



GENDER BASED VIOLENCE THEMATIC REPORT BASED ON UDHS 2022



OCTOBER 2025



THE REPUBLIC OF UGANDA

Gender Based Violence (GBV) Thematic Report

Based on the Uganda Demographic and Health Survey (UDHS) 2022



OCTOBER 2025

The 2022 Uganda Demographic and Health Survey (2022 UDHS) was implemented by the Uganda Bureau of Statistics. The GBV Thematic Report provides in-depth analysis of the UDHS datasets.

Information about the 2022 UDHS should be obtained from the Directorate of Population and Social Statistics, Uganda Bureau of Statistics, Colville Street, P.O. Box 7186, Kampala, Uganda; Telephone +256-414-706-000; E-mail: ubos@ubos.org; Internet: www.ubos.org

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PREFACE



Gender-Based Violence (GBV) remains a profound challenge that threatens human rights, social well-being, and national development in Uganda. The Gender-Based Violence (GBV) Thematic Report, based on the Uganda Demographic and Health Survey (UDHS) 2022, provides a comprehensive analysis of the prevalence, patterns, and impacts of GBV across various demographic and socio-economic groups to inform policy and programmatic interventions aimed at preventing and responding to GBV, thereby advancing gender equality and social justice.

The production of this report was made possible through collaborative efforts among key stakeholders committed to addressing GBV in Uganda. The Uganda Bureau of Statistics (UBOS) spearheaded the data collection and analysis, ensuring the integrity and reliability of the findings. The Ministry of Gender, Labour, and Social Development (MGLSD) played a pivotal role in guiding the contextual interpretation of the findings and aligning them with national gender policies and programs. The United Nations Population Fund (UNFPA) and other development partners provided technical and financial support, ensuring that the report meets international standards in GBV research and data utilization. Additionally, civil society organizations, academia, and gender advocates contributed valuable expertise and perspectives that enhanced the report's comprehensiveness and usability.

This thematic report provides an evidence base for policymakers, Government agencies, Civil Society Organisations and development partners, to design and implement targeted interventions to eliminate GBV in all its forms. The findings will guide resource allocation and support the development of legal frameworks and service delivery mechanisms aimed at protecting survivors and preventing violence. Furthermore, the report enhances awareness and advocacy efforts thus equipping stakeholders with accurate data to push for gender-responsive policies and societal behavioral change.

The Bureau is grateful to all stakeholders who contributed to the successful completion of this report and their commitment, demonstrated in ensuring data-driven decision-making in the fight against GBV reflects Uganda's dedication to achieving the Sustainable Development Goals (SDGs), the National Development Plan (NDP III), and Vision 2040.

It is our hope that this report will stimulate meaningful dialogue, drive concrete actions, and strengthen multi-sectoral collaboration in the quest for a GBV-free Uganda. For a just, equal, and violence-free society, let us collectively translate these findings into actionable interventions that empower survivors, protect vulnerable populations, and foster a culture of zero tolerance to GBV in Uganda.

A handwritten signature in blue ink, consisting of a stylized 'C' followed by a long, sweeping horizontal stroke that ends in a small flourish.

Chris N. Mukiza (PhD)
EXECUTIVE DIRECTOR

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ACRONYMS AND ABBREVIATIONS

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
WHO	World Health Organization
GBV	Gender-Based Violence
VAWG	Violence Against Women and Girls
IPV	Intimate Partner Violence
UDHS	Uganda Demographic and Health Survey
FGM	Female Genital Mutilation
UBOS	Uganda Bureau of Statistics

CHAPTER ONE: INTRODUCTION

1.0 Background

Gender Based Violence (GBV) is a widespread issue that impacts individuals, communities, and societies globally. Increasing research has underscored the health burdens, intergenerational effects, and demographic consequences associated with such violence (United Nations, 2006). According to the United Nations, GBV encompasses any act of violence that causes physical, sexual, economic, or psychological harm or suffering to individuals of any gender, including threats, coercion, or arbitrary deprivation of liberty.

In Uganda, GBV is a significant concern from human rights, economic, and health perspectives. The country has ratified several international conventions and domesticated their provisions into legal and policy frameworks to combat GBV, including the 1995 Constitution of Uganda, the Domestic Violence Act of 2010 and its 2011 regulations, the Prohibition of Female Genital Mutilation Act of 2010 (with regulations pending), the Prevention of Trafficking in Persons Act of 2009, and the National Policy on the Elimination of Gender-Based Violence in Uganda, 2019.

The Uganda Demographic and Health Survey (UDHS) 2022 included a module on domestic violence, following the World Health Organization's guidelines on the ethical collection of data regarding this issue (WHO, 2001). This report presents findings related to women and men aged 15-49 who may have experienced various forms of violence, including physical, sexual, and psychological/emotional abuse. It also provides insights into controlling behaviors, intimate partner violence, and help-seeking behaviors among GBV victims.

1.1 Measurement of domestic violence

During the 2022 UDHS, data was collected from women and men regarding their experiences of violence perpetrated by any individual, including current and former spouses/intimate partners to assess various forms of domestic violence they experienced. In the case of intimate partner violence, ever-married individuals were asked if their current or former spouse/intimate partner had ever:

- **Engaged in physical violence:** Pushed, shaken, or thrown something at them; slapped, twisted their arm, or pulled their hair; punched them with a fist or an object; kicked, dragged, or beaten them; attempted to choke or burn them intentionally; or threatened or attacked them with a weapon.

- **Engaged in sexual violence:** Physically forced them to have sexual intercourse or perform sexual acts against their will or coerced them through threats or other means to engage in unwanted sexual activities.
- **Engaged in emotional violence:** Humiliated them in front of others, threatened to harm them or someone close to them, or insulted them to undermine their self-esteem.

Additionally, individuals who had been married more than once were specifically asked about physical, sexual, and emotional violence perpetrated by any former spouse. Data was also collected from all respondents (regardless of marital status) regarding:

- a. Physical violence by anyone (other than a spouse/partner) from the age of 15, which included whether anyone had hit, slapped, kicked, or otherwise physically harmed them.
- b. Sexual violence by anyone other than a spouse or sexual partner.
- c. Whether, at any point in their lives, as a child or an adult, anyone had forced them to engage in sexual intercourse or perform sexual acts against their will.

The term "married women and men" refers to those who identified as married or cohabiting with a partner in a marriage-like relationship. Thus, "husbands" and "wives" include both married individuals and partners living together as if married. Correspondingly, husbands and wives included married women and men, and partners of women and men who were not married but are living together as if married.

The survey also collected data on traditional harmful practices such as Female Genital Mutilation, early and forced marriages, among others. However, the survey did not collect data on economic violence such as denial of assets and economic livelihoods.

1.2 Context of the thematic report

UNFPA supports the improved accessibility of quality GBV data and information as part of the Spotlight Initiative, a global partnership between the European Union and the United Nations to eliminate all forms of violence against women and girls by 2030.

Improving the quality and accessibility of available information on the prevalence, incidence, and characteristics of GBV in Uganda will support a shared understanding of the priorities between all stakeholders in efforts to address GBV and promote gender equality more broadly, from enabling informed policy and decision-making to supporting the quality, accessibility and coordination of services and interventions.

The UDHS generated national data on GBV. The key findings provided evidence for raising awareness among parliamentarians, decision-makers, and the public on the pervasiveness of all forms of GBV and its impact on women, children, and communities.

GBV and Violence Against Women and Girls (VAWG) are critical issues that undermine human rights, public health, and socio-economic development. These forms of violence manifest in various ways, including physical, sexual, emotional, and psychological abuse, and significantly impact individuals and communities worldwide. In Uganda, GBV and VAWG are prevalent issues that reflect underlying gender inequalities and social norms of critical concern. UDHS provides a valuable opportunity to examine these issues through comprehensive data analysis.

1.3 Purpose

The thematic report on GBV serves as a critical analysis of data derived from the Uganda Demographic and Health Survey (UDHS) regarding GBV and Sexual and Reproductive Health Rights (SRHR). The findings presented in this report aim to provide essential insights that will facilitate the development and dissemination of knowledge and advocacy products at both national and sub-national levels. Additionally, the report seeks to identify existing knowledge gaps and inform future research priorities. Analyzing GBV and VAWG through the lens of the UDHS 2022 is vital for several reasons:

- i. **Informed Policy Making:** Data-driven insights empower policymakers to create targeted and effective interventions. By understanding the scope and nature of GBV and VAWG, strategies can be designed to address both immediate needs and long-term prevention efforts.
- ii. **Resource Allocation:** Accurate data is crucial for prioritizing resources and ensuring that support and services are directed to areas of greatest need. This encompasses funding for prevention programs and support services for survivors.
- iii. **Health Implications:** GBV and VAWG have profound effects on both physical and mental health. Detailed data allows for the identification of gaps in health services, leading to the development of comprehensive support systems for survivors.
- iv. **Advocacy and Awareness:** Shedding light on the prevalence and impact of GBV and VAWG is essential for raising awareness among the public and stakeholders. This increased awareness can foster greater advocacy, driving community and national efforts to create safer environments for women and girls globally.

1.4 Methodology

This report was compiled using UDHS 2022 data set. The process involved the generation of a tabulation plan based on the indicators that were considered fit to measure GBV and subsequent analysis. This was done to gain a better understanding of GBV prevalence and patterns at regional and sub-regional levels, thus offering more detailed information for utilization in policy, planning, communication and advocacy among others.

Reprocessing of the UDHS 2022 dataset was conducted for deeper analysis to produce additional tables for the GBV report. This involved extracting key variables and generating detailed tables to provide more granular insights, ultimately supporting a more comprehensive understanding of the data. The indicators are disaggregated by key background characteristics including age, residence (rural/ urban), sub-region, education level and wealth quintile. Other levels of disaggregation included disability status, marital status and employment status among others.

The UDHS 2022 focuses on Domestic Violence as a form of GBV (DHS, p. 280-90). For never-married women, survey questions asked about their experience of violence committed by anyone. For ever-married women, survey questions asked about their experience of violence committed by their current and former husbands/partners and by others. The term “intimate partner” was used in this report to refer to spousal intimate partner relationship.

1.5 Report structure

This report has four chapters as follows.

- i. **Chapter one - Introduction:** highlights the background to GBV, the context, purpose and methodology used in the compilation of the report.
- ii. **Chapter two - Forms of Domestic Violence:** An analysis of the various forms of violence (physical, sexual and spousal) disaggregated by different characteristics.
- iii. **Chapter three - Female Genital Mutilation (FGM):** Prevalence and trends in FGM.
- iv. **Chapter four - Summary, Recommendation and Conclusion:** Highlights the key summaries of all issues presented in the report and recommendations.

In summary, this thematic report seeks to provide a comprehensive overview of GBV as reflected in the UDHS 2022, offering insights that are crucial for advancing GBV prevention and support efforts. Through this detailed analysis, this report aims to contribute to a deeper understanding of GBV dynamics and inform strategies that promote safety, equality, and justice for all.

CHAPTER TWO: FORMS OF GENDER BASED VIOLENCE

2.0 Introduction

Gender Based Violence is any act of violence that results in physical, sexual, economic, psychological harm or suffering to women, girls, men and boys, as well as threats of such acts, coercion, or the arbitrary deprivation of liberty (United Nations, 2006). GBV is widely acknowledged to be of great concern in Uganda from the human rights, economic, and health perspective. Uganda has ratified numerous international and regional frameworks aimed at combating GBV within the country.

GBV encompasses multiple forms of abusive behaviour and understanding these forms is critical for comprehensive policy interventions and victim support strategies, as they each have unique consequences for the well-being and safety of the affected individuals. This section presents information on women and men aged 15-49, who may have experienced the different forms of GBV as discussed below.

- **Physical violence:** This involves the intentional use of physical force that can result in injury, pain, or harm. Common forms include hitting, slapping, punching, kicking, or using objects to inflict harm. It can also involve restraining or choking a partner.
- **Sexual violence:** This includes any non-consensual sexual act or attempt to obtain a sexual act through coercion, manipulation, or physical force. It can occur within or outside intimate relationships and includes rape, forced sexual contact, or any form of unwanted sexual activity.
- **Emotional (psychological) violence:** Emotional abuse involves the use of words, threats, or actions that undermine an individual's self-worth or dignity. This may include insults, belittling, humiliation, intimidation, threats of harm, or isolating the victim from friends, family, or support systems.

2.2 Experience physical violence

2.2.1 Introduction

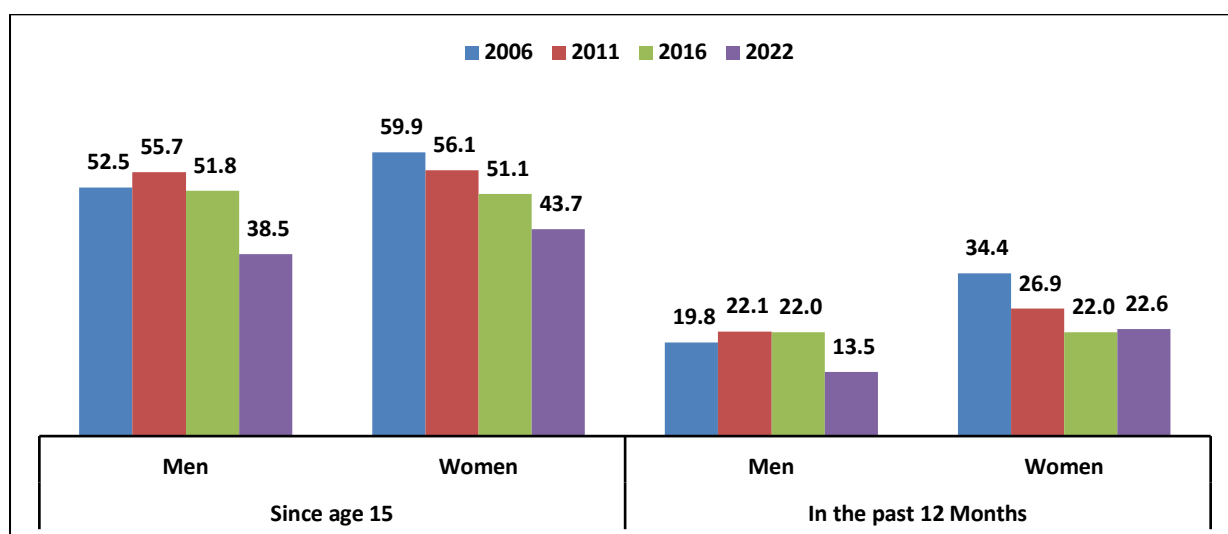
Physical violence refers to the intentional use of physical force or actions against another person, group, or oneself and can result in bodily harm, injury, pain, or physical suffering (WHO, 2022). It encompasses behaviors that directly inflict damage or discomfort through physical contact or forceful actions, including hitting, kicking, strangling or choking, pushing or shoving, punching, slapping, use of weapons or objects, physical restraint or confinement, deliberate physical neglect and many other actions that cause physical suffering or harm.

2.2.2 Prevalence of physical violence

The data presented on physical violence highlighted declining trends in the experience of physical violence among women and men over a 16-year period, from 2006 to 2022 as detailed in Figure 2.1. In 2022, the percentage of women aged 15-49 and men aged 15-54 years who had experienced physical violence in the twelve months preceding the survey was 22.6 percent and 13.5 percent respectively. Both women and men have seen a notable reduction in the percentage of individuals who reported having experienced physical violence since the age of 15. The decline was more pronounced among men compared to women in both categories.

Experience of physical violence among women aged 15-49 in the 12 months preceding the interview reduced from 34.4 percent in 2006 to 22.6 percent in 2022, and from 19.8 percent to 13.5 percent among men aged 15-54 during the same period. Whereas experience of physical violence is reducing, it remains higher among women compared to men.

Figure 2. 1: Proportion of women (15-49) and men (15-54) who experienced physical violence since age 15 and in the past 12 months, 2006-2022



Source: UDHS

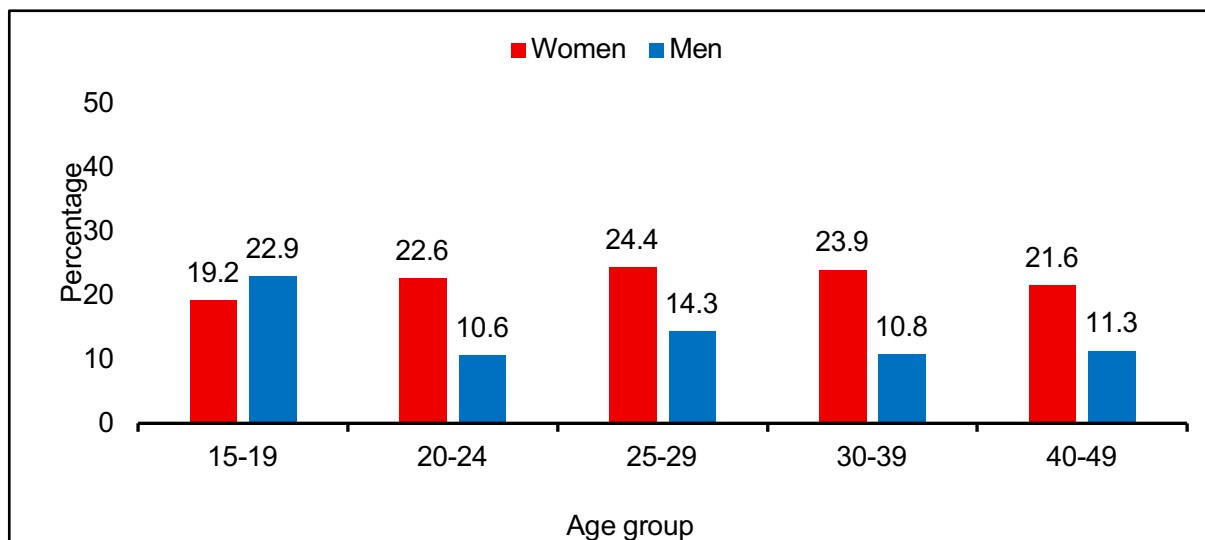
2.2.3 Physical violence by background characteristics

Physical violence and age group

An analysis of age-related patterns of physical violence in the past 12 months among women revealed that it was highest in the 25-29 age group at 24.4 percent, followed closely by the 30-39 age group at 23.9 percent. The lowest prevalence among women was observed in the 15-19 age group at 19.2 percent.

Women above 20 years experienced the highest form of violence (24.4%) compared to their male counterparts in the same age bracket. Among men, the highest prevalence was reported in the 15-19 age group at about 22.9 percent. However, as men grow older, the prevalence of physical violence decreases, with the lowest recorded in the 20-24 age group at 10.6 percent (Figure 2.2).

Figure 2. 2: Proportion of women and men who experienced physical violence in the past 12 months by age group



Source: UDHS 2022

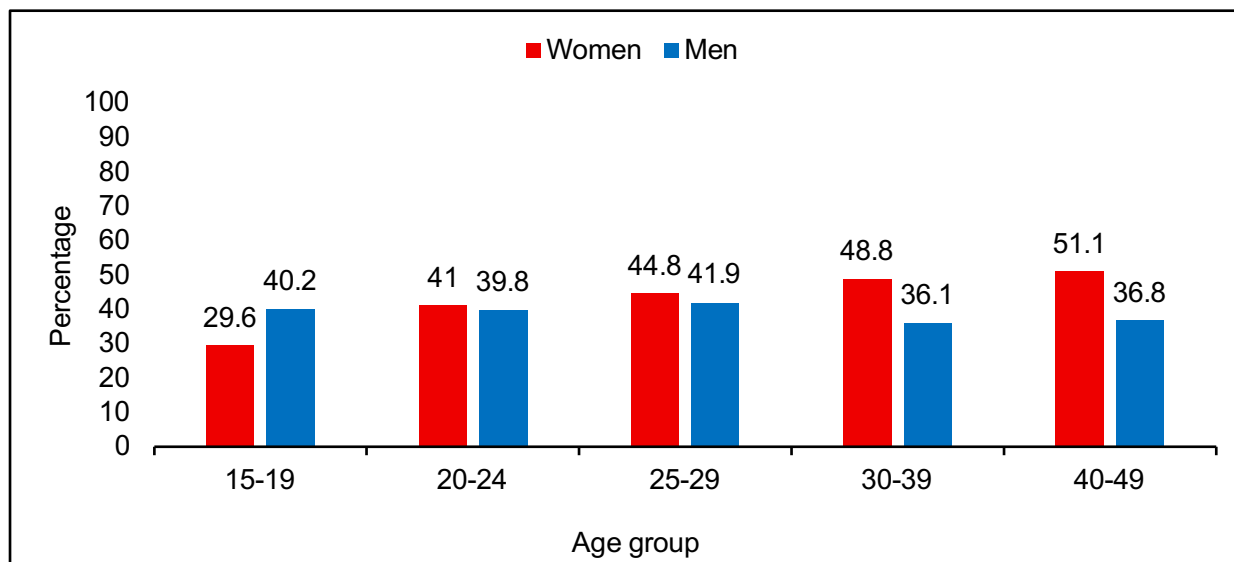
Figure 2.3 highlights differences in the experience of physical violence among various age groups and by gender. For women, the prevalence of physical violence since age 15 was notably highest in the 40-49 age group, where 51.1 percent report experiencing such violence. The 30-39 age group follows closely with a prevalence of 48.8 percent, indicating that women in their late reproductive years are particularly vulnerable to physical abuse. In contrast, the 15-19 age group shows the lowest prevalence at 29.6 percent, suggesting that younger women may experience different social dynamics or protective factors.

In the case of men, the highest prevalence of physical violence is reported in the 25-29 age group at 41.9 percent. Interestingly, unlike women, the prevalence of physical violence among men decreases with age, reaching a low of 36.8 percent in the 30-39 age group.

When comparing the lifetime exposure to physical violence between genders, women report significantly higher rates than men, particularly in the older age group (40-49) where the gap is 14.3 percentage points (51.1 percent for women versus 36.8 percent for men). However, men (40.2%) report higher rates in the age group of 15-19 compared to women (29.6%).

In the age brackets (20-24 and 25-29), the differences are less pronounced, with both genders experiencing similar prevalence rates of violence. Overall, the data underscores the heightened vulnerability of older women to physical violence compared to men and illustrates how experiences of violence can vary significantly across different age groups and genders.

Figure 2. 3: Experience of physical violence since age 15 by residence

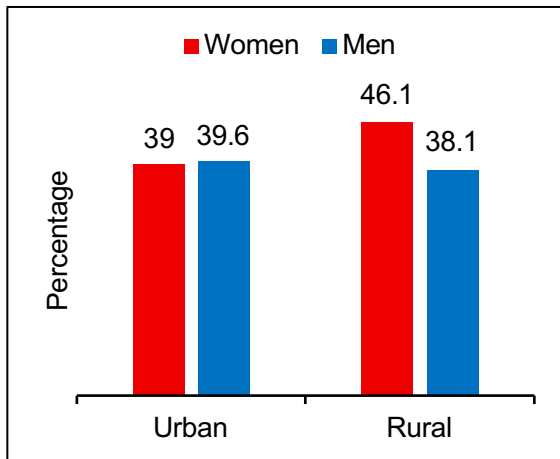


Source: UDHS 2022

Physical violence and residence

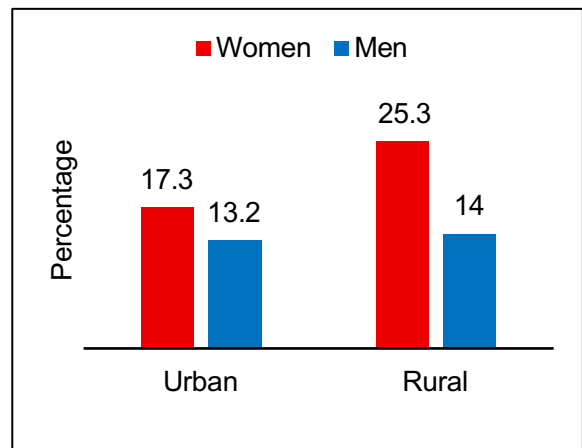
The rural-urban variation highlights significant disparities in the prevalence of physical violence experienced by women and men. A slightly higher proportion of women (46.1%) experienced physical violence since age 15 than men (38.1%) resulting in an 8-percentage point difference. These findings suggest that rural women are at a significantly higher risk of experiencing physical violence, both historically and in the recent past, compared to their urban counterparts and rural men (Figure 2.4 and 2.5).

Figure 2. 4: Experience of physical violence since age 15 by residence



Source: UDHS, 2022

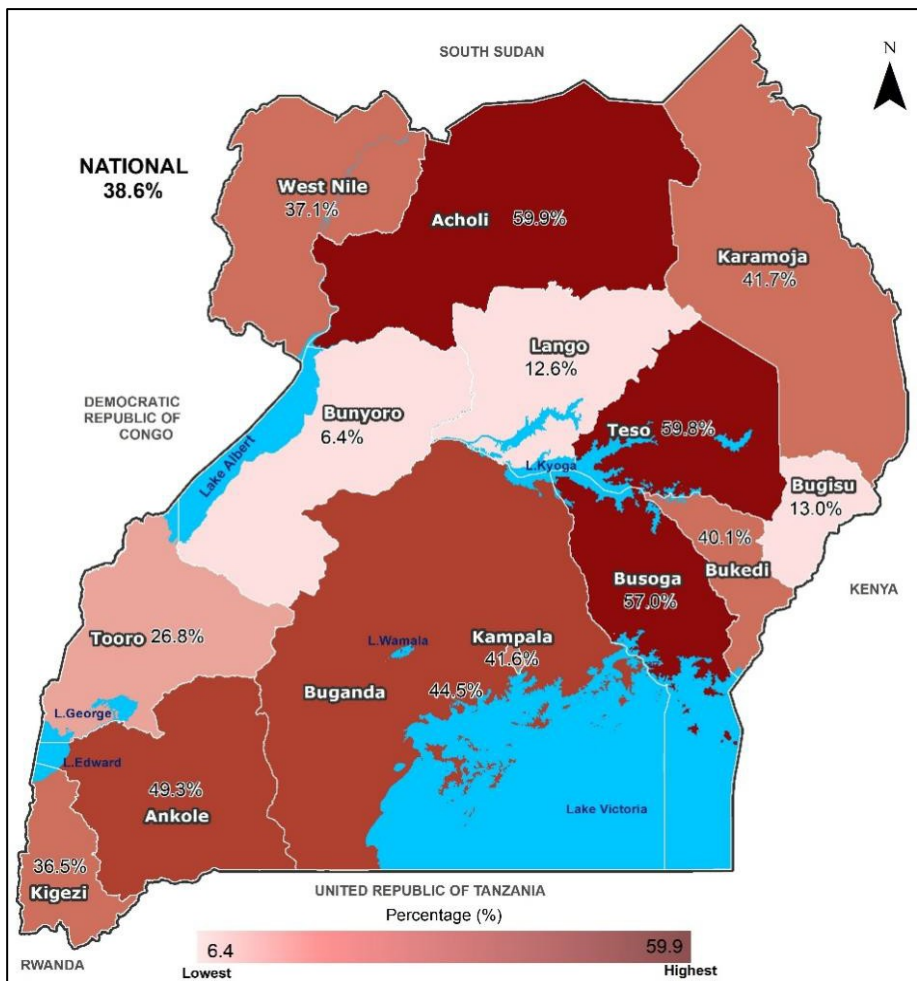
Figure 2. 5: Experience of physical violence in the last 12 months by residence



Physical violence since age 15 by sub-region

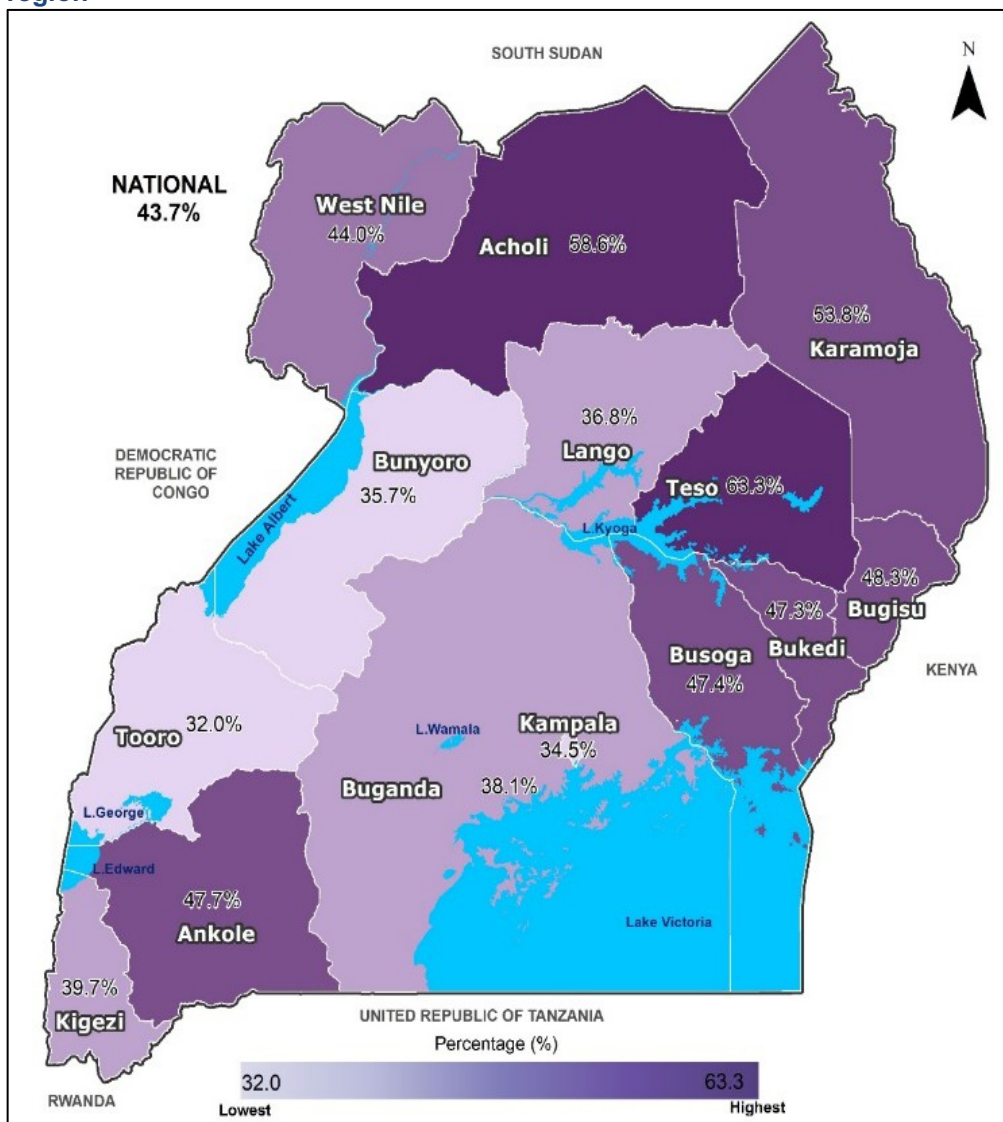
The prevalence of physical violence since age 15, Figure 2.6, varies geographically and was highest among men in Acholi (59.9%) and Teso (59.8%), and lowest in Bunyoro (6.4%).

Figure 2. 6: Proportion of men aged 15-49 who experienced physical violence since age 15 by Sub-region, UDHS 2022



Among women, physical violence was highest in Teso (63.3%) and lowest in Tooro (32.0%).

Figure 2. 7: Proportion of women aged 15-49 who experienced physical violence since age 15 by Sub-region

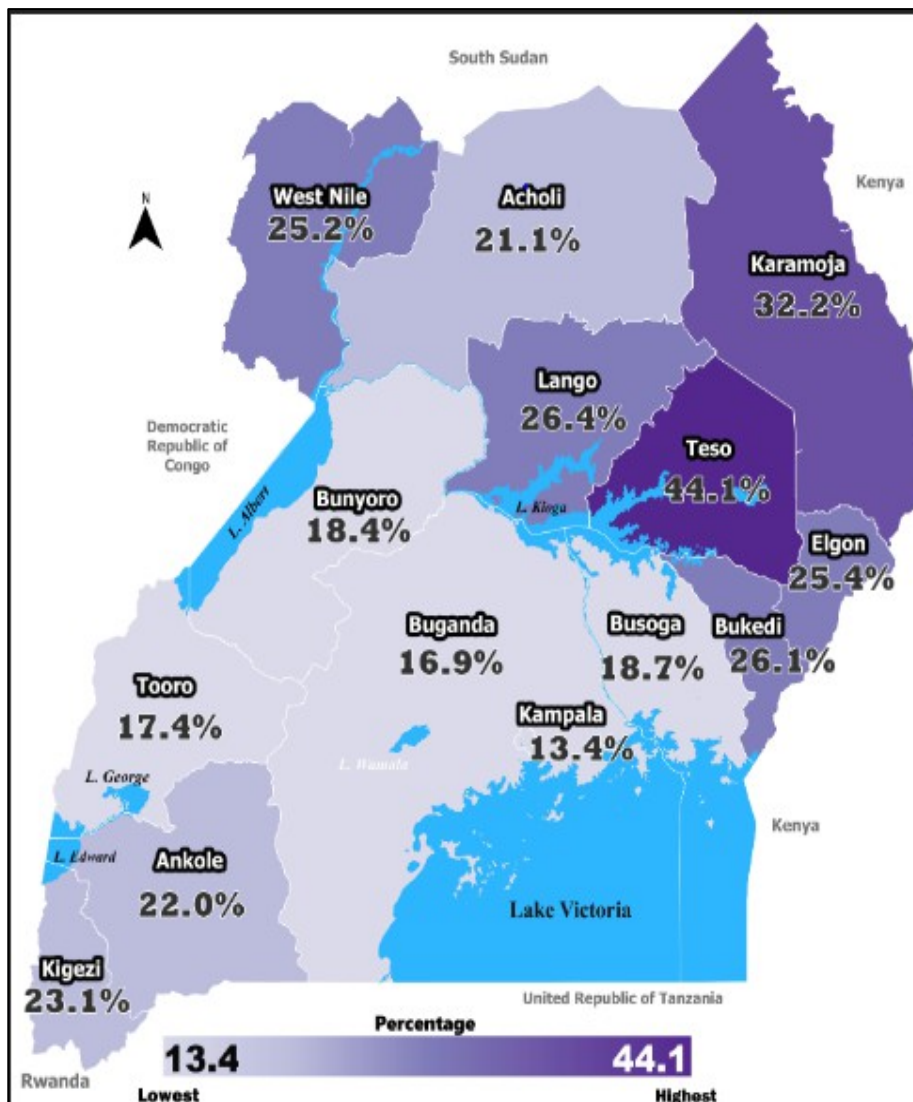


Source: UDHS 2022

Experience of physical violence in the past 12 months

Teso sub-region (44.1%) and Karamoja (32.2%) reported the highest prevalence of physical violence against women in the past 12 months. In contrast, Kampala (13.4%) and Buganda (16.9%) had the lowest prevalence (Figure 2.8). These disparities call for targeted interventions in high-prevalence regions to strengthen legal frameworks, enhance survivor support services, and promote economic empowerment initiatives aimed at reducing GBV.

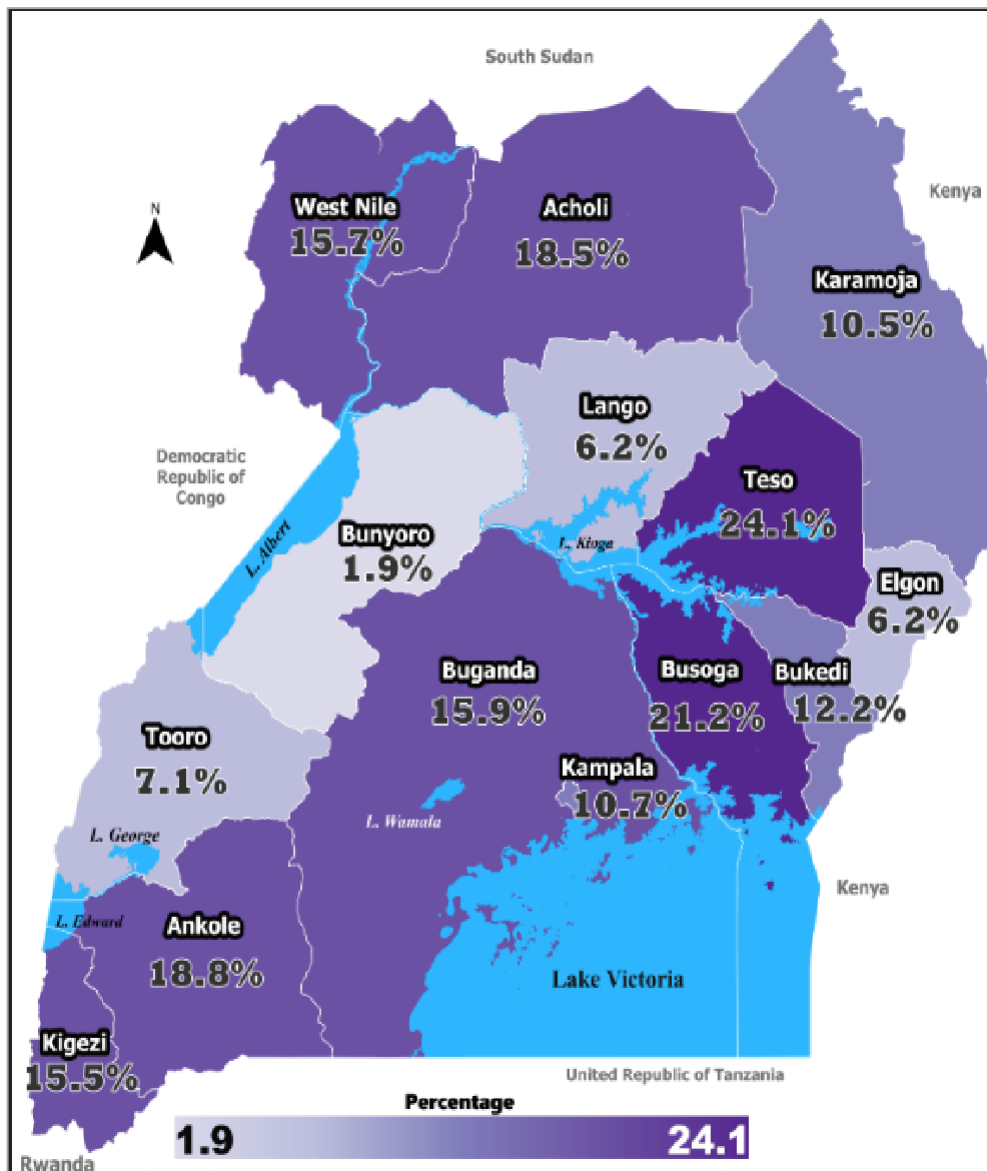
Figure 2. 8: Experience of physical violence in the past 12 months among women by Sub-region



Source: UDHS 2022

In the past 12 months, the experience of physical violence by men varied across Uganda's sub-regions with the highest recorded in Teso (24.1%), followed by Busoga (21.2%). The lowest prevalence was in Bunyoro (1.9%) and Lango (6.2%), meaning a lower exposure to violence in these regions (Figure 2.9).

Figure 2. 9: Experience of physical violence in the last 12 months among men by Sub-region

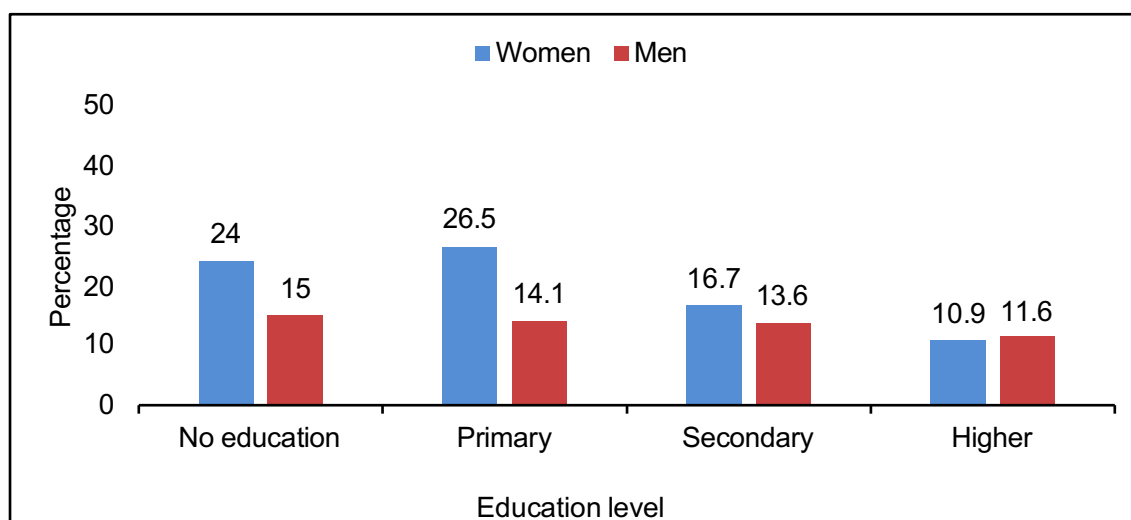


Source: UDHS 2022

Physical violence and Education Level

Overall, experience of physical violence in the past 12 months was highest among men with no formal education (15%) and lowest among those with post-secondary (11.6%). The same pattern was observed among women with similar education background (Figure 2.10).

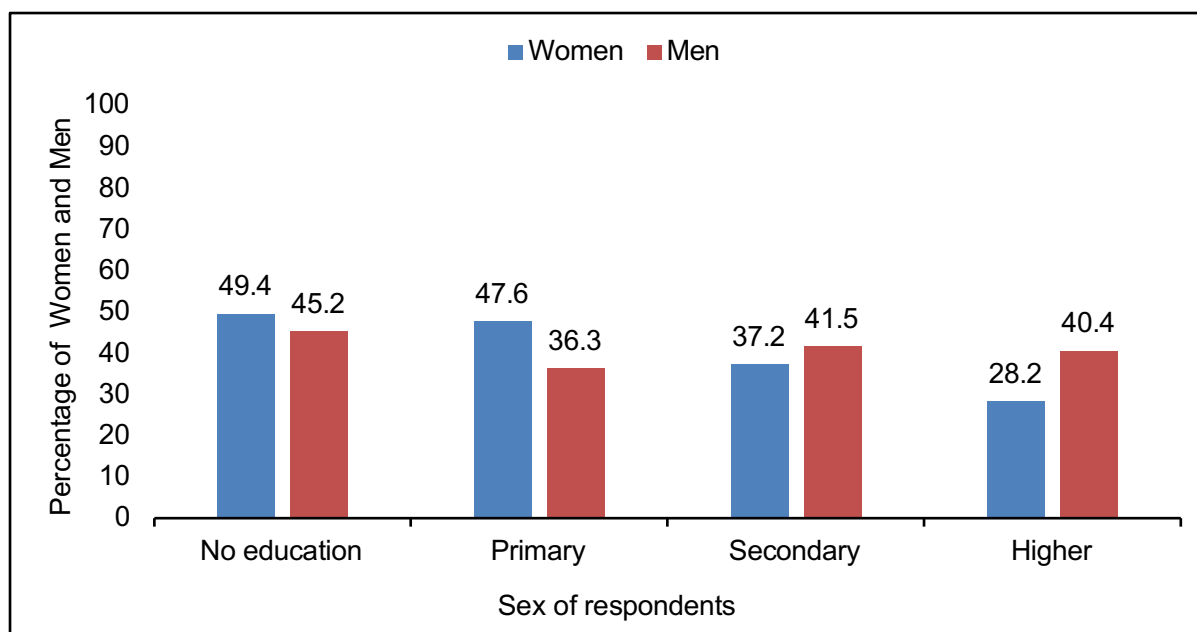
Figure 2. 10: Experience of physical violence by education level in the last 12 months



Source: UDHS 2022

In Figure 2.11, the women with no education or primary-level education experienced higher levels of physical violence (49.4% and 47.6%, respectively) compared to those with secondary or higher education (37.2% and 28.2% respectively). The trend by education level shows that the higher the education level for a woman, the less experience of physical violence. Men on the other side have varying patterns with the highest experience being among those with no education (45.2%) followed by those with secondary level of education at 41.5 percent and those with higher education level (40%).

Figure 2. 11: Experience of physical violence by education level since age 15

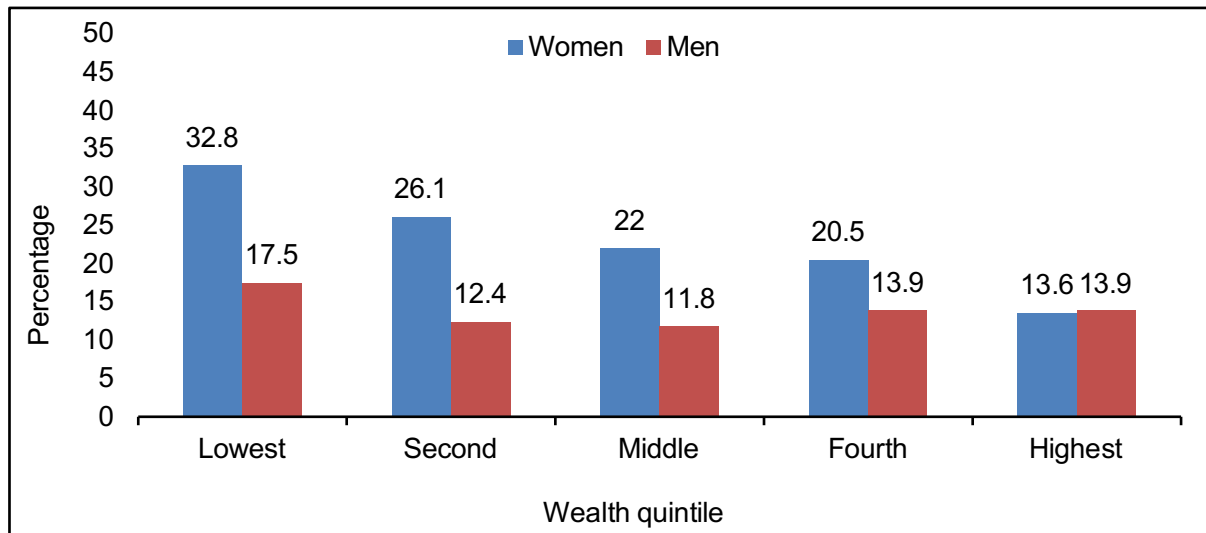


Source: UDHS 2022

Physical violence and wealth quintile

Women living in households in the poorest quintile experienced the highest prevalence of physical violence in the 12 months preceding the survey (32.8%) compared to their counterparts in the second, middle, fourth and highest quintiles.

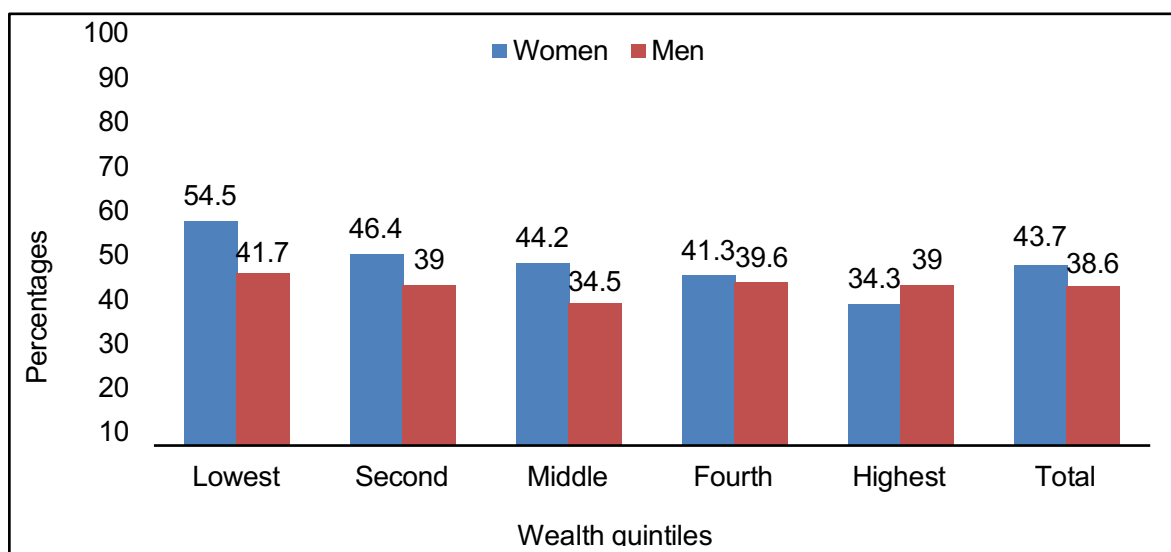
Figure 2. 12: Experience of physical violence in the last 12 months by wealth quintile



Source: UDHS 2022

Women and men living in households from the lowest quintile experience higher rates of violence since age 15 (54.5% and 41.7% respectively) compared to those in the highest quintile (34.3% and 39%).

Figure 2. 13: Experience of physical violence since age 15 by wealth quintile



Source: UDHS 2022

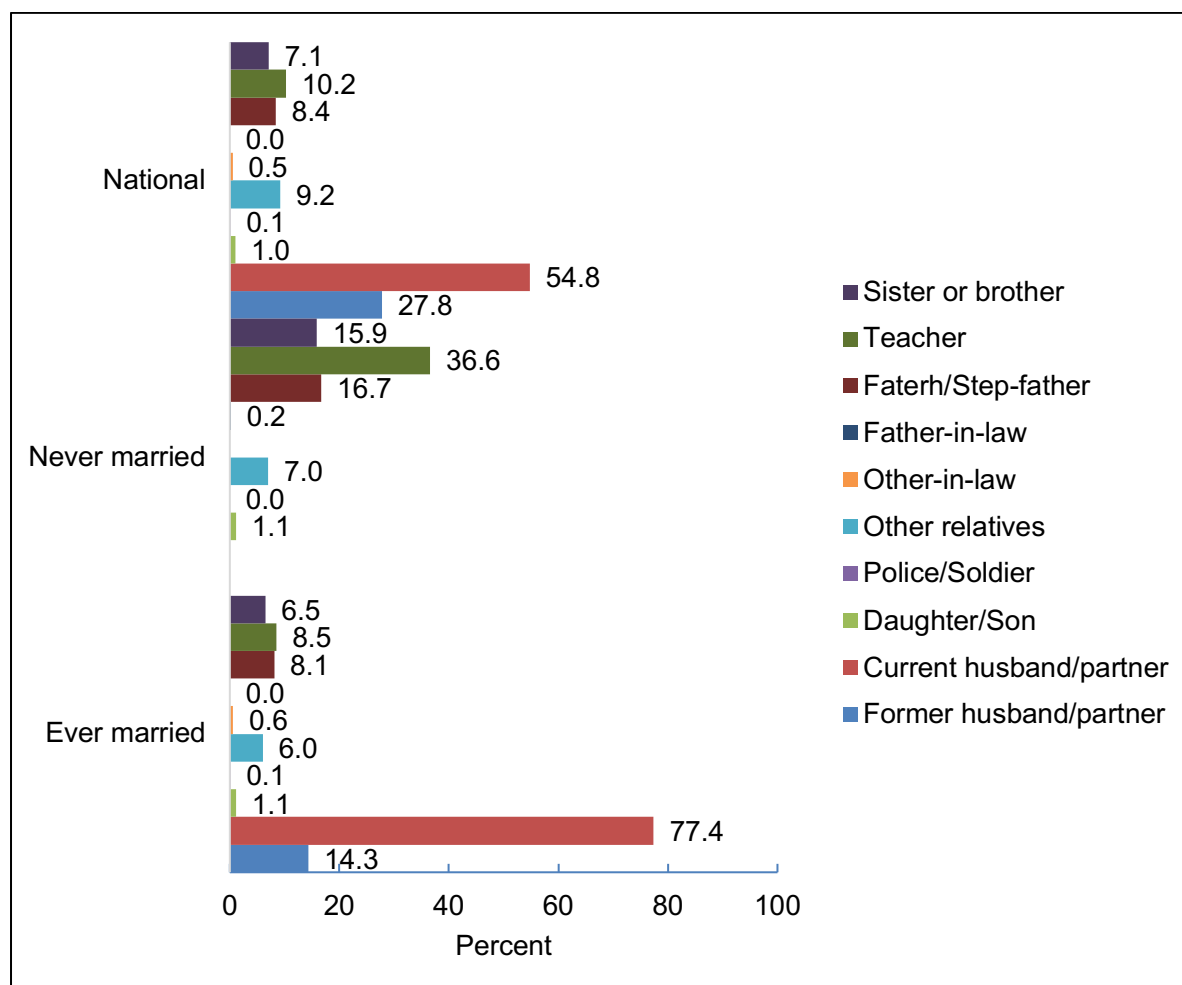
2.2.4 Perpetrators of physical violence against women and men

According to UDHS 2022, the perpetrators of physical violence against women and men varied depending on the victim's relationship with the aggressor or individual(s) who committed the violence. A detailed figure of the perpetrators of physical violence among women and men in the UDHS 2022 is captured in Table 2.2 in the annex.

Perpetrators of physical violence against women

More than half (54.8%) of women who experienced physical violence reported that their current husbands or partners were the perpetrators of physical violence. (Figure 2.14) Among those who have ever been married, 14.3 percent reported that their former husband or partners were the perpetrators of violence. Among the women who had never married, teachers (36.5%) and father/stepfather (16.7%) were the most reported perpetrators of physical violence.

Figure 2. 14: Perpetrators of physical violence against women by relationship to victim, (%)

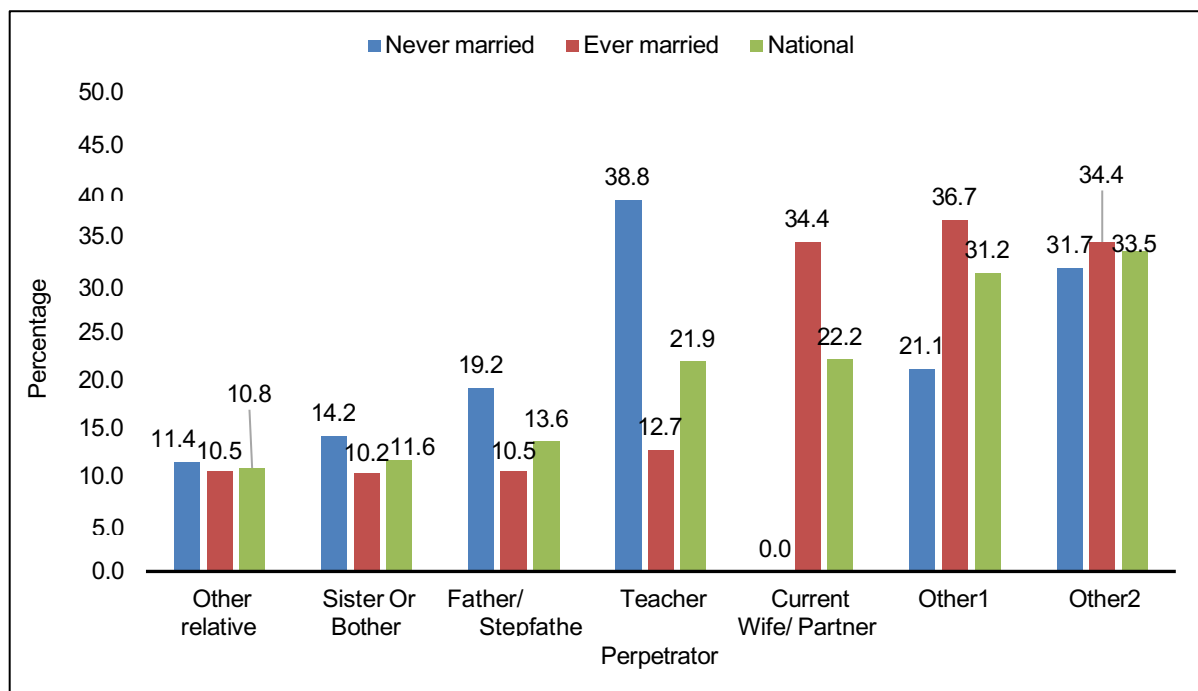


Source: UDHS 2022

Perpetrators of physical violence against men

The Figure 2.15 shows notable differences in perpetrators of violence reported by men by marital status. Teachers were the most common perpetrators among the never married (38.8%), compared to those who were ever married (12.7%). Current wives or partners are the highest reported perpetrators for the ever married (34.4%), with none reported by the never married. Fathers or stepfathers were more frequently reported by the never married (19.2%) than the ever married (10.5%).

Figure 2. 15: Perpetrators of physical violence against men by relationship to victim, (%)



Source: UDHS 2022

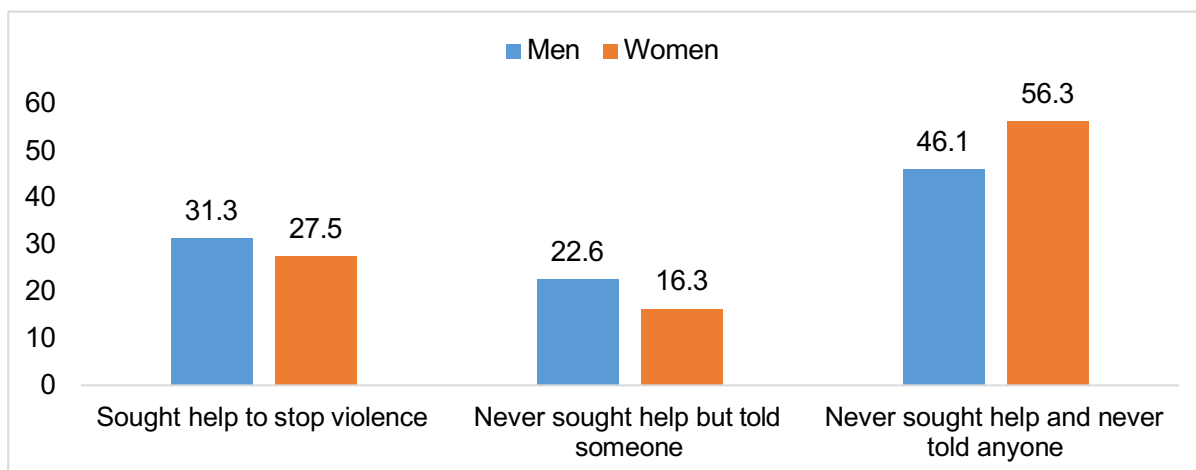
Other1: Daughter/Son, Mother-In-Law, Father-In-Law, Current Boyfriend, Other-In-Law, Former Boyfriend, Former Wife/Partner, Employer/Someone at Work, Police/Soldier and Mother/Stepmother. The values for each were less than 10 percent

Other 2: Those who were not specifically identified by the victim

2.2.5 Help-seeking behaviour to stop physical violence

Help-seeking behavior among men and women who experienced violence highlights gender differences in the sources of support sought. The UDHS 2022 revealed that 31.3 percent of men and 27.5 percent of women aged 15-49 who have experienced physical violence sought help. More men (22.6%) than women (16.3%) never sought help but told someone about the incidence (Figure 2.16).

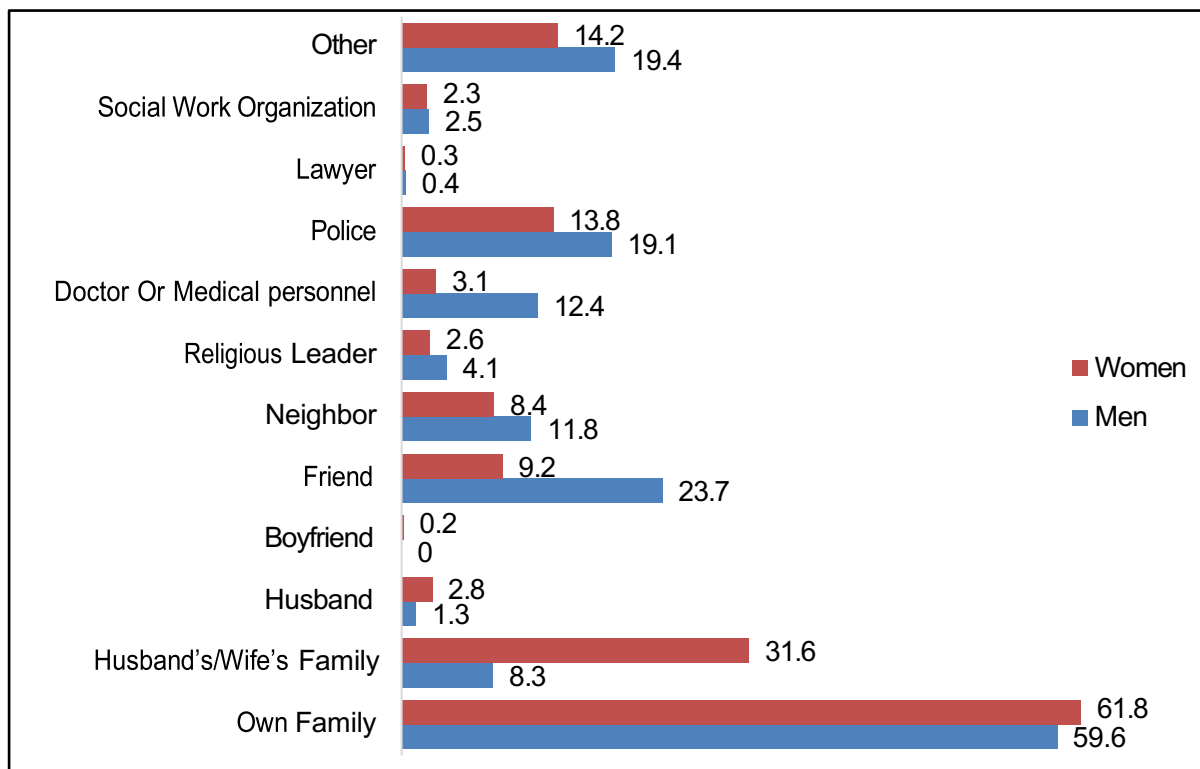
Figure 2. 16: Percentage of women and men 15-49 who sought help to stop physical violence



Source: UDHS 2022

The most common sources of help to stop physical violence among women who had ever experienced physical violence were their own family (61.8%), their husbands' or own family (31.6%), and the police (13.8%). Few women sought help from service providers including social work organizations or doctors/medical personnel ranging between 2-3 percent. However, most male victims of physical violence sought help from own family (59.6%) and friends (23.7%) as shown in Figure 2.17.

Figure 2. 17: Percentage of women and men who had ever experienced physical violence and sought help to stop the violence from various sources



Source: UDHS 2022

2.3 Experience of sexual violence

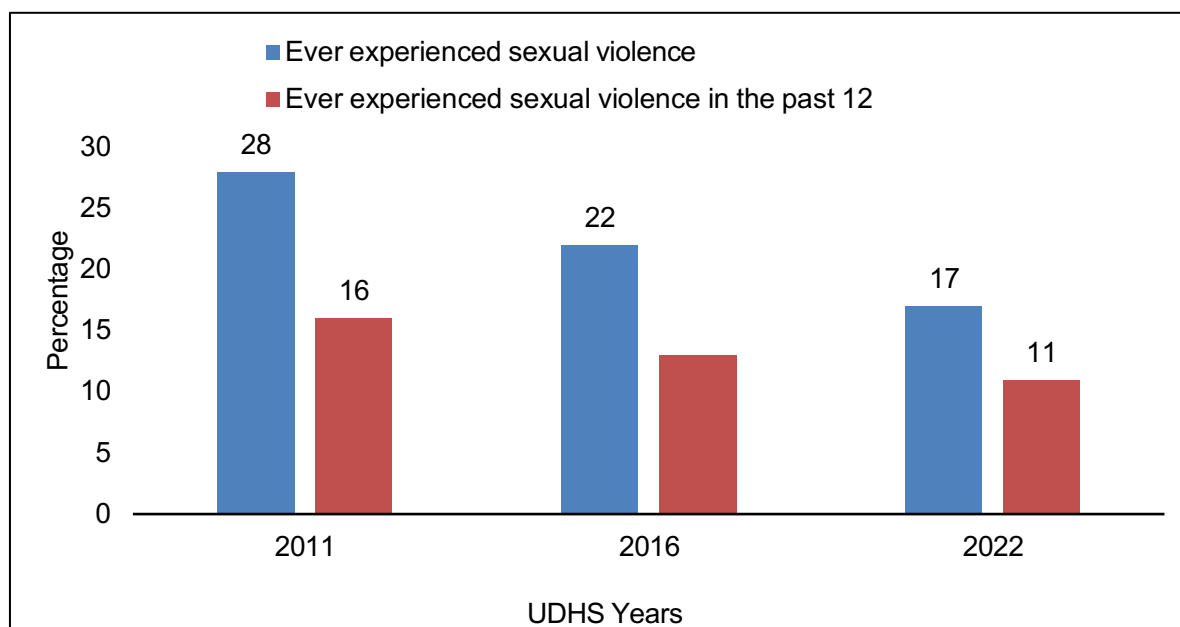
2.3.1 Introduction

Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts directed against a person's sexuality using coercion. It is perpetrated by any individual regardless of their relationship to the victim, in any setting (WHO, 2021). This includes rape, sexual assault, sexual harassment, sexual exploitation, abuse, and child sexual abuse. Sexual violence is an issue that disproportionately affects women, with variations across different regions, demographics, and other social factors.

2.3.2 Prevalence of Sexual Violence

Seventeen percent of women and six percent of men age 15-49 experienced sexual violence in the 12 months before the UDHS 2022, while 11 percent of women and four percent of men had ever experienced sexual violence since age 15 years. There was a downward trend among women who experienced sexual violence between 2011 and 2022. The percentage of women that ever-experienced sexual violence since age 15 years decreased from 28 percent to 17 percent (2011- 2022). The incidence during the 12 months before UDHS 2022 dropped from 16 percent to 11 percent during the same period (Figure 2.18)

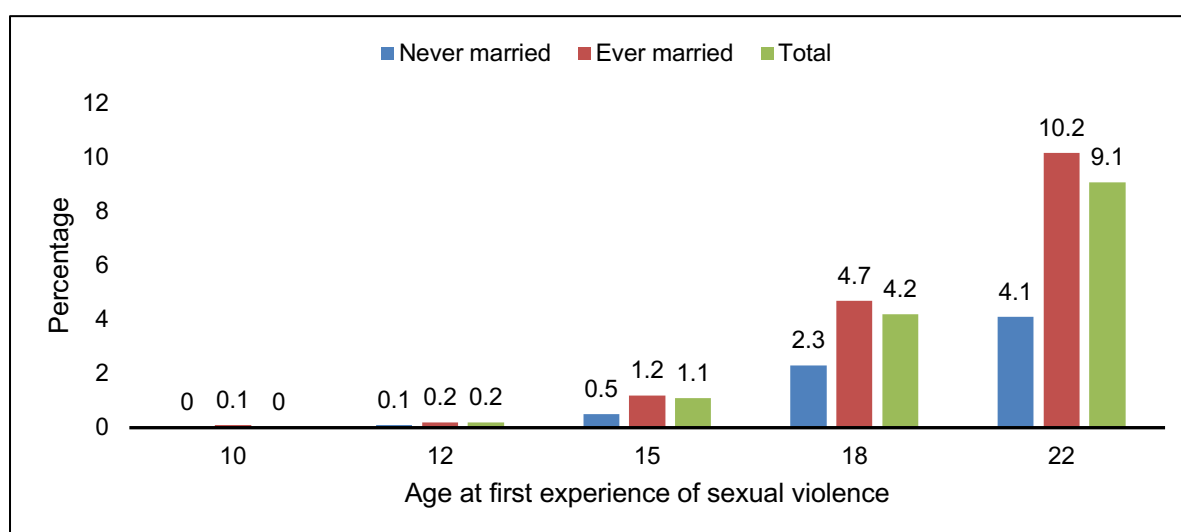
Figure 2. 18: Percentage of Women who have experienced sexual violence (%), 2011-2022



2.3.3 Age at first experience of sexual violence

Figure 2.19 shows that by age 22, 10 percent of women and 9 percent of men who had ever married experienced sexual violence for the first time, an increase from 5 percent among those who were 18 years and had ever experienced sexual violence. Among the never married individuals, four percent experienced sexual violence for the first time at age 22. Overall, there is a strong association between marital status and the first experience of sexual violence, with higher rates observed among those who were married or have ever married by specific age.

Figure 2. 19: Age at first experience of sexual violence by marital status, %



Source: UDHS 2022

2.3.4 Experience of sexual violence by background characteristics

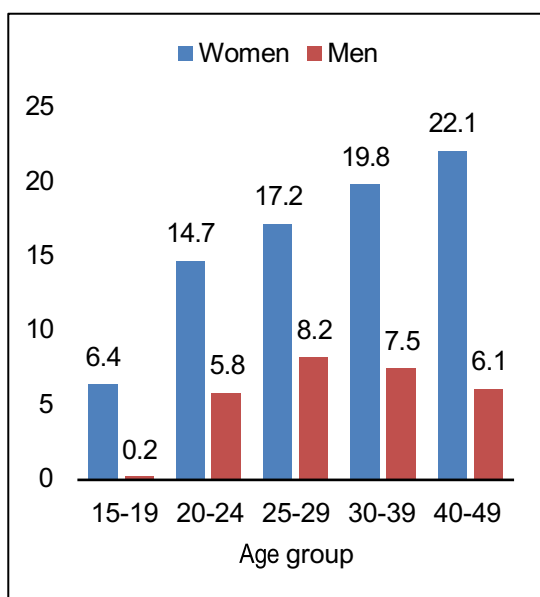
Sexual violence by age group

Figures 2.20 and 2.21 present the pattern in the experiences of sexual violence among different age groups and sex. For women, the prevalence of sexual violence has a clear upward trajectory with age. Starting at 6% in the 15-19 age group, the percentage rises steadily to 22 percent in the 40-49 age group. This indicates that older women were more likely to have experienced sexual violence at some point in their lives.

The patterns for men, however, was distinct. The prevalence of sexual violence among men initially increases, peaking at 8 percent in the 25-29 age group. However, after this peak, the prevalence declines, with rates falling to 6% in the 40-49 age group. This suggests that while younger men may experience higher rates of sexual violence, those rates decrease as they age.

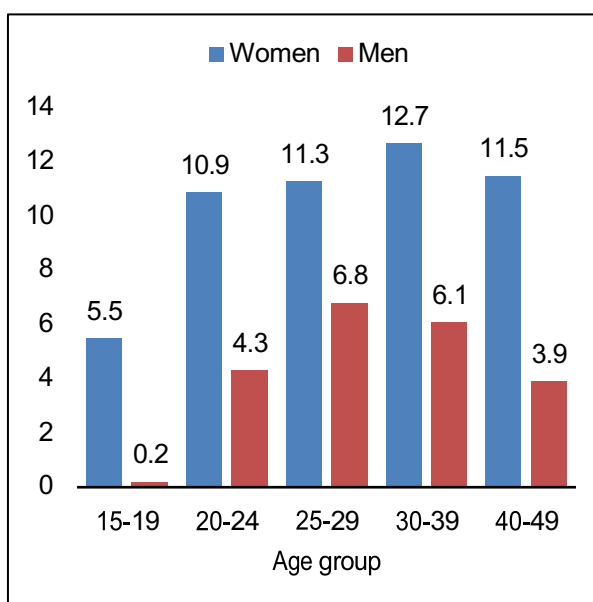
When examining the experiences of sexual violence within the past 12 months, the differences between genders remain pronounced. Approximately 6% of women in the 15-19 age group reported experiencing sexual violence in the last year, which is significantly higher than the rates for men in the same age group, where less than one percent reported similar experiences. For men, the highest rate of recent sexual violence was observed in the 25-29 age group at 7%.

Figure 2. 20: Ever experienced sexual violence since age 15



Source: UDHS, 2022

Figure 2. 21: Experienced sexual violence in the last 12 months



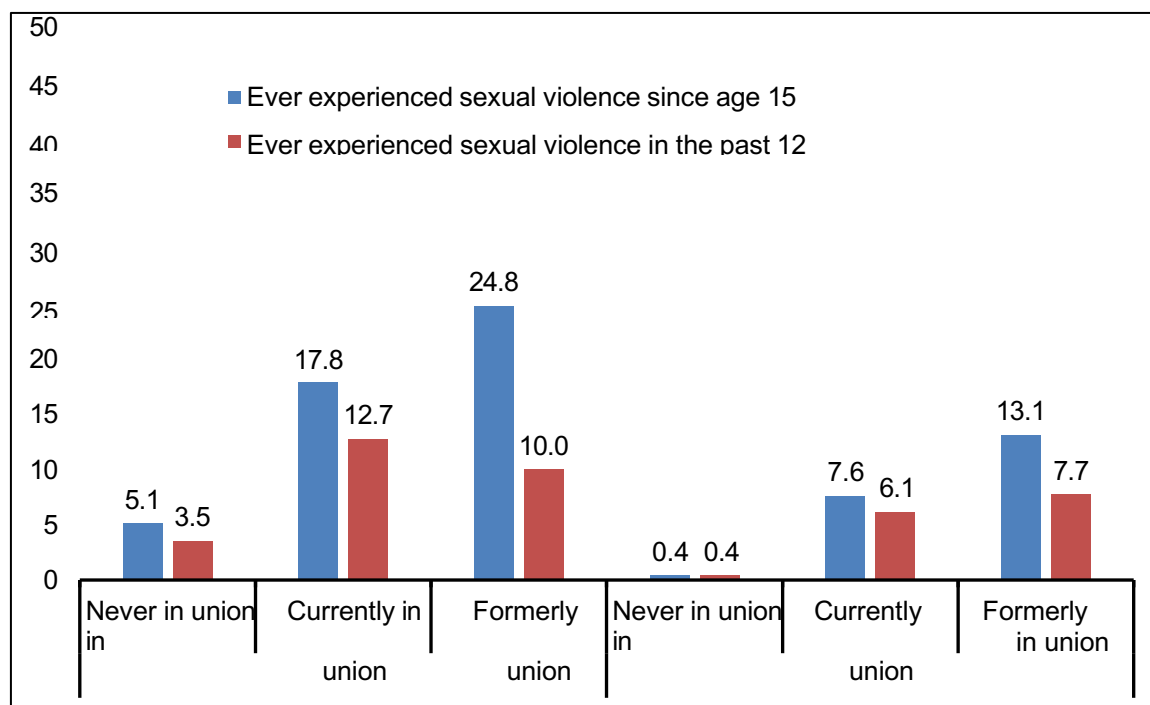
Sexual violence by marital status

This section highlights the prevalence of sexual violence among different marital statuses for both women and men. The prevalence of sexual violence is significantly higher among women compared to men across all marital statuses. For women, the risk of experiencing sexual violence increases with the transition from never being in a union (5%) to being currently (18%) or formerly (25%) in a union (Figure 2.22).

Among men, while the prevalence is low overall, it also increases with marital status, particularly for those who are currently in union (8%) or formerly in union (13%), though it remains significantly lower than that of women. The percentages of individuals experiencing sexual violence in the past 12 months are lower than the lifetime prevalence, indicating that while many have experienced sexual violence at some point, fewer report it within the last year.

These findings underscore the importance of addressing sexual violence and its varying impacts based on marital status.

Figure 2. 22: Experience of sexual violence by Marital status, %

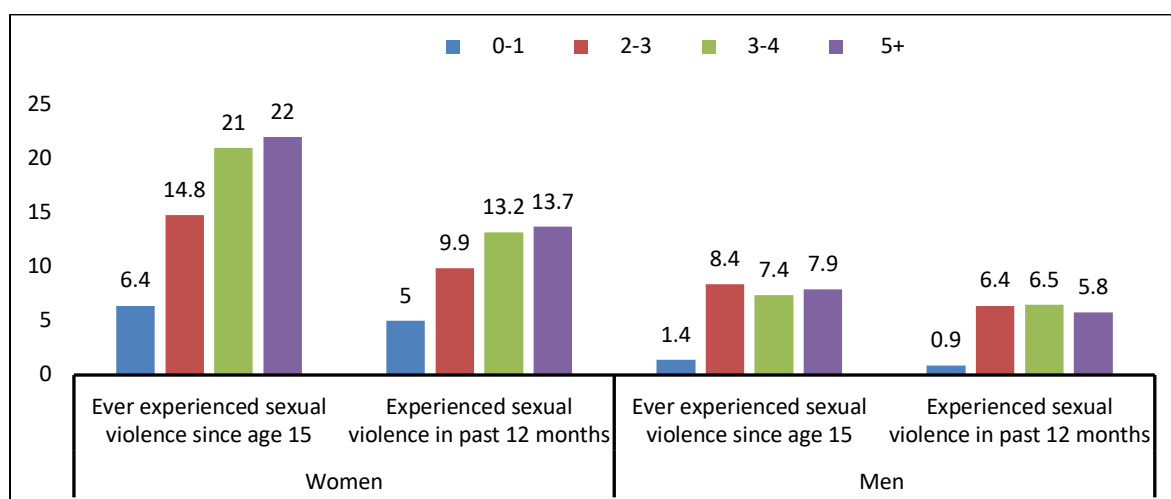


Source: UDHS, 2022

Sexual violence by number of living children

The percentage of women who had ever experienced sexual violence since the age of 15 increased with the number of children they had. The percentage increased from 6 percent among those with either one child or none to 22 percent for women with five or more children. A similar pattern was observed among men though with much lower percentage ranging from one percent for those with 0-1 children to eight percent for men with five or more children (Figure 2.23). A similar trend was observed among women who experienced sexual violence in the last 12 months but with a lower percentage.

Figure 2. 23: Experience of sexual violence by number of living children, %



Source: UDHS, 2022

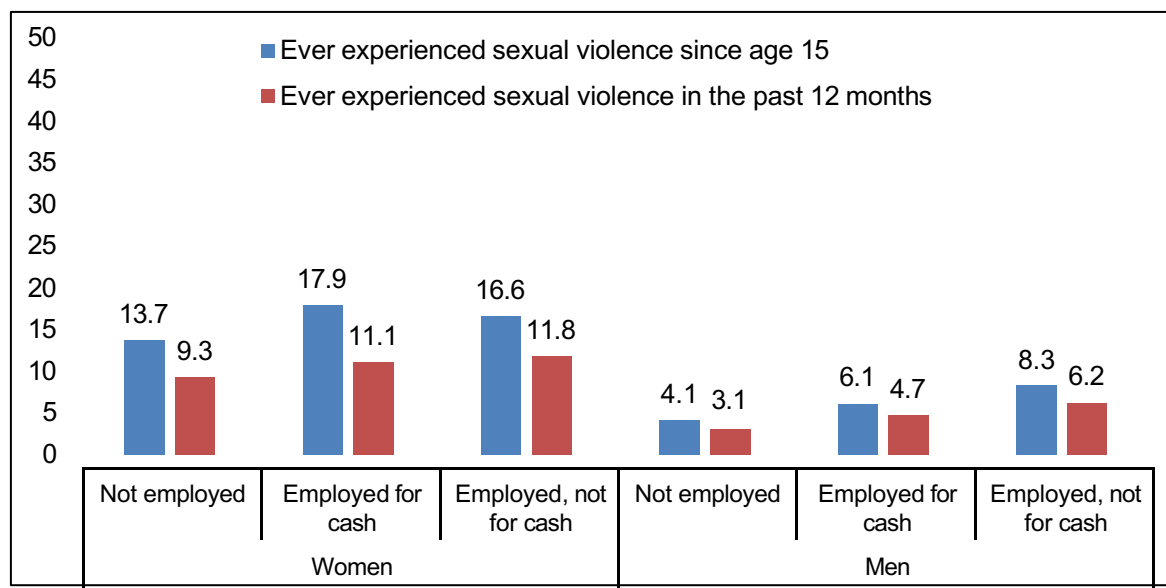
Sexual violence by employment status

Findings in figure 2.24 show that employment status appears to increase the risk of exposure to sexual violence among women and men. Women who earn income generally reported higher prevalence of sexual violence (18 percent) in both the longer-term exposure since age 15 years and 11 percent in the 12 months preceding the survey.

Equally exposed are women who are employed but do not receive cash income. About 17 percent had ever experienced sexual violence since age 15 compared to men at eight percent. Irrespective of whether a woman worked for cash, the percentage who experienced sexual violence was almost the same (11 percent).

Men in employment either for cash payment or not who experienced sexual violence in the past 12 month constituted about five and six percent respectively. This is about half the prevalence reported among employed women in the two categories under reference.

Figure 2. 24: Experience of sexual violence by Employment status, (%)

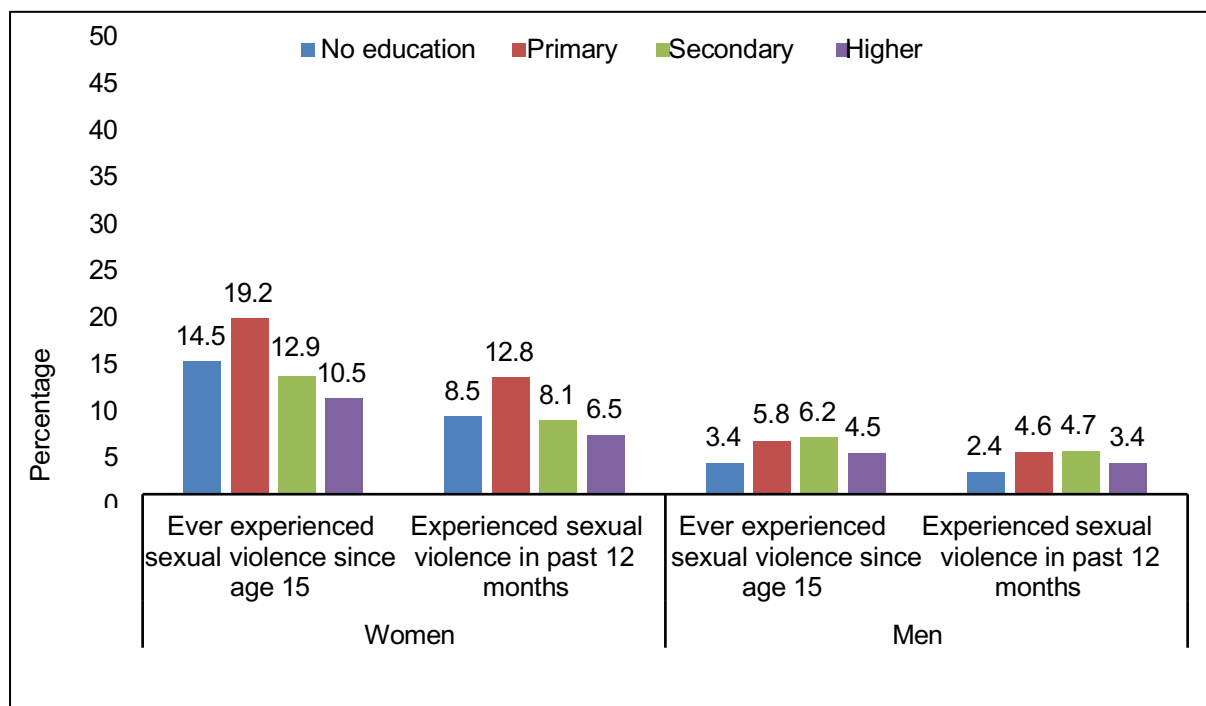


Source: UDHS, 2022

Sexual violence by highest education Level attained

Figure 2.25 shows that women with either no education (14.5 percent) or with primary education (19 percent) had ever experienced sexual violence since age 15 years. Beyond primary level, the proportion of women who experienced sexual violence declines steadily among those who have ever experienced and those who recently experienced sexual violence in the last 12 months. Men with primary or secondary education were more likely to have ever experienced sexual violence than those with no education.

Figure 2. 25: Proportion of Women and Men who experienced sexual violence by Education Level



Source: UDHS, 2022

Sexual violence by Sub-region

Figure 2.26 presents the geographical distribution of sexual violence by sub-region. The findings show that the prevalence of sexual violence among women aged 15-49 is highest in the sub regions of Teso, Ankole and Bukedi (8%) and Acholi (6%) while Tooro and Kigezi (0.2%), Karamoja (0.7%), and Lango (1.9%) sub regions reported the lowest prevalence rates. On the other hand, the distribution of the prevalence of sexual violence by sub region shown in Figure 2.27 was highest in the sub regions of Bukedi (24.3%), Elgon (20.3%), Ankole (13.6%), Tooro (11.7%), and Teso (10.7%) whereas Karamoja (1.8%), Lango (3.3%), Acholi (5.2%), and Kampala (7.7%) reported the lowest prevalence rate.

Figure 2. 26: Percentage of men age 15-49 who have experienced sexual violence since age 15 during the 12 months preceding the UDHS.

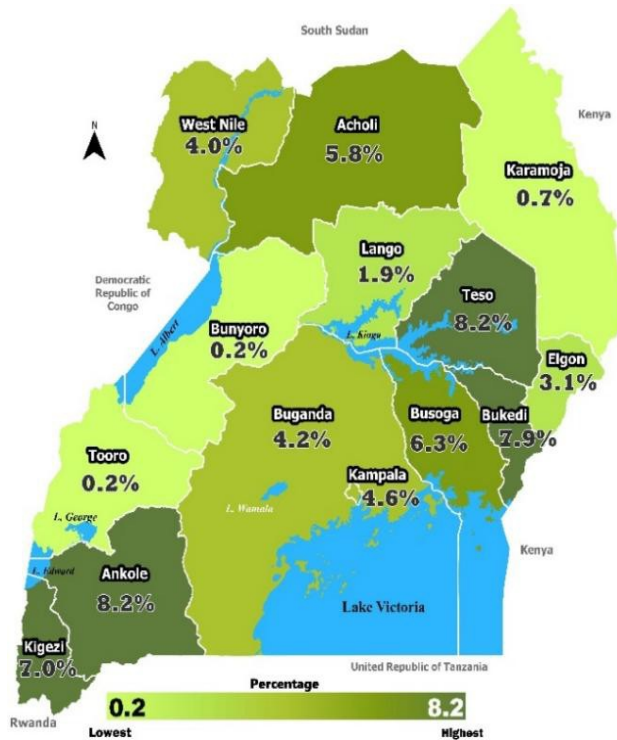
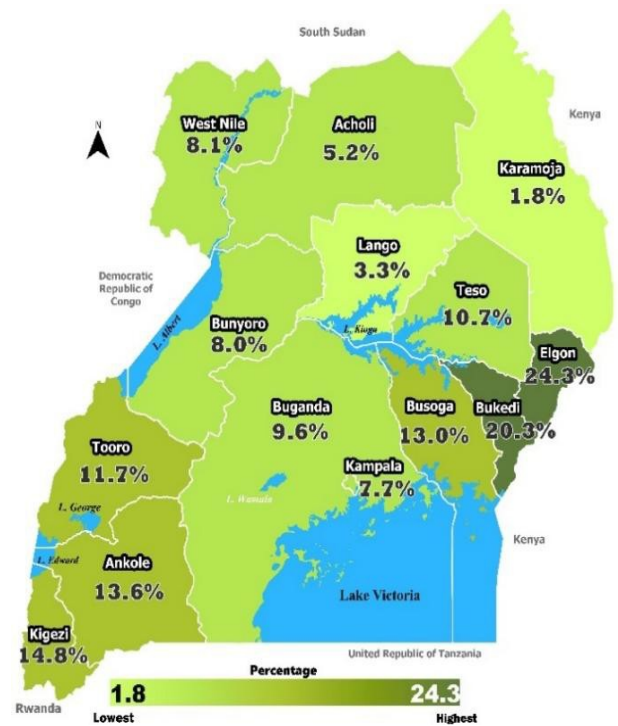


Figure 2. 27: Percentage of women aged 15-54 who have experienced sexual violence since age 15 during the 12 months preceding the UDHS.

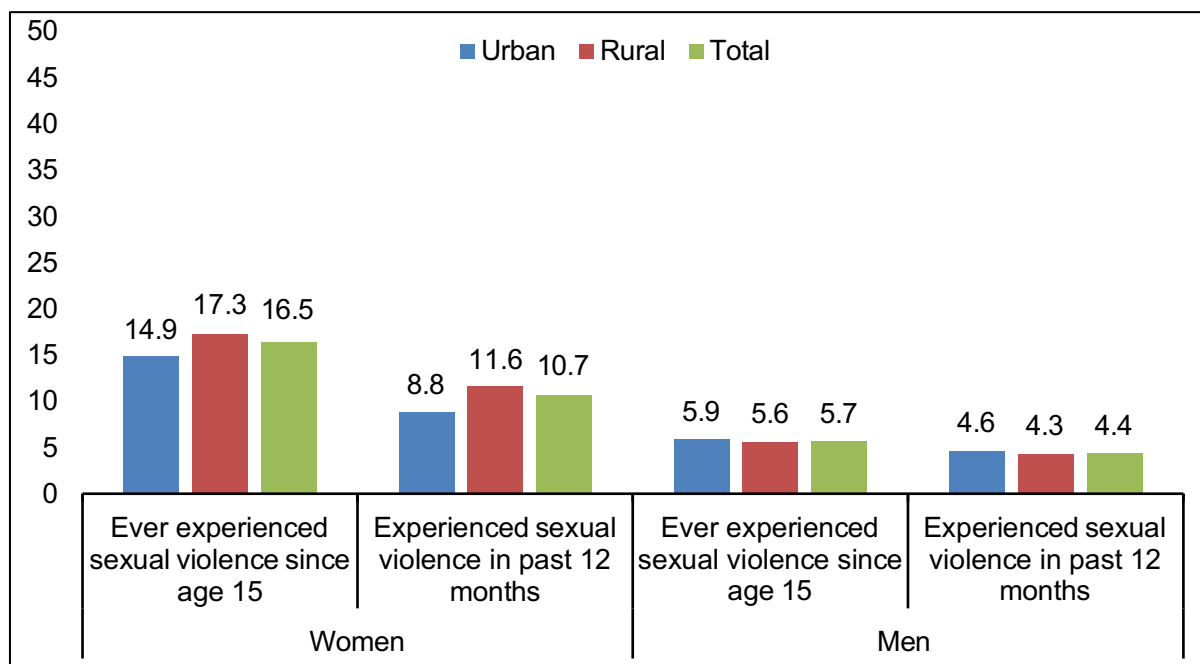


Sexual violence by residence

The overall findings showed that 16.5 percent of women had ever experienced sexual violence since the age of 15. Women in rural areas had a prevalence of 17.3 percent, while women in urban areas had a prevalence of 14.9 percent. For men, 5.9 percent of men overall had ever experienced sexual violence since age 15 years (Figure 2.28).

For experience of sexual violence in the 12 months preceding the survey findings showed that 10.7 percent of women overall had experienced sexual violence in the past year before the UDHS. Rural women had a rate of 11.6 percent, and the urban women had 8.8 percent. Four percent of men overall had experienced sexual violence in the past year. The rate for men in urban areas was five percent and four percent in the rural. In both time frames of experiencing sexual violence, rural areas had a slightly higher incidence than urban areas, especially for women.

Figure 2. 28: Experience of sexual violence by Residence (%)



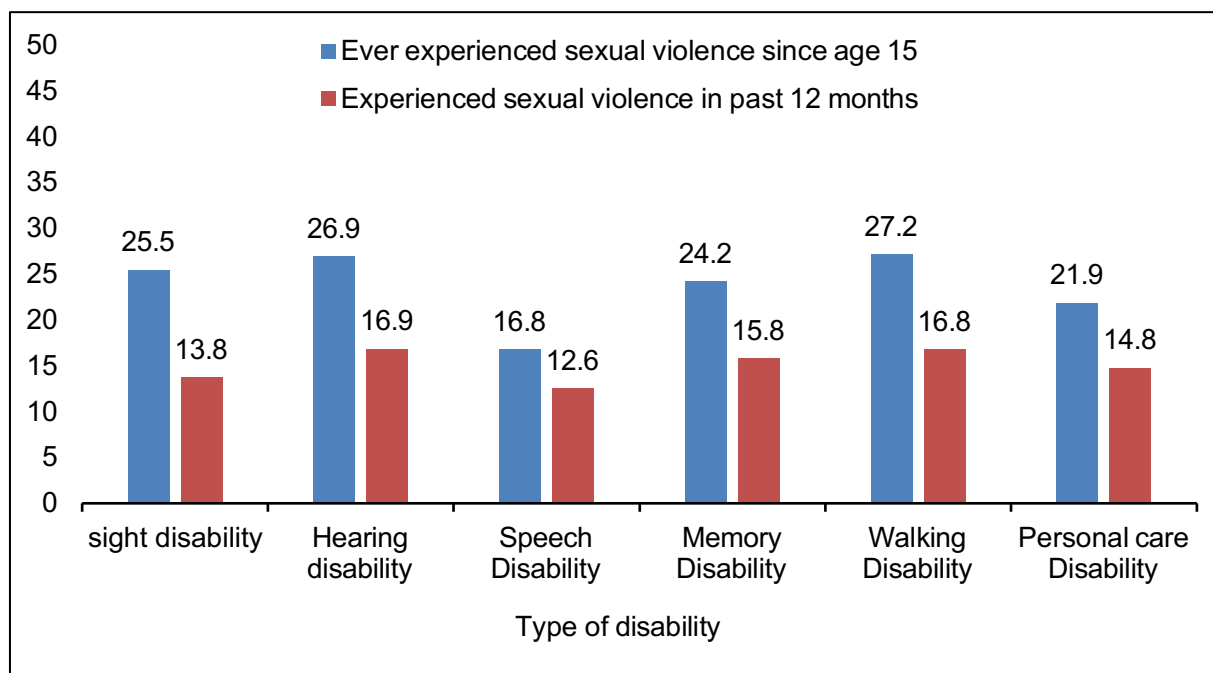
Source: UDHS, 2022

Sexual violence among Persons with Disabilities

The prevalence of sexual violence since age 15 is recorded among individuals with walking disabilities (27.2%) and hearing disabilities (26.9%), indicating that individuals with mobility and communication impairments face heightened vulnerability to sexual violence. This may be attributed to reduced ability to escape dangerous situations, dependence on caregivers, and communication barriers that hinder reporting and seeking justice. Similarly, the past 12-month experience of sexual violence is highest among individuals with hearing disabilities (16.9%) and those with walking disabilities (16.8%), suggesting that these individuals continue to be at risk and require targeted protection measures (Figure 2.29).

Comparatively, individuals with speech disabilities (16.8%) and memory disabilities (15.8%) report relatively lower lifetime experiences of sexual violence; however, their prevalence rates remain disturbingly high, indicating that no disability group is spared from this form of abuse. The past 12-month prevalence of sexual violence is lowest among those with speech disabilities (12.6%) and memory disabilities (15.8%).

Figure 2. 29: Experience of sexual violence by type of disability (%)



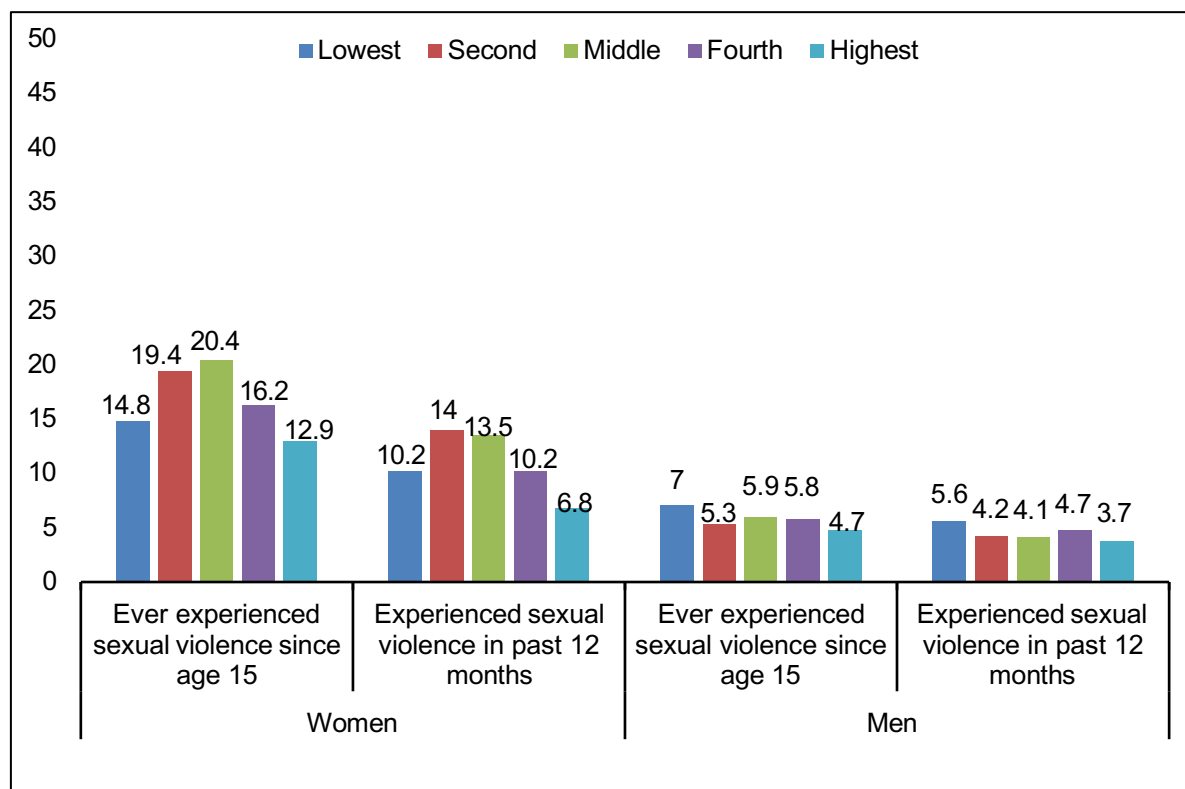
Source: UDHS, 2022

Sexual violence by wealth quintiles

Wealth quintiles are composite measures of living standards that rank population groups in society. The population that is poor is classified as the lowest wealth quintile while the one in the highest quintile is regarded as the richest. Findings (Figure 2.30) show that one in every five women (20.4%) in the "Middle wealth quintile" had ever experienced sexual violence since the age of 15. The proportion declines to 13 percent among women in the highest wealth ranking. Among men, the prevalence of ever experiencing sexual violence since age 15 was six percent among the middle wealth quintile", five percent for "Highest wealth quintile".

We observe a trend where the highest percentage of women who experienced sexual violence were found in the second and third wealth quintiles cross the two categories. For instance, 20 percent of women in the "Third wealth quintile" had ever experienced sexual violence while 14 percent had experienced it within the 12 months preceding the survey. The prevalence among women declined with wealth ranking while there is no systematic decrease across wealth quintiles among men.

Figure 2. 30: Experience of sexual violence by Wealth Quintile (%)



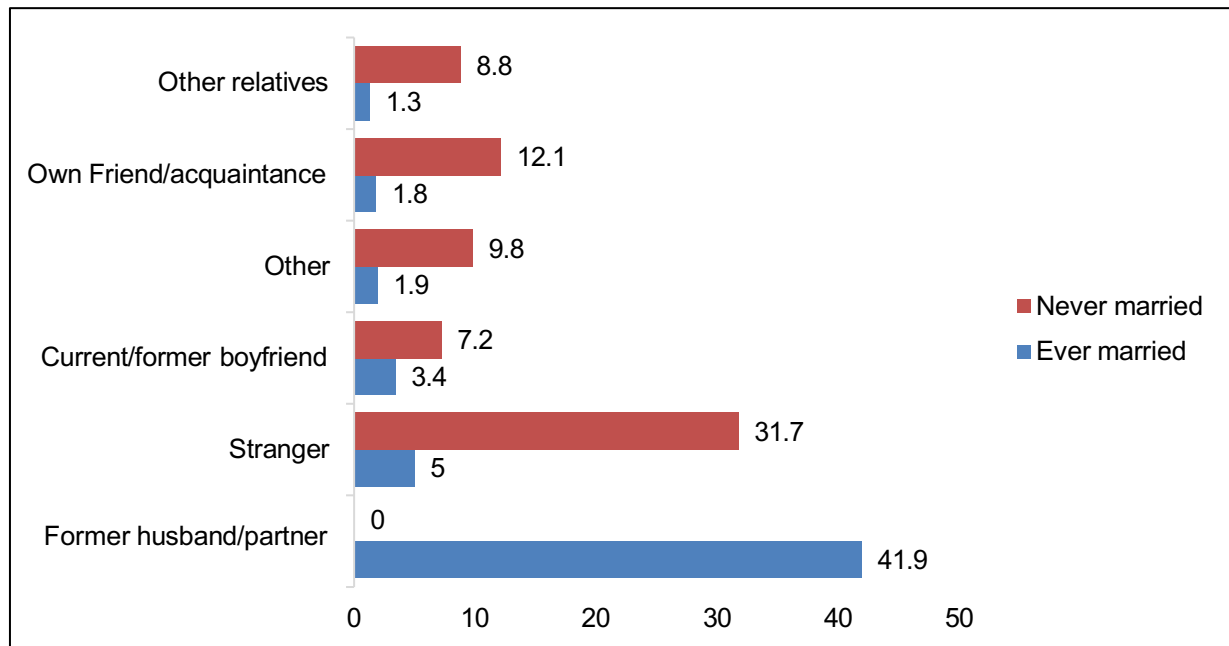
Source: UDHS, 2022

2.3.5 Perpetrators of Sexual Violence

Sexual violence can be perpetrated by various individuals, often including intimate partners, strangers, or acquaintances. For ever-married women, most of the violence was committed by current or former partners, with current husbands or partners responsible for 65.8 percent of the incidents. Former husbands or partners accounted for 41.9 percent of the violence. Other family members and acquaintances, such as fathers, brothers, and other relatives, contribute much smaller proportions, while strangers accounted for five percent of the cases as shown in Figure 2.31.

In contrast, among the never-married women, strangers accounted for 31.7 percent of the incidents while current or former boyfriends were responsible for 7.2 percent of the sexual violence acts. The acquaintances and friends accounted for 12.1 percent. Family members and former partners were less frequently identified as perpetrators, with minimal numbers from fathers, brothers, and former partners as shown in Figure 2.31.

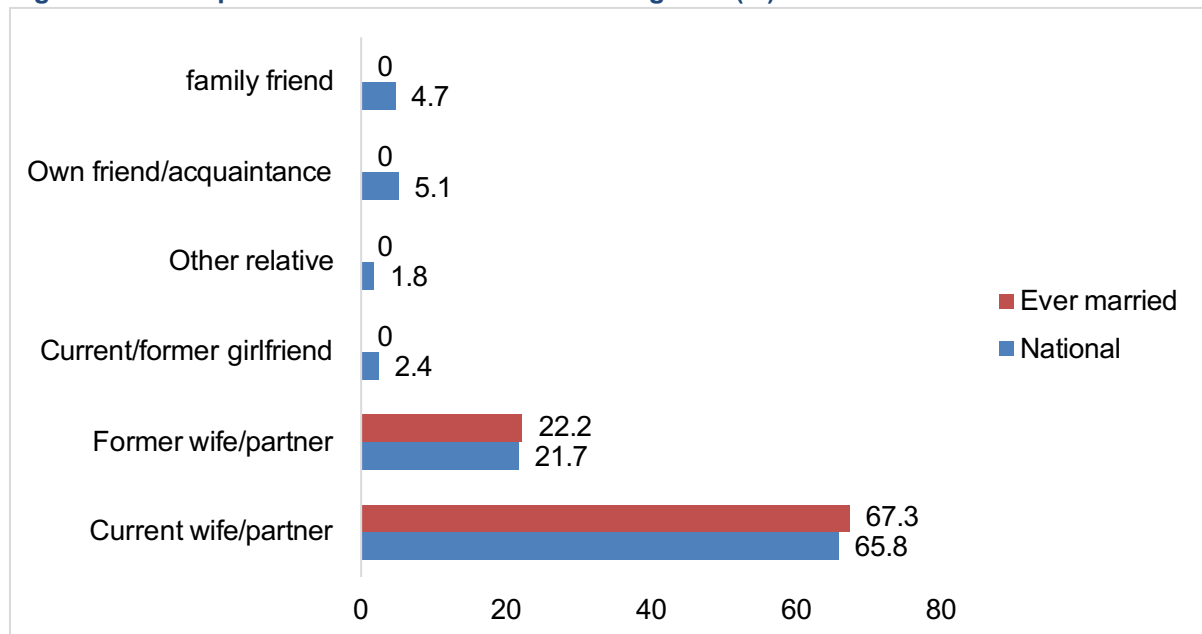
Figure 2. 31: Perpetrators of sexual violence among women (%)



Source: UDHS, 2022

Figure 2.32 shows that sexual violence against men was mainly perpetrated by current or former wives or partners at 67 percent among men ever married and 66 percent among all men. Former girlfriends account for two percent of the total cases of sexual violence among men.

Figure 2. 32: Perpetrators of sexual violence among men (%)



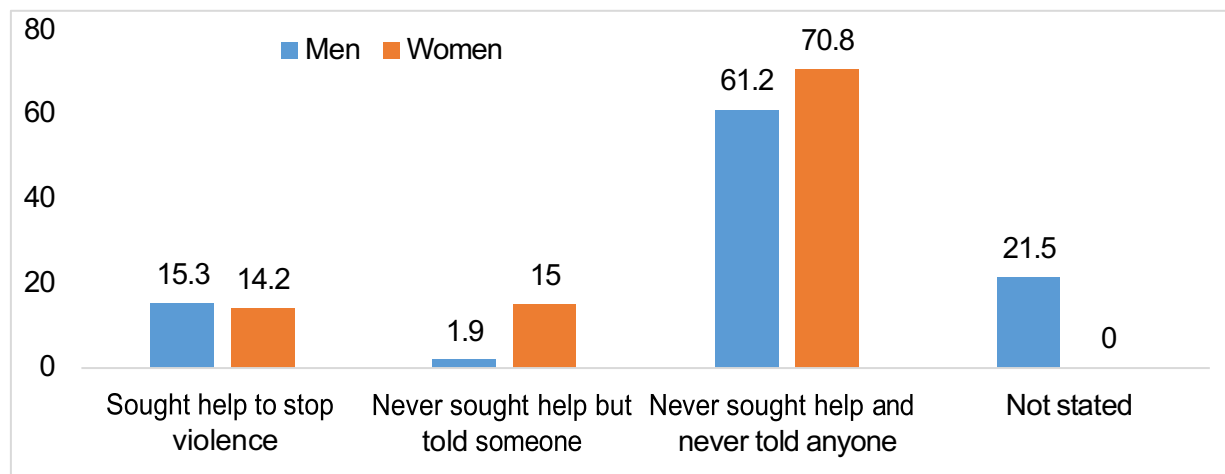
Source: UDHS, 2022.

A negligible number of never married men declared who the sexual violence perpetrator was.

2.3.6 Help-seeking behaviour to stop sexual violence

Help-seeking behavior among men and women who experienced violence highlights gender differences in the sources of support sought. The UDHS 2022 revealed that 15 percent of men and 14 percent of women aged 15-49 who have experienced sexual violence sought help. More women (70.8%) than men (61.2%) never sought help and never told anyone about the incidence (Figure 2.33)

Figure 2. 33: Percentage of women and men 15-49 who sought help to stop sexual violence

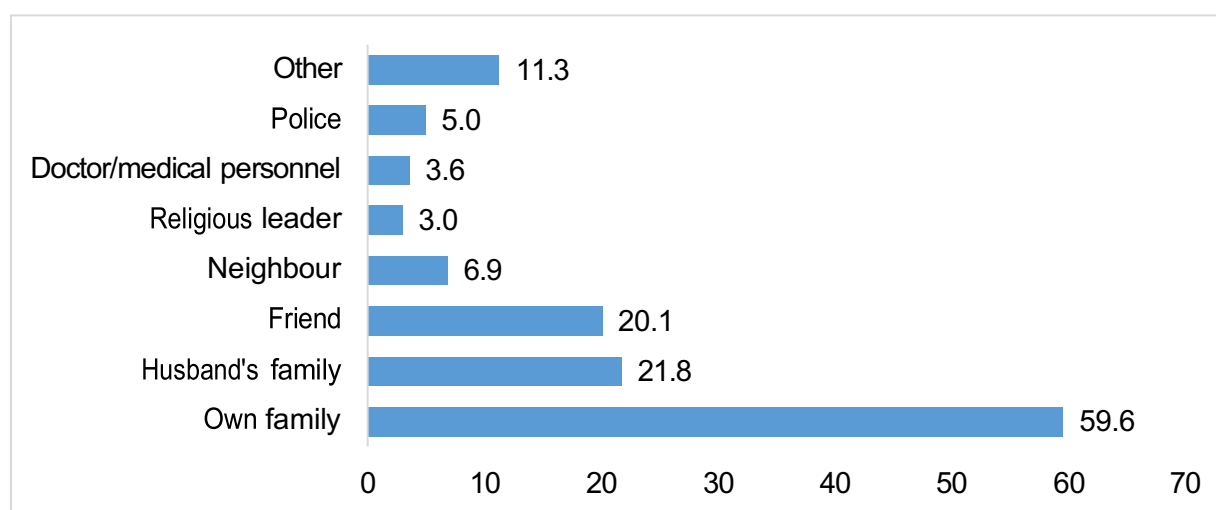


Source: UDHS 2022

2.3.7 Source of help to stop sexual violence

Figure 2.34 shows that the most common sources of help to stop sexual violence among women who had ever experienced sexual violence were their own family (59.6%), their husbands' family (21.8%), and friends (20.1%).

Figure 2. 34: Percentage of women and men who had ever experienced physical violence and sought help to stop the violence from various sources



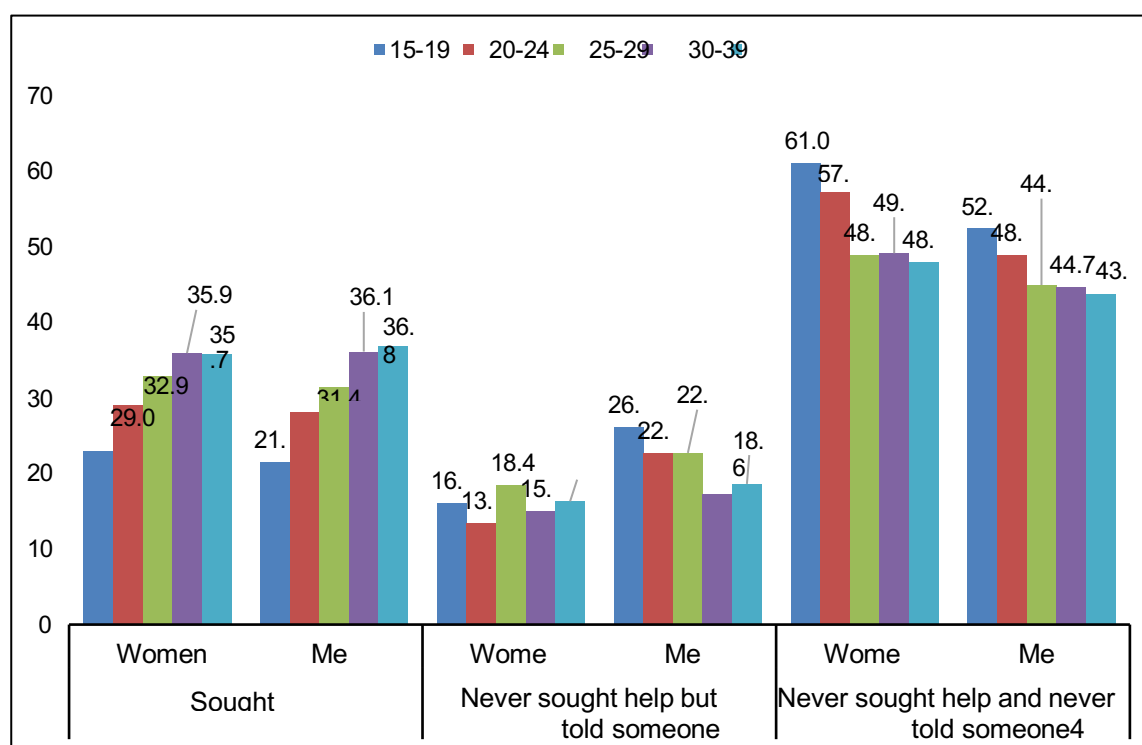
Source: UDHS 2022
Men had few observations (<25 unweighted cases) hence suppressed.

2.4 Help seeking behaviours to stop physical or sexual violence

2.4.1 Help seeking behaviours to stop physical or sexual violence by age group

Figure 2.35 provides information on the percent distribution of men and women aged 15-49 who had ever experienced physical or sexual violence and sought for help by age group and sex. Findings show that the highest percentage that sought help were victims within the age group 30-39 and 40-49 irrespective of sex. Help seeking behaviours among teenagers was low at 23 percent in girls aged 15-19 and 22 percent in boys aged 15-19.

Figure 2. 35: Proportion of women and men who sought help to stop Physical or Sexual violence by age group

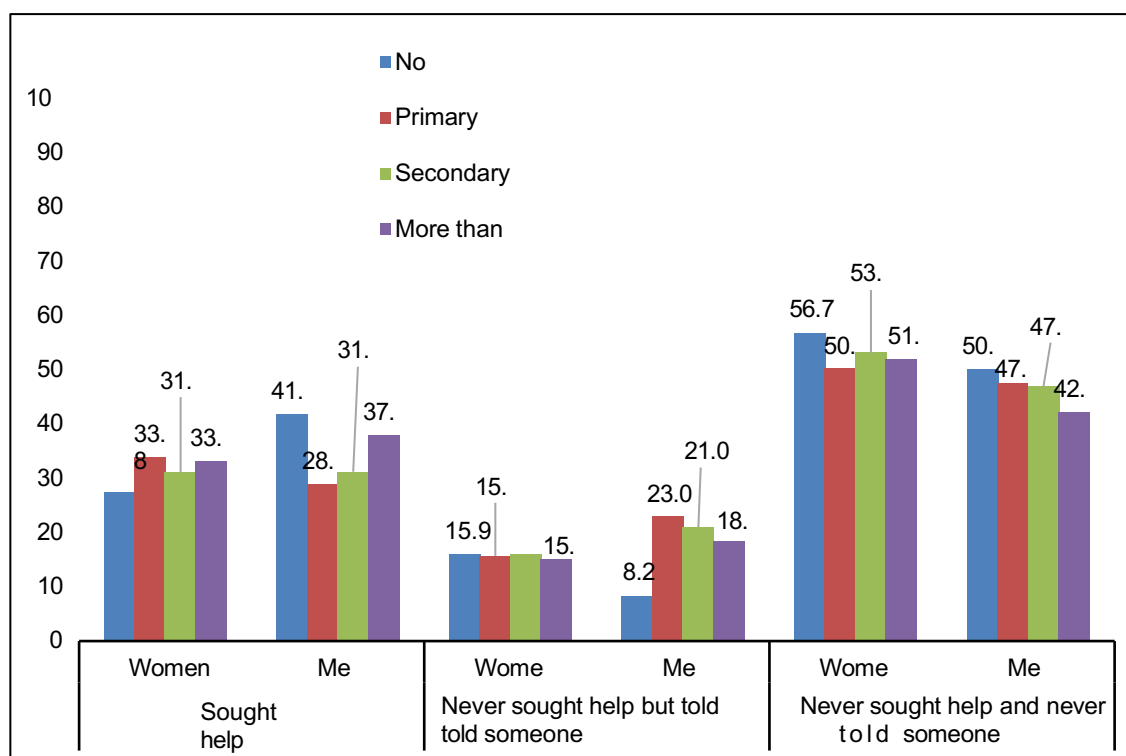


Source: UDHS 2022

2.4.2 Help seeking behaviour to stop violence by education level

Findings show mixed patterns of actions taken by the victims. Overall, irrespective of education level, the majority chose not to seek help but also kept silent about the violence inflicted on them. Education seems to have a minimal influence on whether to seek assistance or not (Figure 2.36). of those that sought help, majority were men who had never been to school (41.8%) and women with primary education (33.8%).

Figure 2. 36: Percentage of men and women aged 15-49 by their help seeking behaviour to stop physical or sexual violence and highest level of education attained

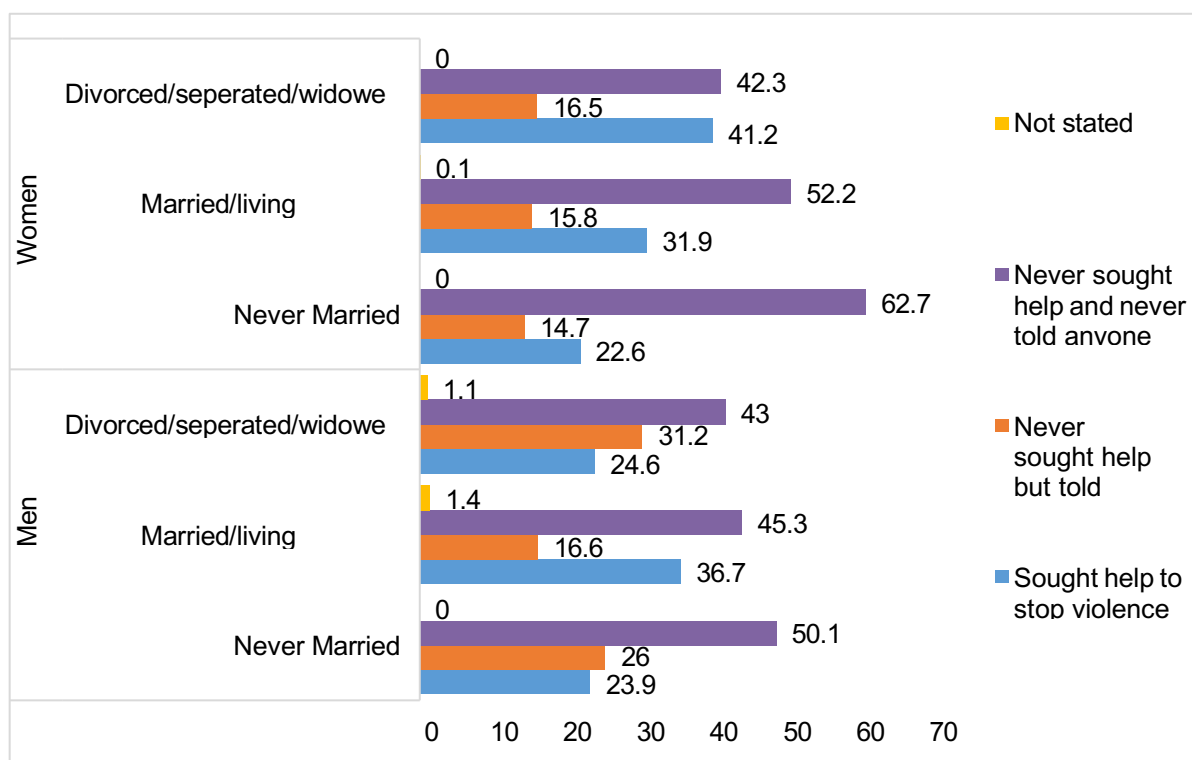


Source: UDHS 2022

2.4.3 Help seeking behaviours to stop violence by marital status

The findings in Figure 2.37 show that irrespective marital status, most men and women aged 15-49 who had ever experienced physical or sexual violence never sought for help or told anyone of the incidence. More married males (36.7%) than females (31.9%) sought help to stop violence. A similar pattern was observed among never married victims. Conversely, more female divorced/separated/widowed (41.2%) than their male counterparts (24.6%) sought help to stop violence.

Figure 2. 37: Percentage of men and women aged 15-49 by their help seeking behaviour to stop physical or sexual violence and marital status, UDHS 2022

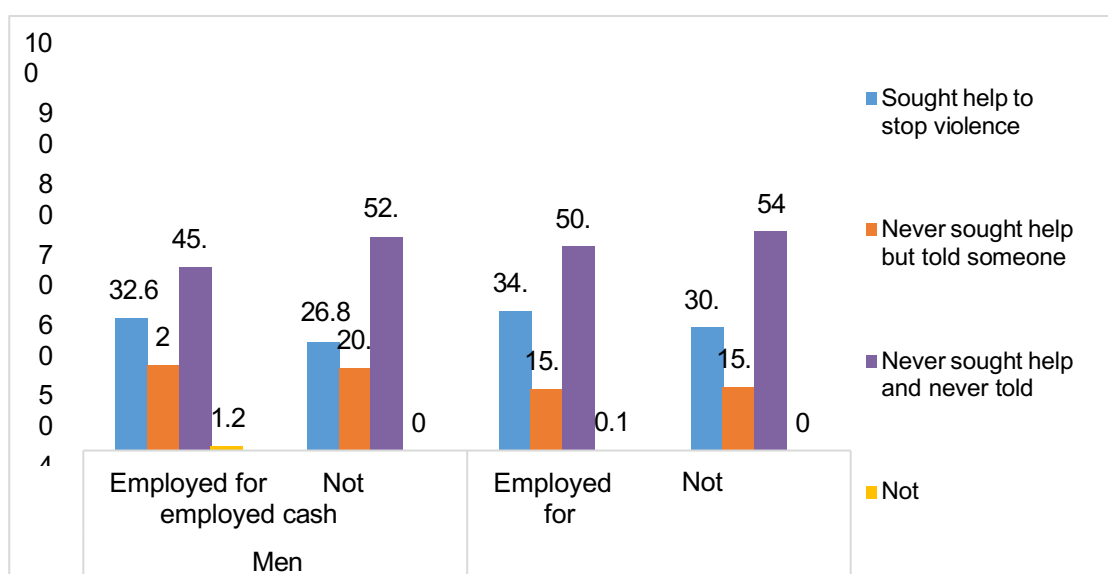


Source: UDHS 2022

2.4.4 Help seeking behaviour to stop violence by employment status

Regardless of employment status and sex, we note that most victims of sexual or physical violence never sought help to stop the vice or told anyone about it (Figure 2.38).

Figure 2. 38: Percentage of men and women aged 15-49 by their help seeking behaviour to stop physical or sexual violence and employment status, UDHS 2022



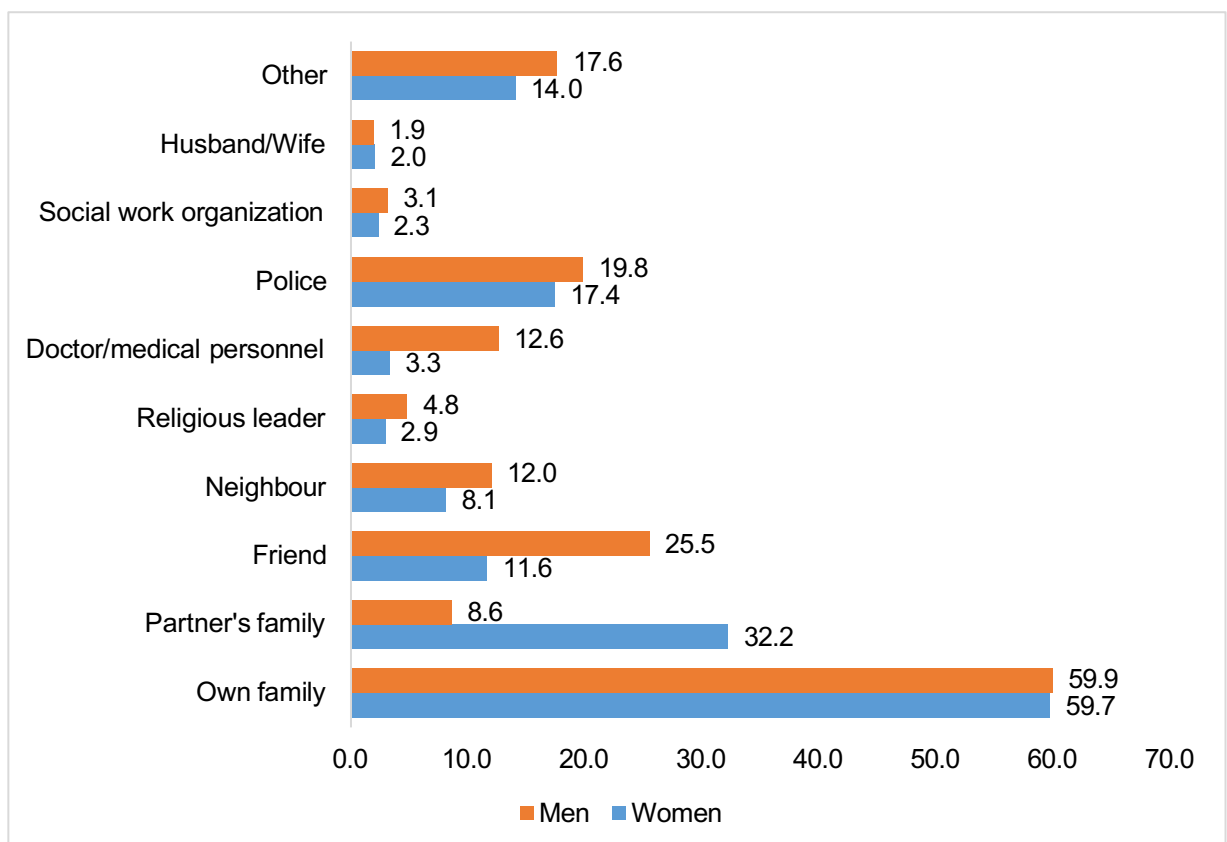
Source: UDHS 2022

2.4.5 Sources of help to stop physical or sexual violence

Among both women and men (60% each), their own family was the most frequently relied-upon source of help (Figure 2.39). However, for women, the second most common source was the husband's family (32%), whereas for men, this was low at 9%, reflecting the greater reliance of women on extended family structures for support in abusive situations. Men were more likely to turn to friends (26%), compared to 12% of women, suggesting that men feel more comfortable confiding in peers rather than family members.

A particularly stark contrast emerges in help-seeking from medical personnel, where 12.6% of men sought assistance compared to just 2.9 percent of women. The difference of 9 percentage points indicates that men may be more inclined to seek medical intervention for physical injuries or psychological distress resulting from violence, while women may prioritize familial and social support. Additionally, police services were approached by 17.4% of women and 20.1% of men, showing that both genders recognize law enforcement as a critical intervention point as shown in Figure 2.39.

Figure 2. 39: Percentage of women and men 15-49 who sought help to stop sexual or physical violence from various sources (%)



Source: UDHS 2022

2.5 Experience of Spousal violence

2.5.1 Introduction

Spousal violence, also referred to as Intimate Partner Violence (IPV), encompasses any form of physical, sexual, or emotional abuse inflicted by a spouse or partner within an intimate relationship. While traditionally spousal violence is considered a problem affecting primarily women, IPV can affect individuals of all genders, though women often bear the disproportionate burden of severe physical and sexual violence.

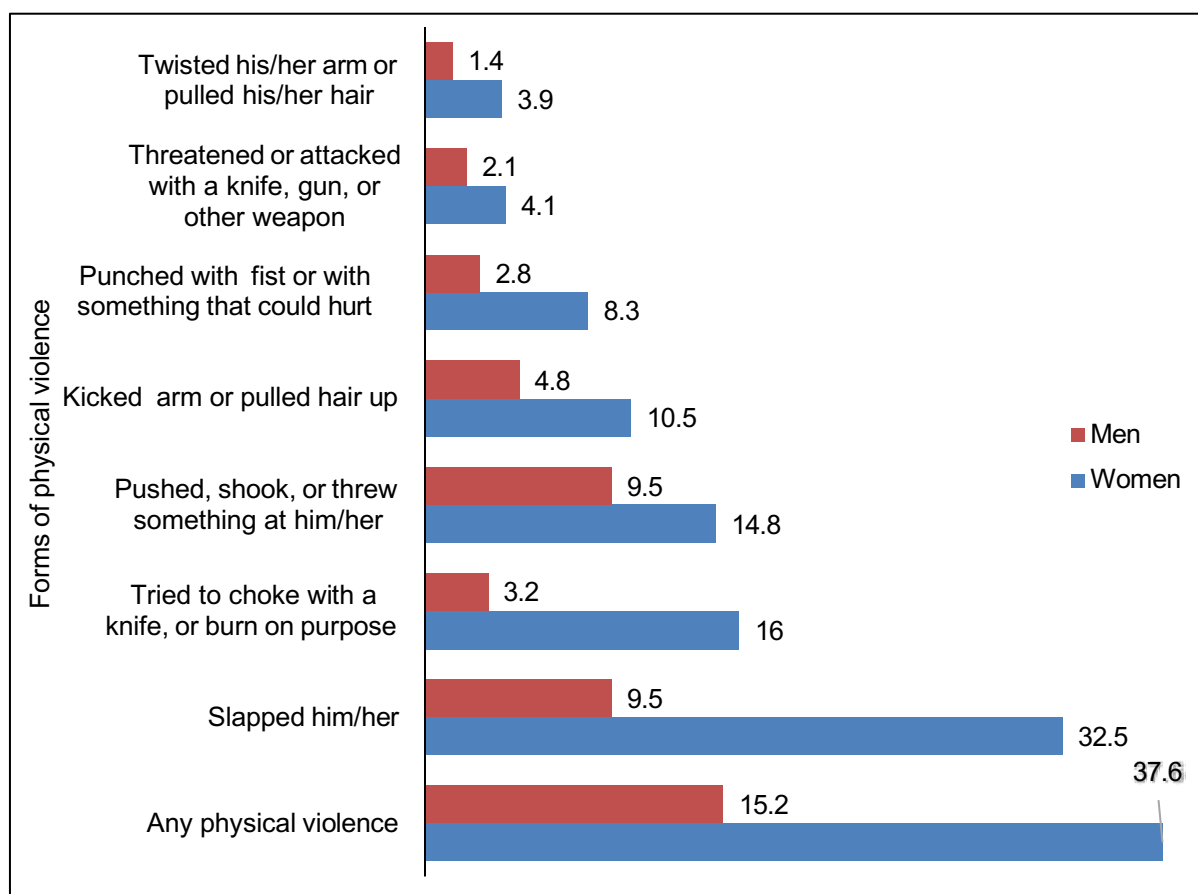
2.5.2 Forms of spousal violence among women and men

The experience of spousal violence manifests in various forms physical, sexual and emotional. It is not merely an isolated act of aggression but often a pattern of abusive behaviours rooted in power imbalances, societal norms, and gender inequalities within intimate relationships. Physical violence may leave visible scars, but the psychological toll of emotional and sexual violence often runs deeper, undermining victims' self-worth and well-being. These forms of spousal violence do not occur in silos but are interconnected, leaving a profound impact on the lives of victims, their families, and communities. Understanding these varied experiences is critical to addressing the broader societal and systemic factors that perpetuate such violence and to fostering interventions that promote safety, equity, and dignity for all individuals.

2.5.2.1 Experience of spousal physical violence among women and men

Spousal physical violence had a little disparity, with women experiencing higher rates across all forms. Slapping was the most common form of spousal violence reported by 32.5 percent of ever married women and 20 percent in the year preceding the survey, compared to ten percent and six percent respectively for men. Similarly, pushing, shaking, or throwing something among the ever married affected 14.8 percent of women and 9.5 percent of men. Severe violence, such as choking or burning, was reported by 16 percent of women compared to 3.2 percent of men, while weapon-related threats were experienced by 4.1 percent of women compared to two percent of men as shown in Figure 2.40.

Figure 2. 40: Percentage of ever-married women and men aged 15-49 who have ever experienced various forms of spousal physical violence

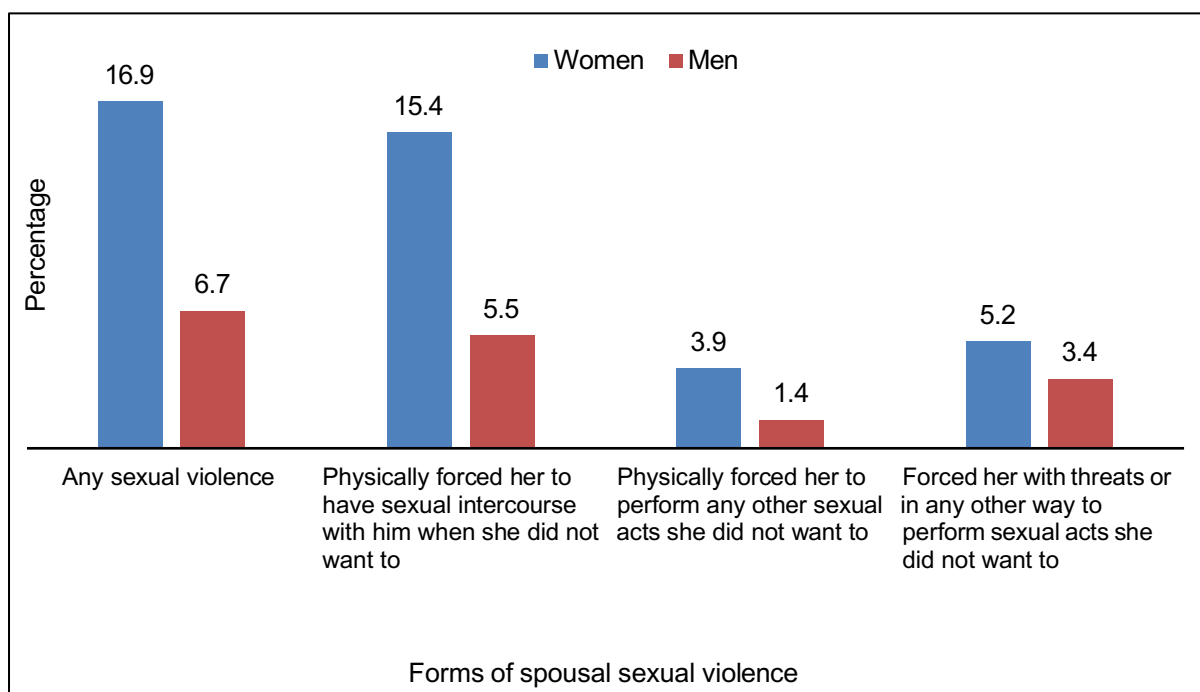


Source: UDHS, 2022

2.5.2.2 Experience of spousal sexual violence among women and men

More women (16.9%) than men (6.7%) have experienced any form of spousal sexual violence. The most prevalent form among both men and women committed by their current or most recent husband/wife/partner was being physically forced to have sexual intercourse when they did not want to. Among women, 15.4% reported ever experiencing this form of violence, compared to 5.5% of men. In the past 12 months, 11.5% of women reported this experience, compared to 3.4% of men, showing that women are over three times more likely to experience this form of spousal violence compared to men (Figure 2.41).

Figure 2. 41: Percentage of ever-married women and men age 15-49 who have ever experienced various forms of spousal sexual violence committed by their current or most recent partner



Source: UDHS, 2022

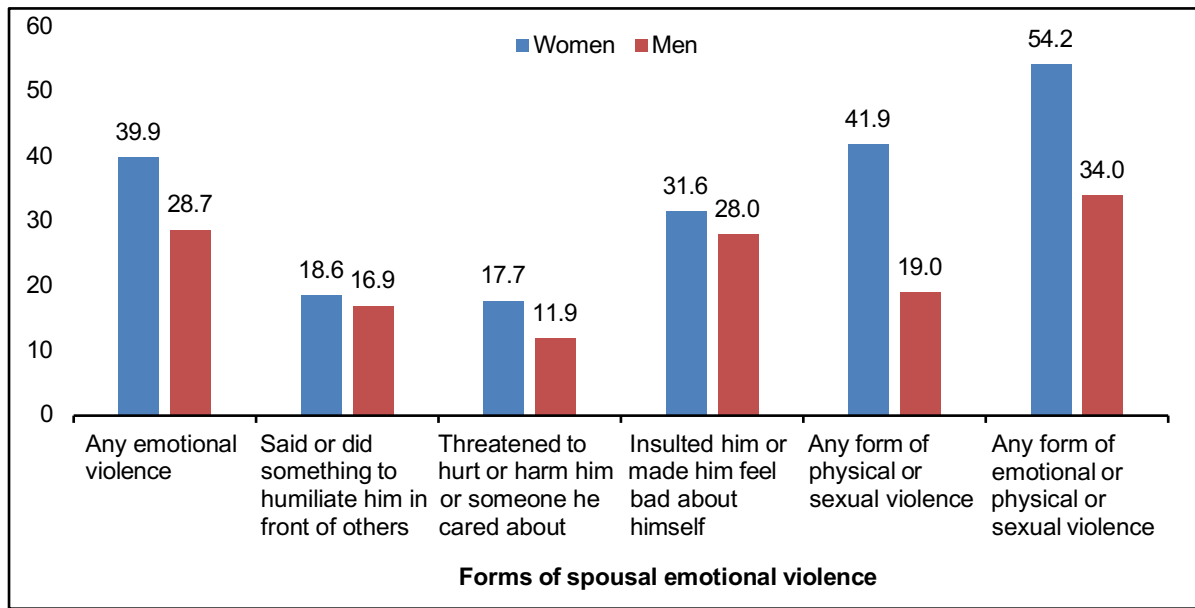
2.5.2 Experience of spousal emotional violence among women and men

Emotional violence refers to any behavior or action that intentionally harms or threatens an individual's emotional and psychological well-being (WHO, 2013). Emotional violence involves deliberate actions that degrade a person's self-worth, inflict emotional suffering, and cause prolonged psychological damage. This can manifest through verbal abuse, intimidation, humiliation, constant criticism, and controlling behavior, ultimately leading to severe and lasting emotional harm.

By examining emotional violence, the report aims to raise awareness and encourage actions to support victims and prevent further harm. This section presents findings for women and men aged 15-49 who may have experienced some form of emotional violence in the 12 months preceding the survey (UDHS 2022).

More women 39.9 percent experienced spousal emotional violence compared to men (28.7%). Among women, 31.6% reported ever experienced this form of violence, compared to 28.0% of men, indicating that nearly one in three women and over one in four men have been subjected to such demeaning treatment as shown in Figure 2.42.

Figure 2. 42: Percentage of ever-married women and men age 15-49 who have ever experienced various forms of emotional violence committed by their current or most recent partner

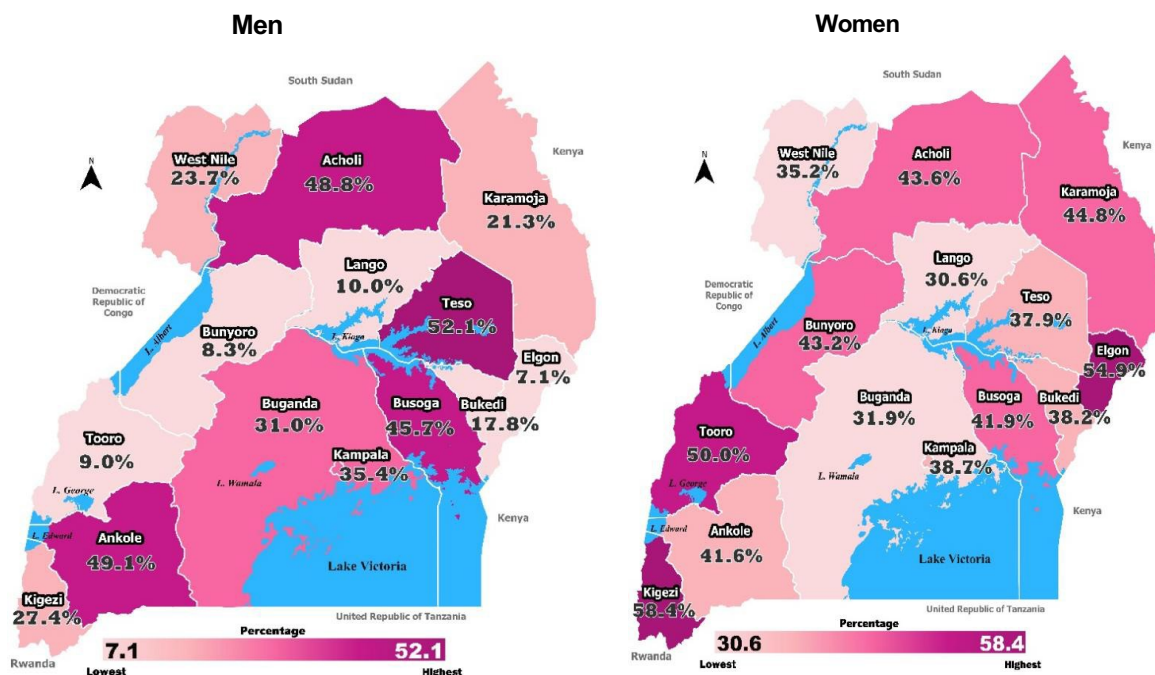


Source: UDHS, 2022

2.5.2.1 Experience of spousal emotional violence by level of Sub region

Sub regional differentials show that more men than women in Acholi and Teso sub regions experienced spousal emotional violence (Figure 2.43).

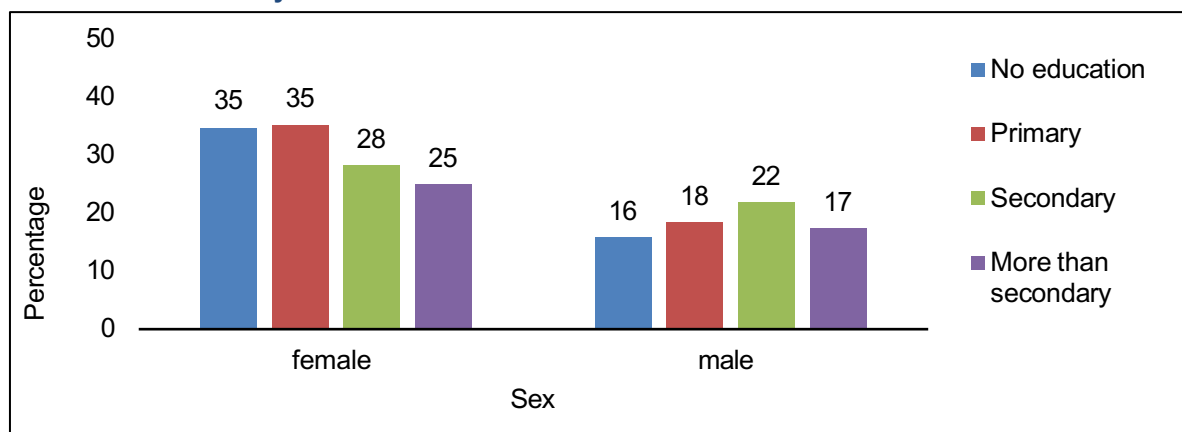
Figure 2. 43: Prevalence of spousal emotional violence by Sub-region



2.5.2.2 Experience of emotional violence by level of education attainment

The findings in figure 2.44 show that the percentage of women who experienced emotional violence reduces with increasing level of education while for men, those with secondary education are more likely to experience emotional violence compared to men in other levels of education.

Figure 2. 44: Percentage of ever-married women and men age 15-49 who had ever experienced emotional violence by level of education



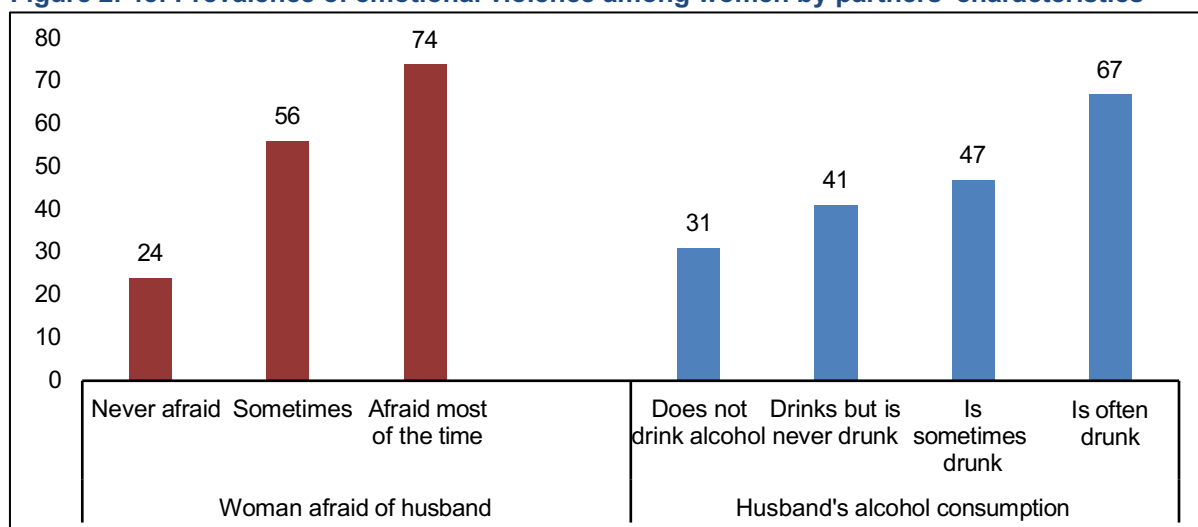
Source: UDHS, 2022

2.5.2.3 Experience of emotional violence by partners' characteristics

Experience of emotional violence among women by husband's characteristics

The largest proportion of women (74%) who had experienced emotional violence from their current or most recent husband/partner reported feeling afraid of them most of the time, while 56% stated they were sometimes afraid. Alcohol consumption by husbands (67%) was reportedly the main contributor to emotional violence (Figure 2.45).

Figure 2. 45: Prevalence of emotional violence among women by partners' characteristics

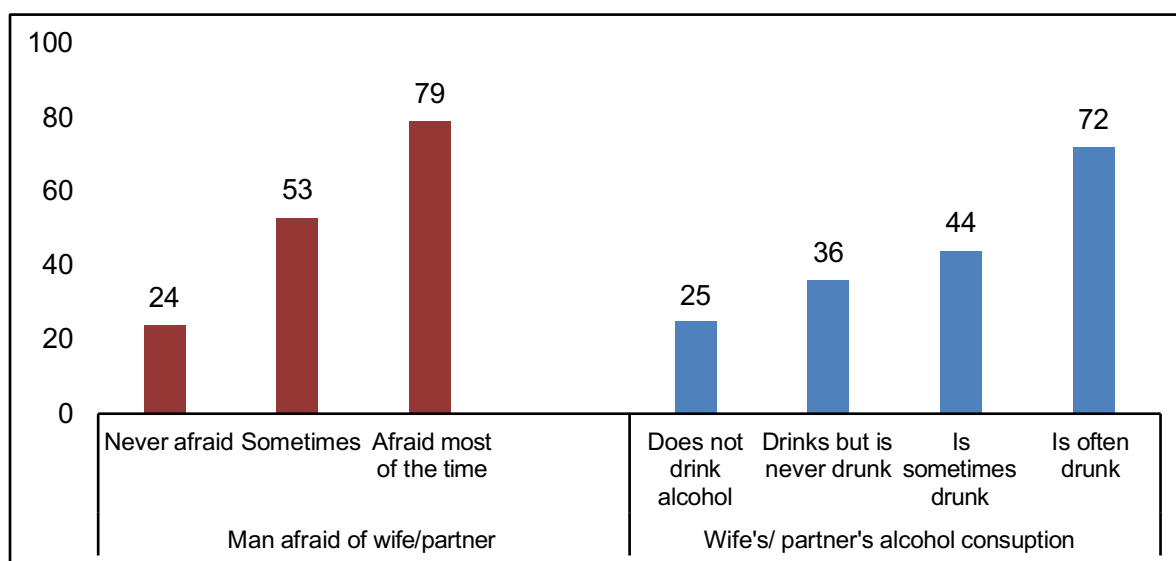


Source: UDHS 2022

2.5.2.4 Experience of violence among men by wife's characteristics

Most men (79%) who had experienced emotional violence from their current or most recent partner reported feeling afraid of them most of the time, while 56% stated they were sometimes afraid. A similar pattern was observed among women. Additionally, 72 percent of these men reported that their partner was often drunk, while 44 percent stated that their partner was occasionally drunk (Figure 2.46).

Figure 2. 46: Prevalence of emotional violence among males by partners' characteristics



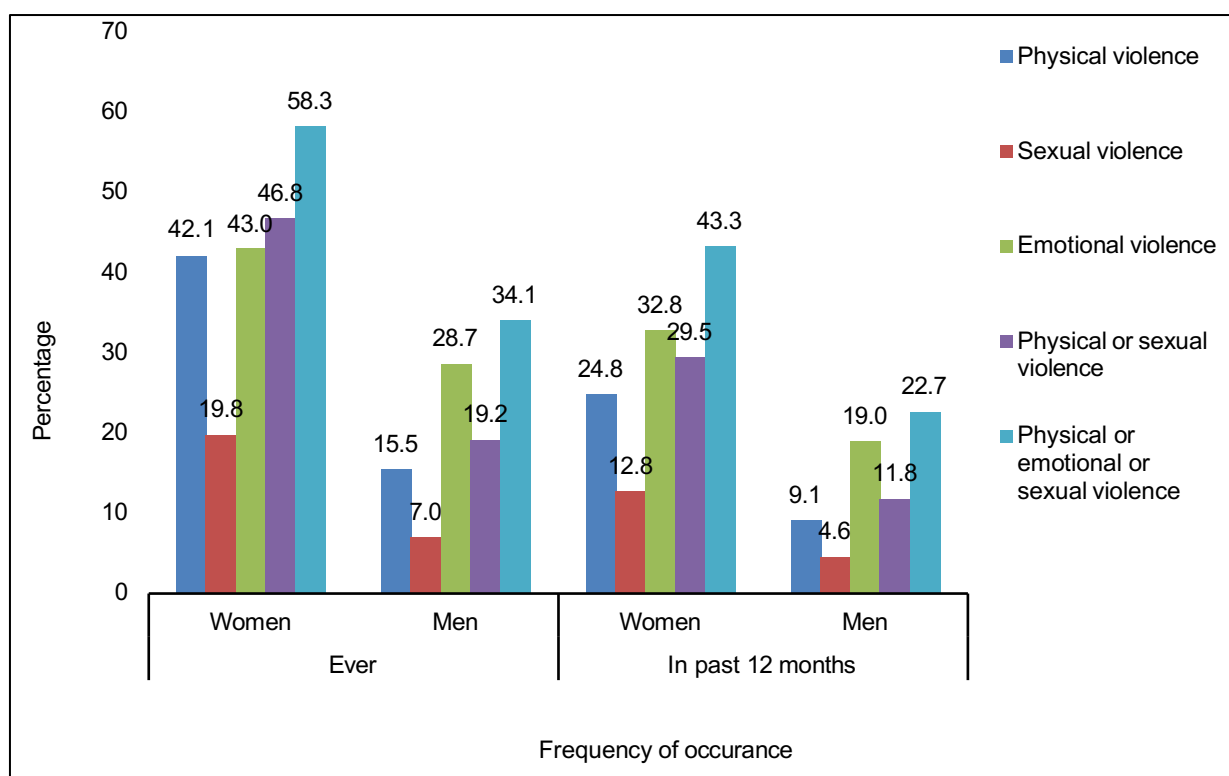
Source: UDHS, 2022

2.5.3 Experience of any form of spousal violence among women and men

Overall, any form of emotional, physical, or sexual violence was reported by 58.3% of women and 34.1% of men as ever experienced, while 43.3% of women and 22.7% of men faced such violence in the past year alone. Emotional violence is the most experienced form of spousal violence among both women and men, with 43% of women and 28.7% of men reporting they had ever experienced it. In the past 12 months, 32.8% of women and 19.0% of men experienced emotional violence, indicating its pervasive nature in intimate relationships.

Women are more likely to experience sexual violence than men. About 42.1% of women have ever experienced physical violence, compared to 15.5% of men, while 19.8 percent of women have ever experienced sexual violence, compared to 7.0% of men. In the past 12 months, 24.8% of women experiencing physical violence compared to 9.1% of men while 12.8% of women experiencing sexual violence relative to 4.6% of men (Figure 2.47).

Figure 2. 47: Percentage of ever-married women and men age 15-49 who have ever experienced various forms of spousal violence committed by their current or most recent partners

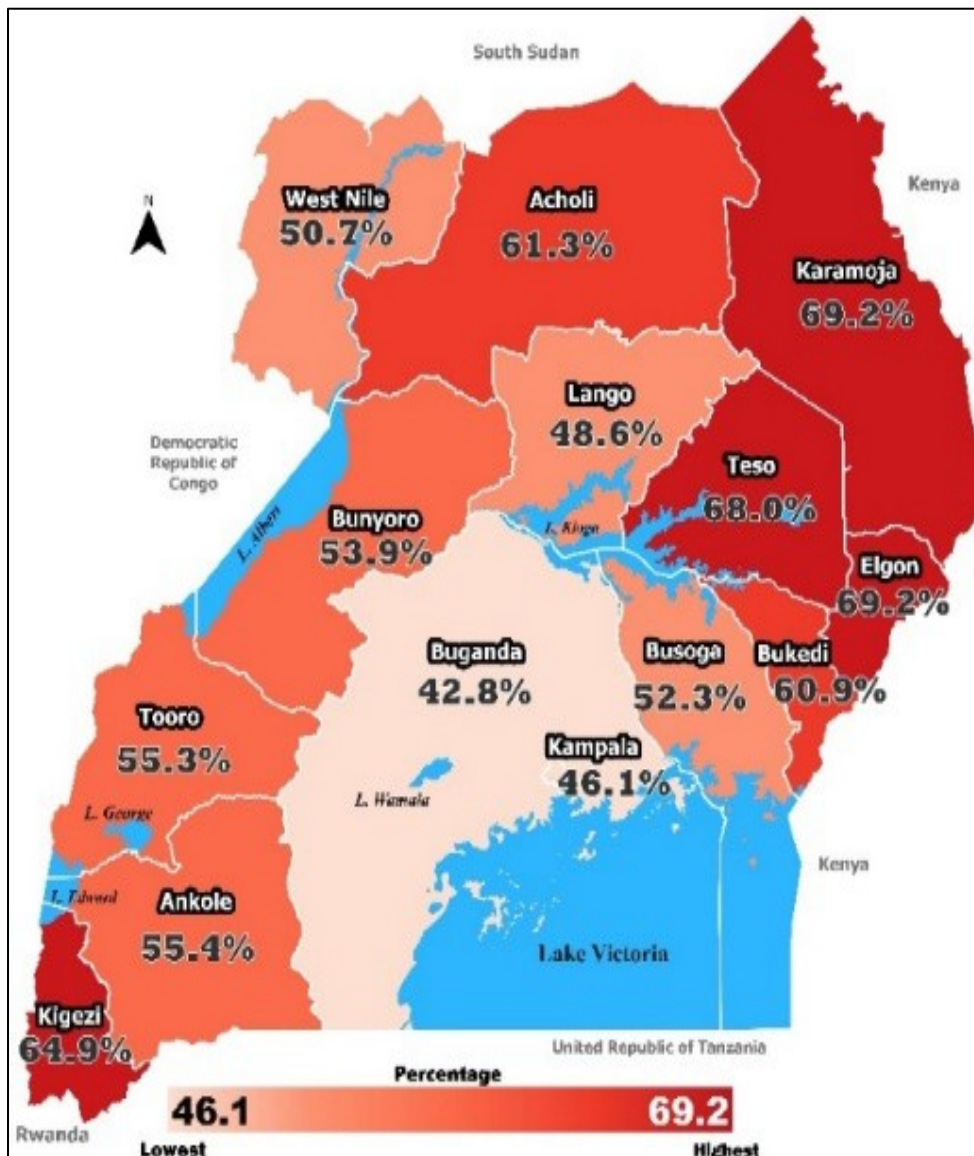


Source: UDHS, 2022

Experience of any form of spousal violence by sub-region

There was a higher prevalence rates of violence among women across all regions, with the highest being in Karamoja (69.2%), Elgon (69.2%), and Teso (68.0%). Regions like Kigezi (64.9%) and Acholi (61.3%) also exhibit high prevalence. Conversely, Buganda (42.8%), Kampala (46.1%), and Lango (48.6%) show relatively lower rates but are still significant. This highlights a widespread issue affecting women, particularly in eastern and northern Uganda (Figure 2.48).

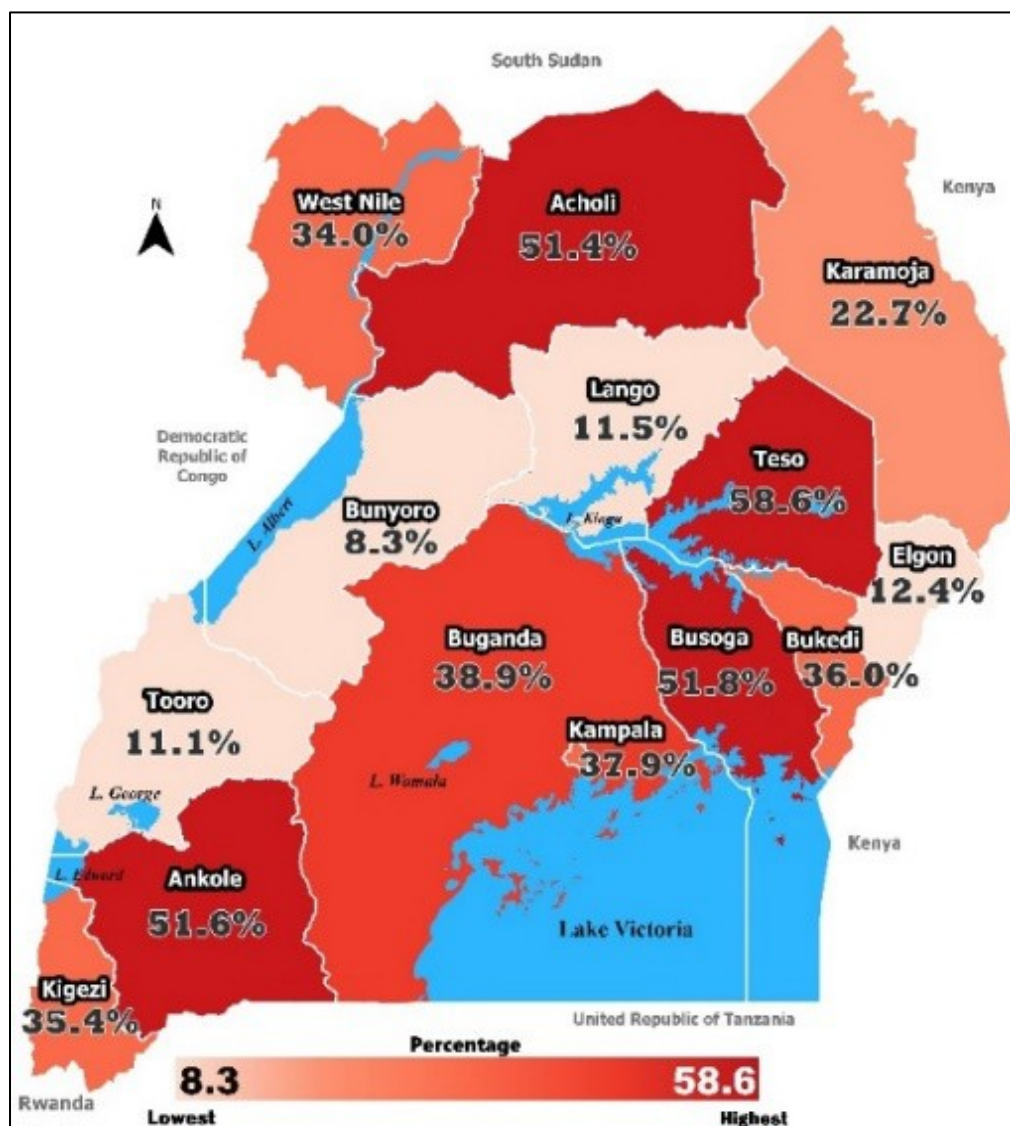
Figure 2. 48: Experience of Spousal Physical or Sexual or Emotional violence among Women by Sub region



Source: UDHS, 2022

There was lower prevalence of violence experienced by men. The highest rates are observed in Teso (59%), Busoga (52%), and Acholi (51%). However, most regions, such as Bunyoro (8%), Tooro (11%), and Lango (12%), show substantially lower prevalence rates. Karamoja, which has the highest rate for women, reports a relatively low prevalence (23%) for men (Figure 2.49).

Figure 2. 49: Experience of Spousal Physical, Sexual or Emotional violence among Men by Sub region



Source: UDHS, 2022

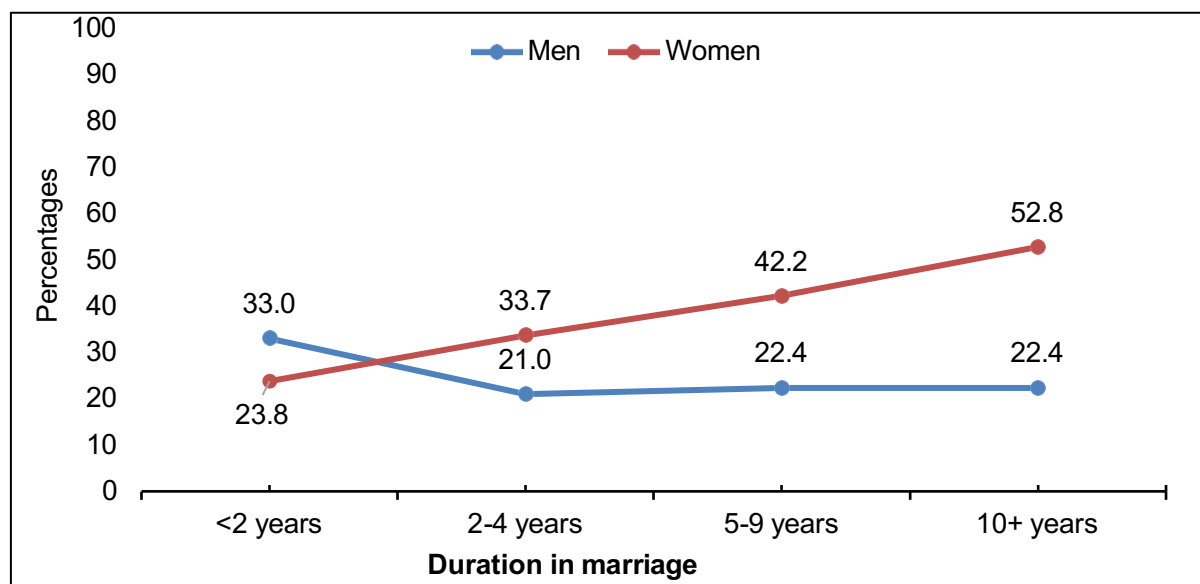
2.5.2 Spousal violence by duration of marriage

This section explores the intersection between spousal violence and the duration of marriage, examining how experiences of spousal physical or emotional or sexual violence evolve over time within marital or intimate relationships.

The prevalence of experience of spousal physical, emotional or sexual violence for females rises steadily with the length of marriage. Among those married for less than 2 years, 24 percent reported having experienced violence. This proportion increases to 34 percent for those married with 2-4 years, and peaks at 53 percent for women in marriages lasting 10 or more years (Figure 2.50).

However, for men, the experience of these forms of spousal violence is highest in the earliest stages of marriage, with 33 percent reporting violence within the first 2 years. This proportion declines to 21 percent for those married 2-4 years and then stabilizes at 22 percent for marriages lasting five years and beyond.

Figure 2. 50: The proportion of women and men who have ever experienced any form of Physical or sexual or emotional violence by duration of marriage in years



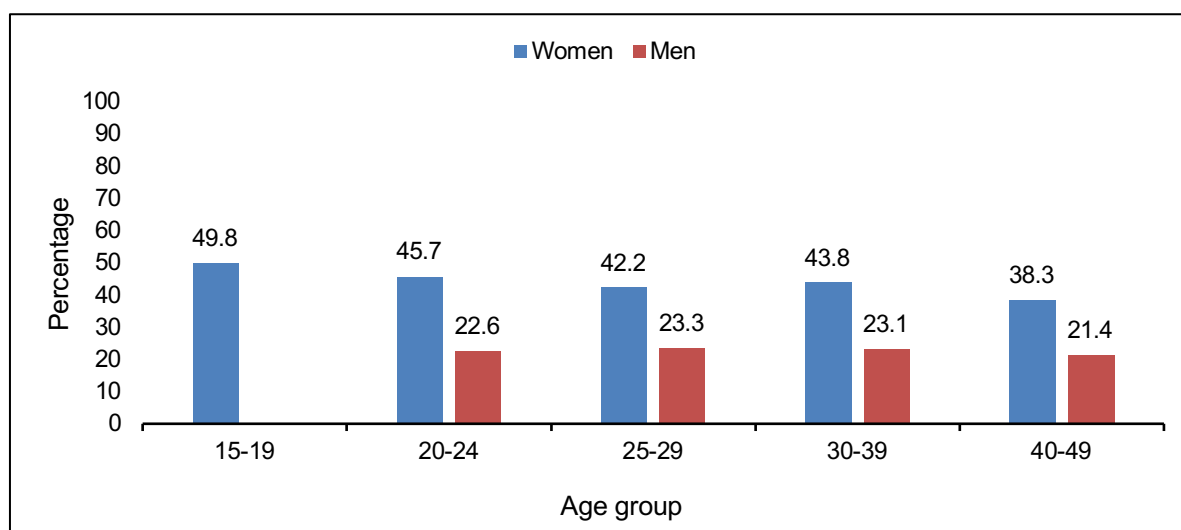
Source: UDHS, 2022

2.5.4 Spousal violence by age group

Figure 2.51 shows that younger individuals, particularly women aged 15-19, report the highest prevalence of spousal violence at 50 percent, indicating that early marriages contribute to heightened vulnerability to abuse. As women transition into their 20s and 30s, the prevalence of spousal violence gradually declining to 46 percent of women aged 20-24 and to 42 percent among those aged 25-29. However, the rate slightly increases again to 44 percent among women aged 30-39, before declining to 38.3 percent in the 40-49 age group. The changes observed among women suggests that violence in marriages may persist for many years, with some fluctuations possibly linked to economic stress, childbearing, and changing household dynamics.

The prevalence of spousal violence among men is consistently lower across all age groups and remains largely the same across the age groups. Unlike women, whose experience of violence starts high and gradually declines, men's exposure remains relatively stable in adulthood. The lowest prevalence is observed among men aged 40-49 (21.4%), indicating that older men may experience reduced spousal violence.

Figure 2. 51: The proportion of women and men who have ever experienced any form of Spousal physical, sexual or emotional violence by age group



Source: UDHS, 2022

*Men aged 15-19 had fewer than 25 unweighted cases and has been suppressed.

2.5.5 Trend in experience of spousal violence

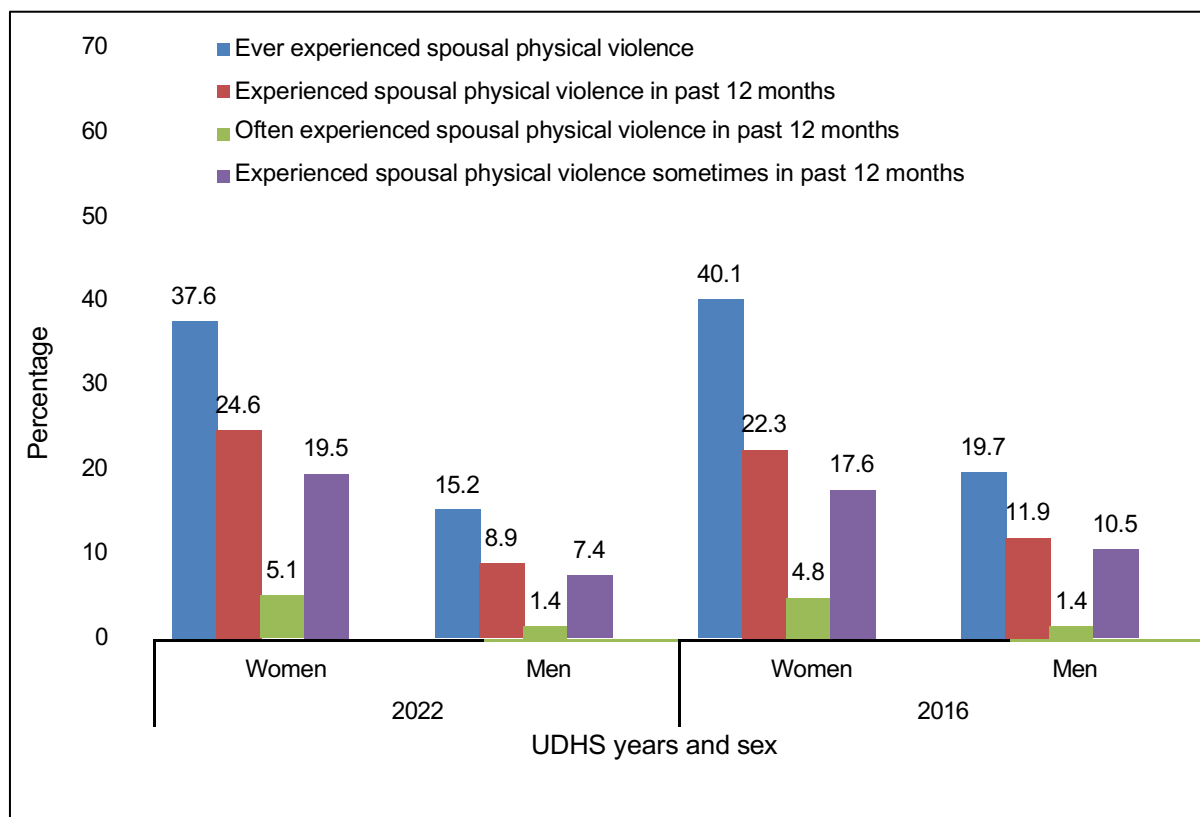
This section provides the trend in the experience of physical or sexual or emotional violence among ever-married men and women aged 15-49, committed by their current or most recent spouse/partner, highlighting changes in lifetime and recent occurrences between 2016 and 2022.

2.5.4.1 Trend in spousal physical violence

During the period under review, the prevalence of spousal physical violence committed by current or most recent spouses/partners shows differing trends for men and women. Among women, the percentage of those who had ever experienced physical spousal violence increased slightly from 37.6% in 2016 to 40.1% in 2022. However, there was a decline from 24.6% in 2016 to 22.3% in 2022 among those who experienced spousal physical violence in the last 12 months (Figure 2.52). The frequency of occurrence of spousal violence has declined in the past 12 months preceding the survey among women who reported experiencing violence often and those who sometimes experienced it.

We, however, observe an increase among men, in the lifetime prevalence of these violent acts as well as in the past 12 months. For example, the percentage of men who reported spousal violence in the last 12 months increased from 8.9 percent in 2016 to 11.9 percent in 2022.

Figure 2. 52: Percentage of ever-married women and men age 15-49 who have ever experienced various forms of spousal violence committed by their current or most recent partners or experienced it in the 12 months, (2016-2022)

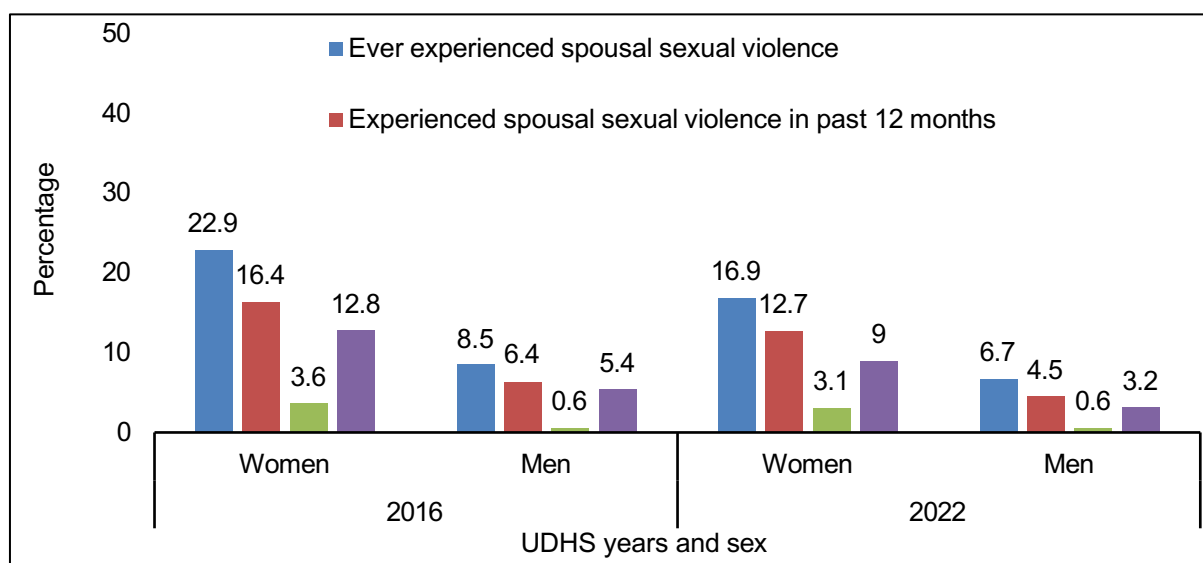


Source: UDHS, 2022

2.5.4.2 Trend in spousal sexual violence

The prevalence of sexual violence among ever-married individuals increased between 2016 and 2022, for both genders, with women experiencing higher rates of spousal violence. Among women, the lifetime experience of sexual violence committed by their current or most recent husband/partner decreased from 23% in 2016 to 17% in 2022 (Figure 2.53). The proportion of women who experienced sexual violence in the past 12 months reduced from 16% to 13%. Frequent occurrences in sexual violence (*often*) in the past 12 months slightly decreased from four percent to three percent, while occasional experiences rose from nine percent to 13 percent. Among men, sexual violence decreased from nine to seven percent in the past 12 months.

Figure 2. 53: Trend the proportion of women and men who ever experience of any form of spousal sexual violence committed by current or most recent partners (2016-2022)



2.5.4.3 Trend in spousal emotional violence

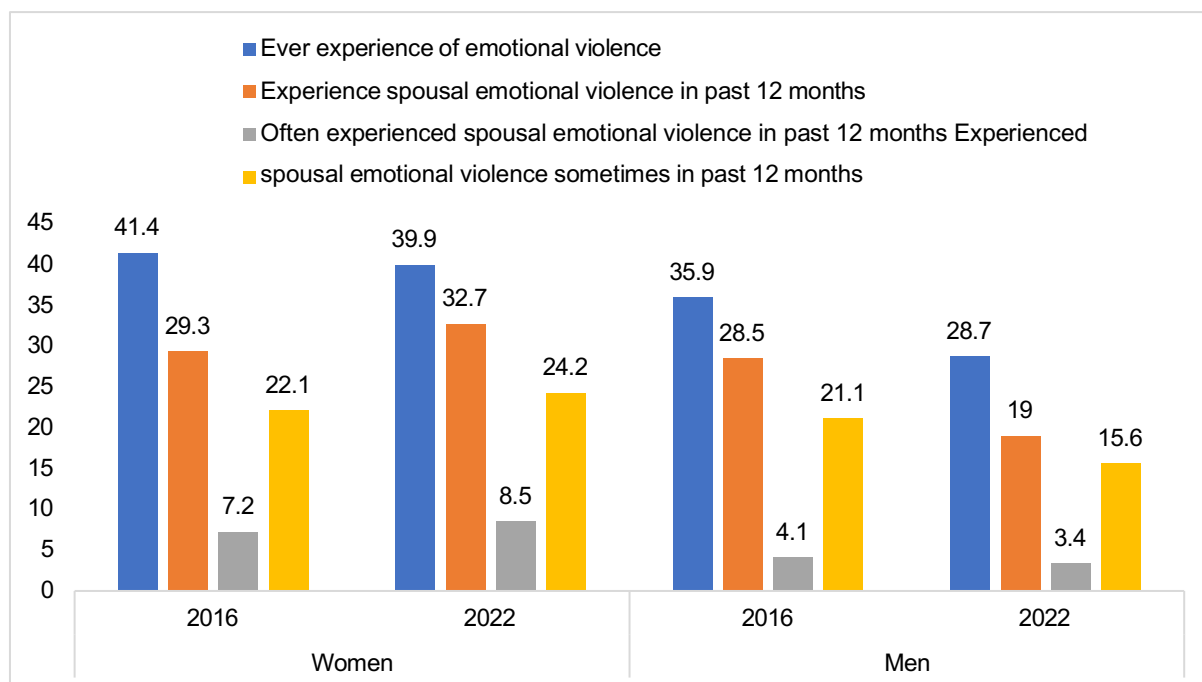
This analysis of spousal violence orchestrated by partner delves into the evolving patterns of emotional violence experienced by ever-married men and women aged 15-49, shedding light on shifts in both lifetime and recent occurrences between 2016 and 2022, and uncovering the deep emotional scars left within marital relationships.

There was a notable trend between 2016 and 2022 for both men and women who reported having experienced any form of spousal emotional violence. Among women, the percentage of those who ever experienced emotional violence decreased slightly from 41% in 2016 to 36% in 2022 (Figure 2.54). However, the prevalence of women experiencing emotional violence in the past 12 months increased from 29% to 33%. Relatedly, frequent occurrences of emotional violence among women increased from seven percent in 2016 to nine percent in 2022.

For men, there was a decline in the prevalence of spousal emotional violence. The percentage of men who ever experienced emotional violence reduced from 36% in 2016 to 29% in 2022. Additionally, the prevalence of emotional violence in the past 12 months decreased from 29% to 19%.

These trends highlight contrasting patterns: while women experienced increases in prevalence and frequency in occurrence of emotional violence, men faced decline in both lifetime and recent experiences of emotional violence, suggesting a growing issue among women over time.

Figure 2. 54: Trend the proportion of women and men who ever experience of any form of spousal emotional violence committed by current or most recent partners (2016-2022)



Source: UDHS, 2022

2.5.4 Injuries due to spousal violence

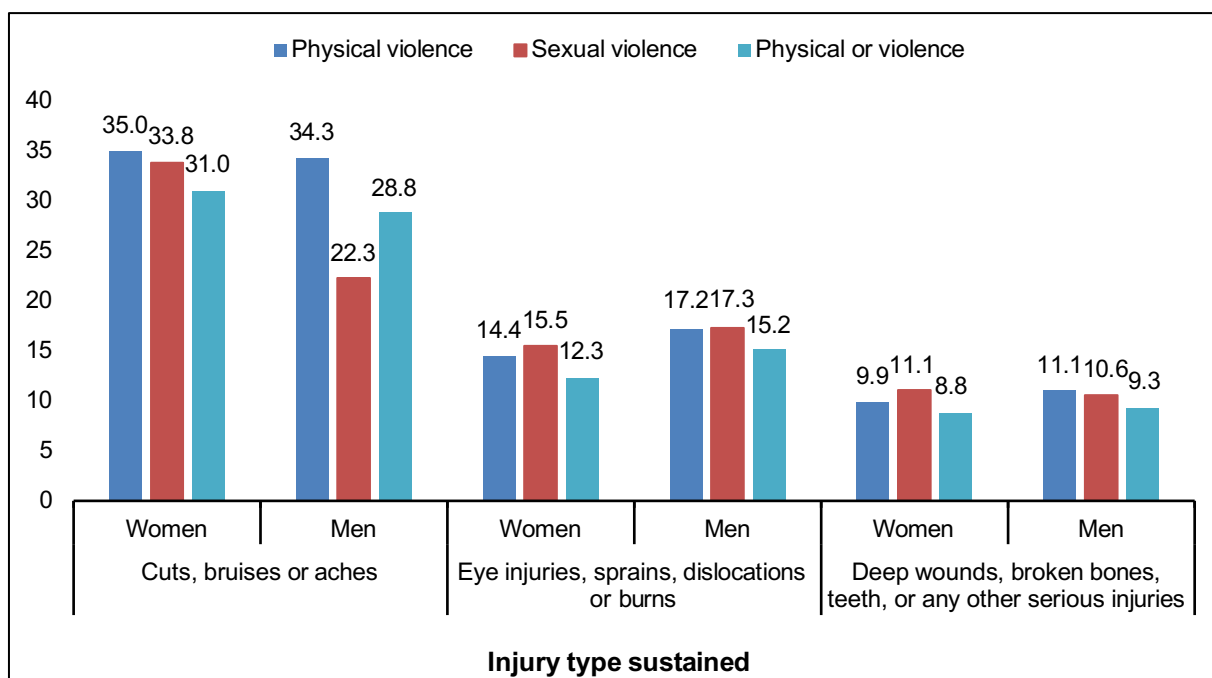
Injuries resulting from spousal violence take many forms and these include Cuts/bruises or aches, Eye injuries/Sprains, dislocations or burns, deep wounds, broken bones, broken teeth, or any other serious injury. The UDHS collected information on the injuries suffered by spouses while in marriage.

Form of injury by cause

The most common injuries namely cut, bruises, or body aches, reported by 35 percent of women and 34 percent of men were reported as resulting from the effects from spousal physical violence (Figure 2.55). This suggests that both sexes experience frequent spousal physical abuse that leads to visible injuries.

The second most reported injury is eye injuries, sprains, dislocations, or burns, where 16 percent of women and 17 percent of men suffered these effects due to sexual violence. The fact that men report slightly higher percentages than women in this category suggests that men also experience severe forms of violence within relationships. The third most prevalent injury type is deep wounds, broken bones, or broken teeth, resulting from sexual violence, affecting 11 percent of both women and men.

Figure 2. 55: Proportion of ever married women and men 15-49 years who have suffered from different forms of injuries due to spousal violence in the past 12 months



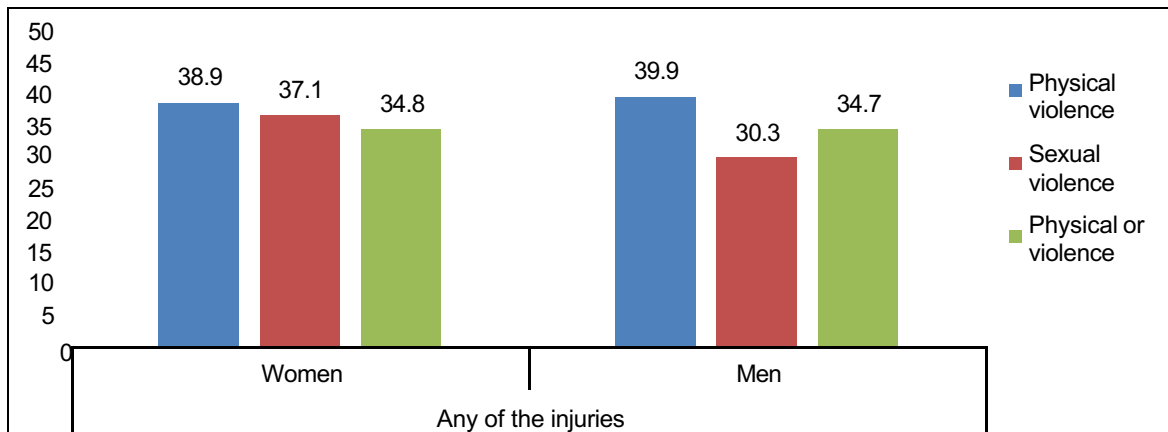
Source: UDHS, 2022

Injuries due among men and women attributed to spousal violence

The most prevalent form of injury resulting from spousal violence in the past 12 months was physical violence, with 40 percent of men and 39 percent of women reporting injuries due to physical abuse by their spouse or intimate partner. This indicates that both genders experience severe consequences from physical violence, though men report a slightly higher prevalence, which may suggest underrated male victimization in intimate relationships. However, the psycho-social and physical impacts of such violence remain devastating for both men and women, reinforcing the need for stronger legal protection and intervention programs (Figure 2.56).

Sexual violence is the second most reported cause of injury, affecting 37 percent of women and 30 percent of men, showing that women remain disproportionately affected by intimate partner sexual violence. The combined effect of physical or sexual violence led to injuries among 35 percent of women and an equivalent proportion among men, revealing that both genders experience high levels of harm due to intimate partner violence.

Figure 2. 56: Proportion of ever married women and men 15-49 years who have suffered from any form of injuries due to spousal violence in the past 12 months

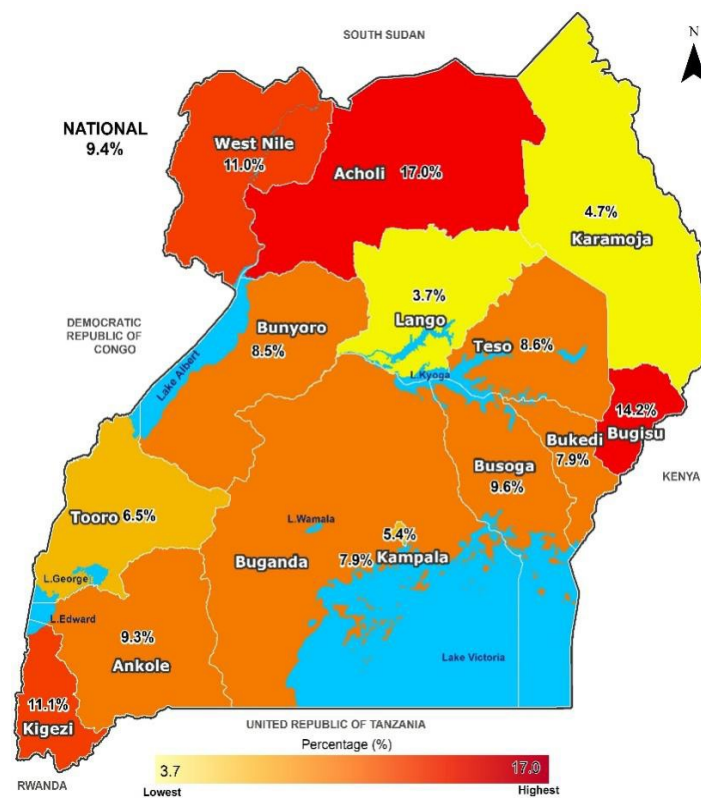


Source: UDHS, 2022

2.5.5 Experience of violence during pregnancy

Acholi sub region reported the highest prevalence of violence during pregnancy, with 17% of women experiencing violence, whereas Lango and Karamoja had the lowest rates, at four percent and five percent respectively (Figure 2.57).

Figure 2. 57: The proportion of ever married women who have ever experienced any form of violence during pregnancy



Source: UDHS 2022

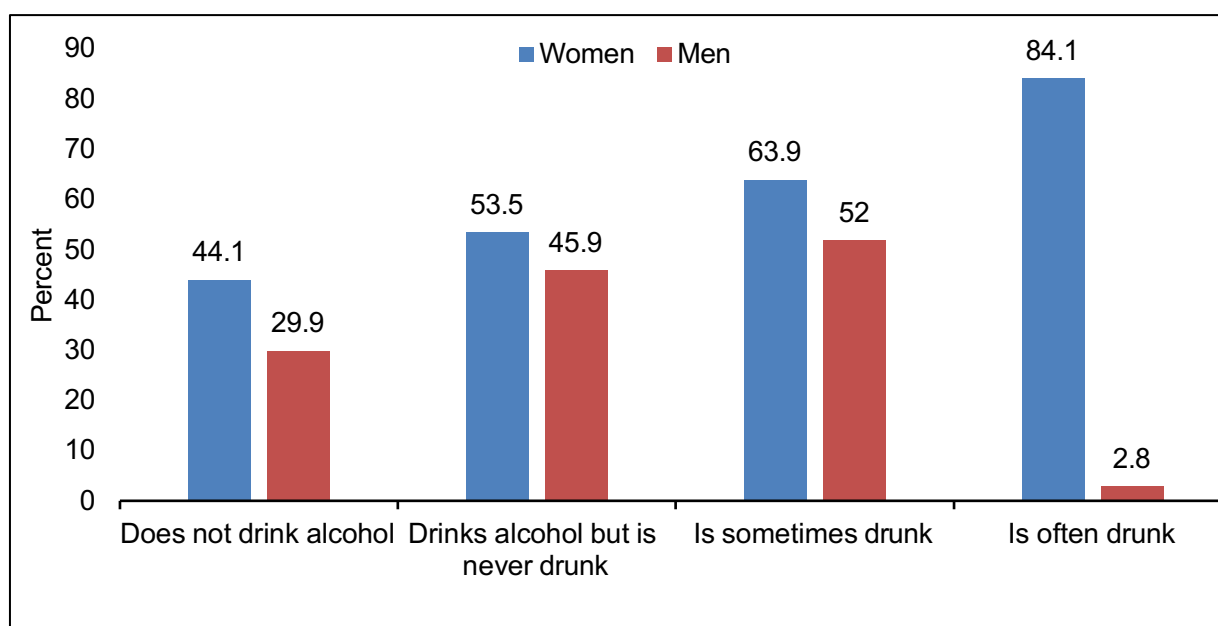
2.5.6 Experience of spousal violence and partner's behaviour

a. Partner's drinking status

Alcohol consumption by a partner is globally recognized as a contributor to intimate partner violence (IPV). Numerous studies have shown a strong relationship between alcohol abuse and increased risk of both physical and sexual violence within households. According to the World Health Organization (WHO, 2021), alcohol impairs judgment, lowers inhibition, and exacerbates aggressive behavior, thereby intensifying the likelihood of spousal abuse. The 2022 UNODC Global Study on Homicide also underscores alcohol use as a frequent catalyst for violence in domestic settings, particularly against women.

Findings from the UDHS 2022 (Figure 2.58) show that women are more likely to experience violence across spousal drinking behavior compared to men who had women by their different drinking status. Among women whose spouses do not drink alcohol, 44.1 percent reported having experienced spousal violence, compared to 29.9 percent of men. When spouses drink alcohol but are never drunk, the prevalence increases to 53.5 percent for women and 45.9 percent for men. The more spouses drink, the higher the likelihood of spousal violence. For instance, the highest prevalence is observed when spouses are often drunk, with 84.1 percent of women reporting having experienced violence, compared to just three percent of men.

Figure 2. 58: The proportion of ever married women and men who ever experience any form of spousal violence by partner's drinking behaviour.

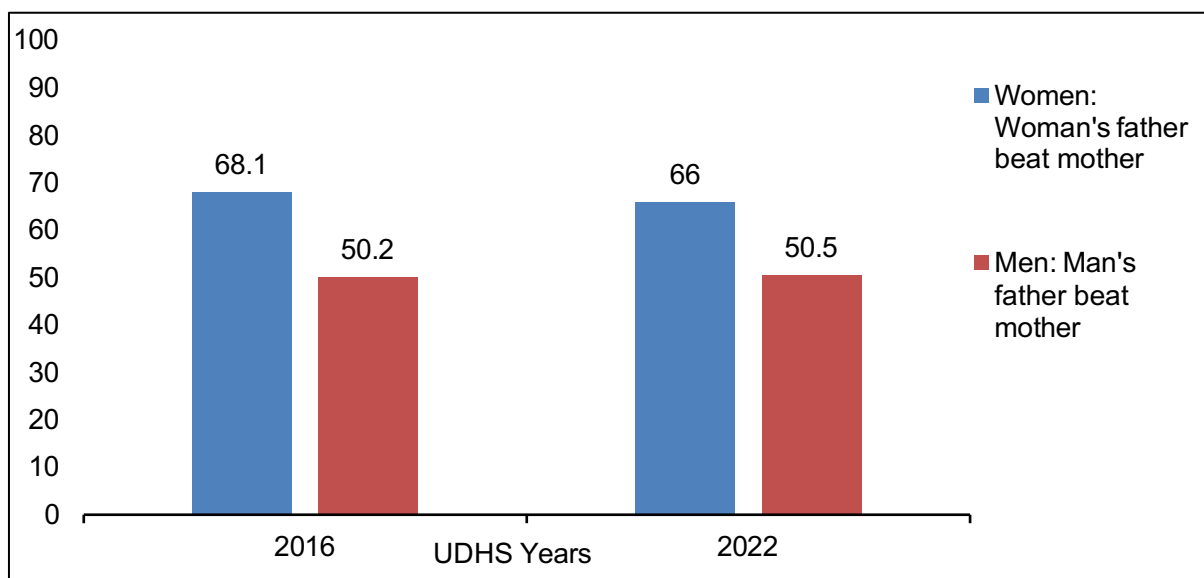


Source: UDHS, 2022

b. Partner’s Father beat their mother

There is an association between witnessing parental spousal violence during childhood and experiencing physical, sexual, or emotional violence in adulthood for both women and men. Among individuals who reported having witnessed their father beating their mother, 66 percent of women and 50.5 percent of men experienced violence in their own relationships. This dropped from the prevalence reported by both sex in 2016 (Figure 2.59). This pattern indicates that witnessing violence in the family environment during childhood may contribute to a higher risk of experiencing or perpetuating violence in adulthood, with women being disproportionately affected compared to men.

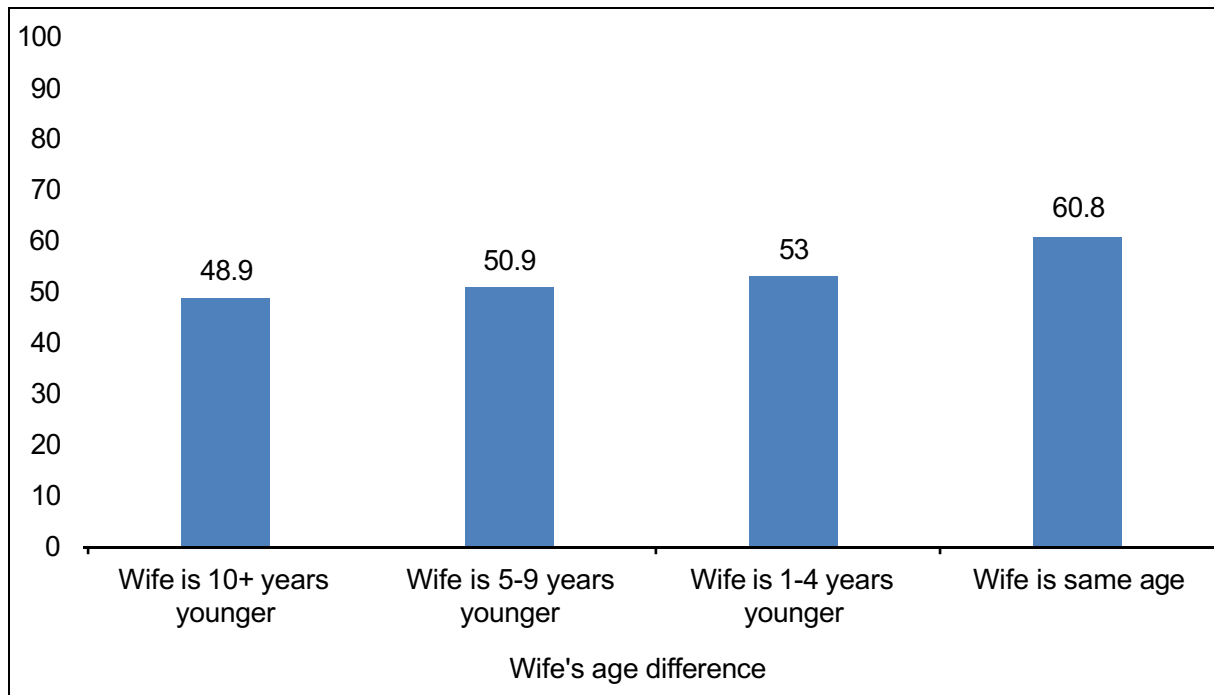
Figure 2. 59: Proportion of ever married women and men age 15-49 who reported ever experiencing any form of spousal violence and having witnessed their father beat their mother



c. Spousal age difference

The prevalence of physical, sexual, or emotional violence experienced by women from their husbands decreases as the age gap between the wife and husband increases. Women who are the same age as their husbands report the highest prevalence of violence at 60.8 percent, followed by those the age gap is less than five years younger at 53 percent. The prevalence continues to decline for women who are 5-9 years younger, at 50.9 percent, and is lowest among women who are 10 or more years younger, at 48.9 percent. Thus, the smaller the age differences, particularly when the wife is of similar age to the husband, the higher the likelihood of experiencing violence (Figure 2.60).

Figure 2. 60: The proportion of ever married women aged 15-49 who have ever experienced any form of spousal violence by age difference of partners

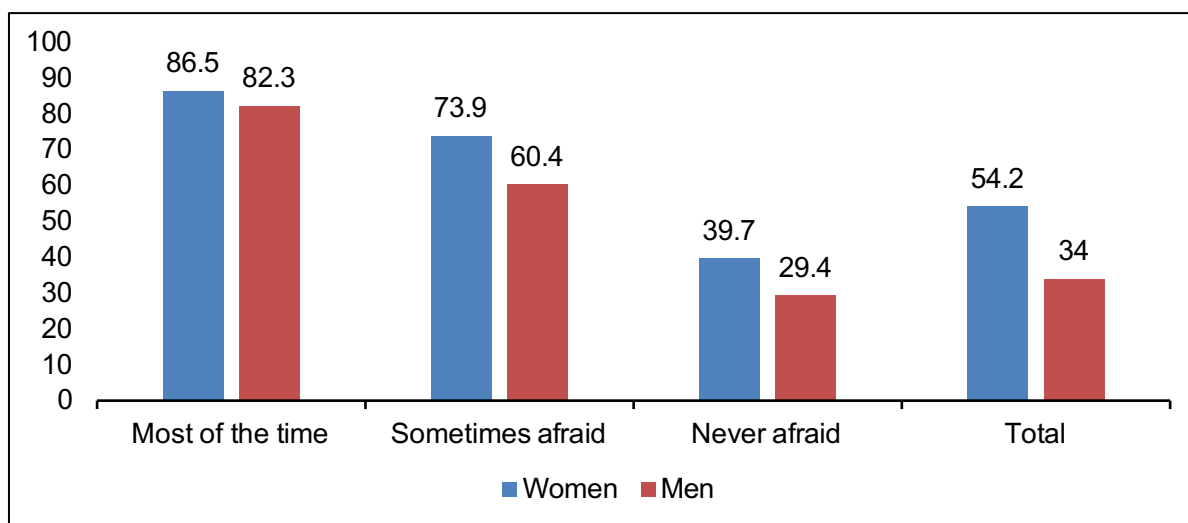


Source: UDHS 2022

d. Being afraid of partner

The overall prevalence of physical, sexual, or emotional violence committed by a spouse is related to the level of fear of spouse. Findings show that of a partner was higher among women (54.2%) compared to men (34%). Violence is highest among individuals who report being afraid of their spouse most of the time, with 86.5 percent of women and 82.3 percent of men experiencing it. Among those who are sometimes afraid, the prevalence decreases to 74 percent for women and 60 percent for men. The lowest prevalence is observed among individuals who report never being afraid of their spouse at 40 percent for women and 29 percent for men. There is a strong association between fear of one's spouse and the likelihood of experiencing violence, with women consistently reporting higher rates of violence across all levels of fear (Figure 2.61).

Figure 2. 61: The proportion of women and men age 15-49 who have ever experienced any form of spousal violence based on the level of fear of spouse/partner.



Source: UDHS 2022

e. Marital control behaviors displayed

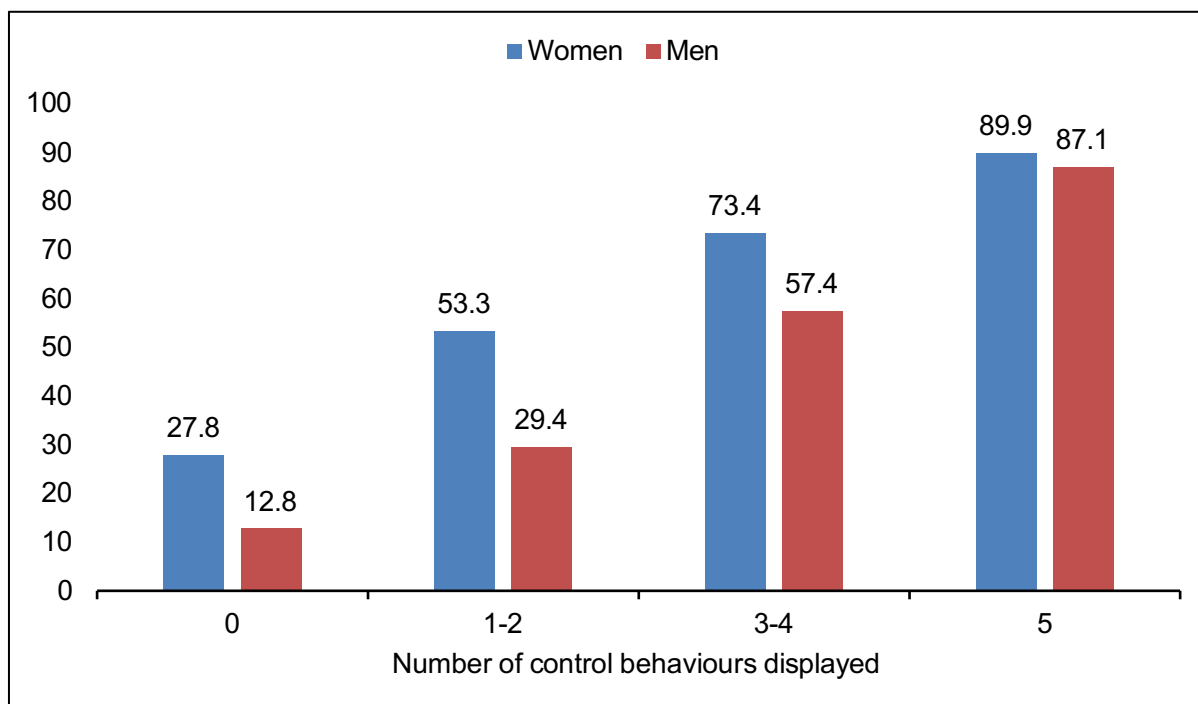
Controlling behaviors are a manifestation of domestic violence and often precede physical, emotional, or sexual abuse. These behaviors include actions such as

- Isolating a partner from friends and family,
- Monitoring their movements,
- Restricting access to finances, or
- Insists on knowing where they are at all times
- Persistently exhibiting jealous or possessive attitudes.

Such controlling tactics are not only harmful in themselves but are also strong predictors of intimate partner violence. Understanding these behaviors is crucial in both preventing and addressing domestic violence, as they erode autonomy, escalate fear, and undermine the sense of safety and self-worth.

Individuals whose spouses exhibit no control behaviors reported the prevalence of violence at 27.8 percent for women and 12.8 percent for men. As the number of control behaviors increases, the prevalence rises sharply. Among those whose spouses display less than three control behaviors, spousal violence affects 53 percent of women and 29 percent of men. As the number of controls increases, the prevalence further escalates to 73.4 percent for women with 3-4 control behaviors and 57.4 percent for men. At the highest level, where spouses display 5 control behaviors, the prevalence peaks at 89.9 percent for women and 87.1 percent for men (Figure 2.62).

Figure 2. 62: Proportion of ever married women and men age 15-49 who have ever experienced any form of spousal violence by the number of marital control behaviours displayed by the partner.



Source: UDHS 2022

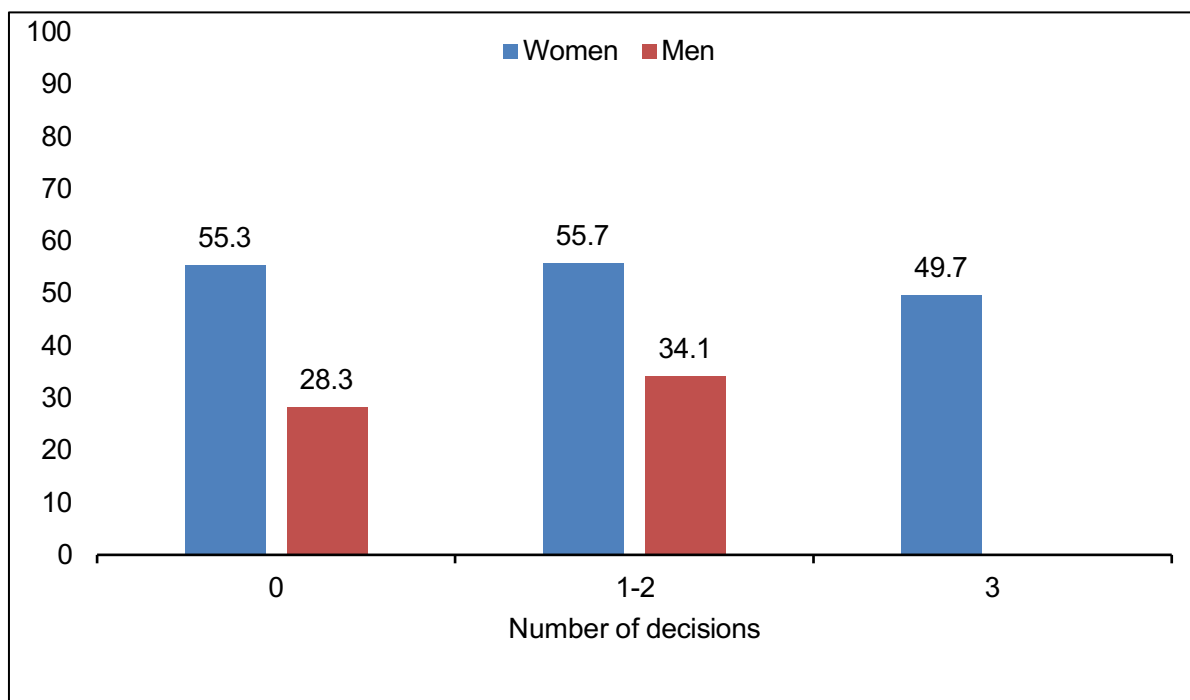
f. Participation in decision making

Participation in household decision-making is a critical dimension of gender equality and a key factor in mitigating domestic violence. When individuals, particularly women, are empowered to contribute to decisions affecting their health, finances, mobility, and family life, the likelihood of experiencing or tolerating spousal abuse diminishes. Evidence suggests that equitable decision-making dynamics foster mutual respect and reduce power imbalances that often underpin domestic violence. The UDHS sought the opinion of women on the number of decisions they engage in in a household setting and the analysis below gives the experience of domestic violence and the number of decisions women make at household levels.

Women report a consistently high prevalence of violence regardless of the number of decisions they are involved in, while men experience a lower and more varied prevalence. The prevalence remains relatively the same when women are either not involved at all in decision making (55.3%) or are involved in making one to two decisions (55.7%), indicating that limited involvement in decision-making does not change their experience of violence. However, for women involved in 3 decisions, the prevalence slightly drops to 49.7 percent (Figure 2.63).

The level of violence among men is much lower across all levels of decision-making. Those not involved in decision making reported a prevalence of 28.3 percent, which increases to 34.1 percent when involved to a limited extent (in 1-2 decisions). The trend indicates that greater involvement in decision-making may not shield men from experiencing violence.

Figure 2. 63: Proportion of women and men who have ever experienced any form of spousal violence by the number of decisions made in the household



Source: UDHS 2022

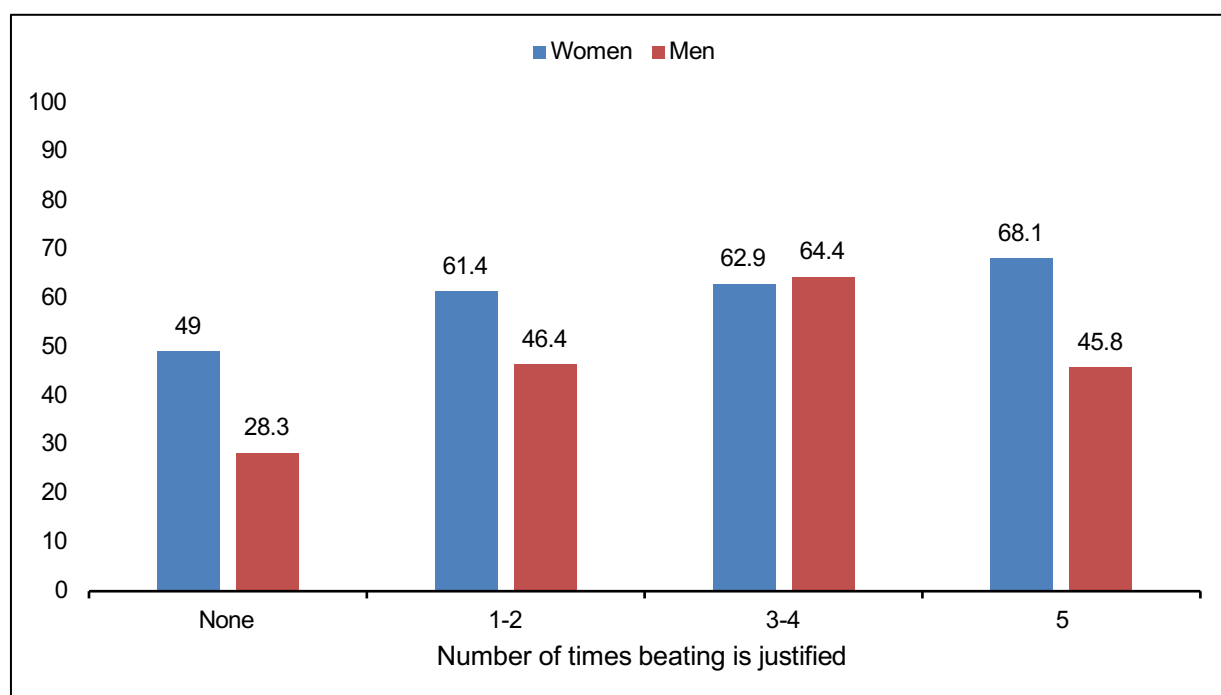
g. Number of reasons for which beating is justified

Justifications for wife beating remain a troubling indicator of deep-seated gender norms and societal acceptance of domestic violence in various regions of Uganda. According to the Uganda Demographic and Health Survey (DHS), women’s views on whether certain behaviors justify being beaten such as arguing with a husband, neglecting the children, or refusing sex reflects persistent cultural beliefs and social conditioning. In many communities, especially where traditional norms dominate, battering of spouses, particularly wives, is perceived as acceptable in instances where women violate what are deemed "culturally abominable" acts. This analysis explores the number of reasons women believe beating is justified, offering insights into the pervasiveness of harmful gender norms.

Overall, women experienced a higher prevalence of violence compared to men across all levels of justification. The prevalence starts at 49 percent when no reason is given as justification and increases to 68.1 percent when five justifications are given. Men, on the other hand, had a lower prevalence ranging from 28 percent with no justification to 64.4 percent for 3-4 justifications (Figure 2.64).

The pattern is consistent for women as the more reasons deemed acceptable for beating, the higher the prevalence of violence. For men, the pattern is less consistent, with a significant rise in prevalence for 3-4 justifications (64.4%).

Figure 2. 64: Proportion of women and men age 15-49 who have ever experienced any form of spousal violence by the number of reasons and justification for the beating



Source: UDHS 2022

CHAPTER THREE: FEMALE GENITAL MUTILATION

3.0 Introduction

Uganda enacted the Prohibition of Female Genital Mutilation (FGM) Act 2010 on 17th March 2010 and commenced on 9th April 2010 to prohibit the practice of FGM in Uganda. It provides for the prohibition of Female Genital Mutilation, the offences, prosecution and punishment of offenders and the protection of victims as well as girls and women under threat of FGM and to provide for other related matters.

The Act defines FGM as all procedures involving partial or total removal of the external female genitalia for non-therapeutic reasons. The practice is associated with rites of passage from childhood to adulthood/ womanhood.

FGM is an invasive violation that impacts the short- and long-term health, safety and well-being of girls and women. It is most often carried out on young girls between infancy and age 15. In adulthood, girls subjected to FGM are more likely to suffer infertility or complications during childbirth, including postpartum hemorrhage, stillbirth and early neonatal death. Immediate health risks include hemorrhage, shock, infection, HIV transmission, urine retention and severe pain. In the long run FGM results in psychological impacts, feelings of anxiety and depression.

Although there are no hygienic advantages or health benefits to FGM, practicing communities believe that women's vaginas need to be cut - and women who have not undergone FGM are regarded as unhealthy, unclean or unworthy. Often, it's performed against their will, and health professionals worldwide consider it a form of violence against women and a violation of their human rights. When FGM is inflicted on children, it is also seen as a form of child abuse (Ontiveros, 2019).

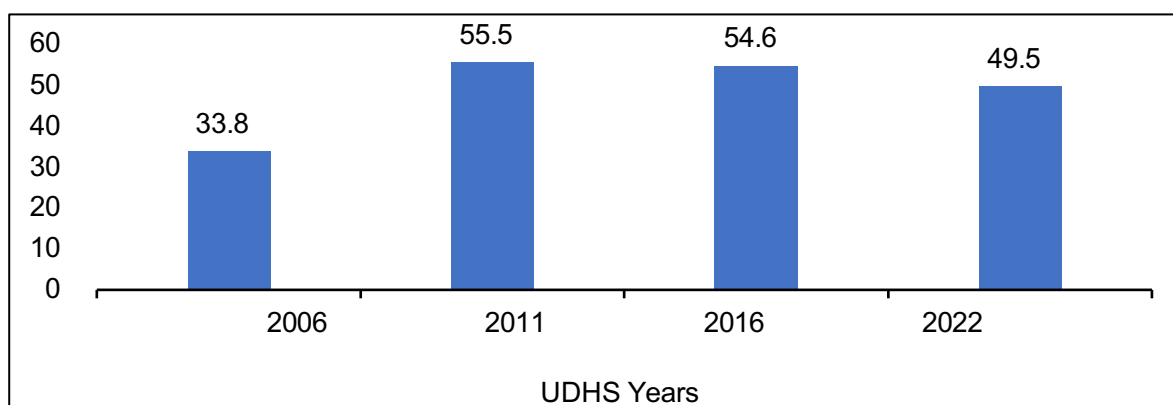
Research done by Eva Ontiveros of BBC World Service in 2019 indicated that the most frequently cited reasons for carrying out FGM are social acceptance, religion, misconceptions about hygiene, a means of preserving a girl or woman's virginity, making the woman "marriageable" and enhancing male sexual pleasure. In some cultures, FGM is regarded as a rite of passage into adulthood and considered a pre-requisite for marriage.

In every form in which it is practiced, FGM is a violation of girls' and women's fundamental human rights, has no health benefits and can lead to serious, long-term complications and even death.

3.1 Knowledge of FGM practice

The UDHS 2022 asked respondents whether they had heard about FGM. Fifty percent of the respondents reported having heard of FGM in 2022. Figure 3.1 shows the trend in the proportion of women who had ever heard about FGM which declined from 56 to 50 percent between 2011 and 2022. The decline in knowledge about FGM could be attributed to the reduction of the practice.

Figure 3. 1: Percent of women aged 15-49 who have heard of FGM

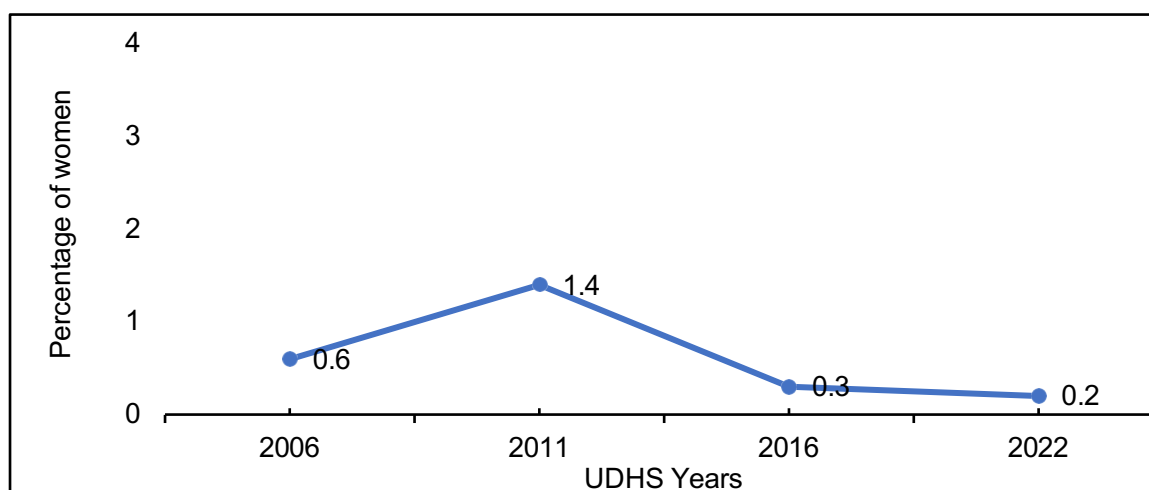


Source: UDHS 2022.

3.2 Trend in FGM prevalence

Findings in figure 3.2 show that the percentage of females who reported having undergone FGM reduced from 0.6 percent in 2016 to 0.2 percent in 2022. This reduced to 0.6% in 2006. However, there was a sharp increase between 2006 and 2011 from 0.6 to 1.4 percent. This could be attributed to the inaction of the Act in 2010 and other prohibitive interventions. Whereas the prevalence reduced further between 2016 and 2022, the rate of reduction was much lower compared to the reduction for the period between 2011 and 2016. There is need to establish reasons for this very slow reduction in the later period and address them.

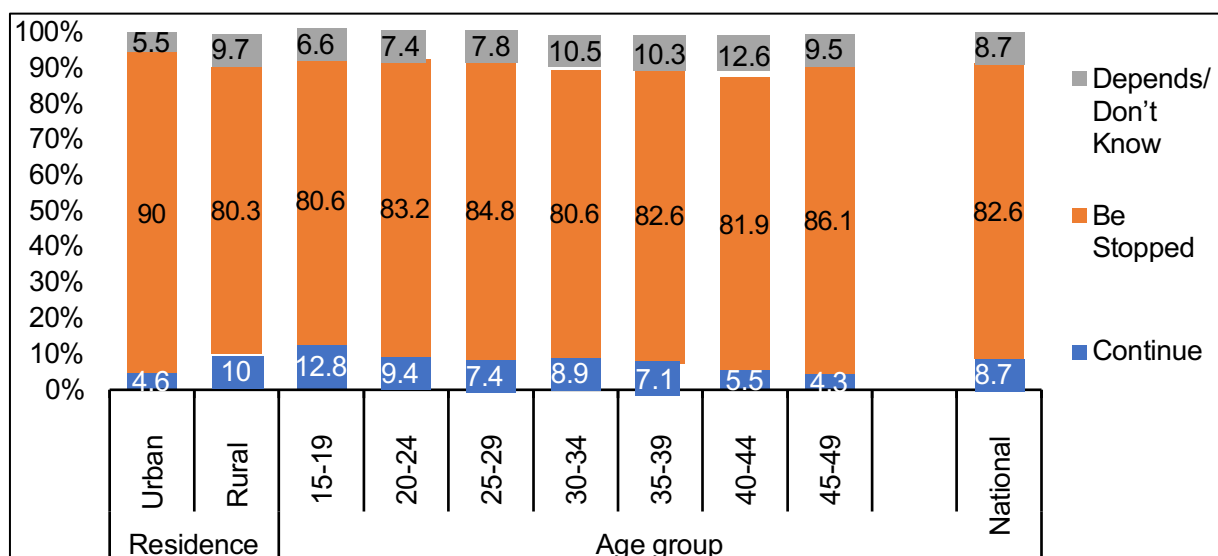
Figure 3. 2: Trend of FGM Prevalence from 2006 to 2022



3.3 Attitude towards continuation of the practice

The UDHS 2022 collected information on the attitudes of women towards continuity of the practice. Overall, 83 percent of the respondents declared that they wanted the practice to stop while 9 percent declared that they wanted the practice to continue. Indeed, over the past ten years, the practice reduced to 0.2 percent in 2022 from 1.4 percent in 2011. Differences by residence showed that more women in the urban (90%) compared to rural (80%) areas wanted the practice stopped (Figure 3.3)

Figure 3.3: Attitudes towards continuation of FGM practice in Uganda



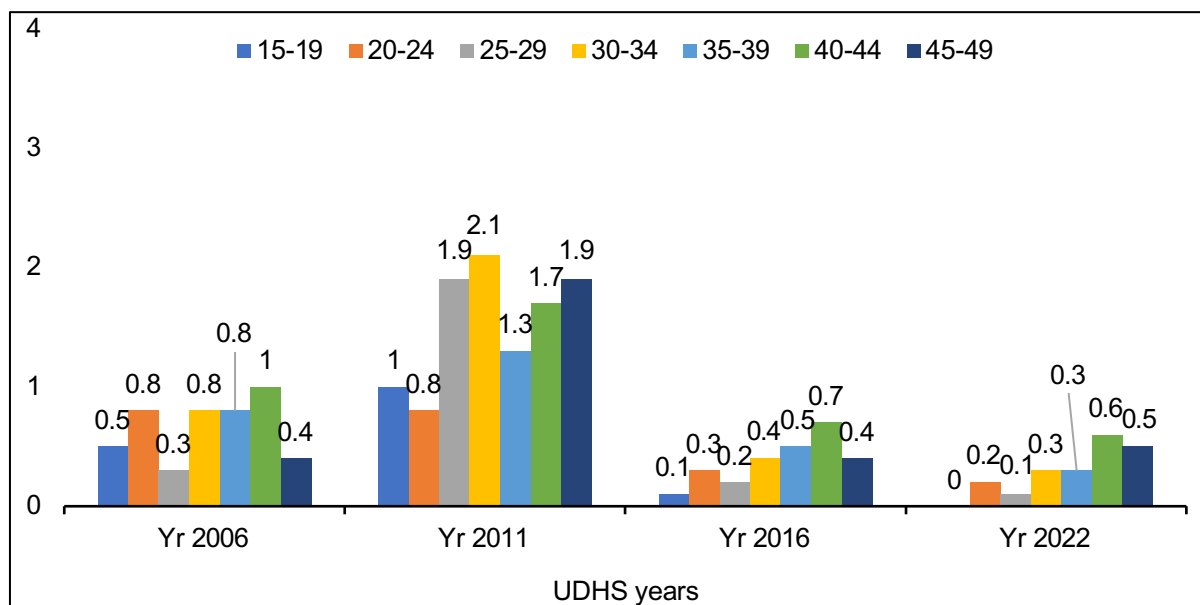
Source: UDHS 2022

3.4 Disaggregation of FGM by Background Characteristics

3.4.1 FGM by Age group

Over the last two decades, prevalence of FGM was reported highest among women aged 40-44 years in all the survey years except 2011. For all age groups, the practice reduced except for women aged 45-49 years where it slightly increased from 0.4% in 2016 to 0.5% in 2022 (Figure 3.4). Generally, FGM prevalence was higher among older women (30 years and above) and lowest among younger ones (below 30 years).

Figure 3. 4: FGM prevalence by age group, 2006-2022

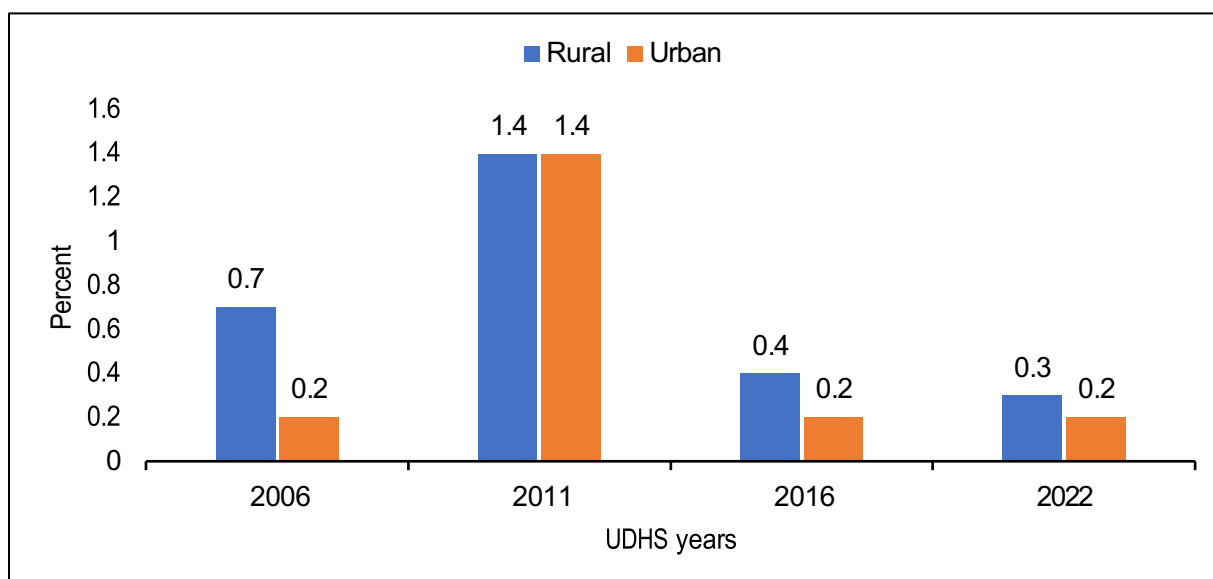


Source: UDHS 2022.

3.4.2 FGM by Residence

In general, where FGM is practiced, it reduced from 0.7% in 2006 to 0.3% in 2022 among rural women and stagnated at 0.2% among urban women. Findings from UDHS 2022, revealed that the practice was higher among rural women (0.3%) compared to urban women (0.2%) as shown in figure 3.5.

Figure 3. 5: FGM prevalence by residence

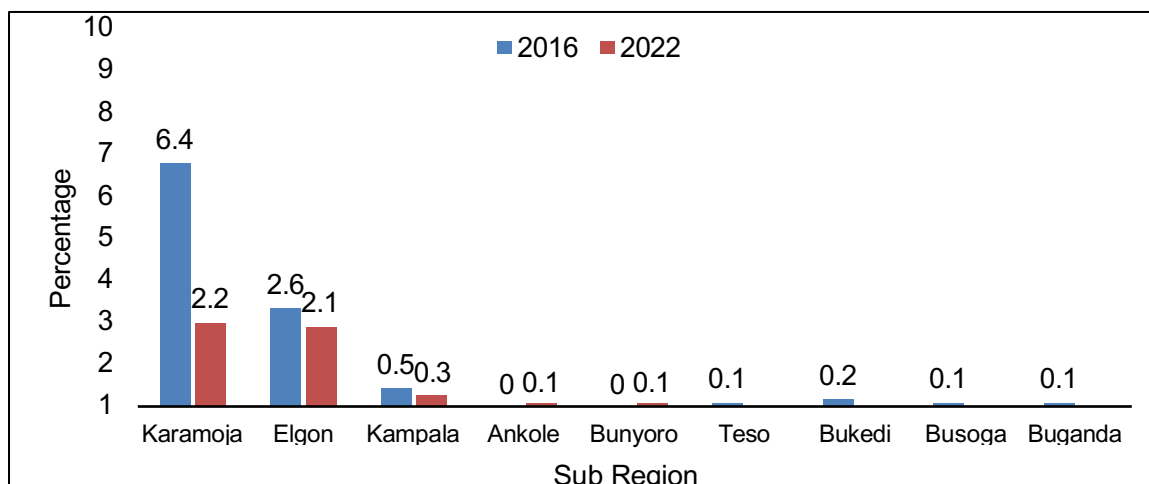


Source: UDHS 2022.

3.4.3 FGM by sub-region

Overall, findings in figure 3.6 show that FGM prevalence reduced in all Sub-regions where they practice has been since 2011. Sub-regional variations show that Karamoja (2%) had the highest prevalence followed by Elgon (2%), Kampala (0.3%) and lowest in Ankole and Bunyoro both at (0.1%).

Figure 3. 6: FGM prevalence by sub-region

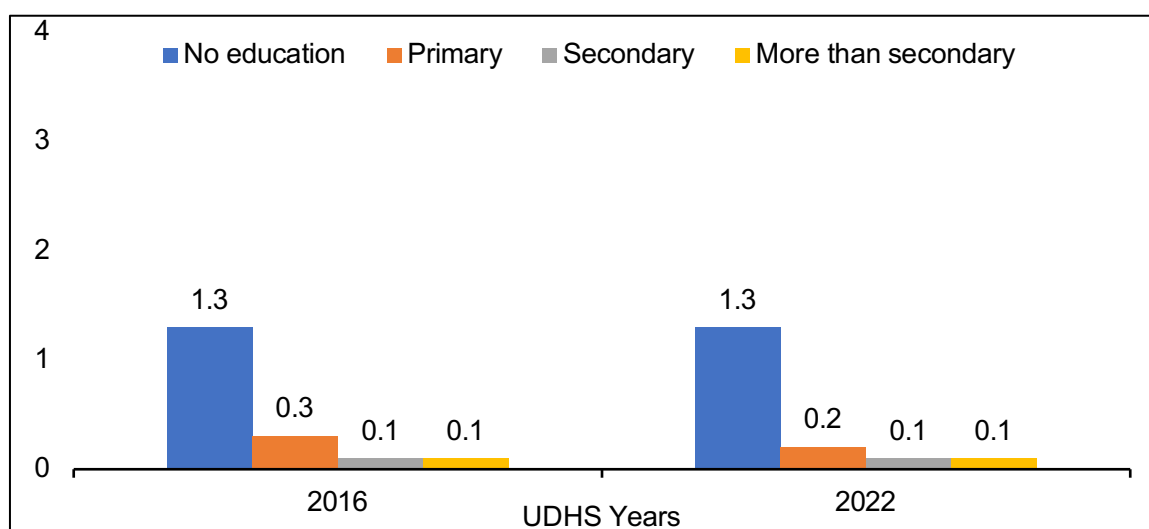


Source: UDHS 2016 and UDHS 2022. (The other sub regions had no cases of FGM)

3.5.4 FGM by education level

Overall, FGM practice reduced with an increase in education. The highest prevalence of FGM was reported among women with no education (1.3%) in both 2016 and 2022 (Figure 3.7).

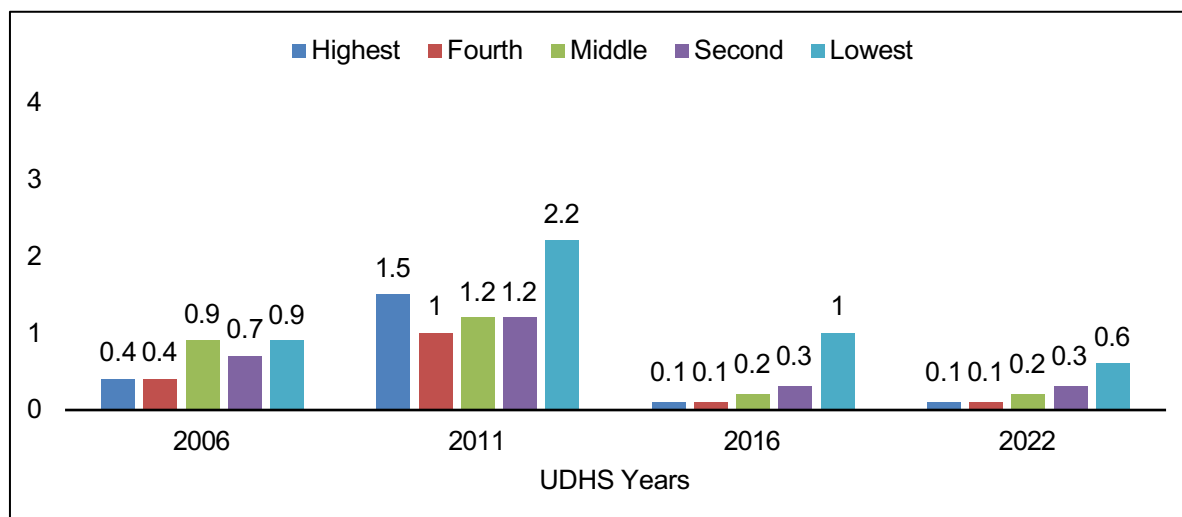
Figure 3. 7: FGM prevalence by education level



3.5.5 FGM by Wealth quintile

Overall, FGM prevalence was highest among women in lowest wealth quintile. Women from healthy households have low practices of FGM as evidenced in Figure 3.8.

Figure 3. 8: FGM prevalence by wealth quintile



3.5 Summary

- Overall, the FGM prevalence has reduced over the years, reducing from 0.6 percent in 2006 to 0.2 percent in 2022.
- The practice of FGM was higher among rural women (0.3%) compared to their urban counter parts (0.2%).
- Women in poorest households (0.6%) tend to practice FGM than those in wealthier households (0.1%).
- Higher levels of education (Secondary and above) are associated with lower FGM practices
- Karamoja sub-region (2.2%) was the leading FGM practicing sub-region. Followed by Elgon (2.1%), Kampala (0.3%) and Bunyoro and Ankole both at 0.1 percent.

CHAPTER FOUR: SUMMARY, RECOMMENDATIONS AND CONCLUSION

4.1 Summary

The UDHS 2022 findings reveal that physical violence remains one of the most widespread forms of GBV, affecting both women and men. The highest prevalence of physical violence since age 15 was reported among women in the 40-49 age group (51%), reflecting prolonged exposure to violence over time. In contrast, men experienced the highest levels of physical violence in the 25-29 age group (42%), suggesting that younger men are at greater risk.

Across residences, rural women experience higher levels of physical violence (46%) compared to urban women (39%), while rural men report 38%, slightly lower than urban men at 40%. This suggests that women in rural areas are disproportionately affected, likely due to limited access to legal protection and support services.

At the sub-regional level, Teso (63%) and Acholi (60%) reported the highest levels of physical violence since age 15 among women and men, respectively, while Bunyoro (6%) had the lowest.

Sexual violence is alarmingly high among women, with 17% of women experiencing it in the 12 months before the survey, compared to only 6% of men. The highest prevalence of sexual violence was recorded in Teso (8%) and Busoga (6%), while Kigezi (0.2%) and Karamoja (0.7%) had the lowest. This suggests urgent interventions in high-prevalence areas to strengthen legal action against perpetrators and improve survivor support mechanisms.

Among other background characteristics, married and previously married women experience higher rates of sexual violence than unmarried women, highlighting the role of intimate partners as primary perpetrators. Additionally, disability status significantly increases vulnerability, with women with hearing and walking disabilities (27%) reporting higher prevalence. This points to a need for specialized GBV interventions for Persons with Disabilities.

Emotional violence is a widely reported form of abuse, increasing over time among women (33%) while decreasing among men (19%). This suggests women remain disproportionately affected by emotional abuse in intimate relationships.

Spousal violence whether physical, sexual, or emotional is more prevalent among women, with 69% of women in Karamoja experiencing some form of violence compared to only 23% of men. The marital duration also influences the experience of spousal violence, with women who have stayed longer in marriages (10+ years) reporting a prevalence of 53%.

Education: Physical and sexual violence decreases with higher education levels. Women with no education experience the highest levels of GBV (49%), compared to 28% among those with post-secondary education.

Wealth Quintile: Women in the lowest wealth quintile (55%) experience higher rates of violence than those in the highest quintile (34%). This highlights the intersection between poverty and vulnerability to GBV.

4.2 Recommendations for Policy Interventions on GBV

To effectively combat GBV, comprehensive policy actions are required to strengthen legal enforcement, expand survivor protection and support systems, address socio-economic drivers of violence, and promote community-driven prevention strategies. The following recommendations provide actionable steps that policymakers, law enforcement agencies, civil society organizations, and development partners can implement to prevent GBV, protect survivors, and ensure justice for victims. A multi-sectoral approach is essential to achieving a violence-free society where all individuals, regardless of gender, live with dignity and security.

i. Strengthening Legal and Policy Frameworks

To combat Gender-Based Violence (GBV) effectively, Uganda must reinforce its legal and policy framework, ensuring strict enforcement of existing laws and policies such as the Domestic Violence Act (2010), the Prevention of Trafficking in Persons Act (2009), and the Prohibition of Female Genital Mutilation Act (2010). Establishing specialized GBV courts at the district level would help fast-track cases, reduce backlog, and improve survivors' confidence in the justice system. Additionally, training law enforcement officers—including police and judicial personnel—on GBV-sensitive handling of cases is crucial to ensuring justice for survivors while holding perpetrators accountable.

ii. Enhancing Survivor Support Services

The availability of GBV shelters and safe spaces for survivors remains limited, particularly in rural areas, where physical violence is more prevalent (46%) than in urban areas (39%). Government and civil society organizations should establish more shelters in high-risk districts like Bukedi, Busoga, and Teso to provide immediate protection for survivors escaping violent situations. For instance, the MIFUMI Women's Shelter in Tororo has been instrumental in protecting victims of domestic violence and should serve as a model for expansion into other affected areas. Furthermore, free legal aid services should be expanded, leveraging organizations such as FIDA Uganda and Uganda Law Society (ULS) to help survivors navigate legal processes. The Ministry of Health should scale up medical response services, ensuring that all health centers provide post-GBV care, including psychosocial counseling.

iii. Economic Empowerment for Women

The UDHS 2022 findings show that women in the lowest wealth quintile (55%) experience more GBV than those in the highest quintile (34%), illustrating the connection between economic dependency and vulnerability to violence. Government and development partners should expand women's economic empowerment programs to provide grants, financial literacy training, and vocational skills to survivors and at-risk women.

Women's groups, such as self-help associations in Karamoja if they exist, can be strengthened to improve economic self-sufficiency and reduce dependency on abusive partners. Additionally, encouraging women's landownership through improved land rights policies will help increase their financial independence and bargaining power within households.

iv. Community-Based Interventions

Given that harmful cultural practices and social norms contribute to high GBV rates in regions like Karamoja, Teso, and Busoga, community-led interventions are essential in changing attitudes toward violence. Engaging traditional and religious leaders, who hold strong influence in rural communities, is key to shifting deeply ingrained beliefs that normalize domestic violence. Peer mentorship programs in schools and workplaces can educate young people on healthy relationships, preventing violence before they start. Media campaigns, such as radio talk shows in local languages, should actively promote messages against GBV, particularly in regions with high illiteracy rates.

v. Improving Data Collection and Monitoring

Effective policy making requires accurate, gender-disaggregated data on GBV prevalence and response effectiveness. The Uganda Bureau of Statistics (UBOS) should integrate real-time GBV data tracking mechanisms. Collaboration between government agencies, civil society organizations, and development partners is essential to harmonizing GBV data collection efforts. The establishment of a national GBV database that provides regular updates on reported cases, response outcomes, and trends across sub-regions will strengthen evidence-based decision-making and accountability in addressing GBV.

vi. Strengthening School-Based GBV Prevention Programs

Given that young women aged 15-24 face some of the highest rates of physical and sexual violence, integrating GBV education into school curricula is vital in preventing violence at an early age. Schools should implement comprehensive sexuality education programs that teach students about consent, respectful relationships, and legal rights regarding GBV.

Initiatives such as the Safe Schools Program, already being piloted in parts of Uganda, should be expanded to empower girls and boys to challenge gender stereotypes and report instances of abuse. Additionally, setting up GBV reporting mechanisms in schools, such as confidential suggestion boxes or peer-led support groups, will encourage victims to seek help without fear of stigma.

vii. Strengthening Collaboration Between Government and Civil Society

A multi-sectoral approach is crucial to ensuring sustained efforts in GBV prevention and response. Government agencies such as the Ministry of Gender, Labour, and Social Development (MoGLSD) should work closely with civil society organizations like ActionAid Uganda, Raising Voices, and UN Women to scale up intervention programs in high-prevalence areas. Local governments should allocate specific budgets for GBV response services, ensuring resources are available at the district level to support survivors, strengthen enforcement, and improve community outreach programs.

4.3 Conclusion

The GBV Thematic Report highlights alarming trends in physical, sexual, and emotional violence, particularly among women, rural populations, and low-income groups. Teso, Karamoja, and Busoga emerge as the most affected regions, requiring targeted policy interventions to reduce GBV prevalence. Legal reforms, community engagement, economic empowerment, and improved service provision are critical in combating GBV and ensuring gender equality in Uganda. A coordinated multi-sectoral approach, involving government agencies, civil society, and community leaders, is essential to creating a safer society free from GBV.

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