0.0	0.0	1.9	0.5
Other public sector	0.6	0.0	(0.0)	0.0	0.0	1.2	0.3
Private medical sector	19.0	51.5	(50.4)	60.1	14.4	28.6	45.4
Private hospital/clinic	17.7	42.5	(46.3)	57.1	8.6	16.2	40.2
Pharmacy	0.0	9.0	(0.0)	1.1	0.0	10.0	3.1
Private doctor	0.0	0.0	(0.0)	0.7	0.0	0.6	0.5
Outreach	0.5	0.0	(4.1))	0.0	2.4	0.2	0.4
Fieldworker/VHT	0.0	0.0	(0.0)	0.1	0.0	0.6	0.2
Other private medical	0.7	0.0	(0.0)	1.0	3.4	1.0	1.1
Other source	0.0	2.7	(7.2)	0.8	0.0	39.7	7.0
Shop	0.0	1.2	(0.0)	0.4	0.0	32.8	5.5
Church	0.0	0.0	(0.0)	0.2	0.0	0.0	0.1
Friends relatives	0.0	1.5	(7.2)	0.2	0.0	7.0	1.5
Other	0.8	0.1	(0.0)	0.1	0.1	3.1	0.6
Don't know	1.1	0.0	(0.0)	0.0	0.0	0.0	0.2
Missing	0.0	0.0	(3.4)	0.1	0.5	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	188	186	31	929	164	280	1,783

Note: Total includes other modern methods but excludes lactational amenorrhoea method (LAM). Figures in parentheses are based on 25-49 unweighted cases.
VHT = Village Health Team

7.7 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 brands of pills and condoms they used. Interviewers presented a brochure with photographs of different brands of pills and condoms to assist the respondents in identification of the brand. At the time of the 2011 UDHS, Pilplan and Microgynon were the socially marketed brands of contraceptive pills, and Engabu, Lifeguard, Trust, and Protector were the socially marketed brands of condoms.

Table 7.6 shows that one in four pill users (25 percent) use Pilplan, and about four in ten (38 percent) use Microgynon. More than half of condom users (54 percent) use Engabu, Lifeguard, or Trust, and about three in ten (29 percent) use Protector. There is no clear pattern in the use of socially marketed brands of pills and condoms by residence.

Table 7.6 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 2011

	Among pill users			Among condom users		
Residence	Percentage using Pilplan	Percentage using Microgynon	Number of women using the pill	Percentage using Engabu/ Lifeguard/ Trust	Percentage using Protector	Number of women using condoms
Urban	27.4	37.1	82	56.8	22.7	96
Rural	23.1	38.9	101	51.9	33.1	138
Total	25.0	38.1	182	54.0	28.8	234

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

7.8 INFORMED CHOICE

Informed choice is an important aspect in determining the quality of family planning services. Current users of modern methods of contraception were asked whether they were informed of side effects or problems they might have with a method, what to do if they experienced side effects, and alternative methods they could use. This information assists users in coping with side effects and decreases unnecessary discontinuation of a method. Moreover, such data serve as a measure of the quality of family planning service provision. Table 7.7 presents results by method type and source.

Fifty-six percent of current users of modern contraceptives were informed about potential side effects or problems with the method they use, 53 percent were told what to do if they experienced side effects, and 59 percent were given information about other methods by a health worker or family planning worker.

Users of implants. IUS, and those who obtained their methods from public sector sources were most likely to be informed about potential side effects or problems associated with the method, what to do if side effects were experienced, and what other methods could be used.

Table 7.7 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, the 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, and the percentage who were informed about other methods they could use, by method and initial source, Uganda 2011

	Among women who started last episode of modern contraceptive method within five years preceding the survey:			
Method/source	Percentage who were informed about side effects or problems of method used	Percentage who were informed what to do if side effects were experienced	Percentage who were informed by a health or family planning worker of other methods that could be used	Number of women
Method				
Female sterilization	46.5	38.8	49.3	100
Pill	55.1	49.4	68.8	173
IUD	(71.5)	(73.8)	(93.9)	30
Injectables	51.9	49.5	53.7	860
Implants	80.5	81.9	79.1	163
Initial source of method[1]				
Public sector	66.1	63.3	66.9	702
Government hospital	71.0	65.4	68.3	206
Government health center	64.7	63.1	66.7	452
Family planning clinic	(58.0)	(53.5)	(63.6)	38
Other public sector	*	*	*	6
Private medical sector	44.3	42.2	50.7	607
Private hospital/clinic	43.4	40.4	50.1	560
Pharmacy	(48.5)	(56.7)	(51.6)	21
Other private medical sector	*	*	*	26
Total	55.9	53.2	59.4	1,325

Note: Table includes users of only the methods listed individually. Total includes two cases with missing information on the initial source. 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] Source at start of current episode of use

7.9 CONTRACEPTIVE DISCONTINUATION RATES

Couples can only realize their reproductive goals when they use contraceptive methods consistently and correctly. Discontinuation of a method is a major concern for managers of family planning programmes. In the 2011 UDHS 'Calendar' section of the Woman's Questionnaire, all segments of contraceptive use since 2006 were recorded. During analysis, the month of interview and the two months prior to the survey are excluded to avoid any bias that may be introduced by unrecognized pregnancies. One-year contraceptive discontinuation rates based on the calendar data are presented in Table 7.8.

Forty-three percent of family planning users in Uganda discontinued using the method within 12 months of starting its use. Discontinuation rates are highest for pill users (54 percent) and lowest for users of implants (12 percent). About one in six (16 percent) episodes of discontinuation occurred because of fear of side effects or health concerns, 8 percent because a woman wanted to become pregnant, and 6 percent because a method failed.

Table 7.8 12-month contraceptive discontinuation rates

Among women age 15-49 who started an episode of contraceptive use within the five years preceding the survey, the percentage of episodes discontinued within 12 months, by reason for discontinuation and specific method, Uganda, 2011

	Reason for discontinuation									
Method	Method failure	Desire to become pregnant	Other fertility-related reasons[1]	Side effects/ health concerns	Wanted more effective method	Other method-related reasons[2]	Other reasons	Any reason[3]	Switched to another method[4]	Number of episodes of use[5]
Pill	9.4	6.2	4.4	21.7	2.1	5.9	4.4	54.0	12.5	325
Injectables	3.5	8.9	2.5	23.3	1.1	2.1	5.0	46.5	4.3	840
Implants	0.8	2.0	0.0	8.0	0.0	1.3	0.0	12.0	1.9	19
Male condom	3.9	4.8	17.4	0.7	0.9	4.7	8.4	40.9	4.2	176
Rhythm/moon beads	9.8	7.1	2.2	0.4	1.9	0.3	2.3	23.9	1.9	32
Withdrawal	22.0	10.8	1.5	0.0	4.1	0.9	4.5	43.7	6.0	101
All methods	6.3	7.5	4.3	15.8	1.4	2.6	4.7	42.6	5.2	1,544

Note: Figures are based on life table calculations using information on episodes of use that began 3 to 62 months preceding the survey. Male and female sterilization, IUD, female condom, and LAM are included under 'All methods' and are not shown separately.
[1] Includes infrequent sex/husband away, difficult to get pregnant/menopausal, and marital dissolution/separation
[2] Includes lack of access/too far, costs too much, and inconvenient to use
[3] Reasons for discontinuation are mutually exclusive and add to the total given in this column
[4] The episodes of use included in this column are a subset of the discontinued episodes included in the discontinuation rate. A woman is considered to have switched to another method if she used a different method in the month following discontinuation or if she gave 'wanted a more effective method' as the reason for discontinuation and started another method within two months of discontinuation.
[5] Number of episodes of use includes both episodes of use that were discontinued during the period of observation and episodes of use that were not discontinued during the period of observation.

7.10 REASONS FOR DISCONTINUATION OF CONTRACEPTIVE USE

Another perspective on discontinuation of modern contraceptive use is provided in Table 7.9, which shows the percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by reasons for discontinuation, according to method. The most common reason for discontinuing a method is health concerns or side effects (32 percent), followed by desire to become pregnant (25 percent) and pregnancy (14 percent). This pattern of reasons is largely the same as those observed for the one-year discontinuation rates. The patterns are also similar for individual methods except for the male condom, for which the main reason for discontinuation was the husband's absence (34 percent), and the rhythm/moon beads and withdrawal, for which the main reason was that the respondent wanted to become pregnant (42 and 30 percent, respectively).

Table 7.9 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason stated for discontinuation, according to specific method, Uganda 2011

Reason	Pill	Injection	Implants	Male condom	Rhythm/ moon beads	With-drawal	Other	All methods
Became pregnant while using	14.5	7.3	6.4	13.6	32.5	41.0	56.0	13.9
Wanted to become pregnant	20.5	25.5	34.5	17.4	42.1	30.3	25.7	24.9
Husband disapproved	3.2	3.3	0.4	10.2	4.3	7.5	1.7	4.2
Wanted a more effective method	3.5	1.8	0.0	3.8	9.0	12.3	3.6	3.4
Health concerns/side effects	33.8	45.1	50.1	1.7	0.5	0.0	1.3	32.4
Lack of access/too far	2.6	1.3	2.2	4.3	0.0	0.0	0.0	1.7
Cost too much	0.9	1.5	0.0	0.7	0.0	0.0	0.0	1.1
Inconvenient to use	9.1	1.5	0.0	7.8	2.9	2.4	1.2	3.6
Up to God/fatalistic	0.4	0.1	0.0	0.7	0.0	0.0	0.0	0.4
Difficult to get pregnant/menopausal	0.1	0.4	0.8	0.0	1.0	0.0	1.3	0.3
Infrequent sex/husband away	6.7	4.8	0.6	33.7	2.8	3.1	2.1	7.9
Marital dissolution/separation	1.4	2.4	1.4	1.0	2.7	1.4	1.9	2.0
Other	3.4	4.6	3.2	3.6	2.3	2.0	5.3	4.0
Don't know	0.0	0.3	0.4	1.5	0.0	0.0	0.0	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	461	1,538	57	299	93	197	74	2,760

All methods column include other methods that are too small to be listed in separate columns.

7.11 KNOWLEDGE OF THE FERTILE PERIOD

Basic understanding of the physiology of human reproduction is especially useful for the successful practice of coitus-related methods of contraception such as the rhythm method. The successful use of such methods depends in large part on understanding when during the ovulatory cycle a woman is most likely to conceive. All women in the survey were asked about their knowledge of a woman's fertile period. Specifically, they were asked whether there are certain days between two menstrual periods when a woman is most likely to become pregnant if she has sexual intercourse. Those who answered in the affirmative were further asked if this time is just before the period begins, during the period, right after the period ends, or half way between the two periods.

Results in Table 7.10 show that overall, only 14 percent of all women interviewed reported the correct timing of the fertile period, that is, halfway between the two menstrual periods. This percentage has declined slightly from 16 percent in the 2006 UDHS.

Table 7.10 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/moon beads method, Uganda 2011

Perceived fertile period	Users of rhythm/ moon beads method	Nonusers of rhythm/ moon beads method	All women
Just before her menstrual period begins	14.6	6.8	6.9
During her menstrual period	0.0	1.2	1.2
Right after her menstrual period has ended	47.8	45.0	45.0
Halfway between two menstrual periods	32.9	13.2	13.5
Other	1.9	0.3	0.4
No specific time	1.0	16.7	16.6
Don't know	1.9	16.7	16.5
Total	100.0	100.0	100.0
Number of women	92	8,582	8,674

Almost half of women (45 percent) believe that the fertile period is right after the woman's period ends. An additional 17 percent report no specific time, and an equal proportion report that they don't know.

To use the rhythm method effectively, correct knowledge of the fertile period is very crucial. Of those who use the rhythm/moon beads method, only one-third (33 percent) reported the correct timing of the fertile period, similar to the percentage reported in the 2006 UDHS (31 percent). Most of the rhythm/moon beads method users (48 percent) believe the fertile period is right after the woman's period ends.

These data show that there is a continued need to educate Ugandan women about the physiology of reproduction, the fertile period, and effective use of contraception.

7.12 NEED AND DEMAND FOR FAMILY PLANNING SERVICES

This section provides information on the extent of need and potential demand for family planning services in Uganda. Unmet need for family planning refers to fecund women who are not using contraception, but who wish to postpone the next birth (spacing) or who wish to stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant
- Pregnant with a mistimed pregnancy
- Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and do not want (more) children
- Pregnant with an unwanted pregnancy
- Postpartum amenorrhoeic for up to two years following an unwanted birth and not using contraception

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant.

Women using contraception are considered to have a met need. Women using contraception who say they want no (more) children are considered to have a met need for limiting, and women who are using contraception and say they want to delay having a child, or are unsure if or when they want another child, are considered to have a met need for spacing.

Total unmet need, demand, and demand satisfied are defined as follows:

- *Total unmet need* is the sum of unmet need for spacing plus unmet need for limiting
- *Demand for family planning* is the sum of total unmet need plus total contraceptive use
- *Proportion of demand satisfied* is total contraceptive use divided by the sum of total unmet need plus total contraceptive use

The definition of unmet need for family planning has been revised to make levels of unmet need comparable over time and across surveys. Therefore, all of the unmet need trend estimates in Figure 7.2 have been recalculated using the revised definition of unmet need and may differ slightly from numbers published in the final reports for each survey.

Table 7.11 shows need and demand for family planning among currently married women, by background characteristics. Thirty-four percent of currently married women have an unmet need for family planning, with 21 percent having an unmet need for spacing and 14 percent having an unmet need for limiting.

Thirty percent of women have a met need for family planning. If all currently married women who say they want to space or limit their children were to use a family planning method, the contraceptive prevalence rate would increase to 64 percent. Currently, only 47 percent of the family planning needs of married women are being met.

Unmet need for family planning does not vary much with age, although it is somewhat lower among the youngest women age 15-19 (31 percent) and those in the oldest age group 45-49 (24 percent). Unmet need is higher in rural than in urban areas (37 and 23 percent, respectively). Regional variations show that unmet need is highest in West Nile and North regions (43 percent, each), followed by East Central region (42 percent), and is lowest in Kampala and Karamoja regions (17 and 21 percent, respectively). Unmet need is lowest among women with secondary or higher education (24 percent) and those in the wealthiest quintile (23 percent).

Total demand for family planning increases with age, from 45 percent of women age 15-19 to a peak of 73 percent among those age 35-39, after which it decreases to 45 percent among the oldest women age 45-49. Demand is somewhat higher in urban areas (69 percent) than in rural areas (64 percent). There are only slight variations among regions, with the exception of Karamoja which has the lowest demand for family planning (28 percent). Demand increases with women's education, from 52 percent among women with no education to 69 percent among those with secondary or higher education. Similarly, demand increases with wealth, from 57 percent of women in the lowest wealth quintile to 69 percent of women in the highest two quintiles.

Table 7.11 Need and demand for family planning among currently married women

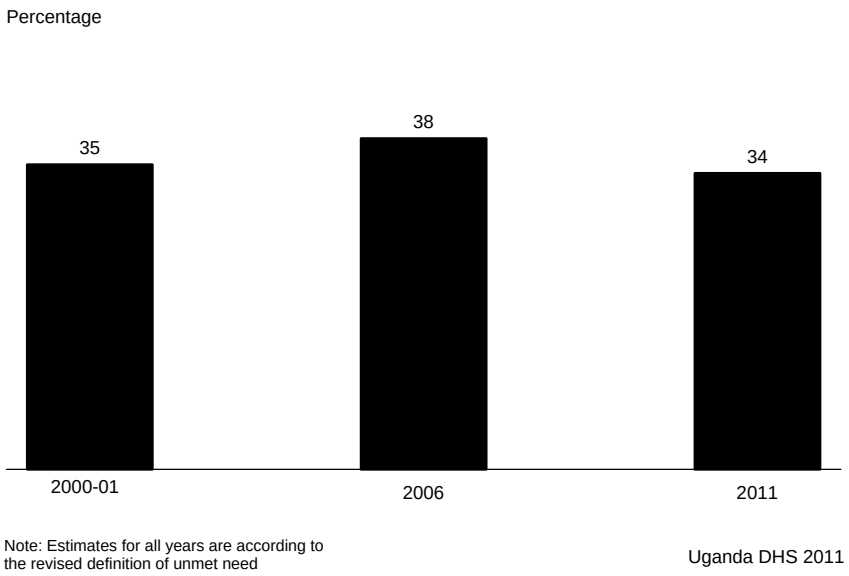
Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics, Uganda 2011

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	Percentage of demand satisfied by modern methods	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Age												
15-19	30.7	0.6	31.3	13.0	0.9	13.9	43.8	1.5	45.3	30.8	28.9	409
20-24	32.5	2.9	35.4	20.2	2.7	22.9	52.7	5.5	58.3	39.2	34.9	1,097
25-29	28.2	7.6	35.7	23.3	8.8	32.0	51.5	16.3	67.8	47.3	41.0	1,295
30-34	17.7	18.9	36.6	15.2	20.2	35.4	32.8	39.1	72.0	49.2	43.4	880
35-39	12.1	23.4	35.5	8.0	29.7	37.8	20.2	53.1	73.3	51.6	45.5	820
40-44	4.0	27.9	31.9	3.4	34.1	37.5	7.4	62.0	69.4	54.0	44.1	553
45-49	0.2	23.8	24.0	0.6	19.9	20.5	0.8	43.7	44.5	46.0	34.0	364
Residence												
Urban	15.8	6.9	22.7	25.3	20.5	45.8	41.1	27.4	68.5	66.9	57.2	892
Rural	21.7	14.8	36.5	12.6	14.3	26.9	34.4	29.1	63.5	42.4	36.9	4,526
Region												
Kampala	12.0	4.7	16.6	27.4	20.7	48.2	39.4	25.4	64.8	74.3	62.0	397
Central 1	15.4	11.0	26.5	18.8	18.6	37.3	34.2	29.6	63.8	58.5	48.1	559
Central 2	22.3	13.1	35.4	17.1	16.6	33.7	39.4	29.7	69.1	48.8	44.5	565
East Central	24.6	17.2	41.9	13.9	18.1	32.0	38.5	35.3	73.8	43.3	37.5	580
Eastern	22.4	15.9	38.3	10.1	16.0	26.1	32.5	31.9	64.5	40.5	35.9	859
Karamoja	11.3	9.2	20.5	6.3	1.5	7.8	17.6	10.7	28.3	27.6	26.1	215
North	27.5	15.0	42.5	12.2	11.8	23.9	39.7	26.7	66.4	36.0	35.2	487
West Nile	28.0	15.0	42.9	8.7	5.8	14.6	36.7	20.8	57.5	25.3	23.7	330
Western	18.3	12.1	30.4	20.2	12.5	32.7	38.5	24.6	63.1	51.8	42.5	743
Southwest	21.0	15.8	36.9	9.8	19.7	29.6	30.9	35.6	66.4	44.5	37.8	681
Education												
No education	12.9	21.3	34.1	6.9	11.1	17.9	19.7	32.3	52.1	34.5	29.7	877
Primary	23.8	14.2	38.0	12.4	15.6	28.0	36.1	29.8	65.9	42.4	37.2	3,313
Secondary +	18.3	6.1	24.4	26.7	17.5	44.2	45.0	23.6	68.6	64.4	55.0	1,227
Wealth quintile												
Lowest	26.0	16.3	42.3	7.9	6.8	14.7	33.9	23.0	57.0	25.8	22.3	1,063
Second	22.8	16.4	39.2	11.9	11.3	23.2	34.7	27.7	62.4	37.2	34.0	1,101
Middle	20.7	13.5	34.2	13.9	15.4	29.3	34.6	28.9	63.5	46.1	38.9	1,042
Fourth	20.3	13.9	34.3	13.7	21.3	35.0	34.0	35.3	69.3	50.6	44.8	997
Highest	14.8	8.1	22.9	24.7	21.4	46.2	39.5	29.5	69.0	66.9	56.7	1,215
Total	20.8	13.5	34.3	14.7	15.3	30.0	35.5	28.8	64.3	46.7	40.5	5,418

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012.
[1] Total demand is the sum of unmet need and met need.
[2] Percentage of demand satisfied is met need divided by total demand.

The government's target in the Health Sector Strategic and Investment Plan is to reduce the unmet need for family planning in Uganda to 20 percent by 2015. Figure 7.2 shows that unmet need first increased from the 2000-01 to the 2006 UDHS surveys; then it decreased to 34 percent in the 2011 survey.

Figure 7.2 **Trends in unmet need for family planning, Uganda 2000-2011**



7.13 FUTURE USE OF CONTRACEPTION

Future demand for specific methods of family planning can be assessed. Nonusers who intend to use contraception in the future are asked which methods they prefer to use. This is an important indicator of how demand for family planning may change 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. Results are presented in Table 7.12.

Almost two-thirds (64 percent) of currently married nonusers intend to use family planning in the future, while 31 percent do not. The proportion of women intending to use contraception increases from 54 percent for those with no child to a peak at 69 percent for those with three children, after which it declines to 63 percent among those with four or more children. The data reflect no significant change from the 2006 UDHS.

Table 7.12 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 2011

	Number of living children[1]					
Intention	0	1	2	3	4+	Total
Intends to use	54.1	64.7	65.3	68.8	62.9	63.9
Unsure	7.9	3.7	4.6	4.4	4.8	4.7
Does not intend to use	37.3	31.5	29.7	26.4	32.3	31.2
Missing	0.8	0.1	0.4	0.4	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	175	489	627	541	1,959	3,791

[1] Includes current pregnancy

7.14 EXPOSURE TO FAMILY PLANNING MESSAGES

The mass media play an important role in communicating messages about family planning. Data on the level of exposure to radio, television, and printed materials are important for programme managers and planners to effectively target population subgroups for information, education, and communication campaigns. To assess the effectiveness of the dissemination of family planning information through various media, interviewers asked respondents in the 2011 UDHS if they had been exposed to family planning messages on the radio or television, in video or films, and in print (newspapers and magazines) in the few months preceding the survey. The results are shown in Table 7.13.

Radio is the most popular source for family planning messages in Uganda, with 70 percent of women and 74 percent of men age 15-49 having heard a family planning message on a radio in the past few months. Among women, fifteen percent each report having seen a family planning message on television or in a newspaper or magazine, while among men these proportions are 17 percent and 25 percent, respectively. The second most popular source of messages is the print media (newspapers and magazines), with 15 percent of women and 25 percent of men having seen a family planning message in one or the other. Four percent of women and 9 percent of men had seen a family planning message in a video or film.

Table 7.13 Exposure to family planning messages

Percentage of women and men age 15-49 who heard or saw a family planning message on radio, on television, in a newspaper or magazine, or in a video or film in the past few months, according to background characteristics, Uganda 2011

	Women						Men					
Background characteristic	Radio	Tele-vision	News-paper/ magazine	Video/ film	None of these four media sources	Number of women	Radio	Tele-vision	News-paper/ magazine	Video/ film	None of these four media sources	Number of men
Age												
15-19	61.1	14.9	18.4	5.1	34.2	2,048	66.5	12.8	21.0	9.2	29.3	554
20-24	74.7	19.1	18.1	5.6	22.1	1,629	74.3	19.5	28.5	12.0	21.2	318
25-29	72.0	16.4	13.8	4.2	24.5	1,569	76.5	21.2	29.5	11.1	19.6	361
30-34	72.1	16.9	13.8	3.5	24.2	1,086	80.3	20.3	27.7	9.8	16.4	323
35-39	70.4	10.7	12.2	3.3	27.1	1,026	73.9	15.5	23.6	8.1	21.9	268
40-44	71.1	10.9	12.2	2.2	27.0	729	77.3	11.9	16.5	4.4	20.8	191
45-49	68.6	11.9	12.2	3.1	30.4	587	79.6	14.1	29.4	4.5	17.6	157
Residence												
Urban	73.4	47.7	33.6	9.8	17.1	1,717	74.0	43.1	48.6	12.9	18.0	439
Rural	68.5	7.1	10.7	2.9	29.7	6,957	74.2	9.9	19.1	8.2	23.1	1,734
Region												
Kampala	69.7	66.6	37.9	9.6	15.1	839	70.5	51.6	45.1	8.3	19.4	221
Central 1	75.1	23.4	20.2	5.0	20.9	956	70.3	20.4	28.2	10.7	24.5	209
Central 2	75.6	18.3	22.3	4.2	22.2	902	87.9	26.5	42.0	22.3	9.7	236
East Central	67.5	11.5	13.8	6.7	31.2	869	68.6	15.9	24.1	10.9	25.9	236
Eastern	66.0	4.9	7.9	2.2	32.6	1,267	66.2	6.4	15.9	4.8	29.8	289
Karamoja	30.3	1.1	5.3	1.6	69.0	289	38.7	1.0	8.7	7.7	60.3	55
North	69.4	1.9	3.6	2.5	30.1	735	71.6	2.7	12.3	3.5	26.9	199
West Nile	53.6	1.6	17.9	1.9	39.7	500	71.5	14.5	6.9	2.7	27.2	133
Western	74.2	8.8	13.0	5.0	23.8	1,221	78.7	13.2	28.0	9.5	18.6	322
Southwest	77.1	6.7	9.3	2.1	22.0	1,097	86.4	6.9	20.0	7.3	12.0	273
Education												
No education	54.2	2.8	2.2	0.9	45.0	1,120	45.0	8.9	4.8	5.5	50.6	90
Primary	68.6	8.6	7.9	2.2	29.1	5,152	72.0	10.8	14.1	7.1	25.6	1,309
Secondary +	78.4	35.0	37.1	10.2	14.8	2,402	81.1	27.5	45.9	13.0	12.8	774
Wealth quintile												
Lowest	52.8	1.2	4.3	1.1	45.2	1,519	59.1	5.6	9.9	5.1	37.7	345
Second	65.8	2.6	6.3	1.3	33.1	1,579	74.6	6.3	13.2	4.6	23.1	423
Middle	72.7	3.6	7.3	2.2	26.2	1,608	74.3	7.9	17.8	8.3	23.7	402
Fourth	75.8	8.6	14.1	3.9	22.4	1,726	82.2	14.3	25.9	11.4	15.4	486
Highest	76.1	46.8	35.7	10.2	15.3	2,242	76.2	41.4	49.6	14.1	15.9	517
Total 15-49	69.5	15.2	15.3	4.2	27.2	8,674	74.2	16.6	25.0	9.1	22.1	2,173
50-54	na	na	na	na	na	na	86.9	16.5	26.1	9.3	12.8	122
Total 15-54	na	na	na	na	na	na	74.8	16.6	25.1	9.1	21.6	2,295

na = Not applicable

Overall, 27 percent of women and 22 percent of men have not been exposed to any family planning messages in any of the four specified media sources.

As expected, women and men in urban areas are more likely to be exposed to family planning messages in the media than are their rural counterparts. Regional variations show that respondents in Karamoja are the least likely to be exposed to family planning messages from any sources, with 69 percent of women and 60 percent of men reporting having not seen or heard any family planning messages. By contrast, women in Kampala and men in Central 2 have the lowest proportions of respondents (15 percent and 10 percent) who have not been exposed to any of the four media sources.

The likelihood of exposure to media messages on family planning from any of the four media sources rises as the respondent's level of education and wealth increase.

7.15 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

To gain insight into the level of contact between nonusers and family planning providers, interviewers in the 2011 UDHS asked women who were not using contraception whether a fieldworker or health worker had visited them during the 12 months preceding the survey and discussed family planning. In addition, women were asked whether they had visited a health facility in the 12 months preceding the survey for any reason and whether anyone at the facility had discussed family planning with them during the visit. This information is important to determine whether family planning initiatives in Uganda are reaching nonusers of family planning.

Table 7.14 shows that only 9 percent of female nonusers had been visited by fieldworkers to discuss family planning during the 12 months preceding the survey. Among women who were not using contraception, only 18 percent had visited a health facility and discussed family planning at the facility in the past 12 months, while 44 percent had visited a health facility but did not discuss family planning.

Table 7.14 Contact of nonusers with family planning providers

Among women age 15-49 who are not using contraception, the percentage who during the past 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 did not discuss family planning either with a fieldworker or at a health facility, by background characteristics, Uganda 2011

Background characteristic	Percentage of women who were visited by fieldworker who discussed family planning	Percentage of women who visited a health facility in the past 12 months and who:		Percentage of women who did not discuss family planning either with fieldworker or at a health facility	Number of women
		Discussed family planning	Did not discuss family planning		
Age					
15-19	6.9	7.2	33.6	87.2	1,908
20-24	9.4	23.4	48.5	70.8	1,269
25-29	11.3	24.0	51.2	70.1	1,074
30-34	9.9	25.5	48.1	70.8	722
35-39	6.7	20.1	50.5	75.2	673
40-44	6.2	21.8	43.6	73.7	496
45-49	10.2	10.9	47.5	82.4	484
Residence					
Urban	8.7	16.3	44.8	78.5	1,150
Rural	8.6	18.0	44.3	76.6	5,475
Region					
Kampala	7.4	13.2	44.6	82.4	570
Central 1	5.9	11.7	48.1	83.7	676
Central 2	6.6	18.7	48.9	77.0	644
East Central	8.8	17.0	42.9	78.0	639
Eastern	6.9	19.7	47.1	76.0	1,004
Karamoja	14.4	24.1	46.6	68.5	269
North	8.9	23.3	34.5	71.6	599
West Nile	13.0	19.2	36.5	73.8	441
Western	10.0	19.2	45.4	74.1	907
Southwest	8.9	14.4	44.9	78.9	877
Education					
No education	7.4	16.1	47.5	79.7	934
Primary	8.6	18.0	44.2	76.4	4,023
Secondary +	9.2	17.8	43.1	76.5	1,668
Wealth quintile					
Lowest	9.6	21.3	46.2	72.8	1,333
Second	8.1	18.4	44.1	76.8	1,291
Middle	8.7	17.7	46.5	77.1	1,244
Fourth	8.1	17.0	41.5	77.2	1,265
Highest	8.4	14.4	43.6	80.2	1,492
Total	8.6	17.7	44.4	76.9	6,625

Seventy-seven percent of female nonusers did not discuss family planning with a fieldworker or at a health facility in the 12 months preceding the survey.

There are no substantial differences in the contact of nonusers with family planning providers by background characteristics, with the exception of regional variations. Nonusers in Karamoja (14 percent) and West Nile (13 percent) regions are more likely to be contacted about family planning by a fieldworker than those from other regions, increases of 4 and 3 percent, respectively, over percentages reported in the 2006 UDHS survey. This improvement is probably due to the strong Village Health Team programme in these regions.

7.16 FAMILY PLANNING COUNSELING

The 2011 UDHS included questions on family planning counseling for women during the post-miscarriage, post-abortion, or post-stillbirth period. It also contained questions on family planning counseling for women who gave birth in a health facility in the five years preceding the survey thus allowing determination of the percentage who received counseling before their discharge. The results are shown in Table 7.15.

Table 7.15 Family planning counseling

Among women age 15-49 who had a miscarriage, abortion, or stillbirth in the five years preceding the survey, the percentage who received family planning counseling when the pregnancy ended, and among women who gave birth in a health facility in the five years preceding the survey, the percentage who received counseling before discharge, by background characteristics, Uganda 2011

Background characteristic	Among women with a miscarriage, stillbirth, or abortion that ended in the five years preceding the survey, percentage who received counseling	Number of women	Among women who gave birth in a health facility in the five years preceding the survey, percentage who received counseling before discharge	Number of women
Age				
15-19	34.6	67	11.9	370
20-24	27.4	180	15.2	1,197
25-29	29.8	193	15.7	1,337
30-34	35.0	115	17.0	875
35-39	26.5	131	16.4	719
40-44	19.5	104	18.5	358
45-49	23.7	57	23.1	112
Residence				
Urban	22.2	146	28.6	805
Rural	29.5	700	13.6	4,163
Region				
Kampala	21.5	63	33.7	358
Central 1	31.4	102	13.8	504
Central 2	19.9	118	14.7	507
East Central	15.8	113	10.3	532
Eastern	35.3	108	17.1	794
Karamoja	50.2	27	17.9	186
North	24.7	61	18.8	445
West Nile	27.3	45	19.6	299
Western	26.3	114	13.2	739
Southwest	44.7	96	11.1	604
Education				
No education	23.7	127	10.7	713
Primary	27.4	534	14.0	3,079
Secondary +	33.8	186	24.5	1,177
Wealth quintile				
Lowest	27.5	142	11.8	1,055
Second	29.7	151	12.6	1,026
Middle	23.8	172	13.3	963
Fourth	31.1	167	15.9	897
Highest	28.9	214	26.4	1,027
Total	28.2	846	16.0	4,968

Only 28 percent of women who had a miscarriage, abortion, or stillbirth in the five years preceding the survey were counselled on family planning after the pregnancy ended. Among women who had a live birth in a health facility in the five years preceding the survey, only 16 percent were counseled on family planning during their postpartum checkup before discharge. These results indicate many missed opportunities to provide family planning counseling and services to women who may need them to limit or space their births.

The proportion of women who had a miscarriage, abortion, or a stillbirth in the five years preceding the survey and who were counseled on family planning after their pregnancy ended is lowest among women age 40-49, those in urban areas, and women in the East Central region. There are no clear variations by women's education or wealth.

The proportion of women who had a live birth in a health facility in the five years preceding the survey and were counseled on family planning before their discharge is lowest among the youngest women (age 15-19), rural women, those in East Central and Southwest regions, women with no education, and those in the lowest wealth quintile.

INFANT AND CHILD MORTALITY 8

Key Findings

- One in every 19 Ugandan children dies before the first birthday, and one in every 11 children dies before the fifth birthday.
- Infant mortality declined from 88 deaths to 54 deaths per 1,000 live births between the 2000-01 UDHS and the 2011 UDHS.
- Under-5 mortality from 152 deaths per 1,000 live births to 90 deaths per 1,000 live births between the two survey periods.
- Childhood mortality is higher in rural areas than in urban areas. The mortality rates were lowest in Kampala.
- The neonatal and postneonatal mortality rates were 27 deaths per 1,000 live births, each. The perinatal mortality rate was 40 deaths per 1,000 pregnancies.

This chapter presents levels, trends, and differentials in perinatal, neonatal, postneonatal, infant, child, and under-5 mortality in Uganda. The information enhances understanding of population dynamics and will assist in the planning and evaluation of health policies and programmes. Estimates of infant and child mortality rates can be used to develop population projections. Information on childhood mortality also serves the need of the health sector to identify population groups that are at high risk.

One of the targets of the Millennium Development Goals (MDGs) is to reduce the under-5 mortality rate by two-thirds between 1990 and 2015. Results from the 2011 UDHS can be used to monitor the impact of major interventions, strategies, and policies at the national level. Policies that affect the under 5 mortality rate are the National Health Policy (NHP II 2010/19) and the Health Sector Strategic and Investment Plan (HSSIP 2010/11-2014/15).

The data used to estimate mortality were collected in the birth history section of the Woman's Questionnaire. The birth history section begins with questions about the respondent's experience with childbearing (i.e., the number of sons and daughters who live with the mother, the number who live elsewhere, and the number who have died). These questions are followed by a retrospective birth history, in which each respondent is asked to list each of her births, starting with the first birth. For each birth, data are obtained on sex, month and year of birth, survivorship status, and current age or, if the child is dead, age at death. This information is used to directly estimate mortality rates. In this report age-specific mortality rates are categorised and defined as follows:

- Neonatal mortality (NN): the probability of dying within the first month of life
- Postneonatal mortality (PNN): the arithmetic difference between neonatal and infant mortality
- Infant mortality (1q0): the probability of dying before the first birthday
- Child mortality (4q1): the probability of dying between the first and the fifth birthdays
- Under-5 mortality (5q0): the probability of dying between birth and the fifth birthday

All rates are expressed per 1,000 live births except for child mortality, which is expressed per 1,000 children surviving to 12 months of age.

8.1 DATA QUALITY

Estimates of infant and child mortality that are based on retrospective birth histories are subject to possible reporting errors that may adversely affect the quality of the data. The estimates may be affected by the completeness with which births and deaths are reported and recorded as well as the accuracy of information on current age and age at death for children who died. A lack of accurate information on the age at death may distort the age pattern of mortality. If age at death is misreported and the net effect of this age misreporting results in transference from one age bracket to another, it will bias the estimates. For example, a net transfer of deaths from an age of less than 1 month to a higher age will affect the estimates of neonatal and postneonatal mortality. To minimise errors in reporting age at death, interviewers were instructed to record age at death in days if the death took place in the month following the birth, in months if the child died before age 2, and in years if the child died at age 2 or older. Interviewers were also asked to probe for deaths reported at age 1 year to determine a more precise age at death in terms of months. Despite the emphasis during interviewer training and fieldwork monitoring on probing for accurate age at death, Appendix Table C.6 shows that, for the five years preceding the survey, there is considerable heaping of deaths at age 12 months, which is likely to lead to some underestimation of infant mortality.

Another potential data quality problem is the selective omission from the birth histories of births that did not survive, which can lead to underestimation of mortality rates. When selective omission of childhood deaths occurs, it is usually most severe for deaths occurring early in infancy. One way that such omissions can be detected is by examining the proportion of infant deaths that are neonatal deaths. Generally, if there is substantial underreporting of deaths, the result is an abnormally low ratio of neonatal deaths to infant deaths. In the 2011 UDHS, the proportion of infant deaths occurring in the first month of life is 53 percent for the period zero to four years preceding the survey (Appendix Table C.6), which is within the normal range. Appendix Table C.5 shows death heaping at 7 and 14 days, which indicates rounding of age at death to one and two weeks, respectively. The age heaping at seven days leads to lower estimates of early neonatal mortality and perinatal mortality. However, it appears that early neonatal deaths among births that occurred in the first month of life have not been seriously underreported, since 76 percent of neonatal deaths were early neonatal deaths for the period zero to four years before the survey.

Displacement of birth dates may distort mortality trends. This can occur if an interviewer knowingly records a death as occurring in an earlier year, which could happen if an interviewer were trying to cut down on the overall workload, because a lengthy set of additional questions must be asked about live births occurring during the five years preceding the interview. Appendix Table C.4 shows considerable year-of-birth transference for deceased children from 2006 to 2005, but relatively little transference for living children. This suggests that under-5 mortality is likely to be underestimated to some extent for the five-year period before the survey.

8.2 EARLY CHILDHOOD MORTALITY RATES: LEVELS AND TRENDS

Table 8.1 shows neonatal, postneonatal, infant, child, and under-five mortality rates for successive five-year periods before the survey. For the five years preceding the survey, the infant mortality rate was 54 per 1,000 live births. This implies that one in every 19 babies born in Uganda does not live to the first birthday. Those who survive to the first birthday, 38 out of 1,000 would die before reaching their fifth birthday. This shows that one in 11 children dies before their fifth birthday. The under-five mortality rate was 90 per 1,000 live births. The first month of life is associated with the highest risk to survival. 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 health care interventions. The neonatal and postneonatal mortality rates were 27 deaths per 1,000 live births, each.

Results from the 2011 UDHS data show a remarkable decline in all levels of childhood mortality over the 15-year period preceding the survey. Infant mortality declined by 39 percent, from 89 deaths per 1,000 live births to 54 deaths per 1,000 live births. Furthermore, under-5 mortality declined by 37 percent over the same period, from 143 deaths per 1,000 live births to 90 deaths per 1,000 live births. As childhood mortality declines, postneonatal mortality usually declines faster than neonatal mortality because neonatal mortality is frequently caused by biological factors that are not easily addressed by primary care interventions. This is corroborated in the data: the neonatal and postneonatal mortality declined over the 15-year period preceding the survey by 21 percent and 50 percent, respectively.

Table 8.1 Early childhood mortality rates

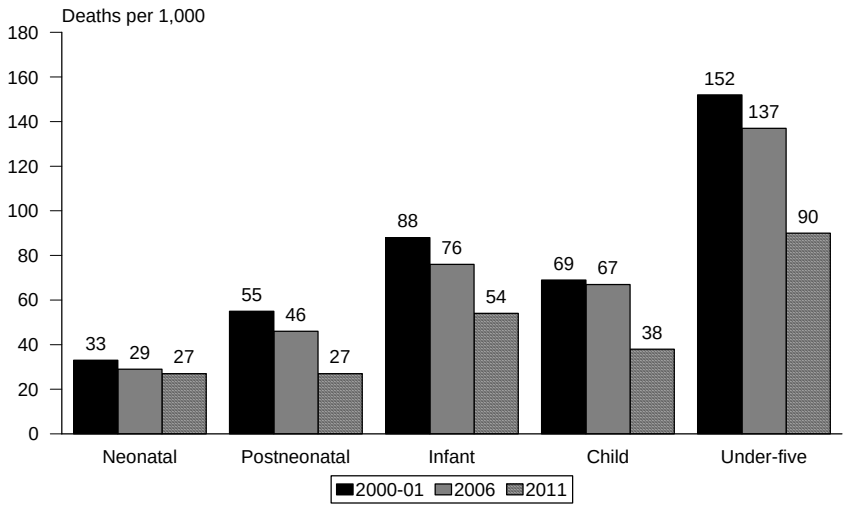
Neonatal, postneonatal, infant, child, and under-5 mortality rates for five-year periods preceding the survey, Uganda 2011

Years preceding the survey	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality (1q0)	Child mortality (4q1)	Under-5 mortality (5q0)
0-4	27	27	54	38	90
5-9	34	43	77	52	125
10-14	34	54	89	60	143

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

Mortality trends can also be examined by comparing data from UDHS surveys conducted in 2000-01, 2006, and 2011. Figure 8.1 shows improvement in all components of early childhood mortality rates. Under-5 mortality declined from 152 deaths per 1,000 live births in the 2000-01 UDHS to 90 in the 2011 UDHS, infant mortality declined from 88 deaths to 54 deaths per 1,000 live births, and postneonatal mortality declined from 55 deaths to 27 deaths per 1,000 live births during the same period. The change in neonatal mortality rate is not as pronounced; it declined from 33 deaths per 1,000 live births in 2000-01 to 29 deaths per 1,000 live births in 2006, and it declined only slightly to 27 deaths per 1,000 deaths in 2011.

Figure 8.1 **Trends in childhood mortality**



Note: In the 2000-2001 UDHS, areas making up the districts of Amuru, Nwoya, Bundibugyo, Ntoroko, Gulu, Kasese, Kitgum, Lamwo, Agago, and Pader were excluded from the sample. These areas contained about 5 percent of the national population of Uganda. Thus, the trends need to be viewed in that light. Data refer to the 5 years before the survey.

8.3 EARLY CHILDHOOD MORTALITY RATES BY SOCIOECONOMIC CHARACTERISTICS

Table 8.2 shows differentials in childhood mortality by socioeconomic characteristics of the mother for the 10-year period preceding the survey. All childhood mortality rates, except neonatal mortality, are lower in urban than in rural areas. For example, the infant and under-5 mortality rates in rural areas are 66 and 111 deaths per 1,000 live births compared with 54 and 77 deaths per 1,000 live births, respectively, in urban areas.

There are substantial regional variations in early childhood mortality rates. With the exception of neonatal mortality, Kampala, an entirely urban region with a higher socioeconomic status than the other regions, has the lowest childhood mortality rates when compared with other regions. The infant mortality rate ranges from a low of 47 deaths per 1,000 live births in Kampala to 87 and 88 deaths per 1,000 live births in Karamoja and West Nile, respectively. Similarly, the under-5 mortality is lowest in Kampala (65 deaths per 1,000 live births) and highest in Karamoja (153 deaths per 1,000 live births).

As expected, the mother's level of education is associated with the child's probability for survival. Generally, children born to mothers with secondary or higher education have much lower childhood mortality rates when compared with children of uneducated mothers. For example, child mortality among children born to mothers with no education (59 deaths per 1,000 live births) is more than double that of children born to mothers with secondary or higher education (23 deaths per 1,000 live births). Similarly, the under-5 mortality among children born to uneducated mothers is 133 deaths per 1,000 live births compared with 79 deaths per 1,000 live births among children born to mothers with secondary or higher education. The only exception is neonatal mortality, where there is no clear pattern by mother's education.

With the exception of neonatal mortality, all other childhood mortality rates are highest among children in the lowest or second lowest wealth quintile and lowest among those in the wealthiest quintile. For example, under-5 mortality ranges from 72 deaths per 1,000 live births among the richest children to 125 deaths per 1,000 live births among children in the second lowest quintile.

Table 8.2 Early childhood mortality rates by socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the 10-year period preceding the survey, by background characteristics, Uganda 2011

Background characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
Residence					
Urban	31	23	54	25	77
Rural	30	36	66	47	111
Region					
Kampala	27	20	47	19	65
Central 1	44	31	75	37	109
Central 2	31	23	54	35	87
East Central	23	38	61	48	106
Eastern	24	23	47	41	87
Karamoja	29	59	87	72	153
North	31	35	66	42	105
West Nile	38	50	88	41	125
Western	30	38	68	52	116
Southwest	33	42	76	57	128
Mother's education					
No education	32	46	78	59	133
Primary	29	34	63	45	105
Secondary+	33	24	57	23	79
Wealth quintile					
Lowest	26	50	76	52	123
Second	31	38	69	60	125
Middle	30	34	64	38	100
Fourth	33	30	63	44	104
Highest	34	14	48	25	72

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

8.4 EARLY CHILDHOOD MORTALITY BY DEMOGRAPHIC CHARACTERISTICS

The demographic characteristics of both mothers and children play an important role in the survival probability of children. Table 8.3 presents childhood mortality rates by demographic characteristics (sex of the child, mother's age at birth, birth order, previous birth interval, and the child's size at birth). Table 8.3 shows that childhood mortality rates are consistently higher among male children than among their female counterparts. For example, the infant and under-5 mortality rates for males are 70 deaths and 114 deaths per 1,000 live births, respectively, compared with 59 deaths and 98 deaths per 1,000 live births, respectively, for females.

Table 8.3 Early childhood mortality rates by demographic characteristics

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the 10-year period preceding the survey, by demographic characteristics, Uganda 2011

Demographic characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
Child's sex					
Male	34	36	70	48	114
Female	27	33	59	41	98
Mother's age at birth					
<20	43	34	77	44	117
20-29	27	30	57	42	96
30-39	27	44	71	50	118
40-49	49	21	70	63	129
Birth order					
1	46	33	78	45	120
2-3	25	28	54	38	90
4-6	24	35	59	42	98
7+	36	44	80	59	134
Previous birth interval[2]					
<2 years	36	59	95	54	144
2 years	22	27	49	41	88
3 years	23	23	46	42	86
4+ years	28	18	46	34	78
Birth size[3]					
Small/very small	38	28	66	na	na
Average or larger	23	27	50	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

Although there is no clear pattern in the variation of childhood mortality rates by mother's age at birth, these rates are lowest among children whose mother's age at birth was 20-29. Childhood mortality rates are highest among children of first and seventh or higher birth order. For example, under-5 mortality is 120 deaths and 134 deaths per 1,000 live births for children of the first and seventh or higher birth order compared with 90 to 98 deaths per 1,000 live births for other children.

Short birth intervals (those less than two years) substantially reduce children's chances of survival. For example, the infant mortality rate is 95 deaths per 1,000 live births for children born less than two years following a preceding birth compared with 46 to 49 deaths per 1,000 live births for children born after longer intervals.

Children's weight at birth is an important determinant of their survival. Because many births in Uganda occur at home and, as a result, children often are not weighed at birth, data on birth weight are available for only a few children. However, in the 2011 UDHS mothers were asked whether their child was very large, larger than average, average, smaller than average, or very small at birth, and the answer was used as a proxy for a child's weight. Babies who were reported as smaller than average or very small at birth had higher mortality rates than those who were reported as average or larger at birth. The data show that 66 in 1,000 children who were reported as small or very small at birth died before reaching their first birthday compared with 50 deaths per 1,000 children who were reported as average or large. This differential is most pronounced for neonatal mortality (38 deaths per 1,000 live births for children born small or very small compared with 23 deaths per 1,000 live births for those born average or larger).

8.5 PERINATAL MORTALITY

In the 2011 UDHS women were asked to report any pregnancy loss that occurred in the five years preceding the survey. For each pregnancy that did not end in a live birth, the duration of the pregnancy was recorded. Perinatal deaths refer to pregnancy losses occurring after seven completed months of gestation (stillbirths) plus deaths to live births within the first seven days of life (early neonatal deaths).

Underreporting remains a problem, especially with regard to early deaths and stillbirths. The causes of stillbirths and early neonatal deaths are closely linked, and examining just one or the other can understate the true level of mortality around the time of delivery.

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 is an important indicator in providing the information needed to improve the health status of pregnant women, new mothers, and newborns. Table 8.4 shows that out of the 8,240 reported pregnancies of at least seven months' gestation in the five years preceding the survey, 165 were stillbirths and 164 were early neonatal deaths, yielding an overall perinatal mortality rate of 40 per 1,000 pregnancies.

Table 8.4 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the 5-year period preceding the survey, by background characteristics, Uganda 2011

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	46	40	61	1,396
20-29	68	76	33	4,427
30-39	35	38	34	2,115
40-49	16	10	86	302
Previous pregnancy interval in months[4]				
First pregnancy	46	35	60	1,361
<15	21	15	62	583
15-26	48	49	38	2,550
27-38	24	26	24	2,131
39+	25	38	39	1,615
Residence				
Urban	17	23	35	1,164
Rural	147	141	41	7,076
Region				
Kampala	7	9	33	496
Central 1	20	19	47	817
Central 2	19	19	44	861
East Central	13	14	28	936
Eastern	21	23	32	1,380
Karamoja	6	10	48	328
North	6	9	22	711
West Nile	6	13	39	490
Western	37	29	54	1,214
Southwest	29	19	48	1,007
Mother's education				
No education	17	17	29	1,178
Primary	123	101	42	5,284
Secondary+	25	46	40	1,779
Wealth quintile				
Lowest	29	24	29	1,841
Second	43	44	49	1,769
Middle	28	28	34	1,643
Fourth	35	36	49	1,460
Highest	30	32	41	1,527
Total	165	164	40	8,240

[1] Stillbirths are fetal 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 1000.
[4] Categories correspond to birth intervals of <24 months, 24-35 months, 36-47 months, and 48+ months

The perinatal mortality rate is highest among births to young mothers less than age 20 (61 deaths per 1,000 pregnancies) and old mothers age 40-49 (86 deaths per 1,000 pregnancies) compared with women age 20-29 and 30-39 (33 to 34 deaths per 1,000 pregnancies, respectively). Table 8.4 further shows that first births and births that occur within 15 months of a previous birth have the highest perinatal mortality at 60 and 62 pregnancy losses or early deaths per 1,000 pregnancies, respectively. The safest pregnancy interval is between 27 and 38 months, which has a perinatal mortality rate of 24 pregnancy losses or early deaths per 1,000 pregnancies, which is less than half the risk for first pregnancies or pregnancies with a birth interval of less than 15 months.

The perinatal mortality rate is higher in rural than in urban areas (41 versus 35 stillbirths or early deaths per 1,000 pregnancies, respectively). It is highest in the Western region (54 stillbirths or early deaths per 1,000 pregnancies) and lowest in the North region (22 stillbirths or early deaths per 1,000 pregnancies).

Unlike data from the 2006 UDHS, the 2011 data show that perinatal mortality is lowest among mothers with no education. Women in the lowest wealth quintile have the lowest perinatal mortality rate of 29 pregnancy losses or early deaths per 1,000 pregnancies, while those in the second and fourth quintiles have the highest perinatal mortality of 49 pregnancy losses or early deaths per 1,000 pregnancies.

8.6 HIGH-RISK FERTILITY BEHAVIOUR

Findings from scientific studies have confirmed a strong relationship between a child's chance of dying and specific fertility behaviours. Typically, the probability of dying in early childhood is much greater for children born to mothers who are young or old, born after a short birth interval, or born to women who have had more than three births. Very young mothers may experience difficult pregnancies and deliveries because of their physical immaturity. Older women may experience age-related problems during pregnancy and delivery. In this analysis a mother is considered to be 'too young' if she is less than age 18 and 'too old' if she is more than age 34 at the time of delivery. A 'short birth interval' characterises a birth occurring within 24 months of a previous birth.

Table 8.5 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 2011

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	22.0	1.00	16.6[a]
Unavoidable risk category			
First order births between ages 18 and 34 years	12.5	1.30	4.7
Single high-risk category			
Mother's age <18	5.9	1.86	0.5
Mother's age >34	0.3	*	1.7
Birth interval <24 months	7.5	1.22	9.6
Birth order >3	27.9	1.18	20.0
Subtotal	41.7	1.28	31.8
Multiple high-risk category			
Age <18 and birth interval <24 months[2]	0.7	2.14	0.3
Age >34 and birth interval <24 months	0.0	*	0.1
Age >34 and birth order >3	10.6	1.50	24.3
Age >34 and birth interval <24 months and birth order >3	2.7	2.75	5.4
Birth interval <24 months and birth order >3	9.9	2.09	16.8
Subtotal	23.8	1.90	46.9
In any avoidable high-risk category	65.5	1.51	78.7
Total	100.0	na	100.0
Number of births/women	8,077	na	5,418

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. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and 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 sterilized women

The first column in Table 8.5 shows the percentage of children born in the five years preceding the survey that fall into different categories: 66 percent of births have high mortality risks that are avoidable; 42 percent fall into a single high-risk category, and 24 percent are in a multiple high-risk category. Only 22 percent of births are not in any high-risk category.

The risk ratios displayed in the second column of Table 8.5 denote the relationship between risk factors and mortality. In general, risk ratios are higher for children in a multiple high-risk category than in a single high-risk category. The most vulnerable births are those to women older than age 34 with a birth interval less than 24 months and of the third order or above. These children are about three times (2.75) as likely to die as children not in any high-risk category. Fortunately, only 3 percent of births fall into this category.

The last column of Table 8.5 shows the distribution of currently married women by the risk category into which a birth would fall if conceived at the time of the survey. This column is purely hypothetical and does not take into consideration the protection provided by postpartum insusceptibility, prolonged abstinence, or family planning methods other than sterilisation. However, it provides insight into the potential magnitude of high-risk births. Overall, 79 percent of currently married women have the potential for having a high-risk birth, with 32 percent falling into a single high-risk category and 47 percent falling into a multiple high-risk category.

REPRODUCTIVE HEALTH 9

Key Findings

- Ninety-five percent of mothers receive antenatal care from a skilled provider. This proportion has not changed since the 2006 UDHS.
- Forty-eight percent of women make four or more antenatal care visits during their pregnancy, and this percentage has remained almost the same since 2006. The median duration of pregnancy for the first antenatal visit is 5.1 months.
- More than half (51 percent) of the mothers were informed of possible complications during pregnancy, an increase from 35 percent in the 2006 UDHS.
- Eighty-four percent of last-born children during the five-year period before the survey were fully protected against neonatal tetanus.
- Fifty-eight percent of births in the past five years were assisted by a skilled provider, an increase from 42 percent in 2006.
- The percentage of births taking place in a health facility has increased noticeably in the past five years from 41 percent in the 2006 UDHS to 57 percent in the 2011 UDHS.
- One-third of women receive postnatal care in the first two days after delivery.
- For births in the two years preceding the survey, only 2 percent received a postnatal checkup within one hour, while 13 percent received a postnatal checkup within six days.
- Fifty-six percent of Ugandan women have heard of female circumcision while less than 2 percent of women have been circumcised.
- Two percent of Ugandan women have ever experienced obstetric fistula.

9.1 ANTENATAL CARE

A major objective of antenatal care is to identify and treat problems such as anaemia and infection. A well-designed and well-implemented antenatal care (ANC) programme therefore facilitates detection and treatment of such problems during pregnancy; it also provides an opportunity to *disseminate health messages to women and their families. ANC from a trained provider is vital in* monitoring the pregnancy and reducing the morbidity risk for the mother and child during pregnancy and delivery. In the 2011 UDHS, women who had given birth in the five years preceding the survey were asked about the type of ANC provider, number of ANC visits, number of months pregnant at the time of the first and last visits, and services and information provided during ANC. For women with two or more live births during the five-year period, data on antenatal care refer to the most recent birth only.

Table 9.1 shows the percent distribution of mothers in the five years preceding the survey by source of antenatal care received during pregnancy, according to selected characteristics. Women were asked to report on all persons they saw for antenatal care for their last birth. However, if a woman saw more than one provider, only the provider with the highest qualifications was considered in the tabulation of results.

Ninety-five percent of mothers received antenatal care from a skilled provider (a doctor, nurse/midwife, or clinical officer/medical assistant) for their most recent birth in the five years preceding the survey. Less than one percent of mothers received antenatal care from a traditional birth attendant. Four percent of women received no antenatal care for births in the five years before the survey.

Women age 20-34 are more likely to receive antenatal care from a skilled provider than older mothers age 35-49. There is almost no variation by birth order in antenatal care received from a skilled provider.

Table 9.1 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 receiving antenatal care from a skilled provider for the most recent birth, according to background characteristics, Uganda 2011

	Antenatal care provider									
Background characteristic	Doctor	Nurse/ midwife	Medical assistant/ clinical officer	Traditional birth attendant	Other	Missing	No ANC	Total	Percentage receiving antenatal care from a skilled provider[1]	Number of women
Mother's age at birth										
<20	11.5	80.5	0.9	0.9	0.8	0.0	5.3	100.0	93.0	703
20-34	12.2	82.2	1.7	0.4	0.2	0.1	3.2	100.0	96.1	3,412
35-49	12.8	77.1	1.6	0.9	0.2	0.1	7.2	100.0	91.5	853
Birth order										
1	13.5	80.5	1.7	0.4	0.1	0.0	3.8	100.0	95.7	759
2-3	13.9	81.0	1.3	0.4	0.5	0.1	2.8	100.0	96.2	1,489
4-5	13.0	80.9	1.3	0.4	0.3	0.0	4.1	100.0	95.2	1,134
6+	9.5	81.6	1.9	0.9	0.2	0.1	5.8	100.0	93.0	1,587
Residence										
Urban	22.4	74.4	0.6	0.1	0.1	0.0	2.4	100.0	97.4	805
Rural	10.3	82.4	1.7	0.7	0.3	0.1	4.6	100.0	94.4	4,163
Region										
Kampala	27.1	70.1	0.8	0.1	0.0	0.0	1.9	100.0	98.0	358
Central 1	20.0	66.5	1.3	1.8	0.9	0.0	9.6	100.0	87.8	504
Central 2	19.3	73.9	0.9	1.2	0.6	0.0	4.1	100.0	94.1	507
East Central	9.2	80.9	1.1	0.5	0.6	0.5	7.2	100.0	91.2	532
Eastern	7.3	85.1	1.8	0.0	0.2	0.0	5.5	100.0	94.3	794
Karamoja	1.9	93.5	1.2	0.5	0.4	0.0	2.5	100.0	96.6	186
North	8.7	89.3	0.7	0.1	0.0	0.0	1.2	100.0	98.7	445
West Nile	5.1	91.7	0.8	0.0	0.5	0.2	1.7	100.0	97.6	299
Western	11.6	79.6	4.6	0.4	0.0	0.0	3.7	100.0	95.9	739
Southwest	10.2	87.3	0.2	1.0	0.0	0.0	1.4	100.0	97.6	604
Education										
No education	8.4	82.8	1.1	1.3	0.6	0.0	5.8	100.0	92.3	713
Primary	10.5	82.4	1.9	0.5	0.3	0.1	4.3	100.0	94.8	3,079
Secondary +	19.2	76.5	0.9	0.2	0.2	0.0	3.1	100.0	96.6	1,177
Wealth quintile										
Lowest	6.3	86.0	1.6	0.3	0.1	0.0	5.7	100.0	93.9	1,055
Second	7.5	85.3	1.7	0.8	0.6	0.0	4.1	100.0	94.5	1,026
Middle	10.5	81.5	2.3	0.6	0.4	0.2	4.5	100.0	94.3	963
Fourth	13.2	80.0	1.2	0.9	0.4	0.1	4.0	100.0	94.5	897
Highest	23.8	72.3	1.0	0.2	0.0	0.0	2.7	100.0	97.1	1,027
Total	12.2	81.1	1.6	0.6	0.3	0.1	4.2	100.0	94.9	4,968

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

There are only very minor differences in the use of antenatal care services between urban and rural women. Ninety-seven percent of urban mothers received antenatal care from a skilled provider compared with 94 percent of rural mothers. Almost all mothers living in the North region received antenatal care from a skilled provider compared with 88 percent of mothers in the Central 1 region. Over 90 percent of the women in the remaining regions received antenatal care from a skilled provider.

The use of antenatal care services from a skilled provider increases with mother's education. Ninety-two percent of women with no education received antenatal care from a skilled provider, compared with 95 percent of women with primary education and 97 percent of women with secondary and higher education. Similarly, women in the highest wealth quintile were more likely to receive care from a skilled provider (97 percent) compared with 94 percent of the women in the lowest wealth quintile.

The proportion of women receiving antenatal care from a skilled provider has not changed in the past five years. Ninety-four percent of women received antenatal care from a skilled provider in 2006. However, the proportion of women who received care from a doctor increased from 9 percent in 2006 to 12 percent in 2011.

9.1.1 Number and Timing of Antenatal Visits

Regular antenatal care is helpful in identifying and preventing adverse pregnancy outcomes when it is sought early in the pregnancy and is continued through delivery. In line with the WHO guidelines, the Ministry of Health (MOH) recommends that a woman have at least four ANC visits, the first of which should be made in the first trimester. It is possible during these visits to detect health problems associated with a pregnancy. In the event of any complications, more frequent visits are advised, and admission to a health facility may be necessary.

Table 9.2 presents information on the number of antenatal visits and the timing of the first antenatal visit for the most recent birth in the five years preceding the survey. The findings show that 48 percent of pregnant women make four or more antenatal care visits during their entire pregnancy. Urban women (57 percent) are more likely to have had four or more antenatal visits than rural women (46 percent).

Only 21 percent of women made their first antenatal care visit before the fourth month of pregnancy. The median duration of pregnancy at the first antenatal care visit was 5.1 months (5.0 months in urban areas and 5.2 months in rural areas).

Over the past 5 years, the results show almost no change in the percentage of women with four or more antenatal visits during their pregnancy (from 47 percent in 2006 to 48 percent in 2011). Overall, antenatal attendance by gestational age has improved only slightly. The median gestational age at first visit has decreased from 5.5 months in the 2006 UDHS to 5.1 months in the 2011 survey.

Table 9.2 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 live birth, and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, according to residence, Uganda 2011

Number and timing of ANC visits	Residence		Total
	Urban	Rural	
Number of ANC visits			
None	2.4	4.6	4.3
1	2.4	4.3	4.0
2-3	35.7	43.7	42.4
4+	57.0	45.8	47.6
Don't know/missing	2.4	1.6	1.7
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	2.4	4.6	4.3
<4	23.6	20.2	20.8
4-5	45.2	43.7	43.9
6-7	27.4	27.7	27.7
8+	1.1	3.5	3.1
Don't know/missing	0.2	0.3	0.3
Total	100.0	100.0	100.0
Number of women	805	4,163	4,968
Median months pregnant at first visit (for those with ANC)	5.0	5.2	5.1
Number of women with ANC	785	3,971	4,756

9.2 COMPONENTS OF ANTENATAL CARE

Focused antenatal care hinges on the principle that every pregnancy is at risk of complications. Ensuring that pregnant women receive information and undergo screening for complications should be a routine part of all antenatal care visits. Therefore, apart from receiving basic care, every pregnant woman should be monitored for complications as outlined in the Sexual and Reproductive Health Policy Guidelines for Uganda (MOH, 2011). To assess ANC services, mothers in the 2011 UDHS were asked a number of questions about the care they received during pregnancy for their most recent live birth in the five years preceding the survey.

Table 9.3 presents information on the content of ANC services during their most recent pregnancy for women with a live birth in the five years preceding the survey. Three-quarters of the mothers took iron tablets during pregnancy, while half of the women took drugs for parasites. Slightly more than half of the mothers were informed during their antenatal visits of the danger signs of pregnancy-related complications. Seventy-nine percent of the mothers were weighed during these visits. Blood pressure measurements were part of antenatal care for 59 percent of mothers. Urine and blood samples also were taken from 22 percent and 81 percent of women, respectively.

Table 9.3 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 2011

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	74.4	51.7	703	51.0	77.5	55.3	23.8	82.8	666
20-34	76.5	50.9	3,412	50.2	78.4	59.2	22.5	81.1	3,300
35-49	69.8	44.5	853	52.4	82.3	62.0	20.1	76.0	790
Birth order									
1	78.0	51.1	759	56.4	77.5	64.6	32.3	86.4	730
2-3	78.6	52.8	1,489	51.0	80.5	59.0	22.6	85.9	1,445
4-5	74.6	50.8	1,134	49.6	78.3	58.4	21.8	78.3	1,087
6+	70.7	45.9	1,587	48.3	78.5	57.1	17.4	74.0	1,494
Residence									
Urban	83.1	53.7	805	61.6	87.1	81.7	42.7	91.6	785
Rural	73.5	49.2	4,163	48.5	77.3	54.7	18.2	78.3	3,971
Region									
Kampala	83.9	51.5	358	68.4	92.5	91.5	56.0	95.2	352
Central 1	69.8	43.9	504	40.7	73.2	59.7	25.6	75.2	455
Central 2	77.5	51.2	507	33.9	76.6	59.0	22.3	78.3	486
East Central	69.6	37.6	532	32.2	74.4	48.6	13.0	73.0	491
Eastern	76.8	57.5	794	45.1	72.2	48.9	20.6	83.6	750
Karamoja	90.8	43.1	186	76.4	96.8	88.7	9.5	85.4	182
North	81.3	51.2	445	62.6	88.7	63.8	20.7	89.7	440
West Nile	86.4	61.9	299	60.9	91.9	75.0	11.9	68.3	294
Western	73.3	51.7	739	61.1	80.6	53.5	22.7	80.9	712
Southwest	61.7	46.7	604	49.7	68.0	47.7	19.3	77.3	595
Education									
No education	70.4	43.7	713	48.6	79.6	55.0	15.4	69.0	671
Primary	73.5	49.7	3,079	48.7	75.8	54.5	18.2	79.8	2,945
Secondary +	82.0	54.2	1,177	57.1	86.4	73.6	36.9	89.0	1,141
Wealth quintile									
Lowest	75.4	48.4	1,055	53.0	80.7	57.2	16.0	76.1	995
Second	72.5	48.3	1,026	48.9	74.9	48.5	16.3	76.7	984
Middle	71.0	47.1	963	45.9	73.9	51.0	17.6	78.3	919
Fourth	74.6	51.3	897	46.2	78.1	58.6	21.5	81.0	859
Highest	81.4	54.5	1,027	58.3	86.4	79.6	39.3	90.2	1,000
Total	75.1	49.9	4,968	50.7	78.9	59.1	22.3	80.5	4,756

The quality of antenatal care relates to a mother's education, wealth, and place of residence, as well as birth order of her infant. For example, 57 percent of women with at least some secondary education were informed of signs of pregnancy complications, compared with 49 percent of women with little or no education. Results by wealth quintile generally show a U-shaped relationship. For example, more women in the lowest wealth quintile (53 percent) and highest wealth quintile (58 percent) were provided information about signs of pregnancy complications than women in the second, third, or fourth wealth quintiles. More urban women than rural women were provided with each of the components of antenatal care asked about in the survey.

The overall quality of antenatal care has improved in the past five years. The percentage of women who were informed of complications during pregnancy increased from 35 to 51 percent, the percentage that had their blood pressure measured increased from 53 percent to 59 percent, and the percentage that had urine samples taken increased from 12 to 22 percent during the same period.

Table 9.4 shows the percent distribution by the number of doses/times that drugs for intestinal parasites were taken among women with a live birth in the five years preceding the survey who reported that they took such drugs. Overall, 48 percent of women took one dose of drugs for intestinal worms, 24 percent took two doses, 14 percent took three doses, and 11 percent took four or more doses. There are no major variations by background characteristics.

Table 9.4 Doses of drugs for intestinal worms

Among women age 15-49 with a live birth in the five years preceding the survey who took intestinal parasite drugs during the pregnancy of the most recent birth, the percent distribution by the number of doses/times the intestinal parasite drugs were taken, according to background characteristics, Uganda 2011

Background characteristic	Number of times/doses drugs for intestinal worms were taken					Total	Number of women
	1	2	3	4+	Don't know		
Mother's age at birth							
<20	39.3	24.1	18.2	13.6	4.7	100.0	363
20-34	48.1	25.4	13.5	10.4	2.5	100.0	1,736
35-49	53.4	19.3	10.0	12.9	4.4	100.0	380
Birth order							
1	41.7	24.2	18.2	11.1	4.7	100.0	388
2-3	45.4	27.1	14.1	10.6	2.7	100.0	787
4-5	51.9	21.9	13.8	10.5	1.9	100.0	576
6+	49.8	23.2	10.7	12.6	3.7	100.0	729
Residence							
Urban	46.9	23.1	14.0	11.8	4.2	100.0	432
Rural	47.8	24.5	13.6	11.2	2.9	100.0	2,047
Region							
Kampala	52.3	22.3	13.7	7.3	4.4	100.0	184
Central 1	50.4	21.3	13.7	9.3	5.3	100.0	221
Central 2	47.7	27.5	11.4	9.4	4.0	100.0	260
East Central	40.3	25.3	19.6	10.5	4.2	100.0	200
Eastern	58.2	23.5	13.6	3.5	1.2	100.0	456
Karamoja	58.8	23.5	9.4	7.0	1.2	100.0	80
North	34.8	25.9	17.6	21.4	0.4	100.0	228
West Nile	35.8	24.7	13.5	21.3	4.7	100.0	185
Western	36.7	27.7	13.9	16.9	4.7	100.0	382
Southwest	60.4	19.7	9.4	9.0	1.6	100.0	282
Education							
No education	47.2	25.0	10.5	14.9	2.4	100.0	311
Primary	47.8	24.0	13.6	11.5	3.2	100.0	1,530
Secondary +	47.5	24.6	15.5	9.0	3.4	100.0	638
Wealth quintile							
Lowest	51.9	23.3	11.8	10.7	2.3	100.0	510
Second	43.3	26.0	14.0	14.4	2.3	100.0	496
Middle	46.9	23.2	15.4	10.2	4.2	100.0	454
Fourth	51.0	23.3	12.3	10.8	2.6	100.0	460
Highest	45.5	25.3	14.7	10.3	4.2	100.0	560
Total	47.7	24.3	13.7	11.3	3.1	100.0	2,480

9.3 TETANUS TOXOID VACCINATION

Tetanus toxoid (TT) injections are given to women during pregnancy to prevent deaths from neonatal tetanus. Neonatal tetanus can result when sterile procedures are not followed in cutting the umbilical cord after delivery. In the 2011 UDHS, information was collected on the number of doses of TT vaccine the mother received during the pregnancy of her most recent birth during the five-year period prior to the survey. In addition, questions were included to ascertain whether mothers received tetanus injections prior to the last birth as a means of determining whether the last birth was fully protected from neonatal tetanus.

Table 9.5 shows the percentage of women with a live birth in the five years preceding the survey who reported receiving TT injections during the pregnancy for the last live birth. Also shown is whether the last birth was fully protected against neonatal tetanus. An infant is considered to be fully protected if any of the following criteria are met: (1) the mother had two TT injections during the pregnancy; (2) the mother had two TT injections, the last of which was within 3 years of the last birth (3) the mother had at least 3 TT injections, the last of which was within 5 years of the last birth; (4) the mother had at least 4 TT injections, the last of which was within 10 years of the last birth; or (5) the mother had at least five TT injections prior to the pregnancy.

Table 9.5 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 2011

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	54.9	80.2	703
20-34	56.9	85.0	3,412
35-49	50.4	84.6	853
Birth order			
1	59.8	82.2	759
2-3	59.2	84.8	1,489
4-5	55.0	86.5	1,134
6+	50.3	83.1	1,587
Residence			
Urban	61.3	86.4	805
Rural	54.4	83.8	4,163
Region			
Kampala	62.3	84.6	358
Central 1	57.8	80.3	504
Central 2	61.5	84.2	507
East Central	62.7	82.5	532
Eastern	44.7	84.8	794
Karamoja	67.7	93.1	186
North	59.8	84.3	445
West Nile	44.3	87.1	299
Western	53.9	83.6	739
Southwest	52.8	84.8	604
Education			
No education	52.6	79.8	713
Primary	53.2	83.7	3,079
Secondary +	63.1	88.5	1,177
Wealth quintile			
Lowest	50.8	83.8	1,055
Second	53.0	80.9	1,026
Middle	51.9	83.6	963
Fourth	56.9	84.2	897
Highest	64.9	88.7	1,027
Total	55.5	84.3	4,968

[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 birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth

According to the 2011 UDHS results, 56 percent of the mothers received two or more tetanus toxoid injections during their pregnancy, and 84 percent of last-born children during the five-year period before the survey were fully protected against neonatal tetanus, an increase from 76 percent during the 2006 UDHS. There were regional variations in the percentage of last-born children who were fully protected against neonatal tetanus, with Karamoja region having the highest percentage (93 percent) and Central 1 having the lowest (80 percent).

There is little variation in tetanus toxoid coverage by age at birth, birth order, or place of residence. However, there are differences by education. For example, 80 percent of births to women with no education in Uganda are protected against tetanus, compared with 89 percent of those births to women with secondary or higher education. Women living in wealthier households are more likely to have their births protected against tetanus than women living in less wealthy households.

9.4 PLACE OF DELIVERY

An important component of efforts to reduce the health risks of mothers and children is increasing the proportion of babies delivered under the supervision of health professionals. Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that may cause

death or serious illness to either the mother or the baby (or both). Data on delivery care were obtained for all births that occurred in the five years preceding the survey.

Table 9.6 presents the percent distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics. Fifty-seven percent of births take place in a health facility: 44 percent are delivered in a public-sector health facility and 13 percent in a private sector facility. Forty-two percent of deliveries in the last five years took place at home. Delivery in a health facility is common among young mothers less than age 20 (66 percent) and mothers of first-order births (73 percent). Children of women in urban areas are more likely to be delivered in an institutional setting than children born to rural women (90 percent versus 52 percent).

Table 9.6 Place of delivery

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 2011

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	53.2	12.6	33.5	0.6	0.1	100.0	65.8	1,351
20-34	43.1	13.4	42.3	1.1	0.1	100.0	56.5	5,632
35-49	37.1	14.0	48.0	0.8	0.1	100.0	51.1	1,092
Birth order								
1	56.5	16.6	26.2	0.6	0.1	100.0	73.1	1,423
2-3	46.7	14.4	38.0	0.8	0.1	100.0	61.1	2,523
4-5	40.5	11.8	46.3	1.4	0.1	100.0	52.3	1,816
6+	36.1	11.5	51.2	1.0	0.2	100.0	47.6	2,313
Antenatal care visits[1]								
None	22.2	10.0	64.9	1.7	1.2	100.0	32.2	212
1-3	41.0	12.1	45.9	1.0	0.0	100.0	53.1	2,305
4+	51.8	16.6	30.6	1.0	0.0	100.0	68.5	2,366
Don't know/missing	63.3	22.0	14.7	0.0	0.0	100.0	85.3	86
Residence								
Urban	63.5	26.1	9.8	0.6	0.0	100.0	89.5	1,147
Rural	40.8	11.3	46.8	1.0	0.1	100.0	52.0	6,928
Region								
Kampala	56.4	36.5	6.7	0.4	0.0	100.0	92.9	489
Central 1	38.1	23.6	37.6	0.8	0.0	100.0	61.7	797
Central 2	49.4	19.7	30.2	0.6	0.0	100.0	69.1	842
East Central	42.8	24.3	32.3	0.2	0.4	100.0	67.1	923
Eastern	49.5	1.7	48.0	0.7	0.0	100.0	51.2	1,358
Karamoja	25.0	2.1	71.3	1.6	0.0	100.0	27.1	322
North	45.7	6.2	47.4	0.7	0.0	100.0	51.9	704
West Nile	55.7	3.0	40.1	0.9	0.4	100.0	58.7	484
Western	41.9	14.0	43.1	0.7	0.3	100.0	55.9	1,177
Southwest	33.4	7.0	56.6	3.0	0.0	100.0	40.3	978
Mother's education								
No education	26.7	9.5	62.4	1.2	0.3	100.0	36.1	1,161
Primary	43.3	10.7	44.9	1.0	0.1	100.0	54.0	5,161
Secondary +	57.5	23.9	17.9	0.7	0.0	100.0	81.4	1,754
Wealth quintile								
Lowest	37.2	5.0	56.7	1.0	0.0	100.0	42.2	1,812
Second	39.1	9.8	49.8	1.1	0.2	100.0	48.9	1,727
Middle	43.6	10.8	44.6	0.9	0.1	100.0	54.4	1,616
Fourth	42.7	15.7	40.6	0.8	0.3	100.0	58.4	1,425
Highest	59.7	28.0	11.3	0.9	0.0	100.0	87.7	1,496
Total	44.0	13.4	41.6	1.0	0.1	100.0	57.4	8,076

[1] Includes only the most recent birth in the five years preceding the survey

Delivery in a health facility varies widely by region, being lowest in the Karamoja region (27 percent) and highest in Kampala (93) and Central 2 (69 percent) region. There is a strong association between health facility delivery, mother's education, and wealth quintile. The proportion of deliveries in a health facility is more than twice as high among births to mothers with secondary or higher education (81 percent) as among births to mothers with no education (36 percent). A similar pattern is observed among women by wealth quintile: delivery at a health facility is less likely among births in the lowest wealth quintile (42 percent) than in the highest wealth quintile (88 percent).

The percentage of births taking place in a health facility has increased noticeably in the past five years (from 41 percent in the 2006 UDHS to 57 percent in the 2011 UDHS).

9.5 ASSISTANCE DURING DELIVERY

Obstetric care from a health professional during delivery is recognized as critical for the reduction of maternal and neonatal mortality. Children delivered at home are usually more likely to be delivered without assistance from a trained provider, whereas children delivered at a health facility are more likely to be delivered by a trained health professional.

Table 9.7 shows delivery assistance by type of provider, according to background characteristics. Fifty-eight percent of births take place with the assistance of a skilled provider, which may be a doctor, nurse or midwife, medical assistant or clinical officer. During the survey, there are cases where the respondent mentioned more than one person attending during delivery. The analysis has considered only the most qualified person. Doctors assist in the delivery of 7 percent of births, nurses/midwives assist in 50 percent, and traditional birth attendants (TBAs) assist in 18 percent of the births. Fifteen percent of the births are only attended by a relative, a friend, or some other person, while 7 percent of births take place without any type of assistance.

Births to mothers less than age 20 and first-order births (67 percent and 74 percent, respectively) are more likely to be assisted by a skilled provider. Almost nine in ten births in urban areas are assisted by a skilled provider compared with 53 percent of births in rural areas. Births in Karamoja region (31 percent) are less likely to be attended by a skilled provider than births in other areas. The results further show that 19 percent of the women in the Southwest region deliver without any person providing assistance.

There is a strong relationship between mother's education and delivery by a skilled provider. The percentage of births to highly educated women (those with at least some secondary education) attended by a skilled provider was 81 percent, which compares favorably with 38 percent of births to women with no education. Similarly, assistance during delivery by a skilled provider varies by women's economic status: births to women in the highest wealth quintile are much more likely to be assisted by a skilled provider (88 percent) than births to women in the lowest wealth quintile (44 percent).

Table 9.7 also shows that 5 percent of births are delivered by caesarean section. Delivery by C-section is highest among births to highly educated mothers (11 percent), births to mothers in the highest wealth quintile (13 percent), urban births (14 percent), births in Kampala (18 percent), and first births (9 percent).

The percentage of births assisted at delivery by a skilled provider has increased in the last five years (from 42 percent in the 2006 UDHS to 58 percent in the 2011 UDHS), while the percentage of births assisted by relatives and others has declined from 25 percent to 15 percent. The percentage of births attended by a TBA dropped from 23 percent in the 2006 UDHS to 18 percent in the 2011 UDHS. Also noteworthy is the fact that delivery assistance by a skilled provider in rural areas has increased in the last five years, from 37 percent in the 2006 UDHS to 53 percent in the 2011 UDHS

Table 9.7 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of birth assisted by a skilled provider, and percentage delivered by caesarean-section, according to background characteristics, Uganda 2011

	Person providing assistance during delivery											
Background characteristic	Doctor	Nurse/ midwife	Medical assistant/ clinical officer	Nursing aide	Traditional birth attendant	Relative/ friend/ other	No one	Don't know/ missing	Total	Percentage delivered by a skilled provider[1]	Percentage delivered by C-section	Number of births
Mother's age at birth												
<20	9.2	57.5	0.4	1.1	16.7	13.0	2.0	0.1	100.0	67.1	6.5	1,351
20-34	6.9	49.6	0.7	1.2	18.7	15.8	7.1	0.2	100.0	57.1	5.1	5,632
35-49	6.1	44.7	0.5	1.8	18.5	15.3	13.1	0.1	100.0	51.3	4.6	1,092
Birth order												
1	12.7	60.6	0.5	0.6	14.1	10.3	1.2	0.1	100.0	73.7	9.3	1,423
2-3	8.2	53.0	0.8	1.4	19.4	13.4	3.8	0.1	100.0	62.0	6.1	2,523
4-5	5.9	47.1	0.3	1.5	19.4	17.4	8.4	0.1	100.0	53.2	4.2	1,816
6+	3.6	43.3	0.7	1.3	18.9	18.7	13.1	0.3	100.0	47.6	2.6	2,313
Place of delivery												
Health facility	12.4	84.3	0.9	1.4	0.4	0.4	0.2	0.0	100.0	97.6	9.2	4,633
Elsewhere	0.2	4.4	0.1	1.1	42.5	35.3	16.3	0.1	100.0	4.7	0.0	3,433
Residence												
Urban	20.5	68.1	0.5	1.2	4.8	4.0	0.9	0.0	100.0	89.1	13.7	1,147
Rural	5.0	47.3	0.6	1.3	20.5	17.1	8.1	0.2	100.0	52.8	3.9	6,928
Region												
Kampala	29.5	63.2	0.2	0.8	3.7	1.8	0.7	0.0	100.0	93.0	17.8	489
Central 1	14.0	45.9	2.0	2.4	25.9	7.4	2.3	0.0	100.0	62.0	7.8	797
Central 2	4.9	63.4	1.6	0.6	14.0	11.3	4.2	0.0	100.0	69.9	5.8	842
East Central	3.6	63.1	0.5	3.2	9.5	11.4	8.3	0.4	100.0	67.1	4.1	923
Eastern	3.1	48.7	0.2	0.8	17.4	22.2	7.7	0.0	100.0	51.9	2.5	1,358
Karamoja	1.9	28.8	0.0	0.1	18.4	47.3	3.4	0.0	100.0	30.8	1.1	322
North	4.6	48.5	0.3	1.3	37.0	6.3	2.0	0.0	100.0	53.4	2.5	704
West Nile	4.1	53.7	0.7	2.2	13.8	16.7	8.4	0.5	100.0	58.5	4.6	484
Western	6.6	48.8	0.4	1.0	20.3	15.7	6.8	0.4	100.0	55.8	5.5	1,177
Southwest	7.1	34.3	0.1	0.3	19.1	20.3	18.9	0.0	100.0	41.5	4.9	978
Mother's education												
No education	3.4	34.0	0.3	0.6	22.3	27.7	11.5	0.3	100.0	37.7	2.6	1,161
Primary	5.2	49.0	0.6	1.3	20.3	15.8	7.6	0.1	100.0	54.8	4.0	5,161
Secondary +	15.5	64.6	0.8	1.5	9.7	5.3	2.5	0.0	100.0	80.8	10.9	1,754
Wealth quintile												
Lowest	3.6	39.7	0.2	0.6	23.2	24.7	7.9	0.1	100.0	43.5	2.2	1,812
Second	3.3	45.2	0.3	1.4	22.0	18.2	9.3	0.2	100.0	48.9	3.2	1,727
Middle	4.9	48.4	1.1	1.6	17.8	15.9	10.3	0.1	100.0	54.4	3.9	1,616
Fourth	6.0	53.1	0.4	1.4	21.6	11.5	5.7	0.3	100.0	59.6	5.7	1,425
Highest	19.5	68.0	0.9	1.4	5.6	3.3	1.3	0.0	100.0	88.4	12.6	1,496
Total	7.2	50.2	0.6	1.3	18.3	15.3	7.0	0.1	100.0	58.0	5.3	8,076

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.
[1] Skilled provider includes doctor, nurse/midwife, or medical assistant/clinical officer.

9.6 POSTNATAL CARE

During the postpartum period, women may develop serious, life-threatening complications. Evidence has shown that a large proportion of deaths occur during this period, with postpartum hemorrhage and infections being important causes. A postnatal care visit is an ideal time to educate a new mother on how to care for herself and her newborn.

9.6.1 Duration of Health Facility Stay and Timing of First Postnatal Checkup

Figure 9.1 shows the length of stay in a health facility following the last live birth among women with a birth in the five years preceding the survey who delivered in a health facility. The vast majority of women who had a vaginal birth stayed in the health facility either for less than one day (47 percent) or for one to two days (45 percent). By comparison, the majority of women who had a delivery by Caesarean section (68 percent) stayed in the health facility for three or more days.

Figure 9.1 **Mother's duration of stay in the health facility after giving birth**

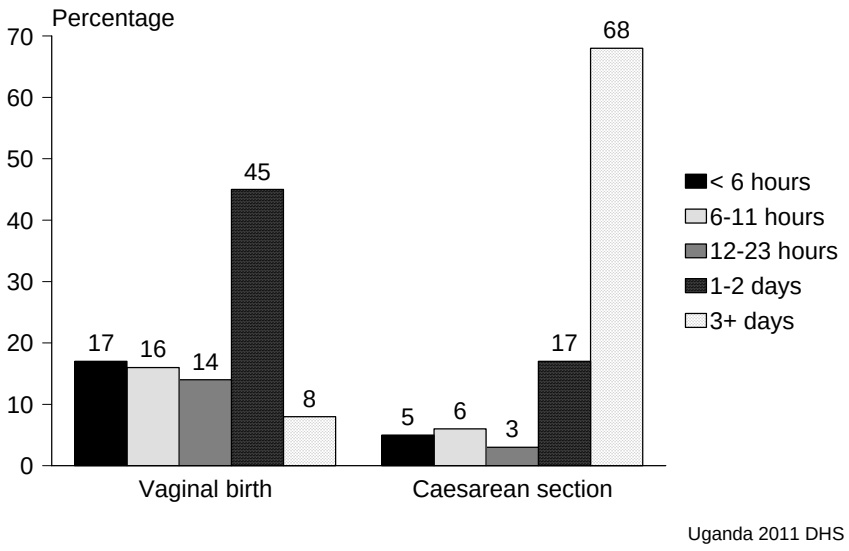


Table 9.8 shows that in the two years preceding the survey, 33 percent of women received postnatal care for their last birth within the critical first two days following delivery (21 percent of women received postnatal care within four hours of delivery, 8 percent received care within 4-23 hours, and 4 percent were seen one to two days following delivery). More than two in every three women (64 percent) did not receive any postnatal checkup.

There are differences in postnatal care by mother's age, birth order, place of residence, wealth quintile, and education; these are similar to the differences discussed for delivery care.

The percentage of women with a postnatal visit in the two days after birth has increased over the last five years, from 26 percent in 2006 to 33 percent in 2011. The percentage of mothers who did not receive any postpartum checkup declined from 74 percent in 2006 to 64 percent in 2011.

Table 9.8 Timing of first postnatal checkup

Among women age 15-49 giving birth in the two years preceding the survey, the percent distribution of the mother's first postnatal checkup for the last live birth by time after delivery, and the percentage of women with a live birth in the two years preceding the survey who received a postnatal checkup in the first two days after giving birth, according to background characteristics, Uganda 2011

Background characteristic	Time after delivery of mother's first postnatal checkup						No postnatal checkup[1]	Total	Percentage of women with a postnatal checkup in the first two days after birth	Number of women
	Less than 4 hours	4-23 hours	1-2 days	3-6 days	7-41 days	Don't know/ missing				
Mother's age at birth										
<20	20.1	8.7	3.6	0.8	2.8	1.0	62.9	100.0	32.4	480
20-34	22.0	8.3	3.3	0.9	1.2	0.6	63.7	100.0	33.7	2,160
35-49	17.7	8.3	4.5	1.0	0.2	1.2	67.1	100.0	30.5	453
Birth order										
1	25.7	9.7	2.6	1.1	3.1	1.0	56.9	100.0	38.0	528
2-3	24.4	10.0	3.9	1.1	1.5	0.7	58.4	100.0	38.3	975
4-5	19.0	6.9	3.6	0.8	0.7	0.8	68.2	100.0	29.5	691
6+	16.4	6.9	3.7	0.7	0.4	0.7	71.2	100.0	27.0	898
Place of delivery										
Health facility	31.8	12.8	4.2	0.8	1.3	1.2	47.8	100.0	48.9	1,831
Elsewhere	5.5	2.0	2.5	1.0	1.3	0.1	87.6	100.0	10.0	1,258
Residence										
Urban	35.8	14.9	5.1	0.7	1.9	1.4	40.1	100.0	55.9	450
Rural	18.6	7.3	3.3	0.9	1.2	0.6	68.1	100.0	29.1	2,642
Region										
Kampala	40.5	15.5	5.2	0.8	2.5	2.2	33.3	100.0	61.2	187
Central 1	29.0	7.7	2.7	0.8	1.0	0.6	58.2	100.0	39.4	322
Central 2	27.9	10.1	1.2	0.7	2.0	0.6	57.5	100.0	39.3	340
East Central	18.8	3.5	2.3	0.4	2.2	1.3	71.4	100.0	24.5	345
Eastern	22.8	10.1	2.6	0.0	0.5	0.3	63.7	100.0	35.5	529
Karamoja	12.8	10.3	3.6	0.6	0.6	1.8	70.3	100.0	26.8	107
North	10.3	6.5	11.0	2.8	3.3	0.5	65.7	100.0	27.8	276
West Nile	29.1	8.8	2.6	1.5	1.3	1.2	55.6	100.0	40.5	187
Western	16.9	8.5	3.5	1.8	0.1	0.1	69.2	100.0	28.8	423
Southwest	9.4	6.4	3.0	0.3	0.6	0.8	79.5	100.0	18.8	375
Education										
No education	13.3	3.7	3.4	0.9	0.0	0.7	77.9	100.0	20.5	399
Primary	17.5	7.8	3.7	0.8	1.3	0.8	68.1	100.0	29.0	1,975
Secondary +	35.3	12.4	3.2	1.2	1.9	0.6	45.2	100.0	51.0	718
Wealth quintile										
Lowest	12.8	9.1	3.2	0.5	0.8	0.6	72.9	100.0	25.1	694
Second	18.8	5.9	3.5	1.2	1.3	0.9	68.4	100.0	28.2	679
Middle	14.9	8.5	2.3	1.3	0.7	0.7	71.6	100.0	25.7	602
Fourth	20.5	8.4	4.6	0.9	1.6	0.1	64.0	100.0	33.5	561
Highest	41.7	10.4	4.2	0.6	2.1	1.4	39.5	100.0	56.3	556
Total	21.1	8.4	3.5	0.9	1.3	0.8	64.1	100.0	33.0	3,092

[1] Includes women who received a checkup after 41 days

9.6.2 Provider of First Postnatal Checkup for Mother

The skill level of the provider who performs the first postnatal checkup also has important implications for maternal and neonatal health. Table 9.9 shows that 30 percent of women received postnatal care from a doctor, nurse, or midwife. Only 2 percent of women received postnatal care from a TBA. Mothers of births of order 1 to 3, those who delivered in a health facility, those with secondary and higher education, those from the wealthiest households, and those in urban areas were more likely to have received postnatal care from a skilled provider than other mothers. Postnatal care from a doctor, nurse, or midwife was highest in Kampala (57 percent), followed by Central 2 (38 percent) and Central 1 (34 percent) regions. The Southwest region had the lowest percentage of postnatal checkup (18 percent).

Table 9.9 Type of provider of first postnatal checkup for the mother

Among women age 15-49 giving birth in the two years preceding the survey, the percent distribution by type of provider of the mother's first postnatal health check in the two days after the last live birth, according to background characteristics, Uganda 2011

Background characteristic	Type of health provider of mother's first postnatal checkup				No postnatal checkup in the first two days after birth	Total	Number of women
	Doctor/nurse/ midwife	Medical assistant/ clinical officer	Nursing aide/VHT	Traditional birth attendant			
Mother's age at birth							
<20	30.3	0.0	0.1	2.0	67.6	100.0	480
20-34	30.1	0.5	0.4	2.8	66.2	100.0	2,160
35-49	28.7	0.4	0.5	0.9	69.5	100.0	453
Birth order							
1	34.5	0.1	0.2	3.1	62.0	100.0	528
2-3	35.2	0.7	0.6	1.9	61.5	100.0	975
4-5	26.3	0.0	0.2	3.0	70.4	100.0	691
6+	24.2	0.5	0.4	2.0	73.0	100.0	898
Place of delivery							
Health facility	47.9	0.6	0.3	0.1	51.0	100.0	1,831
Elsewhere	3.7	0.2	0.5	5.7	90.0	100.0	1,258
Residence							
Urban	53.9	0.8	0.5	0.8	44.1	100.0	450
Rural	25.8	0.4	0.4	2.6	70.8	100.0	2,642
Region							
Kampala	57.1	1.8	0.8	1.5	38.8	100.0	187
Central 1	33.8	0.7	0.0	5.3	60.2	100.0	322
Central 2	37.6	0.8	0.0	0.8	60.7	100.0	340
East Central	22.7	0.0	0.8	1.1	75.3	100.0	345
Eastern	31.6	0.0	0.7	3.2	64.5	100.0	529
Karamoja	26.8	0.0	0.0	0.0	73.2	100.0	107
North	22.6	0.0	1.2	3.9	72.2	100.0	276
West Nile	33.0	1.2	0.3	5.9	59.5	100.0	187
Western	27.1	0.5	0.0	1.2	71.2	100.0	423
Southwest	17.9	0.1	0.0	0.8	81.2	100.0	375
Education							
No education	18.5	0.2	0.0	1.7	79.5	100.0	399
Primary	25.5	0.3	0.4	2.8	70.9	100.0	1,975
Secondary+	48.3	0.8	0.5	1.6	48.8	100.0	718
Wealth quintile							
Lowest	22.0	0.1	0.2	2.8	74.9	100.0	694
Second	24.7	0.4	0.6	2.4	71.8	100.0	679
Middle	23.1	0.3	0.1	2.4	74.1	100.0	602
Fourth	30.2	0.1	0.4	2.8	66.5	100.0	561
Highest	53.1	1.4	0.6	1.4	43.6	100.0	556
Total	29.9	0.4	0.4	2.4	66.9	100.0	3,092

VHT = Village Health Team

9.7 NEWBORN CARE

Newborn care is essential to reduce neonatal problems and death and to identify, manage, and prevent complications soon after delivery. According to the Sexual and Reproductive Health Policy Guidelines for Uganda (MOH, 2011), a newborn is expected to receive a postnatal checkup within the first 24 hours of life. The policy guidelines further indicate that within the first 6 hours of birth, care should be provided on an hourly basis. After the mother is discharged from the health facility, she is expected to return for a checkup within seven days of delivery. The next follow-up visit is recommended within six weeks of delivery, that is, when mothers bring their infants for immunisation. Mothers who deliver outside a health facility are expected to seek postnatal care immediately after giving birth, that is, within the first six hours after birth. Thereafter, the mother is expected to return to the health facility within the first seven days and then within six weeks.

Table 9.10 shows the percent distribution of last births in the two years preceding the survey by timing of the first postnatal checkup after birth, along with the percentage of births with a postnatal checkup in the first two days after birth, according to background characteristics. Eleven percent of newborns were taken for their first postnatal checkup within the critical first two days after birth. Only 2 percent of the births had a postnatal checkup within the first hour after birth, while 9 percent of births had a postnatal visit within 24 hours after birth. The vast majority of newborns (86 percent) did not receive a postnatal checkup.

Table 9.10 Timing of first postnatal checkup for the newborn

Percent distribution of last births in the two years preceding the survey by time after birth of first postnatal checkup, and the percentage of births with a postnatal checkup in the first two days after birth, according to background characteristics, Uganda 2011

Background characteristic	Time after birth of newborn's first postnatal checkup						No postnatal checkup[1]	Total	Percentage of births with a postnatal checkup in the first two days after birth	Number of births
	Less than 1 hour	1-3 hours	4-23 hours	1-2 days	3-6 days	Don't know/ missing				
Mother's age at birth										
<20	1.9	4.5	2.4	1.9	2.3	0.0	86.9	100.0	10.8	480
20-34	2.3	4.5	2.3	1.9	2.4	0.2	86.2	100.0	11.1	2,160
35-49	1.3	3.4	2.1	2.7	3.3	0.4	86.9	100.0	9.5	453
Birth order										
1	3.1	5.6	2.7	2.3	2.8	0.0	83.4	100.0	13.8	528
2-3	3.2	4.8	2.5	1.9	2.3	0.1	85.2	100.0	12.4	975
4-5	1.1	3.9	2.3	1.8	3.2	0.5	87.1	100.0	9.2	691
6+	1.1	3.5	1.9	2.2	2.1	0.2	89.1	100.0	8.6	898
Place of delivery										
Health facility	3.3	6.7	3.1	1.4	1.1	0.3	84.1	100.0	14.5	1,831
Elsewhere	0.3	1.0	1.2	2.9	4.7	0.1	89.8	100.0	5.4	1,258
Residence										
Urban	5.1	10.2	3.4	2.2	1.9	0.3	76.9	100.0	20.9	450
Rural	1.6	3.4	2.1	2.0	2.6	0.2	88.1	100.0	9.1	2,642
Region										
Kampala	8.3	13.8	4.1	2.8	2.0	0.0	68.9	100.0	29.1	187
Central 1	4.9	3.7	1.5	0.5	0.8	0.0	88.5	100.0	10.6	322
Central 2	1.0	5.3	1.4	0.0	1.5	0.0	90.8	100.0	7.7	340
East Central	1.6	4.7	1.0	1.0	1.2	0.4	90.1	100.0	8.3	345
Eastern	1.3	5.6	3.8	3.1	3.6	0.3	82.3	100.0	13.8	529
Karamoja	0.0	5.5	2.3	10.8	16.0	0.0	65.4	100.0	18.6	107
North	1.7	2.4	5.2	3.8	2.5	0.0	84.5	100.0	13.0	276
West Nile	1.2	4.7	1.7	3.4	6.5	1.2	81.2	100.0	11.1	187
Western	2.0	2.9	2.4	1.5	1.3	0.4	89.5	100.0	8.7	423
Southwest	0.6	0.1	0.1	0.4	0.3	0.0	98.5	100.0	1.2	375
Mother's education										
No education	1.7	2.7	1.3	2.2	4.3	0.5	87.2	100.0	7.9	399
Primary	1.3	3.3	2.2	2.1	2.5	0.2	88.4	100.0	8.9	1,975
Secondary +	4.4	8.3	3.2	1.8	1.6	0.2	80.5	100.0	17.7	718
Wealth quintile										
Lowest	1.4	3.9	1.7	3.9	4.3	0.4	84.4	100.0	10.8	694
Second	1.1	2.1	2.4	2.4	2.8	0.4	88.9	100.0	7.9	679
Middle	1.4	2.8	2.5	0.6	1.9	0.0	90.7	100.0	7.4	602
Fourth	2.0	3.8	1.8	1.2	1.2	0.2	89.7	100.0	8.8	561
Highest	5.1	10.0	3.3	1.7	1.8	0.0	78.1	100.0	20.0	556
Total	2.1	4.4	2.3	2.0	2.5	0.2	86.4	100.0	10.8	3,092

[1] Includes newborns who received a checkup after the first week

The proportion of postnatal checkups within the first two days of birth is higher among births to mothers with secondary or higher education (18 percent) compared with 8 percent of mothers with no education. Newborns delivered outside of a health facility were less likely to receive a postnatal checkup within the first two days after birth (5 percent) than newborns delivered in a health facility (15 percent). Similarly, postnatal checkups were less likely among births of order six and over, rural births, and births in the Southwest region than among births in the other categories.

Table 9.11 presents the percent distribution of last births in the two years preceding the survey by type of provider of newborn care during the first two days after delivery, according to background characteristics.

The findings show that one in every ten newborns received postnatal care in the two days following birth from a doctor, nurse, or midwife. The distribution of newborns who received care from a skilled provider by background characteristics is similar to the pattern described for providers of mothers' postnatal checkups.

Table 9.11 Type of provider of first postnatal checkup for the newborn

Percent distribution of last births in the two years preceding the survey by type of provider of the newborn's first postnatal health check during the two days after the last live birth, according to background characteristics, Uganda 2011

Background characteristic	Type of health provider of newborn's first postnatal checkup				No postnatal checkup in the first two days after birth	Total	Number of births
	Doctor/ nurse/ midwife	Medical assistant/ clinical officer	Nursing aide/ VHT	Traditional birth attendant			
Mother's age at birth							
<20	9.6	0.0	0.0	1.2	89.2	100.0	480
20-34	10.3	0.3	0.0	0.5	88.9	100.0	2,160
35-49	9.0	0.0	0.1	0.4	90.5	100.0	453
Birth order							
1	12.7	0.0	0.0	1.1	86.2	100.0	528
2-3	11.5	0.5	0.0	0.4	87.6	100.0	975
4-5	8.7	0.1	0.1	0.3	90.8	100.0	691
6+	7.7	0.0	0.0	0.9	91.4	100.0	898
Place of delivery							
Health facility	14.2	0.1	0.0	0.1	85.5	100.0	1,831
Elsewhere	3.8	0.3	0.1	1.3	94.6	100.0	1,258
Residence							
Urban	20.0	0.6	0.1	0.2	79.1	100.0	450
Rural	8.3	0.1	0.0	0.7	90.9	100.0	2,642
Region							
Kampala	27.8	1.3	0.0	0.0	70.9	100.0	187
Central 1	9.3	0.0	0.1	1.2	89.4	100.0	322
Central 2	7.7	0.0	0.0	0.0	92.3	100.0	340
East Central	8.3	0.0	0.0	0.0	91.7	100.0	345
Eastern	12.9	0.3	0.0	0.5	86.2	100.0	529
Karamoja	16.3	0.8	0.1	1.3	81.4	100.0	107
North	10.9	0.0	0.2	1.9	87.0	100.0	276
West Nile	9.2	0.2	0.0	1.6	88.9	100.0	187
Western	8.4	0.0	0.0	0.3	91.3	100.0	423
Southwest	0.8	0.1	0.0	0.3	98.8	100.0	375
Mother's education							
No education	7.1	0.2	0.0	0.6	92.1	100.0	399
Primary	8.0	0.1	0.1	0.7	91.1	100.0	1,975
Secondary +	16.9	0.3	0.0	0.5	82.3	100.0	718
Wealth quintile							
Lowest	9.6	0.1	0.1	0.9	89.2	100.0	694
Second	7.3	0.1	0.0	0.6	92.1	100.0	679
Middle	6.6	0.0	0.0	0.8	92.6	100.0	602
Fourth	8.1	0.3	0.0	0.5	91.2	100.0	561
Highest	19.2	0.5	0.1	0.2	80.0	100.0	556
Total	10.0	0.2	0.0	0.6	89.2	100.0	3,092

9.8 PROBLEMS ACCESSING HEALTH CARE

Many factors can prevent women from getting medical advice or treatment for themselves when they are sick. Information on such factors is particularly important in understanding and addressing the barriers women may face in seeking care during pregnancy and at the time of delivery.

In the 2011 UDHS, women were asked whether or not each of the following factors would be a significant problem for them in seeking medical care: getting permission to go for treatment, getting money for treatment, distance to a health facility, and not wanting to go alone. The majority of women (65 percent) reported that at least one of these problems would pose a barrier to seeking health care for themselves when they are sick (Table 9.12). Almost half of women said that getting money for treatment was a problem in accessing health care, while almost as many (41 percent) said that distance to a facility was a problem. Twenty-two percent of women stated that not wanting to go alone is a problem in accessing health care. Only 6 percent of women perceived getting permission to go for treatment as a problem.

Table 9.12 Problems accessing health care

Percentage of women age 15-49 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 2011

Background characteristic	Problems in accessing health care					Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Not wanting to go alone	At least one problem accessing health care	
Age						
15-19	7.3	42.8	36.0	22.6	60.0	2,048
20-34	5.2	47.3	39.7	21.8	63.7	4,284
35-49	4.7	56.8	49.0	23.5	71.5	2,342
Number of living children						
0	7.0	40.9	33.4	21.1	56.7	2,279
1-2	4.5	43.5	38.4	20.7	61.8	2,099
3-4	5.3	51.9	41.6	22.5	66.2	1,832
5+	5.3	58.3	51.0	25.1	74.2	2,464
Marital status						
Never married	6.8	41.7	32.4	20.3	57.0	2,118
Married or living together	5.4	48.4	43.7	22.8	66.0	5,418
Divorced/separated/widowed	3.8	64.4	47.3	24.8	75.0	1,134
Employed last 12 months						
Not employed	7.2	45.3	34.0	18.7	58.8	2,299
Employed for cash	5.0	47.9	41.0	22.8	64.7	4,446
Employed not for cash	4.8	55.2	50.9	26.1	72.6	1,928
Residence						
Urban	3.8	32.2	13.3	9.3	39.9	1,717
Rural	6.0	52.9	48.3	25.7	71.1	6,957
Region						
Kampala	2.4	27.9	9.9	6.4	34.5	839
Central 1	5.1	33.8	36.5	15.2	53.2	956
Central 2	5.2	43.7	41.4	17.6	61.9	902
East Central	5.0	40.9	36.3	22.1	57.5	869
Eastern	5.9	49.3	41.7	19.7	66.1	1,267
Karamoja	5.3	86.3	41.9	18.0	87.0	289
North	4.7	77.4	52.4	19.0	87.6	735
West Nile	6.2	59.6	46.2	29.9	76.4	500
Western	8.4	53.5	49.0	29.5	71.8	1,221
Southwest	5.9	48.5	55.0	40.6	71.5	1,097
Education						
No education	6.9	67.5	56.1	26.8	81.4	1,120
Primary	6.0	52.7	45.3	25.3	70.0	5,152
Secondary +	4.0	31.8	26.0	14.3	46.4	2,402
Wealth quintile						
Lowest	6.4	71.1	55.4	26.8	85.3	1,519
Second	7.0	61.8	57.2	29.6	78.8	1,579
Middle	5.0	54.6	47.1	29.0	72.5	1,608
Fourth	6.4	40.3	40.5	21.6	61.2	1,726
Highest	3.6	27.0	17.2	10.4	38.7	2,242
Total	5.5	48.8	41.4	22.4	64.9	8,674

Note: Total includes 5 women with missing information on marital status and 1 woman missing information on employment status

Women with five or more children, those who are divorced, widowed, or separated, those employed but not for cash, and those living in rural areas, Karamoja, North, and West Nile regions were more likely than their counterparts to cite having at least one of these problems in seeking health care for themselves, as were women with no education and women from the poorest households.

9.9 FEMALE CIRCUMCISION

Female genital cutting (FGC)—also called female circumcision and female genital mutilation—involves cutting some part of the clitoris or labia, usually as part of a traditional ceremony or rite of passage into adolescence. In Uganda, this practice is mostly practiced by members of two ethnic groups, the Sabiny group that live in the Eastern region, and the Pokot group that live in the Karamoja region.

Female circumcision in these groups is carried out as a ritual to initiate young girls into womanhood. It involves cutting the genital area of young girls, usually age 10 and older, which is occasionally followed by a more severe form of female circumcision.

During the early nineties, the REACH (Reproductive and Community Health) programme was introduced in Kapchorwa and Kween Districts located in the Eastern region to curb the practice. The programme aims to sensitize community leaders and point out the many harmful effects of genital cutting. In December 2010, a law against female circumcision was enacted by the parliament of Uganda.

Women interviewed during the 2011 UDHS were asked whether they had ever heard of female circumcision. Those who had heard were asked if they were circumcised. Information was also solicited on their opinions as to whether the practice should be continued or stopped. Table 9.13 presents the findings.

Table 9.13 Female circumcision

Percentage of women age 15-49 who have heard of female circumcision and percentage who are circumcised, and among women who have heard of female circumcision, percent distribution according to their attitude toward continuation of the practice, according to background characteristics, Uganda 2011

Background characteristic	Percentage of women who have heard of female circumcision	Percentage of women circumcised	Number of women	Attitude about female circumcision			Total	Number of women who heard of circumcision
				Continue	Be stopped	Depends/ Don't know		
Age								
15-19	47.9	1.0	2,048	12.8	80.6	6.6	100.0	980
20-24	60.0	0.8	1,629	9.4	83.2	7.4	100.0	978
25-29	57.1	1.9	1,569	7.4	84.8	7.8	100.0	896
30-34	59.9	2.1	1,086	8.9	80.6	10.5	100.0	650
35-39	54.4	1.3	1,026	7.1	82.6	10.3	100.0	559
40-44	56.7	1.7	729	5.5	81.9	12.6	100.0	414
45-49	58.1	1.9	587	4.3	86.1	9.5	100.0	341
Residence								
Urban	68.2	1.4	1,717	4.6	90.0	5.5	100.0	1,172
Rural	52.4	1.4	6,957	10.0	80.3	9.7	100.0	3,645
Region								
Kampala	74.2	1.8	839	3.8	90.5	5.7	100.0	622
Central 1	52.6	1.5	956	8.8	86.6	4.5	100.0	503
Central 2	61.1	1.4	902	5.3	86.3	8.4	100.0	551
East Central	67.8	0.6	869	6.3	83.3	10.3	100.0	589
Eastern	75.4	2.3	1,267	8.2	78.9	12.9	100.0	955
Karamoja	67.8	4.8	289	10.9	80.1	9.0	100.0	196
North	55.5	0.5	735	16.9	73.1	10.0	100.0	408
West-Nile	21.6	0.2	500	13.3	78.5	8.2	100.0	108
Western	37.6	1.1	1,221	9.5	85.3	5.3	100.0	459
Southwest	38.8	1.4	1,097	13.5	77.7	8.8	100.0	426
Education								
No education	43.9	1.5	1,120	11.1	76.5	12.4	100.0	491
Primary	50.1	1.4	5,152	10.0	79.9	10.0	100.0	2,582
Secondary +	72.6	1.5	2,402	6.0	88.4	5.7	100.0	1,743
Wealth quintile								
Lowest	49.8	2.2	1,519	13.1	74.5	12.4	100.0	757
Second	49.0	1.2	1,579	10.6	77.9	11.5	100.0	774
Middle	48.7	1.2	1,608	10.6	81.9	7.5	100.0	783
Fourth	53.9	1.0	1,726	7.4	83.1	9.4	100.0	930
Highest	70.2	1.5	2,242	5.4	89.0	5.6	100.0	1,573
Total	55.5	1.4	8,674	8.7	82.6	8.7	100.0	4,817

The results show that 56 percent of Ugandan women have heard of female circumcision, an increase from 34 percent during the 2006 UDHS. Knowledge of female circumcision varies by residence and region, with higher proportions among urban women (68 percent) than among rural counterparts (52 percent). Knowledge of female circumcision was highest among women in the Eastern region (75 percent) followed by Kampala (74 percent). The West Nile region had the lowest percentage (22 percent).

Prevalence of female circumcision in Uganda is low, with less than 2 percent of the women circumcised. The Karamoja region recorded the highest percentage of female circumcision (5 percent) followed by the Eastern region (2 percent).

Greater support for discontinuation of circumcision among younger women suggests that the practice is likely to continue declining in the future. Overall, 9 percent of the female respondents declared that they wanted the practice to continue, while 83 percent declared that they wanted the practice to stop.

Nine percent of the women were undecided. Variations by age show that young women under age 20 were more likely to be in favour of female circumcision (13 percent) compared with women in older age groups. Regional differentials show that women in the North (17 percent) followed by those residing in the Southwest and West Nile regions (14 and 13 percent, respectively) were in favour of female circumcision, compared with 4 percent of those residing in Kampala. There is an inverse relationship between support for continuation of the practice of female circumcision and education and household wealth. Less educated women and women with the least wealth were more likely to declare that female circumcision should be continued compared with women who have more education and wealth.

9.10 OBSTETRIC FISTULA

Obstetric fistula (fistula is a Latin word for 'hole') is predominantly caused by neglect of obstructed labour. If the obstruction is unrelieved, the baby usually dies. The prolonged impact of a baby's head against the mother's internal tissue results in a serious medical condition in which a hole (fistula) develops between either the rectum and vagina or the bladder and vagina. Loss of the baby, persistent incontinence, and foul smelling odor may follow, along with many other possible complications such as infertility and chronic infection. As a result, the woman may be isolated from family, society, and employment. Though a simple surgical repair can mend most cases of obstetric fistula, most women go untreated, afraid to admit to the condition or too poor to afford the repair. Obstetric fistula is particularly prevalent in Sub-Saharan Africa, and Uganda has been reported to have the third-highest rate of fistula in the world.[1]

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 of constant leakage of urine or stool from her vagina during day and night. This problem usually occurs after a difficult child birth, but may also occur after sexual assault or after pelvic surgery. Have you ever experienced constant leakage of urine or stool from your vagina during day and night?'

Table 9.14 presents data on women who responded affirmatively to this question, according to selected background characteristics. The data show that 2 percent of Ugandan women have experienced fistula. In the 2006 UDHS, the prevalence was 3 percent. Differences by background characteristics are small.

Table 9.14 Obstetric fistula

Percentage of women age 15-49 who have experienced obstetric fistula, according to background characteristics, Uganda 2011

Background characteristic	Percentage of women who have experienced obstetric fistula	Number of women
Age		
15-19	1.0	2,048
20-24	1.8	1,629
25-29	1.8	1,569
30-34	3.1	1,086
35-39	2.5	1,026
40-44	2.8	729
45-49	2.6	587
Residence		
Urban	1.1	1,717
Rural	2.2	6,957
Region		
Kampala	1.0	839
Central 1	1.8	956
Central 2	2.1	902
East Central	1.8	869
Eastern	1.5	1,267
Karamoja	0.6	289
North	2.3	735
West Nile	2.0	500
Western	4.0	1,221
Southwest	1.4	1,097
Education		
No education	1.8	1,120
Primary	2.3	5,152
Secondary +	1.3	2,402
Wealth quintile		
Lowest	2.1	1,519
Second	2.6	1,579
Middle	2.6	1,608
Fourth	1.7	1,726
Highest	1.3	2,242
Total	2.0	8,674

Among those who have ever experienced fistula, 62 percent sought treatment, 12 percent felt that it was an embarrassment and hence did not seek treatment, 9 percent did not know where to go for treatment, 7 percent did not know that a fistula could be fixed, and 3 percent said treatment is too expensive (data not shown).

[1] See Uganda village project website: http://www.ugandavillageproject.org/what-we-do/healthy-villages/obstetric-fistula/

CHILD HEALTH 10

Key Findings

- Half of children age 12-23 months (52 percent) were fully vaccinated at the time of the survey, an increase from the level of 46 percent reported in the 2006 UDHS.
- Fifteen percent of children under age 5 showed symptoms of acute respiratory infection (ARI) in the two weeks before the survey; for 79 percent of them, advice or treatment was sought from a health care facility or provider.
- Forty percent of children under age 5 had a fever in the two weeks before the survey; for 80 percent, advice or treatment was requested from a health care facility or provider.
- Twenty-three percent of children under age 5 had diarrhoea, including 4 percent with bloody diarrhoea, in the two weeks before the survey; 72 percent of them were taken for advice or treatment.

This chapter presents findings relevant to child health and survival, including characteristics of the neonate (birth weight and size), the vaccination status of young children, and treatment practices—particularly contact with health services—among children suffering from three childhood illnesses: acute respiratory infection (ARI), fever, and diarrhoea. Because appropriate sanitary practices can help prevent and reduce the severity of diarrhoeal disease, information is also provided on how children's faecal matter is disposed of. These results from the 2011 UDHS are expected to assist policymakers and program managers as they formulate appropriate strategies and interventions to improve the health of children in Uganda. In particular, the results can be used to assess the Health Sector Strategic Plan (HSSP) III. One of the four priority intervention areas of the plan is improving child health, with the goal being to ensure that Uganda achieves Millennium Development Goal 4 (MOH, 2010c).

10.1 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 child's chances of survival. Children whose birth weight is less than 2.5 kilograms, or children reported to be 'very small' or 'smaller than average, have a higher-than-average risk of early childhood death. The 2011 UDHS questionnaire recorded birth weight, if available from written records or mother's recall, for all births in the five years preceding the survey. Because birth weight may not be known for many babies, and particularly for babies delivered at home and not weighed at birth, the mother's estimate of the baby's size at birth was also obtained. Although subjective, mothers' estimates can be a useful proxy for the weight of the child. Table 10.1 presents information on children's weight and size at birth.

Table 10.1 Child's weight and size at birth

Percentage of live births in the five years preceding the survey that have a reported birth weight; among live births in the five years preceding the survey that have a reported birth weight, percent distribution by 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 2011

Background characteristic	Percentage of all births that have a reported birth weight[1]	Percent distribution of births with a reported birth weight[1]				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	57.9	13.5	86.5	100.0	782	6.3	20.2	71.6	2.0	100.0	1,351
20-34	50.1	9.7	90.3	100.0	2,823	5.0	14.8	77.5	2.7	100.0	5,632
35-49	43.3	7.9	92.1	100.0	474	6.4	12.3	78.5	2.8	100.0	1,092
Birth order											
1	64.4	13.0	87.0	100.0	917	6.4	19.5	72.5	1.6	100.0	1,423
2-3	55.3	10.4	89.6	100.0	1,396	4.7	15.2	76.9	3.2	100.0	2,523
4-5	45.1	9.5	90.5	100.0	819	5.4	14.8	77.7	2.1	100.0	1,816
6+	40.9	8.0	92.0	100.0	947	5.4	13.4	78.2	3.0	100.0	2,313
Mother's smoking status											
Smokes cigarettes/ tobacco	(35.0)	(12.9)	(87.1)	100.0	23	5.2	7.3	85.9	1.6	100.0	66
Does not smoke	50.6	10.2	89.8	100.0	4,049	5.4	15.4	76.6	2.6	100.0	8,000
Residence											
Urban	86.4	11.3	88.7	100.0	991	5.3	14.6	78.6	1.5	100.0	1,147
Rural	44.5	9.9	90.1	100.0	3,087	5.4	15.5	76.4	2.8	100.0	6,928
Region											
Kampala	90.8	10.5	89.5	100.0	444	3.9	13.6	80.8	1.7	100.0	489
Central 1	49.9	14.4	85.6	100.0	399	5.4	16.5	76.6	1.4	100.0	797
Central 2	57.1	12.5	87.5	100.0	481	4.0	18.4	71.0	6.6	100.0	842
East Central	49.0	11.9	88.1	100.0	452	8.4	19.6	69.9	2.0	100.0	923
Eastern	50.4	6.8	93.2	100.0	685	4.0	14.7	79.1	2.2	100.0	1,358
Karamoja	25.1	9.8	90.2	100.0	81	9.9	20.4	69.5	0.2	100.0	322
North	53.1	11.4	88.6	100.0	374	5.1	11.5	74.3	9.1	100.0	704
West Nile	58.3	10.6	89.4	100.0	282	8.3	20.2	68.0	3.5	100.0	484
Western	48.3	8.3	91.7	100.0	568	5.0	12.9	81.6	0.6	100.0	1,177
Southwest	31.9	7.9	92.1	100.0	312	4.0	10.9	85.1	0.0	100.0	978
Mother's education											
No education	29.0	9.9	90.1	100.0	337	7.4	14.6	74.5	3.4	100.0	1,161
Primary	46.7	10.2	89.8	100.0	2,412	5.3	15.6	76.3	2.8	100.0	5,161
Secondary+	75.8	10.4	89.6	100.0	1,329	4.2	14.9	79.2	1.6	100.0	1,754
Wealth quintile											
Lowest	39.5	10.5	89.5	100.0	716	7.5	16.5	71.9	4.2	100.0	1,812
Second	41.0	8.5	91.5	100.0	709	4.7	15.9	76.6	2.7	100.0	1,727
Middle	44.2	9.3	90.7	100.0	714	4.9	14.2	78.9	2.1	100.0	1,616
Fourth	51.8	10.9	89.1	100.0	739	4.1	15.0	78.0	2.9	100.0	1,425
Highest	80.2	11.2	88.8	100.0	1,200	5.3	14.9	78.9	0.9	100.0	1,496
Total	50.5	10.2	89.8	100.0	4,078	5.4	15.3	76.7	2.6	100.0	8,076

Figures in parentheses are based on 25-49 unweighted cases.
[1] Based on either a written record or the mother's recall

Half of the children (51 percent) in Uganda are weighed at birth, a practice that has steadily increased in the past few years since the 2006 UDHS when only 35 percent of newborns were reported to have been weighed. This is not surprising because a substantial percentage of births in Uganda take place in a health facility (see Chapter 9). Among children born in the five years before the survey with a reported birth weight, 10 percent had a low birth weight (less than 2.5 kg). In Uganda, low birth weight of children tends to decrease as a woman's age at birth increases. For example, younger mothers, those less than age 20, are more likely than women age 35-49 to have infants with low birth weight (14 percent and 8 percent, respectively). By birth order, first births are more likely to result in low birth weight relative to subsequent births. The likelihood of low birth weight decreases as birth order increases.

The birth weight of a child also varies somewhat by mother's region of residence. Low birth weight ranges from a low of 7 percent in the Eastern region to a high of 14 percent in the Central 1 region. There is no clear relationship between low birth weight and urban or rural residence, mother's education, or wealth quintile.

As noted, a mother's subjective assessment of the size of the baby at birth, in the absence of birth weight, may be useful. Mothers reported 5 percent of all live births in the five years preceding the survey

to be very small and 15 percent as smaller than average. Children born to very young mothers (<20 years) and first-order births are the most likely to be reported as very small or smaller than average. In addition, children of mothers with less than secondary education and children born to mothers in the lowest wealth quintile are slightly more likely to be reported as very small or smaller than average at birth. Among the regions, nearly three in ten children born to mothers residing in Karamoja (30 percent), West Nile (29 percent), and East Central (28 percent) were reported as either very small or smaller than average at birth.

10.2 VACCINATION COVERAGE

Immunization of children against the eight vaccine-preventable diseases (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).

According to 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 diphtheria, pertussis, and tetanus (DPT) and polio vaccines, and a measles vaccination by the age of 12 months. The pentavalent vaccine DPT-HepB-Hib that protects against diphtheria, pertussis (whooping cough), tetanus, hepatitis B, and Haemophilus influenzae type b has replaced the DPT vaccine. In Uganda, the vaccination policy calls for BCG vaccine given at birth or at first clinical contact, three doses of DPT-HepB-Hib vaccine given at approximately age 4, 8, and 12 weeks, four doses of oral polio vaccine given approximately at age 0-2, 4, 8, and 12 weeks, and measles vaccine given at or soon after reaching age 9 months.

Information on vaccination coverage was obtained in two ways – from child health cards and from mothers' verbal reports. All mothers were asked to show the interviewer the child health cards in which immunization dates were recorded for all children born since January 2006. If a card was available, the interviewer recorded onto the questionnaire the dates of each vaccination received by the child. If a child never received a health card, if the mother was unable to show the card to the interviewer, or if a particular vaccination was not recorded on the child's health card, the vaccination information for the child was based on the mother's report.

Questions were asked for each vaccine type. Mothers were asked to recall whether the child had received BCG, polio, pentavalent (DPT-HepB-Hib), and measles vaccinations. If the mother indicated that the child had received the polio or DPT/pentavalent vaccines, she was asked about the number of doses that the child received. The mother was then asked whether the child had received other vaccinations that were not recorded on the card, and they too were noted on the questionnaire. The results presented here are based on both health card information and, for children without a card, information provided by the mother.

Table 10.2 presents information on vaccination coverage for children age 12-23 months. Coverage levels include data from both health cards and verbal reports of mothers. Overall, only 52 percent of children age 12-23 months are fully vaccinated: almost all (94 percent) had received the BCG vaccine, 72 percent had received DPT 1-3 vaccinations, 63 percent had received polio 1-3, and 76 percent had received the measles vaccine at any time before the survey. Four percent of children age 12-23 months have not received any vaccinations. The coverage of the first DPT and polio vaccine is very high (93 percent for each). However, coverage for all three vaccination dosages of DPT and polio declines with subsequent doses; only 72 percent of children received all three DPT vaccines and 63 percent of children received all three of the recommended polio vaccinations. These figures reflect dropout rates (the proportion of children who received the first dose of a vaccine but who did not get the third dose) of 23 percent for DPT and 33 percent for polio.

Table 10.2 also shows vaccination coverage for children who have reached age 12 months. The coverage rates for each vaccination by the time the child reaches 12 months is a measure of the children receiving vaccines on time. Overall, only 4 in 10 children are fully vaccinated by 12 months, while 6 in 10 are not.

Table 10.2 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 age 12 months, Uganda 2011

		DPT			Polio[1]							
Source of information	BCG	DPT 1	DPT 2	DPT 3	Polio 0	Polio 1	Polio 2	Polio 3	Measles	All basic vaccinations[2]	No vaccinations	Number of children
Vaccinated at any time before survey												
Vaccination card	58.2	58.0	55.2	49.8	41.8	58.2	54.8	49.1	47.1	42.4	0.0	876
Mother's report	35.5	35.1	30.3	21.7	25.4	35.0	28.5	13.8	28.7	9.2	3.7	604
Either source	93.7	93.1	85.4	71.5	67.1	93.3	83.4	62.9	75.8	51.6	3.7	1,480
Vaccinated by 12 months of age[3]	92.1	91.4	83.6	67.9	66.1	90.9	81.1	59.5	58.4	40.3	5.6	1,480

[1] Polio 0 is the polio vaccination given at birth.
[2] BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)
[3] For children whose information is based on the mother's report, the proportion of vaccinations given during the first year of life is assumed to be the same as for children with a written record of vaccination.

Table 10.3 presents information on vaccine coverage among children age 12-23 months from vaccination cards and mother's report, by background characteristics. There is no notable difference in vaccination coverage between male and female children. Vaccination coverage decreases as birth order increases; first births are more likely to be fully immunised (58 percent) than births of order six and higher (43 percent). Children living in urban areas are more likely than those living in rural area to be fully-vaccinated (61 percent and 50 percent, respectively). Among the regions, the proportion of children that received all of their basic vaccinations varies. Children residing in Kampala are the most likely to have received all of their vaccinations (63 percent), while children living in the East Central region (39 percent) are the least likely to be fully immunized when compared with children living in other regions. Vaccination coverage increases as the educational attainment of a child's mother also increases. For example, 45 percent of children whose mothers have no education are fully immunized compared with 62 percent among children of mothers with secondary or higher education. Similarly, children in households in the middle wealth quintile are slightly less likely to have been fully immunized compared with children in households in the other wealth quintiles.

Table 10.3 also shows that an immunization card/book was seen for 59 percent of children age 12-23 months. A higher proportion of first-order births (62 percent), children living in rural areas (60 percent), children living in the Southwest region (74 percent), and children of mothers with at least some education (60 percent) had a vaccination card seen compared with their counterparts. Children of households in the highest wealth quintile were less likely to have a vaccination card seen compared with children in the other quintiles.

Table 10.3 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 2011

Background characteristic	BCG	DPT			Polio[1]				Measles	All basic vaccinations[2]	No vaccinations	Percentage with a vaccination card seen	Number of children
		DPT 1	DPT 2	DPT 3	Polio 0	Polio 1	Polio 2	Polio 3					
Sex													
Male	94.1	94.3	87.9	72.0	67.8	94.2	84.4	63.9	74.8	51.6	3.0	59.6	679
Female	93.3	92.0	83.3	71.0	66.6	92.5	82.5	62.1	76.6	51.7	4.4	58.9	800
Birth order													
1	94.9	93.7	85.5	74.2	69.0	94.8	85.0	68.2	80.5	57.9	3.8	62.1	278
2-3	95.2	95.0	90.2	77.0	69.8	95.1	86.5	67.4	78.9	57.6	2.2	59.4	460
4-5	94.2	94.0	84.5	72.1	68.7	92.8	84.2	60.1	77.7	48.7	3.1	60.7	318
6+	90.9	89.9	80.9	63.1	61.8	90.7	78.3	56.7	67.9	43.3	5.8	55.9	425
Residence													
Urban	96.3	94.6	87.7	75.4	83.3	92.1	83.3	69.2	80.8	60.8	3.4	55.3	204
Rural	93.3	92.8	85.1	70.8	64.5	93.5	83.4	61.9	75.0	50.2	3.8	59.8	1,275
Region													
Kampala	94.6	91.8	85.9	73.5	76.3	91.6	82.1	71.6	82.0	63.4	5.4	54.1	86
Central 1	85.2	84.4	79.8	66.4	55.3	87.3	78.2	51.1	75.0	43.9	10.1	44.0	153
Central 2	94.5	89.3	80.1	61.7	67.3	91.9	78.6	54.0	70.7	43.0	3.3	52.9	169
East Central	95.5	94.1	79.6	52.8	67.0	93.3	81.2	54.3	71.4	39.2	1.3	53.1	169
Eastern	97.5	95.4	89.3	74.2	81.2	97.3	87.5	62.3	76.8	52.4	0.6	54.0	260
Karamoja	99.8	98.7	93.6	89.5	93.1	97.7	88.7	65.4	90.6	62.2	0.2	62.6	58
North	94.0	95.3	89.1	73.4	77.5	93.4	80.3	59.5	72.0	49.0	2.4	68.4	140
West Nile	98.5	97.6	90.0	82.0	91.9	97.4	90.2	64.3	77.7	52.1	0.0	67.4	78
Western	95.4	98.2	86.9	77.6	55.2	95.1	83.9	72.2	81.7	59.7	1.8	66.9	196
Southwest	85.9	88.9	86.1	79.2	36.7	88.9	86.2	78.1	71.4	61.6	11.1	74.2	171
Mother's education													
No education	92.5	93.1	81.4	69.7	63.8	91.5	79.4	55.1	72.6	45.0	5.2	54.7	191
Primary	93.8	93.1	84.9	68.9	64.1	93.8	83.0	61.9	73.7	49.2	3.1	59.7	937
Secondary+	94.0	93.0	89.2	79.2	77.1	92.8	86.4	69.8	83.1	61.7	4.6	60.4	351
Wealth quintile													
Lowest	95.6	94.3	87.7	73.8	71.3	95.3	86.1	60.8	75.1	50.6	2.3	61.4	328
Second	94.6	95.4	88.2	71.6	64.3	93.9	83.7	65.5	72.1	51.4	3.0	64.6	321
Middle	92.4	91.0	80.8	66.0	57.7	94.4	79.6	61.5	74.1	48.7	3.1	61.1	271
Fourth	90.6	90.3	83.6	70.6	64.8	89.3	83.1	62.3	76.4	52.6	6.8	57.1	276
Highest	94.7	93.7	86.0	74.7	76.8	92.9	83.7	64.3	81.6	54.9	3.9	50.7	283
Total	93.7	93.1	85.4	71.5	67.1	93.3	83.4	62.9	75.8	51.6	3.7	59.2	1,480

[1] Polio 0 is the polio vaccination given at birth.
[2] BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

10.3 TRENDS IN VACCINATION COVERAGE

Trends in vaccination coverage can be seen by comparing coverage among children of different age groups in the 2011 UDHS. Table 10.4 shows the percentage of children who have received vaccinations during the first year of life by current age. These data provide information on trends in vaccination coverage over the past five years.

The percentage of children who have received no vaccinations at all by age 12 months has remained constant over the past four years. At the time of the survey, 6 percent of children age 48-59 months had not received any vaccinations compared with 6 percent of children age 12-23 months. Among children who had received all basic vaccinations by age 12 months, there is a slight increase, from 38 percent of children age 48-59 months to 40 percent of children age 12-23 months within the same period. This shows some improvement in vaccination coverage in recent years. Not surprisingly, vaccination cards were shown for 59 percent of children age 12-23 months but for only 43 percent of children age 48-59 months. This may be because vaccination cards for older children have been discarded or lost.

Table 10.4 Vaccinations in first year of life

Percentage of children age 12-59 months at the time of the survey who received specific vaccines by age 12 months, and percentage with a vaccination card, by current age of child, Uganda 2011

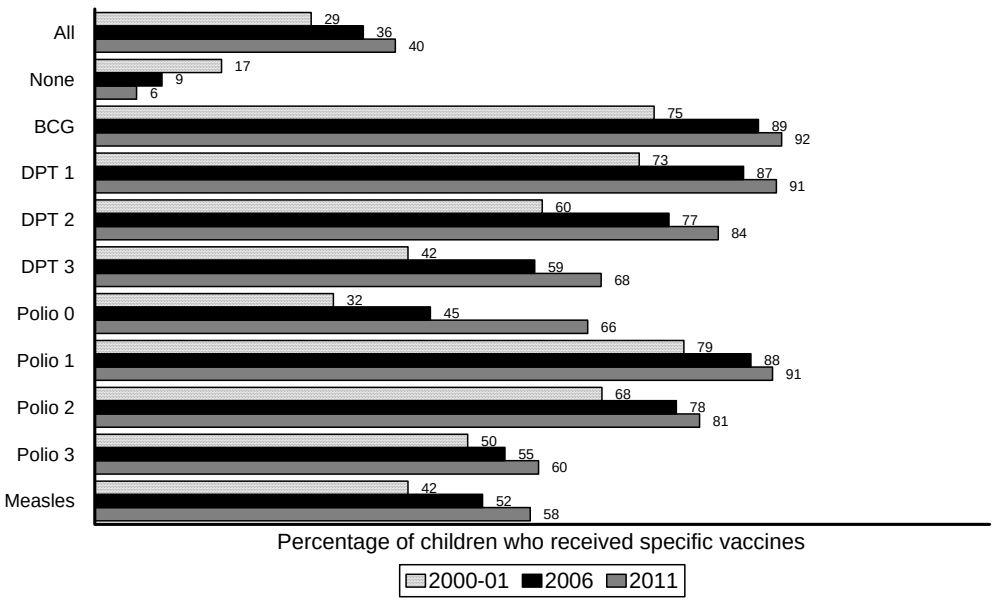
Age in months	BCG	DPT			Polio[1]				Measles	All basic vaccinations[2]	No vaccinations	Percentage with a vaccination card seen	Number of children
		DPT 1	DPT 2	DPT 3	Polio 0	Polio 1	Polio 2	Polio 3					
12-23	92.1	91.4	83.6	67.9	66.1	90.9	81.1	59.5	58.4	40.3	5.6	59.2	1,480
24-35	92.7	90.4	81.3	64.3	66.9	90.6	81.0	55.2	58.5	37.0	6.7	46.6	1,515
36-47	91.1	90.4	82.1	66.7	64.4	90.4	79.2	54.8	60.6	37.1	6.9	44.7	1,473
48-59	93.0	90.5	81.6	65.0	63.7	91.6	82.3	54.0	63.9	38.2	6.0	43.0	1,438
12-59	92.3	90.8	82.3	66.1	65.3	90.9	81.1	56.0	60.5	38.2	6.2	48.4	5,906

Note: Information was obtained from the vaccination card or, if there was no written record, from the mother. For children whose information is based on the mother's report, the proportion of vaccinations given during the first year of life is assumed to be the same as for children with a written record of vaccinations.
[1] Polio 0 is the polio vaccination given at birth.
[2] BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

Trends in immunization coverage can also be identified by comparing data collected from the UDHS throughout the years. Figure 10.1 shows trends in vaccination coverage seen by comparing the results of the 2000-01, 2006, and 2011 UDHS surveys. It should be noted that the 2006 and 2011 UDHS surveys collected data from the entire country, but the 2000-01 survey excluded several districts for security reasons. Therefore, the trends presented here should be interpreted in that light.

Figure 10.1 shows that vaccination coverage in Uganda has improved over the past ten years. The percentage of children age 12-23 months fully vaccinated by 12 months of age has increased from 29 percent in 2000-01 to 36 percent in 2006 and 40 percent in 2011. There has also been a steady decrease in the proportion of children who received none of the basic, recommended vaccinations, from 17 percent in 2000-2001 to 9 percent in 2006 and to 6 percent in 2011. The percentage of children who received each specific vaccination has also increased in the past ten years.

Figure 10.1 **Trends in vaccination coverage during the first year of life among children 12-23 months**



Note: In the 2000-2001 UDHS, areas making up the current districts of Amuru, Bundibugyo, Gulu, Kasese, Kitgum, and Pader, comprising around 7 percent of the national population of Uganda, were excluded from the sample. Thus, the trends need to be viewed in that light.

10.4 ACUTE RESPIRATORY INFECTION

Acute respiratory infection (ARI) is among the leading causes of child morbidity and mortality in Uganda and throughout the world. Pneumonia is the most serious illness of ARI in young children. Early diagnosis and treatment of pneumonia with antibiotics can prevent a large proportion of deaths. In the 2011 UDHS, ARI prevalence was estimated by asking mothers whether any of their children under age 5 had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey. These data are subjective (i.e., based on the mother's perception of illness) and not validated by a medical examination.

Table 10.5 shows the percentage of children under age 5 who experienced symptoms of ARI in the two weeks preceding the survey. Fifteen percent of children showed symptoms of ARI in the two weeks before the survey. The percentage of children with reported ARI symptoms peaks at age 6-11 months (21 percent) and declines thereafter. There are no significant differences in the prevalence of ARI between female and male children. Slightly more children of mothers who do not smoke experience ARI symptoms (15 percent) when compared with children of mothers who smoke (13 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 (16 percent compared with 11 percent).

Table 10.5 Prevalence and treatment of symptoms of ARI

Among children under age 5, 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 from a health facility or provider and the percentage who received antibiotics as treatment, according to background characteristics, Uganda 2011

	Among children under age 5:		Among children under age 5 with symptoms of ARI:		
Background characteristic	Percentage with symptoms of ARI[1]	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider[2]	Percentage who received antibiotics	Number of children
Age in months					
<6	13.9	802	68.4	57.1	112
6-11	20.7	827	78.3	56.2	171
12-23	18.3	1,480	83.0	49.6	271
24-35	14.1	1,515	78.8	45.6	213
36-47	12.5	1,473	81.3	42.2	184
48-59	11.7	1,438	75.9	36.6	168
Sex					
Male	15.4	3,757	74.9	45.6	578
Female	14.3	3,778	82.8	49.4	540
Mother's smoking status					
Smokes cigarettes/ tobacco	13.3	62	*	*	8
Does not smoke	14.9	7,463	78.7	47.0	1,109
Cooking fuel					
Charcoal	11.4	1,515	82.6	65.9	172
Wood/straw[3]	15.8	5,979	78.0	44.1	946
Residence					
Urban	13.0	1,089	80.8	60.0	141
Rural	15.2	6,447	78.4	45.6	977
Region					
Kampala	13.9	467	87.2	65.5	65
Central 1	9.4	743	78.7	53.9	70
Central 2	11.9	794	78.9	51.8	94
East Central	15.1	852	78.3	33.3	129
Eastern	16.7	1,284	80.0	37.4	214
Karamoja	20.0	281	86.0	29.8	56
North	22.1	669	80.5	43.6	148
West Nile	14.0	446	81.3	53.5	62
Western	16.8	1,096	76.0	68.6	184
Southwest	10.6	903	66.8	39.4	96
Mother's education					
No education	15.0	1,081	69.6	42.1	162
Primary	15.8	4,792	79.9	43.5	755
Secondary+	12.1	1,662	81.6	66.5	201
Wealth quintile					
Lowest	20.1	1,673	77.8	40.3	336
Second	16.5	1,594	78.9	42.7	263
Middle	12.6	1,510	78.1	55.0	190
Fourth	12.1	1,331	77.2	45.2	161
Highest	11.9	1,428	82.3	62.6	170
Total	14.8	7,535	78.7	47.4	1,118

An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Symptoms of ARI (cough accompanied by short, rapid breathing, which was chest-related, and/or by difficult breathing, which was chest-related) is considered a proxy for pneumonia
[2] Excludes pharmacy, shop, and traditional practitioner
[3] Includes grass, shrubs, crop residues

A slightly lower proportion of children in rural areas have symptoms of ARI than do children in urban areas. The proportion of children with ARI symptoms ranges from 9 percent of children living in the Central 1 region to 22 percent of children in the North region. ARI prevalence tends to decrease with a woman's increase in educational attainment. Children of mothers with only primary education are slightly more likely to experience ARI symptoms (16 percent) than children of mothers with secondary or higher education (12 percent). ARI symptoms are less common in children in higher wealth quintiles compared with those in the lower quintiles. For example, children in the lowest wealth quintile are 1.7 times more likely to have experienced ARI symptoms in the past two weeks compared with those in the highest wealth quintile (20 percent and 12 percent, respectively).

Almost eight in ten children under age 5 with symptoms of ARI (79 percent) were taken to a health facility or provider for advice or treatment. This represents a slight increase over 73 percent in 2006. Health-treatment-seeking behaviour for children with ARI symptoms is more common among children age 12-23 months, female children, and those living in households that cook with charcoal. Urban children are also more likely than rural children to have been taken to a health facility or provider for treatment, as are those children residing in Kampala. Children of women with no education are least likely to be taken to a health facility or provider when they have ARI symptoms compared with children of mothers with secondary education or higher (70 percent and 82 percent, respectively).

Overall, almost half (47 percent) of children with ARI symptoms received antibiotics. The likelihood of receiving antibiotics increases with the mother's education but decreases among older children. Urban children are more likely than those living in rural areas to have received an antibiotic for their ARI symptoms (60 percent and 46 percent, respectively).

10.5 FEVER

Fever is a symptom of malaria, but it may also be due to other illnesses, including pneumonia, common colds, and influenza. Because malaria is a major cause of death in infancy and childhood in many developing countries, the presumptive treatment of fever with antimalarial medication has been advocated in many countries where malaria is endemic. Although fever can occur year-round, malaria is more prevalent after the end of the rainy season (June-July and November-December), which coincided with the UDHS fieldwork (June-December). The temporal factors must be taken into account when interpreting fever as an indicator of malaria prevalence. The prevention and treatment of malaria is discussed in detail in Chapter 12.

Table 10.6 shows the percentage of children under 5 with fever during the two weeks preceding the survey, the percentage for whom advice or treatment was sought from a health facility or provider, and the percentage receiving various treatments, by selected background characteristics. Overall, two-fifths of children under age 5 were reported to have had fever in the two weeks preceding the survey. The prevalence of fever varies by the age of the child. The prevalence of fever increases as the children's age increases until it peaks among children 12-23 months (48 percent). Thereafter, the proportion of children reporting fever decreases. There is no difference 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. Three in ten urban children under age 5 were reported to have had fever in the two weeks preceding the survey compared with more than four in ten (42 percent) rural children. Regional variations are also present; prevalence of fever ranges from a low of 13 percent in the Southwest region to a high of 69 percent in the East Central region.

Children of mothers with only primary education (43 percent) have the highest prevalence of fever when compared with their counterparts. The proportion of children with fever decreases with increasing wealth quintile of the household, from a high of 50 percent among children living in households in the lowest wealth quintile to a low of 30 percent among children living in households in the highest wealth quintile.

Four-fifths of children with fever were taken to a health facility or provider for treatment. Children under 6 months were less likely to be taken to a health facility or provider for treatment compared with the other children. Likewise, children living in the East Central region were less likely to be treated in a health facility or by a provider when compared with children living in other regions. Urban children are more likely than rural children to have been taken to a health facility or provider for advice or treatment. A higher proportion of children whose mothers have secondary education or higher, and children of households in the highest wealth quintile were taken for treatment or advice compared with their counterparts. Children with fever were more likely to have received an antimalarial drug than an antibiotic: 65 percent of children with fever received antimalarial drugs, and 32 percent received antibiotic drugs. Use of antimalarial and antibiotic drugs among children varies by background characteristics. The differences are similar to those observed for children for whom advice or treatment was sought from a health facility or provider.

Table 10.6 Prevalence and treatment of fever

Among children under age 5, the percentage who had a fever in the two weeks preceding the survey; and among children with fever, the percentage for whom advice or treatment was sought from a health facility or provider, percentage who took antimalarial drugs, and percentage who received antibiotics as treatment, by background characteristics, Uganda 2011

	Among children under age 5:		Among children under age 5 with fever			
Background characteristic	Percentage with fever	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider[1]	Percentage who took antimalarial drugs	Percentage who took antibiotic drugs	Number of children
Age in months						
<6	26.3	802	75.0	31.9	46.9	211
6-11	46.6	827	81.2	60.7	38.0	385
12-23	48.4	1,480	82.1	68.7	30.6	716
24-35	43.0	1,515	80.9	67.7	33.0	651
36-47	37.7	1,473	81.1	66.8	29.3	555
48-59	36.4	1,438	76.6	68.2	27.0	524
Sex						
Male	39.3	3,757	78.2	62.1	31.4	1,478
Female	41.4	3,778	81.9	66.7	33.2	1,564
Residence						
Urban	30.3	1,089	87.2	63.4	43.8	330
Rural	42.1	6,447	79.2	64.6	30.9	2,712
Region						
Kampala	24.0	467	88.2	60.2	50.3	112
Central 1	42.4	743	85.0	63.4	33.5	315
Central 2	42.4	794	82.4	59.4	34.3	337
East Central	69.3	852	67.1	46.0	30.1	590
Eastern	55.6	1,284	79.8	75.9	27.5	714
Karamoja	40.9	281	88.4	75.5	28.5	115
North	38.5	669	87.8	79.7	26.5	258
West Nile	37.6	446	82.7	70.6	30.0	168
Western	29.1	1,096	87.9	66.4	49.2	319
Southwest	12.7	903	69.7	50.7	21.0	115
Mother's education						
No education	39.7	1,081	74.6	56.3	29.1	430
Primary	43.1	4,792	80.0	66.1	30.8	2,064
Secondary+	33.0	1,662	84.7	64.9	40.4	549
Wealth quintile						
Lowest	49.8	1,673	78.8	64.5	28.0	832
Second	42.6	1,594	79.1	66.6	27.5	679
Middle	36.8	1,510	82.3	62.2	33.9	556
Fourth	40.7	1,331	77.6	61.9	34.4	542
Highest	30.3	1,428	84.5	67.4	43.8	432
Total	40.4	7,535	80.1	64.5	32.3	3,042

[1] Excludes pharmacy, shop, and traditional practitioner

10.6 DIARRHOEAL DISEASE

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 the 2011 UDHS, mothers were asked whether any of their children under age 5 had diarrhoea at any time during the two-week period preceding the survey. If the child had had diarrhoea, the mother was asked about feeding practices during the diarrhoeal episode. The mother was also asked whether there was blood in the child's stools. Diarrhoea with blood in the stools needs to be treated differently from diarrhoea, which is not accompanied by blood in the stools.

Prevalence of diarrhoea is affected by the mother's perception of diarrhoea as an illness and her capacity to recall the events. In interpreting the findings of the 2011 UDHS, it should be borne in mind that prevalence of diarrhoea varies seasonally and peaks at the end of the rainy season, which occurs during the period of survey data collection.

10.6.1 Prevalence of Diarrhoea

Table 10.7 shows the percentage of children under age 5 with diarrhoea in the two weeks preceding the survey, according to selected background characteristics. Overall, nearly one-quarter (23 percent) of all children under five had diarrhoea, while 4 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; those age 6-11 months have the highest prevalence of diarrhoea among the age cohorts. There is little variation in the prevalence of diarrhoea by child's sex or source of drinking water. However, diarrhoea is more common among children who live in households with a non-improved toilet facility or a shared toilet facility compared with children who live in households with improved, not shared facilities (24 percent and 19 percent, respectively). Rural children are only slightly more likely than urban children to get sick with diarrhoea (24 percent versus 22 percent). Among the regions, prevalence of diarrhoea varies. Children living in the East Central and Eastern regions are more susceptible to episodes of diarrhoea (32 and 33 percent) compared with children living in the other regions. Children living in the Southwest region have the lowest prevalence of diarrhoea (14 percent) when compared with children living in the other regions. The prevalence of diarrhoea decreases steadily with increasing wealth quintile and is lowest among children whose mothers have at least a secondary

Table 10.7 Prevalence of diarrhoea

Percentage of children under age five who had diarrhoea in the two weeks preceding the survey, by background characteristics, Uganda 2011

Background characteristic	Diarrhoea in the two weeks preceding the survey: All diarrhoea	Diarrhoea with blood	Number of children
Age in months			
<6	19.2	2.7	802
6-11	43.0	6.0	827
12-23	37.6	6.5	1,480
24-35	22.2	4.6	1,515
36-47	14.6	3.0	1,473
48-59	10.3	2.3	1,438
Sex			
Male	24.1	4.8	3,757
Female	22.8	3.6	3,778
Source of drinking water[1]			
Improved	23.8	4.3	5,347
Not improved	22.6	3.9	2,188
Toilet facility[2]			
Improved, not shared	18.7	4.0	1,173
Shared[3]	23.9	3.1	1,112
Non-improved	24.4	4.4	5,246
Residence			
Urban	21.8	2.9	1,089
Rural	23.7	4.4	6,447
Region			
Kampala	24.1	1.8	467
Central 1	22.3	3.8	743
Central 2	20.9	3.3	794
East Central	31.9	6.8	852
Eastern	32.5	6.3	1,284
Karamoja	20.3	6.3	281
North	23.8	4.6	669
West Nile	18.7	2.5	446
Western	18.8	3.4	1,096
Southwest	14.0	1.8	903
Mother's education			
No education	21.4	5.1	1,081
Primary	25.2	4.6	4,792
Secondary+	19.6	2.3	1,662
Wealth quintile			
Lowest	28.8	7.1	1,673
Second	25.2	4.1	1,594
Middle	21.8	3.5	1,510
Fourth	20.6	3.5	1,331
Highest	19.5	2.3	1,428
Total	23.4	4.2	7,535

[1] See Table 2.1 for definition of categories
[2] See Table 2.2 for definition of categories
[3] Facilities that would be considered improved if they were not shared by two or more households

education. The prevalence of diarrhoea with blood follows a pattern similar to that observed for diarrhoea in general.

10.6.2 Treatment of Diarrhoea

Mothers of children with diarrhoea in the two weeks preceding the survey were asked what was done to manage or treat the illness. Table 10.8 shows the percentage of children with diarrhoea in the two weeks before the survey who were taken to a health facility or provider for treatment, the percentage who received ORT, and the percentage who were given other treatments, by background characteristics.

Overall, 72 percent of the children with diarrhoea were taken for advice or treatment to a health facility or provider. Children age 12-23 months were more likely than children in other age groups to be taken to a health facility or provider for treatment (77 percent). The differences in percentages of children taken for treatment were small between male and female children. Treatment-seeking behaviour is more prevalent for children with bloody diarrhoea. Children suffering from diarrhoea in rural areas (73 percent) and in the Karamoja region (93 percent) and North regions (88 percent) are more likely than their counterparts to have been taken for treatment or advice. Advice or treatment for children with diarrhoea is less often sought for children whose mothers have secondary education or higher and for children from households in the highest wealth quintile.

Oral rehydration therapy (ORT) is a simple and effective remedy for the dehydration often caused by diarrhoea. It involves giving the child a solution prepared by mixing water with a commercially prepared packet of oral rehydration salts (ORS) or recommended home fluids (RHF), usually a home-made sugar-salt-water solution. Some form of ORT, either fluid from ORS sachets or recommended home fluids (RHF), was used to treat the diarrhoea in about half of the children (48 percent). Forty-four percent of these children suffering from diarrhoea in the two weeks preceding the survey were given fluid from ORS packets, and 12 percent were given fluid from RHF. Almost one-fifth (18 percent) of the children with diarrhoea were given increased amounts of other fluids. Overall, slightly more than half (55 percent) of children were given either ORT or increased fluids. The other treatments given to children with diarrhoea were antibiotics (32 percent) and anti-motility drugs (6 percent), while a few children received zinc supplements (2 percent) or intravenous solutions (1 percent). Home remedies were used to treat more than one-third (36 percent) of children. Fourteen percent of children with diarrhoea did not receive any treatment.

Table 10.8 Diarrhoea treatment

Among children under age 5 who had diarrhoea in the two weeks preceding the survey, the percentage for whom advice or treatment was sought from a health facility or 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 2011

Background characteristic	Percentage of children with diarrhoea for whom advice or treatment was sought from a health facility or provider[1]	Oral rehydration therapy (ORT)					Other treatments						Number of children with diarrhoea
		Fluid from ORS packets	Recom-mended home fluids (RHF)	Either ORS or RHF	In-creased fluids	ORT or increased fluids	Antibiotic drugs	Anti-motility drugs	Zinc supple-ments	Intra-venus solution	Home remedy/ other	No treatment	
Age in months													
<6	55.1	25.0	6.7	27.6	10.4	31.8	26.5	2.6	2.8	0.1	26.9	33.1	154
6-11	73.2	41.0	11.9	46.6	15.0	54.2	29.1	8.0	2.3	0.7	34.2	12.5	356
12-23	76.7	52.8	11.9	56.3	18.8	62.4	30.2	6.3	2.2	1.2	39.9	12.3	556
24-35	74.7	45.8	13.6	51.8	22.6	59.2	35.1	5.4	1.9	0.7	33.1	11.5	337
36-47	71.4	41.7	9.7	46.0	19.7	55.3	33.6	4.7	1.2	0.0	36.9	12.3	215
48-59	67.9	31.8	11.8	37.4	20.0	46.2	38.8	1.2	0.2	2.5	44.4	12.3	148
Sex													
Male	71.2	40.5	11.3	46.0	18.6	53.5	31.8	5.6	2.1	1.1	35.1	14.1	904
Female	73.6	46.8	11.7	50.5	17.8	57.1	31.7	5.5	1.7	0.6	37.6	13.9	862
Type of diarrhoea													
Non-bloody	71.7	43.2	11.2	47.5	18.9	55.2	31.4	5.7	1.7	0.8	36.2	14.1	1,430
Bloody	77.2	45.5	13.2	51.2	16.4	56.2	32.1	4.8	3.0	1.5	38.3	12.8	315
Residence													
Urban	70.2	46.2	18.4	54.4	21.7	63.9	32.8	5.0	3.3	0.5	29.8	14.5	237
Rural	72.7	43.1	10.4	47.2	17.7	53.9	31.6	5.6	1.7	1.0	37.3	13.9	1,528
Region													
Kampala	68.7	46.3	19.4	53.8	21.9	62.4	36.0	5.1	2.7	0.5	26.6	13.9	112
Central 1	73.2	37.4	25.2	50.9	25.7	60.4	18.5	3.1	1.7	0.0	49.5	12.4	166
Central 2	66.0	50.6	9.9	54.1	23.9	62.9	18.8	9.8	3.2	1.1	24.6	16.9	166
East Central	73.2	56.2	10.0	60.8	4.2	61.8	32.1	0.5	0.0	0.9	51.2	10.4	272
Eastern	75.9	37.9	15.0	42.4	21.7	49.5	51.9	3.7	1.0	2.0	27.2	14.5	418
Karamoja	93.0	77.3	1.1	77.4	16.6	82.1	22.6	2.7	1.0	1.6	30.9	6.0	57
North	87.5	46.3	2.5	46.5	33.5	61.4	32.9	16.3	4.0	0.0	35.6	8.2	159
West Nile	76.0	43.4	6.7	49.3	18.2	57.6	29.2	9.5	5.3	0.0	27.3	9.5	83
Western	64.4	37.9	3.3	38.5	5.4	41.0	17.9	7.9	3.6	1.0	44.8	15.7	206
Southwest	51.7	22.0	12.6	27.3	19.3	38.9	21.4	1.3	0.0	0.0	36.4	29.5	126
Mother's education													
No education	74.4	47.5	11.0	52.4	12.2	55.5	27.3	2.9	0.8	0.4	35.4	12.6	232
Primary	73.0	41.6	11.0	45.8	18.8	54.0	31.1	6.2	1.8	1.0	38.1	14.2	1,208
Secondary+	68.5	47.9	13.5	53.9	20.7	59.8	37.0	4.7	3.3	0.9	30.2	14.1	326
Wealth quintile													
Lowest	73.7	42.9	8.4	45.5	18.9	53.3	32.2	5.5	2.2	1.2	35.1	13.9	481
Second	72.5	40.4	8.1	44.1	16.4	51.5	34.4	7.4	2.1	0.7	37.2	13.5	402
Middle	74.4	40.9	12.8	45.2	18.3	52.5	30.3	3.8	1.5	0.8	36.8	14.2	329
Fourth	72.7	50.7	11.7	57.0	16.7	62.0	28.7	3.8	2.1	0.8	39.8	12.6	274
Highest	67.1	45.4	20.0	53.4	21.3	60.7	31.8	6.6	1.7	0.9	33.2	15.9	279
Total	72.4	43.5	11.5	48.2	18.3	55.3	31.7	5.5	1.9	0.9	36.3	14.0	1,766

Note: ORT includes fluid prepared from oral rehydration salt (ORS) packets and recommended home fluids (RHF).
[1] Excludes pharmacy, shop, and traditional practitioner

10.6.3 Feeding Practices during Diarrhoea

When a child has diarrhoea, mothers are encouraged to continue feeding their child the same amount of food as they would if the child did not have diarrhoea. They are also encouraged to increase the child's fluid intake. These practices help to reduce dehydration and minimise the adverse consequences of diarrhoea on the child's nutritional status. In the 2011 UDHS, mothers were asked whether they gave their child with diarrhoea less, the same amount, or more fluids and food than usual. Table 10.9 shows the percent distribution of children under age 5 who had diarrhoea in the two weeks preceding the survey by feeding practices during the episode of diarrhoea.

Table 10.9 shows that 18 percent of children with diarrhoea were given more fluids than usual, as recommended, while 37 percent of children who had diarrhoea were given the same amount of liquid as usual. One in five children was either given somewhat less to drink (22 percent) or much less to drink than usual (18 percent). Five percent of children who had diarrhoea were given no liquids. Regarding the amount of food offered to children who had diarrhoea, only 6 percent were given more food to eat than

usual, and one-third (34 percent) were given the same amount of food as usual. One-quarter of children with diarrheoa were given somewhat less than the usual amount of food to eat while sick, and one-fifth (19 percent) were given much less than usual to eat. Six percent of children with diarrhoea did not receive food during their illness. Overall, 13 percent of children had increased fluid intake and continued feeding. About one-third (36 percent) of children suffering from diarrhoea were given ORT and/or increased fluids, and continued feeding.

When feeding and treatment practices are observed by background characteristics, variations among certain groups become apparent. Among children suffering from diarrhoea, those under age 6 months are less likely than those in other age groups to be continually fed and given ORT and/or increased fluids during the episode. Female children, children in urban areas, children residing in Karamoja region, children of mothers with at least some secondary education, and children from the fourth wealth quintile are more likely than other children to receive ORT and/or increased fluids with continued feeding.

The percentage of children with diarrhoea who were given increased fluids and continued feeding has slightly declined in the last five years, from 17 percent as measured in the 2006 UDHS to 13 percent as reported in the current survey. Similarly, the practice of giving ORT and/or increased fluids along with continued feeding has declined over the same period, from 51 percent to 36 percent.

Table 10.9 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 2011

	Amount of liquids given							Amount of food given										
Background characteristic	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	Percentage given increased fluids and continued feeding[1]	Percentage who continued feeding and were given ORT and/or increased fluids[1]	Number of children with diarrhoea
Age in months																		
<6	10.4	46.5	15.9	18.0	9.2	0.0	100.0	1.7	15.0	5.6	8.5	1.8	66.2	1.1	100.0	2.7	9.1	154
6-11	15.0	44.5	18.8	17.3	4.3	0.0	100.0	5.2	34.2	19.0	18.1	7.6	15.7	0.1	100.0	9.7	30.4	356
12-23	18.8	34.0	24.3	19.1	3.6	0.1	100.0	5.3	32.5	29.9	24.5	5.8	1.8	0.1	100.0	13.4	42.0	556
24-35	22.6	32.7	20.6	17.8	5.1	1.1	100.0	8.9	39.3	26.9	18.8	4.7	0.8	0.7	100.0	17.1	42.6	337
36-47	19.7	36.1	22.0	15.6	4.0	2.6	100.0	8.4	38.0	25.4	17.5	7.3	0.7	2.6	100.0	17.2	42.7	215
48-59	20.0	34.3	24.1	15.3	5.2	1.1	100.0	5.6	38.7	33.0	15.6	6.1	0.0	1.1	100.0	16.0	34.0	148
Sex																		
Male	18.6	37.3	21.4	17.8	4.1	0.8	100.0	5.7	34.5	23.3	20.2	5.1	10.4	0.8	100.0	13.2	34.6	904
Female	17.8	37.2	21.6	17.5	5.4	0.5	100.0	6.5	33.0	26.2	18.0	6.6	9.1	0.6	100.0	13.0	38.2	862
Type of diarrhoea																		
Non-bloody	18.9	38.0	21.3	15.7	5.2	0.8	100.0	5.3	35.1	24.8	17.8	5.8	10.3	0.8	100.0	13.5	36.5	1,430
Bloody	16.4	34.1	21.5	25.1	2.6	0.3	100.0	9.0	27.9	24.2	25.1	6.3	7.2	0.3	100.0	12.2	36.2	315
Residence																		
Urban	21.7	37.5	21.2	16.5	1.7	1.4	100.0	8.5	34.1	21.8	15.2	7.6	11.4	1.4	100.0	16.3	43.3	237
Rural	17.7	37.2	21.5	17.8	5.2	0.6	100.0	5.7	33.8	25.2	19.7	5.6	9.5	0.6	100.0	12.6	35.2	1,528
Region																		
Kampala	21.9	35.6	19.7	22.1	0.7	0.0	100.0	6.6	35.5	21.7	14.4	11.5	10.3	0.0	100.0	13.2	38.2	112
Central 1	25.7	41.3	18.8	13.4	0.0	0.7	100.0	13.4	28.6	27.3	16.1	4.1	9.7	0.7	100.0	19.6	44.1	166
Central 2	23.9	36.8	26.0	12.4	0.0	0.9	100.0	11.1	23.3	29.8	18.4	7.1	10.2	0.0	100.0	17.5	40.5	166
East Central	4.2	40.1	26.8	26.4	2.6	0.0	100.0	1.2	27.1	28.9	28.6	6.1	8.1	0.0	100.0	3.4	36.0	272
Eastern	21.7	33.7	14.5	21.2	7.8	1.1	100.0	4.4	39.3	17.8	25.4	7.3	4.8	1.1	100.0	15.3	30.6	418
Karamoja	16.6	40.6	19.2	21.9	1.8	0.0	100.0	12.8	43.5	19.4	12.4	5.0	6.9	0.0	100.0	13.9	63.5	57
North	33.5	35.1	7.4	8.6	15.4	0.0	100.0	3.8	48.1	19.2	11.1	6.5	11.4	0.0	100.0	24.3	43.5	159
West Nile	18.2	31.1	17.5	25.0	6.5	1.6	100.0	0.9	27.1	21.3	25.4	6.9	16.1	2.3	100.0	5.3	27.1	83
Western	5.4	42.7	37.3	11.6	1.4	1.6	100.0	2.5	39.5	31.5	8.4	2.1	14.3	1.6	100.0	5.1	32.4	206
Southwest	19.3	35.9	27.5	10.1	7.1	0.0	100.0	14.5	21.9	31.7	13.5	0.8	16.1	1.4	100.0	15.8	29.9	126
Mother's education																		
No education	12.2	42.8	19.3	17.9	7.8	0.0	100.0	6.8	34.1	23.3	16.6	8.0	11.2	0.0	100.0	10.1	36.1	232
Primary	18.8	35.8	22.0	17.4	5.1	0.9	100.0	6.1	33.3	24.9	20.5	5.4	8.7	1.0	100.0	13.3	35.6	1,208
Secondary+	20.7	38.6	21.0	18.6	1.0	0.2	100.0	5.4	35.4	25.0	15.8	5.7	12.4	0.3	100.0	14.6	39.2	326
Wealth quintile																		
Lowest	18.9	40.7	15.5	17.1	7.1	0.7	100.0	3.7	39.7	21.6	19.1	6.2	9.3	0.4	100.0	12.6	36.0	481
Second	16.4	32.3	22.9	20.5	7.1	0.8	100.0	3.7	29.9	29.9	23.2	4.7	7.3	1.3	100.0	13.0	33.0	402
Middle	18.3	36.3	22.8	18.8	3.2	0.5	100.0	8.2	32.2	22.6	18.4	7.7	10.3	0.5	100.0	11.8	32.7	329
Fourth	16.7	38.5	28.8	13.3	2.7	0.0	100.0	7.7	30.1	29.1	17.4	3.3	12.1	0.2	100.0	12.2	42.2	274
Highest	21.3	38.2	20.9	17.5	1.0	1.2	100.0	9.4	34.7	20.8	15.8	7.0	11.1	1.2	100.0	16.5	40.2	279
Total	18.3	37.2	21.5	17.6	4.7	0.7	100.0	6.1	33.8	24.7	19.1	5.8	9.7	0.7	100.0	13.1	36.3	1,766

Note: It is recommended that children should be given more liquids to drink during diarrhoea and that food should not be reduced.
[1] Continued feeding practices includes children who were given more, same as usual, or somewhat less food during the diarrhoea episode.

10.7 KNOWLEDGE OF ORS PACKETS

To ascertain respondents' knowledge of ORS in Uganda, women were asked whether they had heard of a special product called an ORS packet that can be used to treat diarrhoea. Table 10.10 shows that 9 in 10 mothers with a live birth in the five years preceding the survey had heard about ORS packets. ORS knowledge is slightly higher among urban women (93 percent) than among rural women (89 percent). Knowledge of ORS also varies by region; it ranges from a low of 77 percent among mothers in the Southwest region to a high of 99 percent in Karamoja region. Knowledge of ORS packets increases as a woman's educational attainment also increases: 87 percent of mothers with no education know about ORS packets while 93 percent of mothers with secondary or higher education know about ORS packets. There is a U-shaped relationship between knowledge of ORS packets and wealth.

Table 10.10 Knowledge of ORS packets

Percentage of women age 15-49 with a live birth in the five years preceding the survey who know about ORS packets for treatment of diarrhoea by background characteristics, Uganda 2011

Background characteristic	Percentage of women who know about ORS packets	Number of women
Age		
15-19	86.5	370
20-24	86.8	1,197
25-34	90.8	2,213
35-49	91.5	1,189
Residence		
Urban	93.3	805
Rural	89.0	4,163
Region		
Kampala	92.6	358
Central 1	90.4	504
Central 2	94.4	507
East Central	95.0	532
Eastern	85.7	794
Karamoja	98.5	186
North	98.0	445
West Nile	92.5	299
Western	87.3	739
Southwest	76.6	604
Education		
No education	87.2	713
Primary	89.1	3,079
Secondary+	92.8	1,177
Wealth quintile		
Lowest	91.8	1,055
Second	87.9	1,026
Middle	84.4	963
Fourth	89.7	897
Highest	94.2	1,027
Total	89.7	4,968

ORS = Oral rehydration salts

10.8 STOOL DISPOSAL

The proper disposal of children's faeces is important in preventing the spread of disease. If faeces are not properly disposed of, disease may be spread by direct contact or through animal contact. The safe disposal of children's faeces is of particular importance because children's faeces are more likely to be the cause of faecal contamination in the household environment than other causes, as they are often not disposed of properly and may be mistakenly considered less harmful than adult faeces. Children's stools are considered to be safely disposed of if the child uses a toilet or latrine, the child's stool is put in or rinsed into a toilet or latrine, or the stool is buried.

Table 10.11 presents the percent distribution of the youngest child under age 5 living with their mother by how the child's stools are disposed of, according to background characteristics. Eighty-two percent of children's stools are safely disposed, that is, 15 percent of children use a toilet or latrine, 63 percent of children's stools are rinsed in the toilet or latrine, and 5 percent are buried.

There are marked differences in the way children's stools are disposed of, depending on background characteristics. A higher proportion of urban children's stools are disposed of safely than are rural children's stools (88 and 81 percent, respectively). In addition, children living in homes with improved, non-shared toilet facilities are more likely than those living in homes with shared or non-improved toilet facilities to safely dispose of faecal matter. Regional differentials in safe disposal also are substantial. For example, in Kampala, 89 percent of children's stools are disposed of safely compared with 41 percent in Karamoja. Safe disposal of children's stools increases with mother's level of education and with household wealth quintile. Comparable data from the 2006 UDHS show an increase in safe stool disposal, from 77 percent to 82 percent, over the five years between surveys.

Table 10.11 Disposal of children's stools

Percent distribution of youngest children under age 5 living with the mother by the manner of disposal of the child's last faecal matter, and percentage of children whose stools are disposed of safely, according to background characteristics, Uganda 2011

Background characteristic	Manner of disposal of children's stools								Total	Percentage of children whose stools are 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	Don't know/ Missing			
Age in months											
<6	3.6	44.2	1.3	19.7	13.2	2.8	14.7	0.5	100.0	49.1	784
6-11	4.6	69.5	4.8	5.4	6.8	1.9	6.9	0.0	100.0	78.9	812
12-23	5.4	79.2	6.1	1.7	2.7	1.4	3.5	0.0	100.0	90.7	1,324
24-35	13.8	72.0	6.2	1.1	1.2	3.2	2.1	0.4	100.0	92.0	885
36-47	47.2	42.4	2.5	0.3	2.3	2.4	2.8	0.0	100.0	92.1	517
48-59	63.6	24.7	4.1	0.5	0.5	3.3	3.2	0.1	100.0	92.4	309
Toilet facility[2]											
Improved, not shared	22.7	66.6	0.8	2.6	3.1	0.9	2.9	0.3	100.0	90.2	735
Shared[3]	13.9	71.4	1.1	7.0	2.7	0.5	3.2	0.2	100.0	86.4	679
Non-improved	13.6	59.6	6.1	5.2	5.5	3.0	6.7	0.1	100.0	79.3	3,215
Residence											
Urban	19.0	67.5	1.0	7.6	2.4	0.3	2.1	0.1	100.0	87.5	690
Rural	14.4	61.6	5.1	4.6	5.1	2.7	6.2	0.2	100.0	81.2	3,941
Region											
Kampala	19.0	69.9	0.0	7.5	2.2	0.0	1.5	0.0	100.0	88.9	299
Central 1	14.3	72.2	1.2	1.4	5.3	3.0	2.7	0.0	100.0	87.6	454
Central 2	17.8	69.5	0.3	2.8	4.6	0.0	5.0	0.0	100.0	87.6	473
East Central	14.7	65.3	1.1	6.3	7.0	1.2	3.5	0.9	100.0	81.0	502
Eastern	9.0	66.1	9.7	4.1	4.3	1.9	4.9	0.0	100.0	84.8	761
Karamoja	7.7	18.4	14.5	6.9	20.5	24.0	8.0	0.0	100.0	40.6	172
North	13.3	49.7	12.0	5.3	2.4	1.2	16.2	0.0	100.0	74.9	430
West Nile	12.3	66.6	5.8	3.7	1.4	0.9	8.6	0.8	100.0	84.7	280
Western	17.8	61.5	2.0	7.0	6.6	2.9	2.0	0.2	100.0	81.3	685
Southwest	21.9	59.7	3.0	6.3	0.7	0.8	7.6	0.0	100.0	84.7	575
Mother's education											
No education	15.3	52.0	7.3	4.4	6.2	6.9	7.7	0.1	100.0	74.6	675
Primary	13.5	63.5	5.0	5.3	4.2	2.0	6.2	0.3	100.0	82.0	2,877
Secondary+	19.4	66.3	1.4	4.9	5.1	0.2	2.7	0.0	100.0	87.1	1,078
Wealth quintile											
Lowest	7.8	47.0	13.3	6.0	9.0	6.7	10.1	0.1	100.0	68.1	1,008
Second	15.0	63.0	4.4	4.7	3.2	2.3	7.4	0.0	100.0	82.4	981
Middle	13.8	67.8	2.1	5.1	4.7	1.6	4.5	0.5	100.0	83.7	908
Fourth	17.4	68.7	1.4	4.7	4.3	0.4	2.9	0.3	100.0	87.4	838
Highest	22.8	68.0	0.2	4.7	2.0	0.0	2.3	0.0	100.0	91.0	895
Total	15.1	62.5	4.5	5.1	4.7	2.3	5.6	0.2	100.0	82.1	4,631

[1] Children's stools are considered to be disposed of safely if the child used a toilet or latrine, if the faecal matter was put/rinsed into a toilet or latrine, or if it was buried.
[2] See Table 2.2 for definition of categories
[3] Facilities that would be considered improved if they were not shared by two or more households

NUTRITION OF CHILDREN AND ADULTS 11

Key Findings

- There has been a decline over the past five years in the proportion of children that are stunted and underweight.
- Breastfeeding is nearly universal in Uganda; about half of all children born in the three years before the survey are breastfed for about 19 months.
- More than six in ten children (63 percent) younger than 6 months are exclusively breastfed.
- Complementary foods are not introduced in a timely fashion for all children. At 6-9 months, fewer than seven in ten children (68 percent) receive complementary foods.
- Overall, only 6 percent of children age 6-23 months are fed appropriately, based on the recommended infant and young child feeding (IYCF) practices.
- Forty-nine percent of children age 6-59 months are anaemic, 22 percent are mildly anaemic, 26 percent are moderately anaemic, and 2 percent are severely anaemic.
- Overall, 23 percent of women age 15-49 are anaemic; 18 percent are mildly anaemic, 5 percent are moderately anaemic, and less than 1 percent are severely anaemic.
- The prevalence of anaemia among both children and women has decreased over the past five years.
- Twelve percent of women age 15-49 are thin, that is, they fall below the cut-off of 18.5 for the body mass index (BMI). Another 9 percent are mildly thin, and 3 percent are moderately or severely thin. About one in five women (19 percent) are overweight or obese (BMI ≥25 kg/m^2).
- Thirty-eight percent of children age 6-59 months, and 36 percent of women age 15-49 have vitamin A deficiency.

Nutritional status is the result of complex interactions between food consumption and the overall status of health and health care practices. Numerous socioeconomic and cultural factors influence patterns of feeding children and women and their nutritional status. From birth to age 2 is a period especially important for optimal growth, health, and development. Unfortunately, this period is often marked by micronutrient deficiencies that interfere with optimal growth. In addition, childhood illnesses such as diarrhoea and acute respiratory infections (ARI) are common. For women, improving overall nutritional status throughout the life cycle is crucial to maternal health. Women who become malnourished during pregnancy and children who fail to grow and develop normally due to malnutrition at any time during their life, including during foetal development, are at increased risk of perinatal problems, increased susceptibility to infections, slow recovery from illness, and possibly death. Improving maternal nutrition is crucial for improving children's health.

The 2011 UDHS asked questions about early initiation of breastfeeding, exclusive breastfeeding (during the first six months of life), continued breastfeeding (until at least age 2), timely introduction of complementary foods (at age 6 months with increasing frequency of feeding solid and semi-solid foods), and diet diversity. Interviewers measured the height and weight of all children under age 5 and of women and men age 15-49. This chapter also presents findings on infant feeding practices, maternal eating patterns, household testing of salt for adequate levels of iodine, and the nutritional status of women, men, and children.

11.1 NUTRITIONAL STATUS OF CHILDREN

The nutritional status of children under age 5 is an important outcome measure of children's health. The anthropometric data on height and weight collected in the 2011 UDHS permit the measurement and evaluation of the nutritional status of young children. This evaluation allows identification of subgroups of the child population that are at increased risk of faltered growth, disease, impaired mental development, and death.

11.1.1 Measurement of Nutritional Status among Young Children

The 2011 UDHS collected data on the nutritional status of children by measuring the height and weight of all children under age 5. Data were collected to calculate three indices of anthropometric indicators—height-for-age, weight-for-height, and weight-for-age.

For this report, indicators of the nutritional status of children were calculated using new growth standards published by the World Health Organization (WHO) in 2006. These new growth standards were generated using data collected in the WHO Multicentre Growth Reference Study (WHO, 2006). The findings of the study, based on a sample of 8,440 children in six countries (Brazil, Ghana, India, Norway, Oman, and the United States), describe how children should grow under optimal conditions. Therefore, the WHO Child Growth Standards can be used to assess children all over the world, regardless of ethnicity, social, and economic influences, and feeding practices. The new child growth standards replace the previously used reference standards of the U.S. National Center for Health Statistics, accepted by the U.S. Centers for Disease Control and Prevention (NCHS/CDC/WHO) in 1977.

The three indices are expressed as standard deviation units from the median for the reference group. Children who fall below minus two standard deviations (−2 SD) from the median of the reference population are regarded as moderately malnourished, while those who fall below minus three standard deviations (−3 SD) from the median of the reference population are considered severely malnourished.

The height-for-age index provides an indicator of linear growth retardation and cumulative growth deficits in children. Children whose height-for-age Z-score is below minus two standard deviations (−2 SD) from the median of the WHO reference population are considered short for their age (stunted), or 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 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; it describes current nutritional status. Children with Z-scores below minus two standard deviations (−2 SD) are considered thin (wasted) or 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 with a weight-for-height index below minus three standard deviations (−3 SD) are considered severely wasted.

The weight-for-height index also provides data on overweight and obesity. Children more than two standard deviations (+2 SD) above the median weight-for-height are considered overweight, or obese.

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both chronic and acute malnutrition. A child can be underweight for his/her age because he or she is stunted, wasted, or both. Weight-for-age is an overall indicator of a population's nutritional health. Children with weight-for-age below minus two standard deviations (−2 SD) are classified as underweight.

Children with weight-for-age below minus three standard deviations (−3 SD) are considered severely underweight.

The WHO Child Growth Standards reference population used for the 2006 and 2011 UDHS differs from that used in past UDHS surveys. When the new WHO child growth standards are used in place of the previous reference, the following changes are observed:

- The level of stunting is usually greater, but not for all age groups.
- The level of wasting in infancy is substantially higher, particularly in the first six months of life.
- The level of underweight is substantially higher during the first half of infancy (0-6 months) and decreases thereafter.
- The level of overweight/obesity is higher.

11.1.2 Data Collection

Interviewing teams obtained measurements of height and weight for all children born in the five years preceding the survey and listed in the Household Questionnaire. The survey included children who were not biological offspring of the women interviewed. Each interviewing team carried a scale and measuring board. The scales were lightweight electronic SECA scales with a digital screen. They were designed and manufactured under the authority of the United Nations Children's Fund (UNICEF). Shorr Productions manufactured the measuring boards especially for use in survey settings. Interviewers measured children younger than 24 months lying down on the board (recumbent length) and measured the standing height of older children. The team measured recumbent length whenever the child's age was not known and the child was less than 85 centimetres tall. The scale allowed 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.

A total of 2,573 children under age 5 were eligible to be weighed and measured. Of these children, 8 percent had missing values for height or weight and 2 percent had height or weight measures considered to be out of range for their ages. Thus, data are presented for 2,336 children (2,350 children weighted). Table 11.1 and Figure 11.1 show the percentage of children under age 5 classified as malnourished according to the three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age.

11.1.3 Measures of Children's Nutritional Status

Height-for-age

Nationally, 33 percent of children under age 5 are stunted, and 14 percent of children are severely stunted. In general, the prevalence of stunting increases as the age of the child increases, with the highest prevalence of chronic malnutrition found in children age 24-35 months (43 percent) and lowest in children 6-8 months (12 percent). Male children are more likely to be stunted than female children (37 and 30 percent, respectively). There is an inverse relationship between the length of the preceding birth interval and the proportion of children who are stunted. The longer the interval, the less likely it is that the child will be stunted.

Size at birth is an important indicator of a child's nutritional status and the likelihood that a child will be chronically malnourished. Stunting is more common among children who were reported to have been very small at birth (43 percent) than among children who were average or larger in size at birth.

The mother's nutritional status, as measured by her body mass index (BMI), does not have a clear relationship with her child's level of stunting. As expected, children of overweight or obese mothers are the least likely to be stunted (25 percent); however, interestingly, children of thin mothers (31 percent) are less likely to be stunted than those of normal weight mothers (36 percent).

Children in rural areas are almost twice as likely to be stunted as those in urban areas (36 percent versus 19 percent). Regional variation in the prevalence of stunting in children is substantial. Stunting level is lowest among children in Kampala (14 percent) and highest among children in Karamoja (45 percent).

The mother's level of education generally has an inverse relationship with stunting levels. For example, children of mothers with secondary or higher education are the least likely to be stunted (25 percent), while children whose mothers have no education are the most likely to be stunted (42 percent). The relationship between household wealth index and the stunting levels of children does not follow a clear pattern. However, children in the wealthiest households are the least likely to be stunted (21 percent) when compared with children in other quintiles.

Weight-for-height

Overall, 5 percent of Ugandan children are wasted, and 2 percent are severely wasted. Wasting, or acute malnutrition, is highest in children age 0-8 months (14 percent) and lowest in children age 24-59 months (2 percent). There is no major variation by gender, birth interval, or urban-rural residence. The data show an inverse correlation between wasting and birth weight. A higher proportion of babies who are reported to be very small at birth (12 percent) are acutely malnourished than are babies reported to be average or larger in size (4 percent). Wasting is most common among children of thin mothers (13 percent), among those residing in Karamoja (7 percent), among children whose mothers have no education (7 percent), and among those in the second and middle wealth quintiles (6 percent).

A small proportion of children in Uganda are classified as overweight or obese. Overall, 3 percent of children below age 5 are overweight or obese (+2 SD). Variation by background characteristics is minimal.

Weight-for-age

Table 11.1 shows that 14 percent of children under age 5 are underweight (have low weight-for-age), and 3 percent are severely underweight. The proportion of underweight children is lowest among children 36-59 months old and highest among those 6-8 months old (19 percent). Male children are slightly more likely to be underweight than female children (15 percent versus 13 percent). The percentage of children who are underweight decreases as the length of the birth interval increases. Babies reported to be very small at birth (33 percent) are three times as likely as those reported to be average or larger at birth (11 percent) to be underweight. Children born to mothers who are thin (BMI less than 18.5) (23 percent) are more than three times as likely as children born to mothers who are overweight/obese (7 percent) to be underweight.

Table 11.1 Nutritional status of children

Percentage of children under 5 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 2011

	Height-for-age[1]			Weight-for-height				Weight-for-age				
Background characteristic	Percentage below -3 SD	Percentage below -2 SD[2]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage above +2 SD	Mean Z-score (SD)	Number of children
Age in months												
<6	4.6	16.1	-0.3	4.4	13.5	6.6	-0.2	3.2	13.3	2.0	-0.5	228
6-8	2.3	12.4	-0.4	6.0	13.6	3.4	-0.6	7.0	19.1	0.1	-0.8	131
9-11	5.8	21.1	-1.0	0.0	5.9	4.3	-0.2	0.0	12.6	0.5	-0.7	120
12-17	13.5	32.0	-1.4	1.4	5.7	2.7	-0.3	3.4	16.1	0.4	-0.9	245
18-23	19.1	42.2	-1.7	1.2	4.9	2.7	-0.1	5.9	17.0	1.7	-0.9	269
24-35	18.7	42.7	-1.8	0.4	2.3	4.8	0.2	2.9	14.6	0.6	-0.8	444
36-47	16.7	37.8	-1.7	0.5	1.8	2.9	0.2	3.9	11.5	0.2	-0.9	477
48-59	12.7	33.1	-1.5	1.4	2.3	1.7	-0.0	2.0	11.2	0.2	-0.9	436
Sex												
Male	15.6	37.0	-1.5	1.0	4.9	3.9	-0.0	3.0	14.9	0.7	-0.8	1,163
Female	11.9	29.9	-1.3	1.9	4.6	3.0	-0.0	3.8	12.7	0.7	-0.8	1,188
Birth interval in months[3]												
First birth[4]	11.9	34.3	-1.5	1.2	4.4	2.8	0.0	2.6	13.0	0.8	-0.8	331
<24	18.1	37.4	-1.6	1.1	4.1	3.3	-0.1	3.6	16.2	0.2	-0.9	419
24-47	13.8	33.3	-1.4	1.9	5.6	3.5	-0.0	3.4	13.7	0.9	-0.8	1,025
48+	8.6	24.9	-1.1	1.8	4.6	6.2	-0.0	4.1	10.0	0.3	-0.7	278
Size at birth[3]												
Very small	23.7	43.0	-1.8	5.1	11.8	2.2	-0.6	11.0	32.5	0.0	-1.5	100
Small	14.9	42.3	-1.7	1.7	7.2	3.4	-0.3	4.5	22.1	0.6	-1.2	338
Average or larger	12.7	30.4	-1.3	1.4	3.9	3.8	0.1	2.6	10.6	0.7	-0.7	1,560
Missing	17.0	39.7	-1.5	1.7	9.3	7.3	-0.0	5.2	13.6	0.0	-0.9	53
Mother's interview status												
Interviewed	13.7	33.2	-1.4	1.6	5.0	3.7	-0.0	3.4	13.6	0.6	-0.8	2,053
Not interviewed but in household	13.3	31.4	-1.3	1.1	4.3	0.5	-0.1	2.0	18.1	1.6	-0.8	100
Not interviewed and not in the household[5]	14.7	36.6	-1.5	0.2	2.3	1.9	0.1	4.5	13.2	0.4	-0.8	197
Mother's nutritional status[6]												
Thin -BMI<18.5	13.2	30.8	-1.4	1.7	12.9	2.0	-0.6	6.0	22.6	0.0	-1.2	202
Normal -BMI 18.5-24.9	14.7	35.8	-1.5	1.6	4.3	3.7	-0.0	3.3	14.4	0.6	-0.9	1,541
Overweight/ obese - BMI ≥ 25	10.3	25.2	-1.1	1.3	3.2	4.7	0.3	2.2	7.1	1.4	-0.4	347
Residence												
Urban	5.6	18.6	-0.8	2.3	4.2	4.1	0.0	1.1	6.6	2.6	-0.4	307
Rural	15.0	35.6	-1.5	1.4	4.8	3.3	-0.0	3.8	14.9	0.4	-0.9	2,043
Region												
Kampala	3.1	13.5	-0.7	1.6	4.4	3.5	0.1	2.0	5.7	3.7	-0.3	132
Central 1	14.2	32.5	-1.5	0.4	5.8	4.3	0.0	2.5	12.9	0.9	-0.8	243
Central 2	14.8	36.1	-1.3	2.1	5.3	4.8	0.1	1.4	11.4	1.2	-0.7	219
East Central	12.9	33.5	-1.4	1.7	5.0	2.1	-0.1	3.3	16.7	0.7	-0.8	269
Eastern	7.9	25.3	-1.1	0.6	4.8	2.5	-0.2	1.3	10.0	0.0	-0.8	446
Karamoja	23.5	45.0	-1.8	2.6	7.1	0.1	-0.7	13.4	31.9	0.0	-1.5	82
North	9.9	24.7	-1.3	0.7	3.4	4.1	0.1	3.2	12.3	0.7	-0.7	191
West Nile	18.6	37.8	-1.7	2.4	6.2	2.2	-0.1	5.2	17.9	0.0	-1.1	149
Western	18.9	43.9	-1.8	1.4	2.7	3.2	0.0	4.6	15.5	0.2	-1.0	325
Southwest	18.6	41.7	-1.6	2.8	4.9	5.8	0.3	5.1	14.9	0.6	-0.8	294
Mother's education												
No education	19.1	41.8	-1.7	2.7	6.9	3.1	-0.1	6.1	20.3	0.0	-1.1	275
Primary	14.5	34.3	-1.4	1.5	4.7	3.7	-0.0	3.2	13.6	0.6	-0.9	1,406
Secondary +	8.0	24.7	-1.1	1.2	4.7	3.5	0.0	2.3	11.1	1.3	-0.6	457
Wealth quintile												
Lowest	18.9	37.3	-1.6	1.3	4.1	2.5	-0.2	5.8	18.1	0.6	-1.0	505
Second	12.5	30.9	-1.4	2.0	6.2	3.4	-0.1	3.2	14.3	0.3	-0.8	509
Middle	18.4	45.0	-1.8	1.0	5.7	3.2	-0.0	4.4	17.3	0.2	-1.1	487
Fourth	11.7	30.5	-1.3	2.0	4.5	5.1	0.1	2.0	9.5	0.2	-0.7	445
Highest	5.5	20.8	-0.9	1.0	2.8	3.1	0.1	1.3	8.4	2.1	-0.4	405
Total	13.7	33.4	-1.4	1.5	4.7	3.4	-0.0	3.4	13.8	0.7	-0.8	2,350

Note: Table is based on children who stayed in the household on 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 adopted in 2006. The indices in this table are NOT comparable to those based on the previously used 1977 NCHS/CDC/WHO reference. Table is based on children with valid dates of birth -month and year- and valid measurement of both height and weight.

[1] Recumbent length is measured for children under age 2, or in the few cases when the age of the child is unknown and the child is less than 85 cm; standing height is measured for all other children.

[2] Includes children who are below -3 standard deviations from the WHO Child Growth standards population median

[3] Excludes children whose mothers were not interviewed

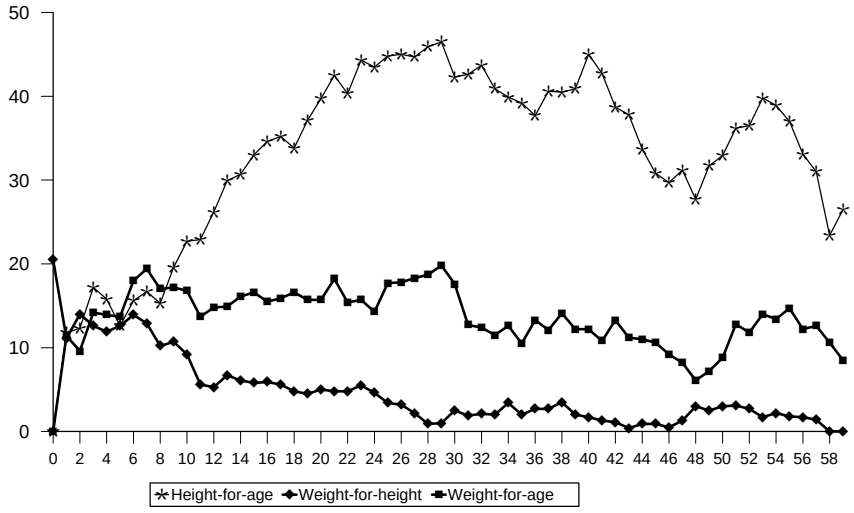
[4] First-born twins -triplets, etc. are counted as first births because they do not have a previous birth interval

[5] Includes children whose mothers are deceased

[6] Excludes children whose mothers were not weighed and measured. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 11.10.1

[7] 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 11.1 **Nutritional status of children by age**



Note: Stunting reflects chronic malnutrition; wasting reflects acute malnutrition; underweight reflects chronic or acute malnutrition or a combination of both. Plotted values are smoothed by a 5-month moving average.

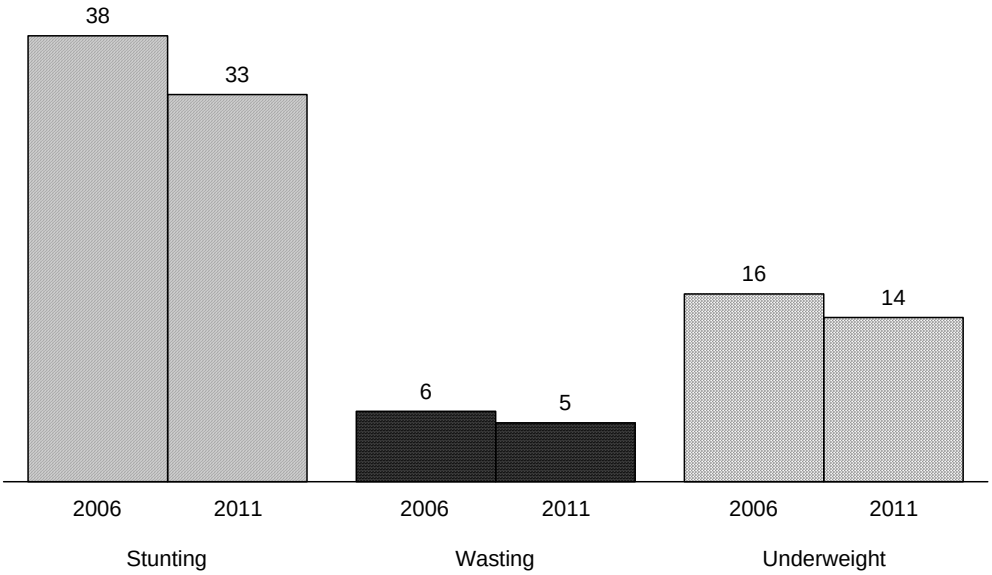
Rural children are substantially more likely to be underweight (15 percent) than urban children (7 percent). The proportion of underweight children varies by region. Kampala has the lowest proportion of underweight children, at 6 percent, while Karamoja has the highest prevalence of underweight children, at 32 percent. The proportion of underweight children decreases as mother's education and household wealth increase. The proportion of underweight children is about two times higher for those born to uneducated mothers than for those whose mothers have secondary or higher education (20 percent versus 11 percent). Children born to mothers in the lowest wealth quintile are more than twice as likely to be underweight as children born to mothers in the highest wealth quintile (18 percent compared with 8 percent).

11.1.4 Trends in Children's Nutritional Status

Trends in the nutritional status of children for the period 2006 through 2011 are shown in Figure 11.2.

Figure 11.2 shows a downward trend in the proportion of children stunted and underweight over the last two UDHS surveys, but the proportion of children who are wasted has remained unchanged. Stunting prevalence decreased from 38 percent to 33 percent, a 15 percent decrease. The decline in the proportion of stunted Ugandan children shows overall improvement in chronic malnutrition over the past five years. A similar pattern is observed for the proportion of children that are underweight, which dropped from 16 percent in 2006 to 14 percent in 2011.

Figure 11.2 **Trends in nutritional status of children under 5 years**



11.2 BREASTFEEDING AND COMPLEMENTARY FEEDING

Infant feeding affects both the mother and the child. Feeding practices affect the child's nutritional status, which in turn affects the risk of death. The duration and intensity of breastfeeding affect the mother's period of postpartum infertility, and hence the length of the birth interval and fertility levels.

11.2.1 Initiation of Breastfeeding

Early initiation of breastfeeding is important for both the mother and the child. Early suckling stimulates the release of prolactin, which helps in the production of milk, and oxytocin, which is responsible for the ejection of milk and stimulates the contraction of the uterus after childbirth. The first liquid to come from the breast, known as colostrum, is produced in the first few days after delivery and provides natural immunity to the infant. It is recommended that children be fed colostrum immediately after birth and continue to be exclusively breastfed even if the regular breast milk has not yet appeared.

The survey collected information on children who were ever breastfed, who were breastfed in the first hour and the first day after birth, and who were fed anything other than breast milk before breast milk was regularly given (also known as prelacteal feeding).

Table 11.2 shows that 98 percent of children are breastfed for some period of time. Breastfeeding is widely practised across all subgroups of women, and variations by background characteristics are small.

Table 11.2 Initial breastfeeding

Among last-born children who were born in the two years preceding the survey, the percentage who were ever breastfed and the percentages who started breastfeeding within one hour and within one day of birth; and among last-born children born in the two years preceding the survey who were ever breastfed, the percentage who received a prelacteal feed, by background characteristics, Uganda 2011

	Among last-born children born in the past two years:				Among last-born children born in the past two years who were ever breastfed:	
Background characteristic	Percentage ever breastfed	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth[1]	Number of last-born children	Percentage who received a prelacteal feed[2]	Number of last-born children ever breastfed
Sex						
Male	98.3	51.2	88.8	1,537	42.3	1,511
Female	98.3	53.8	88.6	1,555	39.9	1,528
Assistance at delivery						
Health professional[3]	98.5	54.9	89.6	1,882	39.5	1,853
Traditional birth attendant	97.5	52.8	89.2	573	41.3	559
Other	98.6	45.0	85.9	425	44.5	419
No one	98.2	45.7	86.6	210	49.1	206
Place of delivery						
Health facility	98.4	55.0	89.6	1,831	39.1	1,801
At home	98.1	49.3	87.6	1,225	44.2	1,202
Other	(100.0)	(38.8)	(87.8)	34	(44.0)	34
Residence						
Urban	97.7	59.6	89.6	450	44.4	440
Rural	98.4	51.3	88.6	2,642	40.6	2,600
Region						
Kampala	98.3	57.5	89.8	187	41.2	184
Central 1	97.2	46.7	86.2	322	48.7	313
Central 2	97.9	63.4	91.4	340	42.9	333
East Central	98.7	63.9	92.1	345	54.8	340
Eastern	98.5	44.6	89.8	529	26.3	521
Karamoja	99.9	70.4	94.1	107	19.2	107
North	98.9	38.4	80.8	276	38.4	273
West Nile	98.8	27.1	86.8	187	36.5	185
Western	98.3	61.2	89.0	423	48.0	416
Southwest	97.7	54.0	88.0	375	44.2	367
Mother's education						
No education	98.0	52.5	88.9	399	39.5	391
Primary	98.6	51.4	88.6	1,975	40.4	1,947
Secondary +	97.7	55.5	88.9	718	44.0	702
Wealth quintile						
Lowest	99.1	50.9	90.5	694	32.6	688
Second	97.8	45.3	87.6	679	38.8	664
Middle	97.9	53.9	89.1	602	46.1	590
Fourth	98.4	54.9	86.8	561	43.2	552
Highest	98.2	59.4	89.3	556	47.1	546
Total	98.3	52.5	88.7	3,092	41.1	3,039

Note: Table is based on last-born children born in the two 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.
[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, or medical assistant/clinical officer

Fifty-three percent of infants started breastfeeding within one hour of birth, and 89 percent within the first day. Initiation of breastfeeding in the first hour after birth varies somewhat by background characteristics. It was more common among female babies (54 percent), babies assisted at delivery by a health professional or born at a health facility (55 percent, each), and those in urban areas (60 percent). By region, initiation of breastfeeding within one hour was lowest in West Nile (27 percent) and highest in Karamoja (70 percent). The likelihood that a child is breastfed in the first hour after birth is slightly higher among children of mothers with secondary or higher education (56 percent) and also higher among children of those in the highest wealth quintile (59 percent).

The proportion of children who are breastfed within one day of birth does not vary significantly by background characteristics, except that it is particularly low in North region (81 percent).

Overall, more than four in ten children born in the last two years (41 percent) are given prelacteal feeds within the first three days of life. The practice of giving prelacteal feeds is discouraged because it limits the infant's frequency of suckling and exposes the baby to the risk of infection. Prelacteal feeding is more common in children whose delivery was not assisted by anyone (49 percent), children not born in a health facility (44 percent), urban children (44 percent), and children in East Central region (55 percent).

The practice of prelacteal feeding increases with mother's education and tends to increase with wealth. Thirty-three percent of children in the lowest quintile receive prelacteal feeds compared with 47 percent of those in the highest wealth quintile.

11.2.2 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 semi-solid complementary food in addition to continued breastfeeding from age 6 months until 24 months or more, when the child is fully weaned. Use of bottles with nipples is not recommended at any age. Exclusive breastfeeding is recommended because breast milk is uncontaminated and contains all the nutrients necessary in the first few months of life. In addition, the mother's antibodies in breast milk provide the infant with immunity to disease. Early supplementation is discouraged for several reasons. First, it exposes infants to pathogens and thus increases their risk of infection, especially diarrhoeal disease. Second, it decreases infants' intake of breast milk and therefore suckling, which in turn reduces breast milk production. Third, in low-resource settings, supplementary food is often nutritionally inferior. Interviewers obtained information on complementary feeding by asking mothers about the current breastfeeding status of all children under age 5 and, for the youngest child born in the two-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 11.3 shows the percent distribution of youngest children under age 2 and living with the mother by breastfeeding status and the percentage of children under age 2 using a bottle with a nipple, according to age in months. The data presented in Table 11.3 and Figure 11.3 show that exclusive breastfeeding during the first six months after birth is not widely practised in Uganda. Currently, mothers exclusively breastfeed approximately six in ten children younger than age 6 months (63 percent). Among sub-groups the percentage of young children who are exclusively breastfed decreases sharply from 82 percent of infants age 0-1 month to 69 percent of those age 2-3 months and, further, to 41 percent among infants 4-5 months.

Figure 11.3 **Infant feeding practices by age**

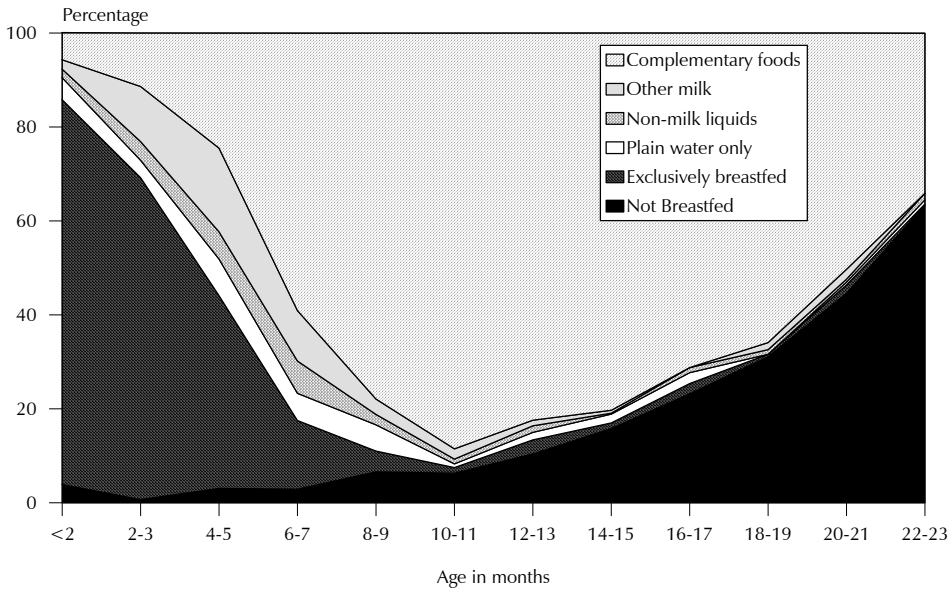


Table 11.3 Breastfeeding status by age

Percent distribution of youngest children under age 2 and living with their mother, by breastfeeding status; the percentage currently breastfeeding; and the percentage of all children under age 2 using a bottle with a nipple, according to age in months, Uganda 2011

		Breastfeeding status									
Age in months	Not breast-feeding	Exclu-sively breastfed	Breast-feeding and consu-ming plain water only	Breast-feeding and consu-ming non-milk liquids[1]	Breast-feeding and consu-ming other milk	Breast-feeding and consu-ming comple-mentary foods	Total	Percentage currently breast-feeding	Number of youngest child under two years living with their mother	Percentage using a bottle with a nipple	Number of all children under two years
0-1	3.9	81.9	4.7	1.8	2.0	5.8	100.0	96.1	238	3.7	242
2-3	0.7	68.5	3.7	4.0	11.7	11.4	100.0	99.3	279	12.1	285
4-5	3.1	41.0	7.8	5.8	17.8	24.4	100.0	96.9	267	28.9	275
6-8	4.0	12.1	5.6	5.7	9.2	63.4	100.0	96.0	408	29.2	417
9-11	6.4	1.7	2.5	1.2	1.9	86.1	100.0	93.6	405	29.5	411
12-17	16.3	2.1	1.9	0.9	0.6	78.1	100.0	83.7	681	25.0	723
18-23	46.9	0.9	0.5	1.0	1.2	49.6	100.0	53.1	643	19.4	756
0-3	2.1	74.7	4.2	3.0	7.2	8.8	100.0	97.9	517	8.3	527
0-5	2.5	63.2	5.4	4.0	10.8	14.1	100.0	97.5	784	15.3	802
6-9	4.6	9.9	5.7	4.7	7.3	67.7	100.0	95.4	536	30.2	548
12-15	13.1	2.1	1.8	0.8	0.9	81.4	100.0	86.9	465	28.5	485
12-23	31.2	1.5	1.3	0.9	0.9	64.3	100.0	68.8	1,324	22.2	1,480
20-23	54.2	1.0	0.8	1.0	1.0	42.0	100.0	45.8	438	17.8	535

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, 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 and who do not receive other milk and who do not receive complementary foods are classified in the non-milk liquid 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] Non-milk liquids include juice, juice drinks, clear broth, or other liquids

In addition to breast milk, 14 percent of infants under age 6 months are given complementary foods, 11 percent are given other milk, 5 percent are given plain water only, and 4 percent are given non-milk liquids and juice (Figure 11.3 and Table 11.3). Complementary feeding increases from 6 percent of children age 0-1 months to 24 percent among those 4-5 months.

Fifteen percent of infants under age 6 months are fed using a bottle with a nipple, a practice that is discouraged, as it increases the child's risk of illness and reduces the child's interest in breastfeeding, with consequent potential decline in milk production.

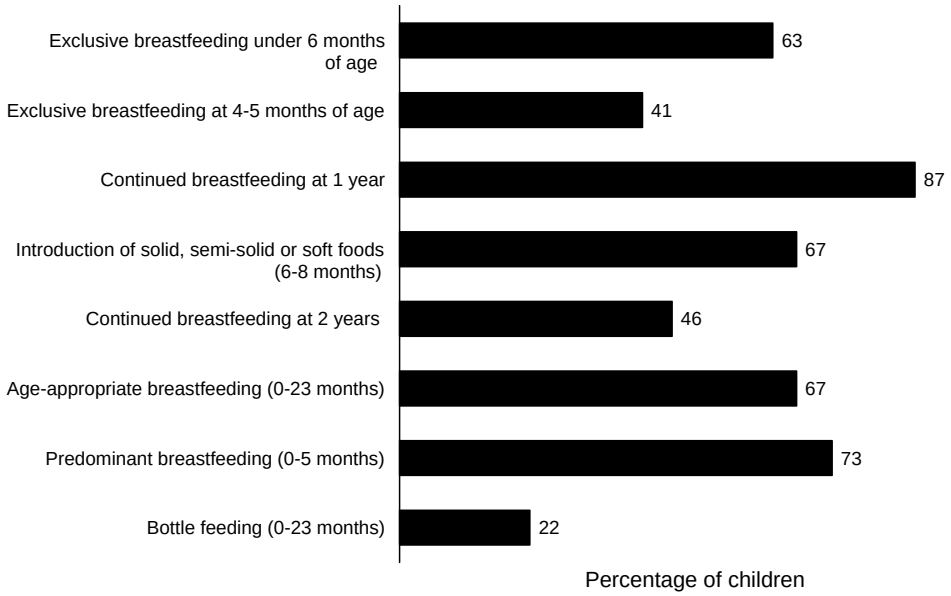
The duration of breastfeeding in Uganda is long. The proportion of children who are currently breastfeeding is 94 percent or more for children up to age 9-11 months and then declines to 84 percent of children age 12-17 months and 53 percent for those 18-23 months.

Figure 11.4 shows several infant and young child feeding (IYCF) indicators of breastfeeding status. As mentioned above, 63 percent of children under age 6 months and 41 percent of children 4-5 months are exclusively breastfed, and 73 percent of children under age 6 months are predominantly breastfed[1]. Close to seven in ten children age 6-8 months (67 percent) consume solid, semi-solid, or soft foods. A similar proportion (67 percent) of children under the age of two receive age-appropriate breastfeeding[2], while about one in five children (22 percent) use a bottle with a nipple. Eighty-seven percent of children continued breastfeeding at one year, and 46 percent continued breastfeeding at two years.

[1] Children who are exclusively breastfed, children who breastfeed and consume plain water, and children who are breastfeed and consume non-milk liquids or juice.

[2] Includes children age 0-5 months who are exclusively breastfed and children age 6-23 months who receive breast milk and complementary foods.

Figure 11.4 **IYCF indicators on breastfeeding status**



11.2.3 Duration of Breastfeeding

Table 11.4 provides information on median duration of breastfeeding among children born in the three years preceding the survey. The estimates of median and mean durations of breastfeeding are based on current status data, that is, the proportion of children last-born in the three years preceding the survey who were being breastfed at the time of the survey.

The median duration and the mean duration of any breastfeeding in Uganda are 19 months. The median duration of exclusive breastfeeding is 3.4 months, and the mean duration of exclusive breastfeeding is 4.6 months. Predominant breastfeeding is defined as exclusive breastfeeding or breastfeeding in combination with plain water, water-based liquids, or juices. The median and mean lengths of predominant breastfeeding are 4.4 months and 5.7 months, respectively.

The median duration of any breastfeeding varies somewhat by background characteristics. It is longer among rural children (19.7 months) and among children in Karamoja (23.0 months). Women with secondary and higher education breastfeed for about three months less than women who have no education (18.1 months versus 21.4 months). Similarly, children in the highest wealth quintile have a lower median duration of any breastfeeding (17.2 months) than those in the lowest quintile (20.5 months). The variation in the median duration of exclusive and predominant breastfeeding by background characteristics is not as pronounced.

Table 11.4 Median duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, by background characteristics, Uganda 2011

Background characteristic	Median duration (months) of breastfeeding among children born in the past three years[1]		
	Any breast-feeding	Exclusive breast-feeding	Predominant breast-feeding[2]
Sex			
Male	19.8	3.6	4.6
Female	19.0	3.1	4.2
Residence			
Urban	16.3	3.2	4.3
Rural	19.7	3.4	4.4
Region			
Kampala	13.6	1.7	3.2
Central 1	18.2	3.4	4.6
Central 2	18.8	4.8	5.2
East Central	18.6	3.0	4.3
Eastern	19.5	3.1	3.9
Karamoja	23.0	4.4	4.7
North	21.4	3.8	5.5
West Nile	21.5	3.3	4.8
Western	16.5	4.4	5.4
Southwest	21.1	2.1	2.3
Mother's education			
No education	21.4	3.6	4.1
Primary	19.4	3.4	4.5
Secondary +	18.1	3.3	4.4
Wealth quintile			
Lowest	20.5	3.5	4.6
Second	20.7	3.7	5.0
Middle	18.9	3.5	4.4
Fourth	18.8	3.6	4.3
Highest	17.2	2.6	3.6
Total	19.4	3.4	4.4
Mean for all children	19.0	4.6	5.7

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.
[1] It is assumed that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding.
[2] Either exclusively breastfed or received breast milk and plain water, and/or non-milk liquids only

11.2.4 Types of Complementary Foods

UNICEF and WHO recommend the introduction of solid food to infants around age 6 months because by that age breast milk alone is no longer adequate to maintain a child's optimal growth. In the transition to the family diet, in addition to breastfeeding, children age 6 months and older should be fed small quantities of solid and semi-solid foods frequently throughout the day. During this transition period (age 6-23 months), the prevalence of malnutrition increases substantially in many countries because of an increase in infections and poor feeding practices. The 2011 UDHS collected data on the types of foods given on the day and night preceding the survey to the youngest child under age 2 living with their mothers. These data are presented in Table 11.5 according to breastfeeding status.

Infant formula supplementation at any age is uncommon in Uganda. Among breastfeeding children under age 2, less than 1 percent consume infant formula. However, a much higher proportion receive other milk (22 percent). The introduction of other liquids, such as water, juice, and formula, takes place earlier than the recommended introduction at age 6 months. Among the youngest breastfeeding children (0-1 month), 3 percent, each, consume other milk and other liquids. Consumption of other milk increases gradually with age until age 9-11 months, when about three in ten (29 percent) breastfeeding

children consume milk. Consumption of other liquids also shows increasing trends with age through age 9-17 months, when 51 percent of breastfeeding children consume other liquids.

Among children age 6-23 months, foods made from grains are consumed more often than foods from any other food group. Among breastfeeding children in this age group, 58 percent ate foods made from grains, 42 percent ate foods made from roots and tubers, and 41 percent ate fruits and vegatables rich in vitamin A during the day or night preceding the interview. Meat, fish, poultry, and eggs have body-building substances essential to good health. They are important for balanced physical and mental development. Overall, 27 percent of children age 6-23 months consume meat, fish, or poultry, and 8 percent consume eggs. Only 3 percent of children in this age group consumed cheese, yogurt, or other dairy products in the 24 hours preceding the survey. Overall, almost nine in ten breastfeeding children age 6-23 months (87 percent) consumed some solid or semi-soild food during the day or night preceding the survey.

A comparison of dietary intake of children under age 2 by breastfeeding status shows that a higher proportion of nonbreastfeeding children (93 percent) than breastfeeding children (87 percent) are consuming solid and semi-solid foods. The consumption of all groups of liquids and solid or semi-solid foods is more common among the nonbreastfeeding children than among those who are still breastfeeding.

Table 11.5 Foods and liquids consumed by children in the day or night preceding the interview

Percentage of youngest children under age 2 who are living with the mother by type of foods consumed in the day or night preceding the interview, according to breastfeeding status and age, Uganda 2011

	Liquids			Solid or semi-solid foods									
Age in months	Infant formula	Other milk[1]	Other liquids[2]	Food made from grains[3]	Fruits and vege-tables rich in vitamin A[4]	Other fruits and vege-tables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry	Eggs	Cheese, yogurt, other milk product	Any solid or semi-solid food	Number of children
BREASTFEEDING CHILDREN													
0-1	0.0	3.4	2.9	6.0	3.2	1.2	3.6	0.0	0.4	0.0	0.0	6.0	229
2-3	1.1	11.8	7.2	10.0	4.4	0.5	3.9	0.0	0.5	0.0	0.1	11.4	277
4-5	0.1	24.7	17.0	18.6	8.0	2.9	5.6	1.8	5.1	0.7	0.9	25.2	259
6-8	0.3	27.0	37.7	45.9	27.2	8.6	25.6	3.1	18.5	6.7	1.9	66.1	391
9-11	0.5	29.2	51.0	61.5	39.7	12.0	46.2	3.2	28.8	8.2	3.1	92.1	378
12-17	0.5	23.9	51.1	60.1	48.3	21.0	46.7	6.8	32.0	8.6	3.2	93.4	570
18-23	0.0	20.6	47.6	62.4	46.8	18.5	48.8	9.3	28.5	7.5	2.1	93.3	341
6-23	0.3	25.1	47.2	57.6	41.1	15.6	42.1	5.6	27.4	7.8	2.6	86.7	1,681
Total	0.4	21.5	35.4	43.2	29.9	11.2	30.3	4.1	19.5	5.5	1.9	64.1	2,446
NONBREASTFEEDING CHILDREN													
0-11	0.0	48.8	29.4	48.6	27.1	9.0	29.9	1.2	12.1	12.4	4.7	68.4	62
12-23	0.1	39.3	57.2	71.5	47.4	25.7	50.3	5.6	37.4	14.5	4.4	96.8	412
Total	1.0	40.5	53.6	68.5	44.7	23.5	47.6	5.0	34.1	14.3	4.4	93.1	474

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and last night).
[1] Other milk includes fresh, tinned, and powdered cow or other animal milk
[2] Doesn't include plain water
[3] Includes fortified baby food
[4] Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables such as spinach, amaranths, cassava and bean leaves, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A

11.2.5 Infant and Young Child Feeding (IYCF) Practices

Appropriate infant and young child feeding (IYCF) practices include timely initiation of feeding of solid and semi-solid foods from age 6 months and improving the quality of foods consumed as the child gets older, while maintaining breastfeeding (WHO, 2008).

WHO has established guidelines with respect to IYCF practices for children age 6-23 months. Breastfed children age 6-23 months should receive animal-source foods and vitamin A-rich fruits and

vegetables daily (PAHO/WHO, 2003). Since first foods almost universally include a grain- or tuber-based staple, it is unlikely that young children who eat two or fewer food groups will receive both an animal-source food and a vitamin A-rich fruit or vegetable. Therefore, four food groups are considered the minimum acceptable number of food groups for breastfed infants (Arimond and Ruel, 2003). Breastfed infants age 6-8 months should be fed meals of complementary foods two or three times per day, with one to two snacks as desired; breastfed children age 9-23 months should be fed meals three or four times per day, with one to two snacks (WHO, 2008).

Nonbreastfed children age 6-23 months should receive milk products at least twice a day to ensure that their calcium needs are met. In addition, they need animal-source foods and vitamin A-rich fruits and vegetables. Therefore, for nonbreastfed young children, four food groups are considered the minimum acceptable number. Nonbreastfed children should be fed meals four or five times per day, with one to two snacks as desired (WHO, 2005). Meal frequency is considered a proxy for energy intake from foods other than breast milk. Therefore, for nonbreastfed children, feeding frequency indicators include both milk feeds and solid or semi-solid feeds (WHO, 2008).

Table 11.6 presents summary indicators of IYCF practices. Close to nine in ten (86 percent) children age 6-23 months received breast milk or milk products during the 24-hour period before the survey, and more than four in ten (45 percent) were fed at least the minimum number of times. Only one in eight (13 percent) of all children age 6-23 months were fed according to minimum standards with respect to food diversity (four or more food groups). Overall, only 6 percent of youngest children age 6-23 months living with their mothers are fed in accordance with 3 IYCF practices. Older children, children in urban areas, and those residing in Kampala are more likely to be fed according to the IYCF practices than younger children or rural children. In addition, feeding practices improve as the wealth quintile and the educational level of the mother increase.

Table 11.6 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding 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 2011

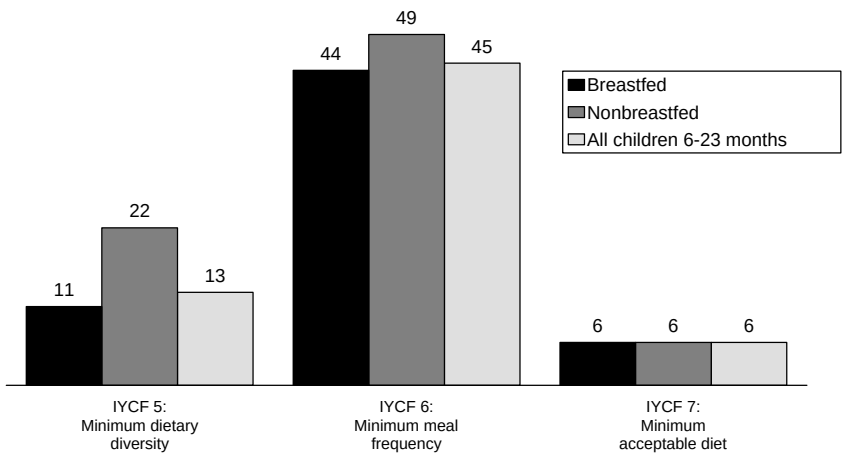
Background characteristic	Among breastfed children 6-23 months, percentage fed:			Number of breastfed children 6-23 months	Among nonbreastfed children 6-23 months, percentage fed:				Number of non-breastfed children 6-23 months	Among all children 6-23 months, percentage fed:				Number of all children 6-23 months
	4+ food groups[1]	Minimum meal frequency[2]	Both 4+ food groups and minimum meal frequency		Milk or milk products[3]	4+ food groups[1]	Minimum meal frequency[4]	With 3 IYCF practices[5]		Breast milk, milk, or milk products[6]	4+ food groups[1]	Minimum meal frequency[7]	With 3 IYCF practices	
Age in months														
6-8	6.1	55.7	4.5	391	42.8	0.0	42.8	0.0	16	97.7	5.8	55.2	4.3	408
9-11	9.8	35.2	3.6	378	61.0	12.9	65.2	5.8	26	97.5	10.0	37.2	3.7	405
12-17	13.4	42.8	7.4	570	42.6	28.0	49.6	7.7	111	90.6	15.8	43.9	7.4	681
18-23	11.5	41.1	6.6	341	29.4	21.1	47.4	5.8	301	66.9	16.0	44.0	6.3	643
Sex														
Male	11.0	43.3	5.9	841	36.3	18.6	48.9	6.4	208	87.4	12.5	44.4	6.0	1,049
Female	10.0	44.2	5.5	840	33.8	24.0	48.7	5.8	247	85.0	13.2	45.2	5.5	1,087
Residence														
Urban	17.2	42.8	8.1	198	56.1	30.7	65.0	14.5	86	86.7	21.3	49.5	10.1	285
Rural	9.6	43.9	5.4	1,483	30.0	19.4	45.0	4.1	368	86.1	11.6	44.1	5.1	1,851
Region														
Kampala	18.5	46.9	12.5	77	63.0	35.8	71.9	20.5	49	85.6	25.2	56.6	15.6	126
Central 1	20.5	38.8	3.0	139	42.3	29.7	63.8	7.2	73	80.2	23.6	47.4	4.4	212
Central 2	17.7	39.6	9.3	184	54.4	26.8	54.0	3.7	47	90.8	19.5	42.5	8.2	231
East Central	2.8	30.7	0.6	181	24.9	9.2	30.8	2.0	56	82.2	4.3	30.8	0.9	237
Eastern	11.3	53.2	9.8	308	14.2	20.3	36.7	2.0	74	83.3	13.0	50.0	8.3	382
Karamoja	3.3	26.8	1.9	75	60.9	5.6	66.5	5.6	7	96.9	3.5	30.0	2.2	82
North	7.2	28.5	2.4	180	17.8	11.3	21.2	4.9	22	91.0	7.6	27.7	2.7	202
West Nile	7.1	50.5	5.1	118	17.6	5.8	27.9	0.0	15	90.5	7.0	47.9	4.5	133
Western	12.3	56.3	6.6	209	29.3	23.9	53.0	4.0	73	81.6	15.3	55.5	5.9	282
Southwest	5.7	49.7	3.8	211	39.5	12.4	47.1	9.5	39	90.6	6.7	49.3	4.7	250
Mother's education														
No education	6.1	31.8	2.1	239	26.0	8.1	37.1	3.2	39	89.7	6.4	32.5	2.3	278
Primary	9.9	44.9	6.2	1,093	28.0	19.3	39.2	3.6	284	85.1	11.8	43.7	5.7	1,378
Secondary +	15.4	48.4	6.5	349	52.6	30.1	72.7	12.2	132	87.0	19.5	55.0	8.1	481
Wealth quintile														
Lowest	4.3	36.3	2.8	423	18.4	9.3	27.8	0.5	76	87.5	5.1	35.0	2.4	499
Second	6.2	44.3	4.2	383	24.2	17.0	38.8	3.6	86	86.1	8.2	43.3	4.1	469
Middle	12.6	48.3	8.4	329	35.3	28.7	50.8	5.5	87	86.5	16.0	48.8	7.8	415
Fourth	15.6	44.7	5.5	295	27.7	20.6	46.3	3.0	89	83.2	16.8	45.0	4.9	384
Highest	18.7	48.5	9.5	252	58.9	28.2	70.2	14.4	117	87.0	21.7	55.4	11.1	369
Total	10.5	43.8	5.7	1,681	35.0	21.5	48.8	6.1	455	86.2	12.8	44.8	5.8	2,136

[1] Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and 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.
[2] For breastfed children, minimum meal frequency is receiving solid or semi-solid food at least twice a day for infants 6-8 months and at least three times a day for children 9-23 months
[3] Includes two or more feedings of commercial infant formula, fresh, tinned, and powdered animal milk, and yogurt
[4] For non-breastfed children age 6-23 months, minimum meal frequency is receiving solid or semi-solid food or milk feeds at least four times a day
[5] Non-breastfed children age 6-23 months are considered to be fed with a minimum standard of three Infant and young child feeding practices if they receive other milk or milk products at least twice a day, receive the minimum meal frequency, and receive solid or semi-solid foods from at least four food groups not including the milk/milk product group
[6] Breastfeeding, or not breastfeeding and receiving two or more feedings of commercial infant formula, fresh, tinned, and powdered animal milk, and yogurt
[7] Children are fed the minimum recommended number of times per day according to their age and breastfeeding status as described in footnotes 2 and 4

Among breastfed children age 6-23 months, 11 percent receive foods from at least four food groups, while 44 percent are fed the minimum number of times or more. In total, 6 percent of breastfed children are given foods from four or more groups and also are fed at least the minimum number of times per day.

Among nonbreastfed children in the same age group, 35 percent receive milk or milk products, 22 percent receive foods from at least four food groups, and 49 percent are fed the minimum number of times or more. Similar to breastfed children, 6 percent of nonbreastfed children are fed in accordance with IYCF practices (Figure 11.5).

Figure 11.5 **IYCF indicators on minimum acceptable diet**



11.3 PREVALENCE OF ANAEMIA IN CHILDREN

Anaemia is a condition characterised by a low level of haemoglobin in the blood. Haemoglobin is necessary for transporting oxygen to tissues and organs in the body. About half of the global burden of anaemia is due to iron deficiency. Iron deficiency, in turn, is largely due to an inadequate dietary intake of bioavailable iron, inadequate dietary iron during periods of increased iron requirements (such as pregnancy and infancy), and increased blood loss due to hookworm infestation and infections such as malaria. Nutritional anaemia includes anaemia due to deficiency in iron plus deficiencies in folate, vitamins B and B12, and certain trace elements involved with red blood cell production. Anaemia in children is associated with impaired mental and physical development and with increased morbidity and mortality. Anaemia can be a particularly serious problem for pregnant women, leading to premature delivery and low birth weight. WHO considers anaemia prevalence over 40 percent in a population to be a major public health problem, anaemia prevalence between 20 and 40 percent to be a medium-level public health problem, and between 5 and less than 20 percent to be a mild public health problem (WHO, 2001a).

Table 11.7 presents anaemia levels among children age 6-59 months, according to selected background characteristics. Haemoglobin was measured in 2,121 children (2,142 children, weighted) that account for 92 percent of all children. Unadjusted (i.e., measured) haemoglobin values are obtained using the HemoCue instrument. Given that haemoglobin requirements differ substantially depending on altitude,

an adjustment to sea-level equivalents has been made before classifying children by level of anaemia. These adjustments for altitude are reflected in Table 11.7.

About half of Ugandan children 6-59 months (49 percent) are anaemic. More than one of every five (22 percent) has mild anaemia, more than one in four (26 percent) has moderate anaemia, and 2 percent have severe anaemia. Anaemia prevalence is highest among children age 9-11 months (69 percent) and decreases steadily with age from 12 to 59 months. Fifty-one percent of children in rural areas have anaemia, compared with 38 percent of children in urban areas. Regional variation of anaemia in children ranges from 25 percent in Southwest to 70 percent in Karamoja. Anaemia among children generally decreases with increases in mother's education and wealth quintile.

Table 11.7 Prevalence of anaemia in children

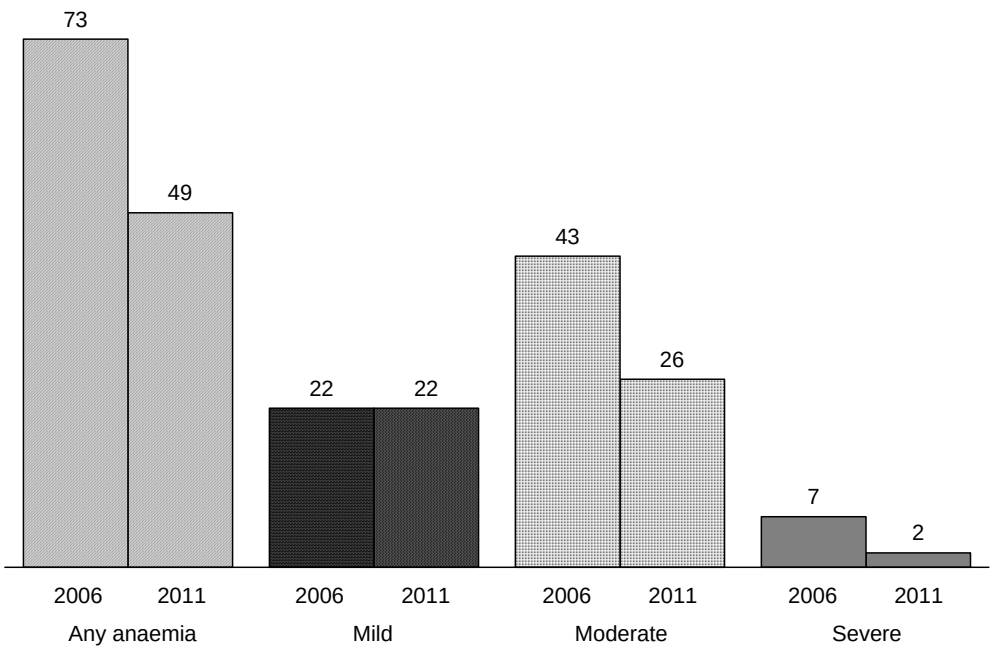
Percentage of children age 6-59 months classified as having anaemia, by background characteristics, Uganda 2011

	Anaemia status by haemoglobin level				
Background characteristic	Any anaemia (<11.0 g/dl)	Mild anaemia (10.0-10.9 g/dl)	Moderate anaemia (7.0-9.9 g/dl)	Severe anaemia (< 7.0 g/dl)	Number of children
Age in months					
6-8	67.0	22.3	41.3	3.4	124
9-11	68.5	24.6	41.6	2.3	120
12-17	65.2	32.1	29.6	3.5	250
18-23	54.6	20.4	32.3	2.0	265
24-35	49.4	21.6	26.7	1.2	444
36-47	40.5	21.3	19.0	0.1	480
48-59	36.8	19.3	16.5	1.0	459
Sex					
Male	50.2	22.1	27.0	1.0	1,064
Female	48.4	22.5	24.0	1.9	1,078
Mother's interview status					
Interviewed	50.3	22.1	26.6	1.6	1,796
Not interviewed but in household	58.8	32.2	26.6	0.0	106
Not interviewed and not in the household[1]	37.8	19.9	17.1	0.8	240
Residence					
Urban	38.0	19.3	18.3	0.4	265
Rural	50.9	22.7	26.5	1.6	1,877
Region					
Kampala	39.8	17.0	22.3	0.5	122
Central 1	56.8	27.0	29.1	0.7	209
Central 2	54.2	22.2	30.8	1.1	199
East Central	67.5	21.7	43.4	2.4	257
Eastern	54.6	22.3	28.9	3.4	419
Karamoja	69.5	34.7	34.6	0.2	79
North	34.0	21.1	12.6	0.4	178
West Nile	64.4	26.9	36.3	1.2	141
Western	38.6	22.3	14.9	1.4	285
Southwest	24.6	16.2	8.4	0.0	253
Mother's education[2]					
No education	49.9	24.7	25.0	0.2	253
Primary	52.0	21.4	28.7	1.9	1,238
Secondary +	47.2	24.7	21.1	1.4	395
Wealth quintile					
Lowest	59.0	23.6	33.1	2.4	477
Second	51.7	21.4	28.3	2.1	453
Middle	51.0	25.6	24.4	1.0	460
Fourth	42.8	19.2	22.5	1.1	394
Highest	38.2	21.0	16.6	0.5	357
Total	49.3	22.3	25.5	1.5	2,142

Note: Table is based on children who stayed in the household on the night before the interview and who were tested for anaemia. Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude using formulas in CDC, 1998. Haemoglobin in grams per decilitre (g/dl).
[1] Includes children whose mothers are deceased
[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.

The national anaemia prevalence estimate decreased substantially from 73 percent in 2006 to 49 percent in 2011 (Figure 11.6). This change is due largely to the drop in the prevalence of moderate anaemia.

Figure 11.6 **Trends in anaemia status among children under 5 years**



11.4 MICRONUTRIENT INTAKE AMONG CHILDREN

Micronutrient deficiency is a major contributor to childhood morbidity and mortality. Children can receive micronutrients from foods, food fortification, and direct supplementation. Table 11.8 summarises information collected in the 2011 UDHS on children's intake of vitamin A and iron, receipt of deworming medications, and whether they live in households with iodized salt.

Vitamin A is an essential micronutrient for the immune system that 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 the 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) with vitamin A supplements is one method of ensuring that children at risk do not develop VAD.

Table 11.8 shows that 61 percent of the youngest children age 6-23 months living with their mothers consumed foods rich in vitamin A in the 24 hours preceding the interview. The proportion of children consuming vitamin A-rich foods increases with age (from 43 percent at 6-8 months to 67 percent at 18-23 months). Nonbreastfeeding children are more likely than breastfeeding children to consume foods rich in vitamin A (69 percent compared with 59 percent). Male children are slightly more likely to consume foods rich in vitamin A than female children (63 percent versus 60 percent). There are no major variations in children's consumption of foods rich in vitamin A in the past 24 hours and mother's age at birth or urban-rural residence. With regard to regions, children living in the Eastern region are most likely to consume foods rich in vitamin A (74 percent), while those in the Southwest region are least likely (50

percent). Mother's level of education and wealth do not have a clear relationship with consumption of foods rich in vitamin A by young children age 6-23 months.

As noted, low iron intake can also contribute to anaemia. Also, iron is essential for cognitive development. Iron requirements are greatest at age 6-11 months, when growth is extremely rapid. As Table 11.8 shows, about one-third (34 percent) of children age 6-23 months consumed iron-rich foods in the 24 hours preceding the survey. Consumption of foods rich in iron increases from 23 percent at age 6-8 months to 37-38 percent among children 12-23 months. Nonbreastfeeding children are more likely than breastfeeding children to consume iron-rich foods (42 percent versus 32 percent). Further, consumption of iron-rich foods is more common in urban areas (45 percent) than in rural areas (32 percent). Children in Southwest and Karamoja are the least likely to consume iron-rich foods (10 percent, each), while those living in Kampala are the most likely (49 percent). Children whose mothers have some secondary education are more likely to consume iron-rich foods (37 percent) than those whose mothers have no education (26 percent). Similarly, wealth status is directly related to the consumption of foods rich in iron, with 28 percent of children in the lowest wealth quintile consuming foods rich in iron in the 24 hours before the survey compared with 42 percent of children in the highest wealth quintile.

The 2011 UDHS also collected data on vitamin A and iron supplementation for children age 6-59 months. Table 11.8 shows that almost six in ten children age 6-59 months (57 percent) received vitamin A supplements in the six months preceding the survey. Vitamin A supplementation does not show a clear pattern among children of different age cohorts, genders, mother's age at birth, urban-rural residence, or wealth. Vitamin A supplementation is higher among breastfeeding than nonbreastfeeding children (63 percent versus 55 percent). At the regional level, the proportion of children receiving vitamin A supplements is lowest in Central 1 (36 percent) and highest in Karamoja (74 percent). Mother's level of education is closely associated with children receiving vitamin A supplements; 54 percent of children whose mothers have no education received vitamin A supplements in the past six months compared with 63 percent of children whose mothers have more than a secondary education.

Iron supplementation coverage is generally low in Uganda. Only 7 percent of children age 6-59 months were given iron supplements in the seven days preceding the survey. It does not vary much by background characteristics, except for regional variations. Kampala and Southwest have the lowest coverage (4 percent each) compared with Karamoja, North, and West Nile regions that have the highest coverage (12 percent each).

Infection with helminths or intestinal worms has an adverse impact on the physical development of children and is associated with high levels of iron deficiency anaemia and other nutritional deficiencies. Regular treatment with deworming medication is a simple, cost-effective measure to address these infections. As Table 11.8 shows, half of children age 6-59 months received deworming medication during the six months preceding the survey. The likelihood of receiving deworming medication increases with the child's age, from 19 percent for children 6-8 months to 58 percent among those 18-23 months, after which it starts to decrease. It is lower among breastfeeding children (42 percent), children whose mother's age at childbirth was 15-19 (40 percent), and among rural children (49 percent). Karamoja (65 percent) has the highest proportion of children who received deworming medication, while East Central and Southwest (43 percent each) have the lowest proportion. The proportion of children 6-59 months receiving deworming medication increases with mother's education and household wealth.

Table 11.8 Micronutrient intake among children

Among youngest children age 6-23 months who are living with their mother, the percentages who consumed vitamin A-rich and iron-rich foods in the day or night preceding the survey, and among all children 6-59 months, the percentages 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 iodised salt, by background characteristics, Uganda 2011

	Among youngest children age 6-23 months living with the mother:			Among all children age 6-59 months:				Among all children age 6-59 months living in households tested for iodised salt:	
Background characteristic	Percentage who consumed foods rich in vitamin A in past 24 hours[1]	Percentage who consumed foods rich in iron in past 24 hours[2]	Number of children	Percentage given vitamin A supple-ments in past 6 months	Percentage given iron supple-ments in past 7 days	Percentage given deworming medication in past 6 months[3]	Number of children	Percentage living in households with iodised salt[4]	Number of children
Age in months									
6-8	43.4	23.2	408	53.2	6.6	18.7	417	98.6	401
9-11	59.8	33.2	405	66.2	8.8	33.5	411	98.5	395
12-17	67.0	37.7	681	68.6	7.7	51.5	723	99.4	695
18-23	67.3	36.6	643	59.4	6.6	57.8	756	98.9	724
24-35	na	na	na	56.8	7.6	56.2	1,515	99.3	1,440
36-47	na	na	na	52.4	6.4	52.0	1,473	99.1	1,424
48-59	na	na	na	52.4	6.9	51.4	1,438	98.7	1,359
Sex									
Male	62.6	34.5	1,049	57.1	7.1	50.4	3,344	99.1	3,205
Female	59.9	32.9	1,087	56.5	7.1	50.1	3,389	99.0	3,232
Breastfeeding status									
Breastfeeding	59.1	31.5	1,681	63.1	7.8	41.9	1,821	99.1	1,738
Not breastfeeding	69.0	41.8	455	54.5	6.8	53.3	4,897	99.0	4,684
Mother's age at birth									
15-19	59.4	30.3	194	58.2	8.2	39.6	332	99.6	310
20-29	59.6	34.7	1,178	58.1	7.3	50.5	3,662	99.1	3,524
30-39	65.3	33.3	647	55.4	6.5	51.3	2,192	98.8	2,092
40-49	57.8	31.7	117	53.2	6.9	50.5	546	98.9	511
Residence									
Urban	61.7	45.2	285	57.7	7.0	59.8	947	99.2	905
Rural	61.2	31.9	1,851	56.7	7.1	48.6	5,786	99.0	5,532
Region									
Kampala	60.5	49.0	126	50.7	3.6	59.2	415	99.0	401
Central 1	68.0	43.8	212	36.2	5.9	46.8	649	99.6	617
Central 2	53.7	36.7	231	44.1	5.9	49.6	703	97.5	674
East Central	54.9	33.4	237	70.8	5.4	42.6	767	98.8	735
Eastern	73.9	45.0	382	71.0	9.9	56.5	1,162	100.0	1,105
Karamoja	68.1	9.8	82	73.7	12.3	64.5	260	99.8	229
North	58.6	25.9	202	59.4	11.6	48.2	606	100.0	592
West Nile	71.6	44.5	133	53.7	11.7	46.7	399	98.4	370
Western	56.3	30.8	282	60.0	4.7	52.7	978	98.4	947
Southwest	49.5	9.6	250	44.1	3.9	42.6	794	98.6	768
Mother's education									
No education	61.5	26.4	278	53.8	8.1	43.3	982	98.8	902
Primary	61.9	34.0	1,378	55.4	6.5	47.6	4,297	99.0	4,125
Secondary +	59.2	37.2	481	63.0	8.0	62.5	1,455	99.1	1,411
Wealth quintile									
Lowest	63.7	27.5	499	62.1	8.6	47.8	1,514	99.3	1,410
Second	63.3	33.4	469	58.3	7.8	48.7	1,423	99.2	1,372
Middle	58.1	32.3	415	50.8	5.9	43.9	1,350	98.8	1,288
Fourth	59.5	35.4	384	55.5	5.8	51.8	1,174	98.5	1,132
Highest	60.6	42.3	369	56.4	7.0	60.1	1,272	99.2	1,235
Total	61.2	33.7	2,136	56.8	7.1	50.2	6,733	99.0	6,437

Note: Information on vitamin A is based on both mother's recall and the immunization card (where available). Information on iron supplements and deworming medication is based on the mother's recall. Total includes 15 children with missing information on breastfeeding status.
na = Not applicable
[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables such as spinach, amaranths, cassava, and bean leaves, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A
[2] Includes meat (including organ meat)
[3] Deworming for intestinal parasites is commonly done for helminthes and for schistosomiasis.
[4] Excludes children in households in which salt was not tested.

Iodine deficiency has serious effects on body growth and mental development. The principal cause of iodine deficiency is inadequate iodine in foods. The fortification of salt with iodine is the most common method of preventing iodine deficiency. According to WHO, a country's salt iodisation programme is considered to be on a good track (poised to attain the goal of eliminating iodine deficiency) when 90 percent of the households are using iodised salt. To assess the use of iodised salt in Uganda, interviewers in

the 2011 UDHS asked households to provide a teaspoon of salt used for cooking. The salt was tested for iodine using the iodine rapid test kit.

As Table 11.8 shows, almost all children (99 percent) live in households that use iodised salt. There is no major variation by background characteristics.

11.5 IODISATION OF HOUSEHOLD SALT

Table 11.9 shows the percentage of households with salt tested for iodine content, the percentage of households without salt, and, among households with tested salt, the percentage with iodine present in the salt. Ninety-two percent of households had salt tested for iodine at the time of the interview. Of these households, 99 percent were using iodised salt. Because the presence of iodised salt in the households is almost universal, there is no major variation by background characteristics.

Table 11.9 Presence of iodized salt in household

Among all households, the percentage with salt tested for iodine content and the percentage with no salt in the household; and among households with salt tested, the percentage with iodized salt, according to background characteristics, Uganda 2011

	Among all households, the percentage:			Among households with tested salt:	
Background characteristic	With salt tested	With no salt in the household	Number of households	Percentage with iodized salt	Number of households
Residence					
Urban	88.0	12.0	1,691	98.7	1,489
Rural	92.3	7.7	7,342	99.1	6,775
Region					
Kampala	89.0	11.0	797	98.3	709
Central 1	91.5	8.5	1,140	99.6	1,043
Central 2	89.9	10.1	1,038	98.8	934
East Central	91.4	8.6	904	98.5	826
Eastern	91.2	8.8	1,226	100.0	1,118
Karamoja	81.3	18.7	306	99.8	249
North	95.5	4.5	757	100.0	723
West Nile	89.0	11.0	508	98.6	453
Western	94.3	5.7	1,228	98.5	1,159
Southwest	93.0	7.0	1,128	98.4	1,049
Wealth quintile					
Lowest	89.6	10.4	1,719	99.3	1,541
Second	91.9	8.1	1,767	98.7	1,624
Middle	92.0	8.0	1,672	98.8	1,538
Fourth	91.6	8.4	1,723	99.2	1,579
Highest	92.1	7.9	2,152	99.1	1,981
Total	91.5	8.5	9,033	99.0	8,263

11.6 NUTRITIONAL STATUS OF WOMEN AND MEN

The nutritional status of women and men was assessed by use of two anthropometric indices—height and body mass index (BMI). To derive those indices, the 2011 UDHS measured the height and weight of women age 15-49 and men age 15-59. Results are presented for women in Table 11.10.1 and for men in Table 11.10.2.

Short stature reflects previous poor socioeconomic conditions and inadequate nutrition during childhood and adolescence. In a woman, short stature is a risk factor for poor birth outcomes and obstetric complications. For example, short stature is associated with small pelvic size, which increases the likelihood of difficulty during delivery and the risk of bearing low birth weight babies. A woman is considered to be at risk if her height is below 145 cm.

BMI is used to measure thinness or obesity. BMI is defined as weight in kilograms divided by height in metres squared (kg/m^2). A BMI below 18.5 indicates thinness or acute undernutrition. A BMI

below 17 kg/m^2 indicates severe undernutrition and is associated with increased mortality. Low pre-pregnancy BMI, like short stature, is associated with poor birth outcomes and obstetric complications. A BMI of 25.0 or above indicates overweight or obesity.

Table 11.10.1 shows the percentage of women with height less than 145 cm, mean BMI, and the proportions of women falling into normal and high-risk categories, by background characteristics. Respondents for whom there was no information on height or weight and for whom a BMI could not be estimated are excluded from this analysis. The data analysis on BMI is based on 2,355 women age 15-49 years (2,316 weighted women), while the height analysis is based on 2,707 women (2,667 weighted women).

As shown in Table 11.10.1, just 2 percent of Ugandan women are below 145 cm in height. In general, height differs little with background characteristics.

The mean BMI for Ugandan women age 15-49 is 22.3 kg/m^2. There are no major differences in mean BMI by women's background characteristics.

Table 11.10.1 Nutritional status of women

Among women age 15-49, the percentage with height under 145 cm, the mean Body Mass Index (BMI), and the percentage with specific BMI levels, by background characteristics, Uganda 2011

	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 (moderately and severely thin)	≥25.0 (total overweight or obese	25.0-29.9 (overweight)	≥30.0 (obese)	Number of women
Age											
15-19	1.9	645	21.5	74.2	14.3	10.4	3.9	11.5	10.5	1.0	583
20-29	1.8	967	22.2	73.8	10.1	8.1	2.0	16.1	13.4	2.7	785
30-39	1.5	670	22.8	65.4	10.3	8.5	1.8	24.4	16.8	7.5	575
40-49	0.8	385	22.8	59.3	13.4	11.0	2.4	27.3	20.2	7.1	374
Residence											
Urban	0.5	551	23.9	57.5	7.6	5.8	1.8	34.9	25.5	9.5	503
Rural	1.9	2,116	21.8	72.8	12.9	10.2	2.7	14.3	11.6	2.7	1,813
Region											
Kampala	0.8	263	24.4	51.9	7.7	5.3	2.4	40.4	27.4	13.0	241
Central 1	1.9	272	23.0	69.4	7.3	6.8	0.5	23.3	17.0	6.3	242
Central 2	1.5	267	22.6	71.4	8.2	7.1	1.1	20.4	16.8	3.6	233
East Central	0.0	272	21.9	72.3	11.9	8.3	3.6	15.7	14.4	1.4	224
Eastern	2.0	397	20.8	70.8	20.0	13.9	6.1	9.2	7.3	1.9	340
Karamoja	0.0	82	19.8	66.1	32.8	25.9	7.0	1.0	1.0	0.0	63
North	0.0	220	20.8	76.5	16.3	13.9	2.4	7.2	7.0	0.2	190
West Nile	0.5	163	20.5	74.6	20.9	18.0	2.8	4.5	4.0	0.6	139
Western	3.1	386	22.8	69.4	7.8	7.3	0.4	22.9	17.3	5.6	333
Southwest	3.3	345	23.1	72.2	4.8	3.1	1.7	23.0	18.9	4.1	311
Education											
No education	1.9	327	21.8	62.8	19.7	17.0	2.7	17.4	12.4	5.1	274
Primary	1.8	1,591	22.0	71.5	12.7	10.0	2.8	15.8	12.4	3.4	1,381
Secondary +	1.0	750	23.1	67.9	6.3	4.5	1.9	25.8	20.2	5.5	661
Wealth quintile											
Lowest	2.3	461	20.3	71.7	22.8	17.9	4.8	5.6	4.3	1.3	379
Second	1.9	476	21.3	72.9	18.3	14.6	3.7	8.8	7.2	1.6	389
Middle	2.2	484	22.0	78.1	9.0	6.9	2.1	13.0	10.3	2.7	422
Fourth	1.6	560	22.7	69.1	7.9	6.1	1.8	23.0	18.9	4.1	504
Highest	0.5	686	23.9	60.4	5.9	4.7	1.2	33.7	25.1	8.7	622
Total	1.6	2,667	22.3	69.5	11.7	9.2	2.5	18.8	14.6	4.2	2,316

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

Seven in ten Ugandan women have a normal BMI (between 18.5 and 24.9 kg/m^2). Overall, 12 percent of women are thin or undernourished (BMI less than 18.5 kg/m^2): 9 percent mildly thin (BMI

between 17.0-18.4 kg/m^2) and 3 percent moderately and severely thin (BMI less than 17.0 kg/m^2). Adolescents age 15-19 are somewhat more likely to be thin (14 percent) than older women. Rural women are more likely to be thin than urban women (13 percent versus 8 percent). Women residing in Karamoja are the most likely to be thin (33 percent), while women in Southwest are the least likely (5 percent). The percentage of women who are thin is inversely associated with education and wealth; uneducated women (20 percent) and those in the lowest wealth quintile (23 percent) are more likely to be thin than women with secondary or higher education or those in the highest wealth quintile (6 percent, each).

Overweight or obesity (BMI 25 kg/m^2 or above) is common among women in Uganda. Overall, 19 percent are overweight or obese (BMI 25 kg/m^2 or above), 15 percent are overweight and 4 percent are obese. The percentage of women who are overweight or obese increases with age, from 12 percent among women age 15-19 to 27 percent among those age 40-49. It is substantially higher among urban than rural women (35 and 14 percent, respectively). By region, women in Kampala are the most likely to be overweight or obese (40 percent), while women in Karamoja are the least likely (1 percent). The percentage of women who are overweight or obese increases substantially with education and wealth.

Figure 11.7 shows that the percentage of thin women has remained constant at 12 percent between the 2006 and 2011 UDHS surveys, while the percentage of overweight or obese women has increased from 17 to 19 percent.

Figure 11.7 **Trends in nutritional status among women 15-49 years**

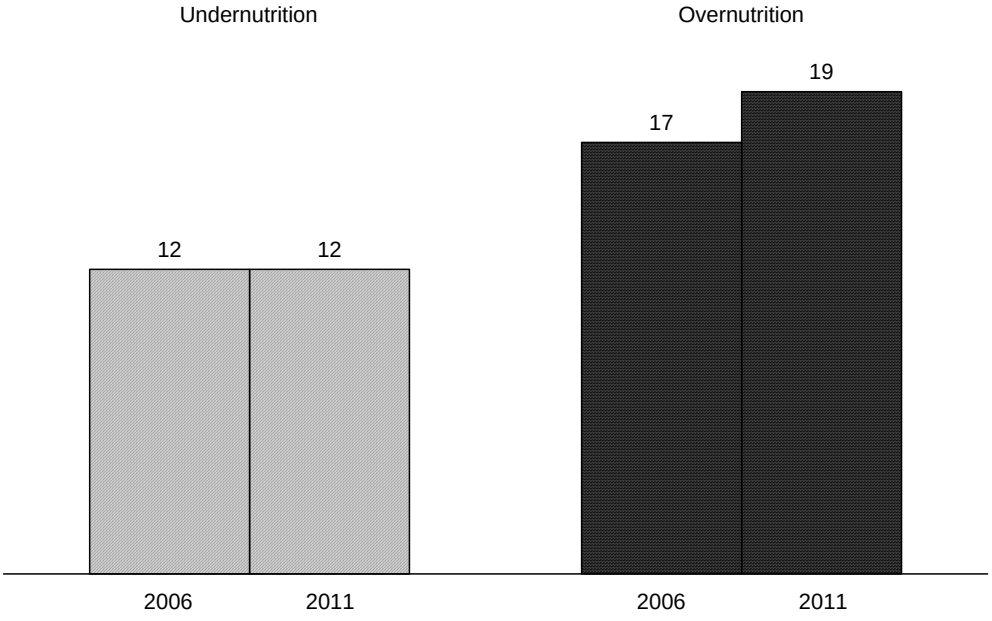


Table 11.10.2 presents the nutritional status of men. The mean BMI for Ugandan men age 15-49 is 20.6 kg/m^2. There is little difference in the mean BMI by background characteristics. Seventy-eight percent of Ugandan men age 15-49 have a normal BMI (between 18.5 and 24.9 kg/m^2). Eighteen percent are thin or undernourished (BMI less than 18.5 kg/m^2); 13 percent are mildly thin (BMI between 17.0 and 18.4 kg/m^2), and 5 percent moderately or severely thin (BMI less than 17.0 kg/m^2).

Young men age 15-19 are much more likely to be thin (33 percent) than their older counterparts (10-17 percent). Rural men are more likely to be thin (19 percent) than urban men (12 percent). Among regions, those residing in West Nile are most likely to be thin (34 percent), and those living in Central 2 are least likely (10 percent). There is no clear pattern in the relationship between education and the percentage of men who have a BMI of less than 18.5 kg/m^2. The percentage of men who are thin decreases with wealth, declining from 25 percent of men in the lowest wealth quintile to 14 percent of those in the highest wealth quintile.

Table 11.10.2 Nutritional status of men

Among men age 15-49, mean Body Mass Index (BMI), and the percentage with specific BMI levels, by background characteristics, Uganda 2011

	Body Mass Index								
		Normal	Thin			Overweight/obese			
Background characteristic	Mean Body Mass Index - BMI	18.5-24.9 (total normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17 (modera-tely and severely thin)	≥25.0 (total over-weight or obese)	25.0-29.9 (over-weight)	≥30.0 (obese)	Number of men
Age									
15-19	19.4	66.6	32.9	21.0	11.9	0.5	0.5	0.0	544
20-29	21.0	86.0	10.0	7.7	2.3	4.0	3.8	0.2	667
30-39	21.0	79.8	13.4	10.2	3.1	6.8	5.9	0.8	584
40-49	20.8	76.0	16.9	12.0	4.9	7.1	5.3	1.8	342
Residence									
Urban	21.5	76.1	12.4	8.5	3.9	11.5	9.8	1.7	426
Rural	20.3	78.2	19.2	13.5	5.7	2.6	2.3	0.3	1,711
Region									
Kampala	21.3	71.2	17.1	9.6	7.6	11.7	10.1	1.5	211
Central 1	20.7	85.2	12.4	8.6	3.8	2.4	2.1	0.2	208
Central 2	21.2	83.7	9.9	7.7	2.2	6.4	5.0	1.4	233
East Central	20.6	79.1	17.8	13.7	4.1	3.1	3.1	0.0	229
Eastern	20.1	78.6	20.3	13.5	6.8	1.0	0.9	0.1	286
Karamoja	19.4	65.0	33.1	21.9	11.2	1.9	1.9	0.0	53
North	20.0	76.6	20.6	17.3	3.3	2.8	2.8	0.0	199
West Nile	19.6	65.2	34.0	22.4	11.7	0.7	0.7	0.0	131
Western	20.7	81.7	14.0	11.4	2.6	4.3	2.8	1.5	317
Southwest	20.9	75.0	18.6	10.8	7.7	6.4	6.4	0.0	270
Education									
No education	20.7	82.9	14.8	11.7	3.1	2.3	2.3	0.0	87
Primary	20.3	76.3	20.9	15.0	5.8	2.8	2.6	0.3	1,292
Secondary +	21.0	79.7	13.1	8.3	4.8	7.2	6.1	1.2	758
Wealth quintile									
Lowest	19.7	75.1	24.5	19.3	5.2	0.3	0.3	0.0	341
Second	20.2	80.0	18.5	14.3	4.1	1.5	1.3	0.2	416
Middle	20.4	77.2	19.8	13.5	6.3	3.0	3.0	0.0	398
Fourth	20.9	80.9	14.6	7.9	6.7	4.5	3.6	0.8	480
Highest	21.4	75.2	14.3	9.9	4.4	10.5	9.0	1.5	501
Total 15-49	20.6	77.8	17.9	12.5	5.4	4.4	3.8	0.6	2,137
50-54	20.9	81.0	11.6	10.0	1.6	7.4	6.9	0.5	119
Total 15-54	20.6	77.9	17.5	12.4	5.2	4.5	4.0	0.6	2,256

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).

Only 4 percent of men are overweight (BMI 25 kg/m^2 or above), while less than 1 percent are obese. The proportion of overweight or obese men is highest among urban men and those living in Kampala (12 percent each), men with secondary or higher education (7 percent), and men in the highest wealth quintile (11 percent).

11.7 PREVALENCE OF ANAEMIA IN WOMEN

Anaemia in pregnant women results in an increased risk of premature delivery and low birth weight. Table 11.11 presents anaemia prevalence among women age 15-49 based on haemoglobin levels, according to selected background characteristics. The raw measured values of haemoglobin were obtained using the HemoCue instrument and adjusted for altitude and smoking status.

Twenty-three percent of Ugandan women age 15-49 are anaemic, with 18 percent having mild anaemia, 5 percent having moderate anaemia, and less than 1 percent having severe anaemia. Prevalence of anaemia is higher among older women age 40-49 (27 percent), those with six or more children (28 percent), pregnant women (31 percent), and women who smoke (31 percent). Anaemia prevalence also varies by urban and rural residence; a higher proportion of women in rural areas are anaemic (24 percent) than those in urban areas (20 percent). Also, women in Karamoja have the highest prevalence of anaemia (43 percent, while women in Southwest have the lowest prevalence (11 percent). Prevalence of anaemia generally decreases as education and wealth status increases.

Table 11.11 Prevalence of anaemia in women

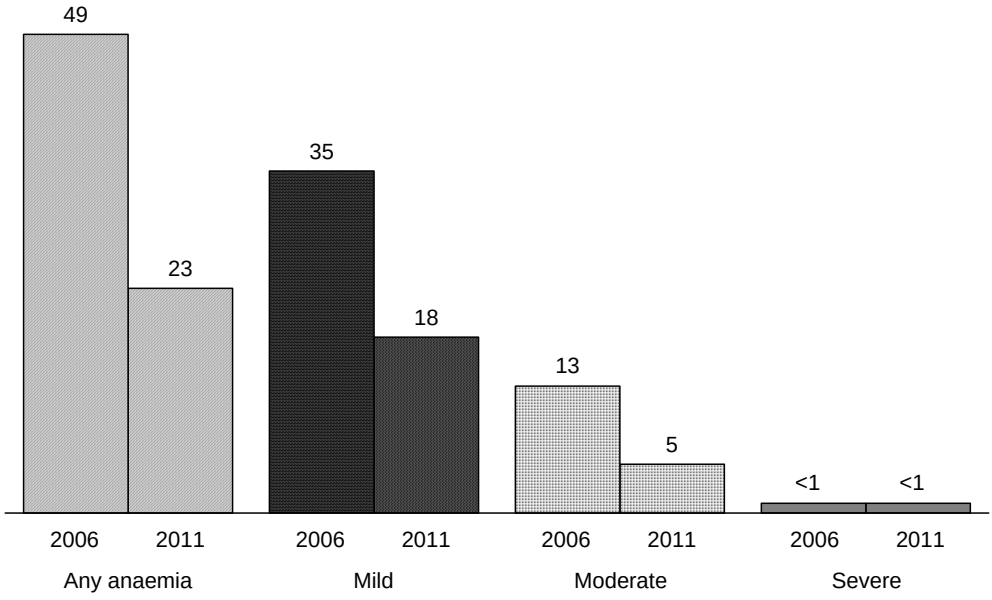
Percentage of women age 15-49 with anaemia, by background characteristics, Uganda 2011

		Anaemia status by haemoglobin level				
		Any	Mild	Moderate	Severe	
Background characteristic	Not pregnant / Pregnant	<12.0 g/dl / <11.0 g/dl	10.0-11.9 g/dl / 10.0-10.9 g/dl	7.0-9.9 g/dl / 7.0-9.9g/dl	<7.0 g/dl / <7.0g/dl	Number of women
Age						
15-19		18.9	14.9	2.9	1.1	632
20-29		23.3	18.2	4.6	0.5	948
30-39		24.5	19.0	5.4	0.1	650
40-49		26.8	18.9	7.1	0.8	381
Number of children ever born						
0		18.8	14.5	2.8	1.4	688
1		24.6	18.5	5.8	0.4	242
2-3		20.5	16.6	3.4	0.5	536
4-5		23.6	18.2	5.5	0.0	468
6+		28.4	21.2	6.9	0.3	677
Maternity status						
Pregnant		30.6	19.5	11.1	0.0	290
Breastfeeding		25.9	21.4	4.3	0.2	762
Neither		20.3	15.5	3.8	1.0	1,559
Smoking status						
Smokes cigarettes/tobacco		30.8	21.9	7.4	1.5	72
Does not smoke		22.8	17.6	4.7	0.6	2,538
Residence						
Urban		19.9	13.9	5.8	0.2	521
Rural		23.8	18.6	4.5	0.7	2,090
Region						
Kampala		19.6	14.1	5.3	0.3	246
Central 1		23.5	17.8	5.5	0.1	269
Central 2		30.9	23.3	6.1	1.6	259
East Central		29.9	23.1	6.4	0.4	272
Eastern		27.9	23.8	3.7	0.4	389
Karamoja		43.3	35.2	8.1	0.0	81
North		13.1	10.3	2.7	0.0	219
West Nile		32.3	26.4	5.5	0.5	163
Western		17.3	10.8	4.7	1.9	381
Southwest		11.4	8.5	2.9	0.0	333
Education						
No education		27.4	21.9	5.5	0.0	318
Primary		23.0	17.4	4.7	0.8	1,566
Secondary +		21.3	16.4	4.5	0.4	727
Wealth quintile						
Lowest		28.6	21.9	6.5	0.2	454
Second		26.4	22.1	4.3	0.0	467
Middle		19.0	14.4	4.4	0.2	478
Fourth		22.2	16.9	4.6	0.7	558
Highest		20.5	14.7	4.3	1.5	653
Total		23.0	17.7	4.8	0.6	2,610

Note: Prevalence is adjusted for altitude and for smoking status, if known, using formulas in CDC, 1998.

In comparison with the data from the 2006 UDHS, the prevalence of any anaemia has declined substantially from 49 percent to 23 percent. The prevalence of mild and moderate anaemia also has declined between the two surveys, from 35 percent to 18 percent, and from 13 percent to 5 percent, respectively (Figure 11.8).

Figure 11.8 **Trends in anaemia status among women age 15-49 years**



11.8 MICRONUTRIENT INTAKE AMONG MOTHERS

Adequate micronutrient intake by women has important benefits for both women and their children. A mother's nutritional status during pregnancy is important both for foetal development and for protection against maternal morbidity and mortality. Breastfeeding children benefit from micronutrient supplementation that mothers receive, especially vitamin A. Iodine deficiency is related to a number of adverse pregnancy outcomes, including abortion, foetal brain damage, congenital malformation, stillbirth, and prenatal death. Table 11.12 includes a number of measures that are useful in assessing the extent to which women are obtaining adequate intakes of vitamin A and iron.

More than four in ten mothers (42 percent) who gave birth in the five years preceding the survey received postpartum vitamin A supplements. The proportion of mothers that received vitamin A supplements does not vary much by age. Vitamin A supplements are more common in urban areas than rural areas (51 and 40 percent, respectively). More than six in ten women (63 percent) residing in Karamoja received vitamin A supplements, compared with about one in four women (23 percent) in Central 1. Educated women were more likely to have received vitamin A supplements during their last pregnancy—48 percent of women with secondary or higher education compared with 38 percent of women with no education. The likelihood of women receiving vitamin A supplements is highest among those in the lowest and highest wealth quintiles (47 and 48 percent, respectively).

About one in four women (24 percent) did not take any iron tablets during their last pregnancy. Sixty-one percent of women took them for fewer than 60 days, and 4 percent took them for 90 days or more during their last pregnancy. The percentage of women who took iron tablets for 90 or more days decreases somewhat with age and is higher among urban women (9 percent) and those residing in Kampala (10 percent). In general, the percentage of women who took iron tablets for 90 or more days increases as educational status and wealth index increase.

Half of mothers received deworming medication during their last pregnancy. Urban women were more likely than rural women to have taken deworming medication (54 percent compared with 49 percent). Among regions the proportion of women who received deworming medication ranges from 38 percent in East Central to 62 percent in West Nile. The percentage of women who received deworming medication generally increases with increasing education and wealth.

Iodine deficiency has adverse effects on all population groups, but women of reproductive age are often most affected. Table 11.12 shows the percentage of women with a child born in the five years preceding the survey who live in households using iodised salt. Nationally, 99 percent of women live in households with iodised salt. This percentage does not vary much by background characteristics.

Table 11.12 Micronutrient intake among mothers

Among women age 15-49 with a child born in the past five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child, the percent distribution by number of days they took iron tablets or syrup during the pregnancy of the last child, and the percentage who took deworming medication during the pregnancy of the last child; and among women age 15-49 with a child born in the past five years and who live in households that were tested for iodised salt, the percentage who live in households with iodized salt, by background characteristics, Uganda 2011

		Among women with a child born in the past five years:								Among women with a child born in the past five years, who live in households that were tested for iodised salt:	
		Number of days women took iron tablets or syrup during pregnancy of last birth									
Background characteristic	Percentage who received vitamin A dose post-partum[1]	None	<60	60-89	90+	Don't know/ missing	Total	Percentage of women who took deworming medication during pregnancy of last birth	Number of women	Percentage living in households with iodised salt[2]	Number of women
Age											
15-19	40.6	23.9	60.1	3.6	5.4	7.1	100.0	50.3	370	99.6	347
20-29	43.6	22.2	63.5	2.9	4.2	7.2	100.0	51.2	2,535	99.1	2,438
30-39	40.6	26.9	58.1	2.5	3.8	8.7	100.0	50.2	1,594	98.9	1,518
40-49	38.6	27.8	56.7	2.5	1.6	11.4	100.0	41.8	470	99.0	445
Residence											
Urban	50.5	16.7	60.1	3.4	9.2	10.6	100.0	53.7	805	99.0	770
Rural	40.3	25.9	61.0	2.7	2.9	7.6	100.0	49.2	4,163	99.0	3,977
Region											
Kampala	52.4	15.8	58.4	4.0	10.1	11.6	100.0	51.5	358	98.9	347
Central 1	23.4	29.8	56.7	2.0	1.7	9.9	100.0	43.9	504	99.7	476
Central 2	36.8	22.3	52.9	2.5	4.9	17.4	100.0	51.2	507	98.1	487
East Central	41.0	29.3	62.4	1.0	1.1	6.2	100.0	37.6	532	98.5	512
Eastern	48.2	22.8	68.2	2.6	1.9	4.6	100.0	57.5	794	100.0	753
Karamoja	62.9	9.2	76.7	4.0	2.0	8.1	100.0	43.1	186	99.5	163
North	58.6	18.4	66.9	6.7	6.7	1.3	100.0	51.2	445	100.0	435
West Nile	55.6	12.9	68.7	3.8	7.5	7.1	100.0	61.9	299	98.7	276
Western	36.4	25.8	62.2	1.4	4.0	6.5	100.0	51.7	739	98.4	716
Southwest	29.3	37.4	46.6	2.8	3.0	10.1	100.0	46.7	604	98.5	583
Education											
No education	38.3	28.1	59.8	2.3	1.8	8.0	100.0	43.7	713	99.0	650
Primary	40.4	26.1	61.1	2.4	3.2	7.2	100.0	49.7	3,079	99.0	2,957
Secondary +	48.1	17.7	60.8	4.2	7.1	10.3	100.0	54.2	1,177	99.2	1,141
Wealth quintile											
Lowest	47.3	24.2	63.2	3.6	3.2	5.7	100.0	48.4	1,055	99.4	983
Second	40.3	26.2	61.6	2.2	3.0	7.0	100.0	48.3	1,026	99.1	982
Middle	36.6	28.7	58.8	2.1	3.8	6.5	100.0	47.1	963	98.9	918
Fourth	36.5	24.6	62.4	2.0	1.8	9.2	100.0	51.3	897	98.6	864
Highest	47.9	18.3	58.3	3.9	7.5	12.0	100.0	54.5	1,027	99.1	1,001
Total	41.9	24.4	60.9	2.8	3.9	8.1	100.0	49.9	4,968	99.0	4,748

[1] In the first two months after delivery
[2] Excludes women in households where salt was not tested

Half of mothers received deworming medication during their last pregnancy. Urban women were more likely than rural women to have taken deworming medication (54 percent compared with 49 percent). Among regions the proportion of women who received deworming medication ranges from 38 percent in East Central to 62 percent in West Nile. The percentage of women who received deworming medication generally increases with increasing education and wealth.

Iodine deficiency has adverse effects on all population groups, but women of reproductive age are often most affected. Table 11.12 shows the percentage of women with a child born in the five years preceding the survey who live in households using iodised salt. Nationally, 99 percent of women live in households with iodised salt. This percentage does not vary much by background characteristics.

Table 11.12 Micronutrient intake among mothers

Among women age 15-49 with a child born in the past five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child, the percent distribution by number of days they took iron tablets or syrup during the pregnancy of the last child, and the percentage who took deworming medication during the pregnancy of the last child; and among women age 15-49 with a child born in the past five years and who live in households that were tested for iodised salt, the percentage who live in households with iodized salt, by background characteristics, Uganda 2011

		Among women with a child born in the past five years:								Among women with a child born in the past five years, who live in households that were tested for iodised salt:	
		Number of days women took iron tablets or syrup during pregnancy of last birth									
Background characteristic	Percentage who received vitamin A dose post-partum[1]	None	<60	60-89	90+	Don't know/ missing	Total	Percentage of women who took deworming medication during pregnancy of last birth	Number of women	Percentage living in households with iodised salt[2]	Number of women
Age											
15-19	40.6	23.9	60.1	3.6	5.4	7.1	100.0	50.3	370	99.6	347
20-29	43.6	22.2	63.5	2.9	4.2	7.2	100.0	51.2	2,535	99.1	2,438
30-39	40.6	26.9	58.1	2.5	3.8	8.7	100.0	50.2	1,594	98.9	1,518
40-49	38.6	27.8	56.7	2.5	1.6	11.4	100.0	41.8	470	99.0	445
Residence											
Urban	50.5	16.7	60.1	3.4	9.2	10.6	100.0	53.7	805	99.0	770
Rural	40.3	25.9	61.0	2.7	2.9	7.6	100.0	49.2	4,163	99.0	3,977
Region											
Kampala	52.4	15.8	58.4	4.0	10.1	11.6	100.0	51.5	358	98.9	347
Central 1	23.4	29.8	56.7	2.0	1.7	9.9	100.0	43.9	504	99.7	476
Central 2	36.8	22.3	52.9	2.5	4.9	17.4	100.0	51.2	507	98.1	487
East Central	41.0	29.3	62.4	1.0	1.1	6.2	100.0	37.6	532	98.5	512
Eastern	48.2	22.8	68.2	2.6	1.9	4.6	100.0	57.5	794	100.0	753
Karamoja	62.9	9.2	76.7	4.0	2.0	8.1	100.0	43.1	186	99.5	163
North	58.6	18.4	66.9	6.7	6.7	1.3	100.0	51.2	445	100.0	435
West Nile	55.6	12.9	68.7	3.8	7.5	7.1	100.0	61.9	299	98.7	276
Western	36.4	25.8	62.2	1.4	4.0	6.5	100.0	51.7	739	98.4	716
Southwest	29.3	37.4	46.6	2.8	3.0	10.1	100.0	46.7	604	98.5	583
Education											
No education	38.3	28.1	59.8	2.3	1.8	8.0	100.0	43.7	713	99.0	650
Primary	40.4	26.1	61.1	2.4	3.2	7.2	100.0	49.7	3,079	99.0	2,957
Secondary +	48.1	17.7	60.8	4.2	7.1	10.3	100.0	54.2	1,177	99.2	1,141
Wealth quintile											
Lowest	47.3	24.2	63.2	3.6	3.2	5.7	100.0	48.4	1,055	99.4	983
Second	40.3	26.2	61.6	2.2	3.0	7.0	100.0	48.3	1,026	99.1	982
Middle	36.6	28.7	58.8	2.1	3.8	6.5	100.0	47.1	963	98.9	918
Fourth	36.5	24.6	62.4	2.0	1.8	9.2	100.0	51.3	897	98.6	864
Highest	47.9	18.3	58.3	3.9	7.5	12.0	100.0	54.5	1,027	99.1	1,001
Total	41.9	24.4	60.9	2.8	3.9	8.1	100.0	49.9	4,968	99.0	4,748

[1] In the first two months after delivery
[2] Excludes women in households where salt was not tested

MALARIA 12

Key Findings

- Six in ten households (60 percent) own at least one insecticide-treated net, while 28 percent of households have at least one net for every two people that slept in the household the preceding night.
- Forty-five percent of Ugandans have access to an insecticide-treated net; in other words, almost five in ten people could sleep under one if every net in a household were used by two people.
- Use of insecticide-treated nets has increased dramatically in Uganda during the past five years: 35 percent of the household population, 43 percent of children under age 5, and 47 percent of pregnant women slept under one the night before the survey.
- One-quarter of women received intermittent preventive treatment (IPTp) for malaria during pregnancy; that is, they received at least two doses of SP/Fansidar, with at least one dose during an antenatal care visit.
- Five percent of Ugandan children have severe anaemia (haemoglobin level less than 8.0 grams per decilitre).

12.1 INTRODUCTION

Malaria remains the leading cause of morbidity and mortality in Uganda. The illness contributes, more than any other, to the high burden of disease in the country. This undermines investment in social and economic development (NPA, 2010). In Africa, Uganda ranks third in the number of deaths attributable to malaria and has some of the highest recorded malaria transmission rates. Whereas the 2009 Uganda Malaria Indicator Survey, which used rapid diagnostic blood testing (RDT), showed that 52 percent of children under age 5 had malaria (UBOS and ICF Macro, 2010), recent findings from the 2009-2010 Uganda National Household Survey (UNHS) revealed that slightly more than half of the population that fell sick 30 days prior to the survey reported malaria or fever as the major illness responsible (UBOS 2010).

The 2011 UDHS collected data on measures to prevent malaria, including indoor residual spraying, the possession and use of mosquito nets among the Ugandan population, especially women and children, and the use of prophylactic antimalarial drugs among pregnant women age 15-49.

12.2 OWNERSHIP OF MOSQUITO NETS

Nets and window screens have long been considered useful protection against mosquitoes and other insects (Lindsay and Gibson, 1988). Nets reduce the human-vector contact by acting as a physical barrier and thus reducing the number of bites from infected vectors (Bradley et al., 1986). However, nets and screens are often not well fitted or are torn, thus allowing mosquitoes to enter or feed on the part of the body adjacent to the netting fabric during the night (Lines et al., 1987). The problem of ill-used nets and screens provided a motive for impregnating nets with a fast-acting insecticide that will repel or kill mosquitoes before or shortly after feeding (Lines et al., 1987; Hossain and Curtis, 1989).

Treatment of nets has been made possible by the availability of synthetic pyrethroids, the only insecticides currently used for this purpose. This class of insecticides was developed to mimic the insecticidal compounds of the naturally occurring pyrethrum, an insecticide from the flowers of the chrysanthemum. Currently, insecticide-treated mosquito nets (ITNs) are regarded as a promising malaria control tool, and when used by all or most members of the community can reduce malaria transmission. ITNs have been shown to reduce malaria transmission by as much as 90 percent under trial conditions (Lengeler 2004). They also reduce malaria morbidity and mortality. Long-lasting insecticidal nets (LLINs) are a subset of ITNs. An LLIN is a factory-treated mosquito net made with netting material that has insecticide incorporated within or bound around the fibers. The net must retain its effective biological activity, without re-treatment for repeated washes, for three years of use under field conditions (WHO/Global Malaria Program 2007). The current generation of LLINs lasts three to five years, after which the net should be replaced. Insecticide-treated nets (ITNs) are a principal tool in efforts to reduce malaria transmission in Uganda.

All households interviewed in the 2011 UDHS were asked whether they owned a mosquito net and, if so, how many of each type of net they owned. Respondents were also asked to show the mosquito nets they owned to the interviewer so he or she might identify and record the brand name. Brand name and treatment history were used to classify nets as treated or untreated during analysis. Table 12.1 provides information on the percentage of households owning at least one mosquito net (any net, an ITN, or an LLIN), the average number of nets per household, and the percentage of households with at least one net for every two people who slept in the household the previous night.

Overall, 74 percent of Ugandan households own at least one mosquito net of any type, 60 percent own at least one insecticide-treated net (ITN), and 59 percent have at least one LLIN. The vast majority of ITNS in Uganda are LLINs. Furthermore, the findings show that, overall, the average number of nets owned per household is 1.6 nets of any type and 1.3 ITNs.

There is no difference between the percentages of urban and rural households that own at least one ITN (59 and 60 percent, respectively). Among the regions, however, ITN ownership varies. Households in the East Central region are the least likely to own an ITN (38 percent), while those in the West Nile region are the most likely (82 percent). ITN ownership also tends to increase as wealth quintile increases. For example, over half (56 percent) of households in the lowest wealth quintile own at least one ITN compared with six in ten (63 percent) households in the highest quintile.

Mosquito net ownership has dramatically increased within Uganda in the past five years. In the 2006 UDHS, 34 percent of households reported possession of a treated or untreated mosquito net, while only 16 percent reported ITN ownership. In the 2009 UMIS, the proportion of households with at least one ITN had climbed to 47 percent. The current survey shows more than a fourfold increase in ITN ownership among households since 2006 (from 16 to 60 percent).

Although mosquito net ownership is an important indicator of the success of a vector control program, it is also important to determine if a household has a sufficient number of nets for those sleeping within the home. By assuming that each net is shared by two people in the household, universal net

coverage within the population can be measured. Table 12.1 also shows the percentage of households with at least one mosquito net for every two persons staying in the household the night before the interview.

Table 12.1 Household possession of mosquito nets

Percentage of households with at least one mosquito net (treated or untreated), insecticide-treated net (ITN), and long-lasting insecticidal net (LLIN); average number of nets, ITNs, and LLINs per household; and percentage of households with at least one net, ITN, and LLIN per two persons who stayed in the household last night, by background characteristics, Uganda 2011

Background characteristic	Percentage of households with at least one mosquito net			Average number of nets per household			Number of households	Percentage of households with at least one net for every two persons who stayed in the household last night[1]			Number of households with at least one person who stayed in the household last night
	Any mosquito net	Insecticide-treated mosquito net (ITN)[2]	Long-lasting insecticidal net (LLIN)	Any mosquito net	Insecticide-treated mosquito net (ITN)[2]	Long-lasting insecticidal net (LLIN)		Any mosquito net	Insecticide-treated mosquito net (ITN)[2]	Long-lasting insecticidal net (LLIN)	
Residence											
Urban	80.9	58.7	56.9	1.9	1.3	1.2	1,691	59.7	38.5	36.8	1,686
Rural	72.4	60.1	59.5	1.6	1.3	1.3	7,342	33.2	25.2	24.8	7,313
Region											
Kampala	82.0	57.5	55.5	1.9	1.2	1.2	797	64.4	41.1	38.9	795
Central 1	74.0	59.4	58.5	1.6	1.3	1.2	1,140	45.8	32.9	32.2	1,134
Central 2	71.6	59.8	59.0	1.6	1.3	1.3	1,038	41.0	33.2	33.0	1,036
East Central	61.0	38.0	36.3	1.2	0.8	0.7	904	25.6	14.1	13.3	899
Eastern	73.4	56.2	55.4	1.7	1.2	1.1	1,226	32.3	20.5	19.9	1,224
Karamoja	68.4	57.5	57.5	1.3	1.0	1.0	306	27.2	20.5	20.5	305
North	75.0	67.1	66.7	1.6	1.4	1.4	757	30.5	25.1	24.9	755
West Nile	88.1	82.1	82.1	2.1	1.9	1.9	508	42.7	37.7	37.5	504
Western	77.8	69.4	69.2	1.8	1.6	1.6	1,228	37.1	28.6	28.2	1,220
Southwest	71.8	58.6	57.6	1.5	1.2	1.2	1,128	33.0	24.9	24.2	1,128
Wealth quintile											
Lowest	67.2	55.5	55.1	1.2	1.0	1.0	1,719	23.4	17.8	17.7	1,715
Second	69.8	57.7	57.5	1.4	1.2	1.2	1,767	29.7	22.8	22.6	1,761
Middle	70.8	60.6	59.7	1.5	1.3	1.3	1,672	29.9	23.6	23.4	1,661
Fourth	75.5	61.9	61.0	1.8	1.4	1.4	1,723	39.9	28.7	28.0	1,719
Highest	84.2	62.7	61.1	2.1	1.5	1.4	2,152	61.9	41.9	40.3	2,144
Total	74.0	59.8	59.0	1.6	1.3	1.3	9,033	38.2	27.7	27.1	8,999

[1] De facto household members
[2] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN) or (2) a net that has been soaked with insecticide within the past 12 months

About three in ten Ugandan households (28 percent) have reached universal ITN coverage; that is, these households have at least one ITN for every two people who slept in the household the previous night. Households in urban areas are more likely to own at least one ITN for every two persons who stayed in the household the night before the survey when compared with those in rural areas (39 percent and 25 percent, respectively). Two-fifths (41 percent) of those residing in Kampala have at least one ITN for every two people, while 14 percent of households in East Central region have at least one ITN for every two people who stayed in the household the preceding night. By wealth quintile, households in the highest quintile are twice as likely to have reached universal ITN coverage when compared with those in the lowest quintile (42 percent versus 18 percent).

12.3 INDOOR RESIDUAL SPRAYING

Indoor residual spraying (IRS) is considered one effective method of malaria prevention through vector control. Specially trained staff of a government or non-government malaria control programme visit a household dwelling and spray insecticide on the interior walls. The insecticide kills mosquitoes for several months, especially in endemic areas. Uganda is committed to increasing use of this intervention, although its cost remains a challenge. The 2011 UDHS collected information on whether the interior walls of the household's dwelling had been sprayed in the 12 months preceding the survey and, if so, who sprayed the dwelling. The percentage of households with IRS in the past 12 months is presented in Table 12.2.

Seven percent of the households in Uganda have been sprayed by IRS in the 12 months preceding the survey. Rural households are almost twice as likely to have been sprayed by IRS as those in urban areas (8 percent and 4 percent, respectively). Regional variations further show that two-thirds (66 percent)

of households in the North region had IRS in the preceding 12 months. This is due to the intensive IRS interventions carried out in ten districts in the malaria-endemic North region every 6 months that have been spearheaded by governmental as well as nongovernmental organisations (NGOs). Households in the lowest wealth quintile are much more likely to have been sprayed by IRS (14 percent) compared with their counterparts in the higher three quintiles (less than 5 percent). The majority of IRS activities in Uganda are conducted by the government, as 80 percent of all households reported that their dwelling was sprayed by government workers (data not shown).

Table 12.2 also shows which households are covered by vector control. They are considered to be covered if they own at least one ITN and/or they have been sprayed by IRS at any time in the past 12 months. Overall, 62 percent of households in Uganda are covered by vector control; that is, they reported either ownership of at least one ITN and/or IRS of their dwelling places in the 12 months preceding the survey. There is little difference between vector control coverage among the urban and rural populations or among wealth quintiles. The percentage of households that owned at least one ITN and/or were sprayed by IRS in the past 12 months ranges from a low of 39 percent in the East Central region to a high of 85 percent in the North region.

Table 12.2 Indoor residual spraying against mosquitoes

Percentage of households in which someone has come into the dwelling to spray the interior walls against mosquitoes (IRS) in the past 12 months, and the percentage of households with at least one ITN and/or IRS in the past 12 months, by background characteristics, Uganda 2011

Background characteristic	Percentage of households with IRS[1] in the past 12 months	Percentage of households with at least one ITN[2] and/or IRS in the past 12 months	Number of households
Residence			
Urban	4.4	60.2	1,691
Rural	7.8	62.1	7,342
Region			
Kampala	5.2	59.7	797
Central 1	2.4	59.5	1,140
Central 2	1.8	60.3	1,038
East Central	1.2	38.6	904
Eastern	2.6	56.7	1,226
Karamoja	0.4	57.6	306
North	66.1	84.8	757
West Nile	1.4	82.3	508
Western	0.3	69.5	1,228
Southwest	0.6	58.6	1,128
Wealth quintile			
Lowest	13.6	60.4	1,719
Second	10.5	59.7	1,767
Middle	4.5	61.4	1,672
Fourth	3.4	62.5	1,723
Highest	4.5	64.1	2,152
Total	7.2	61.7	9,033

[1] Indoor residual spraying (IRS) is limited to spraying conducted by a government, private, or nongovernmental organization.
[2] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN) or (2) a net that has been soaked with insecticide within the past 12 months,

12.4 ACCESS TO INSECTICIDE-TREATED NETS

Use of ITNs is one of the most effective measures for preventing malaria. The government of Uganda, with support from several NGO partners, has distributed millions of mosquito nets across the country. In addition, increasing knowledge among the populace of the importance of using mosquito nets has led to increased demand. The 2011 UDHS data show the proportion of the population that could sleep under an ITN, if each ITN in the household were used by up to two people. This population is referred to as having access to an ITN. Coupled with data on actual mosquito net usage, ITN access data can provide useful information on the magnitude of the behavioural gap in ITN ownership and use, or, in other words, the population with access to an ITN but not using it. If the difference between these indicators is substantial, the programme may need to focus on behaviour change and identify the main drivers or barriers to ITN use to design an appropriate intervention. This analysis helps ITN programmes determine whether they need to achieve higher ITN coverage, promote ITN use, or both. Table 12.3 shows the percent distribution of the de facto household population by the number of ITNs that the household owns, according to the number of persons who stayed in the household the night before the survey.

A sizable proportion of the Ugandan population either does not have or has limited access to ITNs. One-third of the population (36 percent) slept in homes without any ITN the night before the survey and therefore was not able to use an ITN. About two in ten individuals stayed in households that own one ITN (18 percent) or two ITNs (21 percent), and 15 percent of the population slept in a home with three ITNs. Few individuals slept in homes with more than four ITNs.

Table 12.3 Access to an insecticide-treated net (ITN)

Percent distribution of the de facto household population by number of ITNs the household owns, according to number of persons who stayed in the household the night before the survey, Uganda 2011

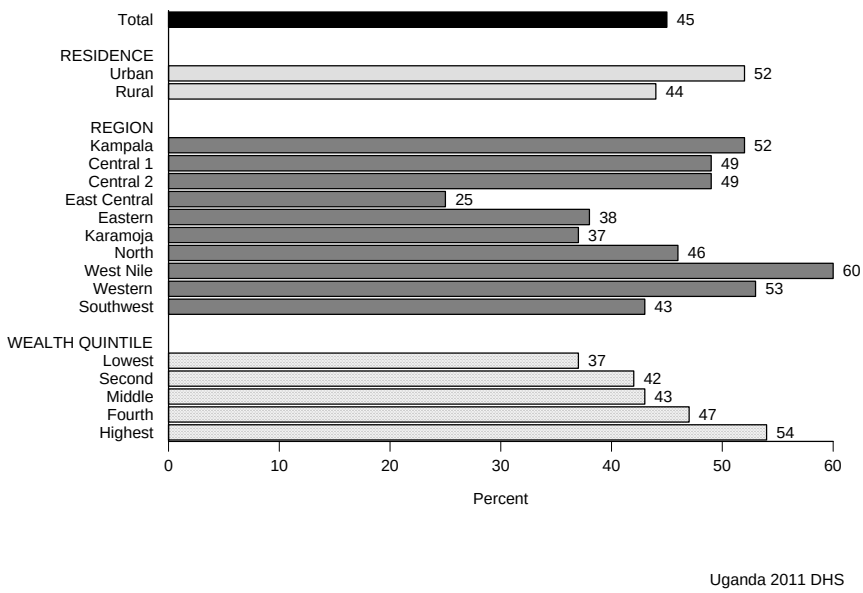
	Number of persons who stayed in the household the night before the survey								
Number of ITNs	1	2	3	4	5	6	7	8+	Total
0	59.9	49.0	44.5	38.6	34.4	34.6	30.8	31.7	35.7
1	30.2	31.0	25.7	23.4	19.6	15.9	18.8	11.7	18.1
2	7.8	16.6	20.2	24.4	25.6	22.7	22.4	18.8	21.2
3	1.6	3.0	8.4	10.0	14.3	17.2	16.3	19.8	15.0
4	0.4	0.4	0.8	2.7	3.7	4.3	6.2	10.3	5.7
5	0.1	0.1	0.3	0.7	1.5	2.7	3.2	4.1	2.5
6	0.0	0.0	0.1	0.1	0.6	2.2	1.9	2.0	1.3
7+	0.0	0.0	0.0	0.1	0.2	0.4	0.4	1.5	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,086	1,847	3,614	4,829	6,058	6,363	5,577	14,134	43,508
Percent with access to an ITN[1]	40.1	51.0	46.9	49.7	48.7	47.3	43.9	39.4	44.7

[1] Percentage of the de facto household population who could sleep under an ITN if each ITN in the household were used by up to two people

As a nation, 45 percent of the population has access to an ITN. As expected, the proportion of persons with access to an ITN is indirectly proportional to the number of nets within a household. ITN access tends to gradually decrease as household size increases. For example, 51 percent of households where two persons slept the night before the survey had access to an ITN, whereas 39 percent of households where more than eight people slept had access to an ITN.

Figure 12.1 shows the percentage of the population with access to an ITN in the household, by background characteristics. Those living in urban areas are more likely than those living in rural areas to have access to an ITN (52 percent and 44 percent, respectively). Residents of the West Nile region are the most likely to have access to an ITN when compared to individuals living in other regions, while the East Central residents are the least likely. ITN access steadily increases as household wealth increases, making those in the highest wealth quintile the most likely to have access to an ITN.

Figure 12.1 **Percentage of the de facto household population with access to an insecticide-treated net**



12.5 USE OF MOSQUITO NETS

12.5.1 Overall Use of Mosquito Nets

Mosquito net coverage of the entire population is necessary to achieve a large reduction in the malaria burden. Although vulnerable groups, such as children under age 5 and pregnant women, should still be prioritized, the equitable and communal benefits of wide-scale ITN use by older children and adults should be promoted and evaluated by national malaria control programs (Killeen, 2007). The 2011 UDHS asked about use of mosquito nets by household members during the night before the survey.

Table 12.4 presents the percentages of the de facto household population that slept under a mosquito net of any type, under an ITN, or under an LLIN the night before the survey.

Overall, 45 percent of the Ugandans reported that they had slept under any net, 35 percent under an ITN, and 35 percent under a LLIN the night before the survey (first three columns of Table 12.4). Children under age 5 (42 percent) and adults age 35-49 (41 percent) report the highest use of ITNs. Women are slightly more likely than men to have slept under an ITN the night before the survey (37 percent and 33 percent, respectively). Urban residents, those in the West Nile region, and those in the highest wealth quintile are more likely than their counterparts to report having slept under an ITN the night before the survey.

Among households with at least one ITN (final two columns), net utilization is high. Half (55 percent) of those in households that own at least one ITN slept under the ITN the previous night. Net usage among the population that owns at least one ITN is greater than that of the general population, indicating that ITN ownership increases the likelihood of net usage. Variations of ITN use among those households that own at least one ITN, however, are similar to those within the general population, except those in Kampala households with at least one ITN reported the highest ITN utilization of all regions (70 percent).

Table 12.4 Use of mosquito nets by persons in the household

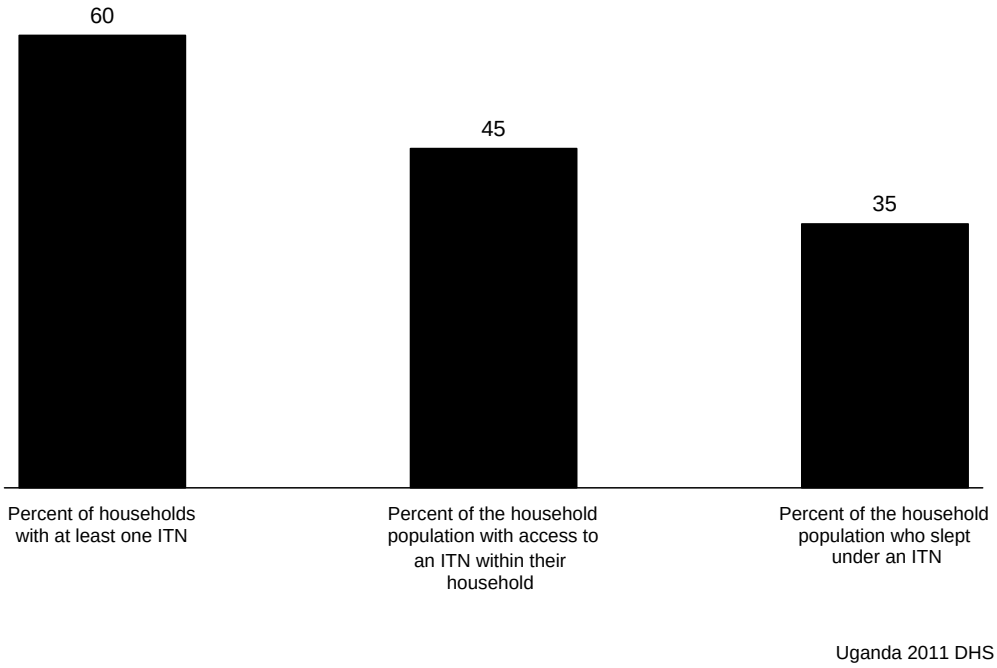
Percentage of the de facto household population who slept the night before the survey under a mosquito net (treated or untreated), under an insecticide-treated net (ITN), under a long-lasting insecticidal net (LLIN), and under an ITN or in a dwelling in which the interior walls have been sprayed against mosquitoes (IRS) in the past 12 months; and among the de facto household population in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics, Uganda 2011

	Household population					Household population in households with at least one ITN[1]	
Background characteristic	Percentage who slept under any net last night	Percentage who slept under an ITN[1] last night	Percentage who slept under an LLIN last night	Percentage who slept under an ITN[1] last night or in a dwelling sprayed with IRS[2] in the past 12 months	Number	Percentage who slept under an ITN[1] last night	Number
Age (in years)							
<5	53.0	42.8	42.2	46.5	8,295	62.9	5,641
5-14	35.8	29.0	28.5	34.6	14,198	44.7	9,212
15-34	46.1	35.3	34.6	39.6	12,662	55.4	8,074
35-49	53.6	41.7	40.9	46.0	4,725	64.5	3,057
50+	42.7	31.5	31.2	37.0	3,619	56.9	2,004
Sex							
Male	42.2	32.8	32.2	37.8	21,223	51.6	13,489
Female	46.9	37.2	36.6	41.7	22,285	57.1	14,504
Residence							
Urban	59.4	42.2	40.9	45.1	6,383	65.2	4,133
Rural	42.0	33.8	33.3	38.9	37,125	52.6	23,859
Region							
Kampala	64.5	43.8	41.9	47.5	2,735	69.8	1,714
Central 1	45.8	35.0	34.5	36.0	4,806	52.0	3,232
Central 2	44.9	37.0	36.5	37.5	4,588	57.6	2,945
East Central	33.2	19.4	18.6	20.8	4,656	47.8	1,890
Eastern	49.8	35.1	34.2	36.8	6,676	58.2	4,030
Karamoja	39.8	35.1	35.1	35.4	1,556	59.9	913
North	42.3	36.3	36.0	77.3	4,014	52.5	2,773
West Nile	50.7	46.4	46.3	47.0	2,677	54.2	2,292
Western	45.1	40.5	40.3	40.7	6,313	54.0	4,740
Southwest	36.2	29.5	29.0	30.1	5,488	46.8	3,463
Wealth quintile							
Lowest	40.1	32.9	32.6	42.8	8,663	55.3	5,159
Second	41.9	33.4	33.1	39.7	8,629	53.7	5,362
Middle	39.6	32.8	32.4	36.0	8,692	50.8	5,611
Fourth	42.3	33.6	32.9	35.4	8,764	50.2	5,873
Highest	59.0	42.3	41.2	45.0	8,758	61.9	5,988
Total	44.6	35.0	34.5	39.8	43,508	54.5	27,992

[1] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), or (2) a net that has been soaked with insecticide within the past 12 months
[2] Indoor residual spraying (IRS) is limited to spraying conducted by a government, private, or nongovernmental organization.

Figure 12.2 presents ownership of, access to, and use of ITNs in Uganda. As shown in column 1, half of households own at least one ITN. Among the population, however, only 45 percent of individuals have access to an ITN. Thirty-five percent of people in Uganda slept under an ITN the night before the survey. When comparing column one and column two, the graph shows that Ugandan households do not have a sufficient number of nets to be used by the number of people sleeping in the household; ITN coverage for individuals is lower than it appears at the household level. When column 2 and column 3 are compared, net access is higher than net usage. This implies that among those with an opportunity to sleep under an ITN, not everyone is taking advantage of the ITN. In other words, there are individuals in the population that could sleep under a net, but they are not.

Figure 12.2 **Ownership of, access to, and use of ITNs**



12.5.2 Use of Mosquito Nets by Children under Age 5

Those living in areas of high malaria transmission naturally acquire immunity to the disease over time (Doolan et al., 2009). Acquired immunity is not the same as sterile immunity—that is, acquired immunity does not prevent *P. falciparum* infection but rather protects against severe disease and death. Age is an important factor in determining levels of acquired immunity to malaria. For about six months following birth, antibodies acquired from the mother during pregnancy protect children born in areas of endemic malaria. This immunity is gradually lost, and children start to develop their own immunity to malaria. The pace at which immunity develops depends on their exposure to malaria infection, and in high malaria-endemic areas, children are thought to have attained a high level of immunity by their fifth birthday. Such children may experience episodes of malaria illness but usually do not suffer from severe, life-threatening malaria. Immunity in areas of low malaria transmission is acquired more slowly. Malaria affects all age groups of the population.

Table 12.5 shows the percentage of children under age 5 who slept under various categories of mosquito nets the night before the survey. The survey findings show that half (53 percent) of children under age 5 slept under a mosquito net of any type, 43 percent slept under an ITN, and 42 percent of children slept under an LLIN the night before the survey (first three columns). Children under age 2 are more likely than older children to have slept under an ITN last night, while ITN utilization is slightly higher among female children (44 percent) than male children (42 percent). Sleeping under an ITN is more common for urban children compared with those living in rural areas (49 percent and 42 percent, respectively). A higher proportion of children living in the West Nile (57 percent) region and those from the highest wealth quintile (49 percent) slept under an ITN last night relative to children living in other parts of Uganda or from other quintiles. Additionally, among children under age 5 in households with at least one ITN (final two columns in table), six in ten (63 percent) slept under an ITN the night before the survey. Differences by background characteristic among this group are similar to those observed for children under age 5 who slept under a net in all households.

Table 12.5 Use of mosquito nets by children

Percentage of children under age 5 who, the night before the survey, slept under a mosquito net (treated or untreated), under an insecticide-treated net (ITN), under a long-lasting insecticidal net (LLIN), and under an ITN or in a dwelling in which the interior walls have been sprayed against mosquitoes (IRS) in the past 12 months; and among children under age 5 in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics, Uganda 2011

	Children under age 5 in all households					Children under age 5 in households with at least one ITN[1]	
Background characteristic	Percentage who slept under any net last night	Percentage who slept under an ITN[1] last night	Percentage who slept under an LLIN last night	Percentage who slept under an ITN[1] last night or in a dwelling sprayed with IRS[2] in the past 12 months	Number of children	Percentage who slept under an ITN[1] last night	Number of children
Age (in months)							
<12	57.4	46.7	45.6	49.9	1,681	67.3	1,165
12-23	59.7	48.7	48.1	51.9	1,606	68.5	1,141
24-35	49.3	40.3	39.7	44.2	1,705	61.0	1,127
36-47	50.0	39.6	39.4	43.5	1,645	59.4	1,096
48-59	48.9	38.7	38.6	43.3	1,657	57.8	1,111
Sex							
Male	52.3	41.6	40.9	45.0	4,163	62.2	2,783
Female	53.7	44.0	43.5	48.1	4,132	63.6	2,858
Residence							
Urban	66.7	48.9	47.8	51.3	1,060	70.5	736
Rural	51.0	41.9	41.4	45.8	7,235	61.7	4,905
Region							
Kampala	74.1	52.1	50.6	55.4	431	74.8	301
Central 1	54.0	41.6	40.7	43.0	873	57.7	629
Central 2	52.5	43.9	43.1	44.4	874	64.2	597
East Central	38.7	23.9	23.5	25.1	943	59.0	382
Eastern	58.9	42.5	41.4	44.2	1,379	68.8	851
Karamoja	54.4	49.9	49.9	50.5	304	79.0	192
North	54.8	49.3	49.1	81.3	740	67.4	542
West Nile	60.1	57.1	57.1	57.5	521	63.6	468
Western	55.3	49.9	49.8	50.0	1,203	61.7	974
Southwest	40.8	34.0	33.7	34.5	1,027	49.5	705
Wealth quintile							
Lowest	52.8	44.8	44.3	52.3	1,849	69.8	1,185
Second	50.7	40.7	40.6	45.2	1,760	61.8	1,160
Middle	46.3	39.0	38.6	41.3	1,693	55.7	1,185
Fourth	48.8	41.3	40.6	43.0	1,520	59.2	1,059
Highest	67.9	48.6	47.4	50.5	1,472	68.0	1,052
Total	53.0	42.8	42.2	46.5	8,295	62.9	5,641

Note: Table is based on children who stayed in the household the night before the interview.
[1] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN) or (2) a net that has been soaked with insecticide within the past 12 months.
[2] Indoor residual spraying (IRS) is limited to spraying conducted by a government, private or non-governmental organization.

ITN usage has substantially increased within the past five years in Uganda. As measured in the 2006 UDHS, only one in ten children under age 5 slept under an ITN the night before the survey. It increased to 33 percent in the 2009 UMIS. The 2011 UDHS shows that more than four in ten children slept under an ITN the night before the survey. This represents a more than fourfold increase in ITN utilization among children since 2006. These substantial increases have undoubtedly been driven by the free distribution of nets by the government and other key players that contribute to the development of the health sector.

12.5.3 Use of Mosquito Nets by Pregnant Women

In malaria-endemic areas, adults usually have acquired some degree of immunity to severe, life-threatening malaria. However, pregnancy depresses the immune system so that pregnant women, especially those in their first pregnancy, have a higher risk of malaria. Moreover, malaria among pregnant women may be asymptomatic. Malaria during pregnancy is a major contributor to low birth weight, maternal anaemia, infant mortality, spontaneous abortion, and stillbirth. Pregnant women can reduce the risk of the adverse effects of malaria by sleeping under insecticide-treated mosquito nets.

Table 12.6 shows that almost three in five pregnant women in Uganda (59 percent) slept under a mosquito net of any type, 47 percent slept under an ITN, and 46 percent slept under an LLIN the night before the survey. Pregnant women living in urban areas (55 percent), as well as those residing in the West

Nile region (72 percent) were more likely than pregnant women living in other areas to have slept under an ITN the night before the survey. Relative to their counterparts, a higher proportion of pregnant women with no education (58 percent) and those in the second wealth quintile (49 percent) slept under an ITN the previous night. Not surprisingly, ITN utilization is 1.5 times higher for pregnant women in households that own at least one ITN compared with ITN utilization among pregnant women in the general population: seven in ten (71 percent) pregnant women age 15-49 in households that own at least one ITN report having slept under an ITN the night before the survey.

Table 12.6 Use of mosquito nets by pregnant women

Percentages of pregnant women age 15-49 who, the night before the survey, slept under a mosquito net (treated or untreated), under an insecticide-treated net (ITN), under a long-lasting insecticidal net (LLIN), and under an ITN or in a dwelling in which the interior walls have been sprayed against mosquitoes (IRS) in the past 12 months; and among pregnant women age 15-49 in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics, Uganda 2011

	Among pregnant women age 15-49 in all households					Among pregnant women age 15-49 in households with at least one ITN[1]	
Background characteristic	Percentage who slept under any net last night	Percentage who slept under an ITN[1] last night	Percentage who slept under an LLIN last night	Percentage who slept under an ITN[1] last night or in a dwelling sprayed with IRS[2] in the past 12 months	Number of women	Percentage who slept under an ITN[1] last night	Number of women
Residence							
Urban	71.1	55.4	53.3	57.1	135	85.0	88
Rural	57.0	45.6	45.1	48.7	874	68.6	581
Region							
Kampala	74.9	59.5	55.9	61.7	65	87.8	44
Central 1	63.2	41.9	41.6	42.7	95	62.3	63
Central 2	51.2	43.1	43.1	43.1	87	67.4	56
East Central	43.4	25.6	24.4	26.4	119	59.3	51
Eastern	65.8	50.5	49.6	50.5	159	77.9	103
Karamoja	64.5	52.4	52.4	52.4	54	76.0	37
North	54.1	45.5	45.5	74.4	92	68.5	61
West Nile	75.6	72.1	71.8	72.1	51	81.3	45
Western	61.4	55.2	55.2	55.2	161	71.1	125
Southwest	49.7	40.0	38.9	40.0	127	61.6	82
Education							
No education	63.8	58.4	58.4	59.4	133	84.9	91
Primary	56.3	43.8	43.1	47.5	639	68.4	409
Secondary +	63.1	48.6	47.6	50.6	238	68.8	168
Wealth quintile							
Lowest	56.3	47.6	47.0	52.8	231	75.5	146
Second	58.5	49.1	49.1	54.9	232	74.4	153
Middle	53.1	43.0	41.7	43.6	199	69.6	123
Fourth	57.6	47.4	47.3	48.2	161	62.8	121
Highest	69.8	46.8	45.4	48.0	186	69.7	125
Total	58.9	46.9	46.2	49.8	1,009	70.8	669

Note: Table is based on women who stayed in the household the night before the interview.
[1] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), or (2) a net that has been soaked with insecticide within the past 12 months.
[2] Indoor residual spraying (IRS) is limited to spraying conducted by a government, private or nongovernmental organization.

ITN use among pregnant women also dramatically increased over the past five years. Compared with results of the 2006 UDHS, which measured ITN use among pregnant women at 10 percent, the percentage of pregnant women that slept under an ITN has increased to 44 percent in 2009 and to 47 percent in 2011. This represents more than a 350 percent increase since 2006.

12.6 PREVENTIVE MALARIA TREATMENT DURING PREGNANCY

Intermittent preventive treatment during pregnancy (IPTp), an important component of the malaria control programme, is intended to reduce malaria during pregnancy. IPTp comprises at least two doses of an effective antimalarial drug, such as sulfadoxine-pyrimethamine (SP), given during pregnancy as part of a routine antenatal clinic visit. IPTp prevents development of malaria and eliminates malaria parasites from the placenta. The Ministry of Health aims to prevent malaria by increasing the percentage of antenatal care (ANC) clients who receive at least two doses of IPTp and by promoting the use of ITNs among pregnant women in both the public and private sectors as indicated in the 2005/06-2009/10 Uganda Malaria Control Strategic Plan or UMCSP (MOH, 2005).

In the 2011 UDHS, women who had a live birth in the two years preceding the survey were asked several questions regarding the time they were pregnant with their most recent birth. They were asked if anyone told them during their pregnancy that pregnant women need to take medicine to keep them from getting malaria. They were also asked if they had taken any drugs to prevent getting malaria during that pregnancy and, if yes, which drug. If the respondent did not know the name of the drug she took, interviewers were instructed to show her some examples of common antimalarials. If respondents had taken SP or Fansidar, they were further asked how many times they took it and whether they had received it during a prenatal care visit. IPTp data are presented in Table 12.7.

Table 12.7 shows that, overall, six in ten (62 percent) women in Uganda reported that they took antimalarial drugs (any type) for malaria prevention during pregnancy in the two years preceding the survey. Almost half of women (48 percent) took at least one dose of SP/Fansidar, and 45 percent took at least one dose of SP/Fansidar at an ANC visit. Almost three in ten (27 percent) women reported taking two or more doses of SP/Fansidar during their last pregnancy, as recommended. Almost all of the women who took at least two doses of SP/Fansidar received at least one dose during an antenatal care (ANC) visit, or received IPTp.

IPTp usage is higher among women living in urban areas (29 percent) compared with those living in rural areas (24 percent). The proportion of pregnant women that received IPTp varies by region. For example, pregnant women living in the Eastern region are 2.7 times more likely to have received IPTp compared with those in the East Central region (33 percent and 12 percent, respectively). A woman's likelihood of having received IPTp increases as her education attainment increases. Those with at least some secondary education are 1.5 times more likely to have received IPTp than those with no education. By wealth quintile, a greater proportion of women in the highest quintile received IPTp during their last pregnancy when compared with women in other quintiles.

There has been a 51 percent increase in the proportion of Ugandan women receiving IPTp in the past five years. The 2006 UDHS showed that only 16 percent of pregnant women received IPTp, whereas the current survey reports that one-quarter of Ugandan women received IPTp for their last pregnancy.

Table 12.7 Prophylactic use of antimalarial drugs and use of intermittent preventive treatment (IPTp) by women during pregnancy

Percentage of women age 15-49 with a live birth in the two years preceding the survey who, during the pregnancy preceding the last birth, took any antimalarial drug for prevention, who took one dose of SP/Fansidar, and who received intermittent preventive treatment (IPTp)[1], by background characteristics, Uganda 2011

Background characteristic	Percentage who took any antimalarial drug	SP/Fansidar		Intermittent preventive treatment[1]		Number of women with a live birth in the two years preceding the survey
		Percentage who took any SP/Fansidar	Percentage who received any SP/Fansidar during an ANC visit	Percentage who took 2+ doses of SP/Fansidar	Percentage who took 2+ doses of SP/Fansidar and received at least one during an ANC visit	
Residence						
Urban	65.1	55.1	53.0	30.2	29.4	450
Rural	61.7	47.3	43.5	26.1	23.7	2,642
Region						
Kampala	64.1	55.2	52.3	30.1	28.5	187
Central 1	59.9	40.7	37.2	22.5	20.7	322
Central 2	58.3	42.5	38.5	25.9	23.2	340
East Central	43.5	26.2	21.2	15.6	12.1	345
Eastern	76.1	65.8	60.2	35.5	32.5	529
Karamoja	61.0	56.0	55.4	28.6	28.2	107
North	68.8	51.0	48.9	25.9	24.3	276
West Nile	57.1	40.2	38.3	21.9	20.5	187
Western	65.2	51.3	47.5	31.8	29.0	423
Southwest	58.8	49.5	48.1	23.5	22.8	375
Education						
No education	55.6	44.5	40.6	21.4	19.9	399
Primary	61.1	47.1	43.6	26.2	23.6	1,975
Secondary +	68.9	54.2	50.9	30.9	29.4	718
Wealth quintile						
Lowest	63.9	53.1	49.1	28.4	26.2	694
Second	57.9	43.8	40.6	24.2	21.7	679
Middle	61.8	43.3	39.2	25.1	22.5	602
Fourth	58.7	45.8	43.1	23.1	21.1	561
Highest	69.1	56.2	52.6	32.9	31.3	556
Total	62.2	48.4	44.9	26.7	24.5	3,092

[1] IPTp: Intermittent preventive treatment during pregnancy is preventive treatment with two or more doses of SP/Fansidar.

12.7 FEVER AMONG CHILDREN UNDER AGE 5

Fever is a major manifestation of malaria in young children, although it also accompanies other illnesses. Most malarial fevers and convulsions occur at home. Prompt and effective malaria treatment is important to prevent the disease from becoming severe and complicated. The 2011 UDHS asked mothers whether their children under age 5 had had a fever in the two weeks preceding the survey and if so, whether any treatment was sought. Questions were also asked about blood testing, the types of drugs given to the child, and how soon the drugs had been taken.

12.7.1 Prevalence and Treatment of Fever among Children

Table 12.8 shows the percentage of children under age 5 who had fever in the two weeks preceding the survey and, among those children under age 5, the percentage for whom advice or treatment was sought from a health facility, provider, or pharmacy, the percentage of such children who had a drop of blood taken from a finger or heel-prick (presumably for a malaria test), the percentage who took antimalarial drugs, and the percentage taking drugs on the same or next day.

Nationally, four in ten Ugandan children under age 5 had fever in the two weeks preceding the survey. Rural children suffered from fever more often than urban children (42 percent and 30 percent, respectively). By region, children living in the East Central (69 percent) region were the most likely to have been reported as suffering from fever compared with children of other regions. The prevalence of fever was highest among children age 12-23 months (48 percent), female children (41 percent), children whose mothers have only primary education (43 percent), and children from the lowest wealth quintile (50 percent).

Table 12.8 Prevalence, diagnosis, and prompt treatment of children with fever

Percentage of children under age 5 with fever in the two weeks preceding the survey; and among children under age 5 with fever, the percentage for whom advice or treatment was sought from a health facility, provider, or pharmacy, the percentage who had blood taken from a finger or heel, the percentage who took artemisinin-based combination therapy (ACT), the percentage who took ACT the same or next day following the onset of fever, by background characteristics, Uganda 2011

	Among children under age 5:		Among children under age 5 with fever:				
Background characteristic	Percentage with fever in the two weeks preceding the survey	Number of children	Percentage for whom advice or treatment was sought from a health facility, provider, or pharmacy[1]	Percentage who had blood taken from a finger or heel for testing	Percentage who took antimalarial drugs	Percentage who took antimalarial drugs same or next day	Number of children
Age (in months)							
<12	36.6	1,630	80.3	24.7	50.5	32.4	596
12-23	48.4	1,480	83.0	29.4	68.7	44.2	716
24-35	43.0	1,515	82.2	28.8	67.7	44.8	651
36-47	37.7	1,473	82.8	22.9	66.8	45.6	555
48-59	36.4	1,438	79.4	22.2	68.2	45.6	524
Sex							
Male	39.3	3,757	79.7	25.3	62.1	41.7	1,478
Female	41.4	3,778	83.4	26.5	66.7	43.3	1,564
Residence							
Urban	30.3	1,089	90.5	52.6	63.4	43.8	330
Rural	42.1	6,447	80.6	22.7	64.6	42.3	2,712
Region							
Kampala	24.0	467	92.9	56.6	60.2	43.1	112
Central 1	42.4	743	86.9	25.1	63.4	38.6	315
Central 2	42.4	794	83.7	29.9	59.4	44.8	337
East Central	69.3	852	71.1	17.7	46.0	26.7	590
Eastern	55.6	1,284	80.2	22.8	75.9	52.9	714
Karamoja	40.9	281	88.4	40.1	75.5	61.2	115
North	38.5	669	87.8	28.2	79.7	49.9	258
West Nile	37.6	446	84.7	22.5	70.6	57.0	168
Western	29.1	1,096	88.3	28.9	66.4	37.7	319
Southwest	12.7	903	69.7	25.5	50.7	19.3	115
Mother's education							
No education	39.7	1,081	75.1	21.6	56.3	36.6	430
Primary	43.1	4,792	81.4	24.3	66.1	43.0	2,064
Secondary +	33.0	1,662	87.8	35.4	64.9	45.3	549
Wealth quintile							
Lowest	49.8	1,673	79.2	25.3	64.5	43.0	832
Second	42.6	1,594	79.3	18.2	66.6	45.5	679
Middle	36.8	1,510	84.3	22.5	62.2	37.4	556
Fourth	40.7	1,331	80.3	23.8	61.9	39.7	542
Highest	30.3	1,428	88.2	46.3	67.4	46.9	432
Total	40.4	7,535	81.6	25.9	64.5	42.5	3,042

[1] Excludes market, shop, and traditional practitioner

Among children with fever, treatment or advice was sought from a health facility, provider, or pharmacy for four in five children (82 percent), whereas one-quarter of children with fever had blood taken from a finger or heel for testing (26 percent). There is little variation by age of children in the proportion of children for whom advice or treatment for fever was sought. Female children are slightly more likely than male children to have been taken for treatment or advice (83 percent and 80 percent, respectively). Treatment-seeking behaviour is more prevalent for urban children with fever (91 percent) relative to rural children (81 percent). Likewise, children living in Kampala (93 percent) are more likely than others to be taken for treatment or advice. Treatment-seeking behaviour increases with both education and wealth. Similar patterns are presented for children with fever who had blood taken from their finger or heel for testing.

More than three in five (65 percent) children suffering from fever took an antimalarial drug, and 43 percent took it within the recommended timeframe, the same or next day. Children less than age 1 are the least likely to have taken an antimalarial. Female children are only slightly more likely than male children to have taken an antimalarial drug, and there is no meaningful difference observed by urban-rural residence. By region, on the other hand, the highest percentage of children taking an antimalarial reside in the North region (80 percent), while the lowest percentage of children taking an antimalarial drug live in the East Central region (46 percent). Children whose mothers have at least some primary education are more likely than children of women with no education to have taken an antimalarial. Nearly seven in ten children with fever who were in the second and the highest wealth quintiles (67 percent) took an antimalarial drug.

12.7.2 Type and Timing of Antimalarial Drugs

In Uganda, a range of antimalarial drugs are marketed. The 2011 UDHS collected information on the type of antimalarial drugs taken and the timing (same or next day); this was assessed for children under age 5 with reported fever in the two weeks prior to the survey who also took antimalarial drugs. Table 12.9 depicts the type and timing of antimalarial drugs used among children under 5 with fever in the two weeks preceding the survey and the percentage of children who took specific antimalarial drugs the same or next day after developing fever, by the various background characteristics.

Among children with fever that took an antimalarial drug, almost seven in ten (69 percent) took Coartem or ACT, the recommended malaria treatment. One-quarter (24 percent) of these children took quinine, 6 percent took chloroquine, and 4 percent took SP/Fansidar. By age, older children age 36-47 months with fever that received an antimalarial are more likely to have taken ACT compared with other children. Male children (70 percent) and urban children (70 percent) are slightly more likely to have taken an ACT compared with female children (67 percent) and those living in rural areas (68 percent). Adherence to the recommended malaria treatment, ACT, is particularly low for children living in the Southwest (59 percent) region, where use of chloroquine and quinine are high relative to other regions. ACT use is lowest for children whose mothers have no education (66 percent), and highest for children from households in the highest wealth quintile (72 percent).

Table 12.9 also shows the percentage of children who took a specific drug the same or next day among those children with fever that took an antimalarial drug. Of children who took an antimalarial drug, the majority were treated within the recommended time frame. For example, more than four in ten children (46 percent) taking an antimalarial took ACT the same or next day, which represents two-thirds of those who took ACT (46 percent out of 69 percent).

Table 12.9 Type and timing of antimalarial drugs used

Among children under age 5 with fever in the two weeks preceding the survey who took any antimalarial medication, the percentage who took specific antimalarial drugs and the percentage who took each type of drug the same or next day after developing fever, by background characteristics, Uganda 2011

Background characteristic	Percentage of children who took drug:						Percentage of children who took drug the same or next day:						Number of children with fever who took anti-malarial drug
	SP/ Fansidar	Chloro-quine	Chloro-quine with Fansidar	Coartem/ ACT	Quinine	Other anti-malarial	SP/ Fansidar	Chloro-quine	Chloro-quine with Fansidar	Coartem/ ACT	Quinine	Other anti-malarial	
Age (in months)													
<12	3.2	6.1	0.8	60.9	31.9	1.8	2.1	3.7	0.8	38.9	20.9	0.0	301
12-23	5.5	4.7	0.5	71.0	24.9	1.4	3.3	2.0	0.2	46.1	14.5	0.0	491
24-35	2.5	7.2	0.9	69.1	22.1	4.3	1.7	4.0	0.3	48.5	12.8	0.3	441
36-47	2.6	5.4	2.4	72.1	21.2	2.8	1.3	3.7	1.1	50.8	14.0	0.0	371
48-59	4.5	5.2	2.0	67.6	22.3	2.8	3.0	2.9	1.0	46.1	15.3	0.0	357
Sex													
Male	4.1	5.0	1.6	70.0	22.3	2.8	2.5	2.7	1.0	49.0	13.6	0.1	918
Female	3.4	6.2	0.9	67.4	25.8	2.4	2.2	3.6	0.3	44.1	16.5	0.1	1,043
Residence													
Urban	2.2	4.9	1.1	70.0	24.6	4.0	1.6	2.5	0.9	50.6	15.6	0.2	209
Rural	3.9	5.8	1.3	68.4	24.1	2.5	2.4	3.3	0.6	45.9	15.1	0.1	1,752
Region													
Kampala	1.7	4.9	1.6	79.0	12.8	3.5	1.0	4.0	1.0	57.3	7.6	0.8	68
Central 1	3.7	6.4	2.1	74.2	18.0	2.3	1.5	2.4	1.4	49.8	7.4	0.0	200
Central 2	2.0	6.6	0.7	65.6	25.5	3.2	2.0	4.9	0.0	48.9	20.4	0.5	200
East Central	7.6	12.5	3.5	63.3	17.5	4.0	5.3	5.7	1.8	38.7	10.7	0.0	272
Eastern	3.7	4.6	0.8	59.8	35.6	2.8	2.7	3.1	0.2	40.7	24.9	0.0	542
Karamoja	2.4	7.9	0.9	81.3	15.0	0.5	0.8	7.7	0.9	66.3	9.1	0.0	87
North	1.0	0.6	1.0	82.3	15.8	2.8	0.0	0.6	1.0	52.3	8.8	0.0	205
West Nile	3.7	1.9	0.9	76.2	21.6	0.0	2.2	1.9	0.0	62.6	15.6	0.0	118
Western	3.5	2.2	0.0	72.0	22.6	2.9	2.7	0.0	0.0	45.7	8.9	0.0	212
Southwest	6.1	13.8	0.0	59.1	31.9	0.0	0.0	4.3	0.0	20.8	15.1	0.0	58
Mother's education													
No education	2.8	5.2	1.3	73.6	21.8	1.9	1.9	4.2	0.3	47.7	13.9	0.0	242
Primary	4.2	6.3	1.3	66.3	25.3	2.5	2.7	3.4	0.7	44.2	15.6	0.0	1,363
Secondary +	2.3	3.7	1.2	74.0	21.2	3.5	1.3	1.5	0.5	53.9	14.4	0.4	356
Wealth quintile													
Lowest	3.4	5.9	1.2	66.0	27.5	2.1	1.9	4.6	0.4	44.3	18.6	0.0	537
Second	3.6	4.9	0.7	69.5	25.8	1.5	2.9	2.6	0.4	47.7	15.8	0.0	452
Middle	2.8	8.6	2.3	68.0	22.6	2.2	1.5	3.0	1.5	42.6	12.4	0.0	346
Fourth	6.2	4.6	1.2	69.1	21.7	3.5	4.1	2.8	0.3	45.6	13.7	0.0	335
Highest	2.7	4.2	1.0	72.4	20.0	4.8	1.2	2.1	0.6	53.6	12.9	0.5	291
Total	3.7	5.7	1.2	68.6	24.2	2.6	2.3	3.2	0.6	46.4	15.2	0.1	1,962

ACT = Artemisinin-based combination therapy

12.8 ANAEMIA PREVALENCE AMONG CHILDREN AGE 6-59 MONTHS

Anaemia—a low level of functional haemoglobin in the blood—decreases the amount of oxygen reaching the tissues and organs of the body, reducing 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 B12, or other nutrients usually account for the majority of cases in many populations. Severe malaria also accounts for a large proportion of anaemia in children under 5 in malaria endemic areas. Other causes of anaemia include thalassemia, sickle cell disease, and intestinal worm infestation. Promotion of the use of insecticide-treated bed nets and deworming medication every six months for children under age 5 reduces anaemia prevalence among children.

As mentioned earlier, malaria is the leading cause of sickness and death among children under age 5 in Uganda. In areas of constant, high malaria transmission, partial immunity develops within the first two years of life. Many people, including children, may have malaria parasites in their blood without showing any outward signs of infection. Such asymptomatic infection not only contributes to further transmission of malaria but also takes a toll on the health of individuals by contributing to anaemia. Anaemia is a major cause of morbidity and mortality associated with malaria, making prevention and treatment of malaria among children and pregnant women very important. Table 12.10 shows the percentage of children age 6-59 months classified as having severe anaemia (haemoglobin concentration of less than 8.0 grams per decilitre) by background characteristics. A haemoglobin level below 8.0 grams per decilitre is often associated with malaria infection in malaria-endemic regions.

Five percent of Ugandan children 6-59 months old are severely anaemic. Young children, those 6-8 months (13 percent), are much more likely to be severely anaemic than older children. Severe anaemia threatens slightly fewer children in urban areas than in rural areas (2 percent and 5 percent, respectively). By region, the prevalence of severe anaemia varies greatly, ranging from a low of less than 1 percent in the Southwest region to a high of 9 percent among children living in the East Central region. Children of households in the highest wealth quintile have the lowest prevalence of severe anaemia. There is little variation in the proportion of children with severe anaemia by sex or mother's education level.

Table 12.10 Haemoglobin <8.0 g/dl in children

Percentage of children age 6-59 months with haemoglobin lower than 8.0 g/dl, by background characteristics, Uganda 2011

Background characteristic	Hemoglobin <8.0 g/dl	Number of children
Age (in months)		
6-8	12.5	124
9-11	6.7	120
12-17	5.0	250
18-23	7.4	265
24-35	5.6	444
36-47	0.7	480
48-59	3.5	459
Sex		
Male	3.8	1,064
Female	5.5	1,078
Mother's interview status		
Interviewed	4.8	1,796
Not interviewed but in household	5.0	106
Not interviewed, and not in the household[1]	3.5	240
Residence		
Urban	1.5	265
Rural	5.1	1,877
Region		
Kampala	1.4	122
Central 1	6.2	209
Central 2	3.3	199
East Central	8.9	257
Eastern	7.9	419
Karamoja	6.4	79
North	0.4	178
West Nile	5.2	141
Western	3.0	285
Southwest	0.4	253
Mother's education[2]		
No education	3.2	253
Primary	5.5	1,238
Secondary +	3.5	395
Wealth quintile		
Lowest	6.7	477
Second	5.7	453
Middle	4.8	460
Fourth	4.3	394
Highest	0.8	357
Total	4.7	2,142

Note: Table is based on children who stayed in the household the night before the interview. Prevalence of anemia is based on hemoglobin levels and is adjusted for altitude using CDC formulas (CDC, 1998). Hemoglobin is measured in grams per deciliter (g/dl).
[1] Includes children whose mothers are deceased
[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.

The results show improvement in severe anaemia in young children. The proportion of children age 6-59 months with severe anaemia declined from 10 percent in 2009 to 5 percent in 2011 (UBOS and ICF Macro, 2010).

HIV/AIDS-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

13

Key Findings

- Nearly all Ugandans have heard of HIV, but only 4 in 10 (38 percent of women and 43 percent of men) have a comprehensive knowledge of HIV/AIDS prevention and transmission; that is, they know that both condom use and limiting sexual intercourse to one uninfected partner can prevent HIV, they are aware that a healthy-looking person can have HIV, and they reject the two most common local misconceptions about HIV: that HIV can be transmitted by mosquitoes and by sharing food.
- Among those who had more than one sexual partner in the past 12 months, nearly one-third (31 percent) of women and one-fifth (19 percent) of men report using a condom during their last sexual intercourse.
- HIV testing has increased dramatically in the past five years. The current survey shows that 7 in 10 women (71 percent) and 1 in 2 men (52 percent) age 15-49 have been tested for HIV and received their results. Testing has increased from 25 percent of women and 21 percent of men in the 2006 UDHS.
- Sixty-four percent of never-married young women and 51 percent of never-married young men have never had sexual intercourse. Overall, one-quarter of never-married young women (24 percent) and 3 in 10 never-married young men report sexual intercourse in the past 12 months.

13.1 INTRODUCTION

Acquired immune deficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV). HIV weakens the immune system, making the body susceptible to secondary and opportunistic infections. Without treatment, HIV infection leads to AIDS and death. The predominant mode of HIV transmission is through sexual contact. Other modes of transmission are mother-to-child transmission (in which the mother passes HIV to her child during pregnancy, delivery, or breastfeeding), use of contaminated blood supplies for transfusions, and injections using contaminated needles or syringes.

AIDS is one of the most serious public health and development challenges in sub-Saharan Africa. All sectors of Ugandan society are affected. The future course of the AIDS epidemic in Uganda depends on a number of factors including HIV/AIDS-related knowledge, degree of social stigmatisation, risky behaviour, access to high-quality services for sexually transmitted infections (STIs), provision and uptake of HIV counseling and testing, and access to antiretroviral therapy (ART).

The key objective of this chapter is to establish the prevalence of relevant knowledge, attitudes, and behaviours at the national level and within the geographic and socioeconomic subgroups of the population, using data from the 2011 UDHS. This chapter presents findings from the survey of the general adult population and, specifically, from young people. The chapter concludes with information on patterns of sexual activity among young people, as they are the main target of many HIV prevention efforts. The findings in this chapter will help control and prevention programmes to target the groups of people most in

need of information and services and most vulnerable to the risk of HIV infection. The findings presented in this chapter may be compared with the findings from the 2006 UDHS.

13.2 HIV/AIDS KNOWLEDGE, TRANSMISSION, AND PREVENTION METHODS

13.2.1 Awareness of HIV/AIDS

The 2011 UDHS respondents were asked whether they had heard of AIDS. Those who reported having heard of AIDS were then asked a number of questions about whether and how infection can be avoided. The past five DHS and AIS surveys in Uganda have shown that general awareness of HIV and AIDS among the population is universal. It is not surprising, therefore, that almost everyone interviewed in the 2011 UDHS had heard of AIDS. Table 13.1 shows that in Uganda today knowledge of AIDS is universal among all sub-groups of men and women.

Table 13.1 Knowledge of AIDS

Percentage of women and men age 15-49 who have heard of AIDS, by background characteristics, Uganda 2011

	Women		Men	
Background characteristic	Has heard of AIDS	Number of women	Has heard of AIDS	Number of men
Age				
15-24	99.6	3,677	99.4	872
15-19	99.3	2,048	99.1	554
20-24	99.9	1,629	99.9	318
25-29	99.6	1,569	99.8	361
30-39	99.8	2,112	100.0	592
40-49	99.9	1,316	100.0	348
Marital status				
Never married	99.1	2,123	99.3	834
Ever had sex	99.9	837	100.0	438
Never had sex	98.6	1,286	98.5	397
Married/Living together	99.9	5,418	100.0	1,228
Divorced/Separated/Widowed	99.6	1,134	100.0	111
Residence				
Urban	99.7	1,717	99.9	439
Rural	99.7	6,957	99.7	1,734
Region				
Kampala	99.7	839	100.0	221
Central 1	99.7	956	100.0	209
Central 2	100.0	902	100.0	236
East Central	99.4	869	100.0	236
Eastern	99.5	1,267	100.0	289
Karamoja	99.9	289	99.1	55
North	99.9	735	100.0	199
West Nile	99.9	500	99.4	133
Western	99.2	1,221	98.5	322
Southwest	99.9	1,097	100.0	273
Education				
No education	99.7	1,120	99.6	90
Primary	99.6	5,152	99.6	1,309
Secondary +	99.8	2,402	100.0	774
Wealth quintile				
Lowest	99.7	1,519	98.4	345
Second	99.7	1,579	100.0	423
Middle	99.4	1,608	100.0	402
Fourth	99.8	1,726	99.9	486
Highest	99.8	2,242	100.0	517
Total 15-49	99.7	8,674	99.7	2,173
50-54	na	na	100.0	122
Total 15-54	na	na	99.7	2,295

na = Not applicable

13.2.2 Knowledge of HIV Prevention

Among Ugandan adults, HIV is mainly transmitted through sexual contact between an infected partner and an uninfected partner. Consequently the HIV prevention programme has mainly sought to reduce further sexual transmission through three programmatically important ways: promotion of sexual abstinence, mutually faithful monogamy among uninfected individuals, and condom use among the sexually active.

In the 2011 UDHS, men and women were prompted with specific questions about whether it is possible to reduce the chance of getting the virus that causes AIDS by having just one faithful sexual partner and by using a condom at every sexual encounter. As can be shown in Table 13.2, eight in 10 respondents (79 percent of women and 84 percent of men) agreed that condom use can reduce the risk of getting AIDS. Nine in ten respondents (89 percent of women and 91 percent of men) know that the risk of getting HIV can be reduced by limiting sexual intercourse to one uninfected partner. Three-quarters (74 percent) of women and four-fifths (79 percent) of men recognize that both using condoms and limiting sexual intercourse to one uninfected partner are methods to reduce the risk of getting HIV.

Table 13.2 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, and by having one sex partner who is not infected and has no other partners, by background characteristics, Uganda 2011

	Women				Men			
	Percentage who say that HIV can be prevented by:				Percentage who say that 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]	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]	Number of men
Age								
15-24	79.0	87.3	73.6	3,677	83.9	90.9	79.1	872
15-19	75.7	85.1	69.5	2,048	82.4	89.8	77.2	554
20-24	83.1	90.1	78.8	1,629	86.7	93.0	82.4	318
25-29	79.2	89.6	75.1	1,569	87.1	92.6	83.0	361
30-39	80.7	89.6	75.5	2,112	82.6	91.6	78.3	592
40-49	75.5	90.5	72.0	1,316	83.1	89.5	76.9	348
Marital status								
Never married	76.3	85.8	70.4	2,123	83.9	91.0	79.0	834
Ever had sex	85.0	89.7	79.5	837	88.5	94.1	85.0	438
Never had sex	70.7	83.2	64.4	1,286	78.8	87.5	72.3	397
Married/living together	79.8	89.9	75.4	5,418	84.0	90.6	78.9	1,228
Divorced/separated/widowed	79.8	88.9	74.9	1,134	84.2	99.1	84.2	111
Residence								
Urban	86.4	91.7	82.1	1,717	87.2	93.5	83.5	439
Rural	77.1	88.0	72.1	6,957	83.1	90.6	78.1	1,734
Region								
Kampala	88.7	90.3	83.0	839	85.2	94.6	84.0	221
Central 1	87.6	91.9	81.3	956	88.4	98.5	87.5	209
Central 2	84.4	91.7	80.0	902	92.9	98.4	91.9	236
East Central	88.2	91.8	83.9	869	86.5	91.1	81.8	236
Eastern	70.3	81.1	66.4	1,267	79.4	70.4	60.9	289
Karamoja	38.3	85.1	37.3	289	53.1	80.9	52.9	55
North	87.7	94.8	85.5	735	92.3	98.2	91.1	199
West Nile	65.5	86.2	59.9	500	55.6	91.9	50.6	133
Western	78.8	87.0	72.5	1,221	88.6	95.1	85.7	322
Southwest	73.0	89.0	67.5	1,097	82.7	90.7	77.8	273
Education								
No education	65.0	84.2	59.9	1,120	71.3	84.4	62.8	90
Primary	78.4	88.1	73.4	5,152	83.9	90.6	78.9	1,309
Secondary +	86.6	92.3	82.2	2,402	85.5	93.0	81.6	774
Wealth quintile								
Lowest	66.7	83.4	62.1	1,519	76.3	76.5	63.2	345
Second	75.2	88.0	71.0	1,579	81.1	90.1	76.4	423
Middle	80.0	89.2	74.1	1,608	84.4	94.4	81.2	402
Fourth	83.2	90.3	78.9	1,726	87.5	94.8	84.5	486
Highest	85.7	91.4	80.7	2,242	87.7	96.0	85.5	517
Total 15-49	78.9	88.8	74.1	8,674	83.9	91.2	79.2	2,173
50-54	na	na	na	na	82.5	90.0	74.8	122
Total 15-54	na	na	na	na	83.9	91.1	78.9	2,295

na = Not applicable
[1] Using condoms every time they have sexual intercourse
[2] Partner who has no other partners

There are notable differences in knowledge of prevention. Those in the youngest (15-19) and oldest (40-49) age cohorts generally have lower levels of knowledge than those in other age categories. Never-married respondents who have not had sex are also less likely to know about HIV prevention methods than those that have married or ever had sex. Knowledge of HIV prevention methods is higher among urban residents than among those living in rural areas. Variation in knowledge levels by region is particularly striking. For example, 86 percent women of residing in the North region recognize that both using condoms and limiting sexual intercourse to one uninfected partner are ways to reduce the risk of getting HIV, compared with slightly more than one-third (37 percent) of women living in the Karamoja region. Men and women with higher levels of education are more likely than those with lower levels of education to be aware of HIV prevention methods. For example, 82 percent of women with secondary or higher education know that both using condoms and limiting sexual intercourse to one uninfected partner are methods to reduce the risk of getting HIV compared with 60 percent of women with no education. Knowledge of HIV prevention also increases as wealth of the respondents increases.

13.2.3 Rejection of Misconceptions about HIV/AIDS

In addition to knowing effective ways to avoid contracting HIV, it is useful to be able to identify incorrect beliefs about AIDS. 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.

Tables 13.3.1 and 13.3.2 show the proportions of women and men who know that a healthy-looking person can have HIV and who reject common misconceptions about HIV transmission. Eighty-seven percent of women and 92 percent of men know that a healthy-looking person can have the AIDS virus. Fewer respondents understand that the AIDS virus cannot be transmitted by mosquito bites (60 percent of women and 62 percent of men). Knowledge that people cannot get the AIDS virus by sharing food with a person who has AIDS is slightly more prevalent, as 78 percent of women and 83 percent of men said a person cannot become infected by sharing food with a person who has AIDS. Respondents were also asked if they thought that people could get the AIDS virus by witchcraft or other supernatural means. Nearly 9 in 10 respondents (87 percent of women and 91 percent of men) knew that the AIDS virus cannot be transmitted by supernatural means.

Table 13.3.1 Comprehensive knowledge about 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 transmission or prevention of the AIDS virus, and the percentage with a comprehensive knowledge about AIDS, by background characteristics, Uganda 2011

	Percentage of respondents who say that:				Percentage who say that a healthy looking person can have the AIDS virus and who reject the two most common local miscon-ceptions[1]	Percentage with a compre-hensive knowledge about AIDS[2]	
Background characteristic	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			Number of women
Age							
15-24	84.5	62.4	87.8	77.6	47.5	38.1	3,677
15-19	81.5	63.0	85.6	77.7	46.8	35.6	2,048
20-24	88.2	61.6	90.6	77.6	48.5	41.1	1,629
25-29	88.1	59.2	89.3	78.3	47.8	38.6	1,569
30-39	89.9	59.5	86.5	77.5	48.2	38.5	2,112
40-49	86.6	54.3	84.0	76.9	43.4	34.5	1,316
Marital status							
Never married	83.1	66.7	86.6	80.2	51.7	39.8	2,123
Ever had sex	88.4	69.1	88.9	82.1	54.8	45.0	837
Never had sex	79.6	65.2	85.1	79.0	49.6	36.4	1,286
Married/Living together	87.6	57.6	87.5	76.8	45.3	36.7	5,418
Divorced/Separated/Widowed	89.8	58.3	86.5	76.5	47.2	38.8	1,134
Residence							
Urban	93.5	69.4	91.6	82.3	59.4	50.5	1,717
Rural	85.1	57.6	86.1	76.5	44.1	34.6	6,957
Region							
Kampala	95.5	74.1	91.3	83.3	64.6	55.4	839
Central 1	96.1	63.6	92.3	78.2	53.8	44.8	956
Central 2	94.2	55.6	87.5	72.4	45.4	39.2	902
East Central	92.3	53.4	86.8	71.0	41.0	35.5	869
Eastern	76.3	53.9	83.9	78.2	38.2	27.1	1,267
Karamoja	58.7	52.9	74.3	66.9	31.4	20.3	289
North	84.4	62.9	92.3	85.5	51.8	46.6	735
West Nile	81.3	43.7	76.2	75.0	29.8	19.1	500
Western	81.8	61.9	87.6	79.4	46.9	37.4	1,221
Southwest	90.6	66.3	87.8	78.4	53.5	38.4	1,097
Education							
No education	76.5	46.8	78.2	68.5	31.6	22.8	1,120
Primary	86.0	54.6	86.1	74.7	41.2	32.6	5,152
Secondary +	93.3	77.5	93.6	88.0	67.0	55.7	2,402
Wealth quintile							
Lowest	76.3	50.6	80.6	74.2	35.3	26.1	1,519
Second	83.1	53.0	84.5	73.3	38.7	30.0	1,579
Middle	87.3	57.3	88.2	76.9	44.8	35.0	1,608
Fourth	89.6	60.0	87.7	75.9	46.4	38.4	1,726
Highest	94.0	72.7	92.4	84.8	63.2	52.5	2,242
Total 15-49	86.8	59.9	87.2	77.6	47.1	37.7	8,674

[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 condoms 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 13.3.2 Comprehensive knowledge about 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 transmission or prevention of the AIDS virus, and the percentage with a comprehensive knowledge about AIDS by background characteristics, Uganda 2011

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 AIDS[2]	Number of men
Age							
15-24	88.4	62.7	90.3	82.8	49.5	39.5	872
15-19	86.9	59.1	89.3	82.1	45.1	34.8	554
20-24	90.9	69.1	92.0	83.8	57.2	47.7	318
25-29	92.8	58.6	91.6	81.2	52.0	42.8	361
30-39	94.4	63.5	91.4	84.9	56.4	45.3	592
40-49	94.2	63.3	92.1	84.1	56.3	46.0	348
Marital status							
Never married	88.6	64.4	90.3	83.7	51.2	40.6	834
Ever had sex	90.3	66.5	91.7	84.2	53.4	45.2	438
Never had sex	86.8	62.0	88.6	83.2	48.7	35.6	397
Married/Living together	93.7	61.6	92.1	83.4	54.5	44.3	1,228
Divorced/Separated/Widowed	92.0	55.1	86.6	78.6	47.5	40.1	111
Residence							
Urban	96.1	76.6	94.6	85.2	67.9	57.8	439
Rural	90.6	58.8	90.2	82.8	49.1	38.8	1,734
Region							
Kampala	96.3	78.5	96.5	84.2	69.4	59.5	221
Central 1	98.1	43.4	88.6	71.8	36.3	34.5	209
Central 2	97.1	61.8	92.6	76.2	53.2	49.5	236
East Central	91.3	54.2	93.0	80.2	44.9	35.8	236
Eastern	83.5	55.2	87.8	85.0	42.7	27.3	289
Karamoja	83.1	64.9	71.6	78.1	58.9	43.9	55
North	97.5	71.7	96.5	94.8	67.9	61.3	199
West Nile	90.7	81.4	81.9	88.6	68.5	29.5	133
Western	89.4	67.1	94.4	86.6	57.1	51.1	322
Southwest	88.0	56.7	90.0	84.4	44.9	34.1	273
Education							
No education	85.9	40.3	73.6	56.3	25.3	19.3	90
Primary	90.4	53.9	90.6	79.5	44.0	35.2	1,309
Secondary +	94.5	79.2	94.1	92.7	71.1	58.0	774
Wealth quintile							
Lowest	85.2	59.1	85.6	80.9	48.3	34.8	345
Second	92.3	59.6	89.1	81.3	49.6	37.5	423
Middle	90.5	57.0	91.5	83.1	47.6	35.1	402
Fourth	91.9	61.6	93.5	84.4	52.1	44.9	486
Highest	96.2	71.7	93.9	85.5	63.6	55.9	517
Total 15-49	91.7	62.4	91.1	83.3	52.9	42.7	2,173
50-54	97.0	48.4	89.4	76.0	40.7	32.5	122
Total 15-54	92.0	61.6	91.0	82.9	52.2	42.1	2,295

[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 condoms 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.

Two composite measures of HIV/AIDS knowledge are included in Tables 13.3.1 and 13.3.2. The first measure indicates that approximately half of respondents (47 percent of women and 53 percent of men) know that the two most common misconceptions about HIV/AIDS (i.e., HIV can be transmitted by mosquitoes or by sharing food with a person who has AIDS) are incorrect and also are aware that a healthy-looking person can have HIV. The second measure shows that about 4 in 10 Ugandans (38 percent of women and 43 percent of men) have what can be considered comprehensive knowledge of HIV/AIDS prevention and transmission; that is, they know that both condom use and limiting sexual intercourse to

one uninfected partner can prevent HIV, they are aware that a healthy-looking person can have HIV. They reject the two most common local misconceptions (that HIV can be transmitted through mosquitoes and that a person can become infected with HIV by sharing food with a person who has AIDS).

In Uganda, comprehensive knowledge about AIDS is generally lowest among the youngest age cohort, those age 15-19; however, among women, comprehensive knowledge about AIDS is also low among the oldest age cohort, those age 40-49. By marital status, respondents that have never married, but who have had sex, are more likely than their counterparts to have comprehensive knowledge about AIDS. Among both men and women, urban residents are 1.5 times more likely than those living in rural areas to have comprehensive knowledge about AIDS. Comprehensive knowledge varies widely by region in Uganda. Among women, those living in Karamoja (20 percent) and West Nile (19 percent) have the lowest levels of comprehensive knowledge in the country. Among men, the lowest proportion is in Eastern region(27 percent). Of note is the increase in comprehensive knowledge about AIDS among respondents in the North region. There has been tremendous improvement in respondents' knowledge levels since the 2006 UDHS. The current survey shows that 47 percent of women and 61 percent of men residing in the North region have comprehensive knowledge about AIDS. In the 2006 UDHS, only 20 percent of women and 39 percent of men living in the North region were considered to have a comprehensive knowledge of HIV. Within the past five years, comprehensive knowledge of AIDS has more than doubled among women in the North region, while among men living in the North region, it has increased by 56 percent.

13.2.4 Knowledge of Prevention of Mother-to-Child Transmission of HIV

Increasing knowledge of ways in which HIV can be transmitted from mother to child and reducing the risk of transmission using antiretroviral drugs are critical to reducing mother-to-child transmission (MTCT) of HIV. In Uganda, about 21 percent of HIV transmission is currently believed to be caused by MTCT (UAC, 2007) and, as such, the country has implemented strategies for prevention of mother-to-child transmission (PMTCT). To assess MTCT and PMTCT knowledge, the 2011 UDHS asked respondents if the virus that causes AIDS can be transmitted from a mother to a child during pregnancy, delivery, and breastfeeding. Respondents were also asked whether a mother with HIV can reduce the risk of transmission to the baby by taking certain drugs (antiretrovirals) during pregnancy.

Table 13.4 shows that Ugandan women are slightly more knowledgeable than Ugandan men about MTCT and PMTCT. Eighty-six percent of women know that HIV can be transmitted to a baby through breastfeeding, compared with 79 percent of men, while 78 percent of women and 73 percent of men are aware that the risk of MTCT can be reduced by taking special drugs during pregnancy. Overall, 7 in 10 women (71 percent) and 6 in 10 men (61 percent) are aware both that HIV can be transmitted through breastfeeding and that HIV-positive women can reduce the risk of MTCT by taking special drugs during pregnancy. MTCT and PMTCT knowledge has increased considerably in the past five years. The 2006 UDHS showed that 52 percent of women and 43 percent of men knew that HIV can be transmitted through breastfeeding and that HIV positive women could reduce the risk of MTCT by taking special drugs during pregnancy.

Table 13.4 Knowledge of prevention of mother to child transmission of HIV

Percentage of women and 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 2011

	Women				Men			
Background characteristic	HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breast-feeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of women	HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breast-feeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of men
Age								
15-24	84.4	74.1	67.2	3,677	77.7	67.8	56.8	872
15-19	80.0	67.7	59.6	2,048	77.4	64.7	54.7	554
20-24	90.0	82.2	76.7	1,629	78.3	73.3	60.5	318
25-29	87.9	82.4	76.0	1,569	83.4	79.8	70.3	361
30-39	88.1	81.5	75.0	2,112	77.9	74.5	60.3	592
40-49	83.6	77.6	69.5	1,316	80.1	73.6	62.6	348
Marital status								
Never married	81.4	70.3	62.8	2,123	77.9	68.0	58.0	834
Ever had sex	86.7	77.7	70.6	837	78.4	73.0	61.4	438
Never had sex	77.9	65.6	57.8	1,286	77.2	62.5	54.1	397
Married/Living together	87.0	79.8	73.1	5,418	80.3	75.3	63.1	1,228
Divorced/Separated/Widowed	88.5	83.3	76.6	1,134	74.9	76.1	58.5	111
Currently pregnant								
Pregnant	86.4	77.9	71.6	1,011	na	na	na	na
Not pregnant or not sure	85.8	78.0	71.0	7,663	na	na	na	na
Residence								
Urban	91.2	85.2	79.6	1,717	79.2	78.1	64.2	439
Rural	84.5	76.2	68.9	6,957	79.1	71.1	60.1	1,734
Region								
Kampala	92.3	89.5	83.9	839	79.0	79.4	64.9	221
Central 1	86.8	84.5	76.2	956	70.4	69.9	53.3	209
Central 2	87.6	83.5	76.2	902	76.5	79.8	64.1	236
East Central	79.5	76.3	65.5	869	70.2	72.2	54.4	236
Eastern	86.5	77.1	70.0	1,267	76.9	65.8	55.6	289
Karamoja	63.2	47.5	38.8	289	87.4	48.5	45.7	55
North	91.8	88.2	82.7	735	87.2	72.8	63.7	199
West Nile	82.0	52.5	46.5	500	91.6	79.1	76.4	133
Western	84.4	73.3	66.5	1,221	82.9	75.9	67.8	322
Southwest	88.1	79.0	75.0	1,097	79.9	67.7	57.5	273
Education								
No education	77.6	65.4	58.1	1,120	71.1	64.0	51.5	90
Primary	85.0	76.3	69.0	5,152	78.8	68.8	58.5	1,309
Secondary +	91.5	87.3	81.5	2,402	80.4	79.9	66.1	774
Wealth quintile								
Lowest	80.4	65.9	59.5	1,519	82.0	67.8	61.4	345
Second	83.8	73.6	66.2	1,579	78.6	68.8	56.8	423
Middle	84.3	78.4	70.3	1,608	77.0	70.3	58.8	402
Fourth	86.8	80.1	72.8	1,726	79.5	75.1	62.4	486
Highest	91.3	87.2	81.5	2,242	78.9	78.2	64.2	517
Total 15-49	85.8	77.9	71.0	8,674	79.1	72.5	60.9	2,173
50-54	na	na	na	na	72.3	70.2	50.8	122
Total 15-54	na	na	na	na	78.7	72.4	60.4	2,295

na = Not applicable

There are notable differences in knowledge of prevention of MTCT by background characteristics. Respondents age 15-24 are the least likely to know both facts about MTCT (60 percent of women and 55 percent of men), compared with older respondents. Knowledge of both facts about MTCT is the highest among previously married women (77 percent) and currently married men (63 percent) compared with other marital status sub-groups. Urban residents are more likely to report knowledge about mother-to-child transmission than those living in rural areas. Women and men living in the Karamoja region are the least knowledgeable about the two aspects of MTCT, while women residing in Kampala (84 percent) and men residing in the West Nile region (76 percent) are the most knowledgeable. Knowledge levels of MTCT tend to increase with educational attainment and wealth quintile status.

13.3 ACCEPTING ATTITUDES TOWARDS PEOPLE LIVING WITH AIDS

Widespread stigma and discrimination towards people infected with HIV or living with AIDS can adversely affect both people's willingness to be tested for HIV and their adherence to antiretroviral therapy. Thus, reduction of stigma and discrimination against people living with AIDS is an important indicator of the success of programmes aimed at preventing and controlling infection. The HIV/AIDS programmes in Uganda strive to fight such attitudes and to encourage positive living and utilization of HIV testing, care, treatment, and support services by fighting secrecy and denial.

To assess the level of stigma, the UDHS 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 13.5.1 and 13.5.2 show the results for women and men, respectively.

Table 13.5.1 Accepting attitudes toward those living with HIV/AIDS: Women

Among women age 15-49 who have heard of AIDS, percentage expressing specific accepting attitudes toward people with HIV/AIDS, by background characteristics, Uganda 2011

	Percentage of women who:					
Background characteristic	Are willing to care for a family member with AIDS in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher who has the AIDS virus but 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 acceptance attitudes on all four indicators	Number of women who have heard of AIDS
Age						
15-24	86.7	70.3	72.0	37.2	20.0	3,660
15-19	84.3	67.9	69.0	37.4	19.2	2,032
20-24	89.7	73.4	75.8	36.9	21.0	1,628
25-29	91.2	72.9	75.0	39.2	23.8	1,563
30-39	91.8	73.1	74.2	43.8	24.6	2,108
40-49	92.3	71.5	70.8	41.6	23.3	1,314
Marital status						
Never married	86.7	71.4	72.3	37.3	21.8	2,104
Ever had sex	91.4	77.8	77.2	36.9	22.8	836
Never had sex	83.6	67.2	69.0	37.6	21.1	1,268
Married/Living together	89.9	71.1	72.3	40.4	21.8	5,412
Divorced/Separated/Widowed	93.8	74.7	76.9	41.9	25.9	1,130
Residence						
Urban	94.4	82.9	84.2	36.7	26.2	1,713
Rural	88.5	68.9	70.1	40.6	21.4	6,933
Region						
Kampala	94.9	86.0	86.5	32.1	23.3	837
Central 1	95.8	74.7	74.9	33.6	18.8	953
Central 2	92.0	68.8	68.9	33.8	18.0	902
East Central	89.5	61.5	63.6	32.8	15.9	863
Eastern	85.8	69.3	68.9	39.8	20.2	1,261
Karamoja	52.4	44.6	46.1	60.2	13.7	289
North	93.8	84.7	86.9	66.4	51.7	735
West Nile	83.7	60.9	60.3	58.0	26.1	499
Western	93.4	75.8	76.0	37.2	23.0	1,212
Southwest	88.3	69.8	75.9	33.0	15.9	1,096
Education						
No education	81.9	59.7	59.7	43.8	17.0	1,116
Primary	88.5	67.5	69.0	39.9	20.7	5,131
Secondary +	95.6	86.2	87.4	37.7	28.2	2,398
Wealth quintile						
Lowest	81.6	63.1	63.1	50.5	25.3	1,515
Second	87.3	66.2	67.0	40.4	19.6	1,573
Middle	90.1	68.9	71.5	40.1	20.8	1,598
Fourth	90.7	71.7	72.4	35.2	19.5	1,722
Highest	95.5	83.2	85.1	35.6	25.5	2,237
Total 15-49	89.6	71.6	72.9	39.8	22.3	8,645

Table 13.5.2 Accepting attitudes toward those living with HIV/AIDS: Men

Among men age 15-49 who have heard of HIV/AIDS, percentage expressing specific accepting attitudes toward people with HIV/AIDS, by background characteristics, Uganda 2011

Background characteristic	Percentage of men who: Are willing to care for a family member with AIDS in the respondent's home	Would buy fresh vegetables from shop-keeper who has the AIDS virus	Say that a female teacher who has the AIDS virus but 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 acceptance attitudes on all four indicators	Number of men who have heard of AIDS
Age						
15-24	87.9	76.9	71.3	47.5	27.4	867
15-19	84.8	73.9	69.6	46.2	23.8	549
20-24	93.3	82.2	74.2	49.7	33.7	318
25-29	91.0	79.1	73.3	59.5	37.5	361
30-39	94.1	82.7	77.1	59.1	41.3	592
40-49	94.1	80.7	74.7	57.0	35.3	348
Marital status						
Never married	87.5	78.0	71.9	48.8	28.3	828
Ever had sex	91.7	82.3	76.2	50.1	31.8	438
Never had sex	82.7	73.3	67.1	47.3	24.5	390
Married/Living together	93.7	81.8	75.5	58.3	38.7	1,228
Divorced/Separated/Widowed	90.0	64.9	68.7	49.5	27.2	111
Residence						
Urban	93.5	84.0	78.8	55.8	36.1	439
Rural	90.5	78.3	72.5	53.8	33.7	1,729
Region						
Kampala	94.0	83.5	79.9	58.2	36.7	221
Central 1	90.6	74.4	67.8	52.3	32.0	209
Central 2	97.6	74.9	67.2	59.5	37.0	236
East Central	93.7	79.3	74.2	31.9	22.1	236
Eastern	89.3	70.3	64.3	49.3	25.1	289
Karamoja	62.9	58.7	44.1	68.5	24.2	55
North	99.3	93.8	89.7	71.9	60.2	199
West Nile	89.6	90.5	92.7	33.5	23.3	132
Western	87.4	81.2	74.9	60.0	36.4	317
Southwest	87.8	80.4	72.5	59.6	37.0	273
Education						
No education	74.3	54.8	42.6	64.0	24.0	90
Primary	89.4	75.2	68.4	51.0	28.4	1,303
Secondary +	95.9	89.5	86.4	58.4	45.1	774
Wealth quintile						
Lowest	88.3	74.5	68.6	53.3	30.2	339
Second	89.3	74.5	69.8	54.0	31.8	423
Middle	89.6	78.4	70.9	56.1	33.8	402
Fourth	91.5	82.1	76.5	50.3	34.8	485
Highest	95.2	85.1	80.0	57.0	38.4	517
Total 15-49	91.1	79.5	73.8	54.2	34.2	2,167
50-54	95.3	81.6	77.6	57.0	37.2	122
Total 15-54	91.3	79.6	74.0	54.3	34.3	2,289

The majority of women and men, nine in ten, reported that they are willing to care for a family member with AIDS at home. Lower proportions of women (72 percent) and men (80 percent), however, said that they would buy fresh vegetables from an HIV-positive vendor. Approximately three-quarters of Ugandans (73 percent of women and 74 percent of men) feel that a female teacher who has the AIDS virus but is not sick should be allowed to continue teaching in the school. Four in 10 women (40 percent) and more than 5 in 10 men (54 percent) reported that if a member of their family got infected with the AIDS virus, they would not want it to remain a secret. Overall, less than one-quarter of women (22 percent) and one-third of men (34 percent) of men expressed positive attitudes on all four indicator situations (i.e., they would care for a family member with AIDS in their own home, would buy fresh food from a shopkeeper with HIV, would support an HIV-positive female teacher to continue teaching, and would not want to keep the HIV-positive status of a family member a secret).

Variations in stigma levels by background characteristics are evident in Tables 13.5.1 and 13.5.2. Accepting attitudes were generally more common among the older age cohorts compared with those younger than 25 years. Urban residents are somewhat more likely than rural respondents to express accepting attitudes on all four issues examined. 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 a low of 14 percent of women residing in the Karamoja region to a high of 52 percent of women living in the North region. Among men, the proportion expressing accepting attitudes ranges from a low of 22 percent in the East Central region to a high of 60 percent in the North region. In general, the proportion with accepting attitudes on all four indicators increases with increasing education level and, among men, with increasing wealth quintile. For example, men with at least a secondary education are almost twice as likely as men with no education to have accepting attitudes in all four situations (45 percent compared with 24 percent).

13.4 Attitudes Towards Refusing to Have Sex and Negotiating Safer Sex

Knowledge about HIV transmission and ways to prevent it are of little use if people feel powerless to negotiate safer sex practices with their partners. In an effort to assess the ability of women to negotiate safer sex with their husbands, women and men were asked whether they thought that a wife is justified in refusing to have sexual intercourse with her husband if she knows he has sex with women other than his wives or asking that he use a condom if she knows he has a sexually transmitted infection (STI). The results are presented in Table 13.6.

Table 13.6 Attitudes toward negotiating safer sexual relations with husband

Percentage of women and men age 15-49 who believe that a woman is justified in refusing to have sexual intercourse with her husband if she knows that he has sexual intercourse with other women, and percentage who believe that a woman is justified in asking that they use a condom if she knows that her husband has a sexually transmitted infection (STI), by background characteristics, Uganda 2011

	Women			Men		
	Woman is justified in:			Woman is justified in:		
Background characteristic	Refusing to have sexual intercourse with her husband if she knows he has sex with other women	Asking that they use a condom if she knows that her husband has an STI	Number of women	Refusing to have sexual intercourse with her husband if she knows he has sex with other women	Asking that they use a condom if she knows that her husband has an STI	Number of men
Age						
15-24	73.4	83.3	3,677	74.9	93.5	872
15-19	73.1	82.1	2,048	76.7	92.8	554
20-24	73.8	84.9	1,629	71.8	94.9	318
25-29	76.7	86.7	1,569	71.4	95.3	361
30-39	72.9	85.0	2,112	74.4	93.7	592
40-49	73.1	83.7	1,316	76.4	95.2	348
Marital status						
Never married	75.6	82.5	2,123	75.8	93.5	834
Ever had sex	79.3	88.9	837	74.7	95.1	438
Never had sex	73.1	78.4	1,286	77.0	91.7	397
Married/living together	73.1	84.8	5,418	73.7	94.6	1,228
Divorced/separated/Widowed	74.3	85.7	1,134	72.2	94.2	111
Residence						
Urban	78.0	86.4	1,717	74.4	95.0	439
Rural	72.8	83.9	6,957	74.4	93.9	1,734
Region						
Kampala	79.6	86.4	839	77.1	94.0	221
Central 1	74.5	81.5	956	83.6	94.4	209
Central 2	78.2	75.4	902	70.4	93.8	236
East Central	75.5	85.7	869	77.6	96.7	236
Eastern	73.8	87.8	1,267	79.9	93.2	289
Karamoja	46.0	35.6	289	70.3	59.2	55
North	76.6	93.8	735	61.3	97.9	199
West Nile	74.9	79.2	500	87.4	90.6	133
Western	68.0	88.9	1,221	73.1	96.0	322
Southwest	75.5	91.7	1,097	65.9	96.9	273
Education						
No education	65.0	72.6	1,120	73.3	84.9	90
Primary	74.2	85.3	5,152	74.1	93.4	1,309
Secondary +	77.2	87.9	2,402	75.2	96.4	774
Wealth quintile						
Lowest	69.3	77.2	1,519	70.6	86.9	345
Second	72.3	83.8	1,579	77.0	95.8	423
Middle	74.1	86.5	1,608	74.5	94.8	402
Fourth	75.2	86.5	1,726	71.6	96.0	486
Highest	76.7	86.5	2,242	77.5	95.4	517
Total 15-49	73.8	84.4	8,674	74.4	94.1	2,173
50-54	na	na	na	78.8	93.9	122
Total 15-54	na	na	na	74.7	94.1	2,295

na = Not applicable

Three-quarters of Ugandans (74 percent of women and men each) believe that a woman is justified in refusing to have sex with her husband if she knows he has sex with other women (Table 13.6). Eighty-four percent of women and 94 percent of men reported that a woman is justified in asking to use a condom if she knows that her husband has an STI.

Women age 25-29; those who have never married but have had sex; urban residents; those with at least some secondary education; and women from a higher wealth quintile tend to believe that a woman is justified in negotiating safer sexual intercourse with her husband compared with women in other subgroups. Among the regions, however, a much lower proportion of women living in the Karamoja region support negotiation of safer sexual relations compared with women living in the rest of Uganda.

Men living in the North region are the least supportive of a woman refusing to have sex with her husband when she knows he has sex with other women compared with men living in other regions. Men from the Karamoja region are much less likely to agree to a women's negotiation of condom use relative to men living in other places. Like women, men with secondary education or higher tend to believe that a woman in justified in negotiating safer sexual intercourse with her husband. Men in the lowest wealth quintile are the least likely to agree to that a woman is justified in negotiating safer sex.

13.5 ADULT SUPPORT OF EDUCATION ABOUT CONDOMS FOR CHILDREN AGE 12-14

Condom use is one of the main strategies for combating the spread of HIV. However, educating young people about condoms is controversial, as some say it promotes early sexual experimentation. To gauge attitudes toward condom education, UDHS respondents were asked whether they thought that children age 12-14 should be taught about using a condom to avoid getting AIDS. Because the focus is on adults' opinions, results are tabulated for respondents age 18-49.

Table 13.7 Adult support of education about condom use to prevent AIDS

Percentage of women and men age 18-49 who agree that children age 12-14 years should be taught about using a condom to avoid AIDS, by background characteristics, Uganda 2011

Background characteristic	Women		Men	
	Percentage who agree	Number of women	Percentage who agree	Number of men
Age				
18-24	64.0	2,416	64.6	497
18-19	62.7	787	61.7	179
20-24	64.7	1,629	66.3	318
25-29	65.3	1,569	70.8	361
30-39	63.0	2,112	62.5	592
40-49	61.5	1,316	67.2	348
Marital status				
Never married	60.4	978	63.8	461
Married or living together	63.1	5,315	66.7	1,228
Divorced/separated/ widowed	68.1	1,121	61.7	109
Residence				
Urban	66.6	1,483	62.4	382
Rural	62.8	5,930	66.6	1,417
Region				
Kampala	63.8	732	63.4	183
Central 1	60.8	828	69.7	175
Central 2	65.8	770	65.9	205
East Central	69.6	744	66.3	176
Eastern	70.3	1,086	72.2	243
Karamoja	23.9	249	30.8	51
North	58.6	609	65.2	157
West Nile	56.6	421	76.1	114
Western	71.6	1,021	63.4	267
Southwest	59.4	953	62.4	228
Education				
No education	55.2	1,087	60.0	86
Primary	64.8	4,290	66.7	1,028
Secondary +	65.3	2,036	64.9	685
Wealth quintile				
Lowest	58.9	1,330	62.6	299
Second	61.6	1,367	72.3	347
Middle	67.2	1,368	62.3	334
Fourth	65.6	1,411	67.6	395
Highest	63.9	1,938	63.3	424
Total 18-49	63.5	7,413	65.7	1,798
50-54	na	na	61.9	122
Total 18-54	na	na	65.4	1,920

na = Not applicable

Table 13.7 shows that more than 6 in 10 adults agree that children age 12-14 should be taught about using condoms to avoid AIDS (64 percent of women and 66 percent of men age 18-49). Women age 20-29 are somewhat more supportive than older women of condom education for children, while men age 25-29 are the most likely to agree that children age 12-14 should be taught about condoms as an HIV prevention method. Support for condom education is higher among urban women than rural women (67 percent versus 63 percent) whereas for men it is the reverse (62 percent of urban men versus 67 percent of rural men, respectively). There is considerable regional variability in the level of support for condom education among women, from a low of 24 percent of women in the Karamoja region to a high of 72 percent of women living in the Western region. Among men, support for condom education is highest in West Nile (76 percent) and lowest in Karamoja (31 percent). Both women and men with no education are less likely to support condom education compared with those with at least some education. There is no clear pattern observed by wealth quintile.

13.6 HIGH-RISK SEX

Information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of the epidemic. The 2011 UDHS included questions on respondents' sexual partners during their lifetimes and over the 12 months preceding the survey. Men were also asked whether they paid for sex during the 12 months preceding the interview. In addition, information was

collected on women's and men's use of condoms during their most recent sexual intercourse with each type of partner. These questions are sensitive, and it is recognized that some respondents may have been reluctant to provide information on recent sexual behaviour.

13.6.1 Multiple Partners and Condom Use

Tables 13.8.1 and 13.8.2 show the percentages of women and men, respectively, who had two or more partners in the 12 months preceding the survey. The tables also show the percentages of men and women with two or more partners who used a condom during their last sexual intercourse. Finally, the tables provide information on the mean number of lifetime sexual partners among those who have ever had sexual intercourse.

Table 13.8.1 Multiple sexual partners: Women

Among all women age 15-49, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months; among those having more than one partner in the past 12 months and the mean number of sexual partners during their lifetime for women who ever had sexual intercourse, by background characteristics, Uganda 2011

	All women		Among women who ever had sexual intercourse[1]:	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Number of women	Mean number of sexual partners in lifetime	Number of women
Age				
15-24	2.1	3,677	1.8	2,415
15-19	1.5	2,048	1.6	923
20-24	2.7	1,629	1.9	1,492
25-29	1.7	1,569	2.1	1,546
30-39	1.0	2,112	2.2	2,093
40-49	1.1	1,316	2.5	1,306
Marital status				
Never married	1.5	2,120	1.8	834
Married or living together	1.3	5,421	2.0	5,400
Divorced/separated/widowed	3.3	1,134	2.9	1,125
Residence				
Urban	2.4	1,717	2.5	1,444
Rural	1.4	6,957	2.0	5,915
Region				
Kampala	1.7	839	2.5	703
Central 1	3.4	956	2.4	814
Central 2	1.9	902	2.4	772
East Central	2.6	869	2.3	756
Eastern	1.9	1,267	2.1	1,094
Karamoja	0.2	289	1.4	253
North	0.2	735	1.7	628
West Nile	0.9	500	1.8	417
Western	1.3	1,221	2.2	1,068
Southwest	0.5	1,097	1.4	853
Education				
No education	1.0	1,120	1.9	1,087
Primary	1.6	5,152	2.1	4,365
Secondary +	1.9	2,402	2.2	1,908
Wealth quintile				
Lowest	0.8	1,519	1.9	1,359
Second	0.9	1,579	1.9	1,377
Middle	1.6	1,608	2.0	1,374
Fourth	2.8	1,726	2.2	1,397
Highest	1.8	2,242	2.4	1,852
Total 15-49	1.6	8,674	2.1	7,359

[1] Means are calculated excluding respondents who gave non-numeric responses

Table 13.8.2 Multiple sexual partners: Men

Among all men age 15-49, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months; among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse; and the mean number of sexual partners during their lifetime for men who ever had sexual intercourse, by background characteristics, Uganda 2011

	All men		Among men who had 2+ partners in the past 12 months:		Among men who ever had sexual intercourse[1]:	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Number of men	Percentage who reported using a condom during last sexual intercourse	Number of men	Mean number of sexual partners in lifetime	Number of men
Age						
15-24	8.9	872	47.3	78	3.5	489
15-19	5.4	554	(55.7)	30	2.8	222
20-24	15.0	318	42.1	48	4.2	267
25-29	23.3	361	18.2	84	5.6	346
30-39	24.1	592	10.0	142	7.7	573
40-49	29.0	348	10.3	101	9.0	339
Marital status						
Never married	7.5	834	70.4	63	4.1	437
Married or living together	25.7	1,228	6.3	316	6.9	1,204
Divorced/separated/widowed	23.7	111	*	26	10.0	106
Type of union						
In polygynous union	86.4	193	6.1	167	9.2	189
In non-polygynous union	14.4	1,035	6.5	149	6.4	1,014
Not currently in union	9.4	945	64.0	89	5.2	543
Residence						
Urban	20.0	439	36.0	88	7.2	370
Rural	18.3	1,734	14.2	317	6.1	1,377
Region						
Kampala	16.9	221	(43.9)	37	6.5	180
Central 1	27.0	209	(18.9)	56	8.6	167
Central 2	18.0	236	(24.6)	42	6.6	196
East Central	25.7	236	24.5	61	5.7	190
Eastern	10.7	289	(8.1)	31	6.6	234
Karamoja	26.4	55	(3.5)	15	3.8	48
North	19.9	199	(4.3)	40	7.3	169
West Nile	14.5	133	(15.1)	19	4.5	105
Western	19.4	322	15.1	63	7.4	263
Southwest	15.1	273	(17.6)	41	4.0	195
Education						
No education	37.6	90	(6.9)	34	5.9	78
Primary	18.1	1,309	17.2	237	6.6	1,035
Secondary +	17.3	774	25.1	134	6.1	635
Wealth quintile						
Lowest	17.7	345	8.1	61	4.7	285
Second	18.2	423	7.0	77	6.4	345
Middle	19.3	402	14.3	78	6.8	323
Fourth	20.3	486	25.2	99	6.6	382
Highest	17.5	517	33.6	91	6.9	413
Total 15-49	18.6	2,173	19.0	405	6.4	1,747
50-54	32.3	122	(11.3)	39	14.1	118
Total 15-54	19.4	2,295	18.3	444	6.8	1,865

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] Means are calculated excluding respondents who gave non-numeric responses

A much smaller proportion of women report having had two or more partners in the 12 months preceding the survey compared with men (2 percent and 19 percent). Data for women are not discussed by background characteristics due to the small number of women with more than one sexual partner. Among men, the proportion of men reporting more than one sexual partner in the past 12 months increases steadily with age. For example, 5 percent of men age 15-19 report having had more than one partner, yet almost 3 in 10 men age 40-49 (29 percent) report that they had two or more sexual partners within the past year. Those who had ever been married and those with no education were more likely than their counterparts to have had more than one sexual partner in the past 12 months. As would be expected, the proportion of men with multiple sexual partners in the past 12 months was particularly high among those in polygynous

unions (86 percent). By residence, urban men are only slightly more likely than rural men to report multiple sexual partners in the last year. More than one-quarter of men living in Central 1 (27 percent), East Central (26 percent), and Karamoja (26 percent) regions had more than one sexual partner within the past 12 months. The likelihood of having more than one sexual partner does not have a uniform pattern with wealth.

Among women who had more than one sexual partner in the past 12 months, nearly one-third (31 percent) report using a condom during their last sexual intercourse (data not presented). Almost one-fifth (19 percent) of men with multiple sexual partners in the last year report that they used a condom during their last sexual intercourse.

Among those with more than one sexual partner in the past 12 months, never-married men were 11 times more likely to report condom use during their most recent sexual intercourse than those who were married (70 percent and 6 percent, respectively). Urban men with two or more sexual partners in the 12 months before the survey were also more likely than rural men to report using a condom during their last sexual intercourse (36 percent and 14 percent, respectively). Condom use among men during last sexual intercourse and generally increased with education level and wealth.

On average, men report having had 6.4 sexual partners over their lifetimes, whereas women report 2.1 partners. Among men, the mean number of lifetime sexual partners increased with age, with men age 40-49 reporting an average of 9 lifetime partners. Men in a polygynous union and those who were divorced, separated, or widowed had the highest average numbers of lifetime sexual partners (9 and 10 partners, respectively). Similarly, older women and those that are divorced, separated, or widowed reported slightly more lifetime sexual partners relative to other women.

Urban residents also reported a slightly higher average of lifetime sexual partners compared with rural residents. Mean reported number of lifetime sex partners among men varied from 4 in the Karamoja region to 9 in the Central 1 region. Among women, mean number of lifetime sex partners varied from 1 in the Karamoja and Southwest regions to 3 in Kampala. There is little variation in the mean number of lifetime partners by educational attainment or wealth in women or men.

Point prevalence and cumulative prevalence of concurrent sexual partners are new concepts that were incorporated for the first time in the 2011 UDHS. The point prevalence of concurrent sexual partners is defined as the percentage of respondents who had two (or more) sexual partners concurrently at the point in time six months before the survey. The cumulative prevalence of concurrent sexual partners is defined as the percentage of respondents who had two (or more) sexual partners concurrently at any time during the 12 months preceding the survey.

Table 13.9 shows the point prevalence and cumulative prevalence of concurrent sexual partners among all respondents during the 12 months before the survey. It also shows the percentage of respondents who had concurrent sexual partners among those who had multiple sexual partners during the 12 months before the survey.

The point prevalence of concurrent sexual partners among women 15-49 is less than 1 percent compared with 10 percent among men in the same age range, and cumulative prevalence of concurrent sexual partners is 1 percent among women compared with 15 percent of men. Among respondents who had multiple partners during the 12 months before the survey, 59 percent of women and 82 percent of men age 15-49 had concurrent partners.

There are no major variations in the point or cumulative prevalence of concurrent sexual partners among women, by background characteristics. Among men, the point and cumulative prevalence of concurrent sexual partners increase with age, are highest among men who are married or cohabiting, men in polygynous unions, and men in rural areas. The variation in the percentage of men with multiple partners in the past 12 months who had concurrent sexual partners during the specified period by background characteristics follows the same pattern as the point and cumulative prevalence.

Table 13.9 Point prevalence and cumulative prevalence of concurrent sexual partners

Percentage of all women and men age 15-49 who had concurrent sexual partners six months before the survey (point prevalence[1]), and percentage of all women and all men 15-49 who had any concurrent sexual partners during the 12 months before the survey (cumulative prevalence[2]), and among women and men age 15-49 who had multiple sexual partners during the 12 months before the survey, percentage who had concurrent sexual partners, Uganda 2011

	Among all respondents:			Among all respondents who had multiple partners during the 12 months before the survey:	
Background characteristic	Point prevalence of concurrent sexual partners[1]	Cumulative prevalence of concurrent sexual partners[2]	Number of respondents	Percentage who had concurrent sexual partners[2]	Number of respondents
		WOMEN			
Age					
15-24	0.6	1.1	3,677	54.3	75
15-19	0.1	0.5	2,048	(30.1)	31
20-24	1.2	1.9	1,629	(71.1)	45
25-29	0.4	1.3	1,569	(78.6)	27
30-39	0.1	0.4	2,112	*	22
40-49	0.3	0.9	1,316	*	14
Marital status					
Never married	0.2	0.5	2,120	(33.3)	32
Married or living together	0.4	0.9	5,421	72.0	69
Divorced/separated/widowed	0.7	1.9	1,134	(55.9)	38
Residence					
Urban	0.6	1.5	1,717	61.1	41
Rural	0.3	0.8	6,957	57.8	97
Total 15-49	0.4	0.9	8,674	58.8	139
		MEN			
Age					
15-24	1.5	4.8	872	54.2	78
15-19	0.4	1.9	554	(35.1)	30
20-24	3.5	9.9	318	66.1	48
25-29	11.4	20.6	361	88.4	84
30-39	13.2	20.7	592	86.2	142
40-49	22.6	27.2	348	93.8	101
Marital status					
Never married	1.2	3.6	834	48.5	63
Married or living together	15.8	23.3	1,228	90.7	316
Divorced/separated/widowed	6.1	15.0	111	(63.5)	26
Type of union					
In polygynous union	71.6	80.8	193	93.5	167
In non-polygynous union	5.3	12.6	1,035	87.6	149
Not currently in union	1.8	5.0	945	52.9	89
Residence					
Urban	7.5	14.6	439	72.8	88
Rural	10.2	15.6	1,734	85.1	317
Total 15-49	9.7	15.4	2,173	82.4	405
50-54	26.7	32.3	122	(100.0)	39
Total 15-54	10.6	16.3	2,295	84.0	444

Note: Two sexual partners are considered to be concurrent if the date of the most recent sexual intercourse with the earlier partner is after the date of the first sexual intercourse with the later 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.

[1] The percentage of respondents who had two (or more) sexual partners that were concurrent at the point in time six months before the survey

[2] The percentage of respondents who had two (or more) sexual partners that were concurrent anytime during the 12 months preceding the survey

13.6.2 Transactional Sex

Transactional sex involves the exchange of sex for money, favours, or gifts. Transactional sex is associated with a high risk of contracting HIV and other sexually transmitted infections due to compromised power relations and the tendency to have multiple partnerships. The 2011 UDHS asked men if they had ever paid anyone for sexual intercourse and if they had done so in the 12 months preceding the survey. Further, respondents who had engaged in paid sexual intercourse in the past 12 months were asked if they had used a condom the last time they paid for sexual intercourse.

Table 13.10 shows that 6 percent of men age 15-49 report having paid for sexual intercourse at some point in their lives, while 2 percent did so in the past 12 months. Men age 30-39 (9 percent), those who were previously married (19 percent), and urban men (7 percent) were more likely than other men to have ever paid for sexual intercourse. Among regions, this proportion ranges from less than 1 percent of men living in the West Nile region to 10 percent of men living in the East Central region. Similar patterns by background characteristics in the percentage of men who paid for sex in the past 12 months are observed. More than four in ten men (44 percent) age 15-49 who paid for sex in the past 12 months reported condom use at last paid sexual intercourse (data not shown).

Table 13.10 Payment for sexual intercourse and condom use at last paid sexual intercourse

Percentage of men age 15-49 who ever paid for sexual intercourse and percentage reporting payment for sexual intercourse in the past 12 months, and among them, the percentage reporting that a condom was used the last time they paid for sexual intercourse, by background characteristics, Uganda 2011

	Among all men:		
Background characteristic	Percentage who ever paid for sexual intercourse	Percentage who paid for sexual intercourse in the past 12 months	Number of men
Age			
15-24	4.2	2.0	872
15-19	2.1	1.3	554
20-24	7.9	3.3	318
25-29	8.2	3.5	361
30-39	8.5	3.0	592
40-49	5.7	0.5	348
Marital status			
Never married	3.9	2.2	834
Married or living together	6.7	2.1	1,228
Divorced/separated/widowed	19.4	5.3	111
Residence			
Urban	7.4	3.3	439
Rural	6.0	2.1	1,734
Region			
Kampala	7.5	4.6	221
Central 1	7.4	5.0	209
Central 2	5.5	1.5	236
East Central	10.1	4.2	236
Eastern	7.2	2.9	289
Karamoja	1.9	1.9	55
North	1.6	0.1	199
West Nile	0.7	0.1	133
Western	7.0	0.6	322
Southwest	7.0	1.6	273
Education			
No education	2.5	0.3	90
Primary	7.4	2.6	1,309
Secondary +	4.8	2.0	774
Wealth quintile			
Lowest	2.4	0.9	345
Second	7.1	2.6	423
Middle	8.7	2.4	402
Fourth	5.9	1.6	486
Highest	6.6	3.5	517
Total 15-49	6.3	2.3	2,173
50-54	7.1	2.3	122
Total 15-54	6.3	2.3	2,295

13.7 COVERAGE OF HIV COUNSELING 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. Knowledge of HIV status helps HIV-negative individuals make specific decisions to reduce risk and increase safer sex practices so that they can remain free of disease. For those who are infected with HIV, knowledge of their status allows them to take action to protect their sexual partners, to seek treatment, and to plan for the future. The HIV/AIDS programme has been engaged in increasing coverage of HIV counseling and testing services based on a multiple programme approach. In the 2011 UDHS, respondents were asked if they knew a place where they could go to be tested and further if they had ever undergone an HIV test and received the results of the test.

Tables 13.11.1 and 13.11.2 show that almost all Ugandans know where to get an HIV test (95 percent of women and 93 percent of men). Those living in urban areas (97 percent for both women and men) are slightly more likely than rural residents (94 percent of women and 92 percent of men) to know where to get an HIV test. Those who had ever had sex are more likely than those who had never married and never had sex to know where to get an HIV test. The proportion of both women and men who know where to get an HIV test increases as educational attainment and wealth quintile increase. In general, differences by region are not large.

Table 13.11.1 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 were tested in the past 12 months and received the results of the last test, according to background characteristics, Uganda 2011

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: Ever tested and received results	Ever tested, did not receive results	Never tested[1]	Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of women
Age								
15-24	91.8	61.5	3.7	34.8	100.0	65.2	40.2	3,677
15-19	88.2	45.5	3.4	51.1	100.0	48.9	30.7	2,048
20-24	96.5	81.6	4.1	14.3	100.0	85.7	52.0	1,629
25-29	97.2	85.5	4.4	10.1	100.0	89.9	50.7	1,569
30-39	97.0	78.9	4.8	16.3	100.0	83.7	41.6	2,112
40-49	95.6	69.9	2.7	27.4	100.0	72.6	35.3	1,316
Marital status								
Never married	88.5	46.0	2.8	51.2	100.0	48.8	30.0	2,123
Ever had sex	95.1	70.2	3.3	26.5	100.0	73.5	45.9	837
Never had sex	84.3	30.3	2.5	67.2	100.0	32.8	19.6	1,286
Married/living together	96.6	79.8	4.5	15.7	100.0	84.3	45.7	5,418
Divorced/separated/widowed	96.9	78.2	3.6	18.2	100.0	81.8	44.5	1,134
Residence								
Urban	97.3	79.1	2.5	18.5	100.0	81.5	46.1	1,717
Rural	94.0	69.4	4.3	26.2	100.0	73.8	40.6	6,957
Region								
Kampala	96.1	78.0	2.3	19.7	100.0	80.3	43.2	839
Central 1	96.1	73.1	2.8	24.1	100.0	75.9	43.3	956
Central 2	95.8	71.3	4.0	24.8	100.0	75.2	39.6	902
East Central	93.0	62.6	7.5	29.9	100.0	70.1	40.6	869
Eastern	94.0	70.5	4.4	25.0	100.0	75.0	41.4	1,267
Karamoja	84.2	62.2	5.8	32.0	100.0	68.0	36.8	289
North	97.5	81.4	3.5	15.1	100.0	84.9	49.6	735
West Nile	94.8	66.6	4.3	29.1	100.0	70.9	42.3	500
Western	94.1	72.0	4.1	23.9	100.0	76.1	40.9	1,221
Southwest	94.6	69.8	2.4	27.8	100.0	72.2	38.8	1,097
Education								
No education	88.8	65.0	5.5	29.5	100.0	70.5	32.9	1,120
Primary	94.0	69.6	4.1	26.3	100.0	73.7	40.3	5,152
Secondary +	98.6	78.2	2.8	19.0	100.0	81.0	48.8	2,402
Wealth quintile								
Lowest	91.2	70.7	4.4	24.9	100.0	75.1	41.0	1,519
Second	93.7	68.3	5.0	26.7	100.0	73.3	40.7	1,579
Middle	95.0	68.8	4.4	26.8	100.0	73.2	39.7	1,608
Fourth	94.0	68.5	3.5	28.0	100.0	72.0	41.0	1,726
Highest	97.8	78.0	3.0	19.0	100.0	81.0	44.8	2,242
Total 15-49	94.6	71.3	4.0	24.7	100.0	75.3	41.7	8,674

[1] Includes 'don't know/missing'

Table 13.11.2 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 were tested in the past 12 months and received the results of the last test, according to background characteristics, Uganda 2011

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: Ever tested and received results	Ever tested, did not receive results	Never tested[1]	Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of men
Age								
15-24	88.3	35.4	4.0	60.5	100.0	39.5	24.1	872
15-19	84.9	25.1	3.1	71.8	100.0	28.2	17.4	554
20-24	94.4	53.4	5.7	40.9	100.0	59.1	35.8	318
25-29	95.2	65.6	3.5	30.8	100.0	69.2	39.4	361
30-39	96.5	64.0	2.7	33.3	100.0	66.7	34.8	592
40-49	98.1	60.0	3.7	36.4	100.0	63.6	31.0	348
Marital status								
Never married	88.0	35.5	3.3	61.3	100.0	38.7	24.3	834
Ever had sex	94.8	48.5	3.6	47.9	100.0	52.1	33.3	438
Never had sex	80.5	21.0	3.0	76.0	100.0	24.0	14.3	397
Married/Living together	96.8	63.7	3.5	32.8	100.0	67.2	34.9	1,228
Divorced/Separated/Widowed	93.4	50.1	5.8	44.1	100.0	55.9	32.0	111
Residence								
Urban	96.9	66.1	2.0	31.9	100.0	68.1	38.9	439
Rural	92.3	48.6	4.0	47.4	100.0	52.6	28.6	1,734
Region								
Kampala	96.6	68.8	0.7	30.5	100.0	69.5	43.3	221
Central 1	92.2	55.6	2.2	42.2	100.0	57.8	30.9	209
Central 2	89.5	47.4	3.3	49.2	100.0	50.8	20.8	236
East Central	93.2	37.9	4.9	57.1	100.0	42.9	20.7	236
Eastern	92.2	50.3	5.5	44.2	100.0	55.8	32.4	289
Karamoja	73.7	51.2	0.0	48.8	100.0	51.2	33.6	55
North	99.2	67.7	6.4	25.9	100.0	74.1	44.7	199
West Nile	97.0	56.0	1.4	42.6	100.0	57.4	36.5	133
Western	94.6	50.5	4.8	44.7	100.0	55.3	30.9	322
Southwest	91.9	43.3	2.1	54.6	100.0	45.4	21.8	273
Education								
No education	84.1	31.9	7.3	60.8	100.0	39.2	25.0	90
Primary	90.7	45.0	3.8	51.3	100.0	48.7	25.2	1,309
Secondary +	98.7	66.7	2.8	30.5	100.0	69.5	40.6	774
Wealth quintile								
Lowest	90.3	48.6	4.2	47.1	100.0	52.9	32.1	345
Second	91.9	47.0	5.7	47.2	100.0	52.8	25.7	423
Middle	92.3	45.8	4.1	50.1	100.0	49.9	27.6	402
Fourth	94.5	52.0	2.5	45.5	100.0	54.5	30.9	486
Highest	95.9	63.8	1.9	34.3	100.0	65.7	36.0	517
Total 15-49	93.3	52.2	3.6	44.3	100.0	55.7	30.7	2,173
50-54	95.1	51.5	6.0	42.5	100.0	57.5	25.8	122
Total 15-54	93.4	52.1	3.7	44.2	100.0	55.8	30.4	2,295

[1] Includes 'don't know/missing'

Tables 13.11.1 and 13.11.2 also show the coverage of HIV testing services. . Overall, 7 in 10 women (71 percent) and half of men (52 percent) had ever been tested and had received the result of the last test. A larger proportion of men (44 percent) than women (25 percent) had never been tested, implying that they are less likely to know their HIV status. Among women the likelihood of having ever had an HIV test and receiving the result was highest in the 25-29 age group (86 percent); similarly, the highest rate of ever being tested for HIV and receiving the result among men was among those age 25-29 (66 percent). Among both women and men, urban residents are more likely than rural residents to have ever had an HIV test and received results. Married respondents are more likely to have taken the test and received results (80 percent of women and 64 percent of men) than those never married. Among regions the percentages of men and women who have ever been tested for HIV and received results range from a low of 62 percent of

women living in Karamoja region to a high of 81 percent of women residing in the North. For men, the proportion that has ever been tested and received their results also varies by region, from a low of 38 percent in the East Central region to 69 percent of men living in Kampala. As education and wealth status increase, the likelihood of having been tested for HIV and received the test result also increases.

Four in 10 women (42 percent) and 3 in 10 men (31 percent) were tested for HIV in the year preceding the survey and had been told the result of the last test they took.

HIV testing has increased dramatically in the past five years. The current survey shows that 7 in 10 women (71 percent) and 1 in 2 men (52 percent) age 15-49 have ever been tested for HIV and received their results. This shows a sizeable increase from 25 percent of women and 21 percent of men in the 2006 UDHS who reported being tested for HIV and receiving the result.

13.7.1 HIV Testing During Antenatal Care

Table 13.12 presents information on HIV screening of pregnant women age 15-49 who gave birth in the two years preceding the survey. The screening process is a key tool in reducing mother-to-child transmission of HIV. Sixty-eight percent of women who gave birth in the two years before the survey received HIV counseling during antenatal care (ANC). Almost 3 in 5 women (59 percent) were tested for HIV during antenatal care and received the test results and post-test counseling, while 15 percent received results but did not receive post-test counseling. Four percent of women were tested for HIV during an ANC visit but did not receive the test results.

Overall, 60 percent of women received HIV counseling, an HIV test, and the results during ANC for their most recent birth in the two years preceding the survey. By age, a higher proportion of women in the 20-24 age cohort were counseled, tested, and received their HIV result during ANC than women in other age groups. Women were more likely to have been counseled and tested and to have received the result of the test if they lived in urban areas (76 percent) or in Kampala (82 percent). The likelihood of HIV counseling and testing during ANC increases with levels of education and wealth. For example, the proportion of women who were counseled about HIV during ANC, were tested, and received results ranges from 48 percent of women with no education to 71 percent of those with at least some secondary education. Likewise, those in the lowest wealth quintile (54 percent) are the least likely to have been counseled, tested, and received their results while women in the highest quintile (74 percent) were the most likely.

Table 13.12 Pregnant women counseled 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 pretest counseling, the percentage who received an HIV test during antenatal care for their most recent birth by whether they received their results and post-test counseling, and percentage who received an HIV test at the time of delivery for their most recent birth by whether they received their test results, according to background characteristics, Uganda 2011

Background characteristic	Percentage who received counseling on HIV during antenatal care[1]	Percentage who were tested for HIV during antenatal care and who:			Percentage who received counseling on HIV and an HIV test during ANC, and the results	Percentage who had an HIV test during ANC or labor and who:[2]		Number of women who gave birth in the past two years[3]
		Received results and:						
		Received post-test counseling	Did not receive post-test counseling	Did not receive results		Received results	Did not receive results	
Age								
15-24	67.4	60.4	15.5	4.5	61.1	77.6	4.9	1,190
15-19	60.7	57.7	14.0	7.7	54.2	73.3	8.3	319
20-24	69.8	61.4	16.1	3.3	63.7	79.2	3.7	871
25-29	67.9	62.0	14.5	4.3	61.7	77.6	4.5	851
30-39	69.0	55.2	15.8	3.8	59.3	72.6	4.0	886
40-49	63.6	50.9	16.5	1.8	55.0	70.2	1.8	166
Marital status								
Never married	66.3	62.8	13.6	3.6	61.5	79.9	3.6	142
Ever had sex	67.9	64.4	14.0	3.7	63.0	81.8	3.7	138
Never had sex	*	*	*	*	*	*	*	3
Married/Living together	67.3	58.1	15.8	4.3	59.7	75.2	4.6	2,643
Divorced/Separated/Widowed	72.5	63.5	12.5	2.4	66.3	78.9	2.8	308
Residence								
Urban	79.4	73.7	12.7	4.4	75.6	87.9	4.4	450
Rural	65.8	56.3	15.8	4.1	57.9	73.7	4.4	2,642
Region								
Kampala	86.1	76.0	10.5	4.0	81.5	87.0	4.1	187
Central 1	62.6	51.6	12.8	3.4	52.3	66.5	3.9	322
Central 2	63.9	54.1	19.7	4.6	59.4	76.6	4.6	340
East Central	57.3	42.0	11.6	9.4	44.7	59.0	9.6	345
Eastern	57.2	55.7	20.2	2.2	51.2	77.2	2.9	529
Karamoja	64.8	63.5	7.4	5.1	54.7	72.8	5.2	107
North	79.5	76.7	10.3	2.0	76.1	87.5	2.0	276
West Nile	73.4	63.4	9.3	4.7	64.4	72.9	4.7	187
Western	70.6	64.4	12.3	4.9	63.0	77.3	5.2	423
Southwest	77.4	57.5	25.3	2.2	70.8	82.9	2.6	375
Education								
No education	56.0	48.4	14.0	3.9	48.1	63.3	4.2	399
Primary	67.3	56.5	16.6	5.1	59.3	74.9	5.3	1,975
Secondary +	75.8	71.0	12.8	1.6	70.6	85.2	2.0	718
Wealth quintile								
Lowest	61.1	57.2	13.0	2.7	53.5	71.4	2.9	694
Second	63.6	54.8	16.5	3.6	57.5	72.5	4.2	679
Middle	68.2	55.1	17.4	5.9	57.9	73.9	6.0	602
Fourth	69.6	57.5	17.5	4.7	61.5	77.3	4.7	561
Highest	78.9	71.1	12.7	4.1	74.3	85.7	4.4	556
Total 15-49	67.8	58.8	15.4	4.1	60.4	75.8	4.4	3,092

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] In this context, "pretest counseling" 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] Women are asked whether they received an HIV test during labor only if they were not tested for HIV during ANC.
[3] Denominator for percentages includes women who did not receive antenatal care for their last birth in the past two years.

13.8 MALE CIRCUMCISION

Recently, studies have shown that male circumcision, which involves the removal of the foreskin of the penis, is associated with lower susceptibility to transmission of sexually transmitted infections, including HIV (Bailey et al., 2007). The 2011 UDHS asked men if they were circumcised.

Table 13.13 shows that 27 percent of Ugandan men age 15-49 are circumcised. Men living in urban areas are 1.7 times more likely to be circumcised than men in rural areas (40 percent versus 23 percent). Male circumcision varies by region in Uganda. It is most prevalent among men living in the East Central region (42 percent) and in Kampala (41 percent), but it is least practiced among men living in the North region (4 percent). The proportion of circumcised men is highest among Muslims (94 percent) and men from the Basoga ethnicity (49 percent) compared with men from other religions and ethnic backgrounds.

Table 13.13 Male circumcision

Percentage of men age 15-49 who report having been circumcised, by background characteristics, Uganda 2011

Background characteristic	Percentage circumcised	Number of men
Age		
15-24	28.2	872
15-19	27.3	554
20-24	29.8	318
25-29	27.7	361
30-39	25.6	592
40-49	24.4	348
Residence		
Urban	40.2	439
Rural	23.4	1,734
Region		
Kampala	40.7	221
Central 1	22.5	209
Central 2	26.4	236
East Central	42.4	236
Eastern	36.6	289
Karamoja	18.7	55
North	4.2	199
West Nile	28.9	133
Western	29.5	322
Southwest	9.2	273
Religion		
Catholic	14.9	952
Protestant	19.9	695
Muslim	93.5	269
Pentecostal	21.9	185
SDA	(22.2)	39
Ethnicity		
Baganda	30.3	356
Banyankole	17.9	218
Basoga	49.4	195
Bakiga	10.6	161
Itesa	7.8	152
Other	28.5	1,090
Total 15-49	26.8	2,173
50-54	27.2	122
Total 15-54	26.8	2,295

Note: Figures in parentheses are based on 25-49 unweighted cases.

13.9 SELF-REPORTING OF SEXUALLY TRANSMITTED INFECTIONS

Information about the prevalence of sexually transmitted infections (STIs) is not only useful as a marker of unprotected sexual intercourse but also because STI infection is a co-factor in HIV transmission. The 2011 UDHS asked respondents who had ever had sex whether they had suffered from a disease that they acquired through sexual contact in the past 12 months. They were also asked whether, in the past 12 months, they had any genital discharge and whether they had a genital sore or ulcer. These symptoms have been shown to be useful in identifying STIs in men. For women, however, discharge is less easily interpreted as a symptom because women experience non-STI conditions of the reproductive tract that also produce discharge. Table 13.14 shows the self-reported prevalence of STIs and STI symptoms among both men and women. Women were somewhat more likely than men to report having had an STI or having experienced STI symptoms. Among women, in the 12 months preceding the survey, 15 percent reported that they had an STI; 15 percent had a bad-smelling, abnormal discharge; and 17 percent had a genital sore or ulcer. Among men, 8 percent reported that they had an STI; 5 percent had a bad-smelling, abnormal discharge; and 8 percent had a genital sore or ulcer. Taken together, over 1 in 4 women (27 percent) and 14 percent of men had either had an STI or symptoms of an STI during the 12 months preceding the survey.

Table 13.14 Self-reported prevalence of sexually-transmitted infections (STIs) and STI symptoms

Among women and men age 15-49 who ever had sexual intercourse, the percentage reporting having an STI and/or symptoms of an STI in the past 12 months, by background characteristics, Uganda 2011

	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	13.4	13.8	15.8	24.3	2,415	5.3	5.6	8.4	14.3	492
15-19	9.5	11.6	12.4	19.7	923	2.1	6.3	8.6	14.5	220
20-24	15.8	15.2	17.8	27.1	1,492	8.0	5.1	8.2	14.1	272
25-29	17.2	15.9	16.8	27.7	1,555	10.0	5.0	6.1	13.3	349
30-39	16.7	17.4	18.8	29.4	2,099	10.7	6.0	8.7	15.8	587
40-49	12.9	13.8	15.4	24.4	1,313	7.2	2.9	6.2	11.1	348
Marital status										
Never married	10.4	13.7	13.9	22.5	837	2.9	4.9	5.7	10.1	438
Married/living together	15.9	15.4	17.3	27.2	5,413	9.9	5.0	8.1	14.8	1,228
Divorced/separated/ widowed	14.4	16.0	16.6	25.9	1,133	12.4	6.9	9.0	19.3	111
Male circumcision										
Circumcised	na	na	na	na	na	7.2	3.6	7.3	12.0	499
Not circumcised	na	na	na	na	na	8.8	5.6	7.7	14.7	1,276
Residence										
Urban	18.4	17.6	17.7	28.9	1,454	6.5	3.2	4.9	10.0	377
Rural	14.2	14.7	16.6	25.9	5,929	8.9	5.6	8.3	15.0	1,400
Region										
Kampala	19.9	19.8	19.2	31.1	712	6.4	2.9	4.8	9.2	185
Central 1	17.7	20.6	19.4	32.7	821	11.8	8.6	5.5	16.2	174
Central 2	18.1	19.4	21.1	34.0	779	10.5	3.4	9.3	15.5	199
East Central	18.8	19.5	27.2	37.1	755	8.4	10.3	16.7	28.0	194
Eastern	10.8	10.9	12.0	21.2	1,095	9.6	8.3	10.4	17.6	236
Karamoja	1.1	0.5	0.2	1.1	253	2.5	2.1	2.1	2.5	48
North	4.0	4.8	7.2	10.0	628	2.2	1.7	4.4	5.4	169
West Nile	4.5	5.1	7.5	11.1	417	1.8	0.7	1.8	1.8	107
Western	22.2	21.4	24.4	35.0	1,070	12.6	3.9	5.2	14.1	264
Southwest	16.4	13.8	12.1	23.6	853	8.2	4.2	8.6	13.3	201
Education										
No education	12.8	13.9	15.8	23.0	1,087	8.7	7.8	7.0	16.2	85
Primary	15.4	15.7	17.7	27.6	4,374	9.3	6.1	8.5	16.0	1,048
Secondary +	15.5	15.0	15.1	25.9	1,922	6.8	3.1	6.2	10.4	644
Wealth quintile										
Lowest	8.3	9.5	12.7	18.2	1,358	9.5	4.7	6.4	13.3	289
Second	12.1	13.1	15.2	23.9	1,380	6.4	3.8	8.3	13.2	346
Middle	18.3	19.0	19.1	30.4	1,374	9.8	8.5	10.4	17.6	326
Fourth	18.3	17.4	19.6	30.8	1,403	8.6	6.1	8.4	15.6	393
Highest	17.4	16.7	17.1	28.2	1,867	8.0	2.7	5.0	10.6	423
Total 15-49	15.1	15.3	16.8	26.5	7,383	8.4	5.1	7.6	14.0	1,777
50-54	na	na	na	na	na	5.9	2.0	3.9	7.1	121
Total 15-54	na	na	na	na	na	8.2	4.9	7.4	13.5	1,897

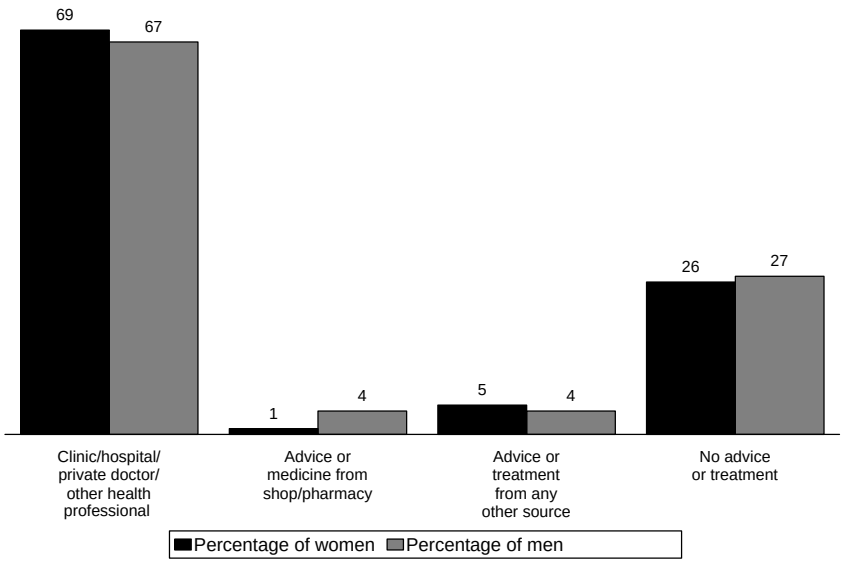
na = Not applicable

Among both women and men, the prevalence of STIs and STI symptoms was higher among the 30-39 age cohort (29 percent of women and 16 percent of men) and also among those living in the East Central region (37 percent of women and 28 percent of men). By wealth, for both men and women, those in the middle and fourth quintiles were slightly more likely than others to have reported STI infections or STI symptoms. There were variations among women in the prevalence of STIs or their symptoms by marital status, residence, and education. Women in urban areas were a little more likely than women in rural areas to have had an STI or STI symptoms. Women with no education (23 percent) and those that have never married (23 percent) had the lowest prevalence of STIs or STI symptoms. The prevalence of STIs by background characteristic differed for men. Among men, those living in rural areas were more likely to have an STI or STI symptoms compared with urban men. Formerly married men were more likely than married or non-married sexually active men to report an STI or STI symptom. Men with at least some secondary education have the lowest prevalence of STIs or STI symptoms.

13.10 TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS

It is important for people experiencing symptoms of STIs to be able to recognise them and seek appropriate treatment. If respondents reported an STI or an STI symptom (i.e., discharge or sore or ulcer) in the past 12 months, they were asked questions about what they did about the illness or symptom. Figure 13.1 presents information on women and men who sought care from any source. Close to seven in ten women and men (69 percent of women and 67 percent of men) sought care for the STIs or symptoms of STIs from a clinic, hospital, or health professional. One percent of women and 4 percent of men sought advice or medicine from a shop, pharmacy, or drug vendor, while 5 percent of women and 4 percent of men sought treatment from another source. Twenty-six percent of women and 27 percent of men who had STIs or STI symptoms in the 12 months preceding the survey did not seek any advice or treatment. Among women, this is a reduction from the 32 percent of women that did not seek treatment as reported in the 2006 UDHS, but for men, it is an increase from 17 percent of men with an STI or STI symptom that did not seek advice treatment.

Figure 13.1 **Women and men seeking advice or treatment for STIs**



13.11 PREVALENCE OF MEDICAL INJECTIONS

The overuse of injections in a health care setting can contribute to the transmission of blood borne pathogens because it amplifies the effect of unsafe practices, such as reuse of injection equipment. To measure the potential risk of transmission of HIV associated with medical injections, respondents in the 2011 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. It should be noted that self-administered medical injections (e.g., insulin injections for diabetes) were not included in the calculations.

Table 13.15 shows that women are more likely than men to report receiving medical injections in the last 12 months (43 percent versus 26 percent). The percentage of women who received a medical injection in the past 12 months is highest among those age 25-29 (51 percent), most likely because of injections given to women during antenatal care or family planning visits. Younger women age 15-19 and older women age 40-49 have a lower proportion of medical injections. Conversely, older men, those age 40-49, are the most likely to have received a medical injection. There is little variation by residence in the proportion receiving injections for both women and men. For both men and women, a higher proportion of

those that are currently married report having received a medical injection in the last 12 months compared with others. Among the regions, women in East Central and Eastern regions are most likely to have received a medical injection (49 percent), while men living in the Central 1 region (34 percent) and the Eastern region (33 percent) are the most likely to have received a medical injection in the past 12 months. Injection prevalence for both women and men increases with education, but there is no strong pattern in reporting of medical injections by wealth status.

Table 13.15 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 2011

	Women					Men				
Background characteristic	Percentage who received a medical injection in the last 12 months	Average number of medical injections per person in the last 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 last 12 months	Percentage who received a medical injection in the last 12 months	Average number of medical injections per person in the last 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 last 12 months
Age										
15-24	41.0	1.5	3,677	96.9	1,506	22.7	1.1	872	95.3	198
15-19	35.5	1.4	2,048	96.2	727	21.1	1.0	554	96.1	117
20-24	47.8	1.7	1,629	97.5	779	25.5	1.3	318	94.2	81
25-29	50.8	1.9	1,569	97.3	798	25.2	1.5	361	94.9	91
30-39	43.4	2.1	2,112	97.1	916	28.4	1.5	592	95.3	168
40-49	37.1	2.1	1,316	95.7	488	33.1	2.3	348	89.3	115
Marital status										
Never married	32.2	1.2	2,123	97.1	683	21.4	1.0	834	95.4	178
Ever had sex	38.6	1.4	837	98.3	323	20.4	1.1	438	97.1	89
Never had sex	28.0	1.1	1,286	96.1	360	22.5	0.9	397	93.8	89
Married/Living together	47.4	2.0	5,418	96.9	2,567	30.6	1.8	1,228	93.1	376
Divorced/Separated/ Widowed	40.4	1.7	1,134	96.4	458	16.5	0.8	111	*	18
Residence										
Urban	44.1	1.8	1,717	97.6	757	25.7	1.3	439	97.5	113
Rural	42.4	1.8	6,957	96.7	2,952	26.5	1.5	1,734	93.2	459
Region										
Kampala	42.2	1.7	839	97.8	354	24.6	1.2	221	99.9	54
Central 1	43.9	1.5	956	95.7	419	33.5	2.2	209	95.3	70
Central 2	47.3	1.7	902	95.9	426	29.6	1.8	236	98.1	70
East Central	49.1	2.4	869	98.5	427	29.1	1.3	236	88.3	68
Eastern	48.7	2.7	1,267	95.8	616	33.3	1.7	289	95.7	96
Karamoja	47.4	1.5	289	98.4	137	25.3	0.9	55	(72.2)	14
North	41.6	1.7	735	98.6	306	30.1	1.5	199	93.3	60
West Nile	34.1	1.3	500	98.7	170	17.8	1.1	133	(96.6)	24
Western	40.1	1.7	1,221	97.1	490	21.5	1.0	322	96.4	69
Southwest	33.1	1.2	1,097	95.2	363	17.1	1.5	273	(87.0)	47
Education										
No education	36.9	2.0	1,120	96.9	413	25.4	3.8	90	(85.8)	23
Primary	42.7	1.8	5,152	97.2	2,202	25.2	1.4	1,309	95.2	330
Secondary +	45.5	1.8	2,402	96.3	1,094	28.3	1.3	774	93.1	219
Wealth quintile										
Lowest	41.9	2.0	1,519	97.0	637	26.2	1.3	345	89.1	90
Second	40.7	1.9	1,579	97.9	643	25.8	1.9	423	90.4	109
Middle	42.3	1.6	1,608	95.9	680	24.3	1.3	402	95.6	98
Fourth	45.0	1.7	1,726	96.4	777	26.0	1.3	486	95.2	126
Highest	43.4	1.8	2,242	97.2	972	28.7	1.4	517	97.6	149
Total 15-49	42.8	1.8	8,674	96.9	3,708	26.3	1.5	2,173	94.0	572
50-54	na	na	na	na	na	38.9	2.8	122	(96.7)	47
Total 15-54	na	na	na	na	na	27.0	1.5	2,295	94.2	620

Note: Medical injections are those given by a doctor, nurse, pharmacist, dentist, or other health worker. 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

On average, women reported having 1.8 medical injections per person in the past 12 months. Men reported an average of 1.5 injections per person in the past year. The vast majority of respondents reported that the syringe and needle used for their last injection was taken from a new, unopened package (97 percent of women and 94 percent of men). More than 9 in 10 women and men in almost all subgroups who had had a medical injection reported that the syringe used for the last injection came from an unopened package.

13.12 HIV/AIDS Knowledge and Sexual Behaviour among Young Adults

This section addresses HIV/AIDS-related knowledge and behaviour among young adults age 15-24. The period between the initiation of sexual activity and marriage is often a time of sexual experimentation and may involve risky behaviours. Special attention is paid to this group because it accounts for half of all new HIV infections worldwide (Ross et al., 2006).

13.12.1 HIV/AIDS-related Knowledge among Young Adults

Knowledge of how HIV is transmitted is crucial to enable people to avoid HIV infection, especially for young people, who are often at greater risk because they may have shorter relationships and thus more partners or may engage in other risky behaviours. Young respondents were asked the same set of questions on facts and beliefs about HIV transmission as other respondents. Table 13.16 shows the level of comprehensive knowledge of HIV/AIDS among young people and the percentage of young people who know a source for condoms. As discussed earlier in the chapter, comprehensive knowledge of HIV/AIDS is defined as knowing that both condom use and limiting sexual intercourse to one uninfected partner are HIV prevention methods, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission.

Table 13.16 Comprehensive knowledge about AIDS and of a source of condoms among young people

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 2011

	Women 15-24			Men 15-24		
Background characteristic	Percentage with comprehensive knowledge of AIDS[1]	Percentage who know a condom source[2]	Number of women	Percentage with comprehensive knowledge of AIDS[1]	Percentage who know a condom source[2]	Number of men
Age						
15-19	35.6	69.4	2,048	34.8	86.5	554
15-17	34.1	64.7	1,261	35.8	84.0	375
18-19	38.1	77.0	787	32.8	91.7	179
20-24	41.1	82.3	1,629	47.7	96.2	318
20-22	40.3	82.1	1,035	44.2	94.9	195
23-24	42.5	82.8	594	53.3	98.2	123
Marital status						
Never married	38.7	71.0	1,972	39.1	89.2	738
Ever had sex	43.0	83.9	713	43.0	97.7	359
Never had sex	36.3	63.7	1,260	35.3	81.1	380
Ever married	37.3	80.0	1,704	42.1	94.5	134
Residence						
Urban	48.4	89.3	812	56.7	94.4	189
Rural	35.2	71.1	2,865	34.8	88.8	683
Education						
No education	20.8	44.1	140	*	*	13
Primary	30.0	67.2	2,218	31.8	86.0	537
Secondary +	53.5	91.8	1,318	53.4	97.5	322
Total 15-24	38.1	75.1	3,677	39.5	90.0	872

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 condoms 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 transmission or prevention of the AIDS virus. The components of comprehensive knowledge are presented in Tables 13.2, 13.3.1, and 13.3.2
[2] For this table, the following responses are not considered sources for condoms: friends, family members and home

Overall, approximately 4 in 10 Ugandans age 15-24 (38 percent of women and 40 percent of men) have comprehensive knowledge about AIDS. Comprehensive knowledge increases with age. For example, 34 percent of women age 15-17 have comprehensive knowledge about AIDS compared with 43 percent of those age 23-24. A similar pattern is observed for young men. Never-married young adults who have ever had sex are slightly more likely than their counterparts to have comprehensive knowledge about AIDS (43 percent of women and men). Comprehensive knowledge about AIDS is more prevalent among urban youth (48 percent of women and 57 percent of men) than rural youth (35 percent of women and men). The level of knowledge increases steadily with education. For example, one-fifth of young women (21 percent) with no education have comprehensive knowledge about AIDS, compared with more than half of women (54 percent) with at least some secondary education.

Because of the important role that condoms play in combating the transmission of HIV, respondents were asked if they knew where condoms could be obtained. Only responses about 'formal' sources were counted; friends, family members, and home were not included. As shown in Table 13.16, knowledge of a source for condoms is relatively common. Young men are more likely than young women to know where to obtain condoms (90 percent versus 75 percent). Variation by background characteristics is similar to the differences observed in comprehensive knowledge about AIDS. Older, urban, non-married but sexually active, and more educated youth are more likely than their counterparts to know a source of condoms.

13.12.2 Age at First Sexual Intercourse

Because HIV transmission in Uganda occurs predominantly through sexual 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. Age at first sex is also an important indicator of both exposure to the risk of pregnancy and exposure to STIs. Young people who initiate sex at an early age face a higher risk of becoming pregnant or contracting an STI than young people who delay initiation of sexual activity. Consistent use of condoms reduces these risks.

Table 13.17 shows the percentages of young women and men who had sexual intercourse before reaching age 15 and age 18, by background characteristics. About 14 percent of young women and 16 percent of young men in the age group 15-24 had their first sex early in life, i.e., before the age of 15. Nearly 6 in 10 young women (58 percent) and half of young men (47 percent) had had sex before age 18.

Table 13.17 Age at first sexual intercourse among young people

Percentage of young women and young men age 15-24 who had sexual intercourse before age 15 and percentage of young women and young men age 18-24 who had sexual intercourse before age 18, by background characteristics, Uganda 2011

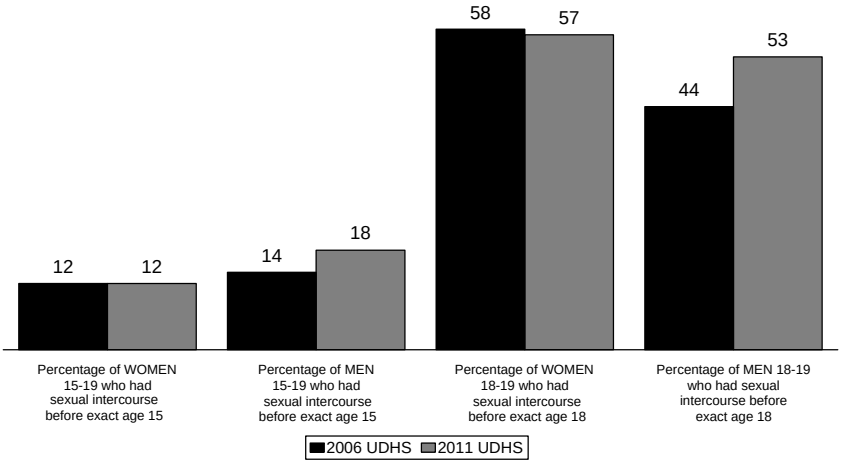
	Women age 15-24		Women age 18-24		Men age 15-24		Men age 18-24	
Background characteristic	Percentage who had sexual intercourse before age 15	Number of women	Percentage who had sexual intercourse before age 18	Number of women	Percentage who had sexual intercourse before age 15	Number of men	Percentage who had sexual intercourse before age 18	Number of men
Age								
15-19	12.2	2,048	na	na	17.9	554	na	na
15-17	11.5	1,261	na	na	19.8	375	na	na
18-19	13.3	787	57.0	787	13.8	179	52.9	179
20-24	16.1	1,629	57.9	1,629	12.8	318	42.9	318
20-22	15.3	1,035	58.6	1,035	12.3	195	46.8	195
23-24	17.5	594	56.8	594	13.7	123	36.7	123
Marital status								
Never married	8.0	1,971	33.6	829	15.4	738	44.4	365
Ever married	20.7	1,705	70.2	1,586	19.2	134	52.4	132
Knows condom source[1]								
Yes	14.9	2,763	59.4	1,948	17.3	785	47.8	470
No	10.9	914	50.2	468	5.0	87	(23.5)	27
Residence								
Urban	15.5	812	52.5	577	17.9	189	54.0	132
Rural	13.5	2,865	59.2	1,839	15.5	683	43.8	365
Education								
No education	18.3	140	65.8	108	*	13	*	9
Primary	16.9	2,218	65.0	1,356	16.2	537	48.4	255
Secondary +	8.5	1,318	46.1	952	16.2	322	44.1	233
Total	13.9	3,677	57.6	2,416	16.0	872	46.5	497

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
[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home.

Among young women, the older age cohorts are more likely to have had sex before age 15 than are those who have reached those age milestones more recently. As expected, ever-married young women are much more likely than never-married young women to have had sexual intercourse before age 15 or 18. Twenty-one and 70 percent of ever-married young women had sexual intercourse before age 15 and 18, respectively, compared with 8 percent and 34 percent, respectively, of never-married women. Education has an inverse relationship with sexual debut among female youth. Young women with no schooling are twice as likely as those who go to secondary school to have had sex by age 15 (18 percent compared with 9 percent). Variation in young men's sexual debut across background characteristics are small, except for variation observed with knowledge of condom source and marital status. Young men who know a condom source are almost 3.5 times more likely to have an early sexual debut than those who do not know a source of condoms (17 percent compared with 5 percent). Like women, ever-married young men are much more likely than never-married men to have had sexual intercourse before age 15 or 18.

Figure 13.2 presents trends in age at first sexual intercourse among young people. The percentage of young people age 15-19 who have had sex by age 15 has remained stable for women (12 percent) but has slightly increased among men since 2006 (from 14 percent to 18 percent among young men). Similar trends are presented for those who had sexual intercourse before the age of 18. Fifty-eight percent of women age 18-19 reported that they had sexual intercourse before age 18 in the 2006 UDHS; this figure had remained the same (at 57 percent) in the 2011 UDHS. Among young men age 18-19, however, an increase is observed (from 44 percent in 2006 to 53 percent in 2011).

Figure 13.2 Trends in age at first sexual intercourse



13.12.3 Abstinence and Premarital Sex

HIV control programmes in Uganda advocate delayed sexual debut as well as consistent condom use to reduce the risk of sexual transmission of HIV. Table 13.18 presents information on premarital sexual intercourse and condom use among never-married Ugandan youth age 15-24.

Table 13.18 Premarital sexual intercourse and condom use during premarital sexual intercourse among young people

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 2011

	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 a 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 a condom at last sexual intercourse	Number of men
Age										
15-19	71.1	19.4	1,582	53.6	308	62.1	21.3	537	54.9	114
15-17	77.9	14.2	1,142	55.0	162	70.5	14.4	373	45.5	54
18-19	53.3	33.0	440	52.1	145	43.1	37.2	163	63.1	61
20-24	34.5	44.7	389	53.5	174	22.9	51.9	202	71.3	105
20-22	37.9	43.6	283	50.3	123	29.9	47.3	145	68.2	68
23-24	25.5	47.7	107	61.1	51	5.3	63.6	57	(77.1)	36
Knows condom source[1]										
Yes	57.3	30.3	1,400	55.8	425	46.8	33.0	658	63.2	218
No	79.9	10.0	571	37.4	57	89.7	1.9	80	*	2
Residence										
Urban	49.8	35.2	496	54.7	174	33.9	44.9	162	73.1	73
Rural	68.6	20.8	1,475	52.9	307	56.3	25.4	576	57.6	146
Education										
No education	70.2	14.9	44	*	6	56.2	*	8	*	3
Primary	71.2	17.3	1,070	52.2	185	57.2	26.7	447	49.5	119
Secondary +	54.3	33.8	858	55.3	290	42.2	34.3	284	78.6	97
Total 15-24	63.8	24.4	1,971	53.6	482	51.4	29.7	738	62.7	219

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] For this table, the following responses are not considered a source for condoms: friends, family members and home.

Sixty-four percent of never-married young women and 51 percent of never-married young men have never had sexual intercourse. The percentage of never-married young people who have never had sex declines rapidly with age; 78 percent of young women and 71 percent of young men age 15-17 report that they have not yet had sexual intercourse compared with 26 percent of women age 23-24 and 5 percent of men age 23-24. Abstinence rates are highest among those that do not know a condom source and rural respondents and respondents with less than secondary education.

Overall, one-quarter of never-married young women (24 percent) and 3 in 10 never-married young men report that they had sexual intercourse in the past 12 months. Among those who had sex in the past year, 54 percent of women and 63 percent of men reported using a condom during their last sexual intercourse. Differentials by background characteristics in the percentages of never-married young people using condoms during their most recent sexual intercourse in the past 12 months are not large, with the exception of knowledge of condom source. Not surprisingly, reported condom use at last sexual encounter is more common among those who know a condom source. Condom use at last sexual intercourse is also more common among never-married young women and young men in urban areas (55 percent and 73 percent, respectively) than among those in rural areas (53 percent and 58 percent, respectively).

The proportion of never-married youth who report having used a condom at their last sexual intercourse has increased since the 2006 UDHS, from 56 percent of men age 15-24 to 63 percent of men age 15-24 as measured in the 2011 UDHS. Similarly, reported condom use among female youth has also increased in the past five years, from 39 percent of women age 15-24 as measured in the 2006 UDHS to 54 percent of women age 15-24.

13.12.4 Multiple Partnerships Among Young Adults

Table 13.19 presents information on young people age 15-24, who had two or more sexual partners during the 12 months preceding the survey and, among those with two or more partners, those who used a condom during last sex.

Table 13.19 Multiple sexual partners in the past 12 months among young people

Among all young women and men age 15-24, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months, by background characteristics, Uganda 2011

Background characteristic	Percentage who had 2+ partners in the past 12 months	Number of women	Percentage who had 2+ partners in the past 12 months	Number of men
Age				
15-19	1.5	2,048	5.4	554
15-17	1.1	1,261	3.5	375
18-19	2.1	787	9.2	179
20-24	2.7	1,629	15.0	318
20-22	3.1	1,035	16.5	195
23-24	2.1	594	12.7	123
Marital status				
Never married	1.5	1,971	6.2	738
Ever married	2.7	1,705	23.6	134
Knows condom source[1]				
Yes	2.4	2,763	9.5	785
No	1.1	914	3.9	87
Residence				
Urban	3.2	812	18.0	189
Rural	1.7	2,865	6.4	683
Education				
No education	1.7	140	*	13
Primary	1.9	2,218	8.2	537
Secondary +	2.3	1,318	9.2	322
Total 15-24	2.1	3,677	8.9	872

An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home

Data show that 2 percent of women age 15-24 had sexual intercourse with more than one partner in the past 12 months. There is minimal variation in the prevalence of multiple partners by background characteristics. Among women age 15-24 who reported two or more sexual partners in the past 12 months, more than one-quarter (27 percent) reported using a condom at last intercourse (data not shown).

A total of 9 percent of men age 15-24 had sexual intercourse with two or more partners in the past 12 months. Young men in their twenties, those who have ever married, and those in urban areas are more likely to have had more than one partner in the previous 12 months. Among young men who had one or more sex partners in the past year, almost half (47 percent) reported using a condom at last sexual intercourse (data not shown).

13.12.5 Age-mixing in Sexual Relationships

In many societies, young women have sexual relationships with men who are considerably older than they are. This practice can contribute to the spread of HIV and other STIs because older men are more likely to have been exposed to these diseases. Also, using preventive strategies, such as negotiating safer sex, is more difficult when a woman's partner is much older. To examine age-mixing, the 2011 UDHS asked respondents who had had sex in the 12 months preceding the survey to give their partner's age. The results are presented in Table 13.20.

Table 13.20 Age-mixing in sexual relationships among women age 15-19

Among women age 15-19 who had sexual intercourse in the past 12 months, percentage who had sexual intercourse with a partner who was 10 or more years older than themselves, by background characteristics, Uganda 2011

	Women age 15-19 who had sexual intercourse in the past 12 months	
Background characteristic	Percentage who had sexual intercourse with a man 10+ years older	Number of women
Age		
15-17	8.9	280
18-19	15.7	468
Marital status		
Never married	4.3	308
Ever married	19.4	441
Knows condom source[1]		
Yes	14.0	587
No	10.2	161
Residence		
Urban	13.7	142
Rural	13.0	606
Education		
No education	(24.2)	31
Primary	13.4	502
Secondary +	11.1	216
Total	13.2	748

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home

Overall, 13 percent of women age 15-19 who had had sexual intercourse in the past 12 months had sex with a man 10 or more years older than they were. Young women age 18-19, those who have ever been married, and women who know a source of condoms are more likely than other women to have had sex with a man 10 or more years older than they are.

13.12.6 Recent HIV Testing among Youth

Knowledge of one's HIV serostatus can motivate a person to protect himself or herself or to practise safer sexual behaviour to avoid transmitting the virus to others. It is particularly important to measure the coverage of HIV testing among youths, not only because of their vulnerability, but also because they in particular may encounter obstacles to counseling and testing. The 2011 UDHS asked respondents age 15-24 who had had sexual intercourse in the past 12 months whether they had been tested for HIV and received their test results. Table 13.21 shows these data.

Table 13.21 Recent HIV tests among young people

Among young women and young men age 15-24 who have had sexual intercourse in the past 12 months, the percentage who were tested for HIV in the past 12 months and received the results of the last test, by background characteristics, Uganda 2011

	Among women age 15-24 who have had sexual intercourse in the past 12 months:		Among men age 15-24 who have had sexual intercourse in the past 12 months:	
Background characteristic	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of women	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of men
Age				
15-19	49.1	748	25.9	130
15-17	41.6	280	21.9	55
18-19	53.6	468	28.9	74
20-24	54.8	1,349	36.2	220
20-22	56.1	834	36.7	118
23-24	52.7	515	35.6	101
Marital status				
Never married	49.4	482	32.5	219
Ever married	53.8	1,615	32.2	130
Knows condom source[1]				
Yes	56.1	1,726	32.7	340
No	37.5	371	*	9
Residence				
Urban	56.2	473	36.8	98
Rural	51.8	1,624	30.7	251
Education				
No education	36.6	92	*	8
Primary	48.6	1,269	25.5	206
Secondary +	62.0	735	42.9	135
Total	52.8	2,097	32.4	349

An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home

Nationally, more than 5 in 10 young women (53 percent) and about 3 in 10 young men (32 percent) who had had sexual intercourse in the last year had been tested for HIV in the past 12 months and received the results of the test. Older youth, urban residents, and youth with secondary or higher education are much more likely than other youth to have been tested for HIV and received the results over the past 12 months. Among young women, the percentage who were recently tested for HIV and received the results is higher among those who ever married (54 percent) than those who never married (49 percent) and among young women who know of a condom source (56 percent) than those who don't know of a source (38 percent). Recent HIV testing among youth has dramatically increased in Uganda in recent years. In the 2006 UDHS, 17 percent of young women and 13 percent of young men who had had sexual intercourse in the past 12 months had been tested for HIV and received results. This represents a three-fold increase among women that have been tested and received their test results and more than a doubling of the percentage of young men who have been tested and received results.

WOMEN'S EMPOWERMENT AND DEMOGRAPHIC AND HEALTH OUTCOMES

14

Key Findings

- More than half of currently married employed women (53 percent) who earn cash mainly make independent decisions about how to spend their earnings.
- About four in ten women own a house and/or land, mostly jointly with their husband.
- Only 38 percent of currently married women participate in all three decisions pertaining to their own health care, major household purchases, and visits to their family or relatives.
- Close to six in ten women (58 percent) believe that wife beating is justified for at least one of the specified reasons, a decline from seven in ten women in the 2006 UDHS.
- Contraceptive use increases with women's empowerment.

This chapter presents new data on the status of women in Uganda. Topics address gender differences in employment, access to and control over cash earnings, asset ownership, participation in household decision making, and the relative earnings of husbands and wives. The chapter also explores how demographic and health indicators vary by women's empowerment, as measured by the number of decisions in which the woman participates and her ability to negotiate safer sexual relations with her husband. The 2011 UDHS survey analyzes and reports on these relationships and offers comparisons with data from the 2006 UDHS.

Three separate indices of empowerment were developed based on (1) the number of household decisions in which the respondent participates: (2) her opinion of the circumstances under which a woman is justified in refusing to have sexual intercourse with her husband/partner, and (3) her opinion of whether specific actions justify wife beating. The relationship of these indices with selected demographic and health outcomes is analyzed. The ranking of women on the indices is associated with outcomes that include contraceptive use, need for family planning, and access to reproductive health care.

14.1 EMPLOYMENT AND FORM OF EARNINGS

Employment, particularly employment for cash, and control over how earnings are used are important indicators of empowerment. 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. Table 14.1 shows the percentage of currently married women and men age 15-49 who were employed at any time in the 12 months before the survey and the percent distribution of employed women and men by type of earnings they received (cash only, cash and in-kind, in-kind only). Overall, 79 percent of currently married women and 99 percent of currently married men age 15-49 were employed at some time in the year prior to the survey.

The percentage of currently employed married women increases with age and peaks at 87 percent among those age 35-39. All married men younger than age 25 are employed, and this percentage decreases only slightly at older ages. The traditional role of men as breadwinners and the differences in employable skills between women and men may explain the gender differential in the rate of employment. There has

been a general decline in the level of employment from 2006 to 2011, with women affected more than men. Employment among currently married women declined by more than 10 percent from the 2006 level (92 percent in 2006 and 79 percent in 2011) compared with men where the decline was less than 1 percent (100 percent in 2006 and 99 percent in 2011).

Employed women and men differ in the type of earnings they receive for their work, with married men being more likely to be paid for their work than women. A quarter of the women were not paid for the work they performed (25 percent) compared with only a tenth of the men (12 percent). Overall participation in the cash only economy has increased over the last five years, more than doubling among women and almost doubling among men. In 2006 less than 20 percent of women were paid in cash only, compared with 49 percent in 2011; the increase for men was from 34 percent in 2006 to 62 percent in 2011. There is an inverse relationship between age and payment in only cash for men, with payment decreasing as age increases. At older ages the gap between the sexes in cash earnings narrows.

Table 14.1 Employment and cash earnings of currently married women and men

Percentage of currently married women and men age 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women and men employed in the past 12 months by type of earnings, according to age, Uganda 2011

	Among currently married respondents:		Percent distribution of currently married respondents employed in the past 12 months, by type of earnings					
Age	Percentage employed	Number of respondents	Cash only	Cash and in-kind	In-kind only	Not paid	Total	Number of respondents
				WOMEN				
15-19	66.6	409	42.7	16.6	5.8	34.9	100.0	272
20-24	71.5	1,097	47.7	17.3	3.8	31.2	100.0	785
25-29	78.5	1,295	53.1	20.6	3.9	22.3	100.0	1,017
30-34	81.7	880	49.9	21.3	6.3	22.6	100.0	719
35-39	87.1	820	47.1	27.0	3.3	22.7	100.0	715
40-44	86.8	553	50.6	21.7	3.9	23.7	100.0	480
45-49	83.8	364	49.4	20.7	6.1	23.8	100.0	305
Total	79.2	5,418	49.4	21.1	4.5	25.1	100.0	4,293
				MEN				
15-19	*	10	*	*	*	*	100.0	10
20-24	100.0	101	60.2	24.9	1.9	13.0	100.0	101
25-29	98.8	270	66.6	22.8	1.4	9.1	100.0	267
30-34	99.9	282	64.0	21.1	2.5	12.4	100.0	282
35-39	99.0	242	62.4	27.1	1.2	9.3	100.0	240
40-44	98.0	179	53.9	27.9	4.4	13.8	100.0	176
45-49	98.2	143	58.0	22.8	3.7	15.6	100.0	140
Total 15-49	99.0	1,228	61.8	24.1	2.3	11.8	100.0	1,216
50-54	95.0	109	57.1	30.2	1.6	11.1	100.0	104
Total 15-54	98.7	1,338	61.5	24.5	2.3	11.7	100.0	1,320

An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

14.2 WOMEN'S CONTROL OVER THEIR OWN EARNINGS AND RELATIVE MAGNITUDE OF WOMEN'S AND THEIR HUSBAND'S EARNINGS

Control over cash earnings is another dimension of empowerment. Currently married and employed women were asked about the relative magnitude of their earnings compared with their husband's or partner's earnings. In addition, they were asked who decides how the cash earnings are used. This information provides insight into women's empowerment within the family, their autonomy, and the extent of their control over resources. It is expected that employment and earnings are more likely to empower women if women themselves control their own earnings and if they perceive them as significant relative to those of their husbands or partners.

Table 14.2.1 shows the percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey. The distribution is by the person who decides how the cash earnings are to be used and by the relative magnitude of their earnings compared with those of their husbands, according to background characteristics. Women do not have total control

over their earnings. Slightly more than half (53 percent) of the currently married women who earn cash said that they are the main decision makers for how their cash earnings are used—a 2 percentage point decline compared with 2006 data; three in ten (31 percent) indicated that the decisions are made jointly, and 14 percent said that the decisions are mainly made by their husband.

Older women are more likely to have control over their cash earnings than younger women. Urban women exercise more influence over how their cash earnings are used than rural women (67 percent and 49 percent, respectively). Women with no children are least likely to be the main decision maker with regard to spending their cash earnings. Joint decisions on cash earnings are more frequent among rural married women than among their counterparts in urban areas (33 percent compared with 22 percent).

The percentage of women with primary control over their earnings ranged from 35 percent in the Southwest to 78 percent in Kampala. It is expected that women would gain more control over their cash earnings with more education; the survey results revealed that among women with no education 49 percent control their cash earnings compared with 58 percent of women with more than secondary education. Differences by wealth quintiles are pronounced between the lowest (52 percent) and the highest (62 percent) quintiles. Less than 10 percent of women in the highest wealth quintile say their husband is the main decision maker on use of her cash earnings.

Table 14.2.1 Control over women's cash earnings and relative magnitude of women's cash 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 wife's cash earnings are used and by whether she earned more or less than her husband, according to background characteristics, Uganda 2011

	Person who decides how the wife's cash earnings are used:						Wife's cash earnings compared with husband's cash earnings:						
Background characteristic	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	More	Less	About the same	Husband has no earnings	Don't know/ Missing	Total	Number of women
Age													
15-19	44.1	30.5	20.5	0.3	4.6	100.0	7.8	81.0	4.4	1.0	5.8	100.0	161
20-24	52.0	28.7	18.0	0.2	1.1	100.0	4.8	83.8	7.3	0.7	3.4	100.0	510
25-29	50.9	30.5	15.5	0.6	2.5	100.0	10.5	76.0	7.1	0.7	5.7	100.0	750
30-34	55.5	29.9	12.4	0.3	1.8	100.0	7.8	79.2	8.6	0.3	4.1	100.0	512
35-39	51.2	33.1	13.3	0.0	2.4	100.0	10.0	73.0	10.1	1.7	5.2	100.0	529
40-44	56.2	33.1	10.0	0.0	0.7	100.0	13.3	69.8	10.3	3.4	3.2	100.0	347
45-49	58.7	30.9	10.2	0.0	0.2	100.0	14.4	66.1	14.3	1.6	3.7	100.0	214
Number of living children													
0	47.5	32.9	17.0	0.4	2.2	100.0	7.8	78.5	7.4	2.3	4.1	100.0	147
1-2	54.5	29.6	12.5	0.4	3.0	100.0	8.0	78.4	7.5	0.4	5.7	100.0	828
3-4	54.0	27.6	16.1	0.2	2.1	100.0	8.7	76.8	7.6	1.5	5.4	100.0	857
5+	51.2	33.9	13.9	0.1	0.9	100.0	11.2	73.9	10.4	1.4	3.1	100.0	1,192
Residence													
Urban	66.7	21.7	5.4	0.5	5.7	100.0	7.9	75.4	5.0	1.1	10.4	100.0	585
Rural	49.4	33.1	16.4	0.2	1.0	100.0	9.8	76.3	9.5	1.2	3.1	100.0	2,438
Region													
Kampala	77.5	17.8	4.8	0.0	0.0	100.0	4.8	86.1	3.6	1.2	4.3	100.0	252
Central 1	57.5	24.1	18.4	0.0	0.0	100.0	6.6	81.8	7.5	1.4	2.6	100.0	314
Central 2	68.7	18.3	12.5	0.5	0.0	100.0	8.2	81.4	7.6	0.8	2.0	100.0	429
East Central	60.9	19.8	18.9	0.5	0.0	100.0	11.9	78.1	4.9	1.4	3.8	100.0	272
Eastern	44.4	31.9	23.7	0.0	0.0	100.0	12.3	73.0	11.2	0.6	2.9	100.0	269
Karamoja	68.6	22.7	7.4	0.9	0.4	100.0	13.3	44.2	15.9	8.1	18.5	100.0	105
North	36.7	47.0	13.9	0.6	1.8	100.0	15.1	72.6	9.9	0.5	1.9	100.0	267
West Nile	66.8	24.1	7.9	0.0	1.2	100.0	10.2	79.9	5.1	0.8	4.0	100.0	200
Western	37.5	40.2	14.0	0.2	8.1	100.0	7.8	69.8	13.0	0.8	8.7	100.0	607
Southwest	35.0	49.8	15.3	0.0	0.0	100.0	9.9	80.1	6.9	1.3	1.8	100.0	309
Education													
No education	48.7	32.5	18.2	0.1	0.4	100.0	9.4	68.3	15.2	2.7	4.4	100.0	466
Primary	51.4	30.7	16.5	0.2	1.2	100.0	9.9	77.7	8.2	0.9	3.4	100.0	1,773
Secondary +	58.2	30.4	6.8	0.4	4.2	100.0	8.5	77.5	5.9	0.9	7.2	100.0	785
Wealth quintile													
Lowest	51.8	31.7	16.0	0.1	0.4	100.0	10.5	70.2	12.5	1.5	5.3	100.0	462
Second	47.1	34.3	17.0	0.3	1.3	100.0	12.3	70.6	11.6	2.5	2.9	100.0	597
Middle	47.9	32.2	18.5	0.3	1.0	100.0	10.1	78.8	7.4	0.5	3.1	100.0	578
Fourth	51.6	33.1	14.5	0.1	0.6	100.0	8.4	79.8	8.9	0.9	2.0	100.0	611
Highest	62.0	25.1	7.8	0.3	4.8	100.0	6.9	79.1	4.8	0.8	8.3	100.0	776
Total	52.7	30.9	14.3	0.2	1.9	100.0	9.4	76.2	8.7	1.2	4.5	100.0	3,023

Regarding the magnitude of a woman's cash earnings relative to those of her husband or partner, about three in four employed women (76 percent) reported that their cash earnings were less than those of their husbands/partners; only 1 percent reported that their husbands did not have any earnings. The North region had the highest percentage of women (15 percent) who perceived their cash earnings to be more than the earnings of their husbands or partners, followed by Karamoja region, with 13 percent of the women believing their earnings were more than those of their partners. The data also reveal that education does not bring about gender equality in cash earnings. Regardless of education, , only 8-9 percent of women perceived their cash earnings to exceed those of their husbands.

Gender disparities in cash earnings widen as wealth increases and appear biased against women. Only 7 percent of the women in the highest wealth quintile perceived their cash earnings to be more than their husbands or partners and only 5 percent in the same quintile perceived their cash earnings to be the same as that of their husbands or partners. Compared with the results of the 2006 UDHS, a similar proportion of women continue to perceive that they earn less than men.

14.3 WOMEN'S CONTROL OVER HUSBANDS' EARNINGS

Table 14.2.2 shows the percent distribution of currently married men age 15-49 who receive cash earnings and of currently married women age 15-49 whose husbands receive cash earnings by the person who decides how men's earnings are used, according to background characteristics.

Women's and men's reports on who decides how the husband's cash earnings will be used are not the same. Fifty-four percent of women whose husbands have cash earnings report that their husband mainly decides on how his cash earnings are used. This differs from the 39 percent reported by the men themselves. There is no clear pattern by age for women; however, older men are less likely to report that they themselves mainly decide on how their cash earnings are used. The pattern of reporting for women and men differs by residence. A higher percentage of urban men (45 percent) compared with rural men (38 percent) report that they are the main decision makers on how their cash earnings are used.

Men and women from the North region reported the highest prevalence of joint decision making on how the husband's cash earnings were used (83 percent of married men and 55 percent of married women). The percentage of men who reported that they are the main decision maker decreased with the level of education. Conversely, joint decision making increased with education among men. Six in ten married men (59 percent) with at least some secondary education reported that the use of their cash earnings was jointly decided upon compared with 51 percent of men with no education. There is little difference by education for women with respect to joint decision making about their husbands' cash earnings. Men in the lowest wealth quintile are more likely (64 percent) to jointly decide with their wives how their cash earnings will be used compared with men in the highest quintile (52 percent). The difference in reporting on joint decision making by women does not vary much by wealth quintile.

Table 14.2.2 Control over men's cash earnings

Percent distributions of currently married men age 15-49 who receive cash earnings and of currently married women age 15-49 whose husbands receive cash earnings, by person who decides how husband's cash earnings are used, according to background characteristics, Uganda 2011

	Men						Women						
Background characteristic	Mainly wife	Husband and wife jointly	Mainly husband	Other	Total	Number of men	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	Total	Number of women
Age													
15-19	0.0	37.9	45.0	17.1	100.0	8	8.6	39.1	51.5	0.8	0.0	100.0	396
20-24	6.2	48.1	45.7	0.0	100.0	86	6.8	39.6	53.3	0.0	0.3	100.0	1,091
25-29	4.8	52.5	42.8	0.0	100.0	238	7.4	37.1	55.0	0.4	0.1	100.0	1,286
30-34	8.2	55.1	36.6	0.0	100.0	240	6.6	35.0	58.0	0.1	0.3	100.0	873
35-39	3.4	56.3	40.3	0.0	100.0	215	7.7	38.0	54.1	0.1	0.1	100.0	809
40-44	1.3	64.1	34.6	0.0	100.0	144	10.4	36.9	52.1	0.4	0.2	100.0	536
45-49	4.9	58.5	36.6	0.0	100.0	113	10.3	36.2	53.4	0.0	0.0	100.0	356
Number of living children													
0	10.5	40.9	46.2	2.4	100.0	61	8.8	41.3	49.5	0.5	0.0	100.0	328
1-2	4.5	53.7	41.8	0.0	100.0	267	7.6	39.9	52.0	0.2	0.3	100.0	1,526
3-4	5.5	53.5	41.0	0.0	100.0	278	7.9	36.4	55.4	0.1	0.2	100.0	1,456
5+	4.0	60.3	35.8	0.0	100.0	439	7.8	35.8	56.1	0.2	0.1	100.0	2,037
Residence													
Urban	5.2	49.5	45.3	0.0	100.0	205	6.6	37.6	55.7	0.1	0.1	100.0	883
Rural	4.8	57.2	37.8	0.2	100.0	840	8.0	37.4	54.1	0.2	0.2	100.0	4,464
Region													
Kampala	1.8	40.7	57.5	0.0	100.0	90	6.1	35.2	58.7	0.0	0.0	100.0	394
Central 1	4.4	44.7	50.8	0.0	100.0	103	8.2	31.6	59.6	0.3	0.3	100.0	554
Central 2	9.6	50.3	40.2	0.0	100.0	119	7.6	29.1	63.1	0.0	0.3	100.0	561
East Central	1.1	61.6	37.3	0.0	100.0	110	6.0	27.3	66.3	0.2	0.2	100.0	571
Eastern	8.2	49.3	41.5	1.0	100.0	148	10.5	34.0	54.9	0.7	0.0	100.0	849
Karamoja	2.9	44.2	52.8	0.0	100.0	24	23.9	38.4	37.5	0.2	0.0	100.0	199
North	0.0	82.8	17.2	0.0	100.0	106	4.8	55.4	39.1	0.5	0.2	100.0	485
West Nile	34.9	38.0	26.6	0.0	100.0	27	9.1	30.4	60.1	0.0	0.4	100.0	321
Western	3.0	65.8	31.2	0.0	100.0	183	4.9	41.0	53.8	0.2	0.2	100.0	738
Southwest	3.3	51.5	45.2	0.0	100.0	136	6.8	50.0	43.2	0.0	0.0	100.0	674
Education													
No education	4.8	51.1	44.1	0.0	100.0	57	9.5	38.8	51.6	0.1	0.0	100.0	852
Primary	4.5	54.0	41.2	0.2	100.0	616	7.8	36.0	55.7	0.3	0.2	100.0	3,277
Secondary +	5.5	59.1	35.4	0.0	100.0	372	6.7	40.4	52.8	0.0	0.2	100.0	1,218
Wealth quintile													
Lowest	6.4	64.4	28.4	0.8	100.0	170	11.1	37.8	51.0	0.0	0.0	100.0	1,038
Second	3.7	62.5	33.9	0.0	100.0	202	8.3	40.5	50.5	0.3	0.4	100.0	1,079
Middle	3.8	53.0	43.2	0.0	100.0	211	5.9	37.8	55.7	0.5	0.1	100.0	1,036
Fourth	7.8	49.8	42.4	0.0	100.0	225	7.4	34.3	58.0	0.3	0.1	100.0	988
Highest	3.0	51.6	45.4	0.0	100.0	236	6.5	36.8	56.5	0.0	0.2	100.0	1,206
Total 15-49	4.9	55.7	39.3	0.1	100.0	1,045	7.8	37.5	54.4	0.2	0.2	100.0	5,347
50-54	0.0	62.0	38.0	0.0	100.0	91	na	na	na	na	na	na	na
Total 15-54	4.5	56.2	39.2	0.1	100.0	1,136	na	na	na	na	na	na	na

na = Not applicable

Table 14.3 shows, for currently married women who earned cash in the last 12 months, the person who decided how their cash earnings would be used. It also shows, for currently married women whose husbands earned cash in the past 12 months, the person who decided how their husband's cash earnings would be used. Overall slightly more than 50 percent of those who earn the money are the main decision makers, irrespective of the relative magnitude of their cash earnings compared with those of their partners. Joint decisions about the use of the wife's and the husband's earnings are most likely when wives and husbands receive the same amount of cash earnings (69 percent and 72 percent, respectively). Gender equality in control over cash earnings is likely to bring about better resource utilization that will lead to better household welfare.

Table 14.3 Women's control over their own earnings and over those of their husbands

Percent distribution of currently married women age 15-49 with cash earnings in the last 12 months by person who decides how the wife's cash earnings are used and percent distribution of currently married women age 15-49 whose husbands have cash earnings by person who decides how the husband's cash earnings are used, according to the relation between wife's and husband's cash earnings, Uganda 2011

Women's earnings relative to husband's earnings	Person who decides how the wife's cash earnings are used:							Person who decides how husband's cash earnings are used:						
	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	Number of women	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	Number of women
More than husband	63.9	25.6	9.9	0.6	0.0	100.0	285	16.6	33.2	50.0	0.2	0.0	100.0	285
Less than husband	55.1	28.6	16.2	0.1	0.0	100.0	2,303	7.4	34.5	58.0	0.2	0.0	100.0	2,303
Same as husband	22.1	69.4	8.3	0.1	0.0	100.0	262	4.2	71.8	24.0	0.0	0.0	100.0	262
Husband has no cash earnings or did not work	75.9	16.9	3.9	0.0	3.2	100.0	36	na	na	na	na	na	na	na
Woman worked but has no cash earnings	na	na	na	na	na	na	na	8.2	41.4	50.1	0.3	0.1	100.0	1,254
Woman did not work	na	na	na	na	na	na	na	5.7	32.6	60.9	0.4	0.4	100.0	1,105
Don't know/ Missing	41.7	10.8	5.3	1.5	40.6	100.0	137	16.0	35.0	47.2	0.0	1.8	100.0	137
Total[1]	52.7	30.9	14.3	0.2	1.9	100.0	3,023	7.8	37.5	54.4	0.2	0.2	100.0	5,347

na = Not applicable
[1] Includes cases where a woman does not know whether she earned more or less than her husband

14.4 WOMEN'S EMPOWERMENT

Amid persistent gender inequality, the government of Uganda is committed to improvement of gender development as evidenced by the 2007 Uganda Gender Policy (Ministry of Gender, Labour, and Social Development, 2007) and the National Development Plan 2010/11-2014/15 (Republic of Uganda, 2010). The goal of the policy is to achieve gender equality and women's empowerment as an integral part of Uganda's socioeconomic development. The National Development Plan observes that discrimination against women in Uganda results from traditional rules and practices that explicitly exclude women or give preference to men, which serves as a key constraint on women's empowerment and economic progress. The plan has strategies to address gender-related constraints to development and suggests how to mainstream gender-neutral policies, plans, and programmes. In addition to educational attainment, employment status, and control over cash earnings, information was obtained in the survey on some direct measures of women's autonomy and status. Specifically, questions were asked on ownership of assets, participation in household decision making, acceptance of wife beating, and conditions that justified denial of sex to one's husband. The answers provided 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.

14.4.1 Ownership of Assets

Ownership and control of assets by women and men influence their individual participation in development processes at all levels. Lack of assets makes women vulnerable to various forms of violence and lessens their decision-making power in the household. Tradition and low economic status limit women's ownership of productive assets such as land and housing. Ownership of assets confers additional economic value, status, and bargaining power. Table 14.4.1 shows the percent distribution of women age 15-49 by ownership of a house and land, according to background characteristics. Owning a house is more common among women than owning land. Overall, 44 percent of women own a house and 39 percent own land. The majority who do own assets own them jointly; 29 percent of women own a house jointly and 25 percent own land jointly.

There are variations in level of ownership of a house and land by age, residence, region, education, and wealth. Ownership of houses and land increases with age. Ninety percent of young women age 15-19 do not own land or a house. Individual ownership of a house or land is more common in the rural than in the urban areas. Seventy-eight percent of urban women versus 51 percent of rural women do not own a house. More urban women (72 percent) than rural women (59 percent) do not own land.

Thirty percent of women in Karamoja region own a house alone and 12 percent own land alone; these percentages are among the highest of the regions. The highest percentages of women who own neither a house nor land are in Kampala, at 83 percent and 75 percent, respectively. The chances of owning either a house or land decrease with increasing education. The percentage of women with secondary education without a house (72 percent) is more than double that of those with no education (32 percent). Seventy-six percent of women in the highest quintile have no house compared with 36 percent in the lowest quintile. Furthermore, 70 percent of women in the highest quintile have no land compared with 50 percent of women in the lowest quintile.

The results of the survey reveal that tradition is likely to play a bigger part in asset ownership than the socioeconomic status of the women. These results could be explained with the fact that respondents who live in urban areas are more educated and wealthier than their rural counterparts, and are probably also more likely to rent a place to live and to not own any land in the urbanized areas where they live when compared with those in rural areas.

Table 14.4.1 Ownership of assets: Women

Percent distribution of women age 15-49 by ownership of housing and land, according to background characteristics, Uganda 2011

Background characteristic	Percentage who own a house:			Percentage who do not own a house	Total	Percentage who own land:			Percentage who do not own land	Total	Number of women
	Alone	Jointly	Alone and jointly			Alone	Jointly	Alone and jointly			
Age											
15-19	1.4	7.6	0.6	90.4	100.0	2.6	7.1	1.0	89.3	100.0	2,048
20-24	4.2	26.8	4.6	64.3	100.0	6.7	21.4	2.8	69.0	100.0	1,629
25-29	6.1	36.2	6.4	51.1	100.0	8.9	31.1	4.1	55.8	100.0	1,569
30-34	11.0	37.8	8.8	42.4	100.0	11.0	31.1	7.1	50.7	100.0	1,086
35-39	15.7	45.1	7.7	31.6	100.0	15.9	38.2	5.3	40.6	100.0	1,026
40-44	19.0	36.8	9.5	34.5	100.0	18.0	30.4	8.1	43.3	100.0	729
45-49	28.0	37.4	8.3	26.2	100.0	24.7	35.1	6.0	34.3	100.0	587
Residence											
Urban	6.7	13.5	2.1	77.6	100.0	9.9	14.8	2.8	72.4	100.0	1,717
Rural	9.5	32.9	6.4	51.1	100.0	9.9	27.1	4.4	58.5	100.0	6,957
Region											
Kampala	6.4	9.7	0.8	83.0	100.0	10.0	12.6	2.7	74.8	100.0	839
Central 1	8.3	15.3	3.8	72.6	100.0	12.2	12.7	3.3	71.6	100.0	956
Central 2	11.1	17.8	3.3	67.7	100.0	11.5	14.9	3.0	70.7	100.0	902
East Central	6.9	35.5	3.0	54.0	100.0	9.4	26.2	1.8	62.0	100.0	869
Eastern	7.9	35.5	6.8	49.7	100.0	7.1	26.6	3.2	63.1	100.0	1,267
Karamoja	29.5	27.2	6.8	36.5	100.0	11.7	21.8	8.2	58.3	100.0	289
North	9.2	51.6	6.2	32.9	100.0	8.0	48.2	4.8	39.0	100.0	735
West Nile	7.3	37.7	2.9	52.0	100.0	7.4	29.9	6.0	56.6	100.0	500
Western	9.8	28.5	5.3	56.2	100.0	11.6	25.1	5.7	57.5	100.0	1,221
Southwest	6.6	34.6	13.6	45.2	100.0	10.5	30.8	5.3	53.4	100.0	1,097
Education											
No education	18.9	42.2	7.4	31.5	100.0	13.6	35.0	5.2	46.1	100.0	1,120
Primary	8.0	31.7	5.9	54.4	100.0	9.2	25.8	4.2	60.8	100.0	5,152
Secondary +	6.3	17.4	4.0	72.2	100.0	9.9	17.3	3.4	69.3	100.0	2,402
Wealth quintile											
Lowest	16.5	41.7	6.0	35.7	100.0	11.5	34.0	4.3	50.2	100.0	1,519
Second	9.5	38.7	7.0	44.7	100.0	9.5	31.4	4.5	54.5	100.0	1,579
Middle	8.3	32.4	6.7	52.5	100.0	9.6	26.6	3.6	60.1	100.0	1,608
Fourth	6.1	25.4	5.4	63.0	100.0	9.1	19.5	4.0	67.3	100.0	1,726
Highest	6.0	14.2	3.5	76.3	100.0	10.1	16.1	4.0	69.7	100.0	2,242
Total	8.9	29.1	5.5	56.4	100.0	9.9	24.6	4.1	61.3	100.0	8,674

na = Not applicable

The pattern of ownership of land by men is the same as for women with the exception that more men than women own a house and land. Overall, 37 percent of men age 15-49 did not own a house compared with 56 percent of women, and 42 percent of men did not own land compared with 61 percent of women. By age 40, 12 percent or less of men do not own a house or land, while comparable ownership for women of the same age is less than 43 percent. It is easier for men in the rural areas to own a house and land than for their counterparts in the urban areas. Owning a house is most difficult in Kampala where 76 percent of the men do not own a house compared with only 17 percent of men in the Eastern region who do not own a house. The pattern of owning land is the same as of a house by region; 69 percent of men in

Kampala do not own land compared with 29 percent in the Eastern region. Education and wealth do not improve land and house ownership status for men any more than they do for women.

Table 14.4.2 Ownership of assets; Men

Percent distribution of men age 15-49 by ownership of housing and land, according to background characteristics, Uganda 2011

Background characteristic	Percentage who own a house: Alone	Jointly	Alone and jointly	Percentage who do not own a house	Total	Percentage who own land: Alone	Jointly	Alone and jointly	Percentage who do not own land	Total	Number of men
Age											
15-19	19.3	5.2	0.8	74.7	100.0	10.9	6.5	0.9	81.7	100.0	554
20-24	39.3	9.1	0.9	50.7	100.0	23.6	11.0	1.7	63.3	100.0	318
25-29	53.7	14.7	4.5	27.0	100.0	48.6	15.2	7.6	28.6	100.0	361
30-34	52.8	20.3	4.9	22.0	100.0	52.6	18.5	4.4	24.5	100.0	323
35-39	60.5	20.3	8.0	11.2	100.0	58.3	21.7	7.1	12.8	100.0	268
40-44	59.8	24.7	9.2	6.3	100.0	60.7	17.4	10.4	11.6	100.0	191
45-49	60.5	20.0	10.9	8.6	100.0	71.3	16.5	5.1	7.1	100.0	157
Residence											
Urban	24.0	11.9	0.8	63.3	100.0	27.9	13.4	3.3	55.4	100.0	439
Rural	49.8	14.8	5.3	30.1	100.0	42.8	14.1	4.8	38.1	100.0	1,734
Region											
Kampala	18.3	5.7	0.5	75.5	100.0	22.2	7.2	1.7	68.9	100.0	221
Central 1	40.9	11.9	0.0	47.2	100.0	48.5	6.8	0.0	44.7	100.0	209
Central 2	42.6	12.2	0.0	45.1	100.0	34.2	11.5	2.0	52.3	100.0	236
East Central	38.4	21.4	8.9	31.4	100.0	33.7	13.9	10.2	42.2	100.0	236
Eastern	54.5	21.9	6.5	17.1	100.0	47.5	18.6	5.0	29.0	100.0	289
Karamoja	29.0	30.4	20.2	20.4	100.0	49.9	13.0	6.2	30.9	100.0	55
North	62.4	14.1	1.6	21.9	100.0	35.7	31.6	1.2	31.6	100.0	199
West Nile	41.0	21.1	10.6	27.3	100.0	39.7	17.6	6.1	35.6	100.0	133
Western	53.3	6.2	5.8	34.7	100.0	46.5	8.2	6.3	39.0	100.0	322
Southwest	46.7	13.4	3.0	36.9	100.0	42.6	14.6	6.6	36.3	100.0	273
Education											
No education	55.5	19.4	8.8	16.3	100.0	59.9	11.9	8.0	20.2	100.0	90
Primary	48.6	14.0	4.4	33.0	100.0	41.2	14.3	4.4	40.1	100.0	1,309
Secondary +	36.4	14.0	4.0	45.6	100.0	35.2	13.7	4.4	46.7	100.0	774
Wealth quintile											
Lowest	49.5	23.7	9.4	17.4	100.0	40.2	19.9	6.7	33.2	100.0	345
Second	58.7	17.0	4.5	19.9	100.0	45.3	18.9	3.7	32.1	100.0	423
Middle	54.7	10.8	3.1	31.4	100.0	49.7	9.6	4.6	36.1	100.0	402
Fourth	42.6	9.3	5.4	42.8	100.0	38.3	10.3	5.8	45.2	100.0	486
Highest	23.7	13.0	1.2	62.1	100.0	28.8	12.8	2.5	55.9	100.0	517
Total 15-49	44.6	14.2	4.4	36.8	100.0	39.8	14.0	4.5	41.6	100.0	2,173
50-54	61.9	20.0	7.8	10.3	100.0	61.1	19.2	10.2	8.9	100.0	122
Total 15-54	45.5	14.5	4.6	35.4	100.0	40.9	14.2	4.8	39.9	100.0	2,295

na = Not Applicable

14.4.2 Women's Participation in Household Decision Making

One of the objectives of the current Uganda Gender Policy is to strengthen women's presence and capacities in decision making to enhance their participation in administrative and political processes. Decision making at the household and personal level is equally important for the empowerment of women and serves as an important factor in national development. To assess decision-making autonomy, information was sought on participation in three different types of household decisions: those about personal health care, major household purchases, and visits to her family relatives. Women are considered participants in decision making if they make decisions alone or jointly with their husband or someone else. Table 14.5 shows the percent distribution of currently married women by the person who usually makes decisions, as reported by women and men.

Husbands are the most important decision makers on women's health care, major household purchases, and visits to family or relatives. About two in five (39-42 percent) currently married women report that decisions on their own health care, major household purchases, and visits to their family or relatives are made primarily by their husband. On the other hand, 23 percent of the married women reported that they make solo decisions on their own health care and visits to family or relatives, and 16 percent reported making solo decisions on major household purchases. (Men disagreed, however, reporting

that only 7 percent of women make decisions on major household purchases.) Independence in decision making on women's own health has not changed much since 2006. At that time, only about two in ten married women (22 percent) independently decided on their own health care; the percentage remains almost the same (23 percent) five years later. Men are increasingly accepting their wives' opinions in making decisions on major household purchases. Joint decision making on major household purchases as reported by men has almost doubled since 2006 (47 percent in 2011 compared with 27 percent in 2006).

Table 14.5 Participation in decision making

Percent distribution of currently married women and currently married men age 15-49 by person who usually makes decisions about various issues, Uganda 2011

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Missing	Total	Number
			WOMEN					
Own health care	23.3	36.9	39.1	0.5	0.2	0.1	100.0	5,418
Major household purchases	16.2	41.2	42.0	0.3	0.3	0.1	100.0	5,418
Visits to her family or relatives	22.9	36.6	39.9	0.2	0.2	0.1	100.0	5,418
			MEN					
Own health care	12.8	42.7	43.4	0.0	1.1	0.1	100.0	1,228
Major household purchases	6.8	47.1	45.4	0.0	0.3	0.3	100.0	1,228

Table 14.6.1 shows how women's participation in decisionmaking varies by background characteristics. Thirty-eight percent of married women reported participating in all decisions, while 21 percent reported participating in none. Participation in decisionmaking increases with age, doubling from 23 percent of women age 15-19 to 48 percent of women age 45-49. Women are more likely to participate in decisionmaking if employed, and especially if employed for cash.

Women from the North and Karamoja regions are more likely to participate in all three decisions compared with women from other regions. Only 5 percent of women from the North region and 7 percent of women from the Karamoja region were not able to take part in any of the decisions. Women from the Eastern region are the least empowered, with one in three (34 percent) not participating in any of the three decisions. The relationship between education and empowerment is mixed. Nearly one in two women (47 percent) with no education participated in all three decisions compared with 34 percent of women with primary and 39 percent of women with secondary and higher education. A similar relationship is seen between decision making and wealth quintile, with women in the poorest households more likely than women in wealthier households to make decisions. Women in the poorest households are most likely to participate in all types of decisions; this finding is similar to that of the 2006 UDHS.

Table 14.6.1 Women's participation in decision making by background characteristics

Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, Uganda 2011

Background characteristic	Specific decisions			Percentage who participate in all three decisions	Percentage who participate in none of the three decisions	Number of women
	Woman's own health care	Making major household purchases	Visits to her family or relatives			
Age						
15-19	45.3	43.2	42.8	23.4	31.6	409
20-24	51.1	48.1	48.1	26.3	28.3	1,097
25-29	57.5	57.1	59.8	36.1	21.1	1,295
30-34	61.3	56.1	63.1	38.5	20.0	880
35-39	71.1	67.5	67.3	47.4	12.7	820
40-44	69.4	67.5	70.4	50.2	14.4	553
45-49	72.5	66.9	69.4	48.3	12.8	364
Employment (last 12 months)						
Not employed	48.8	43.7	50.5	27.6	31.6	1,124
Employed for cash	64.8	62.5	64.2	41.9	16.2	3,023
Employed not for cash	59.3	57.2	56.5	36.0	21.7	1,269
Number of living children						
0	50.3	51.5	46.5	28.0	28.8	341
1-2	55.4	52.0	54.1	31.4	24.5	1,532
3-4	60.1	56.9	59.2	37.0	20.7	1,475
5+	65.4	62.7	65.9	44.0	16.5	2,069
Residence						
Urban	63.6	61.6	66.2	41.7	17.0	892
Rural	59.5	56.5	58.2	36.7	21.4	4,526
Region						
Kampala	61.3	62.3	69.1	41.8	17.4	397
Central 1	48.0	42.7	55.6	26.2	27.9	559
Central 2	53.2	50.4	63.1	32.2	21.5	565
East Central	56.9	43.8	49.2	26.7	25.4	580
Eastern	50.6	45.9	42.7	26.3	33.8	859
Karamoja	81.6	78.4	80.7	69.2	7.3	215
North	85.5	79.4	77.0	61.9	4.5	487
West Nile	71.6	66.8	67.1	44.6	10.8	330
Western	54.0	59.5	60.3	36.8	22.8	743
Southwest	66.3	68.9	60.6	42.1	13.6	681
Education						
No education	63.8	65.6	66.8	47.4	17.6	877
Primary	57.9	54.0	56.1	34.4	22.7	3,313
Secondary +	63.6	60.4	63.7	39.0	17.4	1,227
Wealth quintile						
Lowest	64.8	63.6	64.3	45.5	18.3	1,063
Second	61.7	57.8	56.4	37.4	20.0	1,101
Middle	58.7	54.9	56.7	34.7	22.5	1,042
Fourth	55.5	52.2	57.5	31.7	22.5	997
Highest	59.8	57.8	62.3	37.8	20.4	1,215
Total	60.2	57.4	59.5	37.5	20.7	5,418

Figure 14.1 shows the relative percentages of currently married women, according to the number of decisions in which they participate, either alone or jointly with their husbands/partners. It is important to note that women are most likely to participate in all three decisions (38 percent) and least likely to participate in one decision (19 percent).

Figure 14.1 **Number of decisions in which currently married women participate**

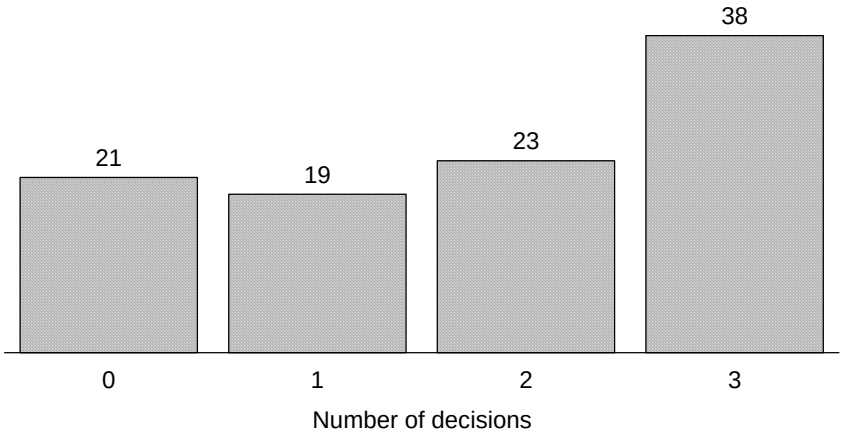


Table 14.6.2 shows decision-making power among men age 15-49, according to decisions about their own health care and about major household purchases, by background characteristics. More than 80 percent of men make decisions about their own health care and major household purchases; only 5 percent do not make any decisions on either of the two issues. Making decisions about one's own health care and major household purchases increases with age. By age 15-49 the vast majority of men make decisions on major household purchases (96 percent) and their own health care (90 percent). Employed men are more than twice as likely as unemployed men to participate in both decisions. There is little difference in decision making by urban or rural residence. Less than half (49 percent) of men from the West Nile region participate in making decisions on both issues, and in contrast, the highest proportion of men who say that they make decisions on both issues are from the Southwest region. Forty-one percent of men from the West Nile region do not participate in either decision.

Education and wealth do not strongly influence men's decision-making behaviour.

Table 14.6.2 Men's participation in decision making by background characteristics

Percentage of currently married men age 15-49 who usually make specific decisions either alone or jointly with their wife, by background characteristics, Uganda 2011

Background characteristic	Specific decision: Man's own health care	Specific decision: Making major household purchases	Both decisions	Neither of the two decisions	Number of men
Age					
15-19	69.0	69.0	69.0	31.0	10
20-24	87.8	91.3	84.3	5.2	101
25-29	86.9	90.6	83.0	5.5	270
30-34	83.5	93.0	82.4	5.9	282
35-39	87.5	93.1	83.5	2.9	242
40-44	84.3	93.9	82.8	4.6	179
45-49	89.9	95.5	88.4	3.0	143
Employment (last 12 months)					
Not employed	68.2	69.8	39.3	1.3	12
Employed for cash	86.7	94.2	84.4	3.4	1,045
Employed not for cash	83.7	83.9	81.4	13.8	172
Number of living children					
0	85.3	82.0	76.6	9.3	70
1-2	85.4	92.7	83.3	5.2	312
3-4	87.6	92.8	85.3	4.9	316
5+	85.8	93.8	83.6	4.1	530
Residence					
Urban	88.3	91.9	84.5	4.3	215
Rural	85.7	92.7	83.4	5.0	1,014
Region					
Kampala	89.8	91.8	84.0	2.3	96
Central 1	95.7	97.8	94.6	1.1	120
Central 2	90.5	92.4	89.8	6.8	127
East Central	93.5	97.2	90.7	0.0	122
Eastern	84.3	95.0	82.6	3.2	199
Karamoja	94.5	87.5	85.1	3.1	40
North	81.1	93.4	76.1	1.6	117
West Nile	52.3	56.6	49.4	40.5	77
Western	79.7	94.2	77.6	3.7	183
Southwest	95.9	99.2	95.1	0.0	147
Education					
No education	85.4	91.6	82.3	5.3	73
Primary	85.6	93.3	83.7	4.8	754
Secondary +	87.3	91.3	83.5	4.9	402
Wealth quintile					
Lowest	85.1	89.0	81.5	7.4	243
Second	82.0	91.3	79.2	5.9	257
Middle	86.1	95.6	84.6	3.0	233
Fourth	87.2	92.6	85.7	5.9	247
Highest	90.4	94.6	86.9	2.0	248
Total 15-49	86.1	92.6	83.6	4.9	1,228
50-54	88.1	92.9	83.8	2.8	109
Total 15-54	86.3	92.6	83.6	4.7	1,338

14.4.3 Attitudes towards Wife Beating

Gender-based violence (GBV) refers to violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders within the context of a specific society (Bloom, 2008). GBV is a result of an unequal balance of power between women and men; it cuts across cultures, ethnic groups, socioeconomic statuses, and religions. It is the most common type of violence that women experience worldwide, and it has serious consequences for women's mental and physical well-being, including their reproductive and sexual health (WHO, 1999). Gender-based violence was declared to be a violation of human rights by the United Nations General Assembly in 1993 in its declaration on the elimination of violence against women (United Nations, 1993). GBV continues to occur despite various efforts to stop it. It remains a complex problem that requires examination from many different perspectives.

The UDHS gathered information on women's attitudes towards wife beating by asking women and men whether a husband is justified in beating his wife in five situations: if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, and if she refuses to have sexual intercourse with him. 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 lower in status than men. High proportions of women who justify wife beating indicate that women generally accept the right of a man to control his wife's behaviour through violence. Such a perception could act as a barrier to prevent women from accessing health care for themselves and their children. Table 14.7.1 shows the percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specified reasons, by background characteristics.

Table 14.7.1 Attitude toward wife beating: Women

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 2011

	Husband is justified in hitting or beating his wife if she:						
Background characteristic	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	21.2	31.0	39.6	47.2	22.1	61.8	2,048
20-24	17.2	28.6	38.9	47.0	21.6	60.4	1,629
25-29	14.6	26.7	35.1	43.0	19.6	55.5	1,569
30-34	12.4	24.2	34.6	43.0	19.6	53.4	1,086
35-39	17.0	30.2	40.3	45.9	24.2	60.2	1,026
40-44	18.8	29.4	37.3	42.1	22.8	55.8	729
45-49	15.7	28.4	37.0	43.2	26.8	56.4	587
Employment (last 12 months)							
Not employed	20.6	31.0	36.6	44.6	23.5	58.8	2,293
Employed for cash	15.3	26.2	38.9	44.6	20.0	58.2	4,446
Employed not for cash	17.1	31.0	36.6	46.7	24.4	58.2	1,928
Number of living children							
0	18.9	27.6	36.8	44.9	20.5	58.1	2,279
1-2	15.4	27.3	35.8	43.8	21.3	56.6	2,099
3-4	15.7	26.4	36.4	42.9	19.9	56.9	1,832
5+	17.8	31.9	41.2	47.7	25.1	60.9	2,464
Marital status							
Never married	19.2	26.6	35.2	44.1	19.3	57.3	2,118
Married or living together	16.9	30.2	39.3	45.9	23.0	59.1	5,418
Divorced/separated/widowed	14.1	24.1	35.1	42.9	21.5	56.3	1,134
Residence							
Urban	9.4	17.6	28.1	36.2	10.9	46.1	1,717
Rural	19.0	31.2	40.1	47.2	24.6	61.3	6,957
Region							
Kampala	6.0	10.4	22.7	31.0	8.6	38.6	839
Central 1	13.4	28.9	51.3	51.2	21.9	66.8	956
Central 2	15.1	25.3	49.1	47.2	18.1	64.3	902
East Central	30.0	40.8	55.2	63.1	28.0	74.1	869
Eastern	26.3	41.0	43.4	53.9	32.5	70.0	1,267
Karamoja	4.4	14.0	20.8	38.3	17.1	43.9	289
North	11.9	32.4	18.8	29.2	18.2	42.1	735
West Nile	33.7	45.9	40.0	52.9	25.3	66.0	500
Western	13.4	22.5	29.7	37.4	15.8	53.2	1,221
Southwest	13.0	20.4	32.8	41.2	26.8	51.7	1,097
Education							
No education	17.2	30.7	35.0	43.8	25.1	56.3	1,120
Primary	20.2	32.4	40.7	47.6	25.3	62.2	5,152
Secondary +	10.5	19.0	32.6	40.0	13.1	50.7	2,402
Wealth quintile							
Lowest	18.6	34.1	34.2	44.0	24.9	57.6	1,519
Second	22.0	35.1	38.6	48.4	26.4	61.1	1,579
Middle	18.6	30.3	42.1	48.4	25.2	63.1	1,608
Fourth	19.9	30.9	44.4	51.3	24.3	66.8	1,726
Highest	9.3	17.0	31.3	36.0	12.3	46.7	2,242
Total	17.1	28.5	37.7	45.0	21.9	58.3	8,674

About six in ten women (58 percent) believe that wife beating is justified for at least one of the specified reasons. This percentage shows significant improvement from the 2006 UDHS results where seven of ten women agreed that at least one reason was sufficient justification for wife beating. It is gratifying to observe that the percentages of women who justify wife beating for each of the specified reasons have decreased since the 2006 UDHS.

The most widely accepted reasons for wife beating are neglecting the children (45 percent compared with 56 percent in 2006) and going out without informing the husband (38 percent compared with 52 percent in 2006). About three in ten women in 2011 compared with four in ten in 2006 think that arguing with a spouse justifies wife beating. The percentage of women who think that denying a husband sex justifies wife beating has declined from 31 percent in 2006 to 22 percent in 2011, while that of women who think burning food deserves beating has fallen from 23 percent to 17 percent over the same period.

Acceptance of wife beating varies by women's age and is highest among the youngest age group (62 percent) and lowest among women age 30-34 (53 percent). Rural women are much more accepting of wife beating (61 percent) than urban women (46 percent). Nearly three of four women residing in East Central region are accepting of wife beating for any reason, in contrast with women living in Kampala who are least likely to accept wife beating (39 percent). Acceptance of wife beating is most prevalent among women with a primary education and among women living in households in the second, middle, and fourth wealth quintiles. Differences by other background characteristics are not as marked.

Men were also asked their opinions on the justification of wife beating under certain circumstances. Table 14.7.2 shows that the proportion of men age 15-49 who agree with at least one of the reasons justifying wife beating is lower than that observed among women (44 percent versus 58 percent). The pattern of acceptance by background characteristics has remained the same since 2006, although the levels of acceptance have declined. The results are similar to those among women. Young men; those who are employed, but not for cash; divorced, separated, or widowed men; and men with no children are most likely to agree with at least one reason justifying wife beating. A high percentage of rural men (47 percent) compared with urban men (29 percent) believe that wife beating is justified for at least one of the specified reasons. By region, men in Kampala (23 percent) followed by those of West Nile (25 percent), are least likely to accept wife beating. Men from the North region (59 percent) are most likely to agree with at least one reason for hitting or beating a wife.

The primary driver of GBV is the power imbalance between women and men. GBV violates basic human rights and is deeply entrenched in some cultural practices and intimate relationships. Earlier presentation of data in this chapter has highlighted imbalances between women and men; therefore, the perceptions of wife beating, which is one form of gender-based violence, are not surprising. Since GBV is not a private issue but one that involves society as a whole, prevention calls for a holistic approach.

Table 14.7.2 Attitude toward wife beating: Men

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 2011

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	15.6	29.1	34.1	39.2	15.9	52.2	554
20-24	8.6	18.0	21.0	25.9	10.4	38.0	318
25-29	6.6	19.7	22.9	27.7	8.2	40.6	361
30-34	6.8	19.1	23.8	29.6	8.6	41.7	323
35-39	3.7	18.4	22.7	28.7	9.8	38.8	268
40-44	8.0	23.9	25.1	26.9	11.7	44.1	191
45-49	9.7	21.3	27.1	31.0	14.1	43.9	157
Employment (last 12 months)							
Not employed	13.4	18.9	28.9	35.3	14.3	41.1	135
Employed for cash	8.4	21.7	25.4	31.2	11.0	43.7	1,657
Employed not for cash	11.1	24.7	28.0	28.1	12.4	44.5	382
Number of living children							
0	12.8	23.4	28.8	34.0	13.7	46.0	902
1-2	8.2	19.7	22.2	25.2	9.0	38.3	386
3-4	8.2	22.3	25.3	31.2	11.2	43.1	339
5+	4.6	21.5	24.9	29.9	9.8	44.0	546
Marital status							
Never married	12.7	24.0	28.7	33.4	13.7	45.4	834
Married or living together	6.4	21.0	24.0	28.3	9.5	42.0	1,228
Divorced/separated/widowed	14.0	19.6	29.7	41.3	16.6	49.0	111
Residence							
Urban	3.2	10.7	16.0	22.3	3.8	28.9	439
Rural	10.8	25.0	28.6	33.1	13.4	47.4	1,734
Region							
Kampala	2.6	7.3	13.0	18.1	2.8	23.2	221
Central 1	19.3	20.6	31.5	40.2	19.7	55.8	209
Central 2	7.9	15.4	23.5	26.2	9.5	37.0	236
East Central	15.6	25.5	38.1	41.7	16.2	50.8	236
Eastern	14.2	27.9	34.0	38.2	9.8	56.1	289
Karamoja	10.0	33.4	8.4	28.0	1.7	42.7	55
North	3.2	46.9	29.7	33.8	20.7	59.3	199
West Nile	7.5	15.9	15.6	19.5	7.3	25.1	133
Western	3.5	15.2	21.0	23.7	8.1	33.8	322
Southwest	9.1	22.4	27.9	34.0	12.8	46.6	273
Education							
No education	9.7	14.6	25.5	32.3	8.7	39.6	90
Primary	11.6	26.0	31.6	34.8	14.4	49.4	1,309
Secondary +	5.1	16.3	16.9	24.2	6.8	34.5	774
Wealth quintile							
Lowest	13.5	31.0	25.5	31.8	16.9	49.2	345
Second	8.3	26.8	29.2	34.0	12.8	49.2	423
Middle	11.3	24.2	30.0	35.3	12.2	47.0	402
Fourth	9.0	17.5	26.1	28.7	10.7	40.2	486
Highest	5.7	15.0	20.7	26.5	6.9	36.1	517
Total 15-49	9.2	22.1	26.1	30.9	11.5	43.7	2,173
50-54	4.8	12.4	15.4	18.7	7.3	26.6	122
Total 15-54	9.0	21.6	25.5	30.3	11.2	42.8	2,295

14.4.4 Women's Empowerment Indicators

Two sets of empowerment indicators, namely women's participation in making household decisions and women's attitude towards wife beating can be summarized in two indices.

The first index shows the number of decisions in which women participate alone or jointly with their husband or partner (see Table 14.6.1 for the detailed list). This index ranges in value from 0 to 3 and relates positively to women's empowerment. It reflects the degree of decision-making 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, presents the total number of reasons for which the respondent feels that the husband is justified in beating his wife (see Table 14.7.1 for list of reasons). A lower score on this indicator is interpreted as reflecting a greater sense of entitlement and self-esteem and a higher status of women.

Table 14.8 shows how these indices relate to each other. There is a clear relationship between the two indices. The percentage of women who disagree with all reasons justifying wife beating increases as the number of household decisions in which the women participate increases, from 35 percent among women who participate in none of the household decisions to 52 percent among women who participate in all three household decisions. The percentage of women who participate in all three household decisions decreases as the number of reasons for which wife beating is justified increases, from 48 percent among women who agree with none of the reasons justifying wife beating to 28 percent among women who agree with all five reasons justifying wife beating. The data reflect improvements in women's empowerment since 2006. The percentage of women who disagree with all reasons justifying wife beating has increased from 33 to 52 percent for women who took part in all decisions. The percentage of women who participate in all decisions has declined from 30 percent to 28 percent for women who agree with all five reasons for wife beating.

Table 14.8 Indicators of women's empowerment

Percentage of currently married women age 15-49 who participate in all decision making and percentage who disagree with all of the reasons justifying wife-beating, by value on each of the indicators of women's empowerment, Uganda 2011

Empowerment indicator	Percentage who participate in all decision making	Percentage who disagree with all the reasons justifying wife-beating	Number of women
Number of decisions in which women participate[1]			
0	na	34.8	1,120
1-2	na	34.0	2,265
3	na	51.9	2,033
Number of reasons for which wife-beating is justified[2]			
0	47.6	na	2,214
1-2	31.8	na	1,640
3-4	29.5	na	1,171
5	28.4	na	393

na = Not applicable
[1] See Table 14.6.1 for the list of decisions.
[2] See Table 14.7.1 for the list of reasons.

14.5 CURRENT USE OF CONTRACEPTION BY WOMEN'S EMPOWERMENT STATUS

A woman's ability to control her fertility and the method of contraception she uses are likely to be affected by her 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 or partner. The 2011 UDHS supports this assertion whereby the most common method used by married women is injectables which are easy to conceal from partners.

Table 14.9 shows the relationship of each of the empowerment indicators with current use of contraceptive methods by currently married women. As expected, contraceptive use is positively associated with participation in household decisions. Use of any contraceptive method is lower among women who do not participate in any household decision (25 percent) than among women who participate in at least one household decision. Thirty-one percent of women who participate in at least one household decision are currently using a method of family planning.

Contraceptive use is negatively associated with the acceptance of wife beating. Use of any contraceptive method and use of any modern method is lower among women who agree with all the five reasons justifying wife beating (25 percent and 21 percent, respectively) than among women who agree with none of the reasons (31 percent and 27 percent, respectively).

Table 14.9 Current use of contraception by women's empowerment

Percent distribution of currently married women age 15-49 by current contraceptive method, according to selected indicators of women's status, Uganda 2011

Empowerment indicator	Any method	Modern methods: 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	25.2	22.0	1.4	0.2	17.0	3.4	3.2	74.8	100.0	1,120
1-2	31.4	27.0	2.7	0.0	21.6	2.7	4.3	68.6	100.0	2,265
3	31.2	27.1	3.9	0.1	20.8	2.3	4.0	68.8	100.0	2,033
Number of reasons for which wife-beating is justified[3]										
0	31.4	26.8	2.5	0.1	21.4	2.8	4.6	68.6	100.0	2,214
1-2	32.3	28.7	3.6	0.1	21.8	3.2	3.6	67.7	100.0	1,640
3-4	25.9	22.4	2.0	0.1	18.0	2.2	3.5	74.1	100.0	1,171
5	25.1	21.4	4.6	0.0	15.0	1.7	3.8	74.9	100.0	393
Total	30.0	26.0	2.9	0.1	20.3	2.7	4.0	70.0	100.0	5,418

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 amenorrhea method
[2] See Table 14.6.1 for the list of decisions.
[3] See Table 14.7.1 for the list of reasons.

14.6 IDEAL FAMILY SIZE AND UNMET NEED BY WOMEN'S STATUS

As a woman becomes more empowered, she is more likely to have a say in the number (ideal family size) and spacing of children she desires. She has more control over her ability to access and use contraceptives to space and limit her family size. Women who have a desire to limit their births but who are not using family planning are defined as having an unmet need for family planning. Table 14.10 shows the mean ideal number of children for women age 15-49 and the percentage of currently married women age 15-49 with an unmet need of family planning by the two indicators of women's empowerment.

Table 14.10 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 2011

Empowerment indicator	Mean ideal number of children[1]	Number of women	Percentage of currently married women with an unmet need for family planning[2]: For spacing	For limiting	Total	Number of currently married women
Number of decisions in which women participate[1]						
0	5.2	1,094	24.2	12.6	36.8	1,120
1-2	5.0	2,221	21.7	11.3	32.9	2,265
3	5.3	1,948	17.9	16.5	34.4	2,033
Number of reasons for which wife-beating is justified[2]						
0	4.7	3,516	17.9	14.6	32.5	2,214
1-2	4.8	2,613	23.1	11.3	34.4	1,640
3-4	5.1	1,762	22.2	14.3	36.5	1,171
5	5.3	553	23.1	13.9	37.0	393
Total	4.8	8,444	20.8	13.5	34.3	5,418

[1] Mean excludes respondents who gave non-numeric responses.
[2] See Table 7.12.1 for the definition of unmet need for family planning.
[3] Restricted to currently married women. See Table 14.6.1 for the list of decisions.
[4] See Table 14.7.1 for the list of reasons.

The relationship between fertility and empowerment indicators continue to be mixed, similar to the 2006 UDHS. It is surprising that women who participate in all decisions desire the most children, but consistently women who participated in one to two decisions had the lowest desire for children and the lowest unmet need for family planning. There is a clear negative relationship between the index derived from the attitudes towards wife beating and ideal family size and unmet need. Women who accept all the reasons for wife beating have the highest mean ideal number of children at 5.3 compared with 4.7 children for women who do not justify wife beating for any reason.

Table 14.10 shows that unmet need for family planning increases with the number of reasons for which women believe wife beating is justified, from 33 percent among women who don't believe wife beating is justified for any reason at all to 37 percent among women who believe that wife beating is justified for three to five reasons.

14.7 WOMEN'S STATUS AND REPRODUCTIVE HEALTH CARE

Table 14.11 presents the percentage of women age 15-49 with live births 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.

The data show that there is not much variation in use of reproductive health care among women who participate in all decisions versus those who do not take part in any decisions.

Women who agree with all of the reasons justifying wife beating were less likely to seek reproductive care services than women who do not justify wife beating at all. This difference was especially marked with regard to postnatal care from health personnel within the first two days following delivery. Generally, postnatal care is much lower (23 percent) among women who justified wife beating for any reason at all when compared with women who did not justify wife beating for any reason (39 percent).

Table 14.11 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 2011

Empowerment indicator	Percentage receiving antenatal care from a skilled provider[1]	Percentage receiving delivery care from a skilled provider[1]	Percentage of women with a postnatal checkup in the first two days after birth[2]	Number of women with a child born in the last five years
Number of decisions in which women participate[1]				
0	94.4	58.9	32.9	889
1-2	94.8	63.1	34.1	1,775
3	96.2	59.8	33.2	1,524
Number of reasons for which wife-beating is justified[2]				
0	96.0	64.3	38.9	2,013
1-2	95.4	61.9	33.4	1,539
3-4	92.8	59.7	29.2	1,090
5	91.8	54.6	23.4	326
Total	94.9	61.9	34.1	4,968

[1] 'Skilled provider' includes doctor, nurse/midwife, medical assistant/clinical officer, nurse aide, or Village Health Team (VHT)
[2] Includes women who received a postnatal checkup from a doctor, nurse/midwife, medical assistant/clinical officer, nurse aide, or Village Health Team (VHT) or traditional birth attendant (TBA) in the first two days after the birth. Includes women who gave birth in a health facility and those who did not give birth in a health facility.
[3] Restricted to currently married women. See Table 14.6.1 for the list of decisions.
[4] See Table 14.7.1 for the list of reasons.

ADULT AND MATERNAL MORTALITY 15

Key Findings

- Adult mortality is slightly higher among men than among women (6.5 deaths and 5.3 deaths per 1,000 population, respectively).
- Twenty percent of women and 25 percent of men are likely to die between ages 15 and 50. These probabilities have decreased for both women and men since 2000-01, with most of the decreases occurring between 2006 and 2011.
- Maternal deaths account for 18 percent of all deaths to women age 15-49. The maternal mortality rate for the seven-year period preceding the survey was 0.93 maternal deaths per 1,000 woman-years of exposure.
- The maternal mortality ratio was 438 maternal deaths per 100,000 live births for the seven-year period preceding the survey. This ratio is not significantly different from that reported in the 2006 UDHS, but it is lower than the ratio reported in the 2000-01 UDHS.

Adult and maternal mortality rates are key indicators of the health status of a population. Estimation of these mortality rates requires comprehensive and accurate reporting of adult deaths and maternal deaths. The UDHS gathers valuable information that fills this gap. This chapter includes results based on sibling history data collected in the Sibling Survival Module (commonly referred to as the 'Maternal Mortality Module') of the 2011 UDHS Woman's Questionnaire and the 2011 UDHS Maternal Mortality Questionnaire.

In addition to adult mortality rates for five-year age groups, this chapter includes a summary measure ($_{35}q_{15}$) that represents the probability of dying between exact ages 15 and 50. For the measurement of trends in adult mortality probabilities, summary measures for the 2000-01 and 2006 UDHS have also been calculated and are presented in Table 15.2.

The term 'maternal mortality' used in this chapter (and in previous UDHS surveys), corresponds to the term 'pregnancy-related mortality' as defined in the latest International Classification of Diseases (ICD-10). The ICD-10 definition of a pregnancy-related death is 'the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death.' In keeping with this definition, the Sibling Survival Module used in the DHS surveys measures only the timing of deaths and not the cause of deaths. The data collected in the UDHS questionnaire are based on information about deaths during the two months following a birth, however, rather than the 42 days following a birth.

15.1 ASSESSMENT OF DATA QUALITY

To obtain a sibling history, the 2011 UDHS interviewer first asked each female respondent to list all children born to her biological mother, starting with the firstborn. The interviewer then asked the respondent whether each of these siblings was still alive. For living siblings, the current age of each sibling was recorded. For deceased siblings, the age at death and the number of years since death were recorded. When a respondent could not provide precise information on age at death or years since death, approximate but quantitative answers were accepted. For sisters who died at age 12 or older, the UDHS

asked three questions to determine whether the death was maternal: 'Was [NAME OF SISTER] pregnant when she died?' and, if the response was negative, 'Did she die during childbirth?' and, if negative again, 'Did she die within two months after the end of a pregnancy or childbirth?'

Table C.8 in Appendix C shows that in the 2011 UDHS a total of 136,846 siblings were recorded in the sibling histories. The survival status was not reported for 200 siblings (0.1 percent). Among surviving siblings, the current age was not reported for 362 siblings (0.3 percent). For 98 percent of deceased siblings, both age at death and years since death were reported. In 1.1 percent of cases, both the age at death and years since death were missing. The sex ratio of the enumerated siblings (the ratio of brothers to sisters times 100) is 101.1 (Table C.9), which is a reasonable value and indicates that there has not been any underreporting of sisters.

15.2 ESTIMATES OF ADULT MORTALITY

One way to assess the quality of data used to estimate maternal mortality is to evaluate the plausibility and stability of overall adult mortality estimates. If the estimated rates of overall adult mortality are implausible, rates based on a subset of deaths—maternal mortality in particular—are likely to have serious problems. Moreover, levels and trends in overall adult mortality have important implications for health and social programmes in Uganda in their own right, especially with regard to the potential impact of the AIDS epidemic, other infectious diseases, and noncommunicable diseases.

The direct estimation of adult mortality uses the reported ages at death and years since death of the respondents' brothers and sisters. Mortality rates are calculated by dividing the number of deaths in each age group of women and men by the total person-years of exposure to the risk of dying in that age group during a specified period prior to the survey. To have a sufficiently large number of adult deaths to generate a robust estimate, the rates are calculated for the seven-year period preceding the survey (roughly mid-2004 to mid-2011). Nevertheless, the age-specific mortality rates obtained in this manner are subject to considerable sampling variation.

Table 15.1 Adult mortality rates

Direct estimates of female and male mortality rates for the seven years preceding the survey by five-year age groups, Uganda 2011

Age	Deaths	Exposure years	Mortality rates[1]
WOMEN			
15-19	133	54,586	2.43
20-24	199	57,177	3.49
25-29	225	48,985	4.59
30-34	259	38,962	6.64
35-39	232	28,172	8.24
40-44	159	18,269	8.70
45-49	122	11,308	10.78
15-49	1,329	257,460	5.33[a]
MEN			
15-19	119	52,562	2.27
20-24	174	55,086	3.16
25-29	247	48,814	5.07
30-34	294	38,476	7.63
35-39	315	29,069	10.84
40-44	259	17,796	14.53
45-49	146	10,086	14.46
15-49	1,554	251,888	6.49[a]

[1] Expressed per 1,000 population
[a] Age-adjusted rate

Table 15.1 shows age-specific mortality rates for women and men age 15-49 for the seven-year period preceding the survey. Overall, the level of adult mortality is slightly higher among men (6.5 deaths per 1,000 population) than among women (5.3 deaths per 1,000 population). Age-specific mortality rates appear to be higher for men than for women in most age groups, but none of the differences are statistically significant. The age-specific mortality rates for women and men generally show the expected increases with increasing age. Confidence intervals for these rates can be found in Appendix Table B.16. The confidence intervals for many of the five-year mortality rates overlap.

Table 15.2 shows a summary measure of the risk of dying between exact ages 15 and 50 (35q15). Based on the 2011 UDHS, 20 percent of women and 25 percent of men are likely to die between age 15 and age 50. Estimates of 35q15 based on the 2000-01 and 2006 UDHS also show that men had a higher probability of dying between exact ages 15 and 50 (37 and 35 percent, respectively) than women (30 percent in both years). In the decade from the 2000-01 to the 2011 UDHS surveys, the probability of dying between exact ages 15 and 50 decreased for both women and men. It decreased, from 30 percent to 20 percent for women and from 37 percent to 25 percent for men, showing a 34 percent decrease for women and a 31 percent decrease for men. For both women and men, much of this decrease is seen in the most recent five years, between 2006 and 2011. Confidence intervals for the 35q15 estimates can be found in Appendix Table B.16.

Table 15.2 Adult mortality probabilities

The probability of dying between the ages of 15 and 50 for women and men for the seven years preceding the survey, Uganda 2000-01, 2006, and 2011

Survey	Female $_{35}q_{15}$[1]	Male $_{35}q_{15}$[1]
2011 UDHS	201	252
2006 UDHS	295	352
2000-01 UDHS	303	366

[1] The probability of dying between exact ages 15 and 50, expressed per 1,000 person-years of exposure

15.3 ESTIMATES OF MATERNAL MORTALITY

Maternal mortality in Uganda and other developing countries can be estimated using two procedures: the sisterhood method (Graham et al., 1989) and a direct estimation variant of the sisterhood method (Rutenberg and Sullivan, 1991). In this report the direct estimation procedure is applied.

Table 15.3 presents direct estimates of maternal mortality for the seven-year period preceding the survey. The maternal mortality rate among women age 15-49 is 0.93 maternal deaths per 1,000 woman-years of exposure. By five-year age groups, the maternal mortality rate is highest among women 35-39 (1.38), followed by those age 30-34 (1.30). Confidence intervals for the maternal mortality rates can be found in Appendix Table B.16. In the 2011 UDHS maternal deaths represent 18 percent of all deaths to women age 15-49. The percentage of female deaths that are maternal varies by age and ranges from 10 percent among women 45 to 49 to 23 percent of all deaths among women 20-29.

Table 15.3 Maternal mortality

Direct estimates of maternal mortality rates for the seven years preceding the survey, by five-year age groups, Uganda 2011

Age	Percentage of female deaths that are maternal	Maternal deaths	Exposure years	Maternal mortality rate[1]
15-19	17.6	23	54,586	0.43
20-24	22.6	45	57,177	0.79
25-29	22.7	51	48,985	1.04
30-34	19.6	51	38,962	1.30
35-39	16.7	39	28,172	1.38
40-44	12.2	19	18,269	1.06
45-49	10.3	13	11,308	1.11
15-49	18.1	241	257,460	0.93[a]

General fertility rate (GFR)[2]	212[a]	
Maternal mortality ratio (MMR)[3]	438	CI: (368, 507)
Lifetime risk of maternal death[4]	0.029	
2006 UDHS		
Maternal mortality ratio (MMR)[3]	418	CI: (314, 521)
2000-01 UDHS		
Maternal mortality ratio (MMR)[3]	524	CI: (412, 636)

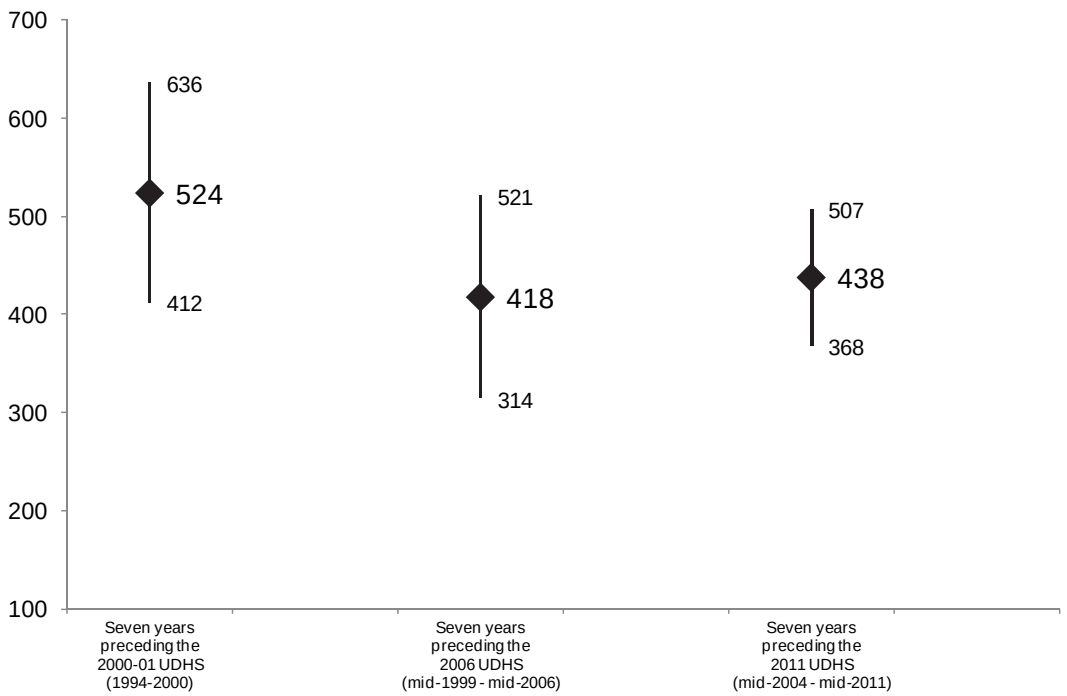
CI: Confidence interval
[1] Expressed per 1,000 woman-years of exposure
[2] Expressed per 1,000 women age 15-49
[3] Expressed per 100,000 live births; calculated as the maternal mortality rate divided by the general fertility rate
[4] Calculated as $1-(1-MMR)^{TFR}$ where TFR represents the total fertility rate for the seven years preceding the survey
[a] Age-adjusted rate

The maternal mortality rate can be converted to a maternal mortality ratio (expressed as deaths per 100,000 live births) by dividing the maternal mortality rate by the general fertility rate (GFR) of 212 that prevailed during the same time period, and multiplying the result by 100,000. This procedure produces a maternal mortality ratio (MMR) of 438 deaths per 100,000 live births during the seven-year period preceding the survey. In other words, for every 1,000 live births in Uganda during the seven years preceding the 2011 UDHS, about four women (4.38) died during pregnancy, during childbirth, or within two months of childbirth. The lifetime risk of maternal death (0.029) indicates that about 3 percent of women died during pregnancy, during childbirth, or within two months of childbirth.

In the reports for the 2000-01 and 2006 UDHS surveys, the maternal mortality ratios were shown for the 10-year period preceding the survey. To look at trends over time, these ratios were recalculated for the seven-year period preceding the surveys (Table 15.3). The estimated maternal mortality ratio for the seven-year period decreased from 524 deaths per 1000,000 live births in 2000-01 to 418 deaths in 2006, and it increased to 438 deaths per 1000,000 live births in 2011. As shown in Table 15.3 and Figure 15.1, the confidence interval surrounding the maternal mortality ratio of 438 deaths per 100,000 live births in 2011 is 368-507, while the confidence interval for the 2006 ratio of 418 deaths per 100,000 live births is 314-521 deaths. Because the confidence intervals between the two estimates overlap widely, there is no evidence to suggest that the maternal mortality ratio has changed substantially in the five years between the two surveys. On the other hand, the confidence interval for the 2000-01 maternal mortality ratio of 524 deaths per 100,000 live births is 412-636, and it does not overlap widely with the 2011 estimate, implying that there has been some decrease in maternal mortality ratio over the last decade.

It should be kept in mind that maternal mortality is difficult to measure because large sample sizes are required to calculate accurate estimates. The maternal mortality estimates presented here are subject to large sampling errors because cost and time considerations make it impossible to draw a sample large enough to keep sampling errors reasonably small.

Figure 15.1 **Maternal Mortality Ratio (MMR) for the Seven Years Preceding the 2000-01, 2006, and 2011 Uganda DHS with Confidence Intervals**



DOMESTIC VIOLENCE 16

Key Findings

- Fifty-six percent of women and 55 percent of men age 15-49 have experienced physical violence at least once since age 15, and 27 and 22 percent, respectively, have experienced physical violence within the 12 months prior to the survey.
- Twenty-eight percent of women and 9 percent of men age 15-49 report having experienced sexual violence at least once in their lifetime.
- Overall, six in ten ever-married women and four in ten men age 15-49 report having experienced emotional, physical, or sexual violence from a spouse.
- Among ever-married women and men who have ever experienced spousal violence (physical or sexual), 37 and 26 percent, respectively, reported experiencing physical injuries.
- About four in ten women and men have sought assistance from any source for the violence they have experienced.

Gender-based violence is defined as any act that results in, or is likely to result in, physical, sexual, or psychological harm or suffering among women, including threats of such acts and coercion or arbitrary deprivations of liberty, whether occurring in public or in private life (United Nations, 1993; United Nations, 1995). Domestic violence has negative health consequences for victims, especially with respect to the reproductive health of women and the physical, emotional, and mental health of their children. Acts of domestic violence can also happen to men. The 2001 UDHS included a domestic violence module for both women and men, in recognition of the seriousness of the problem of domestic violence in Uganda.

16.1 MEASUREMENT OF VIOLENCE

Collecting valid, reliable, and ethical data on domestic violence poses particular challenges. What constitutes violence or abuse varies across cultures and among individuals. A culture of silence usually surrounds domestic violence and can affect reporting. The sensitivity of the topic is another issue. Assuring the safety of respondents and interviewers when asking about domestic violence in a familial setting, protecting women who disclose violence, and reducing the risk of double-victimisation of respondents as they relive their experiences, are all specific ethical concerns. The responses to these challenges by the 2011 UDHS are described in the sections that follow.

16.1.1 Use of Valid Measures of Violence

In the 2011 UDHS, information was obtained from the ever-married respondents on violence committed by their current and former spouses and by others. Information was collected from never-married respondents on violence by anyone. Since international research shows that intimate partner violence is one of the most common forms of violence especially against women, information on spousal violence was measured in more detail than violence by other perpetrators. This was done by using a shortened, modified version of the Conflict Tactics Scale (Strauss, 1990). Specifically, violence by the current spouse/partner for currently married respondents and by the most recent spouse/partner for

formerly married respondents was measured by asking all ever-married women and men the following set of questions.

(Does/did) your (last) (spouse/partner) ever:

(a) Push you, shake you, or throw something at you?

(b) Slap you?

(c) Twist your arm or pull your hair?

(d) Punch you with his/her 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/her even when you did not want to?

(i) Force you to perform any sexual acts you did not want to?

For every question that a respondent answered 'yes,' she or he was 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, and a 'yes' answer to item (h) or (i) constitutes evidence of sexual violence.

Similarly, emotional violence among ever-married respondents was measured by the following questions.

(Does/did) your (last) (spouse/partner) 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.

In addition to these questions that were asked only of ever-married respondents, all women and men were asked about physical violence from persons other than the current or most recent spouse/partner. Respondents who answered yes to this question were asked who committed violence against them and the frequency of such violence during the 12 months preceding the survey. Respondents who reported experiencing different forms of violence were asked for the perpetrators of the violence.

Although this approach to questioning is generally considered to be optimal, the possibility of underreporting of violence, particularly sexual violence, cannot be entirely ruled out in any survey, and this survey is no exception.

16.1.2 Ethical Considerations in the 2011 UDHS

In recognition of the challenges in collecting data on violence, the interviewers in the 2011 UDHS were given special training. The training focused on how to ask sensitive questions, ensure privacy, and build rapport between interviewer and respondent. Rapport with the interviewer, confidentiality, and privacy are all keys to building respondents' confidence so that they can safely share their experiences with the interviewer. Placing questions about violence at the end of the questionnaire also provides time for the interviewer to develop a certain degree of intimacy that should further encourage respondents to share their experiences of violence, if any. In addition, the following protections were built into the survey or the questionnaire in keeping with the World Health Organization's ethical and safety recommendations for research on domestic violence (WHO, 2001):

1. To maintain confidentiality, only one woman or man per household was administered the questions on violence. In the one-third of the households selected for the male survey, one man per household was randomly selected to receive the questions on domestic violence. In the remaining two-thirds of the households, one woman per household was selected for the questions on violence. The random selection of one woman or man was done through a simple selection procedure based on the Kish Grid, which was built into the Household Questionnaire (Kish, 1965).

2. As a means of obtaining additional consent, beyond the initial consent at the start of the interview, the respondent was informed that the questions could be sensitive and was reassured regarding the confidentiality of her/his responses.

3. The violence module was implemented only if privacy could be obtained. The interviewers were instructed to skip the module, thank the respondent, and end the interview if they could not maintain privacy during the implementation of this module.

4. A brochure that included information on domestic violence and contact information for service centers across the country was provided to all eligible respondents after the interview was completed, irrespective of whether they were selected for the module or not. This was done to safeguard against identifying the respondent selected for the module and to provide information to all respondents so that they could access the services and be informed about what to do in the event of domestic violence.

16.1.3 Subsample for the Violence Module

The domestic violence module was implemented only in the subsample of households selected for the men's survey. Further, in keeping with ethical requirements, as mentioned above, only one woman or man per household was selected for the module. These restrictions resulted in a total of 2,056 women age 15-49 (1,705 ever-married women) and 1,730 men age 15-54 (1,211 ever-married men) who completed the domestic violence module. Fifteen eligible women and 14 eligible men were not interviewed because either they declined or complete privacy could not be obtained. Specially constructed weights were used to adjust for the selection of only one woman or man per household and to ensure that the domestic violence subsample was nationally representative.

16.2 Experience of Physical Violence

Tables 16.1.1 and 16.1.2 show the percentages of women and men, respectively, that have ever experienced physical violence since age 15 and the percentages that have experienced violence during the 12 months preceding the survey, by background characteristics. Fifty-six percent of women and 55 percent of men age 15-49 have experienced physical violence since age 15, and 27 percent and 22 percent, respectively, experienced physical violence in the 12 months prior to the survey. Overall, 7 percent of women and 3 percent of men reported that they had experienced physical violence often in the past 12

months, and 20 percent, each, said they had experienced physical violence sometimes during the past 12 months.

The experience of physical violence varies by background characteristics. The percentage of women who have experienced physical violence since age 15 does not vary much by age, employment status, or education. This percentage is highest among women who belong to the Pentecostal religion (61 percent), among the Itesa ethnic group (70 percent), among rural women (58 percent), women in the Eastern region (66 percent), and women with five or more children (60 percent). Ever-married women are more likely than those who never married to have experienced physical violence, implying that in Uganda violence perpetrated by spouses is more prevalent than violence perpetrated by other individuals. Sixty-five percent of women who are divorced, separated, or widowed and 56 percent of currently married women have experienced physical violence since age 15, as compared with 51 percent of never-married women. The percentage of women who have experienced physical violence since age 15 ranges from 47 percent of women in the highest wealth quintile to 63 percent of those in the lowest quintile.

The percentage of men who have ever experienced physical violence since age 15 is lowest among men age 40-49 (51 percent) and Pentecostal men (52 percent), when compared with younger men or those of other religions (54-58 percent). Men of Banyankole ethnicity (67 percent), those living in Karamoja (72 percent), previously married men (75 percent), men with 3-4 children (64 percent), and those who are unemployed (58 percent) are more likely to have experienced physical violence since age 15 than other men. This percentage increases with education, from 47 of uneducated men to 58 percent of those with secondary or higher education. There is no clear relationship between experience of physical violence by men since age 15 and wealth.

The percentage of women who have experienced physical violence in the past 12 months (often or sometimes) also varies by background characteristics. It decreases steadily by age, from 35 percent among women 15-19 to 18 percent among those 45-49. This percentage is higher among Catholic women (31 percent), those of Itesa ethnicity (32 percent), rural women (29 percent), women in the North region (42 percent), and those with no children (30 percent). These women differ from those experiencing physical violence since age 15. Previously married women are the least likely to have experienced physical violence in the past year (16 percent) compared with those who are never-married or currently married (29 percent, each). Recent physical violence is substantially higher among unemployed women (34 percent) than those who are employed, for cash or otherwise (24 percent). The percentage of women who experienced physical violence in the past 12 months decreases with education and wealth.

Somewhat similar patterns are observed among men, except that men with no education are least likely to have experienced violence in the 12 months before the survey. There is also no pattern between violence in the previous 12 months and wealth among men.

Table 16.1.1 Experience of physical violence: women

Percentage of women age 15-49 who have ever experienced physical violence since age 15 and percentage who have experienced violence during the 12 months preceding the survey, by background characteristics, Uganda 2011

Background characteristic	Percentage who have ever experienced physical violence since age 15[1]	Percentage who have experienced physical violence in the past 12 months			Number of women
		Often	Sometimes	Often or sometimes[2]	
Age					
15-19	54.3	4.2	30.5	34.7	464
20-24	58.1	11.3	18.8	30.1	412
25-29	55.2	8.6	18.7	27.3	384
30-39	55.4	7.1	15.2	22.2	482
40-49	58.5	5.1	12.6	17.7	315
Religion					
Catholic	55.7	10.1	21.3	31.4	827
Protestant	56.0	4.2	20.7	24.8	591
Muslim	54.4	5.9	17.2	23.0	279
Pentecostal	60.5	7.6	16.3	23.9	306
SDA/Other	(48.3)	(1.6)	(14.5)	(16.1)	53
Ethnicity					
Baganda	47.3	2.9	16.0	18.9	368
Banyankole	58.9	5.5	23.7	29.2	207
Basoga	55.9	4.0	14.5	18.5	153
Bakiga	54.3	9.3	21.1	30.4	149
Itesa	69.8	11.1	20.8	31.9	162
Other	56.9	8.8	20.5	29.3	1,017
Residence					
Urban	49.3	4.9	14.3	19.2	398
Rural	57.8	7.8	20.9	28.7	1,658
Region					
Kampala	49.5	7.1	10.3	17.4	185
Central 1	50.0	5.9	19.1	25.0	231
Central 2	54.0	3.1	17.5	20.6	221
East Central	61.9	6.1	22.1	28.2	185
Eastern	66.4	6.6	21.3	27.9	314
Karamoja	47.3	11.3	23.0	34.3	63
North	60.6	14.2	27.7	41.9	178
West Nile	56.4	4.1	16.6	20.7	127
Western	50.2	8.4	17.8	26.2	288
Southwest	57.1	8.2	22.0	30.2	263
Marital status					
Never married	51.3	2.2	26.9	29.2	468
Married or living together	56.0	9.2	19.3	28.5	1,307
Divorced/separated/widowed	65.1	6.6	9.1	15.7	281
Number of living children					
0	52.7	2.7	27.2	29.9	517
1-2	56.3	10.9	17.9	28.8	509
3-4	54.7	7.1	17.2	24.3	442
5+	60.2	8.3	16.3	24.5	588
Employment					
Employed for cash	55.7	7.3	16.7	24.1	1,025
Employed not for cash	58.3	4.9	18.9	23.8	447
Not employed	55.2	8.9	25.2	34.2	584
Education					
No education	58.2	11.0	21.9	32.8	283
Primary	56.4	6.9	20.1	26.9	1,187
Secondary +	54.7	6.3	17.7	24.0	586
Wealth quintile					
Lowest	63.3	12.0	24.3	36.2	360
Second	58.6	8.1	25.2	33.3	360
Middle	60.9	9.8	18.6	28.4	389
Fourth	54.6	4.2	16.9	21.2	436
Highest	47.0	4.0	15.5	19.5	511
Total 15-49	56.1	7.3	19.6	26.9	2,056

Figures in parentheses are based on 25-49 unweighted cases.
[1] Includes violence in the past 12 months. For women who were married before age 15 and who reported physical violence by a husband, the violence could have occurred before age 15.
[2] Includes women who report physical violence in the past 12 months but for whom frequency is not known

Table 16.1.2 Experience of physical violence: men

Percentage of men age 15-49 who have ever experienced physical violence since age 15 and percentage who have experienced violence during the 12 months preceding the survey, by background characteristics, Uganda 2011

Background characteristic	Percentage who have ever experienced physical violence since age 15[1]	Percentage who have experienced physical violence in the past 12 months			Number of men
		Often	Sometimes	Often or sometimes[2]	
Age					
15-19	54.0	4.0	30.3	34.2	432
20-24	57.3	3.1	17.7	20.8	238
25-29	58.0	1.6	18.4	20.0	262
30-39	57.1	2.4	15.9	18.3	450
40-49	50.8	1.2	12.6	13.8	273
Religion					
Catholic	55.3	2.0	22.3	24.3	739
Protestant	56.1	2.1	16.6	18.7	525
Muslim	57.7	4.2	18.5	22.7	202
Pentecostal	51.9	3.9	19.4	23.3	130
SDA/Other	(51.5)	(5.9)	(21.5)	(27.4)	59
Ethnicity					
Baganda	56.1	3.3	18.8	22.1	273
Banyankole	66.6	3.0	25.7	28.7	170
Basoga	64.5	3.4	17.3	20.7	151
Bakiga	51.1	4.3	10.1	14.4	116
Itesa	51.0	1.4	19.5	20.9	113
Other	52.5	2.0	20.7	22.7	831
Residence					
Urban	57.7	3.0	18.0	21.0	335
Rural	54.9	2.5	20.2	22.7	1,320
Region					
Kampala	55.0	1.9	21.4	23.3	170
Central 1	66.0	4.2	24.7	28.9	169
Central 2	55.9	3.1	20.3	23.4	174
East Central	65.2	2.5	19.7	22.2	181
Eastern	54.0	3.8	18.9	22.7	216
Karamoja	71.9	0.0	35.8	35.8	44
North	56.9	0.0	18.1	18.1	142
West Nile	37.7	1.7	13.8	15.5	102
Western	42.7	4.1	16.3	20.4	247
Southwest	59.3	1.2	19.8	21.0	208
Marital status					
Never married	53.6	3.5	25.5	29.1	645
Married or living together	55.1	1.4	16.3	17.7	928
Divorced/separated/widowed	74.7	8.5	13.1	21.6	81
Number of living children					
0	53.6	3.5	25.0	28.5	687
1-2	58.0	4.1	19.0	23.1	288
3-4	63.7	2.1	15.3	17.5	251
5+	51.8	0.4	14.5	14.9	428
Employment					
Employed for cash	56.1	2.6	17.3	19.9	1,276
Employed not for cash	51.7	3.3	26.7	30.0	278
Not employed	57.9	0.8	31.7	32.5	99
Education					
No education	47.3	1.4	10.7	12.1	72
Primary	54.5	2.6	20.8	23.4	974
Secondary +	57.9	2.6	19.2	21.8	608
Wealth quintile					
Lowest	51.4	0.0	20.8	20.8	256
Second	57.9	3.0	20.6	23.6	327
Middle	57.7	3.2	19.4	22.6	307
Fourth	52.2	3.9	15.2	19.1	372
Highest	57.2	2.2	22.9	25.1	392
Total 15-49	55.4	2.6	19.8	22.4	1,654
50-54	62.5	3.3	14.1	17.4	76
Total 15-54	55.7	2.6	19.5	22.1	1,730

Figures in parentheses are based on 25-49 unweighted cases.
[1] Includes violence in the past 12 months. For men who were married before age 15 and who reported physical violence by a wife, the violence could have occurred before age 15.
[2] Includes men who report physical violence in the past 12 months but for whom frequency is not known.

16.3 PERPETRATORS OF PHYSICAL VIOLENCE

Tables 16.2.1 and 16.2.2 show perpetrators of physical violence, according to women's and men's marital status, respectively, among those who have experienced physical violence since age 15. Among ever-married women, the most commonly reported perpetrator of physical violence is the current husband or partner (60 percent), followed by former husband/partner (20 percent), indicating a high level of spousal violence. Among ever-married men, the most common perpetrator are others (48 percent), followed by current wife or partner (31 percent).

Table 16.2.1 Persons committing physical violence: women

Among women age 15-49 who have experienced physical violence since age 15, percentage who report specific persons who committed the violence, according to the respondent's current marital status, Uganda 2011

Person	Marital status		Total
	Ever married	Never married	
Current husband/partner	60.0	na	47.5
Former husband/partner	18.9	na	15.0
Current boyfriend	2.0	8.6	3.4
Former boyfriend	2.3	0.6	2.0
Father/step-father	12.7	20.8	14.4
Mother/step-mother	12.7	23.9	15.0
Sister/brother	5.9	8.6	6.5
Daughter/son	0.2	0.0	0.1
Other relative	6.9	8.0	7.2
Mother-in-law	0.1	na	0.1
Father-in-law	0.1	na	0.1
Other in-law	1.5	na	1.2
Teacher	10.1	56.6	19.8
Employer/someone at work	0.1	3.6	0.9
Police/soldier	0.1	0.5	0.1
Other	8.5	9.2	8.6
Number of women	914	240	1,154

Note: Women can report more than one person who committed the violence
na = Not applicable

Table 16.2.2 Persons committing physical violence: men

Among men age 15-49 who have experienced physical violence since age 15, percentage who report specific persons who committed the violence, according to the respondent's current marital status, Uganda 2011

Person	Marital status		Total
	Ever married	Never married	
Current wife/partner	31.1	na	19.4
Former wife/partner	5.4	na	3.4
Current girlfriend	0.2	0.4	0.3
Former girlfriend	1.9	1.1	1.6
Father/step-father	8.4	17.9	12.0
Mother/step-mother	5.4	8.0	6.4
Sister/brother	10.3	9.3	9.9
Daughter/son	0.2	0.7	0.4
Other relative	5.5	9.6	7.0
Other in-law	0.6	na	0.5
Teacher	12.9	34.3	21.0
Employer/someone at work	2.9	1.3	2.3
Police/soldier	6.5	3.6	5.4
Other	48.2	44.8	46.9
Number of men	572	345	917

Note: Men can report more than one person who committed the violence
na = Not applicable

Among never-married women who have experienced physical violence since age 15, the most common perpetrators of violence are teachers (57 percent), followed by fathers or step-fathers (21 percent) and mothers or step-mothers (24 percent). Among never-married men, the most commonly reported perpetrators of physical violence since age 15 are others (45 percent), followed by teachers (34 percent) and father or step-father (18 percent).

16.4 EXPERIENCE OF SEXUAL VIOLENCE

Tables 16.3.1 and 16.3.2 show the percentage of women and men, respectively, who have experienced sexual violence ever and in the past 12 months, according to background characteristics.

Table 16.3.1 shows that 28 percent of women age 15-49 have ever experienced sexual violence and 16 percent have experienced sexual violence in the past 12 months. There are notable variations in the experience of sexual violence by age. Younger women (age 15-19) are less likely to report sexual violence ever and in the past 12 months than older women (19 and 9 percent, respectively). Muslim women, those of Basoga and Itesa ethnicity, and rural women are more likely than other women to have experienced sexual violence ever and in the past year. The percentage of women who have ever experienced sexual violence ranges from 17 percent of women in Karamoja to 35 percent of women in Central 2 region. Recent sexual violence among women ranges from 7 percent of women in Kampala to 22 percent of those in East Central region.

Experience of sexual violence ever and in the past 12 months is lowest among never-married women (13 and 3 percent, respectively), women with no living children (16 and 5 percent, respectively), those with secondary or higher education (22 and 11 percent, respectively), and women in the highest wealth quintile (21 and 10 percent, respectively).

Table 16.3.1 Experience of sexual violence: women

Percentage of women age 15-49 who have ever experienced sexual violence and percentage who have experienced sexual violence in the 12 months preceding the survey, by background characteristics, Uganda 2011

Background characteristic	Percentage who have experienced sexual violence: Ever[1]	Past 12 months	Number of women
Age			
15-19	18.9	8.8	464
20-24	26.7	17.3	412
25-29	31.0	21.9	384
30-39	30.5	18.9	482
40-49	34.3	14.8	315
Religion			
Catholic	28.6	17.2	827
Protestant	26.1	13.9	591
Muslim	30.2	21.4	279
Pentecostal	26.6	13.3	306
SDA/Other	(28.3)	(16.7)	36
Ethnicity			
Baganda	27.6	12.7	368
Banyankole	26.2	13.7	207
Basoga	31.1	18.7	153
Bakiga	22.0	15.4	149
Itesa	30.2	23.2	162
Other	28.2	16.7	1,017
Residence			
Urban	24.4	12.9	398
Rural	28.6	17.1	1,658
Region			
Kampala	18.9	7.2	185
Central 1	32.7	16.2	231
Central 2	34.7	20.9	221
East Central	34.0	21.8	185
Eastern	32.9	19.8	314
Karamoja	17.2	10.9	63
North	24.6	20.6	178
West Nile	23.5	13.7	127
Western	24.4	15.5	288
Southwest	24.1	11.1	263
Marital status			
Never married	13.4	3.2	468
Married or living together	29.9	22.2	1,307
Divorced/separated/widowed	42.1	10.5	281
Employment			
Employed for cash	30.9	19.3	1,025
Employed not for cash	28.5	14.1	447
Not employed	21.9	12.5	584
Number of living children			
0	16.4	5.4	517
1-2	27.3	18.9	509
3-4	34.8	21.9	442
5+	33.0	19.2	588
Education			
No education	28.3	16.9	283
Primary	30.6	18.8	1,187
Secondary +	21.9	10.8	586
Wealth quintile			
Lowest	32.8	21.5	360
Second	27.1	17.8	360
Middle	30.8	19.0	389
Fourth	29.1	16.1	436
Highest	21.4	9.5	511
Total 15-49	27.8	16.2	2,056

Figures in parentheses are based on 25-49 unweighted cases.
[1] Includes violence in the past 12 months

Table 16.3.2 shows that 9 percent of men age 15-49 have ever experienced sexual violence and 4 percent have experienced sexual violence in the past 12 months. The variation by background characteristics generally follows the same pattern as for women.

Table 16.3.2 Experience of sexual violence: men

Percentage of men age 15-49 who have ever experienced sexual violence and percentage who have experienced sexual violence in the 12 months preceding the survey, by background characteristics, Uganda 2011

Background characteristic	Percentage who have experienced sexual violence: Ever[1]	Past 12 months	Number of men
Age			
15-19	5.9	1.5	432
20-24	10.7	6.6	238
25-29	7.5	3.6	262
30-39	10.7	4.8	450
40-49	10.4	3.2	273
Religion			
Catholic	7.2	2.6	739
Protestant	8.1	4.6	525
Muslim	14.7	4.8	202
Pentecostal	11.5	3.6	130
SDA/Other	(10.8)	(6.3)	59
Ethnicity			
Baganda	8.3	4.4	273
Banyankole	8.5	3.5	170
Basoga	12.9	4.3	151
Bakiga	8.7	5.3	116
Itesa	14.9	8.6	113
Other	7.6	2.6	831
Residence			
Urban	7.7	3.1	335
Rural	9.1	3.9	1,320
Region			
Kampala	3.9	1.4	170
Central 1	13.6	5.4	169
Central 2	10.9	5.8	174
East Central	11.7	4.1	181
Eastern	14.2	6.5	216
Karamoja	8.8	0.0	44
North	2.5	0.5	142
West Nile	2.0	0.9	102
Western	9.8	4.1	247
Southwest	5.9	3.4	208
Marital status			
Never married	5.5	1.5	645
Married or living together	10.2	4.8	928
Divorced/separated/widowed	19.9	8.3	81
Employment			
Employed for cash	9.5	4.1	1,276
Employed not for cash	7.7	2.6	278
Not employed	3.7	2.4	99
Number of living children			
0	5.9	2.5	687
1-2	13.6	7.0	288
3-4	10.7	6.0	251
5+	9.3	2.2	428
Education			
No education	14.0	3.7	72
Primary	9.2	3.8	974
Secondary +	7.7	3.6	608
Wealth quintile			
Lowest	8.8	4.0	256
Second	8.0	2.6	327
Middle	11.2	5.0	307
Fourth	8.7	3.5	372
Highest	8.1	3.7	392
Total 15-49	8.9	3.7	1,654
50-54	12.3	5.3	76
Total 15-54	9.0	3.8	1,730

Figures in parentheses are based on 25-49 unweighted cases.
[1] Includes violence in the past 12 months

16.5 PERPETRATORS OF SEXUAL VIOLENCE

Tables 16.4.1 and 16.4.2 show perpetrators of sexual violence, according to women's and men's marital status, respectively, among those who have ever experienced sexual violence.

Among ever-married women and men, the most commonly reported perpetrators of sexual violence are current spouses/partners (55 and 38 percent, respectively), followed by former spouses/partners (18 and 17 percent, respectively).

Among never-married respondents who have ever experienced sexual violence, the most common perpetrators of violence are strangers (reported by 29 percent of women and 36 percent of men), followed by friends or acquaintances (reported by 18 percent of women and 23 percent of men), and other relatives (reported by 15 percent of women and 23 percent of men).

Table 16.4.1 Persons committing sexual violence: women

Among women age 15-49 who have experienced sexual violence, percentage who report specific persons who committed the violence according to the respondent's current marital status, Uganda 2011

Person	Marital status		Total
	Ever married	Never married	
Current husband/partner	55.4	na	49.3
Former husband/partner	17.7	na	15.7
Current/former boyfriend	1.0	(9.6)	2.0
Father/step father	0.0	(1.0)	0.1
Brother/step brother	0.3	(1.5)	0.4
Other relative	3.4	(15.0)	4.7
In-law	1.5	na	1.9
Own friend/acquaintance	4.1	(18.1)	5.6
Family friend	1.0	(13.2)	2.4
Teacher	1.0	(2.0)	1.1
Police/soldier	0.7	(0.0)	0.6
Stranger	12.3	(29.3)	14.1
Other	1.6	(5.1)	2.0
Number of women	509	63	572

na = Not applicable
Figures in parentheses are based on 25-49 unweighted cases.

Table 16.4.2 Persons committing sexual violence: men

Among men age 15-49 who have experienced sexual violence, percentage who report specific persons who committed the violence according to the respondent's current marital status, Uganda 2011

Person	Marital status		Total
	Ever married	Never married	
Current wife/partner	38.2	na	28.9
Former wife/partner	17.1	na	12.9
Current/former girlfriend	6.8	(1.3)	5.4
Other relative	2.4	(23.0)	7.4
In-law	4.3	na	4.9
Own friend/acquaintance	12.9	(22.5)	15.2
Family friend	7.4	(0.0)	5.6
Employer/someone at work	0.2	(0.0)	0.2
Police/soldier	0.6	(0.0)	0.4
Stranger	6.4	(35.7)	13.5
Other	3.4	(10.8)	5.2
Number of men	111	36	147

na = Not applicable
Figures in parentheses are based on 25-49 unweighted cases.

16.6 AGE AT FIRST EXPERIENCE OF NON-SPOUSAL SEXUAL VIOLENCE

Tables 16.5.1 and 16.5.2 show the percent distribution of respondents age 15-49 that experienced non-spousal sexual violence by specific exact ages, according to current age and current marital status. Overall, 89 percent of women and 94 percent of men have not experienced non-spousal sexual violence.

Among women and men, 1 percent or less experienced non-spousal sexual violence by exact age of 10 or 12. Six percent of women and 2 percent of men experienced non-spousal sexual violence by age 15, 9 percent of women and 3 percent of men by age 18, and 10 percent of women and 5 percent of men experienced non-spousal sexual violence by age 22.

Among women 40-49, the percentage that experienced non-spousal sexual violence by exact age 15, 18, and 22 is highest when compared with younger women. Further, a higher percentage of never-married women experienced non-spousal sexual violence by exact age 15, 18, and 22 than ever-married women.

Among men, similar patterns are observed, but they are much less pronounced.

Table 16.5.1 Age at first experience of non-spousal sexual violence: women

Percent distribution of women age 15-49 who experienced non-spousal sexual violence by specific exact ages, according to current age and current marital status, Uganda 2011

Background characteristic	Percentage who first experienced non-spousal sexual violence by exact age: 10	12	15	18	22	Percentage who have not experienced non-spousal sexual violence	Number of women
Age							
15-19	0.8	1.1	8.9	na	na	86.2	464
20-24	0.4	0.9	5.9	8.3	na	87.6	412
25-29	0.4	1.0	3.2	6.6	7.4	91.4	384
30-39	0.8	0.8	4.1	6.3	7.5	90.9	482
40-49	0.1	1.3	7.9	9.9	11.5	86.1	315
Marital status							
Never married	0.9	1.5	8.4	12.3	13.4	86.6	468
Ever married	0.4	0.9	5.2	7.9	9.5	89.1	1,588
Total	0.5	1.0	5.9	8.9	10.4	88.5	2,056

na = Not applicable

Table 16.5.2 Age at first experience of non-spousal sexual violence: men

Percent distribution of men age 15-49 who experienced non-spousal sexual violence by specific exact ages, according to current age and current marital status, Uganda 2011

Background characteristic	Percentage who first experienced non-spousal sexual violence by exact age: 10	12	15	18	22	Percentage who have not experienced non-spousal sexual violence	Number of men
Age							
15-19	1.2	1.7	3.6	na	na	94.2	432
20-24	0.3	0.3	1.4	3.2	na	92.3	238
25-29	0.4	0.7	1.1	1.3	2.7	95.8	262
30-39	0.0	0.3	0.5	1.1	3.0	94.6	450
40-49	0.7	1.0	1.6	4.4	6.9	91.1	273
Marital status							
Never married	1.0	1.3	2.9	4.3	5.3	94.5	645
Ever married	0.3	0.6	1.0	2.5	4.6	93.4	1,009
Total 15-49	0.5	0.9	1.7	3.2	4.9	93.8	1,654

na = Not applicable

16.7 EXPERIENCE OF DIFFERENT FORMS OF VIOLENCE

Tables 16.6.1 and 16.6.2 present information on the experience of various forms of violence among respondents age 15-49.

Table 16.6.1 shows that 62 percent of women age 15-49 reported that they have experienced either physical or sexual violence. Thirty-four percent have experienced physical violence only, 6 percent have experienced sexual violence only, and 22 percent have experienced both physical and sexual violence. The percentage of women who have ever experienced physical or sexual violence increases only slightly with age.

Overall, 59 percent of men age 15-49 reported that they have experienced either physical or sexual violence; 50 percent have experienced physical violence only, 3 percent have experienced sexual violence only, and 6 percent have experienced both physical and sexual violence. There is no clear pattern in the relationship of various forms of violence by age (Table 16.6.2).

Table 16.6.1 Experience of different forms of violence: women

Percentage of women age 15-49 who have ever experienced different forms of violence by current age, Uganda 2011

Age	Physical violence only	Sexual violence only	Physical and sexual violence	Physical or sexual violence	Number of women
15-19	38.7	3.3	15.6	57.6	464
15-17	39.3	2.4	13.9	55.6	277
18-19	37.8	4.6	18.2	60.7	187
20-24	37.6	6.2	20.5	64.2	412
25-29	33.4	9.2	21.8	64.5	384
30-39	31.1	6.2	24.3	61.6	482
40-49	30.3	6.1	28.1	64.6	315
Total	34.4	6.1	21.7	62.2	2,056

Table 16.6.2 Experience of different forms of violence: men

Percentage of men age 15-49 who have ever experienced different forms of violence by current age, Uganda 2011

Age	Physical violence only	Sexual violence only	Physical and sexual violence	Physical or sexual violence	Number of men
15-19	50.0	1.9	4.0	55.9	432
15-17	47.0	2.3	4.7	53.9	301
18-19	57.0	0.8	2.6	60.4	130
20-24	51.4	4.7	6.0	62.0	238
25-29	53.3	2.8	4.7	60.8	262
30-39	48.5	2.1	8.5	59.2	450
40-49	45.6	5.2	5.2	56.0	273
Total 15-49	49.6	3.0	5.8	58.5	1,654
50-54	55.0	4.8	7.5	67.3	76
Total 15-54	49.8	3.1	5.9	58.8	1,730

16.8 VIOLENCE DURING PREGNANCY

Respondents who had ever been pregnant were asked specifically whether they had ever experienced physical violence while pregnant and, if so, who the perpetrators of the violence were.

Table 16.7 shows that 16 percent of women experienced physical violence during pregnancy. This percentage increases with age from 9 percent among women age 15-19 to 24 percent among those age 40-49. Physical violence during pregnancy is higher among Pentecostal women (24 percent), those of Itesa ethnic background (27 percent), women in rural areas (17 percent), and those residing in Eastern region (25 percent). Women who are divorced, separated, or widowed are more likely to report experiencing violence during pregnancy (25 percent) than women who are currently married (15 percent) or never married (3 percent).

Women with no living children (5 percent) or with one to four children (11-14 percent) are substantially less likely to report violence during pregnancy than women with five or more children (24 percent). The experience of violence during pregnancy declines with education, from 21 percent among women with no education to 10 percent among women with secondary or higher education. Similarly, women in the lowest wealth quintile are more likely than those in the highest wealth quintile to have experienced violence during pregnancy (24 percent versus 10 percent).

Table 16.7 Experience of violence during pregnancy

Among women age 15-49 who have ever been pregnant, percentage who have ever experienced physical violence during pregnancy, by background characteristics, Uganda 2011

Background characteristic	Percentage who experienced violence during pregnancy	Number of women who have ever been pregnant
Age		
15-19	8.5	129
20-24	14.2	338
25-29	14.9	369
30-39	16.3	475
40-49	23.8	306
Religion		
Catholic	14.8	649
Protestant	16.3	448
Muslim	13.1	233
Pentecostal	23.6	241
SDA/Other	(17.1)	45
Ethnicity		
Baganda	5.3	261
Banyankole	17.0	157
Basoga	14.0	136
Bakiga	12.6	113
Itesa	26.9	127
Other	19.0	822
Residence		
Urban	12.5	289
Rural	17.2	1,327
Region		
Kampala	19.0	124
Central 1	7.7	179
Central 2	15.7	177
East Central	11.6	158
Eastern	24.8	252
Karamoja	17.1	48
North	18.7	149
West Nile	23.3	101
Western	12.0	237
Southwest	15.8	191
Marital status		
Never married	2.6	80
Married or living together	15.4	1,266
Divorced/separated/widowed	24.7	270
Number of living children		
0	5.4	77
1-2	11.2	509
3-4	14.1	442
5+	23.9	588
Education		
No education	21.1	268
Primary	17.7	971
Secondary +	9.6	377
Wealth quintile		
Lowest	24.1	310
Second	17.5	310
Middle	15.4	312
Fourth	15.4	332
Highest	10.3	352
Total 15-49	16.3	1,616

Note: Figures in parentheses are based on 25-49 unweighted cases.

16.9 MARITAL CONTROL BY SPOUSE

Close control and monitoring of their wives'/husbands' behavior by their spouse is known to be an important warning sign and correlate of violence in a relationship. A series of questions were included in the 2011 UDHS to elicit the degree of marital control exercised by husbands or wives over their spouses. Controlling behaviors most often manifest themselves in terms of extreme possessiveness, jealousy, and attempts to isolate the spouse from their family and friends. To determine the degree of marital control, ever-married women and men were asked whether their current or former spouse exhibited each of the following controlling behaviors: (1) is jealous or gets angry if she/he talks to other men/women, (2) frequently accuses her/him of being unfaithful, (3) does not permit meetings with female/male friends, (4) tries to limit contact with her/his family, and (5) insists on knowing where she/he is at all times. In addition, men were asked if their wife does not trust them with money. Because the concentration of such behaviors is more significant than the display of any single behavior, the proportion of respondents whose spouses display at least three of the specified behaviors is highlighted. Tables 16.8.1 and 16.8.2 present the percentage of ever-married women and men, respectively, whose spouses display each of the listed behaviors, by selected background characteristics.

The main controlling behaviors women experienced from their husbands were jealousy or anger if they talked to other men (59 percent) and husbands insisting on knowing where they are at all times (56 percent). The next most common behaviors were husbands frequently accusing them of being unfaithful (34 percent) and not permitting them to meet female friends (29 percent).

Thirty-nine percent of ever-married women say that their husbands display three or more of these controlling behaviors. Women 25-29 (44 percent), Muslim women (44 percent), those of Itesa ethnicity (49 percent), women living in Eastern region (51 percent), and those who have been previously married (51 percent) are more likely than other women to report that their husbands display three or more of these controlling behaviors. Having a husband who displays at least three controlling behaviors is least likely among women with no living children (31 percent) and those employed not for cash (31 percent). This percentage increases somewhat with woman's education, but there is no clear relationship with wealth.

Table 16.8.1 Marital control exercised by husbands

Percentage of ever-married women age 15-49 whose husbands/partners have ever demonstrated specific types of controlling behaviours, by background characteristics, Uganda 2011

Background characteristic	Percentage of women whose husband/partner: Is jealous or angry if she talks to other men	Frequently accuses her of being unfaithful	Does not permit her to meet her female friends	Tries to limit her contact with her family	Insists on knowing where she is at all times	Displays 3 or more of the specific behaviours	Displays none of the specific behaviours	Number of women
Age								
15-19	50.1	27.3	24.8	22.7	42.5	27.4	27.9	122
20-24	59.4	36.6	31.4	24.4	57.5	41.6	22.7	314
25-29	59.8	36.1	32.0	19.7	64.7	43.7	21.6	365
30-39	60.0	34.4	27.7	19.6	56.8	40.5	27.5	477
40-49	58.7	31.5	24.5	17.3	46.6	33.0	28.0	310
Religion								
Catholic	57.4	36.9	29.6	23.8	56.3	40.5	24.0	638
Protestant	60.3	29.7	25.4	15.8	53.7	34.7	25.0	442
Muslim	62.3	34.1	36.3	22.6	57.0	44.3	28.7	223
Pentecostal	59.9	36.6	24.4	18.3	56.5	37.5	24.7	242
SDA/Other	(38.8)	(24.9)	(28.3)	(17.2)	(53.6)	(41.9)	(34.4)	43
Ethnicity								
Baganda	55.7	34.8	31.3	16.7	50.3	37.6	26.0	246
Banyankole	50.7	27.2	26.0	18.3	54.0	31.4	34.4	155
Basoga	74.1	35.6	35.0	19.1	61.5	44.8	19.3	132
Bakiga	45.0	28.7	19.4	19.4	38.1	27.5	50.0	113
Itesa	70.7	46.0	25.1	20.4	61.7	49.3	14.3	122
Other	58.9	34.0	29.0	22.2	58.1	40.0	22.7	820
Residence								
Urban	58.3	32.4	31.2	17.6	54.4	38.4	24.9	271
Rural	58.9	34.5	28.0	20.9	55.9	39.1	25.4	1,317
Region								
Kampala	54.0	38.1	33.3	14.5	48.9	37.0	24.9	116
Central 1	57.2	37.2	24.4	20.0	56.0	37.0	23.5	176
Central 2	65.2	41.6	38.4	23.9	55.2	48.3	22.7	171
East Central	64.4	31.0	32.1	19.7	59.3	41.1	26.1	152
Eastern	74.3	44.8	30.0	31.4	60.2	51.3	11.7	253
Karamoja	35.2	19.5	11.0	4.4	29.9	15.1	49.1	51
North	48.5	23.2	34.7	18.3	72.9	35.5	20.4	142
West Nile	55.7	25.9	35.8	20.8	60.8	37.7	26.9	104
Western	66.5	36.3	20.7	16.3	52.5	37.4	21.3	226
Southwest	39.5	24.6	21.5	17.4	45.9	27.5	47.9	195
Marital status								
Married or living together	56.4	31.9	26.2	18.5	54.8	36.4	26.4	1,307
Divorced/separated/widowed	70.0	44.3	39.7	29.2	59.7	51.3	20.2	281
Number of living children								
0	51.8	22.2	29.2	22.2	44.3	30.5	24.9	111
1-2	58.6	35.3	28.4	20.7	57.3	38.5	24.7	458
3-4	60.8	38.1	34.1	24.2	61.8	46.0	22.1	434
5+	58.8	32.5	24.4	16.9	51.9	35.8	28.3	585
Employment								
Employed for cash	63.0	36.1	29.9	20.3	59.3	41.2	21.3	905
Employed not for cash	51.4	24.8	22.5	19.5	47.1	30.5	36.0	338
Not employed	54.9	38.2	31.0	21.4	54.4	41.7	25.3	344
Education								
No education	55.4	32.2	23.0	15.4	49.1	34.6	31.7	268
Primary	61.7	34.1	29.8	22.0	56.7	39.8	23.4	965
Secondary +	53.5	35.7	29.5	19.6	57.6	40.0	25.8	355
Wealth quintile								
Lowest	61.2	37.8	26.9	20.1	53.5	38.8	25.2	309
Second	59.8	35.8	28.6	19.3	60.3	39.1	22.7	303
Middle	56.3	34.1	24.8	23.2	56.1	38.4	27.0	310
Fourth	60.8	33.6	31.1	22.2	55.5	43.4	25.7	317
Highest	56.2	29.8	31.0	17.4	53.3	35.6	26.0	348
Total	58.8	34.1	28.6	20.4	55.6	39.0	25.3	1,588

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. Figures in parentheses are based on 25-49 unweighted cases.

Table 16.8.2 shows that similar to women, the main controlling behaviors men age 15-49 experienced from their wives were jealousy or anger if they talked to other women (57 percent) and wives insisting on knowing where they are at all times (47 percent). Thirty-five percent of men reported that their wives frequently accuse them of being unfaithful, 21 percent report that the wives do not trust them with money, and 16 percent say that their wives do not permit them to meet male friends.

Table 16.8.2 Marital control exercised by wives

Percentage of ever-married men age 15-49 whose wives/partners have ever demonstrated specific types of controlling behaviors, by background characteristics, Uganda 2011

	Percentage of men whose wife/partner:								
Background characteristic	Is jealous or angry if he talks to other women	Frequently accuses him of being unfaithful	Does not permit him to meet his male friends	Tries to limit his contact with his family	Insists on knowing where he is at all times	Does not trust him with any money	Displays 3 or more of the specific behaviors	Displays none of the specific behaviors	Number of men
Age									
15-19	*	*	*	*	*	*	*	*	13
20-24	63.9	42.5	20.5	6.0	39.5	22.5	37.4	19.1	88
25-29	66.3	37.6	18.9	8.9	50.5	19.5	33.5	21.0	209
30-39	54.2	36.1	17.4	5.5	51.3	22.5	33.6	26.8	429
40-49	52.8	31.4	9.4	5.0	39.3	18.7	22.5	25.5	270
Religion									
Catholic	57.4	35.4	14.7	4.7	44.1	18.7	28.9	24.1	452
Protestant	55.5	34.4	17.2	7.5	51.5	23.0	32.6	24.8	318
Muslim	69.8	50.6	19.4	4.9	53.8	23.8	40.7	16.4	114
Pentecostal	47.6	23.2	15.3	5.0	45.0	18.2	26.6	33.5	89
SDA/Other	(59.2)	(24.8)	(13.5)	(17.0)	(29.3)	(27.1)	(24.5)	(24.5)	37
Ethnicity									
Baganda	68.7	50.6	14.4	7.0	61.8	33.5	49.0	14.5	165
Banyankole	54.1	34.8	15.8	8.0	41.3	15.1	26.0	28.0	93
Basoga	75.6	51.6	20.5	2.5	53.3	23.3	38.9	11.5	88
Bakiga	40.4	14.1	14.9	8.1	46.0	16.6	18.4	33.4	85
Itesa	66.6	31.2	3.1	2.6	45.6	14.8	24.7	17.2	76
Other	52.6	31.7	18.0	6.2	42.7	19.1	27.8	28.6	502
Residence									
Urban	68.5	37.9	20.8	6.2	58.3	24.7	39.7	17.9	182
Rural	55.0	34.8	15.0	6.0	44.7	20.1	29.1	25.7	827
Region									
Kampala	69.8	35.4	18.9	8.6	58.8	21.0	38.7	19.5	87
Central 1	71.7	60.2	18.7	12.1	64.6	31.1	51.0	9.9	106
Central 2	61.1	50.3	20.0	7.5	63.2	43.7	50.4	15.8	110
East Central	70.9	50.8	16.5	4.5	46.5	22.9	35.4	14.4	104
Eastern	59.6	32.9	10.1	5.9	44.5	15.7	27.8	21.1	156
Karamoja	34.6	18.0	1.0	1.0	13.3	1.0	2.2	56.1	34
North	50.0	20.0	4.4	1.8	41.1	11.4	13.6	30.9	82
West Nile	54.3	34.7	18.5	3.2	24.8	13.2	23.8	36.8	66
Western	47.4	22.4	25.6	5.4	52.6	23.3	28.1	25.9	148
Southwest	43.1	20.8	14.6	5.8	31.2	9.1	18.0	39.2	117
Marital status									
Married or living together	56.5	34.0	13.8	4.9	46.0	19.7	29.2	25.4	928
Divorced/separated/widowed	68.0	50.6	42.3	18.7	59.5	34.4	52.3	12.5	81
Number of living children									
0	64.9	39.6	27.1	9.8	55.0	26.3	44.6	17.9	62
1-2	60.1	33.4	18.9	7.7	51.9	23.2	33.5	21.2	272
3-4	58.7	36.6	17.7	5.3	50.6	21.6	33.2	24.8	248
5+	53.9	35.2	11.7	4.9	40.9	18.2	26.2	27.0	428
Employment									
Employed for cash	57.1	36.1	16.5	6.1	48.2	21.3	32.0	24.0	863
Employed not for cash	58.4	32.3	14.8	6.8	38.9	20.7	28.1	27.4	130
Not employed	*	*	*	*	*	*	*	*	16
Education									
No education	45.1	29.3	10.9	13.8	34.3	23.8	23.7	38.7	67
Primary	57.5	36.7	16.4	5.8	47.1	21.3	30.9	23.7	609
Secondary +	59.8	34.1	16.4	5.0	49.8	19.5	32.8	22.5	333
Wealth quintile									
Lowest	46.8	27.8	11.0	6.7	36.8	17.4	21.7	31.8	189
Second	56.4	34.0	13.0	6.4	43.1	20.8	27.1	25.8	225
Middle	61.0	39.2	17.3	6.4	46.5	22.1	35.7	25.7	187
Fourth	56.4	37.7	21.6	4.6	50.7	20.3	33.7	21.3	218
Highest	66.7	37.8	17.1	6.4	58.6	24.0	37.4	17.3	190
Total 15-49	57.4	35.3	16.0	6.0	47.1	20.9	31.0	24.3	1,009
50-54	56.5	47.9	13.0	6.5	48.7	18.5	39.3	30.8	76
Total 15-54	57.3	36.2	15.8	6.1	47.2	20.7	31.6	24.8	1,085

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 is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

Three in ten ever-married men (31 percent) say that their wives display three or more of these controlling behaviors. This percentage decreases with age. It is higher among Muslim men, those of Baganda ethnicity, urban men, men living in Central 1 and Central 2 regions, and those who have been previously married. The percentage of men whose wives display at least three controlling behaviours decreases with an increase in the number of living children, and surprisingly, increase with education and wealth.

16.10 Forms of Spousal Violence

Different types of violence are not mutually exclusive, and women may report multiple forms of violence. Research suggests that physical violence in intimate relationships is often accompanied by psychological abuse and, in one-third to more than one-half of cases, by sexual abuse (Krug et al., 2002). Tables 16.9.1 and 16.9.2 show the percentage of ever-married women and men age 15-49, respectively, who have experienced various forms of violence by their spouse, over the course of the marriage and in the 12 months preceding the survey. Note that respondents who are currently married reported on violence by their current spouse, and respondents who are widowed, divorced, or separated reported on violence by their most recent spouse.

Table 16.9.1 shows that 43 percent of ever-married women report ever experiencing physical violence committed by their current or most recent husband or partner, 27 percent report sexual violence, and 43 percent report emotional violence. More than half of ever-married women (51 percent) have experienced physical and/or sexual violence, and six in ten have experienced at least one of the three forms of spousal violence.

The most common form of spousal violence ever experienced by ever-married women, is being slapped (37 percent) (Figure 16.1). Twenty-four percent of ever-married women report having been pushed, shaken, or had something thrown at them, 26 percent have been physically forced to have sexual intercourse by their husbands when they did not want to, and 35 percent report that their husbands have insulted them or made them feel bad about themselves.

Twenty-five percent of ever-married women report experiencing spousal physical violence in the past 12 months, with 16 percent having experienced violence sometimes and 9 percent having experienced it often. Twenty-one percent report having experienced spousal sexual violence in the past 12 months, 12 percent sometimes, 9 percent often. Additionally, 33 percent of women report spousal emotional violence in the past 12 months, 20 percent sometimes, 12 percent often. Overall, 45 percent of ever-married women have experienced at least one of the three forms of violence by their current or most recent husband or partner in the past year.

Fifty-six percent of ever-married women reported having ever experienced physical and/or sexual violence by any husband or partner.

Table 16.9.1 Forms of spousal violence: women

Percentage of ever-married women age 15-49 who have experienced various forms of violence ever or in the 12 months preceding the survey, committed by their husband/partner, Uganda 2011

Type of violence	Ever	In the past 12 months[1]		
		Often	Sometimes	Often or sometimes
SPOUSAL VIOLENCE COMMITTED BY CURRENT OR MOST RECENT HUSBAND/PART				
Physical violence				
Any physical violence	42.7	8.6	16.4	24.9
Pushed her, shook her, or threw something at her	23.8	5.2	9.7	15.0
Slapped her	36.5	4.4	16.2	20.6
Twisted her arm or pulled her hair	13.0	1.9	5.6	7.4
Punched her with his fist or with something that could hurt her	18.0	3.3	7.0	10.2
Kicked her, dragged her, or beat her up	17.9	3.1	6.6	9.7
Tried to choke her or burn her on purpose	7.3	1.0	2.4	3.4
Threatened her or attacked her with a knife, gun, or other weapon	7.7	1.6	2.4	4.0
Sexual violence				
Any sexual violence	27.3	8.7	12.2	20.9
Physically forced her to have sexual intercourse with him when she did not want to	25.7	8.1	11.5	19.5
Physically forced her to perform any other sexual acts she did not want to	10.5	2.6	5.3	7.9
Forced her with threats or in any other way to perform sexual acts she did not want to	5.9	1.6	2.6	4.1
Emotional violence				
Any emotional violence	42.9	12.3	20.3	32.6
Said or did something to humiliate her in front of others	22.0	5.8	10.1	15.8
Threatened to hurt or harm her or someone she cared about	23.3	5.7	10.0	15.7
Insulted her or made her feel bad about herself	35.2	10.1	16.6	26.7
Any form of physical and/or sexual violence	50.5	14.0	20.6	34.6
Any form of emotional and/or physical and/or sexual violence	59.7	19.6	24.9	44.5
SPOUSAL VIOLENCE COMMITTED BY ANY HUSBAND/PARTNER				
Physical violence	48.3	na	na	24.2
Sexual violence	30.8	na	na	19.9
Physical and/or sexual violence	55.6	na	na	33.3
Number of ever married women	1,588	1,588	1,588	1,588

[1] For widows, estimates of spousal violence by the current or most recent spouse in the past 12 months are not known; hence widows are excluded from the estimate of spousal violence by the current or most recent spouse in the past 12 months. However, widows are included in the estimate of spousal violence committed by any husband/partner in the past 12 months.
na = Not applicable

Figure 16.1 **Percentage of ever-married women age 15-49 who have experienced specific types of spousal physical and sexual violence by the current or most recent husband/partner**

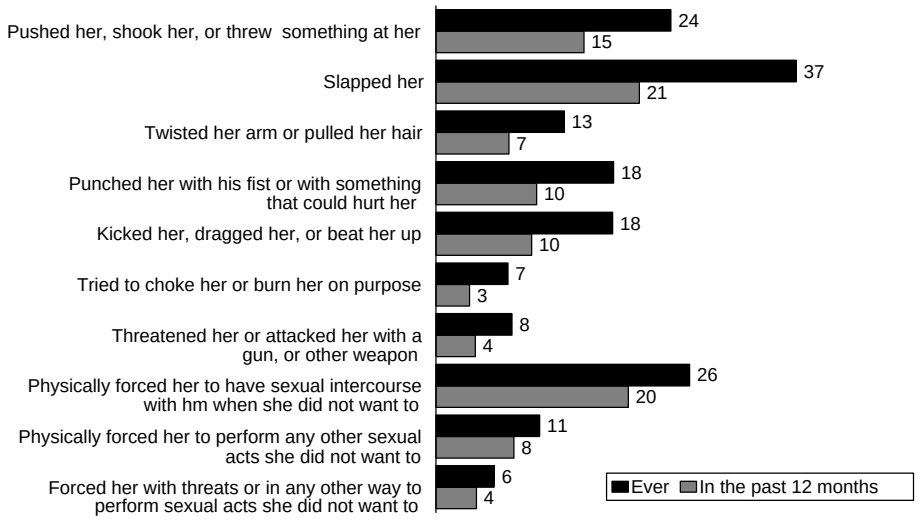


Table 16.9.2 shows that among ever-married men, 21 percent report ever experiencing physical violence by their current or most recent wife or partner, 7 percent report sexual violence, and 33 percent report emotional violence. About one in four ever-married men (24 percent) have ever experienced physical and/or sexual violence, and more than four in ten (42 percent) have experienced at least one of the three forms of spousal violence.

Fifteen percent of ever-married men reported having been pushed, shaken, or had something thrown at them, and 9 percent reported having been slapped. Five percent have been physically forced to have sexual intercourse by their current or most recent wives or partners when they did not want to, and 25 percent report that their current or most recent spouse or partner insulted them or made them feel bad about themselves.

Over the past 12 months, 12 percent of ever-married men reported experiencing spousal physical violence in the past 12 months, with 11 percent having experienced violence sometimes and 2 percent having experienced it often. Five percent reported having experienced spousal sexual violence in the past 12 months, 4 percent sometimes, 1 percent often. Finally, 26 percent of men reported emotional violence in the past 12 months, 21 percent sometimes, 5 percent often. Overall, one-third of ever-married men (33 percent) have experienced at least one of the three forms of spousal violence by their current or most recent wife or partner in the past year.

About three in ten ever-married men (31 percent) report having ever experienced physical and/or sexual violence by any wife or partner.

Table 16.9.2 Forms of spousal violence: men

Percentage of ever-married men age 15-49 who have experienced various forms of violence ever or in the 12 months preceding the survey, committed by their wife/partner, Uganda 2011

Type of violence	Ever	In the past 12 months[1]		
		Often	Sometimes	Often or sometimes
SPOUSAL VIOLENCE COMMITTED BY CURRENT OR MOST RECENT WIFE/PARTNER				
Physical violence				
Any physical violence	20.7	1.5	10.7	12.2
Pushed him, shook him, or threw something at him	15.4	0.9	8.6	9.5
Slapped him	8.6	0.7	3.9	4.6
Twisted his arm or pulled his hair	5.7	0.3	3.8	4.1
Punched him with her fist or with something that could hurt him	6.2	0.4	3.2	3.6
Kicked him, dragged him, or beat him up	3.2	0.2	1.4	1.6
Tried to choke him or burn him on purpose	3.1	0.2	1.6	1.8
Threatened him or attacked him with a knife, gun, or other weapon	4.0	0.1	1.8	2.0
Sexual violence				
Any sexual violence	7.1	1.0	4.4	5.4
Physically forced him to have sexual intercourse with her when he did not want to	5.0	0.4	3.2	3.7
Physically forced him to perform any other sexual acts he did not want to	3.0	0.7	1.7	2.4
Forced him with threats or in any other way to perform sexual acts he did not want to	1.1	0.3	0.4	0.7
Emotional violence				
Any emotional violence	33.3	5.0	21.3	26.3
Said or did something to humiliate him in front of others	18.3	1.9	10.9	12.8
Threatened to hurt or harm him or someone he cared about	12.7	1.4	7.3	8.7
Insulted him or made him feel bad about himself	24.8	3.9	15.9	19.9
Any form of physical and/or sexual violence	24.3	2.1	13.6	15.8
Any form of emotional and/or physical and/or sexual violence	42.3	6.0	26.8	32.7
Spousal violence committed by any wife/partner				
Physical violence	26.8	na	na	12.7
Sexual violence	8.7	na	na	5.4
Physical and/or sexual violence	30.6	na	na	16.2
Number of ever married men	1,009	1,009	1,009	1,009

[1] For widowers, estimates of spousal violence by the current or most recent spouse in the past 12 months are not known; hence widowers are excluded from the estimate of spousal violence by the current or most recent spouse in the past 12 months. However, widowers are included in the estimate of spousal violence committed by any wife/partner in the past 12 months.
na = Not applicable

16.11 SPOUSAL VIOLENCE BY BACKGROUND CHARACTERISTICS

Tables 16.10.1 and 16.10.2 show the percentages of ever-married women and men age 15-49, respectively, who have experienced spousal emotional, physical, or sexual violence by selected background characteristics.

Six in ten ever-married women have experienced at least one form of spousal violence (emotional, physical, or sexual), and about one in seven (15 percent) have experienced all three forms of spousal violence.

The percentage of women who have ever experienced at least one form of spousal violence tends to increase with age and with an increase in the number of living children. It is higher among Pentecostal women (65 percent) and those of Itesa ethnicity (74 percent), among rural women (61 percent), among women in Eastern region (71 percent), and women who are divorced, separated, or widowed (64 percent). Women with secondary or higher education and those in the wealthiest quintile are the least likely to have ever experienced at least one form of spousal violence.

Table 16.10.1 Spousal violence by background characteristics: women

Percentage of ever-married women age 15-49 who have ever experienced emotional, physical, or sexual violence committed by their husband/partner, by background characteristics, Uganda 2011

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of ever-married women
Age								
15-19	28.1	26.6	22.9	13.3	8.8	36.1	45.8	122
20-24	36.0	43.7	25.5	18.8	13.6	50.3	56.7	314
25-29	45.0	43.1	28.8	17.9	15.2	54.0	63.0	365
30-39	44.2	43.3	28.2	20.5	15.8	51.0	60.5	477
40-49	51.2	46.8	27.5	23.0	19.3	51.2	62.9	310
Religion								
Catholic	40.9	45.8	26.2	20.4	15.6	51.5	60.7	638
Protestant	40.4	38.1	25.9	17.4	13.7	46.6	55.3	442
Muslim	42.8	35.4	33.2	19.5	14.9	49.1	60.2	223
Pentecostal	52.3	50.7	28.3	21.0	17.5	58.0	65.3	242
SDA/Other	(46.0)	(36.7)	(21.8)	(20.0)	(20.0)	(38.5)	(54.1)	43
Ethnicity								
Baganda	35.9	21.9	23.0	10.8	8.7	34.1	49.3	246
Banyankole	46.8	43.9	24.5	21.7	18.8	46.8	58.9	155
Basoga	51.6	34.3	30.2	16.6	13.3	47.9	66.0	132
Bakiga	37.5	39.0	24.4	20.2	15.6	43.1	51.4	113
Itesa	49.0	63.6	36.3	28.3	20.5	71.6	74.3	122
Other	42.7	47.5	27.7	20.8	16.2	54.3	60.8	820
Residence								
Urban	34.9	33.0	25.3	14.3	11.1	44.0	52.8	271
Rural	44.5	44.7	27.7	20.6	16.3	51.8	61.1	1,317
Region								
Kampala	35.8	35.1	21.6	11.8	7.6	44.9	53.0	116
Central 1	40.8	28.4	23.9	16.4	13.7	35.9	52.4	176
Central 2	42.3	31.5	32.7	14.3	12.5	50.0	58.7	171
East Central	51.7	40.6	33.5	22.0	17.6	52.1	68.5	152
Eastern	48.0	58.0	36.4	30.2	22.1	64.2	71.3	253
Karamoja	35.3	38.0	15.0	14.2	11.8	38.7	45.0	51
North	50.2	56.4	26.4	22.3	18.8	60.6	65.0	142
West Nile	43.2	49.8	26.8	21.4	15.3	55.2	60.8	104
Western	31.6	44.2	23.0	17.0	11.9	50.2	54.6	226
Southwest	45.6	37.5	21.3	17.2	16.0	41.6	54.3	195
Marital status								
Married or living together	41.6	41.0	26.5	18.2	14.2	49.4	58.8	1,307
Divorced/separated/widowed	48.9	50.5	30.8	25.7	21.0	55.5	63.5	281
Number of living children								
0	29.8	17.5	19.9	9.7	7.2	27.6	43.8	111
1-2	33.5	40.2	23.9	15.6	11.3	48.5	54.5	458
3-4	45.6	43.9	30.2	21.5	17.2	52.7	61.3	434
5+	50.7	48.6	29.1	23.0	18.7	54.6	65.5	585
Employment								
Employed for cash	44.3	42.8	28.1	19.4	14.9	51.5	61.2	905
Employed not for cash	41.9	42.4	26.6	22.8	17.5	46.2	57.0	338
Not employed	40.1	42.8	25.9	16.8	14.4	51.9	58.3	344
Education								
No education	44.9	47.1	23.2	20.3	17.3	50.0	55.3	268
Primary	47.0	45.6	30.3	21.7	17.4	54.2	63.7	965
Secondary +	30.2	31.6	22.1	13.0	8.3	40.7	52.1	355
Wealth quintile								
Lowest	48.7	56.5	31.0	27.3	21.0	60.2	64.3	309
Second	43.2	47.3	27.4	20.8	16.2	53.9	61.0	303
Middle	45.6	47.8	28.1	20.8	17.4	55.0	65.1	310
Fourth	46.3	37.4	29.1	17.9	14.7	48.6	61.4	317
Highest	31.9	26.8	21.5	11.9	8.5	36.4	48.0	348
Total 15-49	42.9	42.7	27.3	19.5	15.4	50.5	59.7	1,588

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. Figures in parentheses are based on 25-49 unweighted cases.

Table 16.10.2 shows that 42 percent of ever-married men have experienced at least one form of spousal violence (emotional, physical, or sexual), and just 3 percent have ever experienced all three forms of spousal violence. As with women, the percentage of men who have ever experienced at least one form of spousal violence increases with age. This percentage is higher among Catholic men (46 percent), Bakiga men (49 percent), men in rural areas (43 percent), those residing in Karamoja (56 percent), previously

married men (59 percent), and those with three or four living children. Men with secondary or higher education (39 percent) and those in the fourth highest wealth quintile (34 percent) are the least likely to have ever experienced at least one form of spousal violence.

Table 16.10.2 Spousal violence by background characteristics: men

Percentage of ever-married men age 15-49 who have ever experienced emotional, physical, or sexual violence committed by their wife/partner, by background characteristics, Uganda 2011

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of ever-married men
Age								
15-19	*	*	*	*	*	*	*	13
20-24	30.0	15.5	15.4	8.5	5.4	22.4	40.6	88
25-29	28.6	20.9	5.1	2.3	1.9	23.8	41.0	209
30-39	35.7	22.4	7.6	4.4	4.0	25.6	42.5	429
40-49	34.3	19.8	4.1	0.8	0.8	23.0	43.4	270
Religion								
Catholic	39.5	22.9	5.6	3.1	2.3	25.4	46.4	452
Protestant	24.0	19.2	8.3	3.2	2.6	24.3	37.7	318
Muslim	38.8	19.0	9.5	7.0	7.0	21.5	42.8	114
Pentecostal	28.5	16.3	6.9	3.1	3.1	20.1	36.9	89
SDA/Other	(30.3)	(22.0)	(7.8)	(0.0)	(0.0)	(29.9)	(43.5)	37
Ethnicity								
Baganda	41.4	19.9	7.1	5.4	4.2	21.7	47.6	165
Banyankole	25.9	16.8	8.0	4.3	3.4	20.5	31.4	93
Basoga	23.7	14.7	7.2	4.8	3.8	17.1	31.3	88
Bakiga	30.2	19.8	14.3	3.2	1.0	30.9	48.9	85
Itesa	38.7	25.3	5.7	3.5	3.5	27.5	45.6	76
Other	33.3	22.2	5.8	2.5	2.5	25.5	42.9	502
Residence								
Urban	29.3	20.6	6.1	3.1	3.1	23.6	39.1	182
Rural	34.1	20.7	7.3	3.5	2.9	24.4	43.0	827
Region								
Kampala	28.8	21.9	2.8	1.0	1.0	23.6	42.1	87
Central 1	45.9	24.2	11.5	8.2	6.4	27.4	52.6	106
Central 2	40.0	26.6	7.3	4.9	4.9	29.0	49.6	110
East Central	23.7	12.8	6.9	3.3	2.5	16.4	31.4	104
Eastern	33.2	22.8	8.6	3.8	3.8	27.5	43.6	156
Karamoja	52.4	33.3	0.0	0.0	0.0	33.3	55.7	34
North	37.8	20.3	1.0	1.0	1.0	20.3	43.4	82
West Nile	33.4	20.5	2.3	1.2	1.2	21.6	44.2	66
Western	24.9	17.3	11.7	3.3	2.7	25.7	34.7	148
Southwest	29.2	16.3	7.5	3.5	1.9	20.3	38.1	117
Marital status								
Married or living together	31.6	19.2	6.4	2.9	2.3	22.6	40.9	928
Divorced/separated/widowed	52.2	38.0	15.1	9.9	9.9	43.3	58.7	81
Number of living children								
0	22.9	11.4	13.5	4.4	4.4	20.5	31.1	62
1-2	29.4	20.0	8.7	4.7	3.1	24.0	40.3	272
3-4	39.9	23.9	7.5	4.4	4.4	26.9	48.5	248
5+	33.3	20.6	4.9	2.0	1.8	23.5	41.6	428
Employment								
Employed for cash	34.0	18.8	7.3	3.4	2.8	22.7	41.9	863
Employed not for cash	31.7	28.2	6.2	4.0	4.0	30.4	43.0	130
Not employed	*	*	*	*	*	*	*	16
Education								
No education	27.8	17.3	10.7	5.3	4.1	22.7	37.0	67
Primary	35.3	22.3	7.2	3.4	3.1	26.2	44.6	609
Secondary +	30.6	18.4	6.1	3.3	2.5	21.2	39.2	333
Wealth quintile								
Lowest	32.9	19.9	5.3	3.4	2.9	21.9	41.0	189
Second	37.7	25.8	9.0	4.1	3.6	30.7	48.9	225
Middle	36.1	19.6	8.0	3.5	3.0	24.1	44.0	187
Fourth	27.9	15.6	4.9	0.9	0.9	19.6	34.4	218
Highest	31.8	22.3	8.2	5.8	4.3	24.7	43.1	190
Total 15-49	33.3	20.7	7.1	3.5	2.9	24.3	42.3	1,009
50-54	40.3	20.1	6.1	0.8	0.8	25.5	47.4	76
Total 15-54	33.7	20.6	7.0	3.3	2.8	24.4	42.7	1,085

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 is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

16.12 VIOLENCE BY SPOUSAL CHARACTERISTICS AND WOMEN'S EMPOWERMENT INDICATORS

Tables 16.11.1 and 16.11.2 present information on ever-married women and men age 15-49, respectively, who have experienced emotional, physical, or sexual violence committed by their spouse according to spousal characteristics and empowerment indicators.

Table 16.11.1 shows that among ever-married women, spousal violence is highest among those whose husband has no or only primary education (60 and 66 percent, respectively), whose husband gets drunk very often (82 percent), who are better educated than the husband (64 percent), and who are one to four years younger than the husband (62 percent).

Table 16.11.1 Spousal violence by husband's characteristics and empowerment indicators: women

Percentage of ever-married women age15-49 who have ever experienced emotional, physical or sexual violence committed by their husband/partner, by husband's characteristics and empowerment indicators, Uganda 2011

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of ever-married women
Husband's/partner's education								
No education	53.0	48.5	23.8	18.3	18.2	54.0	60.2	125
Primary	48.6	50.2	31.4	24.9	19.5	56.7	65.5	824
Secondary	34.0	33.9	23.3	13.1	10.1	44.1	52.4	447
More than secondary	32.6	26.4	20.1	10.2	7.0	36.3	52.9	141
Husband's/partner's alcohol consumption								
Does not drink	35.6	33.5	25.1	15.2	11.0	43.5	52.8	850
Drinks/never gets drunk	30.5	22.8	7.3	2.3	1.2	27.8	46.2	75
Gets drunk sometimes	41.8	48.1	23.5	17.5	13.6	54.1	61.5	384
Gets drunk very often	70.7	69.3	44.9	40.8	35.3	73.5	82.4	275
Spousal education difference								
Husband better educated	42.6	42.6	27.2	19.5	15.7	50.3	59.0	939
Wife better educated	46.4	42.2	29.9	19.7	14.3	52.4	64.0	308
Both equally educated	39.9	46.0	24.9	17.5	14.5	53.4	60.6	197
Neither educated	47.3	49.5	26.4	25.0	22.6	50.9	55.6	76
DK/missing	34.5	29.5	24.9	19.7	10.4	34.6	51.4	68
Spousal age difference[1]								
Wife older	38.7	36.3	30.3	17.8	14.4	48.8	57.2	78
Wife is same age	27.8	51.2	19.4	14.0	8.4	56.6	59.1	61
Wife's 1-4 years younger	46.8	44.5	26.9	20.0	15.4	51.5	62.1	429
Wife's 5-9 years younger	41.1	40.9	28.2	18.7	14.1	50.4	59.4	433
Wife's 10+ years younger	38.1	35.6	23.7	15.5	13.0	43.8	53.5	300
Number of marital control behaviours displayed by husband/partner[2]								
0	20.1	20.6	11.3	6.3	3.7	25.6	34.4	402
1-2	38.4	37.1	21.4	15.0	10.0	43.5	54.1	566
3-4	58.9	60.8	40.5	28.6	23.8	72.8	80.9	496
5-6	73.6	68.0	53.0	47.3	44.2	73.7	82.3	123
Number of decisions in which women participate[1,3]								
0	40.8	45.0	30.4	19.3	15.6	56.1	63.9	262
1-2	44.8	42.0	26.0	18.8	14.7	49.1	59.8	603
3	37.8	37.4	24.9	16.7	12.6	45.7	54.5	442
Number of reasons for which wife-beating is justified[4]								
0	35.2	38.8	25.0	17.5	12.6	46.3	54.1	647
1-2	47.8	43.5	29.1	20.7	18.0	51.9	61.9	487
3-4	48.9	49.3	25.0	19.9	15.2	54.4	65.0	355
5	48.0	40.8	41.6	25.5	21.3	56.8	66.2	98
Woman's father beat her mother								
Yes	50.0	53.7	33.2	26.5	21.6	60.4	68.9	720
No	35.7	32.4	22.4	13.0	9.3	41.8	51.3	685
DK/Missing	41.9	38.2	22.1	16.5	13.7	43.8	54.5	183
Total 15-49	42.9	42.7	27.3	19.5	15.4	50.5	59.7	1,588

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 women with missing information on husband's/partner's education, husband's/partner's alcohol consumption, and spousal age difference that are not shown separately.
[1] Includes only women who are currently married or living together.
[2] According to the wife's report. See Table 16.8.1 for a list of the behaviours.
[3] According to the wife's report. See Table 14.5 for a list of decisions.
[4] According to the wife's report. See Table 14.7.1 for a list of reasons.

Spousal violence increases linearly with the number of controlling behaviours displayed by the husband. Among women whose husbands exhibit three or more types of controlling behaviors, more than eight in ten (81-82 percent) have experienced one or more forms of violence. In contrast, among women whose husbands display none of the six controlling behaviors, about one-third (34 percent) have experienced any form of spousal violence. Women's experience of violence decreases as the number of decisions they participate in increases. On the other hand, this experience increases as the number of reasons given by women for which wife-beating is justified increases. Finally, women whose father did not beat their mother are much less likely to experience any type of violence by their husband than women whose father beat their mother (51 percent versus 69 percent).

Table 16.11.2 shows similar patterns in spousal violence against ever-married men. Spousal violence against men is higher for those whose wife gets drunk sometimes, and it increases steadily as the number of controlling behaviors displayed by the wife increases. Only 27 percent of ever-married men whose wife displays none of the six controlling behaviors have experienced one or more forms of violence compared with 79 percent of men whose wife exhibits five or six controlling behaviors. Men's experience of violence is slightly higher among those who participate in one to two decisions compared with those who participate in none. The percentage of men who experience any form of violence increases as the number of reasons given by men for which wife-beating is justified increases. As with women, men whose father did not beat their mother are much less likely to experience any type of violence by their spouse than men whose fathers beat their mother (34 percent versus 46 percent).

Table 16.11.2 Spousal violence by wife's characteristics and empowerment indicators: men

Percentage of ever-married men age 15-49 who have ever experienced emotional, physical, or sexual violence committed by their wife/partner, by wife's characteristics and empowerment indicators, Uganda 2011

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of ever-married men
Wife's/partner's alcohol consumption								
Does not drink	29.0	16.3	7.3	3.5	2.9	20.1	37.2	777
Drinks/never gets drunk	38.8	24.4	7.1	2.4	1.4	29.0	50.2	88
Gets drunk sometimes	50.9	38.1	5.6	4.4	4.4	39.3	63.1	127
Gets drunk very often	*	*	*	*	*	*	*	18
Number of marital control behaviors displayed by wife/partner[2]								
0	19.4	9.2	3.6	0.8	0.0	12.1	26.9	245
1-2	31.8	20.8	4.7	2.1	1.9	23.4	41.4	451
3-4	40.6	24.9	10.4	5.6	4.5	29.7	50.2	253
5-6	70.2	49.4	24.7	16.1	16.1	58.1	78.6	60
Number of decisions in which men participate[1,3]								
0	18.3	20.8	6.6	0.0	0.0	27.3	36.4	47
1-2	32.3	19.1	6.4	3.1	2.4	22.4	41.1	881
Number of reasons for which wife-beating is justified[4]								
0	29.7	16.7	3.9	1.6	1.5	19.0	36.9	587
1-2	33.3	24.9	10.4	4.7	3.7	30.6	46.4	277
3-4	47.0	29.7	14.2	8.6	7.2	35.4	55.5	123
5	*	*	*	*	*	*	*	21
Man's father beat his mother								
Yes	36.8	23.1	7.3	4.0	3.5	26.4	46.0	551
No	24.8	16.8	5.9	2.2	1.9	20.5	33.5	357
DK/Missing	43.8	21.2	10.4	5.3	3.5	26.2	53.2	101
Total 15-49	33.3	20.7	7.1	3.5	2.9	24.3	42.3	1,009
50-54	40.3	20.1	6.1	0.8	0.8	25.5	47.4	76
Total 15-54	33.7	20.6	7.0	3.3	2.8	24.4	42.7	1,085

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 is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes only men who are currently married or living together.
[2] According to the husband's report. See Table 16.8.2 for a list of the behaviours.
[3] According to the husband's report. See Table 14.5 for a list of decisions.
[4] According to the husband's report. See Table 14.7.2 for a list of reasons.

16.13 FREQUENCY OF SPOUSAL VIOLENCE

Tables 16.12.1 and 16.12.2 show the percentage of ever-married women and men, respectively, who have experienced physical or sexual violence by any spouse/partner in the past 12 months, by background characteristics.

Overall, 35 percent of ever-married women experienced physical or sexual violence by any husband or partner in the past 12 months. The percentage of ever-married women who have experienced physical or sexual violence in the past 12 months by any spouse or partner is higher among women 20-24 (42 percent), Catholic women (38 percent), women of Itesa ethnicity (49 percent), rural women (37 percent), and women living in the North region (51 percent). Currently married women are much more likely to experience physical or sexual violence by any husband or partner in the past 12 months than those previously married (37 percent versus 25 percent). This percentage is lowest among women who have no living children (22 percent), those who are employed but not for cash (28 percent), women with secondary or higher education (27 percent) and those in the highest wealth quintile (23 percent).

Among ever-married men, 16 percent have experienced physical or sexual violence in the past 12 months by any wife or partner. This proportion decreases with age, from 21 percent of men age 20-24 to 13 percent of those age 40-49. The percentage of ever-married men who have experienced physical or sexual violence in the past 12 months by any wife or partner is higher among Itesa men (21 percent), men living in Karamoja (33 percent), and those who were previously married (19 percent). On the other hand, physical or sexual violence by any spouse or partner in the past 12 months is lowest among ever-married men with five or more children (14 percent) and among those employed for cash (15 percent). There is no clear pattern in the relationship of physical or sexual violence by a spouse or partner in the past 12 months among ever-married men and education or wealth.

Table 16.12.1 Frequency of physical or sexual violence: women

Percentage of ever-married women who have experienced physical or sexual violence by any husband/partner in the past 12 months, by background characteristics, Uganda 2011

Background characteristic	Percentage of women who have experienced physical or sexual violence in the past 12 months from any husband/ partner	Number of ever-married women
Age		
15-19	31.1	122
20-24	41.8	311
25-29	37.6	363
30-39	31.4	450
40-49	31.2	264
Religion		
Catholic	38.3	610
Protestant	32.9	420
Muslim	34.6	208
Pentecostal	32.3	229
SDA/Other	(25.0)	43
Ethnicity		
Baganda	20.3	235
Banyankole	34.5	145
Basoga	28.2	124
Bakiga	30.3	105
Itesa	49.1	118
Other	39.1	783
Residence		
Urban	27.1	261
Rural	36.7	1,248
Region		
Kampala	26.6	113
Central 1	22.9	161
Central 2	35.7	163
East Central	36.4	148
Eastern	40.0	235
Karamoja	28.4	50
North	51.4	134
West Nile	30.3	102
Western	41.2	218
Southwest	27.8	185
Marital status		
Married or living together	36.5	1,307
Divorced/separated/widowed	25.2	203
Number of living children		
0	22.3	109
1-2	37.7	449
3-4	34.3	418
5+	35.9	534
Employment		
Employed for cash	36.0	855
Employed not for cash	28.2	325
Not employed	39.0	330
Education		
No education	37.2	246
Primary	37.4	915
Secondary +	27.3	349
Wealth quintile		
Lowest	44.8	287
Second	43.0	282
Middle	39.1	292
Fourth	28.4	310
Highest	22.7	339
Total 15-49	35.0	1,510

Note: Any husband/partner includes all current, most recent, and former husbands/partners. 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.

Table 16.12.2 Frequency of physical or sexual violence: men

Percentage of ever-married men who have experienced physical or sexual violence by any wife/partner in the past 12 months, by background characteristics, Uganda 2011

Background characteristic	Percentage of men who have experienced physical or sexual violence in the past 12 months from any wife/partner	Number of ever-married men
Age		
15-19	*	13
20-24	20.6	88
25-29	17.9	208
30-39	17.0	423
40-49	13.1	270
Religion		
Catholic	16.3	448
Protestant	16.8	315
Muslim	13.9	114
Pentecostal	15.7	89
SDA/Other	(21.7)	37
Ethnicity		
Baganda	16.3	164
Banyankole	14.8	92
Basoga	12.3	88
Bakiga	15.2	83
Itesa	20.5	76
Other	16.9	499
Residence		
Urban	17.7	181
Rural	16.1	822
Region		
Kampala	17.9	86
Central 1	16.1	106
Central 2	23.9	109
East Central	10.2	103
Eastern	22.2	156
Karamoja	32.5	34
North	6.3	81
West Nile	15.4	66
Western	15.8	148
Southwest	9.5	114
Marital status		
Married or living together	16.1	928
Divorced/separated/widowed	19.1	74
Number of living children		
0	18.2	60
1-2	20.4	269
3-4	15.9	247
5+	13.8	427
Employment		
Employed for cash	15.0	859
Employed not for cash	20.6	128
Not employed	*	16
Education		
No education	13.8	67
Primary	16.8	604
Secondary +	16.0	331
Wealth quintile		
Lowest	15.4	189
Second	19.1	223
Middle	16.4	184
Fourth	12.8	218
Highest	18.1	188
Total 15-49	16.4	1,002
50-54	17.6	75
Total 15-54	16.4	1,078

Note: Any wife/partner includes all current, most recent and former wives/partners Table excludes widowers who were not asked about spousal violence in the past 12 months. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

16.14 ONSET OF SPOUSAL VIOLENCE

To obtain information on the onset of marital violence, the 2011 UDHS asked ever-married women and men how long after marriage the onset of spousal violence occurred, if ever. Tables 16.13.1 and 16.3.2 show the data for ever-married women and men, respectively.

The data show that about half of ever-married women (51 percent) have never experienced spousal physical or sexual violence by their current or most recent husband, 19 percent experienced violence in the first two years of marriage, 35 percent experienced it in the first five years, and 43 percent experienced it within the first ten years of marriage. These data clearly suggest that, for a considerable percentage of women who have experienced spousal physical or sexual violence, the violence began relatively early in their marriage.

Table 16.13.1 Experience of spousal violence by duration of marriage: women

Among currently married women age 15-49 who have been married only once, percentage who first experienced physical or sexual violence committed by their current husband/partner by specific exact marital duration lengths, according to marital duration, Uganda 2011

	Percentage with first experience of spousal physical or sexual violence by exact marital duration				Percentage who have not experienced sexual or physical violence	Number of currently married women
Duration of marriage	Before marriage	2 years	5 years	10 years		
<2	3.1	33.9	na	na	64.9	152
2-4	2.6	29.0	na	na	52.0	133
5-9	0.4	16.9	40.1	na	49.5	238
10+	1.2	12.9	30.4	42.1	47.4	529
Total 15-49	1.5	18.9	35.3	43.3	51.0	1,052

Among ever-married men, eight in ten have not experienced spousal physical or sexual violence by their current or most recent wife, 6 percent experienced violence in the first two years of marriage, 15 percent experienced it in the first five years, and 18 percent experienced it within the first ten years of marriage.

Table 16.13.2 Experience of spousal violence by duration of marriage: men

Among currently married men age 15-49 who have been married only once, percentage who first experienced physical or sexual violence committed by their current wife/partner by specific exact marital duration lengths according to marital duration, Uganda 2011

	Percentage with first experience of spousal physical or sexual violence by exact marital duration				Percentage who have not experienced sexual or physical violence	Number of currently married men
Duration of marriage	Before marriage	2 years	5 years	10 years		
<2	0.3	14.5	na	na	85.5	60
2-4	0.0	10.3	na	na	78.9	116
5-9	0.0	2.9	17.8	na	79.6	130
10+	0.0	4.2	10.5	15.7	79.5	264
Total 15-49	0.0	6.2	14.8	17.7	80.0	570

16.15 PHYSICAL CONSEQUENCES OF SPOUSAL VIOLENCE

In the 2011 UDHS, ever-married women and men were asked whether they had sustained some form of injury as a result of physical or sexual violence inflicted by their spouse. About one-third of women (32 percent) who reported ever having experienced spousal physical or sexual violence suffered cuts, bruises, or aches; 19 percent had eye injuries, sprains, dislocations, or burns; and 14 percent had deep wounds, broken bones, broken teeth, or other serious injuries (Table 16.14.1). Overall, 37 percent of women who had ever experienced spousal physical or sexual violence suffered one or more of these

injuries. The prevalence of all forms of injury is similar among women who had experienced violence in the past 12 months.

Table 16.14.2 shows that among ever-married men who reported ever having experienced spousal physical or sexual violence, about one in four (24 percent) suffered cuts, bruises, or aches; 8 percent had eye injuries, sprains, dislocations, or burns; and 9 percent had deep wounds, broken bones, broken teeth, or other serious injuries. Twenty-six percent of men who had ever experienced spousal physical or sexual violence suffered one or more of these injuries. Similar percentages of men who had experienced violence in the past 12 months suffered each of the above injuries.

Table 16.14.1 Injuries to women due to spousal violence: women

Percentage of ever-married women age 15-49 who have experienced specific types of spousal violence by types of injuries resulting from the violence, according to the type of violence and whether they experienced the violence ever and in the 12 months preceding the survey, Uganda 2011

Type of violence	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any of these injuries	Number of ever-married women
Experienced physical violence[1]					
Ever[2]	36.2	21.5	15.7	41.4	678
In the past 12 months[3]	40.2	22.6	16.0	45.4	376
Experienced sexual violence					
Ever[2]	37.3	23.4	15.7	43.5	433
In the past 12 months[3]	36.3	21.1	14.0	41.8	316
Experienced physical or sexual violence[1]					
Ever[2]	31.9	18.6	13.6	36.7	801
In the past 12 months[3]	33.4	19.0	12.7	38.1	522

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.
[1] Excludes women who experienced physical violence only during pregnancy
[2] Includes in the past 12 months
[3] Excludes widows

Table 16.14.2 Injuries to men due to spousal violence: men

Percentage of ever-married men age 15-49 who have experienced specific types of spousal violence by types of injuries resulting from the violence, according to the type of violence and whether they experienced the violence ever and in the 12 months preceding the survey, Uganda 2011

Type of violence	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any of these injuries	Number of ever-married men
Experienced physical violence					
Ever[1]	26.2	9.5	9.8	28.2	209
In the past 12 months[2]	30.6	10.7	10.2	32.4	122
Experienced sexual violence					
Ever[1]	25.2	9.8	12.6	29.1	71
In the past 12 months[2]	17.0	4.9	6.0	19.0	54
Experienced physical or sexual violence[1]					
Ever[1]	24.2	8.1	8.8	26.4	245
In the past 12 months[2]	25.8	8.3	8.6	27.9	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.
[1] Includes in the past 12 months
[2] Excludes widowers

16.16 VIOLENCE BY WOMEN/MEN AGAINST THEIR SPOUSE

In cases of domestic violence, either person (husband or wife) can be the perpetrator of violence. In the 2011 UDHS, ever-married women, and men were asked about instances when they were the instigator of spousal violence. Specifically, all eligible ever-married respondents were asked whether they

had ever tried to initiate physical violence against their spouse when they were not already hitting or beating the respondent.

Tables 16.15.1 and 16.15.2 show the percentage of ever-married women and men age 15-49, respectively, who reported initiating physical violence against their spouses ever and in the 12 months prior to the survey, by background characteristics.

Table 16.15.1 Violence by women against their spouse by background characteristics

Percentage of ever-married women who have committed physical violence against their current or most recent husband/partner when he was not already beating or physically hurting her, ever and in the past 12 months according to women's own experience of spousal violence and their background characteristics, Uganda 2011

Background characteristic	Percentage who have committed physical violence against their husband/partner			
	Ever[1]	Number of ever-married women	In the past 12 months[2]	Number of ever-married women[2]
Woman's experience of spousal physical violence				
Ever[1]	11.7	678	4.6	645
In the past 12 months	9.5	376	6.7	376
Never	2.7	909	1.7	864
Age				
15-19	7.3	122	6.8	122
20-24	6.2	314	4.3	311
25-29	6.0	365	2.6	363
30-39	6.0	477	2.2	450
40-49	8.1	310	1.4	264
Religion				
Catholic	6.8	638	4.4	610
Protestant	5.6	442	2.3	420
Muslim	5.7	223	2.7	208
Pentecostal	7.9	242	1.0	229
SDA/Other	(10.2)	43	(1.1)	43
Ethnicity				
Baganda	5.2	246	2.3	235
Banyankole	4.0	155	0.9	145
Basoga	4.6	132	0.7	124
Bakiga	9.8	113	2.8	105
Itesa	14.7	122	4.0	118
Other	6.1	820	3.8	783
Residence				
Urban	8.2	271	3.4	261
Rural	6.2	1,317	2.9	1,248
Region				
Kampala	6.5	116	3.7	113
Central 1	4.6	176	2.6	161
Central 2	5.6	171	2.1	163
East Central	6.8	152	3.1	148
Eastern	9.8	253	5.0	235
Karamoja	8.6	51	5.7	50
North	6.1	142	2.1	134
West Nile	6.9	104	4.4	102
Western	7.0	226	2.6	218
Southwest	4.0	195	0.5	185
Marital status				
Married or living together	6.3	1,307	3.2	1,307
Divorced/separated/widowed	7.8	281	1.6	203
Employment				
Employed for cash	6.6	905	3.1	855
Employed not for cash	6.7	338	3.3	325
Not employed	6.4	344	2.3	330
Number of living children				
0	9.6	111	7.6	109
1-2	4.3	458	2.2	449
3-4	8.5	434	3.2	418
5+	6.3	585	2.4	534
Education				
No education	5.2	268	2.1	246
Primary	7.9	965	3.6	915
Secondary +	3.9	355	1.9	349
Wealth quintile				
Lowest	7.7	309	3.0	287
Second	5.9	303	3.5	282
Middle	7.6	310	5.1	292
Fourth	6.9	317	1.5	310
Highest	4.9	348	2.0	339
Total 15-49	6.6	1,588	3.0	1,510

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. Figures in parentheses are based on 25-49 unweighted cases.
[1] Includes in the past 12 months
[2] Excludes widows

Overall, 7 percent of ever-married women reported that they had initiated physical violence against their husbands, and 3 percent had done so in the past 12 months. Women who have been physically abused by their husband ever and in the past 12 months (12 and 10 percent, respectively) are more likely to have initiated spousal physical abuse than women who have never been abused (3 percent). Women's use of violence against their husbands does not vary much by age, religion, urban-rural residence, or employment. It is higher among women of Itesa ethnicity (15 percent), among those in Eastern region (10 percent), previously married women (8 percent), and women with no living children (10 percent). On the other hand, women with secondary or higher education (4 percent) and those in the highest wealth quintile (5 percent) are less likely than other women to have ever initiated spousal violence. The percentage of ever-married women who reported that they had initiated physical violence against their husbands in the past 12 months does not vary notably by background characteristics.

Table 16.15.2 shows that 41 percent of ever-married men age 15-49 reported having initiated physical violence against their wives, and 16 percent had done so in the past 12 months. Men who have been physically abused by their spouse ever and in the past 12 months are more than twice as likely (72 percent, each) as those who have never been abused (33 percent) to initiate physical violence against their wives. Men age 20-24 are less likely, when compared with older men age 25-49, to have ever initiated violence against their spouse (23 percent versus 43-44 percent). This percentage is higher among Catholic men (48 percent), Itesa men (54 percent), rural men (43 percent), those living in Karamoja and North regions (55 and 54 percent, respectively), currently married men (42 percent), and those employed but not for cash (45 percent). Men with no living children, those with no education, and those in the highest wealth quintile are the least likely to initiate physical violence against their wife or partner.

Table 16.15.2 Men's violence against their spouse by background characteristics

Percentage of ever-married men age 15-49 who have committed physical violence against their current or most recent wife/partner when she was not already beating or physically hurting him, ever and in the past 12 months, according to men's own experience of spousal violence and background characteristics, Uganda 2011

	Percentage who have committed physical violence against their wife/partner			
Background Characteristic	Ever[1]	Number of ever-married men	In the past 12 months[2]	Number of ever-married men[2]
Man's experience of spousal physical violence				
Ever[1]	71.6	209	33.4	207
In the past 12 months	71.5	122	49.6	122
Never	33.1	801	11.8	795
Age				
15-19	*	13	*	13
20-24	23.3	88	12.1	88
25-29	44.1	209	23.3	208
30-39	42.7	429	17.0	423
40-49	43.4	270	11.5	270
Religion				
Catholic	47.8	452	18.3	448
Protestant	35.7	318	16.3	315
Muslim	33.7	114	11.9	114
Pentecostal	33.7	89	11.3	89
SDA/Other	(45.1)	37	(16.4)	37
Ethnicity				
Baganda	31.6	165	14.9	164
Banyankole	44.3	93	12.9	92
Basoga	32.7	88	8.5	88
Bakiga	41.2	85	14.5	83
Itesa	54.4	76	19.2	76
Other	43.0	502	18.6	499
Residence				
Urban	31.7	182	10.4	181
Rural	43.1	827	17.6	822
Region				
Kampala	36.8	87	14.7	86
Central 1	40.5	106	22.7	106
Central 2	22.9	110	11.2	109
East Central	33.7	104	7.5	103
Eastern	46.6	156	19.6	156
Karamoja	54.8	34	41.2	34
North	54.4	82	22.0	81
West Nile	46.7	66	16.4	66
Western	38.4	148	11.2	148
Southwest	47.5	117	14.6	114
Marital status				
Married or living together	41.5	928	17.0	928
Divorced/separated/widowed	35.7	81	7.7	74
Employment				
Employed for cash	39.8	863	14.4	859
Employed not for cash	45.2	130	24.2	128
Not employed	*	16	*	16
Number of living children				
0	16.3	62	12.7	60
1-2	34.9	272	17.8	269
3-4	51.8	248	18.3	247
5+	42.3	428	14.6	427
Education				
No education	29.0	67	14.9	67
Primary	45.2	609	17.7	604
Secondary +	35.8	333	14.0	331
Wealth quintile				
Lowest	47.6	189	20.8	189
Second	43.8	225	18.7	223
Middle	48.7	187	22.0	184
Fourth	34.1	218	9.8	218
Highest	31.6	190	10.6	188
Total 15-49	41.0	1,009	16.3	1,002
50-54	25.7	76	11.7	75
Total 15-54	40.0	1,085	16.0	1,078

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 is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.
[1] Includes in the past 12 months
[2] Excludes widows

The percentage of ever-married men who reported that they had initiated physical violence against their wives in the past 12 months varies in a similar manner by background characteristics.

16.17 VIOLENCE AGAINST THE SPOUSE BY SPOUSAL CHARACTERISTICS AND WOMEN'S EMPOWERMENT INDICATORS

Tables 16.16.1 and 16.16.2 present information on ever-married women and men age 15-49, respectively, who have committed physical violence against their spouse, ever and in the past 12 months, according to spousal characteristics and empowerment indicators.

Table 16.16.1 shows that among ever-married women, violence against the spouse is highest among those whose husbands get drunk very often (13 percent) and when the wife is equally or better educated than the husband (9 and 10 percent, respectively). Women's violence against their spouse increases with the number of controlling behaviors displayed by the husband, and with the number of reasons given by women for which wife-beating is justified. Women's violence against her spouse decreases as the number of decisions they participate in increases. As expected, women whose father beat their mother are more likely to commit physical spousal violence than women whose fathers did not beat their mothers (9 percent versus 4 percent). Similar patterns are observed in variations of women's physical violence against their spouse in the past 12 months by background characteristics.

Table 16.16.1 Violence by women against their spouse by spouse's characteristics and empowerment indicators

Percentage of ever-married women who have committed physical violence against their current or most recent husband/partner when he was not already beating or physically hurting her, ever and in the past 12 months, by their husband's/partner's characteristics and empowerment indicators, Uganda 2011

Background characteristic	Percentage who have committed physical violence against their husband/partner			Number of ever-married women[2]
	Ever[1]	Number of ever-married women	In the past 12 months[2]	
Husband's/partner's education				
No education	7.0	125	3.7	117
Primary	7.5	824	3.4	788
Secondary	5.0	447	1.9	424
More than secondary	4.8	141	2.6	138
Husband's/partner's alcohol consumption				
Does not drink	5.4	850	2.1	821
Drinks/never gets drunk	5.8	75	2.1	72
Gets drunk sometimes	4.8	384	2.8	364
Gets drunk very often	12.7	275	6.2	249
Spousal education difference				
Husband better educated	5.1	939	2.7	884
Wife better educated	9.8	308	3.6	296
Both equally educated	8.9	197	3.1	197
Neither educated	5.9	76	3.6	73
DK/missing	6.2	68	2.6	60
Spousal age difference[3]				
Wife older	6.0	78	0.0	78
Wife is same age	4.0	61	4.0	61
Wife's 1-4 years younger	6.4	429	3.3	429
Wife's 5-9 years younger	6.7	433	2.7	433
Wife's 10+ years younger	6.3	300	4.5	300
Number of marital control behaviours displayed by husband/partner[4]				
0	3.3	402	1.8	385
1-2	5.8	566	3.8	538
3-4	9.6	496	2.7	469
5-6	8.3	123	4.3	118
Number of decisions in which women participate[3,5]				
0	9.2	262	5.4	262
1-2	6.0	603	2.7	603
3	5.0	442	2.5	442
Number of reasons for which wife-beating is justified[6]				
0	6.2	647	2.5	618
1-2	4.7	487	2.5	462
3-4	9.2	355	3.5	339
5	8.2	98	6.1	91
Woman's father beat her mother				
Yes	8.7	720	4.3	686
No	3.8	685	1.7	645
DK/Missing	8.1	183	2.4	179
Total 15-49	6.6	1,588	3.0	1,510

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 women with missing information on husband's/partner's education, husband's/partner's alcohol consumption, and spousal age difference that are not shown separately.
[1] Includes in the past 12 months
[2] Excludes widows
[3] Includes only women who are currently married or living together
[4] According to the wife's report. See Table 16.8.1 for a list of the behaviours.
[5] According to the wife's report. See Table 14.5 for a list of decisions.
[6] According to the wife's report. See Table 14.7.1 for a list of reasons.

Table 16.16.2 shows similar patterns in violence against spouses among the ever-married men. Violence against the spouse is higher among men whose wife gets drunk sometimes, and it increases steadily as the number of controlling behaviors displayed by the wife increases. Thirty percent of ever-married men whose wife displays none of the six controlling behaviors have initiated physical violence against their spouse compared with 50

percent of men whose wife exhibits five or six controlling behaviors. Men's violence against their spouse is somewhat higher among those who participate in one or two decisions compared with those who participate in none (42 percent versus 36 percent). The percentage of men who initiate physical violence against their spouse is lowest among men who agree with none of the reasons that justify wife-beating. Similar to women, men whose father did not beat their mother are much less likely to commit physical violence against their spouse than men whose fathers beat their mother (28 percent versus 48 percent).

Table 16.16.2 Men's violence against their spouse by wife's characteristics and empowerment indicators

Percentage of ever-married men age 15-49 who have committed physical violence against their current or most recent wife/partner when she was not already beating or physically hurting him, ever and in the past 12 months, according wife's characteristics and empowerment indicators, Uganda 2011

	Percentage who have committed physical violence against their wife/partner			
Background Characteristic	Ever[1]	Number of ever-married men	In the past 12 months[2]	Number of ever-married men[2]
Wife's/partner's alcohol consumption				
Does not drink	38.7	777	14.1	771
Drinks/never gets drunk	43.4	88	14.9	88
Gets drunk sometimes	49.2	127	26.6	127
Gets drunk very often	*	18	8	17
Number of marital control behaviors displayed by wife/partner[3]				
0	29.6	245	9.4	244
1-2	45.2	451	17.4	446
3-4	42.6	253	16.8	253
5-6	49.6	60	33.7	60
Number of decisions in which men participate[24]				
0	36.1	47	17.1	47
1-2	41.8	881	17.0	881
Number of reasons for which wife-beating is justified[5]				
0	35.6	587	12.0	583
1-2	47.1	277	20.7	276
3-4	45.3	123	22.4	122
5	*	21	*	21
Man's father beat his mother				
Yes	48.4	551	20.6	547
No	27.9	357	10.4	354
DK/Missing	47.6	101	13.2	101
Total 15-49	41.0	1,009	16.3	1,002
50-54	25.7	76	11.7	75
Total 15-54	40.0	1,085	16.0	1,078

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 is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes in the past 12 months
[2] Excludes widowers
[3] According to the husband's report. See Table 16.8.2 for a list of the behaviours.
[4] According to the husband's report. See Table 14.5 for list of decisions.
[5] According to the husband's report. See Table 14.7.2 for list of reasons.

16.18 HELP-SEEKING BEHAVIOUR BY WOMEN WHO EXPERIENCE VIOLENCE

This final section of this chapter describes help-seeking behavior by women and men age 15-49 who have ever experienced physical or sexual violence. Tables 16.17.1 and 16.17.2 show the percent distribution of women and men, respectively, who have ever experienced physical or sexual violence committed by anyone, according to whether they ever sought help to stop the violence and, among those who did not seek help, whether or not they told anyone about the violence.

Table 16.17.1 Help seeking to stop violence: women

Percent distribution of women age 15-49 who have ever experienced physical or sexual violence by their help-seeking behaviour by type of violence and background characteristics, Uganda 2011

Background characteristic	Sought help to stop violence	Never sought help but told someone	Never sought help, never told anyone	Missing/ don't know	Total	Number of women who have ever experienced any physical or sexual violence
Type of violence experienced						
Physical only	38.7	12.0	47.3	2.1	100.0	708
Sexual only	22.3	9.9	65.0	2.9	100.0	125
Physical and sexual	52.6	15.1	32.2	0.1	100.0	446
Age						
15-19	33.0	12.4	53.4	1.2	100.0	267
20-24	33.4	13.6	52.0	0.9	100.0	264
25-29	43.7	17.1	38.4	0.9	100.0	247
30-39	48.1	10.7	37.8	3.3	100.0	297
40-49	53.4	10.5	35.5	0.6	100.0	203
Religion						
Catholic	37.0	13.8	46.7	2.4	100.0	511
Protestant	42.8	11.2	45.2	0.8	100.0	368
Muslim	43.6	11.2	44.7	0.5	100.0	174
Pentecostal	51.3	15.2	32.4	1.1	100.0	202
SDA/Other	(40.9)	(10.3)	(45.2)	(3.5)	100.0	26
Ethnicity						
Baganda	33.4	8.7	56.8	1.1	100.0	214
Banyankole	44.2	13.2	42.7	0.0	100.0	129
Basoga	39.3	22.1	38.6	0.0	100.0	94
Bakiga	44.8	13.6	40.6	1.1	100.0	86
Itesa	50.2	15.5	33.2	1.1	100.0	121
Other	42.7	12.3	42.7	2.3	100.0	636
Residence						
Urban	40.5	9.9	48.4	1.2	100.0	224
Rural	42.2	13.5	42.8	1.5	100.0	1,056
Region						
Kampala	38.6	5.9	53.3	2.2	100.0	103
Central 1	37.1	16.5	45.4	0.9	100.0	136
Central 2	33.9	10.5	55.6	0.0	100.0	146
East Central	41.8	25.9	32.3	0.0	100.0	122
Eastern	46.3	12.6	39.5	1.7	100.0	223
Karamoja	22.2	18.2	58.6	1.0	100.0	31
North	57.1	13.2	29.7	0.0	100.0	116
West Nile	50.6	12.5	32.6	4.3	100.0	78
Western	36.4	8.8	50.0	4.8	100.0	163
Southwest	43.7	10.0	46.4	0.0	100.0	161
Marital status						
Never married	29.3	9.3	59.8	1.6	100.0	258
Married or living together	41.1	13.9	43.6	1.4	100.0	818
Divorced/separated/widowed	61.3	13.1	24.1	1.4	100.0	204
Number of living children						
0	31.5	11.6	55.5	1.4	100.0	292
1-2	37.4	15.4	46.0	1.2	100.0	320
3-4	43.9	14.2	41.0	0.9	100.0	279
5+	52.0	10.8	35.0	2.2	100.0	388
Employment						
Employed for cash	41.1	11.9	44.7	2.3	100.0	646
Employed not for cash	50.4	15.9	33.7	0.0	100.0	277
Not employed	36.8	12.2	49.8	1.1	100.0	356
Education						
No education	49.0	11.8	38.3	0.8	100.0	176
Primary	43.2	14.2	40.7	1.9	100.0	754
Secondary +	35.5	10.6	53.1	0.8	100.0	349
Wealth quintile						
Lowest	53.2	15.1	29.9	1.8	100.0	242
Second	41.1	14.4	42.8	1.8	100.0	232
Middle	42.4	11.7	45.7	0.2	100.0	261
Fourth	40.0	13.5	43.4	3.1	100.0	270
Highest	34.1	10.1	55.2	0.5	100.0	275
Total 15-49	41.9	12.9	43.7	1.5	100.0	1,280

Note: Figures in parentheses are based on 25-49 unweighted cases.

Overall, more than four in ten women (42 percent) who have experienced any type of physical or sexual violence from anyone sought help from any source to stop the violence. A similar proportion (44 percent) have never sought help and never told anyone, and 13 percent never sought help but told someone. Women who have experienced both physical and sexual violence (53 percent), older women 45-49 (53 percent), Pentecostal women (51 percent), those of Itesa ethnicity (50 percent), and women in the North region (57 percent) are more likely than other women to seek help to stop the violence. A much higher proportion of divorced, separated, or widowed women (61 percent) than never-married (29 percent)

and currently married women (41 percent) have ever sought help. Help seeking increases with the number of living children, from 32 percent of women with no living children to 52 percent of those with five or more children. It is interesting to note that unemployed women, as well as highly educated women and those in the wealthiest quintile are less likely than other women to seek help from any source to stop the violence.

Table 16.17.2 Help seeking to stop violence: men

Percent distribution of men age 15-49 who have ever experienced physical or sexual violence by their help-seeking behavior by type of violence and background characteristics, Uganda 2011

Background characteristic	Sought help to stop violence	Never sought help but told someone	Never sought help, never told anyone	Missing/ don't know	Total	Number of men who have ever experienced any physical or sexual violence
Type of violence experienced						
Physical only	41.0	24.8	32.6	1.6	100.0	820
Sexual only	(16.4)	(22.5)	(59.6)	(1.5)	100.0	50
Physical and sexual	45.2	19.1	34.6	1.1	100.0	97
Age						
15-19	*	*	*	*	100.0	241
20-24	38.1	28.4	32.1	1.3	100.0	148
25-29	40.2	29.5	28.4	2.0	100.0	159
30-39	40.3	23.0	34.5	2.2	100.0	266
40-49	53.3	20.0	25.2	1.5	100.0	153
Religion						
Catholic	40.6	23.7	34.5	1.3	100.0	427
Protestant	38.7	26.7	33.8	0.8	100.0	305
Muslim	40.0	20.9	34.5	4.6	100.0	125
Pentecostal	45.0	25.4	29.5	0.0	100.0	77
SDA/Other	(37.4)	(15.1)	(44.2)	(3.3)	100.0	33
Ethnicity						
Baganda	36.0	26.2	37.3	0.5	100.0	155
Banyankole	43.9	28.8	27.3	0.0	100.0	118
Basoga	30.7	21.7	47.6	0.0	100.0	105
Bakiga	42.8	27.0	30.2	0.0	100.0	62
Itesa	46.0	25.4	28.6	0.0	100.0	68
Other	41.6	22.2	33.2	3.0	100.0	458
Residence						
Urban	37.0	23.7	38.4	0.9	100.0	197
Rural	41.0	24.2	33.1	1.7	100.0	770
Region						
Kampala	39.3	28.2	32.5	0.0	100.0	94
Central 1	38.2	23.8	38.0	0.0	100.0	114
Central 2	44.7	22.5	32.8	0.0	100.0	105
East Central	37.5	17.7	44.2	0.7	100.0	126
Eastern	45.1	19.6	31.8	3.5	100.0	132
Karamoja	20.0	22.2	57.2	0.6	100.0	32
North	67.0	28.0	4.7	0.2	100.0	81
West Nile	42.4	15.4	20.0	22.2	100.0	39
Western	22.1	19.9	57.7	0.2	100.0	117
Southwest	40.2	38.3	21.5	0.0	100.0	127
Marital status						
Never married	32.7	24.4	42.3	0.7	100.0	361
Married or living together	44.5	23.5	30.0	2.0	100.0	544
Divorced/separated/widowed	45.3	27.9	24.1	2.7	100.0	62
Number of living children						
0	33.2	25.3	40.7	0.8	100.0	386
1-2	45.6	23.9	28.4	2.1	100.0	176
3-4	40.0	24.0	34.6	1.5	100.0	164
5+	47.5	22.5	27.8	2.2	100.0	241
Employment						
Employed for cash	41.4	23.4	34.2	1.0	100.0	755
Employed not for cash	37.0	30.6	28.9	3.5	100.0	151
Not employed	(33.0)	(16.8)	(47.7)	(2.5)	100.0	60
Education						
No education	39.3	25.4	30.9	4.4	100.0	39
Primary	40.1	25.3	33.4	1.3	100.0	561
Secondary +	40.4	22.2	35.7	1.6	100.0	368
Wealth quintile						
Lowest	43.5	23.4	30.9	2.2	100.0	139
Second	48.0	24.7	24.0	3.4	100.0	195
Middle	38.6	29.4	31.6	0.5	100.0	188
Fourth	33.4	22.0	43.3	1.3	100.0	214
Highest	39.1	21.7	38.5	0.6	100.0	231
Total 15-49	40.2	24.1	34.2	1.5	100.0	967
50-54	46.6	19.3	30.0	4.1	100.0	51
Total 15-54	40.5	23.9	34.0	1.7	100.0	1,018

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

Among ever-married men who have experienced any type of physical or sexual violence from anyone, four in ten sought from any source help to stop the violence. Twenty-four percent never sought help but told someone, and 34 percent have never sought help and never told anyone. The observed patterns in help seeking among men who have ever experienced any type of physical or sexual violence by background characteristics are similar to those among women.

Tables 16.18.1 and 16.8.2 show the percentage of abused women and men, respectively, who reported seeking help, by sources from which help was sought. The most common sources of help are the respondent's own family (reported by 23 percent of women and 16 percent of men), others (reported by 8 percent of women and 11 percent of men), and the police (reported by 6 percent of women and 8 percent of men). A relatively high percentage of women (12 percent) seek help from their husband's or partner's family.

Table 16.18.1 Sources for help to stop the violence: women

Percentage of women age 15-49 who have experienced physical or sexual violence and sought help by sources from which they sought help, according to the type of violence that women reported, Uganda 2011

	Type of violence experienced			Experienced physical or sexual violence
Person	Physical only	Sexual only	Physical and sexual	
Own family	19.8	19.6	28.9	23.0
Husband/partner's family	9.8	4.7	18.6	12.3
Husband/partner	0.7	0.0	0.8	0.7
Boyfriend	0.7	0.0	0.0	0.4
Friend	4.1	3.2	4.8	4.2
Neighbor	2.7	2.8	3.5	3.0
Religious leader	0.4	1.4	0.3	0.5
Doctor/medical personnel	1.3	2.0	1.7	1.5
Police	5.3	4.0	6.6	5.6
Lawyer	0.1	0.0	0.0	0.0
Social work organization	0.8	2.0	1.2	1.0
Other	7.0	0.5	12.8	8.4
Number of women	708	125	446	1,280

Note: Women can report more than one source from which they sought help

Table 16.18.2 Sources for help to stop the violence: men

Percentage of men age 15-49 who have experienced physical or sexual violence and sought help by sources from which they sought help, according to the type of violence that men reported, Uganda 2011

	Type of violence experienced			
Person	Physical only	Sexual only	Physical and sexual	Total
Own family	15.1	(14.7)	21.7	15.7
Wife/partner's family	3.2	(0.0)	6.2	3.3
Wife/partner	0.2	(0.0)	0.3	0.2
Friend	4.9	(1.7)	11.5	5.4
Neighbor	0.9	(0.0)	1.0	0.9
Religious leader	0.2	(0.0)	1.2	0.3
Doctor/medical personnel	5.6	(0.0)	5.0	5.2
Police	9.1	(0.0)	3.9	8.1
Lawyer	1.5	(0.0)	0.0	1.3
Social work organization	0.2	(0.0)	1.3	0.3
Other	11.7	(0.0)	8.1	10.7
Number of men	820	50	97	967

Note: Men can report more than one source from which they sought help. Figures in parentheses are based on 25-49 unweighted cases.

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SAMPLE DESIGN

APPENDIX A

A.1 INTRODUCTION

The Uganda Demographic and Health Survey 2011 (2011 UDHS) is the fifth DHS in Uganda, following the 1988-1989, 1995, 2000-2001, and 2006 UDHS surveys. A nationally representative sample of 10,086 households was selected. All women age 15-49 who were usual residents or who slept in the selected households the night before the survey were eligible for the survey. In the selected households, 9,247 eligible women were identified for an individual interview. As with prior UDHS surveys, the main objective of the 2011 UDHS is to provide up-to-date information on fertility and childhood mortality levels; fertility preferences; awareness, approval, and use of family planning methods; maternal and child health; knowledge and attitudes toward HIV/AIDS and other sexually transmitted infections (STIs), and levels of anaemia and vitamin A deficiency.

A male survey was also conducted in one-third of the households. All men age 15-49 in the households selected for the male survey who were usual residents or who slept in the households the night before the survey were eligible for the male survey. In these households, 2,573 eligible men were identified for individual interview.

Height and weight measurements were carried out on women age 15-49, men age 15-59, and children under age 5 in all selected households. Testing for anaemia and vitamin A deficiency was done for children age 6-59 months and women age 15-49.

The survey was designed to produce representative estimates for the country as a whole, for the urban and the rural areas separately, and for each of the ten regions in Uganda.

A.2 SAMPLE FRAME

The sampling frame used for the 2011 UDHS is the 2002 Population Census provided by the Uganda Bureau of Statistics (UBOS). The UBOS has an electronic file consisting of 48,715 Enumeration Areas (EAs) created for the 2002 Population and Housing Census. An EA is a geographic area consisting of a convenient number of dwelling units that serve as counting units for the census.

Tables A.1 and A.2 provide information on the distribution of EAs, households, and population in the sampling frame by region and residence. Table A.1 shows that among the 48,715 EAs, 6,040 (12 percent) are in urban areas and 42,675 (88 percent) are in rural areas. The average size of an EA, measured in number of households, is 135 in an urban EA and 100 in a rural EA, with an overall average of 104 households per EA.

Table A.2 shows that the percentage of population that resides in Kampala is 5 percent compared with 14 percent in the Eastern and Southwest regions. The percentage of urban population ranges from less than 1 percent in East Central region to 100 percent in Kampala.

Table A.1 Enumeration areas and households

Distribution of the enumeration areas and households in the sampling frame by region and residence, Uganda 2011

	Number of enumeration areas in frame			Number of households in frame		
Region	Urban	Rural	Total	Urban	Rural	Total
Central 1	539	4,268	4,807	110,628	527,949	638,577
Central 2	444	4,519	4,963	75,865	510,330	586,195
East Central	390	3,815	4,205	63,386	462,100	525,486
Eastern	371	6,477	6,848	50,491	667,091	717,582
Kampala	2,957	0	2,957	308,218	0	308,218
Karamoja	47	818	865	6,950	103,782	110,732
North	210	6,451	6,661	51,085	499,546	550,631
Southwest	386	7,983	8,369	53,981	631,714	685,695
West Nile	259	3,693	3,952	34,421	314,943	349,364
Western	437	4,651	5,088	62,564	541,490	604,054
Total	6,040	42,675	48,715	817,589	4,258,945	5,076,534

Table A.2 Population

Distribution of the population in the sampling frame by region and residence, Uganda 2011

	2002 Census Population			Percent of total population	Percent urban
Region	Urban	Rural	Total		
Central 1	213,414	2,558,202	2,771,616	11.4	7.7
Central 2	117,660	2,497,007	2,614,667	10.8	4.5
East Central	3,157	2,762,515	2,765,672	11.4	0.1
Eastern	124,455	2,641,217	3,439,243	14.2	3.6
Kampala	1,189,142	0	1,189,142	4.9	100.0
North*	87,244	3,143,998	3,231,242	13.3	2.7
Southwest	134,330	3,223,929	3,358,259	13.9	4.0
West Nile	117,007	1,801,133	1,918,140	7.9	6.1
Western	135,232	2,804,584	2,939,816	12.1	4.6
Total	2,121,641	21,432,585	24,227,797	100.0	8.8

* In the 2002 Population and Housing Census, Karamoja was part of the North region.

A.3 SAMPLE DESIGN AND IMPLEMENTATION

The 2011 UDHS selected a representative sample of 10,086 households. The sample was selected using a stratified two-stage cluster design. In the first stage, 405[1] enumeration areas (EAs), or clusters, were selected from among a list of clusters sampled for the 2009/10 Uganda National Household Survey (2010 UNHS). This matching of samples was done to allow linking of the 2011 UDHS health indicators to poverty data from the 2010 UNHS. The clusters in the UNHS were selected from the 2002 Population Census sample frame.

In the second stage of sampling, a fixed number of households in each cluster were selected from a complete listing of households, which was updated prior to the survey. Households were selected from those listed. All households in the 2010 UNHS that were in the 405 EAs were included in the UDHS sample.

[1] 405 clusters were selected; a total of 404 were completed.

All women age 15-49 who were either permanent residents of the households or visitors who slept in the households the night before the survey were eligible to be interviewed. In addition, in a subsample of one-third of households selected for the survey, all men age 15-54 were eligible to be interviewed if they were either permanent residents or visitors who slept in the household on the night before the survey.

Table A.3 shows the sample allocation of clusters and households by region, according to residence. Among the 405 selected EAs, 119 are in urban areas and 286 are in rural areas. Among the selected 12,150 households, 3,570 are in urban areas and 8,580 are in rural areas.

Table A.3 Sample allocation of clusters and households

Sample allocation of clusters and households by region, according to residence, Uganda 2011

	Allocation of clusters			Allocation of households		
	Urban	Rural	Total	Urban	Rural	Total
Central 1	12	27	39	360	810	1,170
Central 2	10	31	41	300	930	1,230
East Central	8	32	40	240	960	1,200
Eastern	7	33	40	210	990	1,200
Kampala	50	0.1	50	1,500	0.1	1,500
Karamoja	2	34	36	60	1,020	1,080
North	9	29	38	270	870	1,140
Southwest	5	35	40	150	1,050	1,200
West Nile	9	32	41	270	960	1,230
Western	7	33	40	210	990	1,200
Total	119	286	405	3,570	8,580	12,150

The cluster and household allocation by region and residence are a function of the average number of women age 15-49 per household and of the household and individual response rates (obtained from the 2006 UDHS). The expected number of completed interviews for women and men based on the 2011 UDHS sample design are shown in Table A.4.

Table A.4 Sample allocation of completed interviews with women and men

Sample allocation of expected number of completed interviews with women and men by region, according to residence, Uganda 2011

	Women 15-49			Men 15-49		
	Urban	Rural	Total	Urban	Rural	Total
Central 1	229	626	855	69	287	357
Central 2	522	594	1,116	176	278	454
East Central	186	814	1,000	83	313	395
Eastern	184	799	983	69	365	434
Kampala	1,122	0	1,122	366	0	366
Karamoja	68	689	757	28	268	296
North	307	588	895	125	229	314
Southwest	158	939	1,097	63	413	477
West Nile	357	670	1,027	141	269	411
Western	163	870	1,034	77	374	452
Total	3,297	6,589	9,885	831	2,797	3,628

Details of response rates and completed interviews, according to urban-rural residence and region, are shown in Tables A5 and A6.

Table A.5 Sample implementation

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall women response rates, according to urban-rural residence and region (unweighted), Uganda 2011

	Residence		Region										
Result	Urban	Rural	Kampala	Central 1	Central 2	East Central	Eastern	Karamoja	North	West-Nile	Western	Southwest	Total
Selected households													
Completed (C)	85.7	91.2	85.0	89.1	90.8	91.3	92.2	85.7	88.7	89.5	91.7	92.1	89.6
Household present but no competent respondent at home (HP)	5.2	1.8	7.2	3.8	1.9	1.1	1.6	4.3	2.9	2.0	0.9	1.7	2.8
Refused (R)	1.7	0.3	2.8	0.9	0.5	0.3	0.5	0.0	0.0	0.3	0.1	0.8	0.7
Dwelling not found (DNF)	1.3	0.8	1.0	0.9	0.3	0.8	0.3	0.6	2.8	1.4	0.8	0.6	0.9
Household absent (HA)	2.4	2.0	1.9	1.5	2.3	2.2	2.4	5.1	1.2	1.7	0.9	2.0	2.1
Dwelling vacant/address not a dwelling (DV)	3.2	2.7	1.8	3.2	3.9	3.0	1.9	1.7	2.7	3.2	4.9	2.6	2.9
Dwelling destroy (DD)	0.3	0.7	0.0	0.4	0.1	1.0	0.4	0.3	1.7	1.3	0.5	0.2	0.6
Other (O)	0.3	0.6	0.4	0.1	0.2	0.3	0.7	2.3	0.1	0.7	0.2	0.0	0.5
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	100.0
Number of sampled households	2,977	7,109	1,250	975	1,025	1,000	1,001	867	942	1,025	1,001	1,000	10,086
Household response rate (HRR)[1]	91.3	96.9	88.6	94.0	97.2	97.6	97.5	94.6	94.0	96.0	98.1	96.7	95.3
Eligible women													
Completed (EWC)	91.3	94.9	88.1	93.3	95.5	94.9	95.0	94.3	94.2	93.2	94.9	96.3	93.8
Not at home (EWNH)	5.5	3.5	7.3	4.0	2.2	3.7	2.9	4.7	5.0	5.4	2.9	1.8	4.1
Postponed (EWP)	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Refused (EWR)	2.2	0.4	3.3	1.5	0.7	0.2	0.6	0.1	0.1	0.0	0.9	1.0	0.9
Partly completed (EWPC)	0.4	0.1	0.6	0.1	0.0	0.3	0.0	0.3	0.0	0.2	0.0	0.2	0.2
Incapacitated (EWI)	0.5	1.0	0.3	0.5	1.3	0.9	1.2	0.6	0.3	1.0	1.2	0.7	0.8
Other (EWO)	0.2	0.2	0.4	0.6	0.2	0.0	0.3	0.0	0.3	0.1	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	100.0
Number of women	2,805	6,442	1,180	822	869	922	993	699	874	976	968	944	9,247
Eligible women response rate (EWRR)[2]	91.3	94.9	88.1	93.3	95.5	94.9	95.0	94.3	94.2	93.2	94.9	96.3	93.8
Overall women response rate (ORR)[3]	83.4	92.0	78.0	87.8	92.8	92.7	92.6	89.2	88.6	89.5	93.1	93.2	89.4

[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] The eligible women response rate (EWRR) is equivalent to the percentage of interviews completed (EWC)

[3] The overall women response rate (OWRR) is calculated as:

$$OWRR = HRR * EWRR/100$$

Table A.6 Sample implementation: Men

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall men response rates, according to urban-rural residence and region (unweighted), Uganda 2011

	Residence		Region										
Result	Urban	Rural	Kampala	Central 1	Central 2	East Central	Eastern	Karamoja	North	West-Nile	Western	Southwest	Total
Selected households													
Completed (C)	85.5	91.0	83.8	86.9	91.2	93.1	91.9	86.0	87.4	90.9	91.9	91.6	89.4
Household present but no competent respondent at home (HP)	5.1	1.4	8.0	3.5	1.2	0.6	1.6	4.3	2.3	0.9	1.3	0.3	2.5
Refused (R)	1.4	0.3	2.8	1.0	0.0	0.0	0.3	0.0	0.0	0.3	0.0	0.9	0.6
Dwelling not found (DNF)	1.0	0.7	0.5	1.3	0.6	0.3	0.3	0.7	2.0	1.2	0.3	1.3	0.8
Household absent (HA)	2.6	2.1	2.3	1.0	2.1	1.6	2.2	6.1	2.0	1.5	1.3	2.8	2.2
Dwelling vacant/address not a dwelling (DV)	3.8	3.0	2.5	5.1	4.9	3.1	2.2	1.4	3.3	2.1	4.7	2.8	3.2
Dwelling destroy (DD)	0.2	1.1	0.0	1.0	0.0	0.9	0.3	0.4	3.0	2.1	0.6	0.3	0.8
Other (O)	0.3	0.4	0.3	0.3	0.0	0.3	1.3	1.1	0.0	0.9	0.0	0.0	0.4
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	100.0
Number of sampled households	953	2,275	400	312	328	320	320	278	302	328	320	320	3,228
Household response rate (HRR)[1]	91.9	97.4	88.2	93.8	98.0	99.0	97.7	94.5	95.3	97.4	98.3	97.3	95.8
Eligible men													
Completed (EMC)	81.7	92.4	76.0	88.3	91.9	91.1	93.4	83.9	90.9	87.9	96.0	92.6	89.2
Not at home (EMNH)	14.6	5.5	17.8	8.9	5.4	6.4	3.9	14.8	7.5	10.0	3.0	5.8	8.2
Postponed (EMP)	0.1	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Refused (EMR)	2.3	0.7	4.6	0.9	0.8	0.7	1.2	0.0	0.8	0.7	0.0	0.8	1.2
Partly completed (EMPC)	0.6	0.1	0.3	0.5	0.0	0.4	0.0	0.0	0.4	0.7	0.0	0.0	0.2
Incapacitated (EMI)	0.4	1.2	0.6	1.4	1.6	1.4	0.8	1.3	0.4	0.7	1.0	0.8	1.0
Other (EMO)	0.1	0.2	0.3	0.0	0.4	0.0	0.8	0.0	0.0	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	100.0
Number of men	772	1,801	325	213	258	282	259	149	253	280	297	257	2,573
Eligible men response rate (EMRR)[2]	81.7	92.4	76.0	88.3	91.9	91.1	93.4	83.9	90.9	87.9	96.0	92.6	89.2
Overall men response rate (ORR)[3]	75.1	90.0	67.0	82.8	90.1	90.2	91.3	79.3	86.6	85.6	94.4	90.1	85.4

[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] The eligible men response rate (EMRR) is equivalent to the percentage of interviews completed (EMC)

[3] The overall men response rate (OMRR) is calculated as:

$$OMRR = HRR * EMRR/100$$

A.4 SAMPLE PROBABILITIES AND SAMPLE WEIGHTS

Due to the non-proportional allocation of the sample to the different regions and to urban and rural areas, sampling weights are required for any analysis using 2011 UDHS data to ensure representativeness of the survey results at the national and regional levels. Because the 2011 UDHS sample is a two-stage stratified cluster sample, sampling weights were calculated separately based on sampling probabilities for each sampling stage and for each cluster. We use the following notations:

P_{1hi}: first-stage sampling probability of the ith cluster in stratum h

P_{2hi}: second -stage sampling probability within the ith cluster (household selection)

Let a_h be the number of clusters selected in stratum h, M_{hi} the number of households according to the sampling frame in the ith cluster, and $\sum M_{hi}$ the total number of households in the stratum. The probability of selecting the ith cluster in the 2011 UDHS sample is calculated as follows:

$$\frac{a_h \, M_{hi}}{\sum M_{hi}}$$

Let b_{hi} be the proportion of households in the selected segment compared with the total number of households in the EA i in stratum h if the EA is segmented, otherwise $b_{hi} = 1$. Then the probability of selecting cluster i in the sample is:

$$P_{1hi} = \frac{a_h \, M_{hi}}{\sum M_{hi}} \times b_{hi}$$

Let L_{hi} be the number of households listed in the household listing operation in cluster i in stratum h, and let g_{hi} be the number of households selected in the cluster. The second stage's selection probability for each household in the cluster is calculated as follows:

$$P_{2hi} = \frac{g_{hi}}{L_{hi}}$$

The overall selection probability of each household in cluster i of stratum h is therefore the product of the two-stage selection probabilities:

$$P_{hi} = P_{1hi} \times P_{2hi}$$

The sampling weight for each household in cluster i of stratum h is the inverse of its overall selection probability:

$$W_{hi} = 1 / P_{hi}$$

Design weights were adjusted for household nonresponse and also for individual (women and men) nonresponse to get the sampling weights. The differences of the household sampling weights and the individual sampling weights are introduced by individual nonresponse. The final sampling weights (both household and individual weights) were normalized to give the total number of unweighted cases equal to the total number of weighted cases at the national level. The normalized weights are relative weights that are valid for estimating means, proportions, and ratios but not valid for estimating population totals and for pooled data.

Sampling errors were calculated for selected indicators for the national sample, for the urban and rural areas separately, and for each of the eleven regions.

Due to the non-proportional allocation of the sample to the different regions and to their urban and rural areas, sampling weights are required for any analysis using 2011 UDHS data to ensure representativeness of the survey results at the national and regional level. Since the 2011 UDHS sample is a two-stage stratified cluster sample, sampling weights were calculated separately based on sampling probabilities for each sampling stage and for each cluster. We use the following notations:

P_{1hi}: first-stage sampling probability of the ith cluster in stratum h

P_{2hi}: second -stage sampling probability within the ith cluster (household selection)

Let a_h be the number of clusters selected in stratum h, M_{hi} the number of households according to the sampling frame in the ith cluster, and $\sum M_{hi}$ the total number of households in the stratum. The probability of selecting the ith cluster in the 2011 UDHS sample is calculated as follows:

$$\frac{a_h M_{hi}}{\sum M_{hi}}$$

Let b_{hi} be the proportion of households in the selected segment compared to the total number of households in the EA i in stratum h if the EA is segmented, otherwise $b_{hi} = 1$. Then the probability of selecting cluster i in the sample is:

$$P_{1hi} = \frac{a_h M_{hi}}{\sum M_{hi}} \times b_{hi}$$

Let L_{hi} be the number of households listed in the household listing operation in cluster i in stratum h, and let g_{hi} be the number of households selected in the cluster. The second stage's selection probability for each household in the cluster is calculated as follows:

$$P_{2hi} = \frac{g_{hi}}{L_{hi}}$$

The overall selection probability of each household in cluster *i* of stratum *h* is therefore the product of the two-stage selection probabilities:

$$P_{hi} = P_{1hi} \times P_{2hi}$$

The sampling weight for each household in cluster *i* of stratum *h* is the inverse of its overall selection probability:

$$W_{hi} = 1 / P_{hi}$$

Design weights were adjusted for household nonresponse and as well as for individual (women and men) nonresponse to get the sampling weights. The differences of the household sampling weights and the individual sampling weights are introduced by individual nonresponse. The final sampling weights (both household and individual weights) were normalized in order to give the total number of unweighted cases equal to the total number of weighted cases at the national level. The normalized weights are relative weights that are valid for estimating means, proportions, and ratios, but not valid for estimating population totals and for pooled data.

Sampling errors were calculated for selected indicators for the national sample, for the urban and rural areas separately, and for each of the ten regions.

ESTIMATES OF SAMPLING ERRORS *Appendix* B

The estimates from a sample survey are affected by two types of errors: non-sampling errors and sampling errors. Non-sampling 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 2011 Uganda DHS (UDHS) to minimise this type of error, non-sampling 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 2011 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.

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, the2011 UDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. Sampling errors are computed in either ISSA or SAS, using programs developed by ICF International. These programs use the Taylor linearisation method of variance estimation for survey estimates that are means, proportions or ratios. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearisation 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 hth stratum,
y_{hi} is the sum of the weighted values of variable y in the ith cluster in the hth stratum,
x_{hi} is the sum of the weighted number of cases in the ith cluster in the hth 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* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2011 UDHS, there were 600 non-empty clusters. Hence, 469 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 600 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 599 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, the design effect (DEFT) for each estimate is also calculated The design effect 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. Relative standard errors and confidence limits for the estimates are also calculated.

Sampling errors for the 2011 UDHS are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the ten regions. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 through B.15 present the value of the statistic (R), its standard error (SE), the number of un-weighted (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 selected variable. The DEFT is considered undefined when the standard error considering a simple random sample is zero (when the estimate is close to 0 or 1.

The confidence interval (e.g., as calculated for *the number of children ever born for women 40-49 years*) can be interpreted as follows: the overall average from the national sample is 7.235 and its standard error is 0.097. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., 7.235 ± 2×0.097. There is a high probability (95 percent) that the *true* proportion of women 40-49 with children ever born is between 7.040 and 7.430.

For the total sample, the value of the DEFT, averaged over all variables, is 1.445. This means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of **1.445** over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, 2011 Uganda

Variable	Estimate	Base population
	WOMEN	
Urban residence	Proportion	All women 15-49
Literacy	Proportion	All women 15-49
No education	Proportion	All women 15-49
Secondary education or higher	Proportion	All women 15-49
Net attendance ratio	Ratio	Household population
Never married/in union	Proportion	All women 15-49
Currently married/in union	Proportion	All women 15-49
Married before age 20	Proportion	All women 20-49
Had sexual intercourse before age 18	Proportion	All women 20-49
Currently pregnant	Proportion	All women 15-49
Children ever born	Mean	All women 15-49
Children surviving	Mean	All women 15-49
Children ever born to women age 40-49	Mean	All women 40-49
Currently using any method	Proportion	Currently married women 15-49
Currently using a modern method	Proportion	Currently married women 15-49
Currently using a traditional method	Proportion	Currently married women 15-49
Currently using pill	Proportion	Currently married women 15-49
Currently using condoms	Proportion	Currently married women 15-49
Currently using injectables	Proportion	Currently married women 15-49
Currently using female sterilization	Proportion	Currently married women 15-49
Currently using withdrawal	Proportion	Currently married women 15-49
Currently using rhythm/moon beads	Proportion	Currently married women 15-49
Used public sector source	Proportion	Current users of modern method
Want no more children	Proportion	Currently married women 15-49
Want to delay next birth at least 2 years	Proportion	Currently married women 15-49
Ideal number of children	Mean	All women 15-49
Mothers protected against tetanus for last birth	Proportion	Women with a live birth in last five years
Births with skilled attendant at delivery	Proportion	Births occurring 1-59 months before survey
Had diarrhoea in the past 2 weeks	Proportion	Children under 5
Treated with ORS	Proportion	Children under 5 with diarrhoea in past 2 weeks
Sought medical treatment	Proportion	Children under 5 with diarrhoea in past 2 weeks
Vaccination card seen	Proportion	Children 12-23 months
Received BCG vaccination	Proportion	Children 12-23 months
Received DPT vaccination (3 doses)	Proportion	Children 12-23 months
Received polio vaccination (3 doses)	Proportion	Children 12-23 months
Received measles vaccination	Proportion	Children 12-23 months
Received all vaccinations	Proportion	Children 12-23 months
Height-for-age (-2SD)	Proportion	Children under 5 who are measured
Weight-for-height (-2SD)	Proportion	Children under 5 who are measured
Weight-for-age (-2SD)	Proportion	Children under 5 who are measured
Body Mass Index (BMI) <18.5	Proportion	All women 15-49 who were measured
Body Mass Index (BMI) >25	Proportion	All women 15-49 who were measured
Prevalence of anaemia (children 6-59 months)	Proportion	All children 6-59 months who were tested
Prevalence of anaemia (women 15-49)	Proportion	All women 15-49 who were tested
Accepting attitudes towards people with HIV	Proportion	All women who have heard of HIV/AIDS
Had 2+ sexual partners in past 12 months	Proportion	All women 15-49
Condom use at last sex	Proportion	Women 15-49 with 2+ partners in past 12 months
Abstinence among youth (never had sex)	Proportion	Never-married women 15-24
Sexually active in past 12 months among never-married youth	Proportion	Never-married women 15-24
Had an HIV test and received results in past 12 months	Proportion	All women 15-49
Experienced physical violence since age 15 by anyone	Proportion	All women 15-49
Experienced sexual violence by anyone ever	Proportion	All women 15-49
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	Proportion	Ever-married women 15-49
Experienced spousal physical or sexual violence by any husband/partner ever	Proportion	Ever-married women 15-49
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	Proportion	Ever-married women 15-49
Total fertility rate (3 years)	Rate	Women-years of exposure to childbearing
Neonatal mortality rate[1]	Rate	Children exposed to the risk of mortality
Post-neonatal mortality rate[1]	Rate	Children exposed to the risk of mortality
Infant mortality rate[1]	Rate	Children exposed to the risk of mortality
Child mortality rate[1]	Rate	Children exposed to the risk of mortality
Under-five mortality rate[1]	Rate	Children exposed to the risk of mortality
	MEN	
Urban residence	Proportion	All men 15-49
Literacy	Proportion	All men 15-49
No education	Proportion	All men 15-49
Secondary education or higher	Proportion	All men 15-49
Never married/in union	Proportion	All men 15-49
Currently married/in union	Proportion	All men 15-49
Had sexual intercourse before age 18	Proportion	All men 20-49 (39.3%)
Know any contraceptive method	Proportion	Currently married men 15-49
Ideal number of children	Mean	All men 15-49
Condom use at last sex	Proportion	Men 15-49 with 2+ partners in past 12 months
Abstinence among youth (never had sex)	Proportion	Never-married men 15-24
Sexually active in past 12 months among never-married youth	Proportion	Never-married men 15-24
Had an HIV test and received results in past 12 months	Proportion	All men 15-49
Accepting attitudes towards people with HIV	Proportion	All men who have heard of HIV/AIDS

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively.

Table B.2 Sampling errors for national sample, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.198	0.014	8,674	8,674	3.191	0.069	0.171	0.225
Literacy	0.642	0.012	8,674	8,674	2.393	0.019	0.617	0.667
No education	0.129	0.007	8,674	8,674	1.895	0.053	0.115	0.143
Secondary education or higher	0.277	0.010	8,674	8,674	2.183	0.038	0.256	0.298
Net attendance ratio	0.810	0.007	10,206	10,322	1.597	0.008	0.797	0.824
Never married/in union	0.244	0.006	8,674	8,674	1.407	0.027	0.231	0.257
Currently married/in union	0.625	0.007	8,674	8,674	1.436	0.012	0.610	0.640
Married before age 20	0.683	0.009	6,648	6,626	1.603	0.013	0.665	0.701
Had sexual intercourse before age 18	0.621	0.011	6,648	6,626	1.785	0.017	0.600	0.643
Currently pregnant	0.117	0.004	8,674	8,674	1.263	0.037	0.108	0.125
Children ever born	3.422	0.042	8,674	8,674	1.255	0.012	3.337	3.507
Children surviving	2.966	0.036	8,674	8,674	1.234	0.012	2.894	3.038
Children ever born to women age 40-49	7.235	0.097	1,271	1,316	1.183	0.013	7.040	7.430
Currently using any method	0.300	0.009	5,352	5,418	1.496	0.031	0.281	0.319
Currently using a modern method	0.260	0.009	5,352	5,418	1.483	0.034	0.242	0.278
Currently using a traditional method	0.040	0.003	5,352	5,418	1.276	0.086	0.033	0.047
Currently using pill	0.029	0.003	5,352	5,418	1.336	0.105	0.023	0.035
Currently using condoms	0.027	0.003	5,352	5,418	1.320	0.108	0.021	0.033
Currently using injectables	0.141	0.007	5,352	5,418	1.404	0.047	0.127	0.154
Currently using female sterilization	0.029	0.003	5,352	5,418	1.169	0.093	0.024	0.034
Currently using withdrawal	0.021	0.002	5,352	5,418	1.179	0.110	0.016	0.026
Currently using rhythm/moon beads	0.014	0.002	5,352	5,418	1.337	0.153	0.010	0.018
Used public sector source	0.466	0.018	1,717	1,783	1.536	0.040	0.429	0.503
Want no more children	0.424	0.009	5,352	5,418	1.290	0.021	0.406	0.441
Want to delay next birth at least 2 years	0.378	0.008	5,352	5,418	1.243	0.022	0.362	0.395
Ideal number of children	4.832	0.039	8,453	8,444	1.714	0.008	4.753	4.910
Mothers protected against tetanus for last birth	0.843	0.008	4,909	4,968	1.466	0.009	0.827	0.858
Births with skilled attendant at delivery	0.580	0.015	7,878	8,076	2.205	0.026	0.550	0.610
Had diarrhoea in the past 2 weeks	0.234	0.008	7,355	7,535	1.621	0.036	0.218	0.251
Treated with ORS	0.435	0.019	1,684	1,766	1.485	0.044	0.397	0.474
Sought medical treatment	0.714	0.016	1,684	1,766	1.343	0.022	0.683	0.745
Vaccination card seen	0.592	0.015	1,427	1,480	1.192	0.026	0.561	0.623
Received BCG vaccination	0.937	0.009	1,427	1,480	1.375	0.009	0.920	0.954
Received DPT vaccination (3 doses)	0.715	0.017	1,427	1,480	1.442	0.024	0.680	0.749
Received polio vaccination (3 doses)	0.629	0.018	1,427	1,480	1.406	0.028	0.593	0.665
Received measles vaccination	0.758	0.015	1,427	1,480	1.326	0.020	0.728	0.787
Received all vaccinations	0.516	0.018	1,427	1,480	1.385	0.035	0.480	0.553
Height-for-age (-2SD)	0.334	0.013	2,336	2,350	1.267	0.040	0.307	0.360
Weight-for-height (-2SD)	0.047	0.005	2,336	2,350	1.124	0.108	0.037	0.058
Weight-for-age (-2SD)	0.138	0.009	2,336	2,350	1.161	0.066	0.120	0.156
Body Mass Index (BMI) <18.5	0.117	0.009	2,355	2,316	1.277	0.073	0.100	0.134
Body Mass Index (BMI) >25	0.188	0.011	2,355	2,316	1.366	0.059	0.166	0.210
Prevalence of anaemia (children 6-59 months)	0.493	0.018	2,121	2,142	1.565	0.037	0.456	0.530
Prevalence of anaemia (women 15-49)	0.230	0.012	2,649	2,610	1.429	0.051	0.207	0.254
Accepting attitudes towards people with HIV	0.223	0.010	8,645	8,645	2.147	0.043	0.204	0.242
Had 2+ sexual partners in past 12 months	0.016	0.002	8,674	8,674	1.324	0.112	0.012	0.020
Condom use at last sex	0.306	0.043	142	139	1.110	0.141	0.220	0.392
Abstinence among youth (never had sex)	0.638	0.013	2,019	1,971	1.242	0.021	0.612	0.665
Sexually active in past 12 months among never-married youth	0.244	0.012	2,019	1,971	1.246	0.049	0.220	0.268
Had an HIV test and received results in past 12 months	0.417	0.009	8,674	8,674	1.621	0.021	0.400	0.434
Experienced physical violence since age 15 by anyone	0.561	0.017	2,056	2,056	1.509	0.029	0.528	0.594
Experienced sexual violence by anyone ever	0.278	0.014	2,056	2,056	1.412	0.050	0.250	0.306
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	0.505	0.018	1,705	1,588	1.472	0.035	0.469	0.540
Experienced spousal physical or sexual violence by any husband/partner ever	0.556	0.019	1,705	1,588	1.577	0.034	0.518	0.594
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	0.350	0.018	1,631	1,510	1.521	0.051	0.314	0.386
Total fertility rate (3 years)	6.202	0.125	23,929	23,916	1.458	0.020	5.952	6.452
Neonatal mortality rate[1]	27.175	2.377	7,931	8,119	1.246	0.087	22.420	31.929
Post-neonatal mortality rate[1]	26.654	2.220	7,919	8,115	1.197	0.083	22.213	31.094
Infant mortality rate[1]	53.828	2.999	7,948	8,134	1.137	0.056	47.829	59.827
Child mortality rate[1]	38.235	3.015	7,771	7,964	1.307	0.079	32.204	44.265
Under-five mortality rate[1]	90.005	4.346	8,060	8,243	1.240	0.048	81.312	98.698
MEN								
Urban	0.202	0.026	2,191	2,173	3.019	0.128	0.150	0.254
Literate	0.775	0.013	2,191	2,173	1.420	0.016	0.750	0.801
No education	0.041	0.006	2,191	2,173	1.321	0.136	0.030	0.053
Secondary or more	0.356	0.016	2,191	2,173	1.560	0.045	0.324	0.388
Never married	0.384	0.013	2,191	2,173	1.282	0.035	0.357	0.410
Currently married/in union	0.565	0.014	2,191	2,173	1.325	0.025	0.537	0.593
Had sexual intercourse before age 18	0.393	0.015	1,629	1,619	1.276	0.039	0.363	0.424
Ideal family size	5.656	0.112	2,158	2,145	1.391	0.020	5.432	5.880
Used condom at last higher-risk sex	0.190	0.023	413	405	1.174	0.120	0.144	0.235
Abstinence among youth (never married)	0.512	0.024	763	738	1.320	0.047	0.464	0.560
Sexually active last year, never married men	0.297	0.021	763	738	1.252	0.070	0.255	0.338
HIV tested and received results in past 12 months	0.307	0.012	2,191	2,173	1.235	0.040	0.283	0.331
Accepting attitudes towards people with HIV	0.342	0.015	2,185	2,167	1.452	0.043	0.312	0.371

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively.

Table B.3 Sampling errors for urban sample, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	1.000	0.000	2,562	1,717	na	0.000	0.000	0.000
Literacy	0.860	0.013	2,562	1,717	1.916	0.015	0.833	0.886
No education	0.035	0.006	2,562	1,717	1.557	0.162	0.024	0.046
Secondary education or higher	0.589	0.019	2,562	1,717	1.950	0.032	0.551	0.627
Net attendance ratio	0.850	0.010	1,806	1,105	1.153	0.012	0.829	0.870
Never married/in union	0.339	0.013	2,562	1,717	1.381	0.038	0.313	0.364
Currently married/in union	0.519	0.015	2,562	1,717	1.554	0.030	0.489	0.550
Married before age 20	0.474	0.017	1,961	1,322	1.547	0.037	0.439	0.509
Had sexual intercourse before age 18	0.550	0.017	1,961	1,322	1.506	0.031	0.516	0.584
Currently pregnant	0.082	0.008	2,562	1,717	1.441	0.095	0.066	0.097
Children ever born	2.190	0.065	2,562	1,717	1.419	0.030	2.059	2.320
Children surviving	1.989	0.059	2,562	1,717	1.418	0.030	1.871	2.106
Children ever born to women age 40-49	5.485	0.203	269	163	1.345	0.037	5.079	5.890
Currently using any method	0.458	0.019	1,317	892	1.393	0.042	0.420	0.496
Currently using a modern method	0.392	0.019	1,317	892	1.376	0.047	0.355	0.429
Currently using a traditional method	0.066	0.011	1,317	892	1.544	0.160	0.045	0.088
Currently using pill	0.079	0.011	1,317	892	1.472	0.138	0.057	0.101
Currently using condoms	0.047	0.008	1,317	892	1.358	0.169	0.031	0.062
Currently using injectables	0.199	0.016	1,317	892	1.425	0.079	0.167	0.230
Currently using female sterilization	0.025	0.005	1,317	892	1.204	0.209	0.014	0.035
Currently using withdrawal	0.033	0.007	1,317	892	1.323	0.198	0.020	0.046
Currently using rhythm/moon beads	0.028	0.006	1,317	892	1.222	0.199	0.017	0.039
Used public sector source	0.298	0.027	687	483	1.572	0.092	0.243	0.353
Want no more children	0.364	0.018	1,317	892	1.387	0.051	0.327	0.401
Want to delay next birth at least 2 years	0.408	0.019	1,317	892	1.384	0.046	0.370	0.445
Ideal number of children	4.138	0.058	2,518	1,689	1.591	0.014	4.022	4.254
Mothers protected against tetanus for last birth	0.864	0.012	1,185	805	1.204	0.014	0.840	0.888
Births with skilled attendant at delivery	0.891	0.016	1,682	1,147	1.831	0.018	0.859	0.923
Had diarrhoea in the past 2 weeks	0.218	0.017	1,583	1,089	1.606	0.079	0.183	0.252
Treated with ORS	0.462	0.037	345	237	1.308	0.081	0.388	0.536
Sought medical treatment	0.685	0.047	345	237	1.817	0.069	0.591	0.780
Vaccination card seen	0.553	0.035	307	204	1.228	0.064	0.482	0.623
Received BCG vaccination	0.963	0.015	307	204	1.378	0.016	0.933	0.993
Received DPT vaccination (3 doses)	0.754	0.036	307	204	1.462	0.048	0.682	0.827
Received polio vaccination (3 doses)	0.692	0.033	307	204	1.238	0.048	0.626	0.758
Received measles vaccination	0.808	0.024	307	204	1.046	0.029	0.760	0.855
Received all vaccinations	0.608	0.035	307	204	1.232	0.057	0.539	0.677
Height-for-age (-2SD)	0.186	0.030	487	307	1.582	0.160	0.126	0.246
Weight-for-height (-2SD)	0.042	0.012	487	307	1.253	0.275	0.019	0.065
Weight-for-age (-2SD)	0.066	0.014	487	307	1.245	0.218	0.037	0.095
Body Mass Index (BMI) <18.5	0.076	0.011	749	503	1.145	0.146	0.054	0.098
Body Mass Index (BMI) >25	0.349	0.022	749	503	1.280	0.064	0.305	0.394
Prevalence of anaemia (children 6-59 months)	0.380	0.026	429	265	1.056	0.068	0.328	0.431
Prevalence of anaemia (women 15-49)	0.199	0.022	794	521	1.530	0.110	0.155	0.243
Accepting attitudes towards people with HIV	0.262	0.016	2,556	1,713	1.859	0.062	0.229	0.294
Had 2+ sexual partners in past 12 months	0.024	0.004	2,562	1,717	1.317	0.166	0.016	0.032
Condom use at last sex	0.290	0.072	68	41	1.301	0.249	0.146	0.434
Abstinence among youth (never had sex)	0.498	0.023	741	496	1.230	0.045	0.453	0.543
Sexually active in past 12 months among never-married youth	0.352	0.021	741	496	1.213	0.061	0.309	0.394
Had an HIV test and received results in past 12 months	0.461	0.013	2,562	1,717	1.351	0.029	0.434	0.487
Experienced physical violence since age 15 by anyone	0.493	0.030	560	398	1.442	0.062	0.432	0.554
Experienced sexual violence by anyone ever	0.244	0.028	560	398	1.558	0.116	0.187	0.300
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	0.440	0.044	421	271	1.797	0.099	0.353	0.527
Experienced spousal physical or sexual violence by any husband/partner ever	0.472	0.043	421	271	1.749	0.090	0.387	0.557
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	0.271	0.044	406	261	2.003	0.163	0.182	0.359
Total fertility rate (3 years)	3.834	0.158	7,125	4,788	1.317	0.041	3.518	4.150
Neonatal mortality rate[1]	30.819	3.840	3,057	2,056	1.160	0.125	23.138	38.500
Post-neonatal mortality rate[1]	23.062	3.669	3,060	2,057	1.259	0.159	15.723	30.401
Infant mortality rate[1]	53.881	5.012	3,060	2,057	1.115	0.093	43.858	63.905
Child mortality rate[1]	24.722	4.251	3,072	2,065	1.310	0.172	16.220	33.223
Under-five mortality rate[1]	77.271	7.275	3,075	2,066	1.332	0.094	62.720	91.821
MEN								
Urban	1.000	0.000	614	439	0.000	0.000	1.000	1.000
Literate	0.911	0.013	614	439	1.153	0.015	0.884	0.937
No education	0.010	0.004	614	439	1.019	0.418	0.002	0.018
Secondary or more	0.662	0.022	614	439	1.174	0.034	0.617	0.707
Never married	0.456	0.030	614	439	1.508	0.066	0.396	0.517
Currently married/in union	0.489	0.035	614	439	1.721	0.071	0.420	0.559
Had sexual intercourse before age 18	0.419	0.029	484	346	1.307	0.070	0.360	0.477
Ideal family size	4.790	0.205	603	434	1.409	0.043	4.380	5.200
Used condom at last higher-risk sex	0.360	0.058	118	88	1.308	0.161	0.244	0.476
Abstinence among youth (never married)	0.339	0.046	223	162	1.463	0.137	0.246	0.432
Sexually active last year, never married men	0.449	0.039	223	162	1.169	0.087	0.371	0.528
HIV tested and received results in past 12 months	0.389	0.020	614	439	1.029	0.052	0.348	0.429
Accepting attitudes towards people with HIV	0.361	0.023	613	439	1.170	0.063	0.316	0.407

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively

Table B.4 Sampling errors for rural sample, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (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	6,112	6,957	na	0.000	0.000	0.000
Literacy	0.588	0.014	6,112	6,957	2.278	0.024	0.559	0.617
No education	0.152	0.008	6,112	6,957	1.785	0.054	0.136	0.169
Secondary education or higher	0.200	0.011	6,112	6,957	2.115	0.054	0.178	0.222
Net attendance ratio	0.806	0.007	8,400	9,217	1.548	0.009	0.791	0.820
Never married/in union	0.221	0.007	6,112	6,957	1.386	0.033	0.206	0.236
Currently married/in union	0.651	0.008	6,112	6,957	1.392	0.013	0.634	0.668
Married before age 20	0.735	0.009	4,687	5,305	1.444	0.013	0.716	0.753
Had sexual intercourse before age 18	0.639	0.012	4,687	5,305	1.773	0.019	0.614	0.664
Currently pregnant	0.125	0.005	6,112	6,957	1.196	0.040	0.115	0.135
Children ever born	3.726	0.045	6,112	6,957	1.091	0.012	3.635	3.817
Children surviving	3.207	0.039	6,112	6,957	1.106	0.012	3.128	3.286
Children ever born to women age 40-49	7.483	0.107	1,002	1,153	1.160	0.014	7.269	7.696
Currently using any method	0.269	0.010	4,035	4,526	1.467	0.038	0.249	0.290
Currently using a modern method	0.234	0.010	4,035	4,526	1.450	0.041	0.215	0.254
Currently using a traditional method	0.035	0.004	4,035	4,526	1.229	0.102	0.028	0.042
Currently using pill	0.019	0.003	4,035	4,526	1.396	0.157	0.013	0.025
Currently using condoms	0.023	0.003	4,035	4,526	1.304	0.133	0.017	0.029
Currently using injectables	0.129	0.007	4,035	4,526	1.365	0.056	0.115	0.144
Currently using female sterilization	0.030	0.003	4,035	4,526	1.135	0.102	0.024	0.036
Currently using withdrawal	0.019	0.002	4,035	4,526	1.149	0.132	0.014	0.023
Currently using rhythm/moon beads	0.011	0.002	4,035	4,526	1.412	0.208	0.007	0.016
Used public sector source	0.529	0.021	1,030	1,300	1.365	0.040	0.486	0.571
Want no more children	0.436	0.010	4,035	4,526	1.234	0.022	0.416	0.455
Want to delay next birth at least 2 years	0.373	0.009	4,035	4,526	1.185	0.024	0.355	0.391
Ideal number of children	5.005	0.046	5,935	6,755	1.656	0.009	4.914	5.097
Mothers protected against tetanus for last birth	0.838	0.009	3,724	4,163	1.434	0.010	0.821	0.856
Births with skilled attendant at delivery	0.528	0.016	6,196	6,928	2.108	0.031	0.495	0.561
Had diarrhoea in the past 2 weeks	0.237	0.009	5,772	6,447	1.553	0.039	0.218	0.256
Treated with ORS	0.431	0.021	1,339	1,528	1.439	0.050	0.388	0.474
Sought medical treatment	0.718	0.017	1,339	1,528	1.240	0.023	0.685	0.752
Vaccination card seen	0.598	0.017	1,120	1,275	1.143	0.028	0.564	0.632
Received BCG vaccination	0.933	0.010	1,120	1,275	1.309	0.010	0.913	0.952
Received DPT vaccination (3 doses)	0.708	0.019	1,120	1,275	1.384	0.027	0.670	0.747
Received polio vaccination (3 doses)	0.619	0.020	1,120	1,275	1.362	0.032	0.579	0.659
Received measles vaccination	0.750	0.017	1,120	1,275	1.290	0.023	0.716	0.783
Received all vaccinations	0.502	0.020	1,120	1,275	1.346	0.041	0.461	0.543
Height-for-age (-2SD)	0.356	0.015	1,849	2,043	1.210	0.041	0.327	0.385
Weight-for-height (-2SD)	0.048	0.006	1,849	2,043	1.067	0.116	0.037	0.059
Weight-for-age (-2SD)	0.149	0.010	1,849	2,043	1.103	0.068	0.128	0.169
Body Mass Index (BMI) <18.5	0.129	0.010	1,606	1,813	1.239	0.081	0.108	0.150
Body Mass Index (BMI) >25	0.143	0.012	1,606	1,813	1.336	0.082	0.120	0.167
Prevalence of anaemia (children 6-59 months)	0.509	0.021	1,692	1,877	1.526	0.040	0.468	0.550
Prevalence of anaemia (women 15-49)	0.238	0.014	1,855	2,090	1.375	0.057	0.211	0.266
Accepting attitudes towards people with HIV	0.214	0.011	6,089	6,933	2.166	0.053	0.191	0.236
Had 2+ sexual partners in past 12 months	0.014	0.002	6,112	6,957	1.329	0.143	0.010	0.018
Condom use at last sex	0.312	0.053	74	97	0.978	0.170	0.206	0.418
Abstinence among youth (never had sex)	0.686	0.016	1,278	1,475	1.198	0.023	0.654	0.717
Sexually active in past 12 months among never-married youth	0.208	0.014	1,278	1,475	1.245	0.068	0.180	0.237
Had an HIV test and received results in past 12 months	0.406	0.010	6,112	6,957	1.627	0.025	0.386	0.426
Experienced physical violence since age 15 by anyone	0.578	0.019	1,496	1,658	1.479	0.033	0.540	0.616
Experienced sexual violence by anyone ever	0.286	0.016	1,496	1,658	1.355	0.055	0.255	0.318
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	0.518	0.019	1,284	1,317	1.395	0.038	0.479	0.557
Experienced spousal physical or sexual violence by any husband/partner ever	0.573	0.021	1,284	1,317	1.513	0.036	0.532	0.615
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	0.367	0.020	1,225	1,248	1.424	0.054	0.327	0.406
Total fertility rate (3 years)	6.784	0.131	16,804	19,127	1.438	0.019	6.522	7.045
Neonatal mortality rate[1]	30.434	2.197	12,030	13,430	1.223	0.072	26.040	34.827
Post-neonatal mortality rate[1]	35.880	2.368	12,062	13,463	1.228	0.066	31.143	40.616
Infant mortality rate[1]	66.313	2.989	12,062	13,463	1.147	0.045	60.335	72.292
Child mortality rate[1]	47.383	2.749	12,141	13,548	1.219	0.058	41.886	52.881
Under-five mortality rate[1]	110.555	4.301	12,173	13,581	1.287	0.039	101.953	119.156
MEN								
Urban	0.000	0.000	1,577	1,734	0.000	0.000	0.000	0.000
Literate	0.741	0.014	1,577	1,734	1.306	0.019	0.712	0.770
No education	0.049	0.007	1,577	1,734	1.250	0.138	0.036	0.063
Secondary or more	0.279	0.014	1,577	1,734	1.259	0.051	0.250	0.307
Never married	0.365	0.014	1,577	1,734	1.182	0.039	0.337	0.394
Currently married/in union	0.584	0.014	1,577	1,734	1.163	0.025	0.556	0.613
Had sexual intercourse before age 18	0.387	0.018	1,145	1,273	1.241	0.046	0.351	0.422
Ideal family size	5.876	0.123	1,555	1,711	1.296	0.021	5.629	6.123
Used condom at last higher-risk sex	0.142	0.024	295	317	1.202	0.172	0.093	0.191
Abstinence among youth (never married)	0.561	0.026	540	576	1.219	0.046	0.508	0.613
Sexually active last year, never married men	0.254	0.022	540	576	1.184	0.087	0.209	0.298
HIV tested and received results in past 12 months	0.286	0.014	1,577	1,734	1.215	0.048	0.258	0.314
Accepting attitudes towards people with HIV	0.337	0.017	1,572	1,729	1.466	0.052	0.302	0.372

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively

Table B.5 Sampling errors for Kampala region, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	1.000	0.000	1,039	839	na	0.000	1.000	1.000
Literacy	0.906	0.011	1,039	839	1.214	0.012	0.885	0.928
No education	0.014	0.004	1,039	839	1.127	0.291	0.006	0.023
Secondary education or higher	0.642	0.030	1,039	839	2.044	0.047	0.581	0.702
Net attendance ratio	0.849	0.021	498	358	1.245	0.025	0.806	0.892
Never married/in union	0.374	0.018	1,039	839	1.193	0.048	0.338	0.410
Currently married/in union	0.474	0.022	1,039	839	1.444	0.047	0.429	0.518
Married before age 20	0.411	0.026	816	649	1.498	0.063	0.359	0.463
Had sexual intercourse before age 18	0.528	0.027	816	649	1.527	0.051	0.474	0.581
Currently pregnant	0.083	0.015	1,039	839	1.695	0.175	0.054	0.112
Children ever born	1.865	0.076	1,039	839	1.183	0.041	1.714	2.017
Children surviving	1.704	0.068	1,039	839	1.173	0.040	1.569	1.840
Children ever born to women age 40-49	4.950	0.309	93	80	1.379	0.062	4.332	5.568
Currently using any method	0.482	0.035	500	397	1.572	0.073	0.412	0.552
Currently using a modern method	0.402	0.033	500	397	1.482	0.081	0.337	0.467
Currently using a traditional method	0.080	0.018	500	397	1.496	0.227	0.044	0.116
Currently using pill	0.103	0.021	500	397	1.515	0.201	0.061	0.144
Currently using condoms	0.047	0.011	500	397	1.134	0.229	0.026	0.068
Currently using injectables	0.193	0.027	500	397	1.501	0.137	0.140	0.246
Currently using female sterilization	0.020	0.007	500	397	1.167	0.361	0.006	0.035
Currently using withdrawal	0.038	0.012	500	397	1.384	0.311	0.014	0.062
Currently using rhythm/moon beads	0.036	0.010	500	397	1.213	0.283	0.015	0.056
Used public sector source	0.211	0.036	275	227	1.448	0.169	0.140	0.283
Want no more children	0.342	0.030	500	397	1.409	0.088	0.282	0.402
Want to delay next birth at least 2 years	0.393	0.022	500	397	1.028	0.057	0.348	0.438
Ideal number of children	3.997	0.065	1,025	828	1.139	0.016	3.867	4.128
Mothers protected against tetanus for last birth	0.846	0.018	438	358	1.067	0.022	0.810	0.883
Births with skilled attendant at delivery	0.930	0.014	606	489	1.189	0.015	0.901	0.959
Had diarrhoea in the past 2 weeks	0.241	0.029	579	467	1.548	0.122	0.182	0.300
Treated with ORS	0.463	0.053	136	112	1.151	0.116	0.356	0.570
Sought medical treatment	0.687	0.081	136	112	1.872	0.118	0.525	0.849
Vaccination card seen	0.541	0.063	118	86	1.288	0.116	0.416	0.666
Received BCG vaccination	0.946	0.031	118	86	1.399	0.032	0.885	1.007
Received DPT vaccination (3 doses)	0.735	0.058	118	86	1.355	0.079	0.619	0.852
Received polio vaccination (3 doses)	0.716	0.045	118	86	1.007	0.062	0.627	0.805
Received measles vaccination	0.820	0.039	118	86	1.033	0.047	0.742	0.897
Received all vaccinations	0.634	0.056	118	86	1.197	0.089	0.521	0.747
Height-for-age (-2SD)	0.135	0.029	182	132	1.126	0.219	0.076	0.194
Weight-for-height (-2SD)	0.044	0.016	182	132	1.047	0.361	0.012	0.076
Weight-for-age (-2SD)	0.057	0.020	182	132	1.181	0.353	0.017	0.097
Body Mass Index (BMI) <18.5	0.077	0.016	298	241	1.058	0.212	0.044	0.110
Body Mass Index (BMI) >25	0.404	0.031	298	241	1.075	0.076	0.343	0.465
Prevalence of anaemia (children 6-59 months)	0.398	0.039	163	122	1.009	0.098	0.320	0.476
Prevalence of anaemia (women 15-49)	0.196	0.034	309	246	1.484	0.172	0.129	0.264
Accepting attitudes towards people with HIV	0.233	0.025	1,037	837	1.942	0.110	0.182	0.284
Had 2+ sexual partners in past 12 months	0.017	0.004	1,039	839	1.096	0.260	0.008	0.026
Condom use at last sex	0.492	0.121	24	14	1.163	0.246	0.250	0.735
Abstinence among youth (never had sex)	0.459	0.026	314	262	0.918	0.056	0.407	0.511
Sexually active in past 12 months among never-married youth	0.358	0.026	314	262	0.947	0.072	0.307	0.410
Had an HIV test and received results in past 12 months	0.432	0.019	1,039	839	1.242	0.044	0.394	0.470
Experienced physical violence since age 15 by anyone	0.495	0.038	226	185	1.149	0.077	0.418	0.571
Experienced sexual violence by anyone ever	0.189	0.036	226	185	1.372	0.189	0.118	0.261
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	0.449	0.069	155	116	1.716	0.153	0.312	0.587
Experienced spousal physical or sexual violence by any husband/partner ever	0.479	0.064	155	116	1.590	0.134	0.351	0.607
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	0.266	0.083	152	113	2.308	0.312	0.100	0.432
Total fertility rate (3 years)	3.299	0.215	2,947	2,371	1.144	0.065	2.869	3.728
Neonatal mortality rate[1]	27.192	5.668	1,059	836	1.093	0.208	15.856	38.528
Post-neonatal mortality rate[1]	20.180	6.161	1,059	836	1.351	0.305	7.858	32.502
Infant mortality rate[1]	47.372	6.489	1,059	836	0.971	0.137	34.393	60.350
Child mortality rate[1]	18.636	5.358	1,060	837	1.122	0.288	7.920	29.353
Under-five mortality rate[1]	65.125	9.248	1,060	837	1.186	0.142	46.629	83.622
MEN								
Urban	1.000	0.000	238	221	0.000	0.000	1.000	1.000
Literate	0.916	0.018	238	221	0.986	0.019	0.881	0.952
No education	0.004	0.003	238	221	0.724	0.755	0.000	0.010
Secondary or more	0.676	0.035	238	221	1.156	0.052	0.605	0.746
Never married	0.486	0.038	238	221	1.164	0.078	0.410	0.561
Currently married/in union	0.435	0.045	238	221	1.384	0.102	0.346	0.524
Had sexual intercourse before age 18	0.435	0.043	185	166	1.172	0.098	0.350	0.521
Ideal family size	4.481	0.186	231	219	0.898	0.042	4.109	4.852
Used condom at last higher-risk sex	0.439	0.091	46	37	1.225	0.206	0.258	0.620
Abstinence among youth (never married)	0.358	0.074	88	89	1.444	0.207	0.210	0.506
Sexually active last year, never married men	0.401	0.046	88	89	0.880	0.115	0.308	0.493
HIV tested and received results in past 12 months	0.433	0.025	238	221	0.777	0.058	0.383	0.483
Accepting attitudes towards people with HIV	0.367	0.036	238	221	1.138	0.097	0.296	0.439

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively

Table B.6 Sampling errors for Central 1 region, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases Un-weighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
WOMEN								
Urban residence	0.109	0.036	767	956	3.175	0.329	0.037	0.180
Literacy	0.796	0.031	767	956	2.142	0.039	0.734	0.859
No education	0.092	0.016	767	956	1.547	0.176	0.059	0.124
Secondary education or higher	0.365	0.035	767	956	2.007	0.096	0.295	0.435
Net attendance ratio	0.873	0.015	823	1,125	1.260	0.018	0.842	0.904
Never married/in union	0.263	0.028	767	956	1.775	0.107	0.206	0.319
Currently married/in union	0.585	0.024	767	956	1.342	0.041	0.537	0.633
Married before age 20	0.674	0.030	596	726	1.552	0.044	0.614	0.734
Had sexual intercourse before age 18	0.672	0.027	596	726	1.420	0.041	0.617	0.726
Currently pregnant	0.099	0.011	767	956	1.052	0.115	0.076	0.122
Children ever born	3.447	0.141	767	956	1.246	0.041	3.165	3.729
Children surviving	3.014	0.107	767	956	1.077	0.036	2.800	3.229
Children ever born to women age 40-49	7.196	0.280	123	165	1.024	0.039	6.637	7.755
Currently using any method	0.373	0.023	435	559	0.975	0.061	0.328	0.419
Currently using a modern method	0.307	0.021	435	559	0.965	0.070	0.264	0.350
Currently using a traditional method	0.066	0.015	435	559	1.237	0.223	0.037	0.096
Currently using pill	0.046	0.013	435	559	1.314	0.286	0.020	0.073
Currently using condoms	0.054	0.014	435	559	1.256	0.253	0.027	0.081
Currently using injectables	0.150	0.017	435	559	1.013	0.116	0.115	0.185
Currently using female sterilization	0.022	0.009	435	559	1.327	0.421	0.004	0.041
Currently using withdrawal	0.036	0.009	435	559	0.996	0.246	0.018	0.054
Currently using rhythm/moon beads	0.026	0.011	435	559	1.461	0.426	0.004	0.049
Used public sector source	0.405	0.060	179	229	1.640	0.149	0.284	0.526
Want no more children	0.403	0.027	435	559	1.135	0.066	0.350	0.457
Want to delay next birth at least 2 years	0.355	0.029	435	559	1.275	0.083	0.296	0.413
Ideal number of children	4.844	0.105	734	906	1.352	0.022	4.633	5.055
Mothers protected against tetanus for last birth	0.803	0.027	415	504	1.382	0.034	0.748	0.858
Births with skilled attendant at delivery	0.620	0.041	641	797	1.731	0.065	0.539	0.702
Had diarrhoea in the past 2 weeks	0.223	0.022	588	743	1.251	0.098	0.180	0.267
Treated with ORS	0.374	0.042	135	166	0.951	0.113	0.289	0.459
Sought medical treatment	0.701	0.053	135	166	1.235	0.076	0.594	0.808
Vaccination card seen	0.440	0.046	120	153	1.011	0.104	0.349	0.532
Received BCG vaccination	0.852	0.054	120	153	1.710	0.064	0.744	0.961
Received DPT vaccination (3 doses)	0.664	0.066	120	153	1.513	0.099	0.533	0.795
Received polio vaccination (3 doses)	0.511	0.047	120	153	1.042	0.091	0.418	0.604
Received measles vaccination	0.750	0.061	120	153	1.511	0.081	0.628	0.871
Received all vaccinations	0.439	0.044	120	153	0.974	0.100	0.351	0.527
Height-for-age (-2SD)	0.325	0.047	188	243	1.260	0.144	0.231	0.419
Weight-for-height (-2SD)	0.058	0.019	188	243	0.990	0.319	0.021	0.095
Weight-for-age (-2SD)	0.129	0.029	188	243	1.121	0.222	0.072	0.186
Body Mass Index (BMI) <18.5	0.073	0.029	196	242	1.530	0.391	0.016	0.130
Body Mass Index (BMI) >25	0.233	0.044	196	242	1.462	0.190	0.144	0.322
Prevalence of anaemia (children 6-59 months)	0.568	0.051	165	209	1.228	0.090	0.466	0.671
Prevalence of anaemia (women 15-49)	0.235	0.042	225	269	1.472	0.181	0.150	0.320
Accepting attitudes towards people with HIV	0.188	0.034	764	953	2.404	0.181	0.120	0.256
Had 2+ sexual partners in past 12 months	0.034	0.010	767	956	1.492	0.286	0.015	0.054
Condom use at last sex	0.317	0.088	26	33	0.947	0.278	0.141	0.494
Abstinence among youth (never had sex)	0.570	0.033	187	233	0.914	0.058	0.503	0.636
Sexually active in past 12 months among never-married youth	0.321	0.037	187	233	1.074	0.115	0.247	0.394
Had an HIV test and received results in past 12 months	0.433	0.041	767	956	2.266	0.094	0.352	0.514
Experienced physical violence since age 15 by anyone	0.500	0.044	193	231	1.206	0.087	0.413	0.587
Experienced sexual violence by anyone ever	0.327	0.043	193	231	1.266	0.131	0.241	0.412
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	0.359	0.050	160	176	1.317	0.139	0.259	0.460
Experienced spousal physical or sexual violence by any husband/partner ever	0.434	0.052	160	176	1.324	0.120	0.330	0.538
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	0.229	0.048	150	161	1.404	0.211	0.133	0.326
Total fertility rate (3 years)	5.611	0.381	2,114	2,651	1.803	0.068	4.849	6.373
Neonatal mortality rate[1]	43.826	7.501	1,229	1,568	1.244	0.171	28.825	58.827
Post-neonatal mortality rate[1]	31.178	6.019	1,231	1,570	1.124	0.193	19.141	43.216
Infant mortality rate[1]	75.005	8.586	1,231	1,570	1.148	0.114	57.833	92.176
Child mortality rate[1]	36.577	8.947	1,235	1,576	1.408	0.245	18.682	54.471
Under-five mortality rate[1]	108.838	14.396	1,237	1,577	1.397	0.132	80.047	137.629
MEN								
Urban	0.106	0.036	178	209	1.572	0.343	0.033	0.179
Literate	0.738	0.036	178	209	1.081	0.048	0.666	0.809
No education	0.060	0.024	178	209	1.315	0.390	0.013	0.107
Secondary or more	0.307	0.037	178	209	1.077	0.122	0.232	0.382
Never married	0.362	0.037	178	209	1.020	0.102	0.288	0.435
Currently married/in union	0.575	0.032	178	209	0.863	0.056	0.510	0.639
Had sexual intercourse before age 18	0.470	0.053	139	164	1.241	0.112	0.365	0.575
Ideal family size	6.726	0.333	175	207	1.133	0.050	6.060	7.392
Used condom at last higher-risk sex	0.189	0.083	42	56	1.352	0.438	0.023	0.354
Abstinence among youth (never married)	0.592	0.074	55	57	1.102	0.125	0.444	0.739
Sexually active last year, never married men	0.234	0.066	55	57	1.138	0.280	0.103	0.366
HIV tested and received results in past 12 months	0.309	0.034	178	209	0.985	0.111	0.241	0.378
Accepting attitudes towards people with HIV	0.320	0.047	178	209	1.333	0.146	0.226	0.413

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively

Table B.7 Sampling errors for Central 2 region, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.212	0.070	830	902	4.952	0.332	0.071	0.352
Literacy	0.745	0.031	830	902	2.024	0.041	0.684	0.807
No education	0.089	0.018	830	902	1.777	0.197	0.054	0.124
Secondary education or higher	0.340	0.036	830	902	2.201	0.107	0.267	0.412
Net attendance ratio	0.796	0.017	962	1,086	1.213	0.021	0.762	0.830
Never married/in union	0.216	0.021	830	902	1.467	0.097	0.174	0.258
Currently married/in union	0.626	0.025	830	902	1.466	0.039	0.577	0.675
Married before age 20	0.722	0.027	641	703	1.533	0.038	0.668	0.777
Had sexual intercourse before age 18	0.692	0.021	641	703	1.164	0.031	0.649	0.734
Currently pregnant	0.096	0.014	830	902	1.364	0.145	0.068	0.124
Children ever born	3.621	0.149	830	902	1.373	0.041	3.324	3.919
Children surviving	3.187	0.125	830	902	1.320	0.039	2.937	3.438
Children ever born to women age 40-49	7.136	0.254	136	148	1.045	0.036	6.629	7.644
Currently using any method	0.337	0.029	498	565	1.376	0.087	0.278	0.395
Currently using a modern method	0.307	0.026	498	565	1.263	0.085	0.255	0.360
Currently using a traditional method	0.029	0.007	498	565	0.978	0.252	0.015	0.044
Currently using pill	0.030	0.011	498	565	1.481	0.380	0.007	0.052
Currently using condoms	0.033	0.008	498	565	0.960	0.234	0.017	0.048
Currently using injectables	0.143	0.017	498	565	1.104	0.121	0.108	0.177
Currently using female sterilization	0.049	0.010	498	565	1.050	0.208	0.029	0.069
Currently using withdrawal	0.025	0.007	498	565	1.003	0.279	0.011	0.039
Currently using rhythm/moon beads	0.004	0.003	498	565	1.014	0.710	0.000	0.010
Used public sector source	0.388	0.039	209	230	1.169	0.102	0.309	0.467
Want no more children	0.413	0.025	498	565	1.119	0.060	0.364	0.463
Want to delay next birth at least 2 years	0.404	0.026	498	565	1.164	0.063	0.353	0.455
Ideal number of children	4.969	0.102	803	871	1.445	0.021	4.764	5.174
Mothers protected against tetanus for last birth	0.842	0.016	462	507	0.942	0.019	0.810	0.874
Births with skilled attendant at delivery	0.699	0.042	755	842	2.090	0.061	0.614	0.783
Had diarrhoea in the past 2 weeks	0.209	0.017	710	794	1.085	0.080	0.175	0.242
Treated with ORS	0.506	0.044	148	166	1.021	0.087	0.417	0.594
Sought medical treatment	0.660	0.044	148	166	1.097	0.067	0.572	0.749
Vaccination card seen	0.529	0.045	148	169	1.099	0.085	0.439	0.619
Received BCG vaccination	0.945	0.019	148	169	1.067	0.021	0.907	0.984
Received DPT vaccination (3 doses)	0.617	0.045	148	169	1.138	0.074	0.526	0.708
Received polio vaccination (3 doses)	0.540	0.055	148	169	1.352	0.102	0.429	0.650
Received measles vaccination	0.707	0.044	148	169	1.191	0.062	0.619	0.794
Received all vaccinations	0.430	0.049	148	169	1.217	0.115	0.331	0.529
Height-for-age (-2SD)	0.361	0.044	202	219	1.197	0.123	0.273	0.450
Weight-for-height (-2SD)	0.053	0.017	202	219	1.107	0.327	0.018	0.088
Weight-for-age (-2SD)	0.114	0.029	202	219	1.014	0.254	0.056	0.171
Body Mass Index (BMI) <18.5	0.082	0.022	226	233	1.161	0.266	0.038	0.126
Body Mass Index (BMI) >25	0.204	0.039	226	233	1.412	0.191	0.126	0.282
Prevalence of anaemia (children 6-59 months)	0.542	0.038	182	199	1.046	0.069	0.467	0.617
Prevalence of anaemia (women 15-49)	0.309	0.030	248	259	0.985	0.095	0.250	0.369
Accepting attitudes towards people with HIV	0.180	0.016	830	902	1.211	0.090	0.148	0.213
Had 2+ sexual partners in past 12 months	0.019	0.005	830	902	1.071	0.265	0.009	0.030
Condom use at last sex	0.535	0.112	17	17	0.895	0.209	0.311	0.758
Abstinence among youth (never had sex)	0.667	0.039	184	182	1.128	0.059	0.589	0.746
Sexually active in past 12 months among never-married youth	0.253	0.036	184	182	1.126	0.143	0.181	0.326
Had an HIV test and received results in past 12 months	0.396	0.024	830	902	1.437	0.062	0.347	0.445
Experienced physical violence since age 15 by anyone	0.540	0.038	208	221	1.104	0.071	0.464	0.617
Experienced sexual violence by anyone ever	0.347	0.032	208	221	0.964	0.092	0.283	0.411
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	0.500	0.042	171	171	1.105	0.085	0.415	0.585
Experienced spousal physical or sexual violence by any husband/partner ever	0.527	0.050	171	171	1.301	0.094	0.428	0.627
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	0.357	0.050	164	163	1.338	0.141	0.256	0.457
Total fertility rate (3 years)	6.292	0.334	2,274	2,476	1.226	0.053	5.624	6.961
Neonatal mortality rate[1]	30.594	8.099	1,441	1,630	1.244	0.265	14.397	46.791
Post-neonatal mortality rate[1]	23.358	3.962	1,442	1,631	0.966	0.170	15.433	31.283
Infant mortality rate[1]	53.952	8.272	1,442	1,631	1.106	0.153	37.408	70.496
Child mortality rate[1]	34.656	6.178	1,449	1,636	1.069	0.178	22.299	47.012
Under-five mortality rate[1]	86.738	10.582	1,450	1,636	1.166	0.122	65.574	107.902
MEN								
Urban	0.194	0.069	221	236	2.592	0.357	0.055	0.332
Literate	0.840	0.029	221	236	1.162	0.034	0.782	0.897
No education	0.044	0.015	221	236	1.102	0.348	0.013	0.074
Secondary or more	0.397	0.049	221	236	1.477	0.123	0.299	0.494
Never married	0.385	0.046	221	236	1.393	0.119	0.293	0.476
Currently married/in union	0.541	0.047	221	236	1.404	0.087	0.446	0.635
Had sexual intercourse before age 18	0.417	0.046	168	182	1.216	0.111	0.325	0.510
Ideal family size	5.729	0.259	214	228	1.110	0.045	5.211	6.247
Used condom at last higher-risk sex	0.246	0.084	38	42	1.188	0.342	0.078	0.415
Abstinence among youth (never married)	0.407	0.052	79	84	0.932	0.127	0.304	0.511
Sexually active last year, never married men	0.393	0.064	79	84	1.154	0.163	0.265	0.520
HIV tested and received results in past 12 months	0.208	0.027	221	236	1.001	0.132	0.153	0.263
Accepting attitudes towards people with HIV	0.370	0.037	221	236	1.145	0.101	0.295	0.444

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively

Table B.8 Sampling errors for East Central region, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases Un-weighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
WOMEN								
Urban residence	0.157	0.058	875	869	4.707	0.369	0.041	0.273
Literacy	0.577	0.035	875	869	2.071	0.060	0.508	0.646
No education	0.090	0.018	875	869	1.896	0.204	0.054	0.127
Secondary education or higher	0.299	0.032	875	869	2.048	0.106	0.236	0.363
Net attendance ratio	0.845	0.012	1,180	1,190	1.176	0.014	0.821	0.869
Never married/in union	0.219	0.019	875	869	1.384	0.088	0.181	0.258
Currently married/in union	0.668	0.022	875	869	1.406	0.034	0.623	0.713
Married before age 20	0.734	0.026	668	667	1.535	0.036	0.681	0.786
Had sexual intercourse before age 18	0.708	0.018	668	667	1.019	0.025	0.672	0.744
Currently pregnant	0.137	0.012	875	869	1.011	0.086	0.113	0.160
Children ever born	3.900	0.162	875	869	1.413	0.042	3.576	4.224
Children surviving	3.450	0.143	875	869	1.403	0.041	3.164	3.737
Children ever born to women age 40-49	7.861	0.308	131	132	1.101	0.039	7.245	8.477
Currently using any method	0.320	0.030	573	580	1.531	0.093	0.260	0.379
Currently using a modern method	0.277	0.026	573	580	1.390	0.094	0.225	0.329
Currently using a traditional method	0.043	0.010	573	580	1.160	0.229	0.023	0.063
Currently using pill	0.025	0.006	573	580	0.968	0.252	0.012	0.038
Currently using condoms	0.042	0.008	573	580	0.966	0.192	0.026	0.059
Currently using injectables	0.163	0.019	573	580	1.248	0.118	0.124	0.201
Currently using female sterilization	0.039	0.009	573	580	1.054	0.218	0.022	0.056
Currently using withdrawal	0.015	0.006	573	580	1.155	0.394	0.003	0.026
Currently using rhythm/moon beads	0.011	0.005	573	580	1.060	0.415	0.002	0.021
Used public sector source	0.457	0.038	202	203	1.082	0.083	0.381	0.533
Want no more children	0.457	0.025	573	580	1.211	0.055	0.406	0.507
Want to delay next birth at least 2 years	0.376	0.022	573	580	1.107	0.060	0.331	0.421
Ideal number of children	4.871	0.112	859	851	1.754	0.023	4.648	5.094
Mothers protected against tetanus for last birth	0.825	0.021	527	532	1.286	0.026	0.782	0.867
Births with skilled attendant at delivery	0.671	0.032	903	923	1.622	0.047	0.608	0.735
Had diarrhoea in the past 2 weeks	0.319	0.017	838	852	0.974	0.053	0.285	0.353
Treated with ORS	0.562	0.027	268	272	0.770	0.048	0.508	0.617
Sought medical treatment	0.728	0.029	268	272	0.909	0.039	0.670	0.785
Vaccination card seen	0.531	0.032	166	169	0.823	0.061	0.466	0.595
Received BCG vaccination	0.955	0.013	166	169	0.836	0.014	0.929	0.982
Received DPT vaccination (3 doses)	0.528	0.040	166	169	1.021	0.075	0.449	0.608
Received polio vaccination (3 doses)	0.543	0.037	166	169	0.956	0.068	0.469	0.617
Received measles vaccination	0.714	0.034	166	169	0.963	0.047	0.647	0.782
Received all vaccinations	0.392	0.048	166	169	1.262	0.123	0.296	0.488
Height-for-age (-2SD)	0.335	0.034	269	269	1.058	0.102	0.267	0.403
Weight-for-height (-2SD)	0.050	0.018	269	269	1.301	0.362	0.014	0.086
Weight-for-age (-2SD)	0.167	0.026	269	269	1.059	0.154	0.116	0.219
Body Mass Index (BMI) <18.5	0.119	0.022	233	224	1.040	0.189	0.074	0.164
Body Mass Index (BMI) >25	0.157	0.028	233	224	1.173	0.181	0.101	0.214
Prevalence of anaemia (children 6-59 months)	0.675	0.039	253	257	1.273	0.057	0.598	0.752
Prevalence of anaemia (women 15-49)	0.299	0.023	281	272	0.841	0.078	0.253	0.346
Accepting attitudes towards people with HIV	0.159	0.018	870	863	1.432	0.112	0.123	0.194
Had 2+ sexual partners in past 12 months	0.026	0.006	875	869	1.150	0.238	0.014	0.038
Condom use at last sex	0.148	0.078	22	23	1.009	0.529	0.000	0.304
Abstinence among youth (never had sex)	0.589	0.037	193	184	1.047	0.063	0.514	0.663
Sexually active in past 12 months among never-married youth	0.300	0.035	193	184	1.049	0.116	0.230	0.369
Had an HIV test and received results in past 12 months	0.406	0.025	875	869	1.477	0.060	0.357	0.455
Experienced physical violence since age 15 by anyone	0.619	0.046	197	185	1.329	0.074	0.527	0.712
Experienced sexual violence by anyone ever	0.340	0.043	197	185	1.262	0.126	0.254	0.425
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	0.521	0.055	175	152	1.458	0.106	0.411	0.632
Experienced spousal physical or sexual violence by any husband/partner ever	0.599	0.042	175	152	1.135	0.070	0.515	0.684
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	0.364	0.048	169	148	1.301	0.133	0.267	0.460
Total fertility rate (3 years)	6.915	0.482	2,395	2,382	1.513	0.070	5.951	7.879
Neonatal mortality rate[1]	23.243	5.173	1,745	1,777	1.301	0.223	12.897	33.590
Post-neonatal mortality rate[1]	37.638	4.934	1,752	1,784	1.032	0.131	27.770	47.506
Infant mortality rate[1]	60.882	6.759	1,752	1,784	1.070	0.111	47.364	74.400
Child mortality rate[1]	48.345	6.014	1,759	1,792	1.019	0.124	36.316	60.373
Under-five mortality rate[1]	106.283	9.575	1,766	1,799	1.116	0.090	87.134	125.432
MEN								
Urban	0.172	0.067	244	236	2.774	0.390	0.038	0.306
Literate	0.721	0.043	244	236	1.504	0.060	0.634	0.807
No education	0.037	0.014	244	236	1.187	0.386	0.009	0.066
Secondary or more	0.386	0.043	244	236	1.379	0.112	0.300	0.472
Never married	0.443	0.032	244	236	1.014	0.073	0.378	0.508
Currently married/in union	0.519	0.031	244	236	0.973	0.060	0.456	0.581
Had sexual intercourse before age 18	0.409	0.040	164	157	1.043	0.098	0.328	0.489
Ideal family size	5.822	0.353	240	232	1.236	0.061	5.116	6.529
Used condom at last higher-risk sex	0.245	0.061	62	61	1.099	0.247	0.124	0.367
Abstinence among youth (never married)	0.447	0.062	96	93	1.207	0.138	0.324	0.570
Sexually active last year, never married men	0.425	0.051	96	93	1.005	0.120	0.323	0.526
HIV tested and received results in past 12 months	0.207	0.024	244	236	0.929	0.117	0.158	0.255
Accepting attitudes towards people with HIV	0.221	0.030	244	236	1.111	0.134	0.162	0.280

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively

Table B.9 Sampling errors for Eastern region, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases Un-weighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
WOMEN								
Urban residence	0.072	0.034	943	1,267	3.986	0.466	0.005	0.139
Literacy	0.490	0.022	943	1,267	1.366	0.045	0.446	0.535
No education	0.091	0.010	943	1,267	1.047	0.108	0.071	0.111
Secondary education or higher	0.197	0.023	943	1,267	1.796	0.118	0.151	0.244
Net attendance ratio	0.877	0.009	1,206	1,626	0.941	0.010	0.859	0.895
Never married/in union	0.214	0.016	943	1,267	1.163	0.073	0.183	0.245
Currently married/in union	0.678	0.019	943	1,267	1.241	0.028	0.640	0.716
Married before age 20	0.767	0.021	712	949	1.295	0.027	0.726	0.808
Had sexual intercourse before age 18	0.717	0.021	712	949	1.270	0.030	0.674	0.760
Currently pregnant	0.125	0.013	943	1,267	1.205	0.104	0.099	0.151
Children ever born	3.711	0.093	943	1,267	0.870	0.025	3.525	3.896
Children surviving	3.253	0.083	943	1,267	0.908	0.026	3.086	3.419
Children ever born to women age 40-49	7.541	0.300	168	224	1.350	0.040	6.941	8.141
Currently using any method	0.261	0.022	626	859	1.248	0.084	0.217	0.305
Currently using a modern method	0.232	0.022	626	859	1.312	0.096	0.187	0.276
Currently using a traditional method	0.030	0.007	626	859	1.048	0.239	0.015	0.044
Currently using pill	0.008	0.003	626	859	0.959	0.420	0.001	0.015
Currently using condoms	0.012	0.007	626	859	1.515	0.554	0.000	0.025
Currently using injectables	0.153	0.021	626	859	1.427	0.134	0.112	0.194
Currently using female sterilization	0.041	0.007	626	859	0.847	0.164	0.027	0.054
Currently using withdrawal	0.012	0.004	626	859	0.971	0.350	0.004	0.021
Currently using rhythm/moon beads	0.012	0.005	626	859	1.151	0.412	0.002	0.022
Used public sector source	0.689	0.035	183	236	1.008	0.050	0.620	0.759
Want no more children	0.462	0.022	626	859	1.112	0.048	0.418	0.506
Want to delay next birth at least 2 years	0.354	0.020	626	859	1.054	0.057	0.313	0.394
Ideal number of children	5.009	0.095	934	1,252	1.441	0.019	4.819	5.199
Mothers protected against tetanus for last birth	0.848	0.020	575	794	1.325	0.023	0.809	0.887
Births with skilled attendant at delivery	0.519	0.041	971	1,358	2.178	0.080	0.437	0.602
Had diarrhoea in the past 2 weeks	0.325	0.019	921	1,284	1.211	0.059	0.287	0.364
Treated with ORS	0.379	0.049	294	418	1.621	0.130	0.280	0.477
Sought medical treatment	0.757	0.029	294	418	1.134	0.039	0.698	0.815
Vaccination card seen	0.540	0.029	183	260	0.796	0.054	0.481	0.598
Received BCG vaccination	0.975	0.012	183	260	1.029	0.012	0.952	0.998
Received DPT vaccination (3 doses)	0.742	0.039	183	260	1.207	0.053	0.664	0.820
Received polio vaccination (3 doses)	0.623	0.045	183	260	1.281	0.073	0.532	0.714
Received measles vaccination	0.768	0.030	183	260	0.962	0.039	0.708	0.828
Received all vaccinations	0.524	0.051	183	260	1.385	0.098	0.421	0.626
Height-for-age (-2SD)	0.253	0.026	330	446	1.050	0.103	0.201	0.305
Weight-for-height (-2SD)	0.048	0.014	330	446	1.103	0.292	0.020	0.076
Weight-for-age (-2SD)	0.100	0.017	330	446	0.957	0.174	0.065	0.135
Body Mass Index (BMI) <18.5	0.200	0.027	257	340	1.055	0.132	0.147	0.253
Body Mass Index (BMI) >25	0.092	0.020	257	340	1.104	0.219	0.052	0.132
Prevalence of anaemia (children 6-59 months)	0.546	0.052	310	419	1.651	0.095	0.442	0.650
Prevalence of anaemia (women 15-49)	0.279	0.037	292	389	1.398	0.132	0.206	0.353
Accepting attitudes towards people with HIV	0.202	0.019	939	1,261	1.432	0.093	0.164	0.239
Had 2+ sexual partners in past 12 months	0.019	0.004	943	1,267	0.999	0.234	0.010	0.028
Condom use at last sex	0.220	0.098	17	24	0.951	0.448	0.023	0.417
Abstinence among youth (never had sex)	0.681	0.036	194	247	1.078	0.053	0.609	0.754
Sexually active in past 12 months among never-married youth	0.209	0.034	194	247	1.176	0.165	0.140	0.278
Had an HIV test and received results in past 12 months	0.414	0.023	943	1,267	1.433	0.056	0.368	0.460
Experienced physical violence since age 15 by anyone	0.664	0.038	226	314	1.207	0.057	0.588	0.740
Experienced sexual violence by anyone ever	0.329	0.051	226	314	1.618	0.154	0.228	0.430
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	0.642	0.045	194	253	1.290	0.069	0.553	0.731
Experienced spousal physical or sexual violence by any husband/partner ever	0.695	0.040	194	253	1.212	0.058	0.615	0.776
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	0.400	0.050	181	235	1.373	0.125	0.300	0.500
Total fertility rate (3 years)	7.537	0.308	2,595	3,483	1.222	0.041	6.920	8.154
Neonatal mortality rate[1]	24.315	4.702	1,805	2,507	1.142	0.193	14.910	33.719
Post-neonatal mortality rate[1]	23.131	4.604	1,810	2,511	1.213	0.199	13.924	32.339
Infant mortality rate[1]	47.446	5.599	1,810	2,511	0.987	0.118	36.249	58.643
Child mortality rate[1]	41.071	5.287	1,823	2,532	0.994	0.129	30.496	51.645
Under-five mortality rate[1]	86.568	8.040	1,828	2,536	1.067	0.093	70.488	102.648
MEN								
Urban	0.086	0.040	234	289	2.172	0.465	0.006	0.165
Literate	0.672	0.044	234	289	1.432	0.066	0.584	0.760
No education	0.046	0.019	234	289	1.379	0.410	0.008	0.084
Secondary or more	0.270	0.044	234	289	1.526	0.164	0.182	0.359
Never married	0.277	0.033	234	289	1.141	0.121	0.210	0.344
Currently married/in union	0.688	0.036	234	289	1.197	0.053	0.615	0.761
Had sexual intercourse before age 18	0.396	0.045	179	225	1.231	0.114	0.305	0.486
Ideal family size	5.222	0.197	234	289	1.117	0.038	4.828	5.616
Used condom at last higher-risk sex	0.081	0.050	29	31	0.961	0.611	0.000	0.181
Abstinence among youth (never married)	0.684	0.049	68	77	0.857	0.071	0.587	0.782
Sexually active last year, never married men	0.181	0.051	68	77	1.080	0.281	0.079	0.282
HIV tested and received results in past 12 months	0.324	0.039	234	289	1.265	0.120	0.246	0.401
Accepting attitudes towards people with HIV	0.251	0.040	234	289	1.397	0.158	0.172	0.331

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively

Table B.10 Sampling errors for Karamoja region, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.065	0.046	659	289	4.813	0.711	0.000	0.158
Literacy	0.228	0.060	659	289	3.654	0.262	0.108	0.347
No education	0.579	0.093	659	289	4.841	0.161	0.393	0.765
Secondary education or higher	0.098	0.037	659	289	3.223	0.381	0.023	0.173
Net attendance ratio	0.514	0.067	1,094	450	3.546	0.131	0.379	0.648
Never married/in union	0.180	0.020	659	289	1.364	0.114	0.139	0.221
Currently married/in union	0.744	0.025	659	289	1.447	0.033	0.695	0.793
Married before age 20	0.690	0.024	524	224	1.200	0.035	0.641	0.738
Had sexual intercourse before age 18	0.536	0.057	524	224	2.621	0.107	0.421	0.650
Currently pregnant	0.187	0.029	659	289	1.910	0.155	0.129	0.245
Children ever born	3.660	0.213	659	289	1.745	0.058	3.235	4.085
Children surviving	3.043	0.230	659	289	2.289	0.076	2.583	3.502
Children ever born to women age 40-49	7.536	0.761	83	36	2.190	0.101	6.015	9.057
Currently using any method	0.078	0.029	494	215	2.365	0.366	0.021	0.135
Currently using a modern method	0.074	0.028	494	215	2.392	0.381	0.018	0.130
Currently using a traditional method	0.004	0.003	494	215	1.052	0.722	0.000	0.010
Currently using pill	0.019	0.014	494	215	2.228	0.729	0.000	0.046
Currently using condoms	0.009	0.006	494	215	1.381	0.652	0.000	0.021
Currently using injectables	0.028	0.014	494	215	1.870	0.501	0.000	0.055
Currently using female sterilization	0.002	0.002	494	215	1.068	1.010	0.000	0.007
Currently using withdrawal	0.004	0.003	494	215	1.052	0.722	0.000	0.010
Used public sector source	0.850	0.102	30	19	1.534	0.120	0.646	1.053
Want no more children	0.273	0.052	494	215	2.595	0.191	0.169	0.377
Want to delay next birth at least 2 years	0.384	0.052	494	215	2.354	0.134	0.281	0.487
Ideal number of children	7.198	0.413	641	280	3.322	0.057	6.372	8.023
Mothers protected against tetanus for last birth	0.931	0.014	436	186	1.173	0.015	0.903	0.960
Births with skilled attendant at delivery	0.308	0.059	747	322	2.742	0.193	0.189	0.426
Had diarrhoea in the past 2 weeks	0.203	0.030	682	281	1.728	0.149	0.142	0.263
Treated with ORS	0.773	0.057	129	57	1.470	0.074	0.658	0.887
Sought medical treatment	0.842	0.043	129	57	1.224	0.051	0.756	0.929
Vaccination card seen	0.626	0.080	125	58	1.885	0.128	0.466	0.787
Received BCG vaccination	0.998	0.002	125	58	0.453	0.002	0.994	1.001
Received DPT vaccination (3 doses)	0.895	0.037	125	58	1.392	0.041	0.821	0.969
Received polio vaccination (3 doses)	0.654	0.079	125	58	1.890	0.121	0.495	0.813
Received measles vaccination	0.906	0.034	125	58	1.323	0.037	0.839	0.973
Received all vaccinations	0.622	0.083	125	58	1.939	0.133	0.457	0.788
Height-for-age (-2SD)	0.450	0.046	191	82	1.243	0.101	0.358	0.541
Weight-for-height (-2SD)	0.071	0.022	191	82	1.203	0.306	0.028	0.115
Weight-for-age (-2SD)	0.319	0.070	191	82	1.849	0.219	0.179	0.459
Body Mass Index (BMI) <18.5	0.328	0.064	160	63	1.641	0.195	0.200	0.456
Body Mass Index (BMI) >25	0.010	0.007	160	63	0.878	0.711	0.000	0.025
Prevalence of anaemia (children 6-59 months)	0.695	0.094	176	79	2.423	0.135	0.508	0.882
Prevalence of anaemia (women 15-49)	0.433	0.044	189	81	1.193	0.101	0.346	0.520
Accepting attitudes towards people with HIV	0.137	0.040	657	289	2.984	0.293	0.057	0.217
Had 2+ sexual partners in past 12 months	0.002	0.002	659	289	0.947	0.818	0.000	0.005
Condom use at last sex	0.771	0.249	2	1	0.594	0.323	0.273	1.270
Abstinence among youth (never had sex)	0.695	0.115	120	51	2.728	0.166	0.464	0.925
Sexually active in past 12 months among never-married youth	0.152	0.063	120	51	1.928	0.418	0.025	0.278
Had an HIV test and received results in past 12 months	0.368	0.071	659	289	3.802	0.194	0.225	0.511
Experienced physical violence since age 15 by anyone	0.473	0.051	173	63	1.333	0.107	0.372	0.575
Experienced sexual violence by anyone ever	0.172	0.032	173	63	1.094	0.183	0.109	0.235
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	0.387	0.044	155	51	1.117	0.113	0.299	0.475
Experienced spousal physical or sexual violence by any husband/partner ever	0.400	0.043	155	51	1.092	0.108	0.314	0.486
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	0.284	0.043	147	50	1.152	0.151	0.198	0.370
Total fertility rate (3 years)	6.394	0.422	1,827	801	1.598	0.066	5.549	7.238
Neonatal mortality rate[1]	28.854	9.512	1,485	638	2.141	0.330	9.829	47.879
Post-neonatal mortality rate[1]	58.533	19.985	1,488	640	1.388	0.171	38.563	78.502
Infant mortality rate[1]	87.387	18.372	1,488	640	1.994	0.210	50.643	124.130
Child mortality rate[1]	72.355	18.188	1,506	648	2.454	0.251	35.980	108.731
Under-five mortality rate[1]	153.419	31.991	1,509	650	2.818	0.209	89.437	217.401
MEN								
Urban	0.107	0.075	116	55	2.617	0.705	0.000	0.258
Literate	0.628	0.118	116	55	2.610	0.187	0.393	0.864
No education	0.295	0.102	116	55	2.388	0.344	0.092	0.498
Secondary or more	0.297	0.075	116	55	1.762	0.253	0.146	0.447
Never married	0.264	0.084	116	55	2.032	0.316	0.097	0.431
Currently married/in union	0.730	0.085	116	55	2.060	0.117	0.559	0.900
Had sexual intercourse before age 18	0.302	0.079	92	48	1.652	0.263	0.143	0.461
Ideal family size	10.950	0.992	112	53	1.360	0.091	8.966	12.933
Used condom at last higher-risk sex	0.035	0.036	39	15	1.192	1.010	0.000	0.107
Abstinence among youth (never married)	0.486	0.109	37	12	1.303	0.223	0.269	0.703
Sexually active last year, never married men	0.422	0.097	37	12	1.177	0.230	0.228	0.615
HIV tested and received results in past 12 months	0.336	0.120	116	55	2.733	0.358	0.095	0.577
Accepting attitudes towards people with HIV	0.242	0.055	113	55	1.350	0.226	0.133	0.351

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively

Table B.11 Sampling errors for North region, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
			WOMEN					
Urban residence	0.073	0.029	823	735	3.176	0.396	0.015	0.130
Literacy	0.488	0.033	823	735	1.895	0.068	0.422	0.554
No education	0.157	0.017	823	735	1.344	0.109	0.123	0.191
Secondary education or higher	0.116	0.020	823	735	1.801	0.173	0.076	0.157
Net attendance ratio	0.790	0.016	1,083	1,009	1.396	0.021	0.757	0.823
Never married/in union	0.216	0.020	823	735	1.423	0.094	0.175	0.257
Currently married/in union	0.663	0.022	823	735	1.334	0.033	0.619	0.707
Married before age 20	0.805	0.023	615	554	1.469	0.029	0.758	0.852
Had sexual intercourse before age 18	0.652	0.027	615	554	1.386	0.041	0.599	0.705
Currently pregnant	0.124	0.011	823	735	0.978	0.091	0.102	0.147
Children ever born	3.703	0.141	823	735	1.287	0.038	3.422	3.985
Children surviving	3.162	0.115	823	735	1.250	0.036	2.932	3.392
Children ever born to women age 40-49	7.284	0.302	109	97	1.108	0.041	6.680	7.887
Currently using any method	0.239	0.030	517	487	1.605	0.126	0.179	0.300
Currently using a modern method	0.234	0.030	517	487	1.612	0.128	0.174	0.294
Currently using a traditional method	0.005	0.003	517	487	0.877	0.525	0.000	0.011
Currently using pill	0.012	0.006	517	487	1.225	0.483	0.000	0.024
Currently using condoms	0.008	0.004	517	487	1.070	0.531	0.000	0.016
Currently using injectables	0.127	0.019	517	487	1.290	0.149	0.089	0.165
Currently using female sterilization	0.027	0.008	517	487	1.086	0.286	0.012	0.043
Currently using withdrawal	0.001	0.001	517	487	0.781	1.008	0.000	0.004
Currently using rhythm/moon beads	0.004	0.003	517	487	0.895	0.605	0.000	0.009
Used public sector source	0.529	0.063	155	133	1.569	0.119	0.402	0.655
Want no more children	0.450	0.024	517	487	1.115	0.054	0.401	0.499
Want to delay next birth at least 2 years	0.415	0.030	517	487	1.383	0.072	0.355	0.475
Ideal number of children	4.566	0.083	812	728	1.271	0.018	4.400	4.733
Mothers protected against tetanus for last birth	0.843	0.023	480	445	1.429	0.028	0.796	0.890
Births with skilled attendant at delivery	0.534	0.039	745	704	1.965	0.074	0.455	0.613
Had diarrhoea in the past 2 weeks	0.238	0.026	705	669	1.565	0.111	0.185	0.291
Treated with ORS	0.463	0.063	173	159	1.502	0.136	0.337	0.589
Sought medical treatment	0.875	0.039	173	159	1.343	0.044	0.797	0.952
Vaccination card seen	0.684	0.050	144	140	1.331	0.073	0.584	0.785
Received BCG vaccination	0.940	0.022	144	140	1.173	0.024	0.895	0.984
Received DPT vaccination (3 doses)	0.734	0.066	144	140	1.865	0.090	0.601	0.866
Received polio vaccination (3 doses)	0.595	0.061	144	140	1.533	0.102	0.474	0.717
Received measles vaccination	0.720	0.063	144	140	1.739	0.087	0.594	0.845
Received all vaccinations	0.490	0.068	144	140	1.671	0.138	0.354	0.625
Height-for-age (-2SD)	0.247	0.030	216	191	1.023	0.122	0.187	0.308
Weight-for-height (-2SD)	0.034	0.012	216	191	0.949	0.344	0.011	0.057
Weight-for-age (-2SD)	0.123	0.027	216	191	1.150	0.222	0.069	0.178
Body Mass Index (BMI) <18.5	0.163	0.026	215	190	1.041	0.162	0.110	0.216
Body Mass Index (BMI) >25	0.072	0.016	215	190	0.902	0.223	0.040	0.104
Prevalence of anaemia (children 6-59 months)	0.340	0.044	198	178	1.229	0.130	0.252	0.429
Prevalence of anaemia (women 15-49)	0.131	0.031	244	219	1.420	0.234	0.069	0.192
Accepting attitudes towards people with HIV	0.517	0.048	821	735	2.732	0.092	0.422	0.613
Had 2+ sexual partners in past 12 months	0.002	0.002	823	735	1.037	0.820	0.000	0.005
Condom use at last sex	0.000	0.000	0	0	0.000	0.000	0.000	0.000
Abstinence among youth (never had sex)	0.683	0.044	183	154	1.277	0.064	0.595	0.772
Sexually active in past 12 months among never-married youth	0.166	0.030	183	154	1.072	0.178	0.107	0.225
Had an HIV test and received results in past 12 months	0.496	0.021	823	735	1.217	0.043	0.453	0.538
Experienced physical violence since age 15 by anyone	0.606	0.036	202	178	1.056	0.060	0.533	0.679
Experienced sexual violence by anyone ever	0.246	0.028	202	178	0.930	0.115	0.189	0.302
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	0.606	0.038	167	142	1.002	0.063	0.530	0.682
Experienced spousal physical or sexual violence by any husband/partner ever	0.635	0.036	167	142	0.969	0.057	0.563	0.708
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	0.514	0.035	158	134	0.869	0.067	0.445	0.584
Total fertility rate (3 years)	6.325	0.328	2,232	1,989	1.332	0.052	5.668	6.981
Neonatal mortality rate[1]	30.723	6.394	1,501	1,430	1.407	0.208	17.935	43.511
Post-neonatal mortality rate[1]	35.013	7.019	1,506	1,435	1.393	0.200	20.974	49.051
Infant mortality rate[1]	65.736	9.619	1,506	1,435	1.399	0.146	46.497	84.974
Child mortality rate[1]	41.850	5.872	1,517	1,443	1.061	0.140	30.106	53.595
Under-five mortality rate[1]	104.835	10.089	1,522	1,449	1.170	0.096	84.658	125.013
			MEN					
Urban	0.054	0.023	222	199	1.523	0.429	0.008	0.100
Literate	0.848	0.035	222	199	1.461	0.042	0.777	0.918
No education	0.000	0.000	222	199	na	0.000	0.000	0.000
Secondary or more	0.296	0.032	222	199	1.039	0.108	0.232	0.360
Never married	0.372	0.037	222	199	1.138	0.099	0.298	0.446
Currently married/in union	0.588	0.042	222	199	1.262	0.071	0.505	0.672
Had sexual intercourse before age 18	0.499	0.046	162	146	1.158	0.092	0.408	0.590
Ideal family size	5.699	0.519	222	199	2.094	0.091	4.660	6.738
Used condom at last higher-risk sex	0.043	0.029	39	40	0.874	0.668	0.000	0.101
Abstinence among youth (never married)	0.407	0.049	80	72	0.885	0.120	0.309	0.505
Sexually active last year, never married men	0.305	0.065	80	72	1.249	0.212	0.176	0.435
HIV tested and received results in past 12 months	0.447	0.040	222	199	1.191	0.089	0.367	0.526
Accepting attitudes towards people with HIV	0.602	0.048	222	199	1.470	0.080	0.505	0.699

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively

Table B.12 Sampling errors for West Nile region, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.127	0.045	910	500	4.058	0.353	0.037	0.216
Literacy	0.451	0.035	910	500	2.135	0.078	0.381	0.522
No education	0.193	0.022	910	500	1.684	0.114	0.149	0.237
Secondary education or higher	0.109	0.018	910	500	1.697	0.161	0.074	0.144
Net attendance ratio	0.789	0.021	1,183	647	1.627	0.027	0.747	0.832
Never married/in union	0.220	0.016	910	500	1.172	0.073	0.188	0.252
Currently married/in union	0.661	0.021	910	500	1.352	0.032	0.618	0.703
Married before age 20	0.700	0.020	663	373	1.099	0.028	0.661	0.739
Had sexual intercourse before age 18	0.520	0.029	663	373	1.469	0.055	0.462	0.577
Currently pregnant	0.104	0.010	910	500	0.946	0.092	0.085	0.124
Children ever born	3.334	0.140	910	500	1.349	0.042	3.053	3.614
Children surviving	2.839	0.116	910	500	1.317	0.041	2.607	3.072
Children ever born to women age 40-49	7.408	0.239	149	78	1.152	0.032	6.930	7.885
Currently using any method	0.146	0.020	581	330	1.340	0.135	0.106	0.185
Currently using a modern method	0.136	0.019	581	330	1.304	0.136	0.099	0.174
Currently using a traditional method	0.009	0.005	581	330	1.140	0.492	0.000	0.018
Currently using pill	0.013	0.005	581	330	0.998	0.355	0.004	0.023
Currently using condoms	0.021	0.008	581	330	1.376	0.386	0.005	0.038
Currently using injectables	0.048	0.009	581	330	1.066	0.197	0.029	0.067
Currently using female sterilization	0.010	0.004	581	330	0.993	0.412	0.002	0.018
Currently using withdrawal	0.003	0.002	581	330	0.973	0.708	0.000	0.008
Currently using rhythm/moon beads	0.005	0.003	581	330	0.901	0.525	0.000	0.010
Used public sector source	0.724	0.052	113	56	1.232	0.072	0.620	0.828
Want no more children	0.379	0.038	581	330	1.896	0.101	0.302	0.455
Want to delay next birth at least 2 years	0.413	0.022	581	330	1.092	0.054	0.369	0.458
Ideal number of children	5.135	0.130	872	480	1.888	0.025	4.874	5.396
Mothers protected against tetanus for last birth	0.871	0.021	528	299	1.466	0.024	0.829	0.913
Births with skilled attendant at delivery	0.585	0.036	825	484	1.781	0.062	0.512	0.658
Had diarrhoea in the past 2 weeks	0.187	0.017	763	446	1.192	0.089	0.153	0.220
Treated with ORS	0.434	0.060	140	83	1.435	0.138	0.314	0.554
Sought medical treatment	0.760	0.039	140	83	1.136	0.051	0.682	0.838
Vaccination card seen	0.674	0.050	145	78	1.279	0.075	0.574	0.775
Received BCG vaccination	0.985	0.010	145	78	1.005	0.010	0.964	1.005
Received DPT vaccination (3 doses)	0.820	0.041	145	78	1.258	0.049	0.739	0.901
Received polio vaccination (3 doses)	0.643	0.064	145	78	1.596	0.100	0.514	0.772
Received measles vaccination	0.777	0.034	145	78	0.972	0.044	0.709	0.845
Received all vaccinations	0.521	0.056	145	78	1.333	0.108	0.408	0.633
Height-for-age (-2SD)	0.378	0.040	262	149	1.207	0.107	0.297	0.458
Weight-for-height (-2SD)	0.062	0.013	262	149	0.921	0.208	0.036	0.088
Weight-for-age (-2SD)	0.179	0.027	262	149	1.100	0.152	0.125	0.234
Body Mass Index (BMI) <18.5	0.209	0.032	262	139	1.261	0.154	0.144	0.273
Body Mass Index (BMI) >25	0.045	0.014	262	139	1.082	0.313	0.017	0.074
Prevalence of anaemia (children 6-59 months)	0.644	0.035	250	141	1.124	0.055	0.574	0.715
Prevalence of anaemia (women 15-49)	0.323	0.032	305	163	1.178	0.099	0.259	0.387
Accepting attitudes towards people with HIV	0.261	0.031	909	499	2.161	0.121	0.198	0.324
Had 2+ sexual partners in past 12 months	0.009	0.004	910	500	1.293	0.452	0.001	0.017
Condom use at last sex	0.611	0.178	11	4	1.151	0.291	0.256	0.966
Abstinence among youth (never had sex)	0.745	0.041	205	108	1.356	0.055	0.663	0.828
Sexually active in past 12 months among never-married youth	0.148	0.034	205	108	1.355	0.228	0.081	0.215
Had an HIV test and received results in past 12 months	0.423	0.025	910	500	1.543	0.060	0.372	0.473
Experienced physical violence since age 15 by anyone	0.564	0.043	204	127	1.233	0.076	0.478	0.650
Experienced sexual violence by anyone ever	0.235	0.032	204	127	1.066	0.135	0.171	0.298
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	0.552	0.051	173	104	1.338	0.092	0.451	0.654
Experienced spousal physical or sexual violence by any husband/partner ever	0.597	0.049	173	104	1.321	0.083	0.498	0.696
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	0.303	0.039	168	102	1.103	0.129	0.225	0.382
Total fertility rate (3 years)	6.814	0.346	2,488	1,369	1.335	0.051	6.123	7.506
Neonatal mortality rate[1]	37.726	7.125	1,547	892	1.332	0.189	23.476	51.976
Post-neonatal mortality rate[1]	50.263	6.572	1,552	895	1.149	0.131	37.119	63.408
Infant mortality rate[1]	87.989	7.028	1,552	895	0.919	0.080	73.933	102.046
Child mortality rate[1]	40.674	4.711	1,560	899	0.817	0.116	31.251	50.096
Under-five mortality rate[1]	125.084	8.847	1,565	902	0.964	0.071	107.391	142.777
MEN								
Urban	0.086	0.033	236	133	1.786	0.379	0.021	0.152
Literate	0.825	0.036	236	133	1.436	0.043	0.753	0.896
No education	0.037	0.020	236	133	1.640	0.545	0.000	0.078
Secondary or more	0.391	0.037	236	133	1.162	0.095	0.317	0.465
Never married	0.368	0.044	236	133	1.389	0.119	0.280	0.455
Currently married/in union	0.578	0.045	236	133	1.398	0.078	0.488	0.668
Had sexual intercourse before age 18	0.307	0.046	177	101	1.320	0.149	0.216	0.399
Ideal family size	5.600	0.158	234	131	1.073	0.028	5.283	5.917
Used condom at last higher-risk sex	0.151	0.070	34	19	1.120	0.462	0.012	0.291
Abstinence among youth (never married)	0.549	0.072	77	42	1.260	0.131	0.405	0.693
Sexually active last year, never married men	0.249	0.057	77	42	1.149	0.229	0.135	0.363
HIV tested and received results in past 12 months	0.365	0.038	236	133	1.205	0.104	0.289	0.441
Accepting attitudes towards people with HIV	0.233	0.045	235	132	1.617	0.192	0.144	0.323

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively

Table B.13 Sampling errors for Western region, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases Un-weighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
WOMEN								
Urban residence	0.137	0.065	919	1,221	5.705	0.472	0.008	0.267
Literacy	0.633	0.031	919	1,221	1.957	0.049	0.571	0.695
No education	0.160	0.018	919	1,221	1.523	0.115	0.123	0.197
Secondary education or higher	0.255	0.033	919	1,221	2.293	0.129	0.189	0.321
Net attendance ratio	0.797	0.015	1,156	1,520	1.190	0.019	0.767	0.827
Never married/in union	0.234	0.013	919	1,221	0.965	0.058	0.207	0.261
Currently married/in union	0.609	0.020	919	1,221	1.223	0.032	0.569	0.648
Married before age 20	0.688	0.032	710	934	1.852	0.047	0.623	0.752
Had sexual intercourse before age 18	0.678	0.032	710	934	1.841	0.048	0.614	0.743
Currently pregnant	0.132	0.012	919	1,221	1.059	0.090	0.108	0.156
Children ever born	3.496	0.117	919	1,221	1.136	0.033	3.262	3.730
Children surviving	3.002	0.086	919	1,221	0.979	0.029	2.831	3.174
Children ever born to women age 40-49	7.421	0.259	137	176	1.076	0.035	6.904	7.938
Currently using any method	0.327	0.027	566	743	1.358	0.082	0.273	0.381
Currently using a modern method	0.268	0.028	566	743	1.513	0.105	0.212	0.325
Currently using a traditional method	0.059	0.012	566	743	1.231	0.208	0.034	0.083
Currently using pill	0.015	0.005	566	743	0.938	0.317	0.006	0.025
Currently using condoms	0.028	0.010	566	743	1.442	0.357	0.008	0.048
Currently using injectables	0.155	0.021	566	743	1.394	0.137	0.113	0.198
Currently using female sterilization	0.021	0.008	566	743	1.352	0.388	0.005	0.037
Currently using withdrawal	0.022	0.007	566	743	1.121	0.312	0.008	0.036
Currently using rhythm/moon beads	0.028	0.009	566	743	1.252	0.313	0.010	0.045
Used public sector source	0.415	0.043	204	262	1.255	0.105	0.328	0.502
Want no more children	0.398	0.019	566	743	0.907	0.047	0.361	0.436
Want to delay next birth at least 2 years	0.406	0.024	566	743	1.152	0.059	0.359	0.454
Ideal number of children	4.859	0.111	897	1,195	1.495	0.023	4.637	5.080
Mothers protected against tetanus for last birth	0.836	0.026	554	739	1.671	0.031	0.784	0.889
Births with skilled attendant at delivery	0.558	0.051	889	1,177	2.468	0.091	0.456	0.659
Had diarrhoea in the past 2 weeks	0.188	0.019	833	1,096	1.372	0.103	0.149	0.227
Treated with ORS	0.379	0.054	164	206	1.312	0.143	0.271	0.487
Sought medical treatment	0.620	0.051	164	206	1.253	0.083	0.517	0.722
Vaccination card seen	0.669	0.038	144	196	0.989	0.057	0.593	0.746
Received BCG vaccination	0.954	0.019	144	196	1.102	0.020	0.916	0.992
Received DPT vaccination (3 doses)	0.776	0.048	144	196	1.364	0.062	0.680	0.873
Received polio vaccination (3 doses)	0.722	0.053	144	196	1.412	0.074	0.616	0.829
Received measles vaccination	0.817	0.041	144	196	1.277	0.050	0.736	0.899
Received all vaccinations	0.597	0.041	144	196	0.998	0.068	0.515	0.679
Height-for-age (-2SD)	0.439	0.036	259	325	1.063	0.081	0.368	0.511
Weight-for-height (-2SD)	0.027	0.010	259	325	1.016	0.388	0.006	0.048
Weight-for-age (-2SD)	0.155	0.021	259	325	0.866	0.136	0.113	0.197
Body Mass Index (BMI) <18.5	0.078	0.018	249	333	1.094	0.238	0.041	0.115
Body Mass Index (BMI) >25	0.229	0.034	249	333	1.269	0.147	0.161	0.296
Prevalence of anaemia (children 6-59 months)	0.386	0.043	222	285	1.171	0.110	0.301	0.471
Prevalence of anaemia (women 15-49)	0.173	0.033	281	381	1.475	0.190	0.107	0.239
Accepting attitudes towards people with HIV	0.230	0.020	910	1,212	1.412	0.086	0.190	0.269
Had 2+ sexual partners in past 12 months	0.013	0.004	919	1,221	1.178	0.340	0.004	0.022
Condom use at last sex	0.186	0.105	14	16	0.977	0.567	0.000	0.397
Abstinence among youth (never had sex)	0.547	0.032	202	268	0.900	0.058	0.483	0.610
Sexually active in past 12 months among never-married youth	0.326	0.035	202	268	1.053	0.107	0.257	0.396
Had an HIV test and received results in past 12 months	0.409	0.021	919	1,221	1.293	0.051	0.367	0.451
Experienced physical violence since age 15 by anyone	0.502	0.075	201	288	2.112	0.149	0.352	0.651
Experienced sexual violence by anyone ever	0.244	0.042	201	288	1.395	0.173	0.159	0.329
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	0.502	0.064	168	226	1.644	0.127	0.375	0.629
Experienced spousal physical or sexual violence by any husband/partner ever	0.594	0.078	168	226	2.052	0.131	0.438	0.750
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	0.412	0.057	164	218	1.492	0.140	0.297	0.527
Total fertility rate (3 years)	6.408	0.273	2,532	3,348	1.090	0.043	5.861	6.954
Neonatal mortality rate[1]	29.940	4.854	1,713	2,280	1.138	0.162	20.233	39.648
Post-neonatal mortality rate[1]	37.919	7.829	1,718	2,285	1.431	0.206	22.261	53.576
Infant mortality rate[1]	67.859	8.166	1,718	2,285	1.150	0.120	51.527	84.191
Child mortality rate[1]	51.838	7.803	1,724	2,297	1.392	0.151	36.232	67.443
Under-five mortality rate[1]	116.179	11.307	1,729	2,303	1.357	0.097	93.566	138.792
MEN								
Urban	0.118	0.051	280	322	2.623	0.429	0.017	0.220
Literate	0.746	0.030	280	322	1.139	0.040	0.687	0.806
No education	0.042	0.014	280	322	1.129	0.324	0.015	0.069
Secondary or more	0.301	0.038	280	322	1.381	0.126	0.226	0.377
Never married	0.387	0.037	280	322	1.267	0.095	0.313	0.461
Currently married/in union	0.568	0.036	280	322	1.230	0.064	0.495	0.641
Had sexual intercourse before age 18	0.411	0.044	202	234	1.272	0.107	0.322	0.499
Ideal family size	5.648	0.255	279	319	1.132	0.045	5.138	6.157
Used condom at last higher-risk sex	0.151	0.058	51	63	1.151	0.386	0.035	0.268
Use condom at last higher-risk sex, youth	0.588	0.240	7	8	1.195	0.409	0.108	1.068
Abstinence among youth (never married)	0.504	0.077	102	111	1.557	0.154	0.349	0.659
Sexually active last year, never married men	0.281	0.061	102	111	1.360	0.216	0.159	0.403
HIV tested and received results in past 12 months	0.309	0.027	280	322	0.976	0.087	0.255	0.363
Accepting attitudes towards people with HIV	0.364	0.044	278	317	1.507	0.120	0.277	0.451

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively

Table B.14 Sampling errors for Southwest region, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.048	0.023	909	1,097	3.192	0.474	0.003	0.093
Literacy	0.755	0.024	909	1,097	1.673	0.032	0.707	0.803
No education	0.157	0.018	909	1,097	1.531	0.118	0.120	0.193
Secondary education or higher	0.200	0.025	909	1,097	1.860	0.123	0.151	0.250
Net attendance ratio	0.786	0.015	1,021	1,310	1.149	0.019	0.756	0.817
Never married/in union	0.264	0.016	909	1,097	1.098	0.061	0.232	0.296
Currently married/in union	0.621	0.016	909	1,097	0.975	0.025	0.590	0.652
Married before age 20	0.637	0.022	703	848	1.207	0.034	0.594	0.681
Had sexual intercourse before age 18	0.400	0.021	703	848	1.130	0.052	0.359	0.442
Currently pregnant	0.113	0.012	909	1,097	1.160	0.108	0.088	0.137
Children ever born	3.422	0.108	909	1,097	1.002	0.032	3.206	3.637
Children surviving	2.859	0.081	909	1,097	0.902	0.028	2.697	3.020
Children ever born to women age 40-49	7.176	0.226	142	179	0.905	0.032	6.723	7.629
Currently using any method	0.296	0.027	562	681	1.413	0.092	0.241	0.350
Currently using a modern method	0.251	0.026	562	681	1.406	0.102	0.200	0.303
Currently using a traditional method	0.044	0.009	562	681	1.009	0.198	0.027	0.062
Currently using pill	0.040	0.010	562	681	1.187	0.247	0.020	0.059
Currently using condoms	0.016	0.005	562	681	0.932	0.311	0.006	0.025
Currently using injectables	0.140	0.018	562	681	1.200	0.126	0.105	0.175
Currently using female sterilization	0.027	0.007	562	681	1.016	0.258	0.013	0.041
Currently using withdrawal	0.037	0.008	562	681	1.016	0.218	0.021	0.054
Currently using rhythm/moon beads	0.005	0.003	562	681	1.132	0.666	0.000	0.012
Used public sector source	0.585	0.052	167	187	1.369	0.089	0.481	0.690
Want no more children	0.500	0.025	562	681	1.188	0.050	0.449	0.550
Want to delay next birth at least 2 years	0.326	0.019	562	681	0.937	0.057	0.289	0.363
Ideal number of children	4.508	0.077	876	1,054	1.290	0.017	4.355	4.662
Mothers protected against tetanus for last birth	0.848	0.021	494	604	1.323	0.025	0.805	0.890
Births with skilled attendant at delivery	0.415	0.036	796	978	1.755	0.088	0.342	0.488
Had diarrhoea in the past 2 weeks	0.140	0.024	736	903	1.788	0.174	0.091	0.188
Treated with ORS	0.220	0.055	97	126	1.202	0.248	0.111	0.329
Sought medical treatment	0.517	0.060	97	126	1.188	0.116	0.396	0.637
Vaccination card seen	0.742	0.037	134	171	1.009	0.050	0.668	0.816
Received BCG vaccination	0.859	0.027	134	171	0.908	0.031	0.806	0.912
Received DPT vaccination (3 doses)	0.792	0.033	134	171	0.953	0.041	0.727	0.857
Received polio vaccination (3 doses)	0.781	0.035	134	171	0.998	0.044	0.712	0.851
Received measles vaccination	0.714	0.048	134	171	1.266	0.067	0.618	0.810
Received all vaccinations	0.616	0.051	134	171	1.251	0.083	0.513	0.718
Height-for-age (-2SD)	0.417	0.047	237	294	1.359	0.112	0.323	0.511
Weight-for-height (-2SD)	0.049	0.013	237	294	0.903	0.273	0.022	0.076
Weight-for-age (-2SD)	0.149	0.027	237	294	1.036	0.179	0.096	0.202
Body Mass Index (BMI) <18.5	0.048	0.015	259	311	1.153	0.320	0.017	0.079
Body Mass Index (BMI) >25	0.230	0.032	259	311	1.222	0.139	0.166	0.294
Prevalence of anaemia (children 6-59 months)	0.246	0.030	202	253	0.947	0.121	0.187	0.306
Prevalence of anaemia (women 15-49)	0.114	0.024	275	333	1.276	0.215	0.065	0.163
Accepting attitudes towards people with HIV	0.159	0.014	908	1,096	1.140	0.087	0.131	0.187
Had 2+ sexual partners in past 12 months	0.005	0.002	909	1,097	0.893	0.412	0.001	0.009
Condom use at last sex	0.185	0.168	7	6	1.059	0.907	0.000	0.521
Abstinence among youth (never had sex)	0.850	0.025	237	282	1.081	0.030	0.799	0.900
Sexually active in past 12 months among never-married youth	0.083	0.017	237	282	0.920	0.199	0.050	0.116
Had an HIV test and received results in past 12 months	0.388	0.019	909	1,097	1.152	0.048	0.351	0.425
Experienced physical violence since age 15 by anyone	0.571	0.047	226	263	1.425	0.082	0.477	0.665
Experienced sexual violence by anyone ever	0.241	0.032	226	263	1.125	0.133	0.177	0.305
Experienced spousal physical or sexual violence by current or most recent husband/partner ever	0.416	0.044	187	195	1.227	0.107	0.327	0.505
Experienced spousal physical or sexual violence by any husband/partner ever	0.440	0.045	187	195	1.247	0.103	0.349	0.531
Experienced spousal physical or sexual violence by any husband/partner in the past 12 months	0.278	0.045	178	185	1.329	0.161	0.189	0.368
Total fertility rate (3 years)	6.152	0.284	2,526	3,046	1.211	0.046	5.585	6.719
Neonatal mortality rate[1]	33.315	5.324	1,562	1,930	1.102	0.160	22.666	43.963
Post-neonatal mortality rate[1]	42.376	6.990	1,564	1,933	1.210	0.165	28.396	56.356
Infant mortality rate[1]	75.690	7.507	1,564	1,933	1.054	0.099	60.675	90.705
Child mortality rate[1]	56.645	8.510	1,580	1,953	1.289	0.150	39.625	73.665
Under-five mortality rate[1]	128.048	11.491	1,582	1,956	1.205	0.090	105.065	151.030
MEN								
Urban	0.068	0.038	222	273	2.240	0.560	0.000	0.143
Literate	0.777	0.030	222	273	1.079	0.039	0.717	0.838
No education	0.034	0.014	222	273	1.165	0.416	0.006	0.063
Secondary or more	0.269	0.036	222	273	1.215	0.135	0.196	0.341
Never married	0.415	0.031	222	273	0.928	0.074	0.354	0.477
Currently married/in union	0.536	0.027	222	273	0.802	0.050	0.482	0.590
Had sexual intercourse before age 18	0.224	0.030	161	196	0.921	0.135	0.163	0.285
Ideal family size	5.002	0.204	217	267	1.027	0.041	4.594	5.411
Used condom at last higher-risk sex	0.176	0.063	33	41	0.929	0.355	0.051	0.301
Abstinence among youth (never married)	0.686	0.066	81	102	1.274	0.096	0.554	0.818
Sexually active last year, never married men	0.149	0.046	81	102	1.147	0.306	0.058	0.241
HIV tested and received results in past 12 months	0.218	0.025	222	273	0.911	0.116	0.167	0.269
Accepting attitudes towards people with HIV	0.370	0.035	222	273	1.090	0.096	0.299	0.441

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and urban-rural/regional samples, respectively

Table B.15 Sampling errors for adult and maternal mortality rates for the seven-year period preceding the survey, Uganda 2011

Variable	Value (R)	Standard Error (SE)	Number of cases Un-weighted (N)	Number of cases Weighted (WN)	Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
WOMEN								
Adult mortality rates								
15-19	2.431	0.265	55277	54586	1.228	0.109	1.902	2.960
20-24	3.489	0.341	58127	57177	1.376	0.098	2.807	4.171
25-29	4.592	0.370	49927	48985	1.205	0.081	3.852	5.333
30-34	6.642	0.518	39162	38962	1.220	0.078	5.605	7.679
35-39	8.237	0.686	27665	28172	1.228	0.083	6.864	9.610
40-44	8.700	0.870	17764	18269	1.250	0.100	6.960	10.440
45-49	10.779	1.099	10940	11308	1.134	0.102	8.580	12.977
15-49 (age-adjusted)	5.330	0.218	258862	257460	1.225	0.041	4.895	5.766
Adult mortality probabilities								
${}_{35}q_{15}$ [2011]	201	8	258862	257460	1.519	0.041	185	218
${}_{35}q_{15}$ [2006]	295	13	106445	107534	1.311	0.045	269	322
${}_{35}q_{15}$ [2000-01]	303	13	91774	92452	1.314	0.045	276	330
Maternal mortality rates								
15-19	0.429	0.100	55277	54586	1.141	0.234	0.228	0.630
20-24	0.788	0.150	58127	57177	1.231	0.190	0.488	1.087
25-29	1.044	0.164	49927	48985	1.133	0.157	0.717	1.372
30-34	1.300	0.196	39162	38962	1.084	0.151	0.908	1.693
35-39	1.376	0.270	27665	28172	1.230	0.196	0.837	1.916
40-44	1.057	0.289	17764	18269	1.200	0.274	0.479	1.635
45-49	1.114	0.369	10940	11308	1.185	0.332	0.375	1.852
15-49 (age-adjusted)	0.928	0.074	258862	257460	1.173	0.080	0.780	1.076
Maternal mortality ratio (MMR) [2011]	438	35	258862	257460	1.173	0.079	368	507
Maternal mortality ratio (MMR) [2006]	418	52	106445	107534	1.174	0.123	314	521
Maternal mortality ratio (MMR) [2000-01]	524	56	91774	92452	1.121	0.107	412	636
MEN								
Adult mortality rates								
15-19	2.269	0.279	52984	52562	1.288	0.123	1.711	2.827
20-24	3.164	0.277	55813	55086	1.133	0.088	2.610	3.719
25-29	5.066	0.416	49468	48814	1.276	0.082	4.233	5.898
30-34	7.631	0.591	38976	38476	1.298	0.077	6.448	8.813
35-39	10.840	0.722	28388	29069	1.169	0.067	9.397	12.284
40-44	14.531	1.125	17241	17796	1.215	0.077	12.282	16.780
45-49	14.458	1.474	9913	10086	1.096	0.102	11.510	17.405
15-49 (age-adjusted)	6.490	0.255	252783	251888	1.194	0.039	5.979	7.000
Adult mortality probabilities								
${}_{35}q_{15}$ [2011]	252	9	252783	251888	1.461	0.036	234	270
${}_{35}q_{15}$ [2006]	352	14	102054	103769	1.267	0.041	324	381
${}_{35}q_{15}$ [2000-01]	366	17	89657	89461	1.305	0.046	333	399

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 2011

	Female		Male	
Age	Number	Percent	Number	Percent
0	814	3.7	878	4.1
1	829	3.7	745	3.5
2	820	3.7	882	4.2
3	836	3.8	810	3.8
4	831	3.7	829	3.9
5	696	3.1	788	3.7
6	882	4.0	806	3.8
7	775	3.5	806	3.8
8	780	3.5	758	3.6
9	632	2.8	679	3.2
10	756	3.4	808	3.8
11	590	2.6	633	3.0
12	665	3.0	750	3.5
13	644	2.9	634	3.0
14	588	2.6	547	2.6
15	515	2.3	544	2.6
16	445	2.0	530	2.5
17	407	1.8	415	2.0
18	455	2.0	414	1.9
19	368	1.7	301	1.4
20	410	1.8	372	1.8
21	350	1.6	202	1.0
22	334	1.5	258	1.2
23	340	1.5	249	1.2
24	277	1.2	234	1.1
25	419	1.9	385	1.8
26	281	1.3	244	1.2
27	314	1.4	255	1.2
28	362	1.6	285	1.3
29	287	1.3	201	0.9
30	313	1.4	347	1.6
31	217	1.0	172	0.8
32	249	1.1	232	1.1
33	169	0.8	161	0.8
34	196	0.9	158	0.7
35	267	1.2	307	1.4
36	204	0.9	169	0.8
37	207	0.9	149	0.7
38	226	1.0	218	1.0
39	152	0.7	152	0.7
40	254	1.1	283	1.3
41	115	0.5	110	0.5
42	170	0.8	171	0.8
43	116	0.5	95	0.4
44	98	0.4	64	0.3
45	144	0.6	191	0.9
46	102	0.5	81	0.4
47	103	0.5	84	0.4
48	137	0.6	121	0.6
49	134	0.6	98	0.5
50	133	0.6	140	0.7
51	85	0.4	65	0.3
52	146	0.7	99	0.5
53	108	0.5	69	0.3
54	82	0.4	84	0.4
55	103	0.5	64	0.3
56	91	0.4	68	0.3
57	57	0.3	71	0.3
58	79	0.4	49	0.2
59	51	0.2	57	0.3
60	150	0.7	110	0.5
61	32	0.1	25	0.1
62	49	0.2	45	0.2
63	32	0.1	31	0.1
64	57	0.3	42	0.2
65	85	0.4	72	0.3
66	20	0.1	18	0.1
67	56	0.3	45	0.2
68	46	0.2	36	0.2
69	33	0.1	18	0.1
70+	508	2.3	404	1.9
Don't know/missing	4	0.0	5	0.0
Total	22,285	100.0	21,223	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 and interviewed women age 15-49; and percent distribution and percentage of eligible women who were interviewed (weighted), by five-year age groups, Uganda 2011

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percentage	
10-14	3,243	na	na	na
15-19	2,191	2,017	23.4	92.1
20-24	1,711	1,627	18.9	95.1
25-29	1,663	1,559	18.1	93.8
30-34	1,145	1,073	12.5	93.7
35-39	1,056	1,012	11.8	95.8
40-44	753	729	8.5	96.9
45-49	620	584	6.8	94.2
50-54	553	na	na	na
15-49	9,138	8,602	100.0	94.1

Note: The de facto population includes all residents and nonresidents 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 Questionnaire.
na = Not applicable

Table C.2.2 Age distribution of eligible and interviewed men

De facto household population of men age 10-64 and interviewed men age 15-59; and percent distribution and percentage of eligible men who were interviewed (weighted), by five-year age groups, Uganda 2011

Age group	Household population of men age 10-59	Interviewed men age 15-54		Percentage of eligible men interviewed
		Number	Percentage	
10-14	1,098	na	na	na
15-19	609	551	24.0	90.5
20-24	361	313	13.7	86.9
25-29	408	362	15.8	88.7
30-34	352	328	14.3	93.1
35-39	300	271	11.8	90.2
40-44	223	193	8.4	86.4
45-49	176	157	6.9	89.2
50-54	126	120	5.2	95.4
55-59	100	na	na	na
60-64	70	na	na	na
15-59	2,656	2,296	100.0	86.4

Note: The de facto population includes all residents and nonresidents 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.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Uganda 2011

Subject	Reference group	Percentage with information missing	Number of cases
Birth date			
Month only	Births in the 15 years preceding the survey	1.41	21,402
Month and year		0.08	21,402
Age at death	Deceased children born in the 15 years preceding the survey	0.00	2,332
Age/date at first union[1]	Ever-married women age 15-49	0.37	6,556
	Ever married men age 15-54)	0.39	1,461
Respondent's education	All women age 15-49	0.00	8,674
	All men age 15-54	0.00	2,295
Diarrhoea in last 2 weeks	Living children 0-59 months	2.83	7,535
Anthropometry	Living children age 0-59 months (from the Household Questionnaire)		
Height		4.86	2,587
Weight		4.86	2,587
Height or weight		5.16	2,587
Anaemia	Living children age 6-59 months (from the Household Questionnaire)	7.83	2,324
	All women (from the Household Questionnaire)	8.84	2,886

[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 2011

	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar year ratio[3]		
Calendar year	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total
2011	1,158	41	1,200	100.0	100.0	100.0	107.7	80.4	106.6	na	na	na
2010	1,498	102	1,600	100.0	100.0	100.0	90.7	114.2	92.0	na	na	na
2009	1,519	113	1,632	100.0	100.0	100.0	103.8	122.6	105.0	100.8	96.0	100.4
2008	1,516	133	1,650	99.9	100.0	99.9	96.5	145.3	99.7	103.5	112.9	104.2
2007	1,412	123	1,535	99.9	100.0	100.0	104.5	108.9	104.8	96.6	91.7	96.2
2006	1,406	136	1,542	100.0	99.1	99.9	104.7	113.3	105.5	99.4	78.2	97.1
2005	1,417	224	1,641	98.4	93.1	97.7	89.4	157.0	96.4	103.2	148.6	107.6
2004	1,342	165	1,508	98.6	93.6	98.0	96.5	114.1	98.3	96.9	80.1	94.7
2003	1,354	189	1,543	98.2	92.8	97.5	97.2	96.2	97.1	108.9	115.9	109.7
2002	1,144	160	1,304	98.3	95.6	98.0	97.3	94.7	97.0	94.9	90.3	94.3
2007-2011	7,104	513	7,616	100.0	100.0	100.0	100.1	118.6	101.2	na	na	na
2002-2006	6,663	874	7,537	98.7	94.5	98.2	96.9	115.0	98.8	na	na	na
1997-2001	5,095	908	6,003	97.7	93.3	97.1	101.7	118.7	104.1	na	na	na
1992-1996	3,635	749	4,384	97.7	94.1	97.1	104.7	114.0	106.3	na	na	na
<1992	3,230	913	4,143	96.4	92.0	95.5	106.1	132.9	111.4	na	na	na
All	25,727	3,955	29,683	98.4	94.3	97.9	100.9	120.0	103.3	na	na	na

na = Not applicable
[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

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 2011

Age at death (days)	Number of years preceding the survey 0-4	5-9	10-14	15-19	Total 0-19
<1	74	93	79	49	295
1	43	41	25	20	130
2	23	22	14	12	71
3	16	12	11	6	45
4	3	15	8	2	28
5	1	6	3	1	10
6	3	5	0	4	12
7	22	33	28	13	95
8	2	2	3	0	6
9	2	1	0	1	4
10	2	0	2	0	5
11	0	1	1	0	2
12	0	0	2	2	4
13	0	0	0	1	1
14	16	21	16	6	60
15	1	0	2	0	4
17	0	1	0	0	1
18	0	0	1	0	1
19	0	0	0	0	0
21	4	2	3	2	12
23	0	0	0	0	0
26	0	0	2	0	2
27	0	1	0	0	1
30	1	0	1	0	3
Total 0-30	215	256	204	119	794
Percentage early neonatal[1]	76.4	75.4	69.3	77.7	74.4

[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 2011

Age at death (months)	Number of years preceding the survey 0-4	5-9	10-14	15-19	Total 0-19
<1	215	256	204	119	794
1	15	35	32	25	107
2	12	35	19	21	87
3	25	31	34	20	110
4	22	26	23	30	101
5	13	22	26	18	80
6	31	33	47	25	136
7	14	19	27	20	81
8	21	30	43	30	124
9	27	33	37	41	138
10	3	15	7	5	31
11	6	12	8	4	30
12	32	59	51	42	184
13	9	12	13	6	40
14	9	10	7	5	31
15	4	12	6	6	28
16	1	4	6	1	12
17	2	10	3	1	16
18	4	11	13	5	33
19	2	4	9	5	20
20	0	4	5	4	13
21	2	0	2	2	7
22	1	2	2	0	5
23	4	0	3	1	8
24+	1	1	0	1	3
1 Year	6	13	26	29	74
Total 0-11	405	546	507	360	1,818
Percentage neonatal[1]	53.1	47.0	40.1	33.1	43.7

[a] Includes deaths under one month reported in days
[1] Under one month/under one year

Table C.7 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, based on the NCHS/CDC/WHO International Reference Population, Uganda 2011

	Height-for-age[1]			Weight-for-height				Weight-for-age				
Background characteristic	Percentage below -3 SD	Percentage below -2 SD[2]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage above +2 SD	Mean Z-score (SD)	Number of children
Age in months												
<6	2.1	6.4	-0.2	1.3	5.0	6.4	0.1	0.9	4.4	3.3	0.0	228
6-8	2.2	7.9	-0.5	0.0	6.7	2.6	-0.4	3.6	16.2	0.1	-0.7	131
9-11	5.7	19.4	-1.1	1.1	8.4	2.1	-0.3	1.1	17.5	0.0	-1.1	121
12-17	10.9	32.1	-1.5	0.7	6.8	1.9	-0.6	4.4	25.5	0.8	-1.4	249
18-23	17.2	41.4	-1.7	0.5	5.9	1.6	-0.4	6.8	24.1	1.7	-1.2	267
24-35	11.0	29.6	-1.4	0.3	1.9	0.3	-0.2	3.7	20.1	0.9	-1.1	445
36-47	13.0	31.5	-1.5	0.3	1.8	0.9	-0.1	3.4	14.5	0.2	-1.0	477
48-59	12.0	31.5	-1.4	0.2	1.3	0.3	-0.2	1.7	13.9	0.3	-1.0	435
Sex												
Male	11.5	30.3	-1.3	0.7	3.9	1.5	-0.3	2.7	17.6	0.8	-1.0	1,172
Female	9.8	25.7	-1.2	0.3	3.4	1.6	-0.2	3.9	16.3	1.0	-0.9	1,183
Birth interval in months[3]												
First birth[4]	9.4	29.3	-1.3	0.4	3.4	2.5	-0.2	2.2	13.8	0.8	-0.9	331
<24	13.7	34.1	-1.5	0.3	2.8	0.5	-0.3	5.2	22.8	0.2	-1.1	416
24-47	11.0	28.0	-1.3	0.8	4.8	1.5	-0.2	3.0	17.2	1.3	-0.9	1,025
48+	5.7	17.3	-0.9	0.0	2.2	3.7	-0.2	2.5	10.4	0.6	-0.7	278
Size at birth[3]												
Very small	19.2	36.7	-1.7	0.0	9.1	0.0	-0.6	10.2	35.4	0.8	-1.5	100
Small	11.9	34.7	-1.5	0.1	4.8	1.1	-0.4	3.9	23.4	0.6	-1.2	339
Average or larger	9.5	25.8	-1.2	0.7	3.3	2.0	-0.2	2.6	14.4	1.0	-0.8	1,556
Missing	17.0	33.5	-1.4	0.0	1.7	1.4	-0.1	5.2	14.4	0.0	-1.0	53
Mother's interview status												
Interviewed	10.6	28.0	-1.3	0.5	3.8	1.7	-0.2	3.3	16.9	0.9	-0.9	2,050
Not interviewed but in household	7.9	26.0	-1.6	0.0	2.6	0.9	-0.6	2.0	19.6	0.9	-1.3	105
Not interviewed and not in the household[5]	12.9	28.8	-1.3	0.0	2.2	0.1	-0.3	4.5	16.7	0.7	-1.0	199
Mother's nutritional status[6]												
Thin (BMI<18.5)	8.9	27.7	-1.3	0.0	9.2	1.0	-0.8	4.3	29.5	0.6	-1.4	200
Normal (BMI 18.5-24.9)	11.4	29.8	-1.3	0.6	3.6	2.0	-0.2	3.3	17.5	0.8	-1.0	1,542
Overweight/obese (BMI ≥25)	8.0	22.6	-0.9	0.5	1.9	1.2	0.1	2.2	9.1	1.9	-0.5	345
Residence												
Urban	3.4	13.5	-0.7	0.0	2.6	3.7	-0.1	0.9	8.4	3.4	-0.5	305
Rural	11.7	30.1	-1.4	0.5	3.8	1.2	-0.3	3.7	18.3	0.5	-1.0	2,049
Region												
Kampala	2.2	10.4	-0.6	0.0	3.4	3.7	-0.0	1.4	9.6	3.9	-0.4	132
Central 1	11.2	27.7	-1.3	0.5	3.6	2.8	-0.1	2.5	17.3	1.4	-0.9	244
Central 2	11.7	30.8	-1.2	0.0	2.1	1.5	-0.1	1.8	15.1	1.6	-0.9	217
East Central	10.6	28.8	-1.2	1.4	5.7	0.9	-0.3	3.4	18.3	0.7	-1.0	271
Eastern	4.4	21.3	-1.0	0.4	4.3	0.4	-0.4	1.6	15.4	0.1	-1.0	448
Karamoja	19.6	36.7	-1.8	0.3	7.9	0.0	-1.1	11.9	33.0	0.2	-1.8	84
North	8.4	19.6	-1.2	0.7	2.0	1.8	-0.1	3.9	13.4	0.7	-0.8	191
West Nile	14.0	31.0	-1.5	1.2	6.2	0.8	-0.4	4.6	21.9	0.7	-1.2	151
Western	13.6	35.7	-1.6	0.4	1.4	2.3	-0.2	3.9	17.1	0.4	-1.1	327
Southwest	16.7	36.3	-1.5	0.0	3.0	1.9	0.0	4.2	17.8	0.8	-0.9	290
Mother's education												
No education	14.5	36.8	-1.5	0.7	6.5	1.6	-0.3	5.8	25.2	0.3	-1.2	275
Primary	11.0	29.5	-1.3	0.6	3.5	1.7	-0.2	2.9	17.3	0.9	-1.0	1,406
Secondary+	6.4	18.1	-1.0	0.3	3.1	1.8	-0.2	2.8	11.9	1.2	-0.8	459
Wealth quintile												
Lowest	14.5	31.5	-1.4	0.7	4.7	0.8	-0.4	5.9	21.4	0.8	-1.2	504
Second	8.7	27.3	-1.2	0.3	4.5	1.6	-0.2	3.1	17.4	0.5	-1.0	509
Middle	16.1	38.4	-1.6	1.0	3.6	1.8	-0.3	4.3	22.6	0.6	-1.2	491
Fourth	9.1	24.9	-1.2	0.3	2.5	1.2	-0.1	1.1	11.1	0.4	-0.8	445
Highest	3.4	15.3	-0.7	0.0	2.4	2.6	-0.1	1.5	10.6	2.3	-0.6	406
Total	10.6	28.0	-1.3	0.5	3.6	1.6	-0.2	3.3	17.0	0.9	-1.0	2,354

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/CDC/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.

[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 11.10

[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 C.8 Completeness of information on siblings

Completeness of data on survival status of sisters and brothers reported by interviewed women, age of living siblings and age at death (AD) and years since death (YSD) of dead siblings (unweighted), Uganda 2011

	Sisters		Brothers		All siblings	
	Number	Percent	Number	Percent	Number	Percent
All siblings	68,061	100.0	68,785	100.0	136,846	100.0
Living	53,315	78.3	51,700	75.2	105,015	76.7
Dead	14,660	21.5	16,971	24.7	31,631	23.1
Survival status unknown	86	0.1	114	0.2	200	0.1
Living siblings	53,315	100.0	51,700	100.0	105,015	100.0
Age reported	53,132	99.7	51,521	99.7	104,653	99.7
Age missing	183	0.3	179	0.3	362	0.3
Dead siblings	14,660	100.0	16,971	100.0	31,631	100.0
AD and YSD reported	14,344	97.8	16,586	97.7	30,930	97.8
Missing only AD	33	0.2	37	0.2	70	0.2
Missing only YSD	111	0.8	160	0.9	271	0.9
Missing AD and YSD	172	1.2	188	1.1	360	1.1

Table C.9 Sibship size and sex ratio of siblings

Mean sibship size and sex ratio of siblings at birth, Uganda 2011

Age of respondents	Mean sibship size[1]	Sex ratio of siblings at birth[2]
15-19	7.4	98.8
20-24	7.7	95.2
25-29	7.8	99.9
30-34	7.9	102.8
35-39	8.1	95.4
40-44	8.3	104.6
45-49	8.1	98.7
Total	7.7	101.1

[1] Includes the respondent
[2] Excludes the respondent

PERSONS INVOLVED IN THE 2011 UGANDA DEMOGRAPHIC AND HEALTH SURVEY

Appendix **D**

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QUESTIONNAIRES

Appendix E

BATCH NUMBER:

QUESTIONNAIRE NUMBER: MAY 2011

UGANDA BUREAU OF STATISTICS
2011 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE-**ENGLISH**

IDENTIFICATION

DISTRICT _____

RESIDENCE STATUS (RURAL=3, URBAN=1) .....

COUNTY _____

SUBCOUNTY/TOWN _____

PARISH/LC1 NAME _____

EA NAME _____

NAME OF HOUSEHOLD HEAD _____

HOUSEHOLD NUMBER .....

SAMPLED HOUSEHOLD NUMBER

HOUSEHOLD SELECTED FOR MALE INTERVIEW, HEIGHT, WEIGHT, ANEMIA,VITAMIN A (YES = 1, NO = 2)

HOUSEHOLD SELECTED FOR DOMESTIC VIOLENCE (NO = 0, FEMALE = 1, MALE = 2)

HOUSEHOLD SELECTED FOR UNHS IV (YES = 1, NO = 0) IF YES RECORD HH CODE

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

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE OF THE QUESTIONNAIRE

LANGUAGE USED IN THE INTERVIEW

NATIVE LANGUAGE OF RESPONDENT

TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)

LANGUAGE USED:

01 ATESO
02 LUGANDA
03 LUGBARA
04 LUO
05 RUNYANKOLE-RUKIGA
06 RUNYORO-RUTORO
07 NGAKARAMOJONG
08 ENGLISH
96 OTHER _____ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Uganda Bureau of Statistics. We are conducting a survey about health all over UGANDA. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 30 to 45 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Do you have any questions? ☐ YES ☐ NO

May I begin the interview now? ☐ YES ☐ NO

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED ..... 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ..... 2 → END

START TIME HOUR ☐☐ MINUTES ☐☐

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	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 5-29 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)? IF 95 OR MORE RECORD '95'.	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
			M F	Y N	Y N	YEARS				
01			1 2	1 2	1 2			01	01	01
02			1 2	1 2	1 2			02	02	02
03			1 2	1 2	1 2			03	03	03
04			1 2	1 2	1 2			04	04	04
05			1 2	1 2	1 2			05	05	05
06			1 2	1 2	1 2			06	06	06
07			1 2	1 2	1 2			07	07	07
08			1 2	1 2	1 2			08	08	08
09			1 2	1 2	1 2			09	09	09
10			1 2	1 2	1 2			10	10	10
11			1 2	1 2	1 2			11	11	11
12			1 2	1 2	1 2			12	12	12
13			1 2	1 2	1 2			13	13	13
14			1 2	1 2	1 2			14	14	14
15			1 2	1 2	1 2			15	15	15

TICK HERE IF CONTINUATION SHEET USED

(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
00 = MOTHER NOT LISTED

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS		0-4 YEARS	IF AGE 5-17 YEARS		
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	BASIC MATERIAL NEEDS		
(1)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually 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	Is (NAME)'s natural father alive?	Does (NAMES)'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	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.	Did (NAME) attend school at any time during the 2011 school year?	During this school year, what level and grade is/was (NAME) attending? SEE CODES BELOW.	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 = NOT REGISTERED 8 = DON'T KNOW	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?
	Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE		Y N	Y N	Y N
01	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
02	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
03	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
04	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
05	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
06	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
07	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
08	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
09	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
10	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
11	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
12	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
13	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
14	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2
15	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 20			1 2	1 2	1 2

CODES FOR Qs 17 AND 19: EDUCATION

LEVEL	GRADE
0 = PRESCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)
2 = 'O' LEVEL	
3 = 'A' LEVEL	
4 = TERTIARY	98 = DON'T KNOW
5 = UNIVERSITY	
6 = FAL	
8 = DON'T KNOW	

	COMPLETE COLUMNS 24-29 FOR ALL HH MEMBERS AGED 5 OR OLDER					
LINE NO.	DIFFICULTIES					
(1)	(24)	(25)	(26)	(27)	(28)	(29)
	Because of a physical, mental or, emotional health condition. . . . Does (NAME) have difficulty seeing even if he/she is wearing glasses? 1 = NO - NO DIFFICULTY 2 = YES – SOME DIFFICULTY 3 = YES – A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DON'T KNOW	Because of a physical, mental or, emotional health condition. . . . Does (NAME) have difficulty hearing even if he/she is using a hearing aid? 1 = NO - NO DIFFICULTY 2 = YES – SOME DIFFICULTY 3 = YES – A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DON'T KNOW	Because of a physical, mental or, emotional health condition. . . . Does (NAME) have difficulty walking or climbing steps? 1 = NO - NO DIFFICULTY 2 = YES – SOME DIFFICULTY 3 = YES – A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DON'T KNOW	Because of a physical, mental or, emotional health condition. . . . Does (NAME) have difficulty remembering or concentrating? 1 = NO - NO DIFFICULTY 2 = YES – SOME DIFFICULTY 3 = YES – A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DON'T KNOW	Because of a physical, mental or, emotional health condition. . . . Does (NAME) have difficulty with self care such as washing all over, dressing, feeding, toileting? 1 = NO - NO DIFFICULTY 2 = YES – SOME DIFFICULTY 3 = YES – A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DON'T KNOW	Because of a physical, mental or, emotional health condition. . . . Does (NAME) have difficulty communicating forexample understanding others or being understood by others? 1 = NO - NO DIFFICULTY 2 = YES – SOME DIFFICULTY 3 = YES – A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DON'T KNOW
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

TABLE FOR SELECTION OF RESPONDENT FOR THE 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 VIOLENCE QUESTIONS. THEN, GO TO COLUMN **(9)** IN THE HOUSEHOLD SCHEDULE IF THE HH IS SELECTED FOR **FEMALE** RESPONDENT OR COLUMN **(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 VIOLENCE MODULE ☐☐

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	Some times people smoke inside our houses for example our family members,our neigbours or even our friends. How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY . . . . . 1 WEEKLY . . . . . 2 MONTHLY . . . . . 3 LESS THAN MONTHLY . . . . . 4 NEVER 5	
102	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)	105 105 105
103	Where is that water source located?	IN OWN DWELLING..... 1 IN OWN YARD/PLOT..... 2 ELSEWHERE 3	105
104	How long does it take to go there, get water, and come back?	MINUTES . . . . . [ ][ ][ ] DON'T KNOW 998	
105	Do you do anything to the water to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	107
106	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . . A ADD WATER GUARD . . . . . B ADD BLEACH/CHLORINE..... C STRAIN THROUGH A CLOTH..... D USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) . . . . . E SOLAR DISINFECTION . . . . . F LET IT STAND AND SETTLE G OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR 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 NO FACILITY/BUSH/FIELD.....08 ECOSAN.....09 OTHER _____ 96 (SPECIFY)	→ 110
108	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	→ 109A
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . [0][ ] 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
109A	Does this toilet have any facility for washing hands after use?	YES . . . . . 1 NO 2	
110	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	
111	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 . . . . . 10 NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	→ 114
112	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)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	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)	
115	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)	
116	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)	
117	How many rooms in this household are used for sleeping?	ROOMS . . . . . [ ][ ]	
118	Does any member of this household own: a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A car or truck? f) A boat with a motor? g) A boat without a motor?	YES NO WATCH . . . . . 1 2 BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK . . . . . 1 2 BOAT WITH MOTOR . . . . . 1 2 BOAT WITHOUT MOTOR . . . 1 2	
119	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2	→ 121
120	How many acres of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	ACRES . . . . . [ ][ ] . [ ] 95 OR MORE ACRES . . . . . 950 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO 2	→ 124
122	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. i) Local Cattle? ii) Exotic/Cross Cattle? iii) Horses, donkeys, or mules? iv) Goats? v) Sheep? vi) Pigs? vii) Chickens?	LOCAL CATTLE ..... [ ][ ] EXOTIC/CROSS CATTLE ..... [ ][ ] HORSES/DONKEYS/MULES .... [ ][ ] GOATS ..... [ ][ ] SHEEP ..... [ ][ ] PIGS ..... [ ][ ] CHICKENS ..... [ ][ ]	
124	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 126
125	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ... . A PRIVATE COMPANY ..... B NONGOVERNMENTAL ORGANIZATION (NGO) ... C OTHER _____ (SPECIFY) X DON'T KNOW ..... Y	
126	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO 2	→ 137
127	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... [ ]	

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED . . . . . . NOT OBSERVED	OBSERVED . . . . . 1 NOT OBSERVED 2	OBSERVED . . . . . 1 NOT OBSERVED 2
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . . . [ ][ ] MORE THAN 36 MONTHS AGO . . 95 NOT SURE 98	MONTHS AGO . . . . . [ ][ ] MORE THAN 36 MONTHS AGO . . 95 NOT SURE 98	MONTHS AGO . . . . . [ ][ ] MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98
130	OBSERVE THE BRAND/ TYPE OF MOSQUITO NET. IF NOT OBSERVED ASK What brand is this net? IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	**'LONGLASTING' NET** PERMANET . . . . . 11 DURANET . . . . . 12 INTERCEPTOR . . . . 13 NETPROTECT . . . . 14 OLYSET . . . . . 15 DAWANET . . . . . 16 ICONLIFE . . . . . 17 (SKIP TO 134) **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 DURANET . . . . . 12 INTERCEPTOR . . . . . 13 NETPROTECT . . . . . 14 OLYSET . . . . . 15 DAWANET . . . . . 16 ICONLIFE . . . . . 17 (SKIP TO 134) **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 DURANET . . . . . 12 INTERCEPTOR . . . . . 13 NETPROTECT . . . . . 14 OLYSET . . . . . 15 DAWANET . . . . . 16 ICONLIFE . . . . . 17 (SKIP TO 134) **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
132	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . . [ ][ ] MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO [ ][ ] MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . . . [ ][ ] MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98
134	Did anyone sleep under this mosquito net last night?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) NOT SURE 8

		NET #1	NET #2	NET #3
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND 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. ..... [ ][ ]
136		**GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.**	**GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.**	**GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.**

137	Please show me where members of your household most often wash their hands.	OBSERVED ..... 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 2 NOT OBSERVED, NO PERMISSION TO SEE ..... 3 NOT OBSERVED, OTHER REASON ..... 4 (SKIP TO 140)
138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE 2
139	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B NONE C
140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESENT ..... 1 NO IODINE ..... 2 NO SALT IN HOUSEHOLD ..... 3 SALT NOT TESTED _____ 6 (SPECIFY REASON)

WEIGHT, HEIGHT, HEMOGLOBIN AND VITAMIN A MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . . NAME _____	LINE NUMBER . . . . . . NAME _____	LINE NUMBER . . . . . . NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH ANDYEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY . . . . . . MONTH . . . . . . YEAR	DAY . . . . . . MONTH . . . . . . YEAR	DAY . . . . . . MONTH . . . . . . YEAR
204	CHECK 203: CHILD BORN IN JANUARY **2006** OR LATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)
205	WEIGHT IN KILOGRAMS	KG. . . NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. . . NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. . . NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. . . NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. . . NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. . . NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING?	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED 3
208	CHECK 203: 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 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER	LINE NUMBER	LINE NUMBER . . . . .
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	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 ask that all children born in **2006** or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take 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 will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. 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 CHILD) to participate in the anemia test?		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2
211A	ASK CONSENT FOR VITAMIN A TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	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 OF CHILD) to take the vitamin A deficiency test?		

		CHILD 1	CHILD 2	CHILD 3
211B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2
211C	CIRCLE THE APPROPRIATE CODE DON'T TAKE DBS IF RESPONDENT DOES NOT AGREE FOR VITAMIN A	AGREED TO ANEAMIA AND VITAMIN A TEST . . . . . 1 AGREED TO ANEAMIA ONLY 2 (GO TO 212 THEN SKIP 213 AND GO TO 215) AGREED TO VITAMIN A ONLY 3 (SKIP TO 213) AGREED TO NEITHER . . . . . 4 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	AGREED TO ANEAMIA AND VITAMIN A TES . . . . . 1 AGREED TO ANEAMIA ONLY 2 (GO TO 212 THEN SKIP 213 AND GO TO 215) AGREED TO VITAMIN A ONLY 3 (SKIP TO 213) AGREED TO NEITHER . . . . . 4 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	AGREED TO ANEAMIA AND VITAMIN A TEST ..... 1 AGREED TO ANEAMIA ONLY 2 (GO TO 212 THEN SKIP 213 AND GO TO 215) AGREED TO VITAMIN A ONLY 3 (SKIP TO 213) AGREED TO NEITHER . . . . . 4 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET .	G/DL [ ][ ].[ ] NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	G/DL [ ][ ].[ ] NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	G/DL [ ][ ].[ ] NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996
213	BAR CODE LABEL FOR VITAMIN A TEST	PUT THE 1ST BAR CODE LABEL HERE. BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 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. BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 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. BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
215	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 216.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]
204	CHECK 203: CHILD BORN IN JANUARY 2006 OR LATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO216)
205	WEIGHT IN KILOGRAMS	KG. [ ][ ]. [ ][ ] NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. [ ][ ]. [ ][ ] NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. [ ][ ]. [ ][ ] NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. [ ][ ][ ]. [ ] NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. [ ][ ][ ]. [ ] NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. [ ][ ][ ]. [ ] NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING?	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED 3
208	CHECK 203: 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 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER . . . . . [ ][ ]	LINE NUMBER . . . . . [ ][ ]	LINE NUMBER . . . . . [ ][ ]
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	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 ask that all children born in 2006 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take 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 strictly confidential and will not be shared with anyone other than members of our survey team. 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 CHILD) to participate in the anemia test?		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2
211A	ASK CONSENT FOR VITAMIN A TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	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 OF CHILD) to take the vitamin A deficiency test?		

		CHILD 4	CHILD 5	CHILD 6
211B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2
211C	CIRCLE THE APPROPRIATE CODE DON'T TAKE DBS IF RESPONDENT DOES NOT AGREE FOR VITAMIN A	AGREED TO ANEAMIA AND VITAMIN A TEST . . . . . 1 AGREED TO ANEAMIA ONLY 2 (GO TO 212 THEN SKIP 213 AND GO TO 215) AGREED TO VITAMIN A ONLY 3 (SKIP TO 213) AGREED TO NEITHER . . . . . 4 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	AGREED TO ANEAMIA AND VITAMIN A TES . . . . . 1 AGREED TO ANEAMIA ONLY 2 (GO TO 212 THEN SKIP 213 AND GO TO 215) AGREED TO VITAMIN A ONLY 3 (SKIP TO 213) AGREED TO NEITHER . . . . . 4 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)	AGREED TO ANEAMIA AND VITAMIN A TEST . . . . . 1 AGREED TO ANEAMIA ONLY 2 (GO TO 212 THEN SKIP 213 AND GO TO 215) AGREED TO VITAMIN A ONLY 3 (SKIP TO 213) AGREED TO NEITHER . . . . . 4 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET .	G/DL [ ][ ].[ ] NOT PRESENT . . . . . .994 REFUSED . . . . . .995 OTHER 996	G/DL [ ][ ].[ ] NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	G/DL [ ][ ].[ ] NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996
213	BAR CODE LABEL FOR VITAMIN A TEST	PUT THE 1ST BAR CODE LABEL HERE. BLOOD TAKEN…….. 1 NOT PRESENT…….. 2 REFUSED…….. 3 OTHER……. 6 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. BLOOD TAKEN…….. 1 NOT PRESENT…….. 2 REFUSED…….. 3 OTHER……. 6 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. BLOOD TAKEN…….. 1 NOT PRESENT…….. 2 REFUSED…….. 3 OTHER……. 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
215	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 216.			

WEIGHT, HEIGHT, HEMOGLOBIN AND VITAMIN A MEASUREMENT FOR WOMEN AGE 15-49

216	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 217. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
217	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER . . . . . . NAME _____	LINE NUMBER . . . . . . NAME _____	LINE NUMBER . . . . . . NAME _____
218	WEIGHT IN KILOGRAMS	KG. ___ . ___ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. ___ . ___ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. ___ . ___ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996
219	HEIGHT IN CENTIMETERS	CM. ___ . ___ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ___ . ___ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ___ . ___ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
220	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 225)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 225)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 225)
221	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION)..... 1 OTHER . . . . . 2 (GO TO 225)	CODE 4 (NEVER IN UNION)..... 1 OTHER . . . . . 2 (GO TO 225)	CODE 4 (NEVER IN UNION)..... 1 OTHER . . . . . 2 (GO TO 225)
222	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
223	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 222 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17	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 to take 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 will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?		
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 228)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 228)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 228)

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____
225	ASK CONSENT FOR ANEAMIA TEST FROM RESPONDENT	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 to take 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 will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. 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 take the anemia test?		
226	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 227A)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 227A)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 227A)
227	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
227A	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 230)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 230)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 230)
227B	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 230)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 230)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 230)
228	ASK FOR CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 222 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	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?		
229	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 237)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 237)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 237)
230	ASK CONSENT FOR VITAMIN A TESTING FROM RESPONDENT	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 take the Vitamin A test?		
231	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME AND ENTER YOUR INTERVIEWER NUMBER	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) [ ][ ][ ] (IF REFUSED, GO TO 237)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) [ ][ ][ ] (IF REFUSED, GO TO 237)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) [ ][ ][ ] (IF REFUSED, GO TO 237)

		WOMAN 1	WOMAN 2	WOMAN 3
231A	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 230)	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 230)	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 230)
231B	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 230)	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 230)	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 230)
232	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 222 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	We ask you to allow the 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 OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (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?		
233	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 (SIGN) (IF REFUSED, GO TO 236)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 (SIGN) (IF REFUSED, GO TO 236)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 (SIGN) (IF REFUSED, GO TO 236)
234	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT	We ask you to allow 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 OF ADOLESCENT). this survey. Will you allow us to keep the blood sample stored for later testing or research?		
235	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 (SIGN) (IF REFUSED, GO TO 237)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 (SIGN) (IF REFUSED, GO TO 237)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 (SIGN) (IF REFUSED, GO TO 237)
236	ADDITIONAL TESTS	CHECK 233 AND 235: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 233 AND 235: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 233 AND 235: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
237	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
238	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPLET	G/DL ..... [ ][ ].[ ] NOT PRESENT ..... 994 REFUSED ..... 995 OTHER 996	G/DL ..... [ ][ ].[ ] NOT PRESENT ..... 994 REFUSED ..... 995 OTHER 996	G/DL ..... [ ][ ].[ ] NOT PRESENT ..... 994 REFUSED ..... 995 OTHER 996
239	BAR CODE LABEL FOR VITAMIN A TEST	PUT THE 1ST BAR CODE LABEL HERE. BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 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. BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 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. BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM
240	GO BACK TO 217 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 241.			

WEIGHT AND HEIGHT MEASUREMENT FOR MEN AGE 15-54

241	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 242. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
242	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____
243	WEIGHT IN KILOGRAMS	KG. [ ][ ][ ]. [ ][ ] NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. [ ][ ][ ]. [ ][ ] NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. [ ][ ][ ]. [ ][ ] NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996
244	HEIGHT IN CENTIMETERS	CM. . . . . [ ][ ][ ]. [ ] NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. . . . . [ ][ ][ ]. [ ] NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. . . . . [ ][ ][ ]. [ ] NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
245	GO BACK TO 242 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

END TIME HOUR [ ][ ] MINUTES [ ][ ]

BATCH NUMBER:

QUESTIONNAIRE NUMBER: MAY 2011

UGANDA BUREAU OF STATISTICS
2011 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN QUESTIONNAIRE-**ENGLISH**

IDENTIFICATION

EA NAME _____

NAME OF HOUSEHOLD HEAD _____

HOUSEHOLD NUMBER ……. [ ][ ][ ][ ]

SAMPLED 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	_____	_____	_____	INTER. NO. [ ][ ][ ]
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 [0][8]

LANGUAGE USED IN THE INTERVIEW [ ][ ]

NATIVE LANGUAGE OF RESPONDENT [ ][ ]

TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) [ ]

LANGUAGE USED:

01 ATESO
02 LUGANDA
03 LUGBARA
04 LUO
05 RUNYANKOLE-RUKIGA
06 RUNYORO-RUTORO
07 NGAKARAMOJONG
08 ENGLISH
96 OTHER _____ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ [ ][ ][ ]	NAME _____ [ ][ ][ ]	[ ][ ]	[ ][ ]

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 survey about health all over Uganda. This information will help the government to plan health services. Your household was selected for the survey.The questions usually take about 60 to 90 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? ☐ YES ☐ NO

May I begin the interview now? ☐ YES ☐ NO

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWE . . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
104	Have you ever attended school?	YES . . . . . 1 NO 2	→ 108
105	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	
106	What is the highest (class/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/YEAR . . . . . ☐☐	
107	CHECK 105: PRIMARY ☐ ↓ SECONDARY OR HIGHER ☐		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	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	
109	CHECK 108: CODE '2', '3' OR '4' CIRCLED → CODE '1' OR '5' CIRCLED ☐		111
110	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	
111	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	
112	Do you watch/listen to television almost everyday, 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	
113	What is your religion?	CATHOLIC ..... 1 PROTESTANT ..... 2 MUSLIM ..... 3 PENTECOSTAL ..... 4 SDA ..... 5 OTHER _____ 6 (SPECIFY)	
114	What is your tribe?	MUGANDA . . . . . 1 MUNYANKOLE . . . . . 2 MUSOGA . . . . . 3 MUKIGA . . . . . 4 ATESO . . . . . 5 OTHER _____ 6 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . . ☐☐ NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . . 1 NO 2	

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 BIRTHS . . . . . [ ][ ]	
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 ROWS.
(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? RECORD NAME. BIRTH HISTORY NUMBER	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 In what month and year was (NAME) born? PROBE: When is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	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	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR	YES . . . . 1 NO . . . . 2 → 220	AGE IN YEARS	YES . . . . 1 NO 2	HOUSEHOLD LINE NUMBER (NEXT BIRTH)	DAYS . . . . 1 MONTHS 2 YEARS . . . 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR	YES . . . . 1 NO . . . . 2 → 220	AGE IN YEARS	YES . . . . 1 NO 2	HOUSEHOLD LINE NUMBER (GO TO 221)	DAYS . . . . 1 MONTHS 2 YEARS . . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR	YES . . . . 1 NO . . . . 2 → 220	AGE IN YEARS	YES . . . . 1 NO 2	HOUSEHOLD LINE NUMBER (GO TO 221)	DAYS . . . . 1 MONTHS 2 YEARS . . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR	YES . . . . 1 NO . . . . 2 → 220	AGE IN YEARS	YES . . . . 1 NO 2	HOUSEHOLD LINE NUMBER (GO TO 221)	DAYS . . . . 1 MONTHS 2 YEARS . . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR	YES . . . . 1 NO . . . . 2 → 220	AGE IN YEARS	YES . . . . 1 NO 2	HOUSEHOLD LINE NUMBER (GO TO 221)	DAYS . . . . 1 MONTHS 2 YEARS . . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR	YES . . . . 1 NO . . . . 2 → 220	AGE IN YEARS	YES . . . . 1 NO 2	HOUSEHOLD LINE NUMBER (GO TO 221)	DAYS . . . . 1 MONTHS 2 YEARS . . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR	YES . . . . 1 NO . . . . 2 → 220	AGE IN YEARS	YES . . . . 1 NO 2	HOUSEHOLD 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? RECORD NAME. BIRTH HISTORY NUMBER	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 In what month and year was (NAME) born? PROBE: When is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	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	BOY 1 GIRL 2	SING 1 MULT 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . . . 1 NO . . . . 2 → 220	AGE IN YEARS [ ][ ]	YES . . . . 1 NO 2	HOUSEHOLD LINE NUMBER [ ][ ] → (GO TO 221)	DAYS . . . . 1 MONTHS 2 YEARS . . . 3 [ ][ ]	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . . . 1 NO . . . . 2 → 220	AGE IN YEARS [ ][ ]	YES . . . . 1 NO 2	HOUSEHOLD LINE NUMBER [ ][ ] → (GO TO 221)	DAYS . . . . 1 MONTHS 2 YEARS . . . 3 [ ][ ]	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . . . 1 NO . . . . 2 → 220	AGE IN YEARS [ ][ ]	YES . . . . 1 NO 2	HOUSEHOLD LINE NUMBER [ ][ ] → (GO TO 221)	DAYS . . . . 1 MONTHS 2 YEARS . . . 3 [ ][ ]	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . . . 1 NO . . . . 2 → 220	AGE IN YEARS [ ][ ]	YES . . . . 1 NO 2	HOUSEHOLD LINE NUMBER [ ][ ] → (GO TO 221)	DAYS . . . . 1 MONTHS 2 YEARS . . . 3 [ ][ ]	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YES . . . . 1 NO . . . . 2 → 220	AGE IN YEARS [ ][ ]	YES . . . . 1 NO 2	HOUSEHOLD 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)	
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN **2006** OR LATER.	NUMBER OF BIRTHS . . . . . [ ] NONE . . . . . 0 → 226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	**C** FOR EACH BIRTH SINCE JANUARY **2006**, 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	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . . [ ][ ]	
228	When you got pregnant, did you want to get pregnant at that time?	YES . . . . . 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want aborted, any (more) children?	LATER . . . . . 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was or ended in a stillbirth?	YES . . . . . 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
232	CHECK 231: LAST PREGNANCY ENDED IN JAN. 2006 OR LATER → [ ] LAST PREGNANCY ENDED BEFORE JAN. **2006** [ ] →		238
233	How many months pregnant were you when the last such pregnancy ended? **C** 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 A	When the pregnancy ended, did you receive counselling for family planning use?	YES . . . . . 1 NO 2	
234	Since January 2006, have you had any other pregnancies that did not result in a live birth?	YES . . . . . 1 NO 2	→ 236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY **2006** **C** ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
236	Did you have any miscarriages, abortions or stillbirths that ended before **2006** ?	YES . . . . . 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before **2006** end?	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
238	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	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 301
240	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. Have you ever heard of (METHOD)?		
01	**Female Sterilization.** PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	**Male Sterilization.** PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
03	**IUD** PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
04	**Injectables.** PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
05	**Implants.** PROBE: Women can have one or more 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	
06	**Pill.** PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
07	**Condom.** PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	
08	**Female Condom.** PROBE: 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/Moon Beads.** PROBE: 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	
11	**Withdrawal.** PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	
12	**Emergency Contraception.** PROBE: As an emergency measure, within five days after they have unprotected sexual intercourse, intercourse, women can take special pills or loop/coil is placed inside them by a doctor or nurse 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	
302	CHECK 226: NOT PREGNANT OR UNSURE ↓ ☐ PREGNANT ☐ →		311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F CONDOM . . . . . G FEMALE CONDOM . . . . . H DIAPHRAGM . . . . . I FOAM/JELLY . . . . . J LACTATIONAL AMEN. METHOD . . . . . K RHYTHM METHOD/MOON BEADS . . . L WITHDRAWAL . . . . . M OTHER _____ X (SPECIFY)	→307 →308A →306 → 308A
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	PILPLAN . . . . . 01 SOFT SURE . . . . . 02 NEWFEM . . . . . 03 LO-FEMENOL . . . . . 04 MICROGYNON . . . . . 05 OVRETTE . . . . . 06 MICROLUT . . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 308A
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	PROTECTOR . . . . . 01 LIFE GUARD . . . . . 02 ENGABU . . . . . 03 TRUST . . . . . 04 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 308A
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 FAMILY PLANNING CLINIC . . . . . 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 PRIVATE DOCTOR'S OFFICE . . . . . 22 MOBILE CLINIC . . . . . 23 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	In what month and year was the sterilization performed?		
308A	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 . . . . . [ ][ ][ ][ ]	
309	CHECK 308/308A, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES [ ] NO [ ]	
310	CHECK 308/308A: YEAR IS 2006 OR LATER [ ] **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. YEAR IS 2005 OR EARLIER [ ] **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2006 THEN SKIP TO → 322		
311	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 2006. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. **C** IN COLUMN 1, 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? IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1. ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT. ILLUSTRATIVE QUESTIONS: * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED [ ] ANY METHOD USED [ ] → 314		
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO . . . . . 2 → 324	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . . 00 FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD/MOON BEADS . . . 12 WITHDRAWAL . . . . . 13 OTHER METHOD 96	→324 →317A →326 →315A →326
315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 FAMILY PLANNING CLINIC . . . . . 13 OUT REACH . . . . . 14 FIELDWORKER/VHT . . . . . 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY)	
315A	Where did you learn how to use the rhythm/lactational amenorhea method? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 OUTREACH . . . . . 24 FIELDWORKER/VHT . . . . . 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **OTHER SOURCE** SHOP . . . . . 31 CHURCH . . . . . 32 FRIEND/RELATIVE . . . . . 33 OTHER _____ 96 (SPECIFY)	
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD/MOON BEADS . . . 12	 →323 →320 →326 →326
317	At that time, were you told about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?		
318	Were you <u>ever</u> told by a <u>health or family planning worker</u> about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	 →320

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	Were you told what to do if you experienced side effects or problems?	YES . . . . . 1 NO 2	
320	CHECK 317: 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 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?	YES . . . . . 1 NO 2	1 → 322
321	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	
322	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD/MOON BEADS . . . . 12 WITHDRAWAL . . . . . 13 . . . . . . OTHER METHOD 96	01–03 → 326 05 → 326 11–13 → 326 96
323	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 FAMILY PLANNING CLINIC . . . . . 13 OUT REACH . . . . . 14 FIELDWORKER/VHT . . . . . 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 OUT REACH . . . . . 24 FIELDWORKER/VHT . . . . . 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **OTHER SOURCE** SHOP . . . . . 31 CHURCH . . . . . 32 FRIEND/RELATIVE . . . . . 33 OTHER _____ 96 (SPECIFY)	11–96 → 326
324	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	2 → 326

325	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C OUT REACH . . . . . D FIELDWORKER/VHT . . . . . E OTHER PUBLIC SECTOR _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY . . . . . H PRIVATE DOCTOR . . . . . I OUT REACH . . . . . J FIELDWORKER/VHT .. . . . . K OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY) **OTHER SOURCE** SHOP . . . . . M CHURCH . . . . . N FRIEND/RELATIVE . . . . . O OTHER _____ X (SPECIFY)	
326	In the last 12 months, were you visited by a fieldworker/VHT who talked to you about family planning?	YES . . . . . 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES . . . . . 1 NO 2	→ 401
328	Did any staff 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 2006 OR LATER ☐ ↓ / NO BIRTHS IN 2006 OR LATER ☐ → 556			
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 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 some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ☐☐	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . . 1 (SKIP TO 408) ← NO 2	YES . . . . . 1 (SKIP TO 430) ← NO 2	YES . . . . . 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 408) ←	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 430) ←	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 430) ←
407	How much longer did you want 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
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ←		
409	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 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT D COMMUNITY/ VILLAGE HEALTH TEAM . . . . . E OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S). IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**HOME** YOUR HOME ..... A OTHER HOME ..... B **PUBLIC SECTOR** GOVT. HOSPITAL C GOVT. HEALTH CENTER ..... D OTHER PUBLIC SECTOR ..... E _____ (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC ..... F OTHER PRIVATE MED. _____ G (SPECIFY) OTHER _____ X (SPECIFY)		
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS .... [ ][ ] DON'T KNOW 98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES [ ][ ] DON'T KNOW 98		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT ..... 1 2 BP ..... 1 2 URINE ..... 1 2 BLOOD 1 2		
414	During **(any of)** your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW 8		
415	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 418) ← DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	During this pregnancy, how many times did you get a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . . [ ] DON'T KNOW 8		
417	CHECK 416:	2 OR MORE TIMES [ ] → (SKIP TO 421) OTHER [ ] →		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 421) ← DON'T KNOW 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . . [ ] DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO . . . . . [ ][ ]		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During this whole pregnancy, for how many days did you take the tablets or syrup? 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 (SKIP TO 424) ← DON'T KNOW 8		
423A	During the whole of this pregnancy, how many doses/times did you take drugs for intestinal worms?	NUMBER . . [ ][ ] DON'T KNOW 98		
424	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 430) ← DON'T KNOW 8		
425	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		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
426	CHECK 425: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED [ ] CODE A' NOT CIRCLED [ ] (SKIP TO 430)		
427	How many times did you take (SP/ Fansidar) during this pregnancy?	TIMES . . . . . [ ][ ]		
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED [ ] OTHER [ ] (SKIP TO 430)		
429	Did you get the (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		
430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8
431	Was (NAME) weighed at birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 433) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 433) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 433) DON'T KNOW 8
432	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 99998	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW 99998	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW 99998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
433	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 ASSISTED . . . . . 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 ASSISTED . . 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 ASSISTED Y
434	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** YOUR HOME . . . . . 11 TBA'S HOME . . . . . 12 OTHER HOME . . . . . 13 (SKIP TO 438) **PUBLIC SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 OTHER PUBLIC _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 438)	**HOME** YOUR HOME . . . 11 TBA'S HOME . . . 12 OTHER HOME . . . 13 (SKIP TO 448) **PUBLIC SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 OTHER PUBLIC _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 448)	**HOME** YOUR HOME . . . . 11 TBA'S HOME . . . . 12 OTHER HOME . . . . 13 (SKIP TO 448) **PUBLIC SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 OTHER PUBLIC _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 448)
434A	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		
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
435A	Before you were discharged were you counselled about family planning use?	YES . . . . . 1 NO 2		
436	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES . . . . . 1 (SKIP TO 439) NO 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
437	Did anyone check on your health after you left the facility?	YES . . . . . 1 (SKIP TO 439) ← NO . . . . . 2 (SKIP TO 442) ←		
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 442) ←		
439	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 VHT..... 15 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT ..... . 21 OTHER _____ 96 (SPECIFY)		
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		
442	In the two months after (NAME) was born, did any health care provider check on his/her health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 446) ← DON'T KNOW 8		
443	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		
444	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)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
445	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE 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 OTHER PUBLIC _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		
446	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.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
447	Has your menstrual period returned since the birth of (NAME)?	YES . . . . . 1 (SKIP TO 449) NO . . . . . 2 (SKIP TO 450)		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . . 1 NO . . . . . 2 (SKIP TO 452)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 452)
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . . [ ][ ] DON'T KNOW 98	MONTHS . . . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT PREGNANT OR UNSURE (SKIP TO 452)		
451	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 453)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
452	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
453	Did you ever breastfeed (NAME)?	YES . . . . . 1 (SKIP TO 455) NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING [ ] (SKIP TO 460) DEAD [ ] (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
455	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 [ ][ ]		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 458)		
457	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 COFFEE . . . . . I HONEY . . . . . J OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING [ ] DEAD [ ] (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING [ ] DEAD [ ] (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING [ ] DEAD [ ] (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
459	Are you still breastfeeding (NAME)?	YES . . . . . 1 NO 2		
460	Did (NAME) drink anything from a bottle with a nipple 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
461		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, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 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).			
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER . . . . . [ ][ ]	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER . . . . . [ ][ ]	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER . . . . . [ ][ ]
503	FROM 212 AND 216	NAME _____ LIVING [ ] DEAD [ ] (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING [ ] DEAD [ ] (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING [ ] DEAD [ ] (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)
504	Do you have a card/ book 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 509) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) YES, NOT SEEN ..... 2 (SKIP TO 509) NO CARD 3	YES, SEEN ..... 1 (SKIP TO 506) YES, NOT SEEN ..... 2 (SKIP TO 509) NO CARD 3
505	Did you ever have a vaccination card/book for (NAME)?	YES ..... 1 (SKIP TO 509) NO 2	YES . . . . . 1 (SKIP TO 509) NO 2	YES . . . . . 1 (SKIP TO 509) 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			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	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		
MEASLES				MEA			MEA		
VITAMIN A (MOST RECENT)				VIT A			VIT A		
VITAMIN A (2nd (MOST RECENT)				VIT A			VIT A		

507	CHECK 506:	BCG TO MEASLES ALL RECORDED [ ] (GO TO 511) OTHER [ ]	BCG TO MEASLES ALL RECORDED [ ] (GO TO 511) OTHER [ ]	BCG TO MEASLES ALL RECORDED [ ] (GO TO 511) OTHER [ ]

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not on this card/book including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS BCG, POLIO0-3, DPT-HEPB-HIB 1-3, AND OR MEASLES VACCINES AS HAVING BEEN GIVEN.	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the right upper arm or shoulder 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
510B	Polio vaccine, that is, drops in the mouth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510E) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510E) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510E) DON'T KNOW 8
510C	Was the first polio vaccine given 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
510D	How many times was the polio vaccine given?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
510E	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 510G) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510G) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510G) DON'T KNOW 8
510F	How many times was the DPT vaccination given?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
510G	A measles injection - that is, a shot in the 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
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
512	In the last seven days, was (NAME) given 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
513	Was (NAME) given 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
514	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) ←┤ DON'T KNOW 8
515	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
516	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
517	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 GAVE RUTF . . . . . 7 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 GAVE RUTF . . . . . 7 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 GAVE RUTF . . . . . 7 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 522) ←┘	YES . . . . . 1 NO . . . . . 2 (SKIP TO 522) ←┘	YES . . . . . 1 NO . . . . . 2 (SKIP TO 522) ←┘
519	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B OUT REACH SERV. C FIELDWORKER/VHT D OTHER PUBLIC SECTOR _____ E (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC . . . . . F PHARMACY . . . . . G PVT DOCTOR . . . . . H OUT REACH SERV. COMMUNITY HEALTH WORKER..... I J OTHER PRIVATE MED. SECTOR _____ K (SPECIFY) **OTHER SOURCE** SHOP . . . . . L TRADITIONAL PRACTITIONER M MARKET . . . . . N OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B OUT REACH SERV. C FIELDWORKER D OTHER PUBLIC SECTOR _____ E (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC . . . . . F PHARMACY . . . G PVT DOCTOR . . . H OUT REACH SERV. COMMUNITY HEALTH I WORKER..... J OTHER PRIVATE MED. SECTOR _____ K (SPECIFY) **OTHER SOURCE** SHOP . . . . . L TRADITIONAL PRACTITIONER ..... M MARKET ..... N OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B OUT REACH SERV. C FIELDWORKER D OTHER PUBLIC SECTOR _____ E (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC . . . . . F PHARMACY . . . G PVT DOCTOR . . . H OUT REACH SERV. COMMUNITY HEALTH I WORKER..... J OTHER PRIVATE MED. SECTOR _____ L K (SPECIFY) **OTHER SOURCE** SHOP . . . . . L TRADITIONAL PRACTITIONER ..... M MARKET ..... N OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
520	CHECK 519:	TWO OR MORE CODES CIRCLED ☐ ↓ ONLY ONE CODE CIRCLED ☐ → (SKIP TO 522)	TWO OR MORE CODES CIRCLED ☐ ↓ ONLY ONE CODE CIRCLED ☐ → (SKIP TO 522)	TWO OR MORE CODES CIRCLED ☐ ↓ ONLY ONE CODE CIRCLED ☐ → (SKIP TO 522)
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE ..... ☐	FIRST PLACE ..... ☐	FIRST PLACE ..... ☐
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called LOCAL NAME FOR ORS PACKET? c) A government-recommended homemade fluid?	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID 1 2 8
523	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW 8
524	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 MEDICINE ..... 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 MEDICINE ..... 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 MEDICINE ..... J OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 527) ← DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 527) ← DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 527) ← DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8	YES ..... 1 NO ..... 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW 8
528	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 531) ← DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW 8	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
529	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 531)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)
530	CHECK 525: HAD FEVER?	YES NO OR DK (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES NO OR DK (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES NO OR DK (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
531	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
532	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 GAVE RUTF . . . . . 7 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE . . . . . 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 GAVE RUTF . . . . . 7 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE . . . . . 4 STOPPED FOOD . . . . . 5 NEVER GAVE FOOD . . . 6 GAVE RUTF . . . . . 7 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT HOSPITAL ..... A GOVT HEALTH CENTER ..... B OUT REACH SERV. ..... C FIELDWORKER/VHT ..... D OTHER PUBLIC SECTOR _____ E (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT HOSPITAL/ CLINIC ..... F PHARMACY ..... G PVT DOCTOR ..... H OUTREACH SERVICE..... I COMMUNITY HEALTH WORKER..... J OTHER PRIVATE MED. SECTOR _____ K (SPECIFY) **OTHER SOURCE** SHOP ..... L TRADITIONAL PRACTITIONER M MARKET ..... N OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL ..... A GOVT HEALTH CENTER ..... B OUT REACH SERV. ..... C FIELDWORKER/VHT ..... D OTHER PUBLIC SECTOR _____ E (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT HOSPITAL/ CLINIC ..... F PHARMACY ..... G PVT DOCTOR ..... H OUTREACH SERVICE..... I COMMUNITY HEALTH WORKER..... J OTHER PRIVATE MED. SECTOR _____ K (SPECIFY) **OTHER SOURCE** SHOP ..... L TRADITIONAL PRACTITIONER M MARKET ..... N OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL ..... A GOVT HEALTH CENTER ..... B OUT REACH SERV. ..... C FIELDWORKER/VHT ..... D OTHER PUBLIC SECTOR _____ E (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT HOSPITAL/ CLINIC ..... F PHARMACY ..... G PVT DOCTOR ..... H OUTREACH SERVICE..... I COMMUNITY HEALTH WORKER..... J OTHER PRIVATE MED. SECTOR _____ K (SPECIFY) **OTHER SOURCE** SHOP ..... L TRADITIONAL PRACTITIONER M MARKET ..... N OTHER _____ X (SPECIFY)
535	CHECK 534:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 537)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 537)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 537)
536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE	FIRST PLACE	FIRST PLACE .....
537	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 553) DON'T KNOW 8	YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES ..... 1 NO ..... 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	**ANTIMALARIAL DRUGS** SP/FANSIDAR ..... A CHLOROQUINE ..... B CHLOROQUINE WITH FANSIDAR..... C COARTEM/ACT ..... D QUININE..... E OTHER ANTI-MALARIAL _____ ..... F (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP ..... G INJECTION ..... H **OTHER DRUGS** ASPIRIN ..... I PANADOL ..... J IBUPROFEN ..... K OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	**ANTIMALARIAL DRUGS** SP/FANSIDAR ..... A CHLOROQUINE ..... B CHLOROQUINE WITH FANSIDAR..... C COARTEM/ACT ..... D QUININE..... E OTHER ANTI-MALARIAL _____ ..... F (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP ..... G INJECTION ..... H **OTHER DRUGS** ASPIRIN ..... I PANADOL ..... J IBUPROFEN ..... K OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	**ANTIMALARIAL DRUGS** SP/FANSIDAR ..... A CHLOROQUINE ..... B CHLOROQUINE WITH FANSIDAR..... C COARTEM/ACT ..... D QUININE..... E OTHER ANTI-MALARIAL _____ ..... F (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP ..... G INJECTION ..... H **OTHER DRUGS** ASPIRIN ..... I PANADOL ..... J IBUPROFEN ..... K OTHER _____ X (SPECIFY) DON'T KNOW ..... Z

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
539	CHECK 538: ANY CODE A-F CIRCLED?	YES ☐ NO ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 542)	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 542)	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 542)
541	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8
542	CHECK 538: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED ☐ CODE 'B' NOT CIRCLED ☐ (SKIP TO 544)	CODE 'B' CIRCLED ☐ CODE 'B' NOT CIRCLED ☐ (SKIP TO 544)	CODE 'B' CIRCLED ☐ CODE 'B' NOT CIRCLED ☐ (SKIP TO 544)
543	How long after the fever started did (NAME) first take chloroquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8
544	CHECK 538: CHLOROQUINE WITH FANSIDAR ("C") GIVEN	CODE 'C' CIRCLED ☐ CODE 'C' NOT CIRCLED ☐ (SKIP TO 546)	CODE 'C' CIRCLED ☐ CODE 'C' NOT CIRCLED ☐ (SKIP TO 546)	CODE 'C' CIRCLED ☐ CODE 'C' NOT CIRCLED ☐ (SKIP TO 546)
545	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 OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8
546	CHECK 538: COARTEM/ACTS ('D') GIVEN	CODE 'D' CIRCLED ☐ CODE 'D' NOT CIRCLED ☐ (SKIP TO 550)	CODE 'D' CIRCLED ☐ CODE 'D' NOT CIRCLED ☐ (SKIP TO 550)	CODE 'D' CIRCLED ☐ CODE 'D' NOT CIRCLED ☐ (SKIP TO 550)
547	How long after the fever started did (NAME) first take coartem / ACTS?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
548	CHECK 538: QUININE ('E') GIVEN	CODE 'E' CIRCLED CODE 'E' NOT CIRCLED (SKIP TO 550)	CODE 'E' CIRCLED CODE 'E' NOT CIRCLED (SKIP TO 550)	CODE 'E' CIRCLED CODE 'E' NOT CIRCLED (SKIP TO 550)
549	How long after the fever started did (NAME) first take quinine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8
550	CHECK 538: OTHER ANTIMALARIAL ('F') GIVEN	CODE 'F' CIRCLED CODE 'F' NOT CIRCLED (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 552)	CODE 'F' CIRCLED CODE 'F' NOT CIRCLED (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 552)	CODE 'F' CIRCLED CODE 'F' NOT CIRCLED (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 552)
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2006 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554 _____ (NAME) NONE ☐ →		556
554	The last time (NAME FROM 553) 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)	
555	CHECK 522(a) , ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET ☐ ↓ ANY CHILD RECEIVED FLUID FROM ORS PACKET ☐ →		557
556	Have you ever heard of a special product called ORS PACKET you can get for the treatment of diarrhea?	YES . . . . . 1 NO 2	
557	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2009 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558 _____ (NAME) NONE ☐ →		601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
558	Now I would like to ask you about liquids or foods that (NAME FROM 557) may have had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.					
	Did (NAME FROM 557) drink/eat?		YES	NO	DK	
	(1) BEVERAGE/ LIQUIDS					
	i) Plain water?	i)	1	2	8	
	ii) Fresh fruit juice or juice concentrate?	ii)	1	2	8	
	iii) Any kind of soup?	iii)	1	2	8	
	iv) Black tea/coffee?	iv)	1	2	8	
	v) Other beverages/liquids not mentioned above?	v)	1	2	8	
	(2) MILK AND MILK PRODUCTS					
	vi) Milk such as tinned,powdered,or fresh animal milk?	vi)	1	2	8	
	IF YES: How many times did (NAME) drink milk?	NUMBER OF TIMES				
	IF 7 OR MORE TIMES RECORD '7'	DRANK MILK			[ ]	
	vii) Yogurt?	vii)	1	2	8	
	IF YES: How many times did (NAME) eat yogurt	NUMBER OF TIMES				
	IF 7 OR MORE TIMES RECORD '7'	ATE YOGURT			[ ]	
	viii) cheese or other food made from milk?	viii)	1	2	8	
	ix) Infant formula foods such as CERELAC?	ix)	1	2	8	
	IF YES: How many times did (NAME) drink infant formula	NUMBER OF TIMES				
	IF 7 OR MORE TIMES RECORD '7'	HAD FORMULA			[ ]	
	(3) MEAT AND MEAT PRODUCTS					
	x) Meat (beef, pork, goat, lamb) or other meat?	x)	1	2	8	
	xi) Liver,Kidney,Heart or other organ meats.	xi)	1	2	8	
	xii) meat products such as kebabs, sausages chaps etc?	xii)	1	2	8	
	(4) FISH					
	xiii) Fresh fish, dry fish or shell fish?	xiii)	1	2	8	
	(5) FRUITS					
	xiv) Orange coloured fruits like ripe mangoes, pawpaw?	xiv)	1	2	8	
	xv) Other fruits or vegetables(passion fruit, jack fruit, pineapples, oranges sugarcanes, etc)?	xv)	1	2	8	
	(6) VEGETABLES					
	xvi) Dark green leafy vegetables like spinnach, amaranths cassava leaves, bean leaves?	xvi)	1	2	8	
	xvii) Orange coloured vegetables such as pumpkins, carrots?	xvii)	1	2	8	
	xviii) Any bio-fortified food (Orange fleshed sweet potatoes)	xviii)	1	2	8	
	xix) Other vegetables like cabbages,egg-plants,tomatoes etc?	xix)	1	2	8	
	(7) CEREALS AND GRAINS					
	xx) Rice, posho, porridge, bread, chapatti, pasta/macaroni, noddles or other foods made from maize, millet, sorghum or other grains such as mandazi, doughnut, pancakes etc?	xx)	1	2	8	
	xxi) Other foods made from grains such as weetabix, cornflakes etc?	xxi)	1	2	8	
	(8) LEGUMES					
	xxii) Beans, peas, cow peas,groundnuts,seeds ,oil seeds soya beans or other legumes or seeds?	xxii)	1	2	8	
	xxiii) Any foods made from beans,peas,lentils,or nuts?	xxiii)	1	2	8	
	(9) POULTRY AND POULTRY PRODUCTS					
	xxiv) Chicken,duck,Turkey,pigeons,etc)	xxiv)	1	2	8	
	xxv) Eggs (chicken eggs, duck eggs etc)?	xxv)	1	2	8	
	(10) PLANTAIN					
	xxvi) Banana-Matooke,Ndiizi, Gonja?	xxvi)	1	2	8	
	(11) ROOTS AND TUBERS					
	xxvii) Cassava, yams, white sweet potatoes, Irish potatoes,manioc or other roots and tubers?	xxvii)	1	2	8	
	(12) OILS AND FATS					
	xxviii) Cooking oil, margarine, butter or other oils/fats?	xxviii)	1	2	8	
	(13) SUGAR AND OTHER SUGARY PRODUCTS					
	xxix) Any sugary foods such as chocolates, sweets, candies pastries,cakes or biscuits?	xxix)	1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
559	CHECK 558 (CATEGORIES "X" THROUGH "XXIX"): ALL "NO" ☐ ↓ AT LEAST ONE "YES" OR ALL DKs ☐ →		561
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . . . . 1 (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) ← NO 2	→ 601
561	How many times did (NAME FROM 557) eat solid, semisolid, or soft foods 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, CIVIL MARRIAGE ..... 1 YES, CUSTOMARY MARRIAGE..... 2 YES, RELIGIOUS MARRIAGE..... 3 YES, LIVING WITH A MAN..... 4 NO, NOT IN UNION..... 5	→ 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	→ 612
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 live-in partners does he have?	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	
610	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 your first (husband/partner). In what month and year did you start living with him?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH ..... 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 612
611	How old were you when you first started living with him?	AGE . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask 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	→ 628
614	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.		
615	When was the <u>last</u> 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 [ ][ ]	→ 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 619)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 619)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 619)
618	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
619	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 LIVE-IN PARTNER . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622)	HUSBAND . . . . . 1 LIVE-IN PARTNER . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622)	HUSBAND . . . . . 1 LIVE-IN PARTNER . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . 3 CASUAL ACQUAINTANCE . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622)
620	CHECK 609:	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4
623	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
624	How old is this person?	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98
625	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 616 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 627)	YES . . . . . 1 (GO BACK TO 616 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 627)	
626	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 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . . DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	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 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . . [ ][ ] DON'T KNOW 98	
628	PRESENCE OF OTHERS DURING THIS SECTION	YES NO CHILDREN <10 . . . . . 1 2 MALE ADULTS . . . . . 1 2 FEMALE ADULTS 1 2	
629	Do you know of a place where a person can get condoms?	YES ..... 1 NO 2	→ 631A
630	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C OUT REACH . . . . . D VILLAGE HEALTH TEAM..... E OTHER PUBLIC SECTOR _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . G PHARMACY . . . . . H PRIVATE DOCTOR . . . . . I OUT REACH . . . . . J NGO COMMUNITY BASED DISTRIBUTOR..... K OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY) **OTHER SOURCE** SHOP . . . . . M RELIGIOUS INSTITUTION..... N FRIENDS/RELATIVES . . . . . O STREET VENDOR..... P LODGE..... Q OTHER _____ X (SPECIFY)	
631	If you wanted to, could you yourself get a condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	
631A	Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery. Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 631D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
631B	Have you sought treatment for this condition?	YES . . . . . 1 NO 2	→ 631D
631C	Why have you not sought treatment?	DO NOT KNOW CAN BE FIXED . . . . . 1 DO NOT KNOW WHERE TO GO . . . . . 2 TOO EXPENSIVE . . . . . 3 TOO FAR . . . . . 4 POOR QUALITY OF CARE . . . . . 5 COULD NOT GET PERMISSION . . . . . 6 EMBARRASSMENT . . . . . 7 OTHER _____ 8 (SPECIFY)	
631D	Have you ever heard of female circumcision?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 631F
631E	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES . . . . . 1 NO 2	→ 701
631F	Have you yourself ever been circumcised?	YES . . . . . 1 NO 2	
631G	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED . . . . . 1 STOPPED . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	
631H	CHECK 213, 215 AND 216: HAS ONE OR MORE LIVING DAUGHTERS BORN IN 1996 OR LATER ☐ ↓ HAS NO LIVING DAUGHTERS BORN IN 1996 OR LATER ☐ →		701
631I	How many of your daugther(s) aged between 0 and 14 years have undergone circumcision?	NUMBER OF DAUGHTERS . . . . . ☐☐	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐		712
702	CHECK 226: PREGNANT ☐ NOT PREGNANT OR UNSURE ☐		704
703	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 ANOTHER CHILD ..... 1 NO MORE ..... 2 UNDECIDED/DON'T KNOW 8	705 711
704	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?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT... 3 UNDECIDED/DON'T KNOW 8	 707 712 710
705	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 SAYS SHE CAN'T GET PREGNANT....994 AFTER MARRIAGE ..... 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 710 712 710
706	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING ☐ CURRENTLY USING ☐		712
708	CHECK 705: NOT ASKED ☐ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ 00-23 MONTHS OR 00-01 YEAR ☐		711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	CHECK 703 AND 704: WANTS TO HAVE A/ANOTHER CHILD ☐ ↓ WANTS NO MORE/ NONE ☐ ↓ You have said that you do not want (a/another) child soon. You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy? Can you tell me why you are not using a method to prevent pregnancy? Any other reason? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED . . . . . A **FERTILITY-RELATED REASONS** NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOMY D CAN'T GET PREGNANT . . . . . E NOT MENSTRUATED SINCE LAST BIRTH . . . . . F BREASTFEEDING . . . . . G UP TO GOD/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** SIDE EFFECTS/HEALTH CONCERNS ..... O LACK OF ACCESS/TOO FAR . . . . . P COSTS TOO MUCH . . . . . Q PREFERRED METHOD NOT AVAILABLE . . . . . R NO METHOD AVAILABLE . . . . . S INCONVENIENT TO USE . . . . . T INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . U OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
710	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ ↓ NO, NOT CURRENTLY USING ☐ ↓ YES, CURRENTLY USING ☐ → 712		
711	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	
712	CHECK 216: HAS LIVING CHILDREN ☐ ↓ NO 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? 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)	→ 714 → 714

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER [ ][ ] [ ][ ] [ ][ ] OTHER _____ 96 (SPECIFY)	
714	In the last six months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Seen anything about family planning in a video/film ?	YES NO RADIO 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 VIDEO/FILM 1 2	
716	CHECK 601: YES, CURRENTLY MARRIED [ ] ↓ YES, LIVING WITH A MAN [ ] ↓ NO, NOT IN UNION [ ] →		801
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING [ ] ↓ NOT CURRENTLY USING OR NOT ASKED [ ] →		720
718	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)	
719	CHECK 304: NEITHER STERILIZED [ ] ↓ HE OR SHE STERILIZED [ ] →		801
720	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 ☐ NEVER MARRIED AND NEVER LIVED WITH A MAN ☐		803 807
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, O level, A level, university or tertiary?	PRIMARY ..... 1 'O' LEVEL ..... 2 'A' LEVEL ..... 3 TERTIARY ..... 4 UNIVERSITY ..... 5 DON'T KNOW 8	 806
805	What was the highest (grade/form/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	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	Apart 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	 815
811	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
812	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	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	
814	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	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN ☐ NOT IN UNION ☐		823
816	CHECK 814: CODE 1 OR 2 CIRCLED ☐ OTHER ☐		819
817	Who usually decides how the money 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)	
818	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	820
819	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)	
820	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 AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 SOMEONE ELSE HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
825	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	
826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? 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	

SECTION 9. HIV/AIDS

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	→ 937
902	Can people reduce their chance 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 get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
909	CHECK 908: AT LEAST ONE 'YES' ☐ ↓ OTHER ☐ →		911
910	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	
911	CHECK 208 AND 215: NO BIRTHS ☐ → LAST BIRTH SINCE JANUARY 2009 ☐ ↓ LAST BIRTH BEFORE JANUARY 2009 ☐ →		926 926
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE ☐ ↓ NO ANTENATAL CARE ☐ →		920
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
914	During any of the antenatal visits for your last birth were you given any information about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES . . . . . 1 NO 2	
916	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	→ 920
916A	Usually pregnant women receive counseling before being tested. Before you were tested, did you receive counseling?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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 OUT REACH . . . . . 15 VILLAGE HEALTH TEAM . . . . . 16 OTHER PUBLIC _____ 17 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 STAND-ALONE VCT CENTER . . . . . 22 PHARMACY/DRUG SHOP . . . . . 23 PRIVATE DOCTOR/NURSE/ MIDWIFE . . . . . 24 OUT REACH . . . . . 25 TASO . . . . . 26 AIDS INFORMATION CENTRE . . . . . 27 OTHER PRIVATE/NGO MEDICAL 28 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	
918	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	→ 924
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 924
920	CHECK 434 FOR LAST BIRTH: ANY CODE 21-36 CIRCLED → ☐ OTHER ☐ →		926
921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES . . . . . 1 NO 2	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES . . . . . 1 NO 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . . 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . ☐☐ TWO OR MORE YEARS 95	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926	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	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . [ ][ ] TWO OR MORE YEARS 95	
928	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
929	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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 OUT REACH . . . . . 15 VILLAGE HEALTH TEAM ..... 16 OTHER PUBLIC 17 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC ..... 21 STAND-ALONE VCT CENTER . . . . . 22 PHARMACY/DRUG SHOP . . . ... 23 PRIVATE DOCTOR/NURSE/ MIDWIFE ..... 24 OUT REACH .... 25 TASO . . . . . 26 AIDS INFORMATION CENTRE ..... 27 OTHER PRIVATE/NGO MEDICAL _____ (SPECIFY) 28 OTHER _____ (SPECIFY) 96	→ 932
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . . 1 NO 2	→ 932
931	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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 OUT REACH . . . . . E VILLAGE HEALTH TEAM ..... F OTHER PUBLIC G _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC ..... H STAND-ALONE VCT CENTER . . . . . I PHARMACY/DRUG SHOP . . . ... J PRIVATE DOCTOR/NURSE/ MIDWIFE ..... K OUT REACH .... L TASO . . . . . M AIDS INFORMATION CENTRE ..... N OTHER PRIVATE/NGO MEDICAL _____ (SPECIFY) O OTHER _____ (SPECIFY) X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
932	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	
933	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	
934	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	
935	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	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
937	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	
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE NEVER HAD SEXUAL INTERCOURSE → 946		
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES NO → 941		
940	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	
941	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	
942	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW →		946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 946
945	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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 OUT REACH . . . . . E VILLAGE HEALTH TEAM ..... F OTHER PUBLIC _____ G (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC..... H STAND-ALONE VCT CENTER . . . . . I PHARMACY/DRUG SHOP . . . ... J PRIVATE DOCTOR/NURSE/ MIDWIFE ..... K OUT REACH . . . . . L TASO . . . . . M AIDS INFORMATION CENTRE ..... N OTHER PRIVATE/NGO MEDICAL _____ O (SPECIFY) **OTHER SOURCE** SHOP . . . . . P OTHER . . . . . X (SPECIFY)	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
947	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
948	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN ↓ NOT IN UNION →		1001
949	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	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	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 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ..... [ ][ ] NONE 00	→ 1004
1001A	Who administered the last injection you got?	DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 MEDICAL ASSISTANT/CLINICAL OFFICER ..... 13 NURSING AIDE ..... 14 NON-MEDICAL PERSONNEL 15	→ 1004
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
1003A	Did you develop any complications as a result of an injection?	YES ..... 1 NO 2	
1004	Do you currently smoke cigarettes?	YES ..... 1 NO 2	→ 1006
1005	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES ..... [ ][ ]	
1006	Do you currently smoke or use any (other) type of tobacco?	YES ..... 1 NO 2	→ 1008
1007	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C OTHER _____ X (SPECIFY)	
1008	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 PERMISSION TO GO .. 1 / 2 GETTING MONEY ..... 1 / 2 DISTANCE ..... 1 / 2 GO ALONE ..... 1 / 2	
	a) Getting permission to go to the health facility		
	b) Getting money needed for treatment or transport?		
	c) The distance to the health facility?		
	d) Not wanting to go alone?		
1009	Are you covered by any health insurance?	YES ..... 1 NO 2	→ 1100
1010	What type of health insurance are you covered by? RECORD ALL MENTIONED.	COMMUNITY-BASED HEALTH INSURANCE ..... A PRIVATE COMMERCIAL HEALTH INSURANCE ..... **B** OTHER _____ X (SPECIFY)	

SECTION 11: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1100	CHECK FRONT COVER: WOMAN SELECTED FOR THIS SECTION	WOMAN NOT SELECTED	GO TO 1201A
1101	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.	PRIVACY OBTAINED . . . . . 1 PRIVACY NOT POSSIBLE 2	1132
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions 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 in your household 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 AND USE 'LAST' WITH HUSBAND/PARTNER') NEVER MARRIED/ NEVER LIVED WITH A MAN	1116

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?

		YES	NO	DK
a) He (is/was) jealous or angry if you (talk/talked) to other men?	JEALOUS	1	2	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

1104 Now I need to ask some more questions about your relationship with your (last) husband/partner.

A Did your (last) husband/partner ever:	EVER	B How often did this happen during the last 12 months: often, only sometimes, or not at all? OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) say or do something to humiliate you in front of others?	YES 1 NO 2	1	2	3
b) threaten to hurt or harm you or someone you care about?	YES 1 NO 2	1	2	3
c) insult you or make you feel bad about yourself?	YES 1 NO 2	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1105	A Did your (last) husband/partner ever do any of the following things to you:	B How often did this happen during the last 12 months: often, only sometimes, or not at all?	

	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) push you, shake you, or throw something at you?	YES	1 →	1	2	3
	NO	2 ↓			
b) slap you?	YES	1 →	1	2	3
	NO	2 ↓			
c) twist your arm or pull your hair?	YES	1 →	1	2	3
	NO	2 ↓			
d) punch you with his fist or with something that could hurt you?	YES	1 →	1	2	3
	NO	2 ↓			
e) kick you, drag you, or beat you up?	YES	1 →	1	2	3
	NO	2 ↓			
f) try to choke you or burn you on purpose?	YES	1 →	1	2	3
	NO	2 ↓			
g) threaten or attack you with a knife, gun, or other weapon?	YES	1 →	1	2	3
	NO	2 ↓			
h) physically force you to have sexual intercourse with him when you did not want to?	YES	1 →	1	2	3
	NO	2 ↓			
i) physically force you to perform any other sexual acts you did not want to?	YES	1 →	1	2	3
	NO	2 ↓			
j) force you with threats or in any other way to perform sexual acts you did not want to?	YES	1 →	1	2	3
	NO	2 ↓			

1106	CHECK 1105A (a-j): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		1109
1107	How long after you first got married/started living together 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	→ 1111
1110	In the last 12 months, how often have you done this to your (last) husband/partner: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES ..... 2 NOT AT ALL 3	
1111	Does (did) your (last) husband/partner drink alcohol?	YES ..... 1 NO 2	→ 1113
1112	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER 3	
1113	Are (were) you afraid of your (last) husband/partner: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID ..... 1 SOMETIMES AFRAID ..... 2 NEVER AFRAID 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1114	CHECK 609: MARRIED MORE THAN ONCE ☐ MARRIED ONLY ONCE ☐		1116
1115	A So far we have been talking about the behavior of your current/last husband/partner. Now I want to ask you about the behavior of any previous husband/partner.	B How long ago did this last happen?	

	EVER		0-11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER
a) Did any previous husband/partner ever hit, slap, kick, or do anything else to hurt you physically?	YES NO	1 2	1	2	3
b) Did any previous husband/partner physically force you to have intercourse or perform any other sexual acts against your will?	YES NO	1 2	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1116	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN ☐ From the time you were 15 years old has anyone other than your/any husband/partner hit you, slapped you, kicked you, or done anything else to hurt you physically? NEVER MARRIED/ NEVER LIVED WITH A MAN ☐ From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	1119
1117	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 CURRENT BOYFRIEND . . . . . F FORMER BOYFRIEND . . . . . G MOTHER-IN-LAW . . . . . H FATHER-IN-LAW . . . . . I OTHER IN-LAW . . . . . J TEACHER . . . . . K EMPLOYER/SOMEONE AT WORK . . . . . L POLICE/SOLDIER . . . . . M OTHER _____ (SPECIFY) X	
1118	In the last 12 months, how often has this person/have these person physically hurt you: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1119	CHECK 201, 226, AND 230: EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) ☐ NEVER BEEN PREGNANT ☐		1122
1120	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . . 1 NO 2	1122
1121	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 _____ (SPECIFY) X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1122	CHECK 601 AND 602 EVER MARRIED/EVER LIVED WITH A MAN Now I want to ask you about things that may have been done to you by someone other than your/any husband/partner. 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 when you did not want to? NEVER MARRIED/NEVER LIVED WITH A MAN 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 when you did not want to?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1126
1123	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	
1124	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER . . . . . 01 FORMER HUSBAND/PARTNER . . . . . 02 CURRENT/FORMER BOYFRIEND . . . . . 03 FATHER/STEP-FATHER . . . . . 04 BROTHER/STEP-BROTHER . . . . . 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)	
1125	CHECK 601 AND 602 EVER MARRIED/EVER LIVED WITH A MAN In the last 12 months, has anyone other than your/any husband/partner physically forced you to have sexual intercourse when you did not want to? NEVER MARRIED/NEVER LIVED WITH A MAN In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES . . . . . 1 NO 2	
1126	CHECK 1105A (a-j), 1115, 1116, 1120, 1122, AND 1125: AT LEAST ONE 'YES' NOT A SINGLE 'YES'		→ 1130
1127	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES . . . . . 1 NO 2	→ 1129
1128	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . . . . . A HUSBAND'S/PARTNER'S FAMILY . . . . . B CURRENT/FORMER 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)	→ 1130
1129	Have you ever told any one about this?	YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1130	As far as you know, did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1130A	CHECK IF CODE 1 IS CIRCLED IN 1122 CODE "1" CIRCLED ☐ ↓ CODE "1" NOT CIRCLED ☐ →		1132
1131	After being forced to have sexual intercourse or to perform a sexual act, have you ever sought help from a doctor or medical personnel?	YES…… 1 NO…… 2	→ 1132
1131A	How long after you were forced to have a sexual intercourse did you seek help?	WITHIN 3 DAYS . . . . . 1 AFTER 3 DAYS OR MORE 2	
1131B	Were you offered drugs to prevent you from getting the AIDS virus?	YES…….. . . . . 1 NO…….. 2	
1131C	Were you offered a test for the AIDS virus after the violence?	YES…….. . . . . 1 NO…….. 2	
1131D	Were you pregnant when you were forced to have sexual intercourse?	YES…….. . . . . 1 NO…….. 2	→ 1132
1131E	Were you offered a pill to stop you from becoming pregnant?	YES . . . . . 1 NO 2	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS.
FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

			YES ONCE	YES, MORE THAN ONCE	NO
1132	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?	HUSBAND	1	2	3
		OTHER MALE ADULT	1	2	3
		FEMALE ADULT	1	2	3

1133 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	→ GOTO 1214
1201B	How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER [ ][ ]	
1202	CHECK 1201 B: TWO OR MORE BIRTHS ☐ ↓ ONLY ONE BIRTH (RESPONDENT ONLY) ☐ →		GOTO 1214
1203	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... [ ][ ]	

		(1)	(2)	(3)	(4)	(5)	(6)
1204	What was the name given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____	_____
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 (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)
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 child birth?	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 borne children did (NAME) give birth to during her lifetime (before this pregnancy)?	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]

IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN,END INTERVIEW.

1204	What was the name given to your oldest (next oldest) brother or sisiter?	(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 child birth?	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 bon 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 NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN,END INTERVIEW.

1214	END TIME	HOUR	
		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.

COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD/MOONBEADS
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

				1	2	
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
2	08	AUG	05			2
0	07	JUL	06			0
1	06	JUN	07			1
1	05	MAY	08			1
*	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
1	06	JUN	19			1
0	05	MAY	20			0
*	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
9	05	MAY	32			9
*	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
8	05	MAY	44			8
*	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
7	05	MAY	56			7
*	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
6	05	MAY	68			6
*	04	APR	69			*
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

BATCH NUMBER:

QUESTIONNAIRE NUMBER: MAY 2011

UGANDA BUREAU OF STATISTICS
2011 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
MATERNAL MORTALITY-**ENGLISH**

IDENTIFICATION

DISTRICT _____

RESIDENCE STATUS (RURAL=3, URBAN=1) ……

COUNTY _____

SUBCOUNTY/TOWN _____

PARISH/LC1 NAME _____

EA NAME _____

NAME OF HOUSEHOLD HEAD _____

HOUSEHOLD NUMBER

SAMPLED HOUSEHOLD NUMBER

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

LINE NO. OF RESPONDENT TO HOUSEHOLD SCHEDULE

LANGUAGE OF THE QUESTIONNAIRE

LANGUAGE USED IN THE INTERVIEW

NATIVE LANGUAGE OF RESPONDENT

TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)

LANGUAGE USED:

01 ATESO
02 LUGANDA
03 LUGBARA
04 LUO
05 RUNYANKOLE-RUKIGA
06 RUNYORO-RUTORO
07 NGAKARAMOJONG
08 ENGLISH
96 OTHER _____ (SPECIFY)

NO OF ELIGIBLE WOMEN INTERVIEWED

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Uganda Bureau of Statistics. We are conducting a survey about health all over UGANDA. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 5 to 10 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Do you have any questions?	☐	YES	☐	NO
May I begin the interview now?	☐	YES	☐	NO

SIGNATURE OF INTERVIEWER: _____ DATE:_____

RESPONDENT AGREES TO BE INTERVIEWED…….. . . . . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED …….. . . 2 → END

RECORD THE START TIME	HOURS	☐☐
	MINUTES	☐☐

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	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 5-9 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)? IF 95 OR MORE RECORD '95'	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
			M F	Y N	Y N	YEARS		
01			1 2	1 2	1 2			01
02			1 2	1 2	1 2			02
03			1 2	1 2	1 2			03
04			1 2	1 2	1 2			04
05			1 2	1 2	1 2			05
06			1 2	1 2	1 2			06
07			1 2	1 2	1 2			07
08			1 2	1 2	1 2			08
09			1 2	1 2	1 2			09
10			1 2	1 2	1 2			10
11			1 2	1 2	1 2			11
12			1 2	1 2	1 2			12
13			1 2	1 2	1 2			13
14			1 2	1 2	1 2			14
15			1 2	1 2	1 2			15

(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
00=MOTHER NOT LISTED

NAME OF ELIGIBLE WOMAN (1) _____

LINE NUMBER OF WOMAN (1) [ ][ ]

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	_____
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)

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	→ GO TO 1214
1201B	How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER . . . . . [ ][ ]	
1202	CHECK 1201 B: TWO OR MORE BIRTHS ↓ ONLY ONE BIRTH (RESPONDENT ONLY) →		GO TO 1214
1203	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . . . . [ ][ ]	

		(1)	(2)	(3)	(4)	(5)	(6)
1204	What was the name given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____	_____
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 (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)
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)?	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]

1214 IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN, END INTERVIEW.

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 child birth?	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)?	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
1214	CHECK (X) HERE IF CONTINUATION SHEET USED [ ] IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN,END INTERVIEW.						

NAME OF ELIGIBLE WOMAN (2) _____

LINE NUMBER OF WOMAN (2) [ ][ ]

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	_____
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)

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	→ GO TO 1214
1201B	How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER . . . . . [ ][ ]	
1202	CHECK 1201 B: TWO OR MORE BIRTHS ↓ ONLY ONE BIRTH (RESPONDENT ONLY) →		GO TO 1214
1203	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . . . . [ ][ ]	

		(1)	(2)	(3)	(4)	(5)	(6)
1204	What was the name given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____	_____
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 (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)
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)?	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]

1214 IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN, END INTERVIEW.

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 child birth?	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)?	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
1214	CHECK (X) HERE IF CONTINUATION SHEET USED [ ] IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN,END INTERVIEW.						

NAME OF ELIGIBLE WOMAN (3) _____

LINE NUMBER OF WOMAN (3) [ ][ ]

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	_____
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)

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	→ GO TO 1214
1201B	How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER . . . . . [ ][ ]	
1202	CHECK 1201 B: TWO OR MORE BIRTHS ↓ ONLY ONE BIRTH (RESPONDENT ONLY) [ ] →		GO TO 1214
1203	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . . . . [ ][ ]	

		(1)	(2)	(3)	(4)	(5)	(6)
1204	What was the name given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____	_____
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 (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)
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)?	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]

1214 IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN, END INTERVIEW.

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 child birth?	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)?	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
1214	CHECK (X) HERE IF CONTINUATION SHEET USED [ ] IF NO MORE BROTHERS OR SISTERS, GO TO NEXT ELIGIBLE WOMAN. IF NO MORE ELIGIBLE WOMAN,END INTERVIEW.						
	END TIME HOUR ..... [ ][ ] MINUTES ..... [ ][ ]						

BATCH NUMBER:

QUESTIONNAIRE NUMBER: MAY 2011

UGANDA BUREAU OF STATISTICS
UGANDA DEMOGRAPHIC AND HEALTH SURVEYS

MAN'S QUESTIONNAIRE-**ENGLISH**

IDENTIFICATION

EA NAME _____

NAME OF HOUSEHOLD HEAD _____

HOUSEHOLD NUMBER ..... [ ][ ][ ][ ]

SAMPLED HOUSEHOLD NUMBER ..... [ ][ ]

NAME AND LINE NUMBER OF MAN _____ [ ][ ]

MAN SELECTED FOR VIOLENCE MODULE (YES=1; NO=2) [ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ][ ]
				MONTH [ ][ ]
				YEAR [ ][ ][ ][ ]
INTERVIEWER'S NAME	_____	_____	_____	INTER. NO. [ ][ ][ ]
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 [0][8]

LANGUAGE USED IN THE INTERVIEW [ ][ ]

NATIVE LANGUAGE OF RESPONDENT [ ][ ]

TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) [ ]

LANGUAGE USED:
01 ATESO
02 LUGANDA
03 LUGBARA
04 LUO
05 RUNYANKOLE-RUKIGA
06 RUNYORO-RUTORO
07 NGAKARAMOJONG
08 ENGLISH
96 OTHER _____ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ [ ][ ][ ]	NAME _____ [ ][ ][ ]	[ ][ ]	[ ][ ]

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with UGANDA BUREAU OF STATISTICS. We are conducting a survey about health all over UGANDA. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually takes about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? YES ☐ NO ☐

May I begin the interview now? YES ☐ NO ☐

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	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
104	Have you ever attended school?	YES . . . . . 1 NO 2	→108
105	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	
106	What is the highest (class/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/YEAR . . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105: PRIMARY ☐ SECONDARY OR HIGHER ☐		110
108	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	
109	CHECK 108: CODE '2', '3' OR '4' CIRCLED ☐ CODE '1' OR '5' CIRCLED ☐		111
110	Do you read a newspaper or magazine, almost everyday, 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	
111	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	
112	Do you watch television, almost everyday, 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	
113	What is your religion?	CATHOLIC ..... 1 PROTESTANT ..... 2 MUSLIM . . . . 3 PENTECOSTAL ..... 4 SDA ..... 5 OTHER _____ 6 (SPECIFY)	
114	What is your tribe?	BAGANDA . . . . . 1 BANYANKOLE . . . . . 2 BASOGA . . . . . 3 BAKIGA . . . . . 4 ITESO . . . . . 5 OTHER _____ 6 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . . ☐☐ NONE 00	201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . . 1 NO 2	

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 old is your (youngest) child?	AGE IN YEARS . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-3 YEARS ☐ OTHER ☐		→ 301
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 8	→ 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	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL . . . . . 1 ABOUT THE SAME . . . . . 2 LESS THAN USUAL . . . . . 3 NOTHING TO DRINK . . . . . 4 GAVE RUTF ..... 5 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. Have you ever heard of (METHOD)?		
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	**Male Sterilization**. PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
03	**IUD**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
04	**Injectables**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
05	**Implants**. PROBE: Women can have one or more 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	
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
07	**Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	
08	**Female Condom**. PROBE: 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/Moon beads** PROBE: 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	
11	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	
12	**Emergency Contraception.** PROBE: As an emergency measure, within five days after they have unprotected sexual intercourse, intercourse, women can take special pills or loop/coil is placed inside them by a doctor or nurse 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
302	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Seen anything about family planning in a video/film?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE 1 2 VIDEO/FILM 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES . . . . . 1 NO 2	
304	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 when she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 306
305	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 _____ (SPECIFY) 6 DON'T KNOW 8	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	AGREE / DIS-AGREE / DK CONTRACEPTION IS WOMAN'S BUSINESS 1 2 8 WOMEN MAY BECOME PROMISCUOUS 1 2 8	
307	CHECK 301 (07): KNOWS MALE CONDOM YES ↓ NO →		401
308	Do you know of a place where a person can get/buy condoms?	YES . . . . . 1 NO 2	→ 401
309	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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 VILLAGE HEALTH TEAM . ... 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 DISTRIBUTO . . . . . K OTHER PRIVATE MEDICAL _____ (SPECIFY) L **OTHER SOURCE** SHOP . . . . . M RELIGIOUS INSTITUTION . . . . . N FRIENDS/RELATIVES . . . . . O STREET VENDOR . . . . . P LODGE . . . . . Q OTHER _____ (SPECIFY) X	
310	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, CIVIL MARRIAGE . . . . . 1 YES, CUSTOMARY MARRIAGE .. 2 YES, RELIGIOUS MARRIAGE ..... 3 YES LIVING WITH A WOMAN. . . . . 4 NO, NOT IN UNION 5	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 other wives or do you live with other women as if married?	YES (MORE THAN ONE) . . . . . 1 NO (ONLY ONE) 2	407
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . [ ][ ]	
407 408	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 wives or 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411 411A	In what month and year did you start living with your (wife/partner)? Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE . . . . . [ ][ ]	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask 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	→ 501
415	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.		
416	When was the <u>last</u> 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 [ ][ ]	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 420)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 420)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 420)
419	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
420	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE . . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)	WIFE . . . . . 1 LIVE-IN PARTNER . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)	WIFE . . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)
421	CHECK 410:	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 423)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 423)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 423)
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) OTHER	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) OTHER	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) OTHER
423	How long ago did you **first** have sexual intercourse with this (second/third) person?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4
424	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
425	How old is this person?	AGE OF PARTNER [ ][ ] DON'T KNOW 98	AGE OF PARTNER [ ][ ] DON'T KNOW 98	AGE OF PARTNER [ ][ ] DON'T KNOW 98
426	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 417 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 428)	YES . . . . . 1 (GO BACK TO 417 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 428)	
427	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 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . [ ][ ] DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE ☐ NO PARTNERS ARE PROSTITUTES ☐ →		430
429	CHECK 420 AND 418 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE ☐ →		433
	OTHER ☐ →		434
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . . 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES . . . . . 1 NO 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	→ 434
433	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 DON'T KNOW 8	
434	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 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . . ☐☐ DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): NOT ASKED ☐ →		438
	CONDOM USED ☐ NO CONDOM USED ☐ →		438
436	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	PROTECTOR ..... 01 LIFE GUARD ..... 02 ENGABU . . . . . 03 TRUST..... 04 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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)	
438	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
439	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION .....A MALE STERILIZATION ..... B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F FEMALE CONDOM . . . . . G DIAPHRAGM . . . . . H FOAM/JELLY . . . . . I LAM . . . . . J RHYTHM METHOD/ MOON BEADS . . . . . K WITHDRAWAL . . . . . L OTHER METHODS _____X (SPECIFY)	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER ↓ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER →		509
502	CHECK 439: MAN NOT STERILIZED ↓ MAN STERILIZED →		509
503	(Is your (wife/partner)/Are any of your (wives/partners)) currently pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD . . . . . 1 NO MORE . . . . . 2 UNDECIDED/DON'T KNOW 8	506 509
505	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?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS COUPLE CAN'T GET PREGNANT . . . . . 3 WIFE (WIVES)/PARTNER(S) STERILIZED . . . . . 4 UNDECIDED/DON'T KNOW 8	509
506	CHECK 407: ONE WIFE/ PARTNER ↓ MORE THAN ONE WIFE/ PARTNER →		508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW ↓ How long would you like to wait from now before the birth of (a/another) child? WIFE/PARTNER 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 COUPLE INFECUND . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	509
508	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 ARE INFECUND . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	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
510	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	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	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
605	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	
606	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	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER ☐ ↓ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER ☐ →		612
608	CHECK 606: CODE 1 OR 2 CIRCLED ☐ ↓ OTHER ☐ →		610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT . . . . . 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/ PARTNER JOINTLY ..... 3 OTHER _____ 6 SPECIFY	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/ PARTNER JOINTLY ..... 3 SOMEONE ELSE . . . . . 4 OTHER _____ 6 SPECIFY	
611	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . . 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/ PARTNER JOINTLY ..... 3 SOMEONE ELSE . . . . . 4 OTHER _____ 6 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
614	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	

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	→723
702	Can people reduce their chance 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 get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
709	CHECK 708: AT LEAST ONE 'YES' ☐ ↓ OTHER ☐ →		711
710	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	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
712	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	→716
713	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . ☐☐ TWO OR MORE YEARS 95	
714	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
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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 VILLAGE HEALTH TEAM..... 16 OTHER PUBLIC _____ 17 (SPECIFY) **PRIVATE 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 MEDICAL _____ 28 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 718
716	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . . 1 NO 2	→ 718
717	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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 VILLAGE HEALTH TEAM..... F OTHER PUBLIC _____ G (SPECIFY) **PRIVATE 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 _____ O (SPECIFY) OTHER _____ X (SPECIFY)	
718	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719	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	
720	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	
721	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	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
723	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	
724	CHECK 414: HAS HAD SEXUAL INTERCOURSE → HAS NOT HAD SEXUAL INTERCOURSE →		732
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES → NO →		727
726	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	
727	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	
728	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	
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') → HAS NOT HAD AN INFECTION OR DOES NOT KNOW →		732

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	 →732
731	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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 VILLAGE HEALTH TEAM . . . . . 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)	
732	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS . . . . . [ ][ ] DURING CHILDHOOD (<5 YEARS).... 95 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND . . . . . 1 HEALTH WORKER/PROFESSIONAL..... 2 OTHER . . . . . 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY . . . . . 1 HOME OF A HEALTH WORKER/ PROFESSIONAL . . . . . 2 CIRCUMCISION DONE AT HOME . . . . 3 RITUAL SITE . . . . . 4 OTHER HOME/PLACE . . . . . 5 DON'T KNOW 8	
805	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 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . [ ][ ] NONE 2	→ 808
805A	Who administered the last injection you got?	DOCTOR . . . . . 11 NURSE/MIDWIFE . . . . . 12 MEDICAL ASSISTANT/CLINICAL OFFICER . . . . . 13 NURSING AIDE ..... 14 NON-MEDICAL PERSONNEL 15	
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
807A	Did you develop any complications as a result of an injection?	YES . . . . . 1 NO 2	
808	Do you currently smoke cigarettes?	YES . . . . . 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	Do you currently smoke or use any (other) type of tobacco?	YES . . . . . 1 NO 2	→ 812
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . . A CHEWING TOBACCO . . . . . B SNUFF . . . . . C OTHER _____ X (SPECIFY)	
812	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→ 900
813	What type of health insurance are you covered by? RECORD ALL MENTIONED.	COMMUNITY-BASED HEALTH INSURANCE . . . . . A PRIVATE COMMERCIAL HEALTH INSURANCE …… B OTHER _____ X (SPECIFY)	

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	934
901	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.		
	PRIVACY OBTAINED 1	PRIVACY NOT POSSIBLE 2	931
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a man's life. You may find some of these questions 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 in your household 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 AND USE 'LAST' WITH WIFE/PARTNER')	NEVER MARRIED/ NEVER LIVED WITH A WOMAN → 916

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?	DOES NOT TRUST	1	2	8

904 Now I need to ask some more questions about your relationship with your (last) wife/partner.

A Did your (last) wife/partner ever:

B How often did this happen during the last 12 months: often, only sometimes, or not at all?

	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) say or do something to humiliate you in front of others?	YES 1 →	1	2	3
	NO 2			
b) threaten to hurt or harm you or someone you care about?	YES 1 →	1	2	3
	NO 2			
c) insult you or make you feel bad about yourself?	YES 1 →	1	2	3
	NO 2			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

905 A Did your (last) wife/partner ever do any of the following things to you:

B How often did this happen during the last 12 months: often, only sometimes, or not at all?

		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a)	push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3
b)	slap you?	YES 1 → NO 2 ↓	1	2	3
c)	twist your arm or pull your hair?	YES 1 → NO 2 ↓	1	2	3
d)	punch you with her fist or with something that could hurt you?	YES 1 → NO 2 ↓	1	2	3
e)	kick you, drag you, or beat you up?	YES 1 → NO 2 ↓	1	2	3
f)	try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	1	2	3
g)	threaten or attack you with a knife, gun, or other weapon?	YES 1 → NO 2 ↓	1	2	3
h)	physically force you to have sexual intercourse with her when you did not want to?	YES 1 → NO 2 ↓	1	2	3
i)	physically force you to perform any other sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3
j)	force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3

906 CHECK 905A (a-j):

AT LEAST ONE 'YES' ↓ ☐

NOT A SINGLE 'YES' ☐ → 909

907 How long after you first got married/started living together 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
909	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) wife/partner at times when he was not already beating or physically hurting you?	YES . . . . . 1 NO 2	→ 911
910	In the last 12 months, how often have you done this to your (last) wife/partner: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
911	Does (did) your (last) wife/partner drink alcohol?	YES . . . . . 1 NO 2	→ 913
912	How often does (did) your wife/partner get drunk: often, only sometimes, or never?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NEVER 3	
913	Are (were) you afraid of your (last) wife/partner: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID . . . . . 1 SOMETIMES AFRAID . . . . . 2 NEVER AFRAID 3	
914	CHECK 410: MARRIED MORE THAN ONCE ↓ MARRIED ONLY ONCE →		916
915	A So far we have been talking about the behavior of your current/last wife/partner. Now I want to ask you about the behavior of any previouswife/partner.	B How long ago did this last happen?	

	EVER	0-11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER
a) Did any previous wife/partner ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 →	1	2	3
	NO 2 ↓			
b) Did any previous wife/partner physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 →	1	2	3
	NO 2			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
916	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN ↓ From the time you were 15 years old has anyone other than your/any wife/partner hit you, slapped you, kicked you, 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 hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 919

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	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 CURRENT GIRLFRIEND ..... F FORMER GIRLFRIEND ..... G MOTHER-IN-LAW ..... H FATHER-IN-LAW ..... I OTHER IN-LAW ..... J TEACHER ..... K EMPLOYER/SOMEONE AT WORK ..... L POLICE/SOLDIER ..... M OTHER _____ X (SPECIFY)	
918	In the last 12 months, how often has this person/have these persons physically hurt you: often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL 3	
922	CHECK 401 AND 402 EVER MARRIED/EVER LIVED WITH A WOMAN Now I want to ask you about things that may have been done to you by someone other than your/any wife/partner. 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 when you did not want to? NEVER MARRIED/ NEVER LIVED WITH A WOMAN 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 when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 926
923	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
924	Who was the person who was forcing you at that time?	CURRENT WIFE/PARTNER ..... 01 FORMER WIFE/PARTNER ..... 02 CURRENT/FORMER GIRLFRIEND ..... 03 MOTHER/STEP-MOTHER ..... 04 SISTER/STEP-SISTER ..... 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)	
925	CHECK 401 AND 402 EVER MARRIED/EVER LIVED WITH A WOMAN → In the last 12 months, has anyone other than your/any wife/partner physically forced you to have sexual intercourse when you did not want to? NEVER MARRIED/ NEVER LIVED WITH A WOMAN → In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES ..... 1 NO 2	
926	CHECK 905A (a-j),915, 916 922, AND 925 AT LEAST ONE 'YES' ↓ NOT A SINGLE 'YES' →		930
927	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES ..... 1 NO 2	→ 930
928	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY ..... A WIFE'S/PARTNER'S FAMILY ..... B CURRENT/FORMER 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)	→ 930
929	Have you ever told any one about this?	YES ..... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
930	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
931	CHECK IF CODE 1 IS CIRCLED IN 922 CODE "1" CIRCLED ☐ ↓ ☐ → CODE "1" NOT CIRCLED		932
931A	After being forced to have sexual intercourse or to perform a sexual act, have you ever sought help from a doctor or medical personnel?	YES ..... 1 NO 2	→ 932
931B	How long after you were forced to have a sexual intercourse did you seek help?	WITHIN 3 DAYS ..... 1 AFTER 3 DAYS OR MORE 2	
931C	Were you offered drugs to prevent you from getting the AIDS virus?	YES ..... 1 NO 2	
931D	Were you offered a test for the AIDS virus after the violence?	YES ..... 1 NO 2	

THANK THE RESPONDENT FOR HIS COOPERATION AND REASSURE HIM ABOUT THE CONFIDENTIALITY OF HIS ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

932	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
	WIFE	1	2	3
	OTHER MALE ADULT ...	1	2	3
	FEMALE ADULT	1	2	3

933 INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE

_____

_____

_____

END TIME HOUR ☐☐ 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: _____