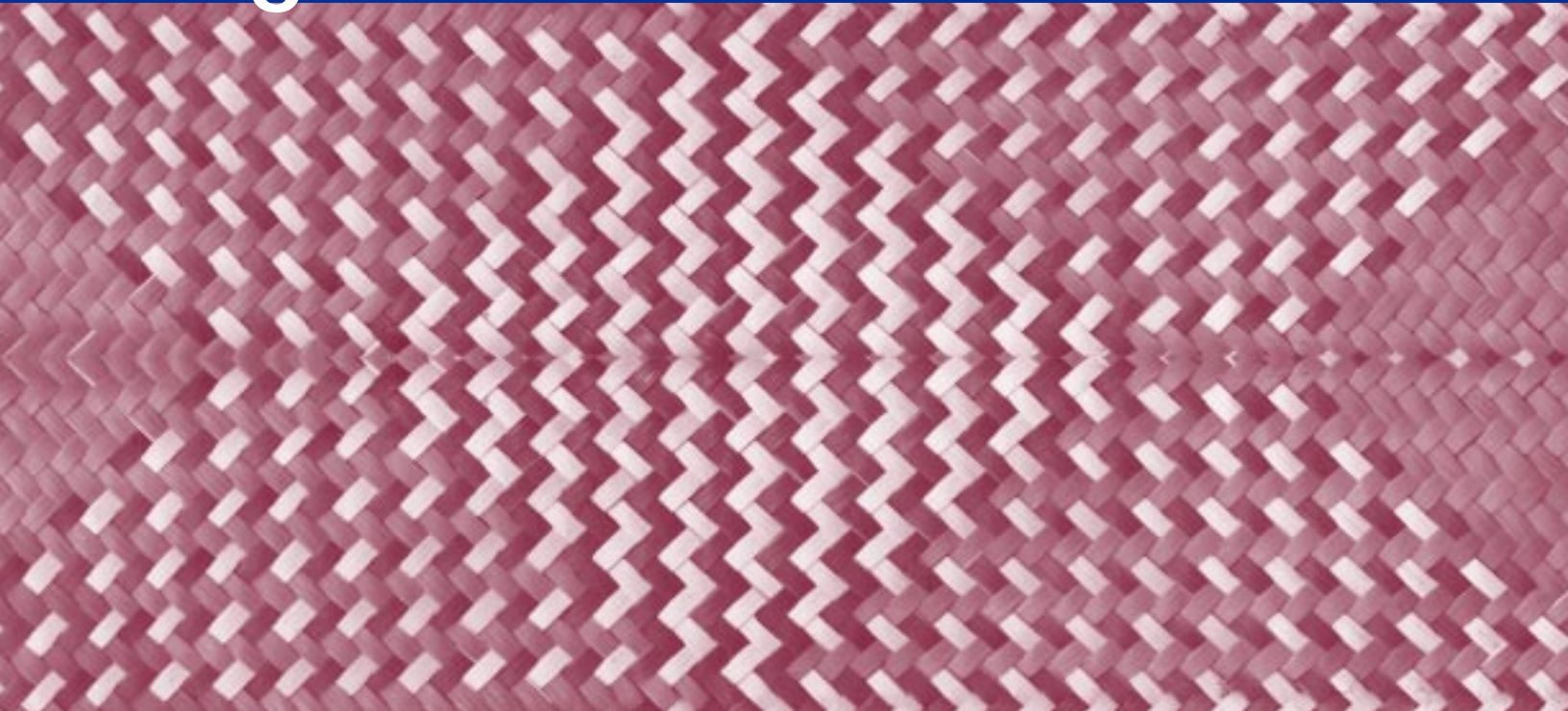


Uganda



Demographic and
Health Survey

2000-2001

Uganda Demographic and Health Survey 2000-2001

Uganda Bureau of Statistics
Entebbe, Uganda

ORC Macro
Calverton, Maryland, USA

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International
Development



This report highlights the findings of the 2000-2001 Uganda Demographic and Health Survey (UDHS), a nationally representative survey of households, women age 15-49, and men age 15-54. Interviews were successfully completed with 7,246 women age 15-49 and 1,962 men age 15-54. Information about children born to these women was also collected. Detailed questions about vaccination, breastfeeding, food supplementation, and illnesses were asked about children born in the five years before the survey.

The primary objective of the survey is to provide policy makers and programme managers with detailed information on fertility, family planning, childhood and adult mortality, maternal and child health, nutrition, and knowledge and attitudes about HIV/AIDS.

The 2000-2001 Uganda Demographic and Health Survey (UDHS) was conducted by the Uganda Bureau of Statistics. Funding for the survey was provided by the U.S. Agency for International Development (USAID), the Department for International Development (DFID/Uganda), UNICEF/Uganda, and UNFPA/Uganda. The UDHS is part of the worldwide Demographic and Health Surveys (DHS) project designed to collect, analyse, and disseminate data on fertility, family planning, maternal and child health, and HIV/AIDS.

Additional information about the survey may be obtained from the Uganda Bureau of Statistics (UBOS), P.O. Box 13, Entebbe, Uganda (Telephone: (256-41) 320-741; Fax: (256-41) 320-147; e-mail: ubos@infocom.co.ug). Additional information about the DHS programme may be obtained by writing to MEASURE DHS+, ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA (Telephone: 301-572-0200; Fax: 301-572-0999; e-mail: reports@macroint.com).

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CONTENTS

	Page
Tables and figures	ix
Preface	xv
Summary of Findings	xvii
Map of Uganda	xxii

CHAPTER 1 INTRODUCTION

1.1	Geography and Economy	1
1.2	Population	1
1.3	National Population and Health Programmes	2
1.4	Objectives of the Survey	3
1.5	Organisation of the Survey	4
1.6	Response Rates	7

CHAPTER 2 CHARACTERISTICS OF HOUSEHOLDS AND HOUSEHOLD MEMBERS

2.1	Population by Age and Sex	9
2.2	Household Composition	11
2.3	Fosterhood and Orphanhood	11
2.4	Educational Level of Household Population	12
2.5	Child Labour	14
2.6	Housing Characteristics	16
2.7	Household Durable Goods	18

CHAPTER 3 CHARACTERISTICS OF RESPONDENTS AND WOMEN'S STATUS

3.1	Characteristics of Survey Respondents	19
3.2	Educational Attainment by Background Characteristics	21
3.3	Literacy	21
3.4	Access to Mass Media	23
3.5	Employment	25
3.6	Occupation	27
3.7	Earnings, Employer, and Continuity of Employment	28
3.8	Control over Earnings and Women's Contribution to Household Expenditure ..	30
3.9	Control over Earnings According to Contribution of Household Expenditure ..	33
3.10	Women's Participation in Household Decisionmaking	33
3.11	Women's Agreement with Reasons for Wife Beating	36
3.12	Women's Agreement with Reasons for Refusing Sexual Relations	36
3.13	Use of Tobacco and Alcohol	39

CHAPTER 4 FERTILITY

4.1	Current Fertility Levels	41
4.2	Fertility Differentials	42
4.3	Trends in Age-Specific Fertility Rates	44
4.4	Children Ever Born	45
4.5	Birth Intervals	46
4.6	Age at First Birth	48
4.7	Teenage Pregnancy and Motherhood	49

CHAPTER 5 FERTILITY REGULATION

5.1	Knowledge of Contraceptive Methods	51
5.2	Ever Use of Contraception	54
5.3	Current Use of Contraception	54
5.4	Number of Children at First Use of Family Planning	62
5.5	Knowledge of the Fertile Period	62
5.6	Source of Supply of Contraceptives	63
5.7	Informed Choice	65
5.8	Future Use of Contraception	66
5.9	Reasons for Nonuse of Contraception	67
5.10	Preferred method of contraception for future use	67
5.11	Exposure to Family Planning Messages	68
5.12	Contact of Nonusers with Family Planning Providers	68
5.13	Attitudes of Couples toward Family Planning	71
5.14	Discussion of Family Planning with Husband	72

CHAPTER 6 OTHER PROXIMATE DETERMINANTS OF FERTILITY

6.1	Current Marital Status	73
6.2	Polygyny	75
6.3	Age at First Marriage	76
6.4	Median Age at First Marriage	77
6.5	Age at First Sexual Intercourse	78
6.6	Median Age at First Intercourse	79
6.7	Recent Sexual Activity	80
6.8	Postpartum Amenorrhoea, Abstinence, and Insusceptibility	82
6.9	Median Duration of Postpartum Insusceptibility by Background Characteristics	83
6.10	Menopause	84

CHAPTER 7 FERTILITY PREFERENCES

7.1	Desire for More Children	85
-----	------------------------------------	----

	Page
7.2	Desire to Limit Childbearing by Background Characteristics 87
7.2	Demand for Family Planning Services 88
7.3	Ideal Number of Children 90
7.4	Fertility Planning 93
CHAPTER 8 INFANT AND CHILD MORTALITY	
8.1	Definitions, Methodology and Assessment of Data Quality 97
8.2	Early Childhood Mortality Rates: Levels and Trends 98
8.3	Early Childhood Mortality by Socioeconomic Characteristics 100
8.4	Early Childhood Mortality by Demographic Characteristics 102
8.5	Early Childhood Mortality by Women’s Status 103
8.6	Perinatal Mortality 104
8.7	High-risk Fertility Behaviour 106
CHAPTER 9 REPRODUCTIVE HEALTH AND CHILD CARE	
9.1	Antenatal Care 109
9.1.1	Number of Antenatal Care Visits and Timing of First Visit Care 111
9.1.2	Quality of Antenatal Care 112
9.1.3	Place of Antenatal Care 113
9.1.4	Tetanus Toxoid Vaccination 114
9.2	Delivery 115
9.2.1	Assistance During Delivery 117
9.2.2	Characteristics of Delivery 119
9.3	Postnatal Care 120
9.4	Women’s Status and Reproductive Health Care 121
9.5	Childhood Immunisation 122
9.5.1	Childhood Immunisation by Background Characteristics 123
9.5.2	Vaccination Trends 126
9.6	Acute Respiratory Infection 126
9.7	Diarrhoea 128
9.7.1	Hand-washing Materials 128
9.7.2	Disposal of Children’s Stool 129
9.7.3	Prevalence of Diarrhoea 131
9.7.4	Knowledge of ORS Packets 132
9.7.5	Treatment of Diarrhoea 132
9.7.6	Feeding Practices during Diarrhoea 134

	Page
9.8	Women's Status and Health Care 134
9.8.1	Women's Status and Children's Health Care 134
9.8.2	Women's Problems in Accessing Health Care 135
9.9	Malaria 137
9.9.1	Possession and Use of Mosquito Nets 137
9.9.2	Insecticide Treatment of Mosquito Nets 138
9.9.3	Malaria Prophylaxis During Pregnancy 139
9.9.4	Type of Anti-Malarial Treatent 140
9.10	Birth Registration 140

CHAPTER 10 WOMEN'S NUTRITIONAL STATUS

10.1	Breastfeeding and Complementary Feeding 143
10.1.1	Initiation of Breastfeeding 143
10.1.2	Age Pattern of Breastfeeding 144
10.1.3	Types of Complementary Foods 147
10.1.4	Frequency of Foods Consumed by Children 148
10.2	Micronutrients 149
10.2.1	Micronutrient Status of Young Children 149
10.3	Nutritional Status of Children 153
10.3.1	Measures of Nutritional Status 153
10.3.2	Levels of Childhood Malnutrition 154
10.3.3	Nutritional Status of Women 156
10.4	Prevalence of Anaemia 158
10.4.1	Prevalence of Anaemia in children 158
10.4.2	Prevalence of Anaemia in Women 158
10.4.3	Prevalence of Anaemia in Men 160
10.4.4	Anaemia in Children and Severity of Anaemia in Mothers 161
10.5	Vitamin A Status 162
10.5.1	Methodology for Measuring Vitamin A 162
10.5.2	Results 163

CHAPTER 11 HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

11.1	Knowledge of Ways to Prevent HIV/AIDS	167
11.1.1	Knowledge of Ways to Avoid HIV/AIDS	167
11.1.2	Knowledge of Programmatically Important Ways to Avoid Contracting HIV/AIDS	168
11.2	Knowledge of Other AIDS-related Issues	170
11.3	Perceptions of HIV/AIDS	173
11.3.1	Discussion of AIDS with Partners	173
11.3.2	Stigma Associated with HIV/AIDS	174
11.3.3	Discussion of HIV/AIDS in the Media	176
11.4	Knowledge of Symptoms of Sexually Transmitted Infections	177
11.5	Reports of Recent Sexually Transmitted Infections	179
11.6	Treatment Seeking and Protection of a Partner from Sexually Transmitted Infections	181
11.7	Sexual Behaviour	183
11.7.1	Number of Sexual Partners	183
11.7.2	Payment for Sexual Relations	186
11.7.3	Condom Use for Disease Prevention	186
11.8	Testing for HIV	189

CHAPTER 12 ADULT MORTALITY

12.1	The Data	195
12.2	Direct Estimates of Adult Mortality	196
12.3	Maternal Mortality	198

REFERENCES	201
-------------------------	-----

APPENDIX A SAMPLE DESIGN	203
---------------------------------------	-----

APPENDIX B SAMPLING ERRORS	209
---	-----

APPENDIX C DATA QUALITY TABLES	221
---	-----

APPENDIX D PERSONS INVOLVED IN THE 2000-2001 UGANDA DEMOGRAPHIC AND HEALTH SURVEY	227
--	-----

APPENDIX E QUESTIONNAIRES	231
--	-----

APPENDIX F UNICEF WORLD SUMMIT FOR CHILDREN: END-DECADE INDICATORS	333
---	-----

TABLES AND FIGURES

Page

CHAPTER 1 INTRODUCTION

Table 1.1	Demographic characteristics	2
Table 1.2	Results of the household and individual interviews	7

CHAPTER 2 CHARACTERISTICS OF HOUSEHOLDS AND HOUSEHOLD MEMBERS

Table 2.1	Household population by age, sex, and residence	9
Table 2.2	Household composition	11
Table 2.3	Children's living arrangements	12
Table 2.4	Educational attainment of household population	13
Table 2.5	Children's economic activity	15
Table 2.6	Housing characteristics	17
Table 2.7	Household durable goods	18

Figure 2.1	Population Pyramid	10
------------	------------------------------	----

CHAPTER 3 CHARACTERISTICS OF RESPONDENTS AND WOMEN'S STATUS

Table 3.1	Background characteristics of respondents	20
Table 3.2	Educational attainment by background characteristics	22
Table 3.3	Literacy	23
Table 3.4	Exposure to mass media	24
Table 3.5	Employment status	26
Table 3.6.1	Occupation: women	28
Table 3.6.2	Occupation: men	29
Table 3.7	Type of employment	30
Table 3.8	Decision on use of earnings and contribution of earnings to household expenditures	32
Table 3.9	Control over earnings according to contribution to household expenditures	33
Table 3.10	Women's participation in decisionmaking	34
Table 3.11	Women's participation in decisionmaking by background characteristics	35
Table 3.12	Women's attitude toward wife beating	37
Table 3.13	Women's attitude toward refusing sex with husband	38
Table 3.14	Smoking and alcohol consumption	39

Figure 3.1	Employment of women	27
Figure 3.2	Type of earnings of employed women	31
Figure 3.3	Type of employer for women	31

CHAPTER 4 FERTILITY

Table 4.1	Current fertility	41
Table 4.2	Fertility by background characteristics	43
Table 4.3	Trends in age-specific fertility rates	45
Table 4.4	Children ever born and living	46
Table 4.5	Birth intervals	47
Table 4.6	Age at first birth	48
Table 4.7	Median age at first birth by background characteristics	49
Table 4.8	Teenage pregnancy and motherhood	50
Figure 4.1	Total fertility rates by background characteristics	44
Figure 4.2	Trends in age-specific fertility rates, 1988-89 UDHS, 1995 UDHS, and 2000-2001 UDHS	45
Figure 4.3	Percentage of women age 15-49 who are mothers or pregnant with their first child, by level of education	50

CHAPTER 5 FERTILITY REGULATION

Table 5.1	Knowledge of contraceptive methods	52
Table 5.2	Knowledge of contraceptive methods by background characteristics	53
Table 5.3	Ever use of contraception	55
Table 5.4	Current use of contraception	56
Table 5.5	Current use of contraception by background characteristics	60
Table 5.6	Current use of contraception by women's status	61
Table 5.7	Number of children at first use of contraception	62
Table 5.8	Knowledge of fertile period	63
Table 5.9	Source of contraception	64
Table 5.10	Informed choice	65
Table 5.11	Future use of contraception	66
Table 5.12	Reason for nonuse of contraception	67
Table 5.13	Preferred method of contraception for future use	68
Table 5.14	Exposure to family planning messages	69
Table 5.15	Contact of nonusers with family planning providers	70
Table 5.16	Attitudes of couples toward family planning	71
Table 5.17	Discussion of family planning with husband	72
Figure 5.1	Contraceptive use among currently married women 15-49	57
Figure 5.2	Contraceptive use (percent) in selected eastern and southern African countries	57
Figure 5.3	Trends in the CPR among currently married women 15-49 years	58
Figure 5.4	Contraceptive use among currently married women 15-49 by background characteristics	61
Figure 5.5	Distribution of current users of modern contraceptive methods by source of supply	64

CHAPTER 6 OTHER PROXIMATE DETERMINANTS OF FERTILITY

Table 6.1	Current marital status	74
Table 6.2	Number of co-wives	75
Table 6.3	Age at first marriage	76
Table 6.4	Median age at first marriage	77
Table 6.5	Age at first sexual intercourse	79
Table 6.6	Median age at first intercourse	80
Table 6.7	Recent sexual activity	81
Table 6.8	Postpartum amenorrhoea, abstinence, and insusceptibility	82
Table 6.9	Median duration of postpartum insusceptibility by background characteristics	83
Table 6.10	Menopause	84
Figure 6.1	Current marital status	74
Figure 6.2	Median age at first marriage among women 25-49 by background characteristics	78
Figure 6.3	Median duration of postpartum insusceptibility by background characteristics	84

CHAPTER 7 FERTILITY PREFERENCES

Table 7.1	Fertility preferences by number of living children	86
Table 7.2	Desire to limit childbearing by background characteristics	88
Table 7.3	Need for family planning	89
Table 7.4	Ideal number of children	91
Table 7.5	Mean ideal number of children by background characteristics	92
Table 7.6	Fertility planning status	94
Table 7.7	Wanted fertility rates	95
Figure 7.1	Fertility preferences of currently married women 15-49	85
Figure 7.2	Fertility preferences among women by number of children	87
Figure 7.3	Unmet need for family planning services among currently married women 15-49 by background characteristics	90
Figure 7.4	Mean ideal number of children by background characteristics	93

CHAPTER 8 INFANT AND CHILD MORTALITY

Table 8.1	Early childhood mortality rates	99
Table 8.2	Early childhood mortality by socioeconomic characteristics	100
Table 8.3	Early childhood mortality by demographic characteristics	102
Table 8.4	Early childhood mortality by woman's status	104
Table 8.5	Perinatal mortality	105
Table 8.6	High-risk fertility behavior	107
Figure 8.1	Trends in infant mortality	99
Figure 8.2	Under-five mortality by selected background characteristics	101

CHAPTER 9 REPRODUCTIVE HEALTH AND CHILD CARE

Table 9.1	Antenatal care	110
Table 9.2	Number of antenatal care visits and timing of first visit	112
Table 9.3	Antenatal care content	113
Table 9.4	Place of antenatal care	114
Table 9.5	Tetanus toxoid injections	115
Table 9.6	Place of delivery	116
Table 9.7	Assistance during delivery	118
Table 9.8	Delivery characteristics	120
Table 9.9	Postnatal care by background characteristics	121
Table 9.10	Women's status and reproductive health care	122
Table 9.11	Vaccinations by source of information	123
Table 9.12	Vaccinations by background characteristics	124
Table 9.13	Vaccination trends	126
Table 9.14	Prevalence and treatment of symptoms of acute respiratory infection and fever	127
Table 9.15	Hand-washing materials in households	129
Table 9.16	Disposal of children's stools	130
Table 9.17	Prevalence of diarrhoea	131
Table 9.18	Knowledge of ORS packets	132
Table 9.19	Diarrhoea treatment	133
Table 9.20	Feeding practices during diarrhoea	134
Table 9.21	Child health care by women's status	135
Table 9.22	Perceived problem in accessing women's health care by background characteristics	136
Table 9.23	Possession and use of mosquito nets	137
Table 9.24	Mosquito net age and insecticide treatment for mosquito nets	138
Table 9.25	Malaria prevention during pregnancy	139
Table 9.26	Birth registration	141
Figure 9.1	Percentage of births for which women received medical assistance during delivery, by background characteristics	119
Figure 9.2	Percentage of children age 12-23 months who are fully vaccinated, by background characteristics	125
Figure 9.3	Type of malaria tablets taken during pregnancy	140

CHAPTER 10 WOMEN'S NUTRITIONAL STATUS

Table 10.1	Initial breastfeeding	144
Table 10.2	Breastfeeding status by child's age	145
Table 10.3	Median duration and frequency of breastfeeding	146
Table 10.4	Foods consumed by children in the day or night preceding the interview	147
Table 10.5	Frequency of foods received by children in the day or night preceding the interview	148
Table 10.6	Frequency of foods received by children in preceding seven days	149
Table 10.7	Iodisation of household salt	150

	Page
Table 10.8	Micronutrient intake among children 151
Table 10.9	Micronutrient intake among mothers 152
Table 10.10	Nutritional status of children 155
Table 10.11	Nutritional status of women 157
Table 10.12	Prevalence of anaemia in children 159
Table 10.13	Prevalence of anaemia in women 160
Table 10.14	Prevalence of anaemia in men 161
Table 10.15	Prevalence of anaemia in children by anaemia status of mother 162
Table 10.16	Prevalence of vitamin A deficiency in children 164
Table 10.17	Prevalence of vitamin A deficiency in women 165
Figure 10.1	Percentage of children under five with low height-for-age, low weight-for-height, and low weight-for-age, by age of child 156

CHAPTER 11 HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

Table 11.1	Knowledge of ways to avoid HIV/AIDS 168
Table 11.2.1	Knowledge of programmatically important ways to avoid HIV/AIDS: women 169
Table 11.2.2	Knowledge of programmatically important ways to avoid HIV/AIDS: men . . . 170
Table 11.3.1	Knowledge of AIDS-related issues: women 171
Table 11.3.2	Knowledge of AIDS-related issues: men 172
Table 11.4	Discussion of HIV/AIDS with partner 173
Table 11.5.1	Social aspects of HIV/AIDS prevention and mitigation: women 175
Table 11.5.2	Social aspects of HIV/AIDS prevention and mitigation: men 176
Table 11.6	Discussion of AIDS in the media 177
Table 11.7.1	Knowledge of symptoms of STIs: women 178
Table 11.7.2	Knowledge of symptoms of STIs: men 179
Table 11.8.1	Self-reporting of sexually transmitted infections and STI symptoms: women . 180
Table 11.8.2	Self-reporting of sexually transmitted infections and STI symptoms: men . . . 181
Table 11.9	Source of treatment of STIs 182
Table 11.10	Protection of partner by women with an STI 183
Table 11.11	Number of sexual partners: married women and men 184
Table 11.12	Number of sexual partners: unmarried women and men 185
Table 11.13	Payment for sexual relations 186
Table 11.14	Knowledge of source of male condoms and access to condoms 187
Table 11.15.1	Use of condoms by type of partner: women 188
Table 11.15.2	Use of condoms by type of partner: men 189
Table 11.16.1	HIV/AIDS tests: women 190
Table 11.16.2	HIV/AIDS tests: men 191
Figure 11.1	Demand for HIV Testing Services by Background Characteristics: Women . . 192
Figure 11.2	Demand for HIV Testing Services by Background Characteristics: Men 192

CHAPTER 12 ADULT MORTALITY

Table 12.1	Data on siblings 196
------------	--------------------------------

	Page
Table 12.2	Adult mortality rates 197
Table 12.3	Maternal mortality rates 198

APPENDIX A SAMPLE DESIGN

Table A.1	Sample implementation: women 206
Table A.2	Sample implementation: men 207

APPENDIX B ESTIMATES OF SAMPLING ERRORS

Table B.1	List of selected variables for sampling errors 212
Table B.2	Sampling errors for selected variables: total sample 213
Table B.3	Sampling errors for selected variables: urban sample 214
Table B.4	Sampling errors for selected variables: rural sample 215
Table B.5	Sampling errors for selected variables: Central Region 216
Table B.6	Sampling errors for selected variables: Eastern Region 217
Table B.7	Sampling errors for selected variables: Northern Region 218
Table B.7	Sampling errors for selected variables: Western Region 219

APPENDIX C DATA QUALITY TABLES

Table C.1	Household age distribution 221
Table C.2.1	Age distribution of eligible and interviewed women 222
Table C.2.2	Age distribution of eligible and interviewed men 222
Table C.3	Completeness of reporting 223
Table C.4	Births by calendar year since birth 224
Table C.5	Reporting of age at death in days 225
Table C.6	Reporting of age at death in months 226

APPENDIX F UNICEF WORLD SUMMIT FOR CHILDREN: END-DECADE INDICATORS	333
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PREFACE

The 2000-2001 Uganda Demographic and Health Survey (UDHS) was the third national Demographic and Health Survey in a series that started in 1988, with the second conducted in 1995. The major objective of these surveys was to collect and analyse data on fertility, mortality, family planning, and health. Compared with the 1988-1989 UDHS and the 1995 UDHS, the present survey was significantly expanded in scope to include questions on gender issues, a malaria module, and blood testing for haemoglobin and vitamin A deficiency. Thus, the 2000-2001 UDHS will not only update the information from the 1995 UDHS but will also provide more detailed findings.

In the past, Population and Housing Censuses were the only sources of demographic statistics in Uganda. The vital registration system in Uganda is still underdeveloped and has been revived in only a few pilot districts. The Uganda Demographic and Health Survey series is therefore an important alternative source of demographic and health statistics.

The 2000-2001 UDHS was conducted in all of the districts of the country except four, namely, Bundibugyo, Gulu, Kasese, and Kitgum. This was a considerable improvement in coverage over the 1988-1989 UDHS, which excluded nine districts. However, this is less coverage than the 1995 UDHS, which excluded only Kitgum District.

The staff of the Uganda Bureau of Statistics (UBOS) participated in the planning and implementation of this survey. In addition, many government departments contributed to the successful completion of the 2000-2001 UDHS and the timely publication of this report. The Ministry of Health provided experts who participated in the training of fieldworkers and drafted some of the chapters of the report. This contribution is very much appreciated. Special thanks go to the Population Secretariat for chairing and hosting all the meetings of the Steering Committee.

The United States Agency for International Development (USAID) provided most of the funds for this survey. Additional funding was received from the United Nations Children's Fund (UNICEF)/Uganda, the United Nations Population Fund (UNFPA)/Uganda and the British Department for International Development (DFID)/Uganda. ORC Macro provided technical support. We acknowledge and appreciate the generous support from these groups.

We are grateful for the endeavours of government officials at all levels of administration that supported the survey. Finally, special gratitude goes to all the respondents for having spared their valuable time to attend to the interviews, which were sometimes lengthy, as well as for providing the blood samples.

John B. Male-Mukasa
Executive Director
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SUMMARY OF FINDINGS

The 2000-2001 Uganda Demographic and Health Survey (UDHS) is a nationally representative survey of 7,246 women age 15-49 and 1,962 men age 15-54. The main purpose of the 2000-2001 UDHS is to provide policy-makers and programme managers with detailed information on fertility; family planning; childhood and adult mortality; maternal and child health and nutrition; and knowledge of, attitudes about, and practices related to HIV/AIDS. The 2000-2001 UDHS is the third national sample survey of its kind to be undertaken in Uganda. The first survey was implemented in 1988-1989 and was followed by the 1995 UDHS. Caution needs to be exercised when analysing trends using the three UDHS data sets because of some differences in geographic coverage.

FERTILITY

Constant Fertility. The UDHS results show that fertility in Uganda has remained stationary in recent years. The total fertility rate (TFR) declined from 7.3 births per woman recorded in the 1988 survey to 6.9 births for the 1995 UDHS. Since then, the TFR has remained at the same level. The crude birth rate (CBR) from the 2000-2001 survey is 47 births per 1,000 population, essentially the same as that recorded in 1995 (48 births per 1,000 population).

Large Fertility Differentials. Fertility varies enormously across subgroups of women. Fertility levels are much higher in rural areas (7.4 children per woman) than in urban areas (4.0 children per woman). The TFR is lowest in the Central Region (5.7 children per woman) and highest in the Northern Region (7.9 children per woman). Women who have attended secondary education have a much lower fertility (3.9 children per woman) than women with no education (7.8 children per woman), a difference of four children.

Early Marriage. Although the minimum legal age for a woman to get married in Uganda is 18 years, the 2000-2001 UDHS results show that marriage is common among young girls. Among women age 20-49, 17 percent were married by age 15 and more than half were married by age 18. The median age at first marriage among women is just before 18 years and has been fairly stable for the past 30 years. Men generally marry about four years later than women.

Women start having sexual relations earlier than men, with a difference of about two years. The median age at first intercourse for women 20-49 is 16.7 years. The median age for women shows no evidence of change over time, while that for men has increased slightly from 18.5 years among men currently age 50-54 to 19.4 years among men 25-29.

Early Childbearing. Childbearing begins early in Uganda. Three in ten women age 15-19 are already mothers or pregnant with their first child. Teenage childbearing is closely related to a woman's education. Six in ten teenagers with no education have become mothers or are pregnant with their first child, compared to 33 percent of women with some primary education, and only 17 percent of those who attended secondary school.

Polygyny. One in three married women in Uganda is in a polygynous relationship. The prevalence of polygynous unions increases with age; young women are less likely to be in a polygynous marriage than older women. Women who live in rural areas and in the Western Region are less likely than other women to be in a polygynous union. The proportion of women who are in a polygynous union in 2000-2001 is slightly higher than that recorded in 1995 (32 compared with 30 percent).

Birth Intervals. The median interval between births in Uganda is 29 months. Overall, 28 percent of births occur less than 24 months after a prior birth. The survival status of the previous birth has a strong impact on the birth interval. Median birth intervals for births that follow a child who died are five months shorter than those for births following a surviving child (25 months and 30 months, respectively).

Desire for Smaller Families. The UDHS data indicate that the desire to stop childbearing among women has doubled since 1988. The percentage of married women who say that they want no more children or have been sterilised grew from 19 percent in 1988-1989 to 38 percent in 2000-2001. There has been a decline in the ideal family size among women in Uganda from 6.5 children in 1998-99 to 4.8 children in 2000-2001. Men want larger families than women, with an ideal number of 5.6 children. Respondents in rural areas, those who live in the Northern Region, and those with no education are more likely to want larger families than other respondents.

Unplanned Fertility. Despite increasing use of contraception, the survey data show that unplanned pregnancies are still common in Uganda. One in four births in the five years prior to the survey were mistimed (wanted later), and 15 percent were not wanted at all. If unwanted births could be prevented, the total fertility rate in Uganda would be 5.3 births per woman instead of the actual level of 6.9.

FERTILITY REGULATION

Increasing Use of Contraception. Contraceptive use among currently married women in Uganda has increased from 15 percent in 1995 to 23 percent in 2000-2001. Most of the increase is due to greater use of modern methods (8 percent in 1995 compared with 18 percent in 2000-2001). The most widely used methods in 2000-2001 were injectables (6 percent), the lactational amenorrhoea method (4 percent), and the pill (3 percent). There

has been a shift in method mix since 1995, when periodic abstinence, the pill, and injectables were the most widely used methods. Condom use has also increased from 1 percent in 1995 to 2 percent in 2000-2001.

Large Differentials in Use of Contraception. There are large differences in the use of modern contraceptive methods across subgroups of married women. Use of modern family planning methods is much higher in urban areas than in rural areas (42 and 15 percent, respectively). Contraceptive use is highest in the Central Region (31 percent) and lowest in the Eastern Region (11 percent). Women with at least some secondary education are four times more likely than women with no education to use modern methods (42 percent and 9 percent, respectively). Contraceptive use in Uganda is positively associated with the number of living children and women's socioeconomic status.

In general, married women who live in DISH districts have higher than average contraceptive use rates, while those who live in CREHP districts have lower than average use rates. Among districts included in the DISH project, Kampala has the highest level of modern method use (50 percent), while districts classified in Group I (Mbarara and Ntungamo) and in Group IV (Kamuli and Jinja) have the lowest modern contraceptive prevalence rate (10 to 15 percent).

Source of Supply. Thirty-six percent of modern contraceptive users obtain their methods from a public source, while the private medical sector provides methods to 46 percent of users. Among sources in the public sector, hospitals and health centres are the most common sources (15 percent and 13 percent, respectively). There has been a significant shift in the source of family planning from that recorded in the 1995 UDHS. Public sources declined from 47 percent to 36 percent, while private medical sources increased from 42 percent to 46 percent.

Family Planning Messages in Media. Radio is the most common source for receiving family

planning messages (62 percent). One-third of women saw a family planning message on a billboard in the six months preceding the survey and about one-fifth were exposed to messages at community meetings. Three in ten women were not exposed to any family planning message at all in the preceding six months. Urban women are much more likely than rural women to have heard or seen a family planning message in any of the mass media (89 versus 65 percent). Women in the Central Region and better educated women are the most likely to have been exposed to family planning messages.

Unmet Need for Family Planning. Thirty-five percent of currently married women have an unmet need for family planning services—21 percent for spacing and 14 percent for limiting. If all the unmet need were satisfied, 57 percent of married women would be using contraception. The level of unmet need for family planning among currently married women in Uganda has increased from 29 percent in 1995.

MATERNAL AND CHILD HEALTH

Antenatal Care. Survey data show that antenatal coverage is very high in Uganda. Women receive at least some antenatal care for more than nine in ten births. In most cases, antenatal care is provided by a nurse or a midwife (83 percent). Doctors provide antenatal care to 9 percent of pregnant women, while the role of traditional birth attendants is insignificant. Only 42 percent of pregnant women make four or more antenatal care visits, while another 42 percent make only two or three visits. Moreover, very few women receive antenatal care during the first trimester of pregnancy. The majority of women (70 percent) receive tetanus toxoid vaccination during pregnancy, with 42 percent of the women receiving two or more doses of vaccine.

Delivery Care. Only four in ten births in Uganda are assisted by a trained health worker, while 18 percent are assisted by a TBA (traditional birth attendant) and 28 percent are

assisted by a relative or friend. Fifteen percent of births are unassisted. Most births take place at home; only 37 percent of births occur in a health facility.

Childhood Immunisation. Childhood vaccination coverage has declined from 47 percent fully immunised in 1995 to 37 percent in 2000-2001. The decline in immunisation coverage has occurred for all types of vaccination. Some of the children who received vaccinations did not receive them at the recommended time. Only 29 percent of children 12-23 months are fully vaccinated within the first 12 months.

Childhood Illnesses. Acute respiratory infections, diarrhoea, and malaria are common causes of child death. In the two weeks before the survey, 23 percent of children under five were ill with symptoms of acute respiratory infections. Two-thirds of these children were taken to a health facility. Twenty percent of children had diarrhoea in the two weeks preceding the survey, 45 percent of whom were taken to a health care provider. A small majority of children with diarrhoea received oral rehydration therapy—oral rehydration salts, a recommended homemade fluid, or increased fluids in general. This means that many children are not receiving adequate fluids when they have diarrhoea.

Malaria Control. Although use of insecticide-impregnated mosquito nets is a proven way of preventing malaria, only 13 percent of households in Uganda have mosquito nets. Furthermore, only 7 percent of children under five and 7 percent of pregnant women age 15-49 slept under a mosquito net the night before the survey.

Breastfeeding. Breastfeeding is universally practiced in Uganda, with 98 percent of babies breastfed for at least some time. The median duration of breastfeeding is 22 months. However, supplementation with other liquids and foods occurs too early in Uganda. Although the World Health Organisation recommends exclusive breastfeeding for the first six months, only 63 percent of Ugandan children under six months are exclusively breastfed.

Perceived Problems in Accessing Health Care. In the 2000-2001 UDHS, women were asked whether they have problems seeking medical advice or treatment for themselves. The results show that 85 percent of women experience some kind of problem in accessing health care. The majority of women mentioned that getting money for treatment was a problem (63 percent). Other problems commonly cited include distance to a health facility (44 percent), having to take transport (43 percent), and the negative attitude of health care providers (42 percent).

Birth Registration. Birth registration is one of the recognised rights of a child in Uganda today. Although registration became compulsory in 1903, Uganda has never had a sound registration system for either statistical or legal purposes. Survey results indicate that coverage of birth registration in Uganda is poor, with only 4 percent of recent births reported by the mother to be registered.

NUTRITIONAL STATUS

Nutritional Status of Children. Survey data show that there has been little improvement since 1995 in children's nutritional status. Overall, 39 percent of Ugandan children under five years are classified as stunted (low height-for-age), 4 percent of children under five years are wasted (low weight-for-height), and 23 percent are underweight.

Nutritional Status of Women. The mean height for Ugandan women is 158 centimetres (cm), which is similar to the mean height obtained in the 1995 UDHS. The cutoff point below which women are identified as short in stature is in the range of 140 to 150 cm. Two percent of women are less than 145 cm tall. Another measure of women's nutritional status is the body mass index (BMI), which is derived by dividing the weight in kilograms by the height in metres squared (kg/m^2). A cutoff point of 18.5 has been recommended for defining chronic undernutrition. In the 2000-2001

UDHS, the mean BMI for women was 21.9, which falls within normal limits.

Prevalence of Anaemia. Children and women are more likely to be affected by anaemia than men. A simple blood test performed as part of the survey found that 65 percent of children age 6-59 months are anaemic, while 30 percent of women age 15-49 and 18 percent of men age 15-54 are anaemic.

Vitamin A. The 2000-2001 UDHS tested blood samples from women 15-49 and children under five years for level of vitamin A. Results of the analysis show that 28 percent of children 6-59 months in Uganda suffer from vitamin A deficiency (VAD). At this level, VAD in Uganda can be perceived as a severe public health problem. As expected, the prevalence of VAD is lower among children 6-11 months, when the children are still benefiting from the positive effect of breastfeeding. The highest prevalence of VAD is found among children 12-23 months (32 percent). VAD is also more common among children living in rural areas and in the Northern Region.

More than half of the women in Uganda suffer from VAD. The deficiency level in women varies according to the woman's characteristics, but not as much as in young children. As with children, rural women and women with no education are more likely than other women to have VAD. Pregnant and lactating women are not substantially different in VAD level from women who are neither pregnant nor breastfeeding.

HIV/AIDS

Knowledge of HIV/AIDS. In Uganda, HIV/AIDS has been termed a "household disease", because nine in ten respondents of either sex knew personally of someone with HIV or who had died of AIDS. Although knowledge of AIDS in Uganda is universal, the level of awareness about the disease is not matched by the knowledge of ways to avoid contracting the virus.

The most commonly cited ways are using condoms (54 percent of women and 72 percent of men), abstaining from sexual relations (50 percent of women and 65 percent of men), and having only one sexual partner (49 percent of women and 43 percent of men).

Knowledge of Mother-to-Child Transmission. Most men and women in Uganda know that HIV can be transmitted from mother to child. However, among the women who know about this mode of transmission, the quality of knowledge is uneven. Overall, 58 percent of women know that HIV can be transmitted during pregnancy, 69 percent know about transmission during delivery, and 46 percent know about transmission during breastfeeding. Levels of knowledge among men are similar.

Knowledge of Symptoms of Sexually Transmitted Infections (STIs). STIs have been identified as cofactors in HIV/AIDS transmission. Almost half of women and one in four men either have no knowledge of STIs at all or are unable to recognise any symptoms of STIs in a man. Sixty-four percent of women know of some symptoms of STIs in women and 53 percent know of some symptoms in men. Knowledge of symptoms of STIs among men is generally higher than among women.

Prevalence of STIs. Eight percent of women and 3 percent of men reported having had an STI in the 12 months preceding the survey. Given the low level of knowledge about symptoms of STIs, many people may have STIs without knowing it. Therefore, the true level of prevalence of STIs could be higher than the reported one. The rate in 2000-2001 for women is higher than in 1995 (4 percent), but for men, it is lower than in 1995 (6 percent).

HIV/AIDS testing. Eight percent of women and 12 percent of men report that they have been tested for HIV. Women in their twenties and men age 25-39 are the most likely to have had the test. This test is much more common among respondents living in urban areas, in the Central Region, and in Kampala district and among those who have secondary education.

Desire to be tested and desire to know the outcome of the test is high among women and men in Uganda. Respondents living in rural areas and in the Northern Region, those who have primary education, and those who have never married but have had sex are more likely to want to be tested. Nine in ten women and men who were tested for HIV received the test results.

MORTALITY

Infant and Child Mortality. At current mortality levels, 152 out of every 1,000 children born in Uganda die before their fifth birthday, 88 of whom die during the first year of life. Results from the 2000-2001 UDHS show no evidence of improvement in infant and childhood mortality in recent years.

There are considerable variations in mortality by residence and region. Childhood mortality rates in urban areas are substantially lower than in rural areas. Under-five mortality is lowest in the Central Region (135 per 1,000 live births) and is highest in the Northern Region (178 per 1,000 live births). Under-five mortality among children born to mothers with no education is highest (187 per 1,000 live births), while children born to mothers with secondary education have by far the lowest mortality (93 per 1,000 births). The household's wealth status is negatively associated with childhood mortality. For all measures, children in the highest quintile have the lowest mortality rates, while those in the lowest quintile have the highest mortality rates.

Adult Mortality. The mortality rate for the ten-year period before the 2000-2001 UDHS is 9 deaths per 1,000 females and 10 deaths per 1,000 males. Comparison with the adult mortality experience in the ten years before the 1995 UDHS reveals that the situation has not improved in the past five years. Similarly, the maternal mortality ratio has remained at the same level as that recorded in 1995 (504 in the 2000-2001 UDHS compared with 527 deaths per 100,000 live births in the 1995 UDHS).

UGANDA



1.1 GEOGRAPHY AND ECONOMY

The Republic of Uganda is located in East Africa and lies astride the equator. It is a landlocked country bordering Kenya in the east, Tanzania in the south, Rwanda in the southwest, the Democratic Republic of Congo in the west, and Sudan in the north. The country has an area of 241,039 square kilometres and is administratively divided into 56 districts (45 at the time of the survey). Uganda has a decentralised system of governance and several functions have been ceded to the local governments. However, the central government retains the role of making policy, setting standards, and supervising. National security is also the role of the central government.

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

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

Since 1986, however, the government has introduced and implemented several reform programmes that have steadily reversed the setbacks and aimed the country towards economic prosperity. Consequently, between 1996 and 2000, the country's real GDP grew at an average rate of 6.2 percent per annum. This is far higher than the population growth rate, which was estimated at 2.9 percent. The GDP per capita grew at a rate of 2.6 percent per annum.

1.2 POPULATION

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

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

Table 1.1 presents several demographic indices compiled from the population censuses of 1948 through 1991. The table shows that over that period, the population increased more than threefold. This represents an average annual growth rate of 2.9 percent. The high growth rate is brought about by high fertility and declining mortality levels. The level of urbanisation is still low but has been increasing over time. In 1991, a little more than 10 percent of the population lived in urban areas.

Up to the late 1960s, there were more males than females in Uganda. This was mainly due to large numbers of male immigrants who came to the country to work at factories and plantations. In the mid-1970s these migrants left because of the deteriorating economic situation. Since then, the number of females exceeds that of males.

Indicator	Census year				
	1948	1959	1969	1980	1991
Population (thousands)	4,958.5	6,536.6	9,535.1	12,636.2	16,671.7
Intercensal growth rate	na	2.5	3.9	2.7	2.5
Sex ratio	100.2	100.9	101.9	98.2	96.5
Crude birth rate	42.0	44.0	50.0	50.0	52.0
Total fertility rate	5.9	5.9	7.1	7.2	7.1
Crude death rate	25.0	20.0	19.0	na	17.0
Infant mortality rate	200.0	160.0	120.0	na	122.0
Percent urban	na	4.8	7.8	8.7	11.3
Density (pop/sq km)	25.2	33.2	48.4	64.4	85.0

Source: Statistics Department, 1995:27, 56, 139
na = Not applicable

1.3 NATIONAL POPULATION AND HEALTH PROGRAMMES

Uganda has instituted several policies to help improve the health status and life of its people. In 1995, Uganda adopted the National Population Policy for Sustainable Development. The policy document noted that indices of general health care are still unsatisfactory. Thus, the policy's overall goal is to influence future demographic trends and patterns in desirable directions to improve the quality of life and standard of living of the people. In particular, the policy aims to reduce infant and child mortality, maternal mortality, and fertility and to increase the life expectancy of the population. The policy also aims to increase levels of full immunisation among children, increase levels of supervised deliveries, and increase the contraceptive prevalence rate.

The National Reproductive Health Policy Guidelines for Reproductive Health Services state that the country's priorities are "safe motherhood including post-abortion care, family planning, adolescent sexual and reproductive health, STIs including HIV/AIDS, reproductive organ cancer, and gender practices that perpetuate poor reproductive behaviour."

Other policies that indirectly impinge on population and health include the Adolescent Sexual and Reproductive Health Policy, the Nutrition Policy, the Framework for HIV/AIDS Activities in Uganda, Universal Primary Education, the Gender Policy, the Poverty Eradication Action Plan, the Decentralisation Policy, the Liberalisation and Privatisation Policies, and the Plan for the Modernisation of Agriculture.

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

1.4 OBJECTIVES OF THE SURVEY

The 2000-2001 Uganda Demographic and Health Survey (UDHS) was designed to provide information on demographic, health, and family planning status and trends in the country. Specifically, the UDHS collected information on fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, and breastfeeding practices. In addition, data were collected on the nutritional status of mothers and young children; infant, child, adult, and maternal mortality; maternal and child health; awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections; and levels of haemoglobin and vitamin A in the blood.

The 2000-2001 UDHS is a follow-up to the 1988-1989 and 1995 UDHS surveys, which were also implemented by the Uganda Bureau of Statistics (UBOS, previously the Department of Statistics). The 2000-2001 UDHS is significantly expanded in scope but also provides updated estimates of basic demographic and health indicators covered in the earlier surveys.

The specific objectives of the 2000-2001 UDHS are as follows:

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

1.5 ORGANISATION OF THE SURVEY

Sample Design and Implementation

The sample was drawn through a two-stage design. The first-stage sample frame for this survey is the list of enumeration areas (EAs) compiled from the 1991 Population Census. In this frame, the EAs are grouped by parish within a subcounty, by subcounty within a county, and by county within a district. A total of 298 EAs (102 in urban areas and 196 in rural areas) were selected. Urban areas and districts included in the Delivery of Improved Services for Health (DISH) project and the Community Reproductive Health Project (CREHP) were oversampled in order to produce estimates for these segments of the population.

Within each selected EA, a complete household listing was done to provide the basis for the second-stage sampling. The number of households to be selected in each sampled EA was allocated proportionally to the number of households in the EA.

It was not possible to cover all districts in the country because of security problems in a few areas. The survey was hence limited to 41 out of the then 45 districts in the country,¹ excluding the districts of Kasese and Bundibugyo in the Western Region and Gulu and Kitgum in the Northern Region. These districts cover approximately 5 percent of the total population.

The sample for the 2000-2001 UDHS was aimed at providing reliable estimates of important indicators for the population of Uganda at the national level (less the excluded districts), for urban and rural areas, and for each of the four regions in Uganda defined as—

- Central: Kalangala, Kampala, Kiboga, Luwero, Masaka, Mpigi, Mubende, Mukono, Sembabule, Nakasongola, and Rakai
- Eastern: Bugiri, Busia, Iganga, Jinja, Kamuli, Kapchorwa, Katakwi, Kumi, Mbale, Pallisa, Soroti, and Tororo
- Northern: Adjumani, Apac, Arua, Kotido, Lira, Moyo, Moroto, and Nebbi
- Western: Bushenyi, Hoima, Kabale, Kabarole, Kibaale, Kisoro, Masindi, Mbarara, Ntungamo, and Rukungiri.

The sample was also designed to generate estimates of contraceptive prevalence rates for the districts in the DISH project funded by the United States Agency for International Development (USAID) and districts in the CREHP project. These districts are grouped in six subdomains, namely, the following:

¹ The number of districts has since increased to 56. The newly formed districts are Kayunga and Wakiso in the Central Region; Kaberamaido, Mayuge, and Sironko in the Eastern Region; Pader, Nakapiripirit, and Yumbe in the Northern Region; and Kanungu, Kamwenge, and Kyenjojo in the Western Region.

DISH districts:

Group I:	Mbarara and Ntungamo
Group II:	Masaka, Rakai, and Sembabule
Group III:	Luwero, Masindi, and Nakasongola
Group IV:	Jinja and Kamuli
Group V:	Kampala

CREHP districts:

Kabale, Kisoro, and Rukungiri.

In each group, a minimum of 500 completed interviews with women was targeted to allow for separate estimates. Consequently, data for Kampala District can be presented separately because it has more than the specified minimum number of completed interviews.

The 2000-2001 UDHS covered the same EAs as were covered by the 1995 UDHS. However, a new list of households within the EA was compiled and the sample households were not necessarily the same as those selected in 1995. In the case of the CREHP districts (Kabale, Kisoro and Rukungiri), five extra EAs were selected to generate a sample size sufficient to allow independent estimates. Because the 1995 and 2000-2001 UDHS did not cover the same geographical areas, the two surveys are not exactly comparable.

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

Questionnaires

Three questionnaires were used for the 2000-2001 UDHS, namely, the Household Questionnaire, the Women's Questionnaire, and the Men's Questionnaire. The contents of these questionnaires were based on the MEASURE *DHS+* Model "B" Questionnaire, which was developed for use in countries with a low level of contraceptive use. In consultation with technical institutions and local organisations, UBOS modified these questionnaires to reflect relevant issues in population, family planning, and other health issues in Uganda. The revised questionnaires were translated from English into six major languages, namely, Ateso, Luganda, Lugbara, Luo, Runyankole/Rukiga, and Runyoro/Rutoro.

The questionnaires were pretested prior to their finalisation. The pretest training took place from June 14 to July 8, 2000. For this exercise, seven women and seven men were trained to be interviewers, forming seven teams of one woman and one man each. Each team was assigned to test the questionnaires in one of the seven language groups (including English) into which the questionnaires had been translated. Three nurses were recruited to participate in the anemia testing exercise as health technicians. The pretest fieldwork was conducted during a one-week period (July 10-16, 2000).

The Household Questionnaire was used to list all the usual members and visitors in selected households. Some basic information was collected on the characteristics of each person listed, including his or her age, sex, education, and relationship to the head of the household. The main purpose of the Household Questionnaire was to identify women and men who were eligible for the individual interview. In addition, the Household Questionnaire collected information on

characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor of the house, and ownership of various durable goods. It also included questions that were designed to assess the extent of child labour and that were used to record the height and weight and the haemoglobin level of women 15-49 and children under the age of five. In households selected for the male survey, the haemoglobin level of men eligible for the individual interview was also recorded.

The Women's Questionnaire was used to collect information from all women age 15-49. These women were asked questions on topics related to their background, childbearing experience and preferences, marriage and sexual activity, employment, maternal and child care, and awareness and behaviour regarding AIDS and other sexually transmitted infections (STIs). Information necessary for the calculation of adult mortality including maternal mortality was also included in the Women's Questionnaire.

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

The decision to include vitamin A testing was made rather late in the survey design process. As a result, ORC Macro and UBOS staff organized a special pretest of the vitamin A testing procedures shortly before the main training for the survey. Although there were some concerns about response rates, the pretest indicated that it was feasible to incorporate vitamin A testing into the UDHS. Therefore, ORC Macro staff and UBOS staff and consultants proceeded to develop a special set of training materials for the vitamin A testing.

Training and Fieldwork

A total of 70 interview staff (52 women and 18 men) was trained over a three-week period from August 23, 2000 to September 16, 2000. The trainers included the UBOS staff, guest lecturers, and consultants from ORC Macro. The training was conducted following the DHS training procedures, including class presentations, mock interviews, field practice, and tests. All of the participants were trained using the Household and Women's Questionnaires. After training on the Women's Questionnaire was completed, the male participants were trained separately in conducting an interview using the Men's Questionnaire. The training included practice interviews using the questionnaire in English and the participant's local language.

A separate training was conducted for the 13 medical personnel who were designated as the team health technicians. This included training on parts of the Household Questionnaire that pertained to their tasks, taking blood samples from the subjects, using the HemoCue machine, and storing dry blood spots (DBS) samples.

A one-day joint training session was conducted for all the field staff in taking the height and weight measurements of women and children. The interviewing team members were trained in anthropometric measurements so that in case the need arose, they could be called upon to assist the team's health technician in performing these tasks.

Eleven interviewing teams carried out data collection for the 2000-2001 UDHS. Each team consisted of one team supervisor, one field editor, one health technician, three or four female

interviewers, one male interviewer, and one driver. The actual data collection took place over a five-month period, from September 28, 2000 to March 3, 2001. Seven staff members from UBOS coordinated and supervised fieldwork activities. ORC Macro participated in field supervision for interviews and measurements. Two additional persons were hired to supervise the collection of blood samples for vitamin A testing.

Data Processing

All questionnaires for the UDHS were returned to the UBOS offices in Entebbe for data processing, which consisted of office editing, coding of open-ended questions, data entry, and editing computer-identified errors. A team of eight data entry clerks, an office editor, and two data entry supervisors processed the data. Data entry and editing started on October 19, 2000.

In January 2001, when it was noted that the data processing pace was lagging behind data collection, another shift was added to the data processing team. The evening shift was also composed of eight people (working four hours per day). In addition, both shifts worked for four hours each on Saturdays.

1.6 RESPONSE RATES

Table 1.2 shows response rates for the 2000-2001 UDHS. A total of 8,792 households were selected in the sample, of which 8,234 were occupied. The short fall was largely due to structures that were found to be vacant. Of the existing households, 7,885 were successfully interviewed, yielding a household response rate of 96 percent.

<u>Table 1.2 Results of the household and individual interviews</u>			
Number of households, number of interviews, and response rates, according to urban-rural residence, Uganda 2000-2001			
Result	Residence		Total
	Urban	Rural	
Household interviews			
Households sampled	2,912	5,880	8,792
Households found	2,704	5,530	8,234
Households interviewed	2,499	5,386	7,885
Household response rate	92.4	97.4	95.8
Individual interviews: women			
Number of eligible women	2,636	5,081	7,717
Number of eligible women interviewed	2,416	4,830	7,246
Eligible woman response rate	91.7	95.1	93.9
Individual interviews: men			
Number of eligible men	775	1,531	2,306
Number of eligible men interviewed	601	1,361	1,962
Eligible man response rate	77.5	88.9	85.1

In the successfully interviewed households, 7,717 women were identified for the individual interview, and of these, 7,246 were successfully interviewed, yielding a response rate of 94 percent. In a subsample of households, 2,306 eligible men were identified for the individual interview, of which 1,962 were successfully interviewed, yielding a response rate of 85 percent. The overall response rates for women and men were 90 percent and 82 percent, respectively. Rural response rates were higher than urban rates. The principal reason for nonresponse among both eligible men and women was the failure to find them at home despite repeated visits to the household. The lower response rate for men was due to their more frequent and longer absence from the household. The refusal rate in the 2000-2001 UDHS was slightly more than 1 percent each for women and men.

CHARACTERISTICS OF HOUSEHOLDS AND HOUSEHOLD MEMBERS

2

This chapter presents information on some of the socioeconomic characteristics of the household¹ population and the individual survey respondents, such as age, sex, marital status, religion, urban-rural residence, and regional distribution. This chapter also considers the conditions of the households in which the survey population lives, including source of drinking water, availability of electricity, sanitation facilities, building materials, and possession of household durable goods.

2.1 POPULATION BY AGE AND SEX

The 2000-2001 UDHS included a Household Questionnaire, which was used to elicit information on the socioeconomic characteristics of usual residents and visitors who had spent the previous night in the selected households.

Table 2.1 shows the reported distribution of the household population in five-year age groups, by sex and urban-rural residence. The data show that there are slightly more women than men, with women constituting 52 percent of the population and men constituting 48 percent. The

Table 2.1 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age group, according to sex and urban-rural residence, Uganda 2000-2001

Age group	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	17.3	15.9	16.6	21.2	19.8	20.5	20.7	19.3	20.0
5-9	14.4	14.1	14.2	18.1	17.1	17.6	17.7	16.7	17.2
10-14	12.6	13.8	13.2	15.7	14.7	15.2	15.3	14.6	15.0
15-19	11.3	13.6	12.5	9.1	8.7	8.9	9.4	9.3	9.4
20-24	11.0	12.7	11.9	6.0	7.7	6.9	6.6	8.3	7.5
25-29	10.4	9.9	10.1	6.0	6.9	6.5	6.5	7.3	6.9
30-34	7.7	6.2	6.9	5.5	5.3	5.4	5.8	5.4	5.6
35-39	5.4	4.7	5.0	4.0	4.3	4.2	4.2	4.4	4.3
40-44	2.9	2.6	2.8	3.0	3.1	3.1	3.0	3.1	3.0
45-49	2.8	1.8	2.2	2.5	2.4	2.4	2.6	2.3	2.4
50-54	1.3	1.8	1.6	1.9	2.8	2.3	1.8	2.6	2.3
55-59	0.8	0.6	0.7	1.7	1.9	1.8	1.6	1.7	1.7
60-64	0.7	0.8	0.8	1.7	2.0	1.8	1.6	1.8	1.7
65-69	0.6	0.6	0.6	1.3	1.1	1.2	1.2	1.1	1.1
70-74	0.4	0.4	0.4	0.9	1.2	1.1	0.8	1.1	1.0
75-79	0.1	0.2	0.2	0.7	0.4	0.5	0.6	0.3	0.5
80 +	0.2	0.3	0.2	0.7	0.5	0.6	0.6	0.5	0.6
Missing/DK	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,221	2,453	4,674	15,436	16,418	31,855	17,657	18,871	36,528

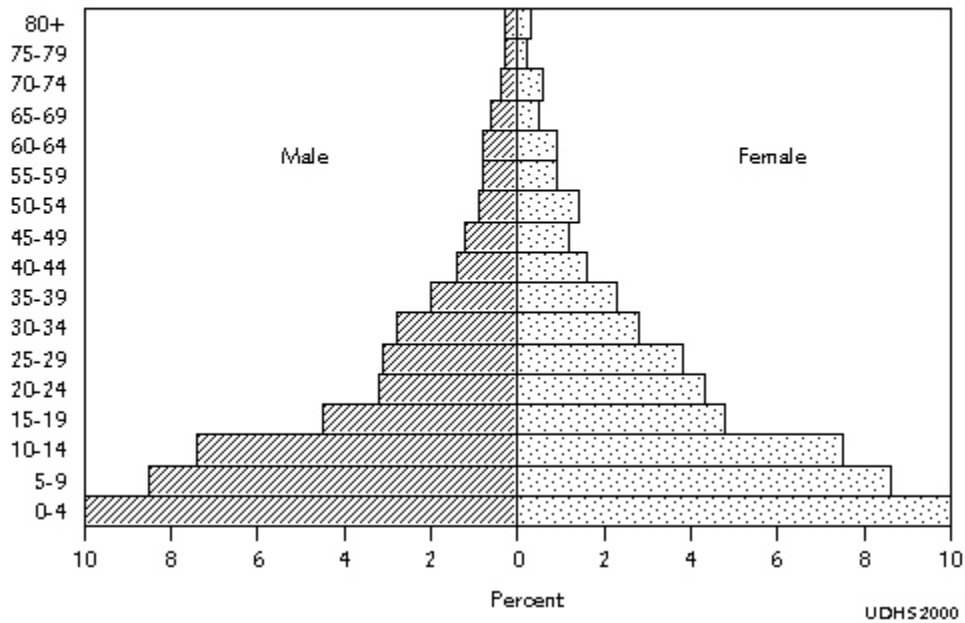
Note: Table is based on the de facto population, i.e., persons who stayed in the household the night before the interview.

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

sex composition of the population does not show significant variation by urban-rural residence. The table further depicts Uganda as a young population, with a large proportion of the population being in the younger age groups. The population under age 15 constitutes 52 percent of the total population. The older age groups are very small in comparison, as can be seen in the population pyramid (Figure 2.1). This type of age structure has a built-in momentum for the growth of the country's population. When the young population eventually reaches reproductive age, the result will be a high population growth rate for some years to come.

The data show an unexpected bulge in the proportion of women age 50-54. This is most likely due to women age 45-49 being deliberately pushed to the 50-54 age group to reduce the workload of the interviewer. There is also an unusually large number of girls age 14 relative to the number age 15 (see Appendix Table C.1), which is presumably due to the same phenomenon. This pattern has been observed in other DHS surveys (Rutstein and Bicego, 1990), but given the levels observed in the UDHS 2000-2001, its effect on the overall results is considered negligible.

Figure 2.1 Population Pyramid



2.2 HOUSEHOLD COMPOSITION

The headship and composition of households is presented in Table 2.2. Nearly three in four households are headed by males, while one in four are headed by women. The proportion of female-headed households is slightly higher in urban areas than in rural areas (31 percent and 27 percent, respectively).

One in every nine households has only one member. However, very large households (nine persons or more) still exist in Uganda. Even in urban areas, which tend to have smaller household sizes than rural areas, 8 percent of the households have nine or more persons. In urban areas, 33 percent of the households have one or two members, compared with 21 percent in rural areas. Rural areas have consistently higher percentages of larger households (five persons or more) than urban areas. Table 2.2 shows that the mean household size is 4.8 persons. This is similar to the figure obtained from the 1991 Population and Housing Census and the 1995 UDHS (Statistics Department and Macro International Inc., 1996). The mean household size is larger in rural areas (4.9 persons) than in urban areas (4.2 persons).

Table 2.2 Household composition

Percent distribution of households by sex of head of household and by household size, according to residence, Uganda 2000-2001

Characteristic	Residence		
	Urban	Rural	Total
Sex of head of household			
Male	69.2	73.0	72.5
Female	30.8	27.0	27.5
Total	100.0	100.0	100.0
Number of usual members			
1	16.4	10.1	11.0
2	16.1	11.0	11.8
3	15.0	12.6	12.9
4	15.5	14.6	14.8
5	11.2	14.2	13.8
6	8.8	11.8	11.4
7	5.6	8.9	8.4
8	3.5	6.2	5.8
9+	7.8	10.4	10.0
Total	100.0	100.0	100.0
Mean size	4.2	4.9	4.8

2.3 FOSTERHOOD AND ORPHANHOOD

In Uganda, a child is defined as a person less than 18 years old, while some countries classify a child as a person under 15 years old. Information on fosterhood and orphanhood of children under both definitions is presented in Table 2.3. Overall, 58 percent of children under 18 years of age are living with both their parents, while 18 percent are living with neither their natural father nor natural mother. The bulk of children living with only one parent are living with the mother (17 percent), compared with only 6 percent living with only the father. Among children under 15 years of age, the percentage living with both parents is slightly higher (60 percent), while the percentage living with neither parent is 16 percent.

In Uganda, an orphan is defined as a child under 18 years old who has lost at least one of his/her biological parents. Fourteen percent of children under 18 years of age are orphans. Among these, 3 percent are those who have lost both parents, 8 percent have lost their father only, and 3 percent have lost their mother only. The corresponding percentage of children under 15 years of age who have been orphaned is 12 percent. Although orphanhood levels increase with age, there are no significant differentials in orphanhood and fostering levels according to the child's sex and residence. However, fewer urban children and children in the Central Region live with both their natural parents.

Table 2.3 Children's living arrangements

Percent distribution of de jure children under age 18 by survival status of parents and children's living arrangements, according to background characteristics, Uganda 2000-2001

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent			Missing information on father/mother	Total	Number	
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive				Both dead
Age												
0-2	77.2	15.9	1.6	0.8	0.1	2.9	0.3	0.2	0.2	0.8	100.0	4,498
2-5	67.2	13.1	3.3	3.2	0.5	8.6	1.0	1.6	0.9	0.6	100.0	4,068
6-9	55.3	11.5	5.2	4.8	1.8	13.2	1.6	2.9	2.4	1.2	100.0	5,317
10-14	40.3	7.8	10.3	4.8	3.2	15.1	3.9	5.3	5.5	3.7	100.0	2,218
Sex												
Male	59.8	11.9	5.1	4.3	1.7	9.2	1.6	2.8	2.6	1.2	100.0	10,816
Female	56.9	11.9	5.5	3.8	1.5	11.6	1.9	2.8	2.6	1.4	100.0	10,941
Residence												
Urban	46.8	14.0	5.4	6.3	2.0	13.0	2.2	4.6	4.2	1.5	100.0	2,521
Rural	59.8	11.6	5.3	3.7	1.5	10.1	1.6	2.6	2.4	1.3	100.0	19,236
Region												
Central	48.9	12.2	5.4	5.7	2.3	13.1	2.6	4.4	3.9	1.5	100.0	6,594
Eastern	62.8	10.9	3.4	4.7	0.7	11.1	0.9	2.2	1.9	1.4	100.0	6,282
Northern	61.4	14.4	6.1	2.9	1.0	7.6	1.4	2.0	2.1	1.1	100.0	3,428
Western	62.7	11.1	6.8	2.0	2.1	8.2	1.8	2.3	2.0	1.0	100.0	5,453
Total	58.3	11.9	5.3	4.0	1.6	10.4	1.7	2.8	2.6	1.3	100.0	21,757
Total 0-14	60.4	12.4	4.7	4.0	1.4	9.9	1.5	2.5	2.3	1.0	100.0	19,539

2.4 EDUCATIONAL LEVEL OF HOUSEHOLD POPULATION

Education affects many aspects of life, including individual demographic and health behaviour. Studies have shown that educational level is strongly associated with contraceptive use; fertility; and the health, morbidity, and mortality of children. In each household, for all persons age four or older, data were collected on the highest level of education attended and the highest class completed at that level. For comparison with data from previous UDHS surveys, Table 2.4 shows the distribution of female and male household members age six and above by the highest level of education ever attended (although not necessarily completed) and the median number of years of education completed according to background characteristics.

One in four children age 4-5 has started school, with insignificant differences found between boys and girls. Overall, 15 percent are in preschool and 9 percent are in primary school (data not shown). More than one in four females (27 percent) age six and above in Uganda have never been to school, compared with only 15 percent of males. In all age groups except the youngest, males are less likely to have no education and more likely to have attained some secondary education than females. The proportion of boys and girls age 6-9 and 10-14 with no education is similar, which may be attributed to the Universal Primary Education programme introduced in 1997 for children under 15. Among older men and women, significant differentials in educational attainment between the sexes are observed. However, data in Table 2.4 show that sex differentials in education have been narrowing over time and the differences in educational attainment between school-age boys and girls have become insignificant.

Table 2.4 Educational attainment of household population

Percent distribution of the de facto male and female household populations age six and over by highest level of education attended, according to background characteristics, Uganda 2000-2001

Background characteristic	Level of education							Total	Number	Median number of years
	No education	Some primary	Completed primary	Some secondary	Completed secondary	More than secondary	Don't know/missing			
MALE										
Age										
6-9	34.6	65.1	0.0	0.0	0.0	0.0	0.3	100.0	2,551	0.0
10-14	3.6	90.2	5.1	1.0	0.0	0.0	0.1	100.0	2,705	2.4
15-19	3.2	53.7	20.0	22.4	0.2	0.3	0.2	100.0	1,661	5.3
20-24	7.4	47.7	12.6	23.0	2.6	5.6	1.2	100.0	1,171	5.7
25-29	7.0	46.8	12.3	21.5	2.8	8.2	1.5	100.0	1,149	5.6
30-34	9.1	46.7	13.0	18.3	1.6	9.2	2.1	100.0	1,019	5.5
35-39	13.9	45.6	10.7	16.4	2.5	9.3	1.6	100.0	739	5.4
40-44	15.8	43.9	12.2	17.2	1.8	7.2	1.9	100.0	524	5.5
45-49	14.6	50.0	8.8	16.3	1.0	7.0	2.2	100.0	450	5.2
50-54	14.6	46.6	13.6	14.8	0.1	7.9	2.4	100.0	322	5.1
55-59	21.4	42.9	12.4	13.6	0.6	7.5	1.6	100.0	282	4.2
60-64	32.0	43.3	12.1	9.6	0.0	2.2	0.8	100.0	277	2.9
65+	52.0	34.4	5.3	4.0	0.3	1.7	2.3	100.0	579	0.0
Residence										
Urban	8.2	40.6	7.4	25.7	3.6	12.0	2.4	100.0	1,775	6.0
Rural	16.3	62.0	9.3	9.1	0.5	2.1	0.7	100.0	11,661	2.8
Region										
Central	14.0	53.5	8.2	14.9	1.8	5.3	2.2	100.0	4,322	3.8
Eastern	11.4	62.1	10.7	12.1	0.4	3.0	0.4	100.0	3,639	3.2
Northern	19.7	58.4	10.2	8.5	0.3	2.5	0.5	100.0	2,066	2.7
Western	18.2	63.6	7.7	7.7	0.5	2.0	0.3	100.0	3,410	2.5
Total	15.2	59.1	9.1	11.3	0.9	3.4	1.0	100.0	13,436	3.1
FEMALE										
Age										
6-9	32.6	67.3	0.0	0.0	0.0	0.0	0.0	100.0	2,611	0.0
10-14	4.6	88.0	6.4	0.9	0.0	0.0	0.1	100.0	2,756	2.5
15-19	9.9	49.9	16.1	22.9	0.4	0.6	0.2	100.0	1,755	5.0
20-24	15.9	50.3	11.7	15.7	1.2	4.7	0.4	100.0	1,574	4.4
25-29	22.6	47.7	9.7	14.4	0.4	5.0	0.2	100.0	1,380	4.0
30-34	25.9	49.0	10.8	9.5	0.4	3.6	0.8	100.0	1,028	3.0
35-39	32.1	46.7	8.5	7.4	0.3	4.5	0.6	100.0	824	2.5
40-44	33.8	47.1	7.7	8.4	0.0	2.3	0.8	100.0	579	2.4
45-49	46.1	38.5	6.2	6.1	0.0	2.0	1.1	100.0	430	0.7
50-54	59.7	28.2	4.2	6.0	0.0	0.8	1.2	100.0	500	0.0
55-59	69.0	23.9	3.3	1.2	0.0	2.0	0.7	100.0	328	0.0
60-64	77.1	18.6	1.7	0.0	0.0	1.1	1.6	100.0	342	0.0
65+	79.8	16.6	1.7	0.5	0.0	0.5	0.9	100.0	565	0.0
Residence										
Urban	11.7	46.1	9.6	22.1	1.4	8.2	0.8	100.0	1,993	5.2
Rural	28.8	57.5	7.0	5.5	0.1	0.8	0.3	100.0	12,687	1.6
Region										
Central	19.4	53.2	9.0	13.5	0.6	3.5	0.8	100.0	4,628	3.3
Eastern	23.3	60.3	8.3	6.6	0.1	1.3	0.2	100.0	4,053	2.0
Northern	39.4	50.7	5.3	3.4	0.1	0.8	0.3	100.0	2,272	0.5
Western	30.9	57.7	5.5	4.6	0.2	0.9	0.2	100.0	3,727	1.4
Total	26.5	55.9	7.3	7.8	0.3	1.8	0.4	100.0	14,680	1.9

Note: Totals include eight men and six women for whom age is missing. An asterisk indicates that a figure has been suppressed because it is based on fewer than 25 respondents.

The percentage of both males and females who have never attended school increases steadily with age. Among females, this proportion decreases from 80 percent in the oldest age group (65 years or more) to 5 percent among those age 10-14. The decline is slightly less drastic among males, from 52 percent to 4 percent, respectively.

It is worth noting that despite the existence of the UPE programme, about one-third of girls and boys age 6-9 years have never been to school. This could be attributed to hindrances like long distances to the nearest school and parents who consider these children to be too young to start schooling. Another possible factor is that the UDHS mostly occurred in the last few months of 2000, and children who turned age six may have been waiting to enter the school year that began in January 2001.

Levels of educational attainment are higher in urban areas than in rural areas. The percentage with no education is lower and the percentage with secondary education is higher in urban areas than in rural areas. Similarly, the median number of years of schooling is higher in urban areas than in rural areas. Whereas women show wide variations across regions, educational levels of men are less varied. Both men and women in the Central Region have the highest levels of secondary education. On the other hand, in the Northern Region, while almost 40 percent of women have had no education, the educational levels of men are only slightly different from those in the Western Region. This pattern was also observed in the 1995 UDHS.

2.5 CHILD LABOUR

Uganda is a signatory to the International Labour Organisation International Programme for the Elimination of Child Labour (ILO-IPEC). Despite all policies and laws put in place, child labour still exists in Uganda. In addition to exploiting children and subjecting them to a hazardous working environment, child labour has the effect of denying children a chance to get an education, thus affecting their future.

The 2000-2001 UDHS collected information in the Household Questionnaire on the engagement of children age 5-17 in domestic and commercial employment. The objective was to establish the magnitude of child labour in the country and the circumstances under which these children work. The survey established whether in the week preceding the survey, a child was working outside the household or for a member of the household, the type of work done, the tenure of the job, the location/environment of the work, and number of hours worked. The survey also collected information on participation in domestic chores. The results are presented in Table 2.5.

Overall, less than 5 percent of children age 5-17 worked for someone who was not a member of the household. Children's employment does not vary much according to urban-rural residence, the sex of the household head or whether the child is in school or not. However, older boys and children in the Eastern Region are more likely to work than other children. It is worth noting that the chance for a child to be employed by someone outside the household is inversely related to the household's wealth status. Children in the lowest quintile are the most likely to be working, and those in the highest quintile are the least likely to work.

Most children (83 percent of boys and 88 percent of girls) helped around the house with chores such as cooking, shopping, cleaning, washing dishes, fetching water, and caring for animals. Although there is no difference by the sex of the household head, in general, children age 10-14, rural children, children in the Central Region, and those who are attending school are more likely

Table 2.5 Children's economic activity

Among children age 5-17, the percentage who worked for someone who was not a member of the household in the week preceding the survey, the percentage who regularly helped with household chores in the week preceding the survey, and the percentage who worked for the family in the week preceding the survey, by sex and background characteristics, Uganda 2000-2001

Background characteristic	Boys				Girls			
	Worked for someone who is not a member of the household	Regularly helps with household chores	Worked for the family	Number of boys	Worked for someone who is not a member of the household	Regularly helps with household chores	Worked for the family	Number of girls
Age								
5-9	2.5	73.8	23.3	3,264	3.2	81.6	22.3	3,331
10-14	5.4	92.3	54.6	2,864	4.9	94.3	50.8	2,938
15-17	8.6	87.2	56.7	1,156	4.6	87.9	53.4	1,163
Residence								
Urban	4.6	78.2	18.7	835	2.4	83.6	15.8	976
Rural	4.6	83.8	43.8	6,449	4.3	88.2	41.9	6,457
Region								
Central	3.5	89.6	47.9	2,320	1.7	90.7	45.1	2,351
Eastern	7.2	80.7	46.7	1,934	6.8	85.5	42.3	2,115
Northern	3.3	69.9	28.7	1,159	4.7	84.7	26.7	1,146
Western	4.1	85.9	33.9	1,871	3.7	88.0	32.8	1,821
Sex of household head								
Male	4.4	83.1	40.3	5,381	3.5	87.1	37.2	5,303
Female	5.1	83.4	42.7	1,903	5.6	88.8	41.5	2,129
Schooling status								
Attending school	4.6	87.9	45.8	5,839	4.3	90.6	42.4	5,856
Not attending school	4.6	64.2	21.1	1,445	3.1	76.6	23.9	1,576
Wealth index quintile								
Lowest	6.4	78.4	39.3	1,322	5.8	86.2	35.5	1,320
Lower middle	5.2	81.0	40.7	1,443	5.5	86.4	41.0	1,381
Middle	4.0	85.3	44.5	1,515	4.4	90.0	43.7	1,485
Upper middle	4.1	87.3	47.4	1,549	3.3	90.8	44.9	1,619
Highest	3.3	83.1	32.1	1,455	1.9	84.5	27.5	1,627
Total	4.6	83.2	40.9	7,284	4.1	87.6	38.5	7,433

than other children to help with chores around the house. The household's wealth status does not have a strong influence on the participation of children in household chores.

Questions were also asked of all children age 5-17 about whether they worked for the family farm or business in the week prior to the survey. Data in Table 2.5 show that four in ten children worked for their family. This figure is higher for older children, children in the rural areas, and those attending school. There is no clear pattern of the involvement of children in the family business or farm by the household's wealth status. Whereas children in the middle three quintiles seem to have gradually higher rates as their wealth status increases, children in the lowest and highest quintiles are the least likely to work for the family farm or business.

2.6 HOUSING CHARACTERISTICS

Information was collected about certain characteristics of the households, including access to electricity, source of drinking water, time to water source, type of sanitation facility, and construction materials of the dwelling. This information is used to assess the status of public health. The information on housing characteristics is presented by urban-rural residence in Table 2.6.

Nine percent of households in Uganda have access to electricity. Although still low, this proportion shows a slight improvement from the 7 percent observed in the 1995 UDHS. Access to electricity is much higher in urban areas (44 percent) than in rural areas (2 percent).

Table 2.6 shows that open wells are still a major source of drinking water, while boreholes are the second most important source. These two sources combined are used by one half of the households with another 16 percent of households getting water from protected wells. Only one in nine households has access to piped water, mainly from a public tap. The percentage of households with access to piped water is much higher in the urban areas (63 percent) compared to the rural areas (2 percent).

The urban-rural difference is also reflected in the time taken to draw water. In urban areas, nearly two-thirds of the households are within 15 minutes of a water source, compared with only 15 percent of rural households. Although half of urban households take nine minutes to collect water, in the rural areas the median duration is 30 minutes, more than three times longer.

Households without proper toilet facilities are more exposed to the risk of diseases like dysentery, diarrhoea, and typhoid fever. Most households (79 percent) in Uganda use traditional pit latrines; this is true in both urban and rural areas. Flush toilets, as well as ventilated improved pit (VIP) latrines, are less common in the rural areas than in the urban areas. Overall, one in six households in Uganda has no toilet facilities of any kind. This problem is more common in rural areas, where about one-fifth of the households have no toilet facilities, compared with only 3 percent of households in urban areas.

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

Overall, four out of every five households have floors made of earth, sand, or cow dung. In general, rural households have poorer quality floors than urban households. Ninety percent of rural households have earth or dung floors, while 73 percent of the urban households have cement or vinyl floors. Very few households (less than 1 percent) in both rural and urban areas have floors made from tiles or polished wood.

When compared with the 1995 UDHS, the overall status of housing conditions shows an improving trend. The same trend was shown by the 1999-2000 Uganda National Household Survey (UNHS).

Table 2.6 Housing characteristics

Percent distribution of households by housing characteristics, according to residence, Uganda 2000-2001

Housing characteristic	Residence		Total
	Urban	Rural	
Electricity			
Yes	43.9	2.4	8.6
No	56.0	97.3	91.2
Missing	0.1	0.3	0.3
Total	100.0	100.0	100.0
Source of drinking water			
Piped into dwelling	5.1	0.1	0.9
Piped into yard/plot	7.0	0.1	1.1
Public tap	51.2	1.5	8.9
Open well in yard/plot	0.1	0.0	0.0
Open public well	6.8	28.3	25.1
Protected well in yard/plot	0.2	0.1	0.1
Protected public well	10.9	17.0	16.1
Borehole in yard/plot	0.2	0.2	0.2
Public borehole	13.6	26.4	24.5
Spring	1.3	9.4	8.2
River, stream	0.3	8.8	7.5
Pond, lake	0.6	5.3	4.6
Dam	0.2	1.6	1.4
Rainwater	0.4	0.4	0.4
Tanker truck	0.1	0.0	0.0
Bottled water	0.7	0.0	0.1
Gravity flow scheme	0.0	0.6	0.5
Other	1.4	0.2	0.4
Missing	0.1	0.2	0.2
Total	100.0	100.0	100.0
Time to water source			
Percentage <15 minutes	62.7	15.4	22.5
Median time to water source	9.2	29.9	29.6
Sanitation facility			
Flush toilet	9.1	0.5	1.7
Traditional pit toilet	79.9	78.3	78.5
Ventilated improved pit latrine	7.9	1.1	2.1
No facility, bush, field	2.7	19.1	16.7
Other	0.2	0.8	0.7
Missing	0.1	0.2	0.2
Total	100.0	100.0	100.0
Flooring material			
Earth, sand	19.3	59.9	53.8
Dung	7.1	30.0	26.6
Parquet or polished wood	0.6	0.1	0.2
Vinyl, asphalt strips	24.7	3.5	6.6
Ceramic tiles	0.4	0.0	0.1
Cement	47.8	6.4	12.5
Other	0.1	0.1	0.1
Total	100.0	100.0	100.0
Number	1,174	6,711	7,885

2.7 HOUSEHOLD DURABLE GOODS

The 2000-2001 UDHS also collected information on the household's ownership of selected durable goods. Combined with other indicators, information on ownership of durable goods can be used to generate a wealth index that acts as a proxy measure of the socioeconomic status of a household.² Further, ownership of a radio or television is a measure of access to mass media; telephone ownership measures access to an efficient means of communication; cupboard and refrigerator ownership indicates the capacity for hygienic storage of foods and utensils; lantern ownership indicates a source of lighting; and ownership of a bicycle, motorcycle, boat/canoe, or private car shows the means of transport privately available to the household. Ownership of these items, in turn, has a bearing on the household's access to information and health care.

Table 2.7 shows that more than half of the households in Uganda own a radio; urban households are more likely than rural households to have a radio (78 percent compared with 47 percent). Only 6 percent of households own a television, and only 3 percent have a telephone. Refrigerators are also uncommon. One-third of Ugandan households own lanterns, while more than one-fourth have cupboards. Two-fifths of households own bicycles. Bicycles are more common in rural areas than in urban areas, while cars and motorcycles are almost exclusively owned by urban households. About one-third of rural households and 10 percent of urban households do not own any of the above durable goods.

Table 2.7 Household durable goods

Percentage of households possessing various durable consumer goods and means of transport, by residence, Uganda 2000-2001

Durable consumer goods	Residence		Total
	Urban	Rural	
Household possessions			
Radio	77.5	47.0	51.5
Television	26.6	1.9	5.6
Telephone	14.5	0.6	2.7
Refrigerator	12.2	0.3	2.1
Lantern	64.9	26.8	32.5
Cupboard	53.2	22.0	26.7
Means of transport			
Bicycle	19.8	42.1	38.8
Motorcycle/scooter	5.4	1.9	2.4
Car/truck	6.1	0.6	1.4
Boat/canoe	0.4	0.4	0.4
None of the above	10.4	32.4	29.2
Number of households	1,174	6,711	7,885

² The wealth index is created by using factor analysis to identify the most important variables to divide households into quintiles by socioeconomic status.

This chapter provides a description of the situation of men and women of reproductive age in Uganda. The description is presented in terms of the following variables: age at the time of the survey, marital status, residence, education, literacy, and media access. In addition, factors that enhance women's empowerment are explored, including employment, occupation, earnings, and continuity of employment. Women's decisionmaking autonomy at the household level is also explored. An analysis of these variables provides the socioeconomic context within which demographic and reproductive health issues are examined in the subsequent chapters.

3.1 CHARACTERISTICS OF SURVEY RESPONDENTS

Background characteristics of the 7,246 women age 15-49 and 1,962 men age 15-54 interviewed in the 2000-2001 UDHS are presented in Table 3.1. The distribution of the respondents according to age shows a similar pattern for males and females. For both sexes, the proportion of respondents in each age group declines with increasing age. Forty-three percent of women and 39 percent of men are in the 15-24 age group, 32 percent of women and 31 percent of men are age 25-34, and the remaining respondents are age 35-49 and age 35-54 for women and men, respectively.

Forty-five percent of women compared with 55 percent of men are formally married¹. Male respondents were much more likely than female respondents to have never married (34 percent for males and 20 percent for females). It is interesting to note that 22 percent of females declared themselves to be living together with a man or in consensual unions, while the corresponding percentage for males is only 5 percent. Whereas 9 percent of women are divorced and 3 percent are widowed, the corresponding proportions for men are 5 percent and less than 1 percent, respectively.

The distribution of male and female respondents by residence is the same. Less than 17 percent of respondents are found in the urban areas. The largest proportion of both male and female respondents (34 percent and 32 percent, respectively) is in the Central Region. The Northern Region is the least populated area with 16 percent of women and 15 percent of men.

Data in Table 3.1 show that men are much more likely to have gone to school and attained higher levels of education than women. Whereas 22 percent of women have never attended school, the corresponding proportion for men is only 6 percent. Furthermore, whereas 29 percent of men have gone to secondary or higher education, only 18 percent of women have.

According to 1991 census data, the DISH project serves 29 percent of the women of reproductive age in Uganda, and the CREHP project covers 7 percent. The projects cover similar proportions of men and women (30 percent and 6 percent, respectively).

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

Table 3.1 Background characteristics of respondents

Percent distribution of women and men by background characteristics, Uganda 2000-2001

Background characteristic	Weighted percent	Number of women		Weighted percent	Number of men	
		Weighted	Un-weighted		Weighted	Un-weighted
Age						
15-19	22.3	1,615	1,687	22.5	441	440
20-24	20.8	1,504	1,542	16.4	321	337
25-29	18.5	1,341	1,326	15.8	310	315
30-34	13.6	983	955	14.8	291	283
35-39	11.2	810	783	11.8	231	225
40-44	7.9	570	547	8.4	165	166
45-49	5.8	423	406	6.1	120	117
50-54	na	na	na	4.2	83	79
Marital status						
Never married	20.1	1,456	1,603	34.4	675	700
Married	45.1	3,267	3,075	55.3	1,085	1,056
Living together	22.3	1,614	1,600	4.8	95	111
Divorced, separated	9.2	665	708	4.8	94	83
Widowed	3.4	245	260	0.7	13	12
Residence						
Urban	16.7	1,207	2,416	16.6	325	601
Rural	83.3	6,039	4,830	83.4	1,637	1,361
Region						
Central	32.3	2,341	2,445	34.2	671	677
Eastern	27.0	1,956	1,767	26.7	523	466
Northern	16.0	1,158	1,041	14.5	284	273
Western	24.7	1,792	1,993	24.7	484	546
Education						
No education	21.9	1,584	1,459	6.2	122	118
Primary	59.8	4,330	4,098	64.8	1,272	1,201
Secondary+	18.4	1,331	1,688	28.9	568	643
Missing	0.0	1	1	0.0	0	0
DISH/CREHP districts						
DISH	28.7	2,077	2,317	29.7	582	622
I Mbarara and Ntungamo	5.4	392	446	5.8	115	132
II Masaka, Rakai, and Sembabule	6.7	486	541	7.5	147	162
III Luwero, Masindi, and Nakasongola	3.3	240	206	3.4	66	53
IV Kamuli and Jinja	4.9	356	554	4.3	84	124
V Kampala	8.3	604	570	8.7	171	151
CREHP (Kisoro, Kabale, and Rukungiri)	6.5	472	755	5.8	114	188
Neither	64.8	4,696	4,174	64.5	1,265	1,152
Total	100.0	7,246	7,246	100.0	1,962	1,962

Note: Education refers to the highest level ever attended whether or not that level was completed.
na = Not applicable

3.2 EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS

Table 3.2 shows the distribution of respondents according to the highest level of schooling attended. As mentioned before, the data show that men are better educated than women. Whereas 6 percent of men have never gone to school, the corresponding proportion for women is 22 percent. The reverse situation is observed for those who attended secondary or higher education.

Younger people are more likely to be educated and to reach higher levels of education than older people. For women, the percentage without formal education is 9 percent for age 15-19, 15 percent for age 20-24, and 45 percent for age 45-49. For men, the increase is gradual, from 2 percent for age 15-19 to 5 percent for age 25-29 to 14 percent in the 50-54 age category.

Rural people are less educated than their urban counterparts. One in four rural women do not have an education, compared with 7 percent of urban women. The corresponding figures for men are 7 percent and 2 percent for rural men and urban men, respectively. The pattern, however, changes for secondary or higher education. Whereas only 12 percent of rural women have attended secondary or higher education, 48 percent of urban women have at least some secondary education.

School attainment among female respondents varies by region. Women in the Central Region are the least likely to have no education (12 percent). On the other hand, 39 percent of women in the Northern Region have not attended school. In the Eastern and Western regions, the percentage of women who have not attended school is 19 percent and 27 percent, respectively. Data for the male respondents, however, are less varied, with the percentage who have never attended school ranging between 4 and 9 percent.

The last column in Table 3.2 shows the median number of years of schooling. The figures confirmed the previous findings: younger persons and those living in the urban areas and in the Central Region have had more years of schooling. The results also confirm the marginalisation of women regarding education and the evolution of women's education in Uganda over the years. Women are still less likely to have formal education than men.

3.3 LITERACY

A person's ability to read is important in taking advantage of day-to-day opportunities. In the 2000-2001 UDHS, level of literacy is determined by the respondent's ability to read none, part, or all of a simple sentence. Interviewers were given cards on which sentences² were printed in all the major languages spoken in Uganda. Respondents who had attended secondary school were assumed to be literate and were not asked to read a sentence.

Data in Table 3.3 reveal that 40 percent of women in the survey could not read at all, compared with 16 percent of the men. Literacy levels decrease with increasing age among women, from 57 percent among women 15-19 to 34 percent in the 45-49 age group. However, six out of ten men in all age groups are literate, showing their greater access to education over the years.

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

Table 3.2 Educational attainment by background characteristics

Percent distribution of women and men by highest level of schooling attended, and median number of years of schooling completed, by background characteristics, Uganda 2000-2001

Background characteristic	Highest level of schooling attained						Total	Number of women	Median years of schooling
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
WOMEN									
Age									
15-19	9.1	50.5	15.6	23.7	0.4	0.6	100.0	1,615	5.0
20-24	15.1	51.3	11.4	16.8	1.4	3.9	100.0	1,504	4.4
25-29	22.0	48.2	9.9	14.8	0.5	4.7	100.0	1,341	4.0
30-34	26.4	48.8	11.1	9.9	0.4	3.3	100.0	983	3.1
35-39	32.5	47.2	8.5	7.5	0.1	4.2	100.0	810	2.5
40-44	35.5	45.6	7.3	9.3	0.0	2.2	100.0	570	2.3
45-49	44.8	41.1	6.1	6.0	0.0	2.0	100.0	423	1.1
Residence									
Urban	7.4	33.8	10.9	35.2	2.2	10.5	100.0	1,207	6.5
Rural	24.7	51.7	11.1	10.7	0.2	1.5	100.0	6,039	3.2
Region									
Central	11.5	45.4	11.9	24.7	1.2	5.3	100.0	2,341	5.6
Eastern	19.4	51.6	13.1	13.3	0.3	2.4	100.0	1,956	3.7
Northern	38.8	44.7	8.9	6.1	0.1	1.4	100.0	1,158	1.5
Western	27.1	52.5	9.2	9.1	0.3	1.8	100.0	1,792	3.0
Total	21.9	48.7	11.0	14.8	0.6	3.0	100.0	7,246	3.9
MEN									
Age									
15-19	1.6	59.0	12.7	26.7	0.1	0.0	100.0	441	5.5
20-24	2.1	47.8	18.0	23.5	3.2	5.4	100.0	321	6.0
25-29	5.0	49.6	12.2	18.7	4.0	10.5	100.0	310	5.5
30-34	5.7	50.2	14.3	18.9	1.1	9.7	100.0	291	5.6
35-39	12.9	46.8	14.9	15.6	1.9	7.9	100.0	231	5.1
40-44	12.9	41.1	17.0	16.8	3.5	8.7	100.0	165	5.5
45-49	11.9	47.4	17.8	15.8	1.9	5.2	100.0	120	5.3
50-54	13.6	46.0	12.1	19.8	0.0	8.5	100.0	83	4.8
Residence									
Urban	2.2	24.7	12.0	38.3	4.7	18.2	100.0	325	8.4
Rural	7.0	55.3	15.2	17.2	1.4	3.9	100.0	1,637	5.2
Region									
Central	5.1	43.7	13.6	23.1	3.7	10.8	100.0	671	6.1
Eastern	4.3	55.1	10.3	25.4	1.0	3.9	100.0	523	5.4
Northern	8.6	50.9	19.5	16.4	0.5	4.0	100.0	284	5.4
Western	8.4	53.5	17.8	14.6	1.5	4.1	100.0	484	5.1
Total	6.2	50.2	14.6	20.7	2.0	6.3	100.0	1,962	5.5

¹Completed 7th grade at the primary level.

²Completed 6th grade at the secondary level.

For both sexes, literacy levels are higher in urban areas than in rural areas. The gap between men and women is wide, particularly in the rural areas where 60 percent of the men are literate, compared with 42 percent of the women. The gap is also significant across regions. In the Northern Region, for example, the literacy level of men is 69 percent, compared with 24 percent for women. In other regions, the gap is less pronounced; in the Central and Western regions, it is 7 percentage points, and in the Eastern Region, the gap between the male and female literacy level is 21 percentage points.

Table 3.3 Literacy

Percent distribution of women and men by level of schooling attended, level of literacy, and percentage who are literate, according to background characteristics, Uganda 2000-2001

Background characteristic	Secondary school or higher	No schooling or primary school				Missing	Total	Number	Percent literate
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language				
WOMEN									
Age									
15-19	24.8	32.1	12.9	28.3	1.4	0.5	100.0	1,615	56.9
20-24	22.1	26.4	10.4	39.2	1.5	0.4	100.0	1,504	48.6
25-29	20.0	27.9	10.3	38.7	2.7	0.5	100.0	1,341	47.9
30-34	13.7	29.0	10.9	43.1	2.5	0.8	100.0	983	42.7
35-39	11.8	30.2	8.0	47.3	1.8	0.9	100.0	810	42.0
40-44	11.6	31.7	6.0	47.8	2.1	0.9	100.0	570	43.3
45-49	8.0	25.5	9.1	55.2	2.0	0.2	100.0	423	33.5
Residence									
Urban	47.8	28.2	8.2	14.0	1.3	0.5	100.0	1,207	76.0
Rural	12.5	29.3	10.7	44.9	2.0	0.6	100.0	6,039	41.8
Region									
Central	31.2	38.6	7.6	18.6	2.9	1.0	100.0	2,341	69.8
Eastern	15.9	19.5	11.2	51.5	1.4	0.5	100.0	1,956	35.4
Northern	7.6	16.4	9.9	65.5	0.5	0.2	100.0	1,158	24.0
Western	11.2	35.4	13.1	37.8	2.2	0.3	100.0	1,792	46.6
Total	18.4	29.1	10.3	39.7	1.9	0.6	100.0	7,246	47.5
MEN									
Age									
15-19	26.7	36.9	19.5	12.7	4.1	0.1	100.0	441	63.6
20-24	32.1	34.6	16.1	14.2	3.1	0.0	100.0	321	66.7
25-29	33.2	33.0	15.3	14.7	3.4	0.5	100.0	310	66.1
30-34	29.7	33.1	17.7	16.5	2.5	0.4	100.0	291	62.8
35-39	25.4	35.6	15.3	19.5	4.2	0.0	100.0	231	61.0
40-44	29.0	35.0	13.3	18.4	4.3	0.0	100.0	165	64.0
45-49	23.0	42.1	14.2	16.9	3.7	0.0	100.0	120	65.1
50-54	28.3	36.8	3.4	25.8	3.3	2.4	100.0	83	65.1
Residence									
Urban	61.2	24.3	6.1	5.2	3.1	0.1	100.0	325	85.5
Rural	22.5	37.5	17.9	18.1	3.6	0.3	100.0	1,637	60.0
Region									
Central	37.6	38.8	7.4	9.6	6.6	0.0	100.0	671	76.4
Eastern	30.3	26.2	19.5	19.6	4.1	0.4	100.0	523	56.4
Northern	21.0	47.8	15.8	14.2	1.3	0.0	100.0	284	68.8
Western	20.2	33.1	24.3	21.8	0.0	0.6	100.0	484	53.3
Total	28.9	35.3	16.0	15.9	3.6	0.3	100.0	1,962	64.3

Note: Percent literate includes those who have attended secondary school and those who can read a whole sentence.

3.4 ACCESS TO MASS MEDIA

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

Most of the population is exposed to some form of media. In general, men are more likely than women to have access to mass media; this is true for all types of media. Table 3.4 shows that radio is the most popular medium. Three in four men and more than half of the women listen to a radio broadcast at least once a week. Twenty-four percent of men read a newspaper at least once a week, compared with 15 percent of the women.

Table 3.4 Exposure to mass media

Percentage of women and men who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by background characteristics, Uganda 2000-2001

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media	No mass media	Number
WOMEN						
Age						
15-19	20.1	13.8	54.9	7.6	35.2	1,615
20-24	14.9	9.2	56.5	5.2	36.9	1,504
25-29	13.5	10.7	53.4	5.6	39.2	1,341
30-34	13.3	8.5	50.3	4.9	41.6	983
35-39	12.6	6.3	50.7	3.9	41.7	810
40-44	12.2	6.8	48.3	3.5	40.7	570
45-49	8.3	6.1	42.2	3.3	48.0	423
Residence						
Urban	43.7	36.5	81.5	23.2	10.7	1,207
Rural	9.0	4.4	46.8	1.8	44.7	6,039
Region						
Central	30.6	24.1	73.1	14.2	18.8	2,341
Eastern	8.9	3.8	48.1	1.4	42.0	1,956
Northern	4.9	1.4	24.9	0.6	69.3	1,158
Western	6.8	2.7	48.6	1.2	42.8	1,792
Education						
No education	0.2	2.0	30.5	0.0	62.6	1,584
Primary	9.0	6.1	51.5	1.9	39.4	4,330
Secondary+	50.6	30.8	82.5	23.0	9.7	1,331
Total	14.7	9.7	52.6	5.4	39.1	7,246
MEN						
Age						
15-19	19.7	14.5	76.8	8.0	15.4	441
20-24	24.8	15.4	78.0	9.2	13.5	321
25-29	32.8	20.5	75.0	15.2	14.6	310
30-34	22.2	12.5	78.0	9.0	14.0	291
35-39	24.5	12.4	69.3	7.8	16.3	231
40-44	28.3	15.5	70.4	11.6	19.7	165
45-49	19.8	6.7	71.7	3.3	18.4	120
50-54	21.8	6.2	63.9	3.7	23.6	83
Residence						
Urban	59.9	49.3	92.4	38.8	2.4	325
Rural	17.3	7.4	71.1	3.4	18.4	1,637
Region						
Central	38.3	27.5	87.4	20.8	7.4	671
Eastern	17.6	10.6	67.5	4.2	22.9	523
Northern	17.7	5.1	57.7	2.4	27.3	284
Western	16.3	5.5	74.5	2.9	12.9	484
Education						
No education	0.1	2.3	43.3	0.0	45.0	122
Primary	13.4	7.9	70.9	2.9	18.6	1,272
Secondary+	54.1	31.3	89.7	25.7	3.0	568
Total	24.4	14.3	74.6	9.3	15.8	1,962

Note: Total includes one woman with missing information on education

Given the low television broadcast coverage in the country, the percentage of women and men who watch television is low (10 percent of women and 14 percent of men). The proportion that has access to all three media at least once a week is generally low for both men and women (5 percent for women and 9 percent for men). Four in ten women and one in six men have no exposure to any mass media, which poses a challenge in the provision of information to the population.

Table 3.4 further provides an analysis of the responses by background characteristics of respondents. The results by age show that the proportion of women and men who are exposed to any media at least once a week generally declines slowly with age. The proportion who have no access to any media increases with age for both sexes.

The data show that urban residents are more likely to have access to mass media than rural residents. Among women, although less than 10 percent of the women in rural areas read a newspaper or watch television at least once a week, the percentages for urban women are 44 percent and 37 percent, respectively. A similar pattern is found for listening to the radio, with only 47 percent of rural women listening to a radio as opposed to 82 percent of their urban counterparts. For men, although 60 percent of men in the urban areas read a newspaper at least once a week, the corresponding proportion for rural men is only 17 percent. The findings depict the urban-rural gap in socioeconomic development as reflected in higher standards of living in the urban areas than in the rural areas.

For both women and men, media access is highest in the Central Region. For example, 73 percent of women in the Central Region listen to a radio at least once a week, compared with less than 50 percent of women in the Eastern and Western regions and only one-quarter of women in Northern Region.

The data on media access by educational attainment of respondents reveal that exposure to media is positively associated with educational attainment. For example, 83 percent of women who had reached secondary or higher education listen to a radio at least once a week, compared with 31 percent of women with no education. The same pattern is shown for men.

3.5 EMPLOYMENT

Respondents were asked whether they were employed at the time of the survey and if not, whether they were employed in the 12 months that preceded the survey. Table 3.5 and Figure 3.1 show that 73 percent of women and 63 percent of men were currently employed. The proportion currently employed increases with age and number of living children among women. The data for men show a less distinct pattern. Women who were divorced, separated, or widowed are the most likely to be employed (83 percent), followed by those who were married (78 percent). Never-married women and men are the least likely to be employed (51 percent and 38 percent, respectively). Married men and men who are divorced, separated, or widowed show equal levels of current employment (76 percent).

The current employment level for women is higher in rural areas than in urban areas, while the reverse is true for men. Women in the Western Region are the most likely to be employed (84 percent), followed by the Eastern and Northern regions (77 to 78 percent), while the level in the Central Region is 60 percent. For men, employment levels vary between 41 and 42 percent in the Eastern and Northern regions to 82 percent in the Western Region. It is worth noting that for both women and men, current employment levels are inversely associated with educational attainment.

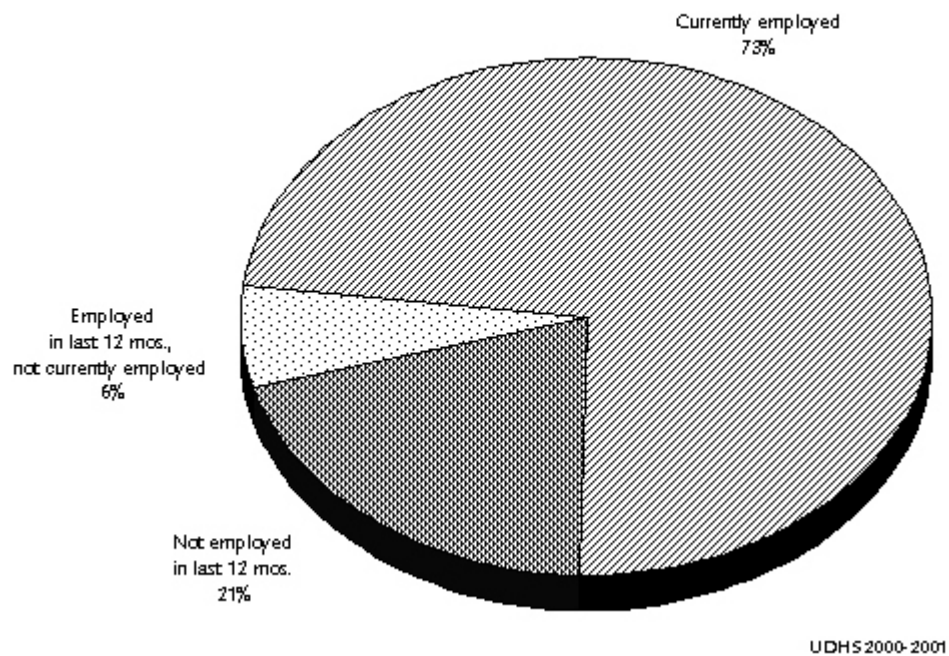
Table 3.5 Employment status

Percent distribution of women and men by employment status and continuity of employment, according to background characteristics, Uganda 2000-2001

Background characteristic	WOMEN				MEN			
	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey		Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	
	Currently employed	Not currently employed	Total ¹	Number ²	Currently employed	Not currently employed	Total	Number
Age								
15-19	54.4	6.3	39.2	1,615	27.2	7.5	100.0	64.9
20-24	69.5	7.7	22.8	1,504	64.2	19.4	100.0	16.3
25-29	78.3	5.8	15.9	1,341	73.3	19.5	100.0	7.1
30-34	83.0	5.2	11.8	983	81.5	18.1	100.0	0.4
35-39	83.4	5.2	11.4	810	78.4	20.3	100.0	1.3
40-44	87.4	4.4	8.2	570	76.0	22.8	100.0	1.1
45-49	83.3	6.4	10.4	423	67.6	29.2	100.0	3.1
					69.0	23.8	100.0	7.2
Marital status								
Never married	51.0	6.9	41.9	1,456	37.8	10.7	100.0	51.3
Married or in union	78.2	5.8	15.9	4,881	76.3	22.0	100.0	1.8
Divorced, separated, widowed	82.9	6.1	11.0	910	75.6	15.4	100.0	8.9
Number of living children								
0	56.8	6.4	36.7	1,730	40.0	12.3	100.0	47.5
1-2	72.5	6.6	21.0	2,021	78.7	17.1	100.0	4.2
3-4	80.9	5.5	13.6	1,665	75.3	23.8	100.0	0.9
5+	83.1	5.8	11.1	1,830	75.7	22.1	100.0	2.2
Residence								
Urban	56.7	6.7	36.6	1,207	67.1	7.1	100.0	25.6
Rural	76.7	6.0	17.3	6,039	62.2	19.9	100.0	17.9
Region								
Central	60.3	6.8	32.9	2,341	75.0	3.7	100.0	21.3
Eastern	76.6	5.4	18.0	1,956	42.4	35.4	100.0	22.2
Northern	77.8	10.7	11.4	1,158	40.6	40.8	100.0	18.2
Western	84.0	2.9	13.1	1,792	81.7	4.6	100.0	13.6
Education								
No education	79.1	8.1	12.8	1,584	78.2	17.0	100.0	4.7
Primary	74.9	5.5	19.6	4,330	63.6	19.1	100.0	17.2
Secondary+	61.4	5.8	32.8	1,331	58.3	14.8	100.0	26.8
Total	73.4	6.1	20.5	7,246	63.0	17.7	100.0	19.2

¹May not add up to 100.0 due to missing cases²Includes one woman with missing information on education.

Figure 3.1 Employment of Women



3.6 OCCUPATION

Respondents who were currently employed were asked to state their occupation, and the results are presented in Tables 3.6.1 and 3.6.2. Among women who are currently employed, 77 percent are engaged in agriculture and 23 percent are involved in nonagricultural activities. The percentages for men are 54 percent and 46 percent, respectively. The strong involvement of the population in agriculture reflects the predominance of the agricultural sector in the Ugandan economy. Data in Table 3.6.1 and 3.6.2 also reveal that among women who are engaged in agriculture, most work on family land, while most men work on their own land.

Tables 3.6.1 and 3.6.2 further show that most women and men who are engaged in nonagricultural activities work in sales and services occupations or unskilled manual labour. The professional, technical, and managerial occupations, which require more skill but have higher income-earning potential, employ only 3 percent of working women and 6 percent of working men.

Data in Tables 3.6.1 and 3.6.2 show the expected patterns. Except for women in urban areas and those with secondary or higher education, the majority work in agriculture, whereas among men, only a majority of older men, married men, rural men, those in the Northern and Western regions, and those with less than secondary education work in agriculture.

Table 3.6.1 Occupation: women

Percent distribution of currently employed women by occupation, according to background characteristics, Uganda 2000-2001

Background characteristic	Agricultural				Nonagricultural						Total	Number ¹
	Own land	Family land	Rented land	Other's land	Prof./tech./manag.	Clerical	Sales and services	Skilled manual labour	Unskilled manual labour	Other/don't know/missing		
Age												
15-19	12.3	61.1	5.4	3.2	0.5	0.0	6.5	2.3	8.4	0.3	100.0	878
20-24	21.1	39.1	8.3	5.0	3.4	0.8	11.4	2.6	7.9	0.4	100.0	1,045
25-29	25.5	33.6	7.8	5.8	4.0	0.2	13.0	2.3	6.9	0.8	100.0	1,050
30-34	29.3	31.7	8.0	4.3	3.3	0.4	10.2	3.3	8.0	1.5	100.0	816
35-39	31.3	34.5	6.1	4.8	2.9	0.5	11.1	2.1	6.4	0.2	100.0	675
40-44	32.8	37.4	7.7	6.8	1.7	0.0	6.4	2.7	3.7	0.9	100.0	498
45-49	41.3	27.9	7.5	6.6	2.1	0.0	6.8	1.8	5.8	0.3	100.0	352
Marital status												
Never married	4.2	54.7	2.6	3.2	5.0	1.1	11.2	4.8	12.5	0.8	100.0	743
Married/living together	30.7	37.2	8.4	4.9	2.3	0.2	8.5	1.9	5.4	0.6	100.0	3,819
Divorced, separated	14.6	37.1	5.6	7.5	2.9	0.3	18.6	3.3	9.5	0.5	100.0	545
Widowed	35.1	21.3	7.5	6.5	2.2	0.1	9.7	3.2	12.6	1.9	100.0	209
Number of living children												
0	10.6	52.3	4.6	3.2	4.2	0.8	10.0	3.5	10.2	0.6	100.0	982
1-2	20.9	37.6	8.1	5.7	4.4	0.6	12.6	2.4	7.2	0.3	100.0	1,465
3-4	27.9	35.5	9.0	5.1	1.6	0.0	11.0	2.3	6.8	0.7	100.0	1,347
5+	37.3	34.9	6.6	5.3	1.2	0.1	6.4	2.1	5.2	0.9	100.0	1,522
Residence												
Urban	3.6	5.6	1.9	2.7	10.1	1.3	40.9	6.7	26.0	1.3	100.0	684
Rural	28.7	44.0	8.1	5.3	1.6	0.2	5.4	1.8	4.3	0.6	100.0	4,632
Region												
Central	19.6	18.6	3.3	7.7	5.6	0.8	20.0	6.0	17.0	1.4	100.0	1,411
Eastern	21.7	47.4	12.3	2.9	2.1	0.1	7.9	1.5	3.6	0.4	100.0	1,499
Northern	37.9	38.6	4.2	5.3	0.8	0.3	6.4	0.5	5.6	0.5	100.0	901
Western	27.4	50.0	7.9	4.4	1.8	0.2	4.6	1.4	2.2	0.3	100.0	1,505
Education												
No education	34.5	39.1	9.1	6.9	0.0	0.0	4.6	0.9	4.3	0.6	100.0	1,253
Primary	25.9	42.8	7.8	4.9	0.2	0.1	8.4	2.4	7.1	0.6	100.0	3,244
Secondary+	10.0	24.1	2.5	2.6	16.8	1.9	24.4	5.3	11.5	0.9	100.0	818
Total	25.5	39.0	7.3	5.0	2.7	0.3	9.9	2.5	7.1	0.7	100.0	5,316

¹Includes one woman with missing information on education.

3.7 EARNINGS, EMPLOYER, AND CONTINUITY OF EMPLOYMENT

Table 3.7 shows the distribution of women and men by their employment status. The data indicate that 27 percent of employed women receive payment in cash only, 35 percent receive both cash and kind, 9 percent receive only payment in kind, and 29 percent receive no payment for their work (Figure 3.2). Men are more likely than women to be paid in cash for their work. Table 3.7 further shows that women and men who work in agriculture are much more likely to receive no payment than those who work in nonagricultural jobs.

Data on type of employer in Table 3.7 indicate that 63 percent of working women are self-employed, while 28 percent are employed by a relative and 9 percent are employed by a nonrelative. These results are also displayed graphically in Figure 3.3. Table 3.7 further shows that

Table 3.6.2 Occupation: men

Percent distribution of currently employed men by occupation, according to background characteristics, Uganda 2000-2001

Background characteristic	Agricultural				Nonagricultural						Total	Number
	Own land	Family land	Rented land	Other's land	Prof./tech./manag.	Clerical	Sales and services	Skilled manual labour	Unskilled manual labour	Other/don't know/missing		
Age												
15-19	9.2	35.0	3.2	11.1	1.3	0.2	13.0	4.1	16.9	6.0	100.0	120
20-24	13.8	21.9	5.5	7.4	4.6	0.0	16.4	9.5	15.7	5.3	100.0	206
25-29	24.0	8.7	6.4	6.0	7.5	1.5	18.0	9.5	14.8	3.5	100.0	227
30-34	30.7	5.7	7.1	4.4	8.0	0.5	17.5	8.0	14.8	3.2	100.0	237
35-39	36.6	6.1	9.3	6.7	6.8	0.0	13.6	7.0	11.1	2.9	100.0	181
40-44	47.8	2.9	4.3	3.9	9.3	0.0	16.7	4.6	7.2	3.4	100.0	125
45-49	57.5	6.0	6.7	2.6	5.4	1.7	9.5	6.1	2.4	2.1	100.0	81
50-54	54.5	3.3	9.3	1.4	3.7	1.9	3.2	5.1	17.6	0.0	100.0	57
Marital status												
Never married	6.9	28.6	3.2	7.9	7.0	0.0	15.6	8.3	17.0	5.7	100.0	255
Married/living together	36.8	7.0	7.8	4.8	6.4	0.8	15.7	6.9	10.7	3.2	100.0	900
Divorced, separated	24.3	7.7	2.4	11.0	3.3	0.0	7.3	10.1	31.7	2.1	100.0	73
Widowed	*	*	*	*	*	*	*	*	*	*	100.0	7
Number of living children												
0	10.3	27.3	2.4	9.4	7.2	0.1	16.2	6.7	15.0	5.5	100.0	291
1-2	27.2	9.8	7.9	5.5	5.8	0.6	14.6	9.4	16.0	3.2	100.0	309
3-4	35.4	6.3	8.0	4.7	6.8	1.2	13.2	10.3	11.3	2.8	100.0	231
5+	43.3	4.3	7.4	4.2	5.7	0.6	15.9	4.7	10.8	3.1	100.0	405
Residence												
Urban	1.9	1.2	0.7	0.8	14.5	0.3	33.6	19.7	26.2	1.1	100.0	218
Rural	36.1	13.7	7.7	7.0	4.5	0.7	11.1	4.7	10.4	4.2	100.0	1,017
Region												
Central	22.0	13.0	7.3	5.1	6.3	0.3	17.8	10.5	15.0	2.6	100.0	503
Eastern	16.1	8.7	12.2	1.1	7.9	1.1	23.8	3.7	22.1	3.4	100.0	222
Northern	54.9	7.5	1.1	2.1	8.0	0.9	6.6	4.2	8.1	6.6	100.0	115
Western	40.8	12.2	3.7	10.6	4.8	0.6	9.4	6.5	7.2	4.2	100.0	395
Education												
No education	46.6	4.7	12.3	10.6	1.3	0.0	3.0	0.4	14.7	6.3	100.0	96
Primary	33.2	14.1	7.1	6.8	0.7	0.3	13.9	5.7	14.4	3.7	100.0	809
Secondary+	17.3	7.0	3.2	2.1	21.3	1.6	21.6	13.5	9.7	2.8	100.0	331
Total	30.0	11.5	6.5	5.9	6.3	0.6	15.1	7.4	13.2	3.6	100.0	1,236

* Estimate based on fewer than 25 unweighted cases, and has been suppressed.

64 percent of women who work in agriculture are self-employed, compared with 58 percent of women who are self-employed in the nonagricultural sector.

Table 3.7 presents the distribution of women by the continuity of their employment. Sixty-five percent of working women work all year, 29 percent work seasonally, and 6 percent work occasionally. The percentage of women who work all year is higher among women who work in nonagricultural occupations than among those working in agriculture (75 percent and 62 percent, respectively), while seasonal employment is high among agricultural workers (34 percent).

Table 3.7 Type of employment

Percent distribution of currently employed women and men by type of employment (agricultural or nonagricultural), according to type of earnings, and for women according to type of employer and continuity of employment, Uganda 2000-2001

Employment characteristic	Agricultural	Non-agricultural	Total
WOMEN			
Type of earnings			
Cash only	13.9	68.8	26.6
Cash and in-kind	39.5	20.9	35.3
In-kind only	10.8	1.7	8.7
Not paid	35.7	8.6	29.4
Total	100.0	100.0	100.0
Type of employer			
Self-employed	64.2	58.4	62.8
Employed by a nonrelative	2.3	31.8	9.2
Employed by a relative	33.5	9.7	28.0
Total	100.0	100.0	100.0
Continuity of employment			
All year	61.7	74.9	64.8
Seasonally	34.4	12.3	29.2
Occasionally	3.9	12.8	6.0
Total	100.0	100.0	100.0
Number ¹	4,082	1,227	5,316
MEN			
Type of earnings			
Cash only	8.8	79.3	41.3
Cash and in-kind	48.0	13.8	32.2
In-kind only	5.6	0.6	3.3
Not paid	37.6	6.3	23.2
Total	100.0	100.0	100.0
Number	665	569	1,236

¹ Total includes ten women with missing information on occupation.

3.8 CONTROL OVER EARNINGS AND WOMEN'S CONTRIBUTION TO HOUSEHOLD EXPENDITURE

Women who were working and receiving cash earnings were asked to state who decides how their earnings are used. In addition, they were asked what proportion of household expenditures were met by their earnings. Data in Table 3.8 show that six out of every ten women decide by themselves how their earnings are to be spent. One in every four working women reported that they make the decision jointly with someone else, while one in six reported that the decision on how to use their earnings is made by someone else entirely.

Table 3.8 also shows how respondents' degree of control over the use of their earnings varies by background characteristics. Regardless of age, the majority of respondents make their own decisions on how their cash earnings are spent. However, older women are more likely to make these decisions than younger women. Unmarried women tend to make their own decisions about

Figure 3.2 Type of Earnings of Employed Women

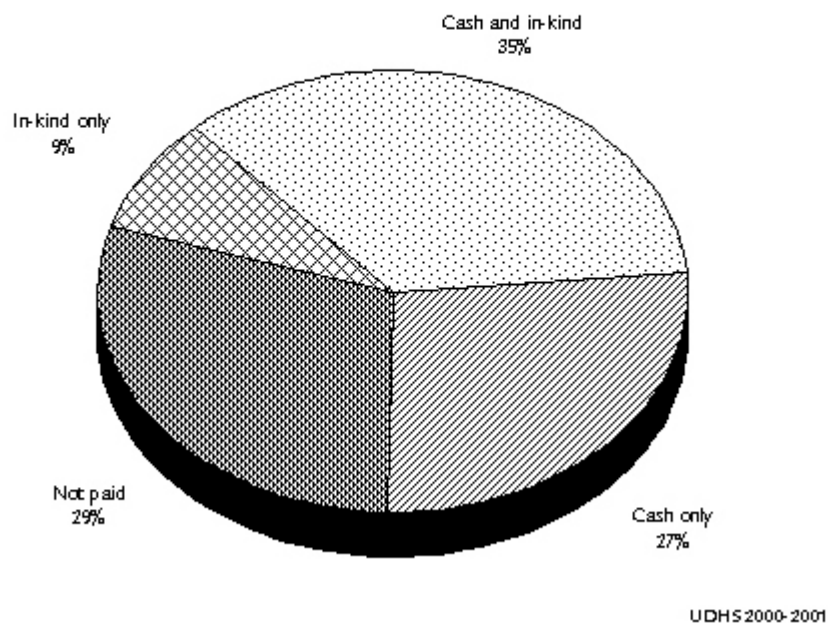
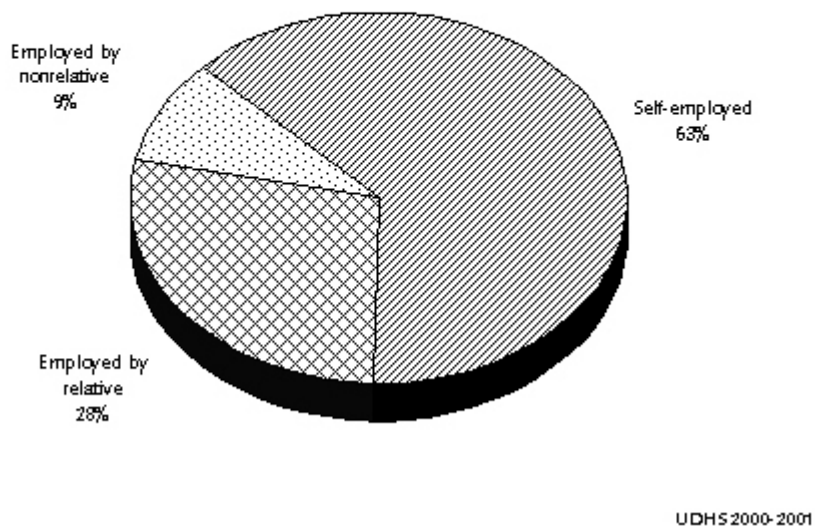


Figure 3.3 Type of Employer for Women



the use of their earnings, while married women are more likely to involve another person in making the decision. Urban women are more independent in making their own decisions than rural women (87 percent and 54 percent, respectively). In the rural areas, decisions on the use of women's earnings are made either jointly (28 percent) or by someone else (18 percent).

There are notable regional variations in the way decisions are made on how women's earnings are used. The percentage of women who make decisions on their earnings by themselves ranges from 83 percent in the Central Region to 46 percent in the Western Region. The proportion of women who independently decide how to use their earnings increases with education: 55 to 56 percent for women with primary or less education, compared with 77 percent for women with secondary or higher education.

Table 3.8 Decision on use of earnings and contribution of earnings to household expenditures

Percent distribution of currently employed women receiving cash earnings by person who decides how earnings are to be used, and by proportion of household expenditures met by earnings, according to background characteristics, Uganda 2000-2001

Background characteristic	Person who decides how earnings are used				Total	Proportion of household expenditures met by earnings					Total	Number
	Self only	Jointly ¹	Some-one else ²	Missing		Almost none/none	Less than half	Half or more	All	Missing		
Age												
15-19	52.2	20.7	27.1	0.0	100.0	24.6	33.2	29.7	12.4	0.0	100.0	339
20-24	53.9	26.9	19.2	0.0	100.0	8.4	32.3	38.9	20.4	0.0	100.0	683
25-29	57.0	28.7	14.3	0.0	100.0	7.0	29.7	40.1	23.0	0.2	100.0	710
30-34	65.3	22.6	12.1	0.0	100.0	3.7	28.8	40.9	26.3	0.2	100.0	560
35-39	62.0	23.8	13.9	0.3	100.0	4.9	31.1	34.4	29.2	0.3	100.0	445
40-44	66.8	22.6	10.7	0.0	100.0	3.8	30.0	37.7	28.4	0.0	100.0	338
45-49	66.3	25.1	7.8	0.7	100.0	4.3	23.5	40.7	30.8	0.6	100.0	213
Marital status												
Never married	75.3	9.0	15.7	0.0	100.0	26.5	28.7	31.6	13.2	0.0	100.0	341
Married/living together	49.6	31.9	18.4	0.1	100.0	5.2	30.5	40.3	23.9	0.2	100.0	2,415
Divorced, separated, widowed	94.5	3.7	1.8	0.0	100.0	7.5	30.4	31.6	30.3	0.3	100.0	533
Number of living children												
0	62.4	20.1	17.6	0.0	100.0	20.5	30.1	32.9	16.5	0.0	100.0	478
1-2	59.9	24.1	16.0	0.0	100.0	6.9	30.2	41.7	21.0	0.2	100.0	924
3-4	57.5	27.3	15.2	0.0	100.0	4.5	30.8	35.6	29.0	0.1	100.0	918
5+	59.8	26.0	14.0	0.3	100.0	5.4	30.0	39.1	25.2	0.3	100.0	969
Residence												
Urban	86.5	9.4	4.0	0.0	100.0	13.9	29.5	39.2	17.4	0.0	100.0	594
Rural	53.6	28.4	17.9	0.1	100.0	6.4	30.4	37.7	25.3	0.2	100.0	2,695
Region												
Central	83.1	11.4	5.4	0.1	100.0	15.6	35.3	36.7	12.2	0.1	100.0	1,087
Eastern	48.8	25.8	25.5	0.0	100.0	3.1	30.2	36.7	30.0	0.0	100.0	974
Northern	57.7	33.5	8.8	0.0	100.0	8.1	28.6	27.3	36.0	0.0	100.0	140
Western	46.0	36.7	17.2	0.1	100.0	4.1	25.5	41.7	28.3	0.4	100.0	1,088
Education												
No education	54.7	28.0	17.1	0.2	100.0	4.8	28.8	37.3	28.9	0.2	100.0	692
Primary	55.8	26.4	17.8	0.1	100.0	8.2	30.2	37.3	24.2	0.1	100.0	1,985
Secondary+	77.4	16.9	5.7	0.0	100.0	9.7	32.1	40.9	17.0	0.3	100.0	611
Total	59.6	24.9	15.4	0.1	100.0	7.8	30.3	38.0	23.8	0.2	100.0	3,289

¹ With husband or someone else

² Includes husband

When asked the proportion of household expenditures met by their earnings, one in four working women reported that their earnings support the entire household expenditures and 38 percent reported that their earnings constitute half or more of household expenditures. Older women; women who are widowed, divorced, or separated; rural women; and less educated women are more likely to support their households financially.

3.9 CONTROL OVER EARNINGS ACCORDING TO CONTRIBUTION OF HOUSEHOLD EXPENDITURE

Table 3.9 shows how decisions on use of women’s earnings are made and the contribution of these earnings to the household expenditure by the respondent’s marital status. Independence in decision-making is inversely related to the proportion of women’s contribution to the household expenses among currently married women, while those who decide with their husband show the reverse pattern. For example, 78 percent of women whose contribution is minimal decide for themselves how the earnings are used. On the other hand, only 37 percent of women who support all household expenses decide by themselves how their earnings are used.

Of women who meet the entire household expenditure, 37 percent share the decision with their husband and 26 percent say their husband alone makes decisions. Most women who are not currently married (between 81 percent and 92 percent) make their own decisions, regardless of their contribution to the household expenditures.

Table 3.9 Control over earnings according to contribution to household expenditures

Percent distribution of currently employed women who received cash earnings by person who decides how earnings are used and current marital status, according to proportion of household expenditures met by earnings, Uganda 2000-2001

Contribution to household expenditures	Currently married or living with a man							Not currently married or living with a man					
	Self only	Jointly with husband	Jointly with someone else	Husband only	Someone else only	Missing	Total	Number ¹	Self only	Jointly with someone else	Someone else only	Total	Number ¹
Almost none/none	77.6	12.3	4.0	6.2	0.0	0.0	100.0	126	81.2	9.8	9.0	100.0	130
Less than half	59.7	25.3	0.0	14.5	0.3	0.2	100.0	736	83.7	5.2	11.1	100.0	260
Half or more	45.9	35.3	0.7	17.8	0.2	0.1	100.0	972	89.3	5.2	5.6	100.0	276
All	36.8	36.5	0.1	26.2	0.3	0.0	100.0	577	91.9	4.7	3.4	100.0	207
Total	49.6	31.4	0.5	18.2	0.2	0.1	100.0	2,415	87.0	5.7	7.2	100.0	874

¹ Includes three married women and one unmarried woman with missing information on contribution to household expenditures.

3.10 WOMEN’S PARTICIPATION IN HOUSEHOLD DECISIONMAKING

In addition to information on women’s education, employment status, and control over earnings, information was obtained on some direct measures of women’s autonomy and status. Specifically, questions were asked on women’s participation in household decisionmaking, on their acceptance of wife beating, and on their opinions about when a wife should be able to deny sex to her husband. Such information provides insight into women’s control over their environment and their attitudes toward gender roles, both of which are relevant to understanding women’s demographic and health behaviour.

To assess women's decisionmaking autonomy, information was sought on women's participation in five different types of household decisions: on the respondents' own health care; on making large household purchases; on making household purchases for daily needs; on visits to family, friends, or relatives; and on what food should be cooked each day. Having a final say in decisionmaking processes is the highest degree of autonomy.

Table 3.10 shows the percent distribution of women according to who in the household usually has the final say on each aspect. The autonomy of women in this case would be measured by either their independently making such decisions or jointly deciding on such issues.

Results in Table 3.10 indicate that among currently married women, independence in making household decisions ranges from 83 percent on what food to cook daily to a low of 11 percent on large household purchases. Although 44 percent of married women decide on their health care by themselves, husbands make such decisions for 38 percent of women. Husbands are more likely to decide on making large household purchases (60 percent), daily household purchases (53 percent), and visits to family or relatives (42 percent). Decisions on children's health care are most likely to be made jointly by the respondents and their husbands (38 percent) or by the husbands only (32 percent). Only 20 percent of married women would make independent decisions on their children's health care.

Among nonmarried women, decisions on their own health care are made by the respondents (46 percent) or someone else (42 percent). The remaining decisions are made mostly by either the respondents themselves or by someone else, possibly because the majority are younger women who still live with their parents.

Table 3.10 Women's participation in decisionmaking

Percent distribution of women by person who has the final say in making specific decisions, according to marital status and type of decision, Uganda 2000-2001

Household decisions	Self only	Jointly with husband	Jointly with someone else	Husband only	Some-one else only	Decision not made/not applicable	Total	Number
CURRENTLY MARRIED OR LIVING WITH A MAN								
Own health care	43.5	17.7	0.1	37.6	0.9	0.1	100.0	4,881
Large household purchases	11.3	26.5	0.2	60.0	1.6	0.4	100.0	4,881
Daily household purchases	18.9	26.6	0.3	52.5	1.4	0.2	100.0	4,881
Visits to family or relatives	24.8	31.2	0.6	41.7	1.1	0.5	100.0	4,881
What food to cook each day	83.1	6.0	1.3	8.0	1.3	0.2	100.0	4,881
Children's health care	20.5	37.9	0.5	32.3	1.4	7.4	100.0	4,881
NOT CURRENTLY MARRIED OR LIVING WITH A MAN								
Own health care	45.6	na	3.9	na	41.9	8.6	100.0	2,365
Large household purchases	30.7	na	4.1	na	53.2	12.0	100.0	2,365
Daily household purchases	31.3	na	4.4	na	52.6	11.7	100.0	2,365
Visits to family or relatives	37.2	na	5.1	na	46.5	11.3	100.0	2,365
What food to cook each day	34.3	na	6.2	na	48.4	11.1	100.0	2,365
Children's health care	32.8	na	3.7	na	22.0	41.5	100.0	2,365

Note: Not currently married refers to never-married, divorced, separated, or widowed women.
na=Not applicable

Table 3.11 shows that although more than one in four women have a say in all five areas of decisionmaking, 17 percent have no say in any of the specified areas. Women's autonomy increases with age, from 6 percent among women age 15-19 to 55 percent among those 45-49. Women who have never married, have had no children, only have primary education, and who are not employed are the least likely to participate in decisionmaking in the household. Four in ten women who were employed for cash participate in making all decisions at the household level, compared with 22 percent of women who are not employed for cash and 14 percent of unemployed women. This implies that cash employment increases women's decisionmaking power.

Table 3.11 Women's participation in decisionmaking by background characteristics

Percentage of women who say that they alone or jointly have the final say in specific household decisions, by background characteristics, Uganda 2000-2001

Background characteristic	Alone or jointly has final say in:							Number ¹
	Own health care	Making large purchases	Making daily purchases	Visits to family/relatives/friends	What food to cook daily	All specified decisions	None of the specified decisions	
Age								
15-19	24.9	8.4	10.7	20.3	30.4	5.8	57.2	1,615
20-24	56.6	27.5	33.9	48.2	76.8	18.9	11.9	1,504
25-29	66.4	42.5	51.0	59.1	86.3	33.4	5.2	1,341
30-34	71.0	53.5	58.4	65.7	91.3	41.0	2.8	983
35-39	71.4	53.4	59.2	66.4	91.6	39.3	2.6	810
40-44	74.1	57.9	64.1	71.5	94.5	47.7	2.3	570
45-49	76.5	63.5	69.6	77.4	91.9	55.2	1.5	423
Marital status								
Never married	27.0	11.6	12.4	19.0	18.0	10.3	66.9	1,456
Married/living together	61.4	38.0	45.8	56.6	90.4	26.1	3.4	4,881
Divorced, separated, widowed	85.5	71.9	73.0	79.4	76.5	69.3	10.8	910
Number of living children								
0	30.0	13.6	16.4	24.5	32.0	11.3	56.3	1,730
1-2	61.6	35.3	41.2	54.9	79.9	26.6	8.5	2,021
3-4	66.5	45.3	53.4	61.1	90.8	35.1	3.3	1,665
5+	70.8	53.3	58.8	66.1	92.4	40.3	2.0	1,830
Residence								
Urban	65.7	39.6	46.1	58.2	71.0	32.6	19.0	1,207
Rural	55.9	36.4	41.8	50.7	74.7	27.5	16.7	6,039
Region								
Central	64.7	39.5	45.0	58.4	75.6	31.6	16.6	2,341
Eastern	50.6	27.7	34.0	34.8	80.3	18.0	15.0	1,956
Northern	59.7	41.7	48.0	68.7	55.7	31.8	19.2	1,158
Western	54.2	40.5	45.1	51.3	77.3	33.1	18.7	1,792
Education								
No education	63.7	46.8	50.5	59.8	84.5	35.5	6.9	1,584
Primary	55.0	33.3	39.4	49.1	72.9	25.1	18.5	4,330
Secondary+	58.3	36.9	43.1	51.6	65.6	30.3	24.8	1,331
Employment								
Not currently employed	44.7	20.7	24.8	39.2	59.5	14.4	31.0	1,917
Employed for cash	70.4	50.6	57.9	61.8	88.8	40.4	6.2	3,289
Employed not for cash	48.7	30.0	34.2	48.0	64.1	21.9	21.6	2,027
Total	57.5	36.9	42.5	51.9	74.1	28.4	17.1	7,246

¹ Includes one woman with missing information on education and 11 women with missing information on employment.

3.11 WOMEN'S AGREEMENT WITH REASONS FOR WIFE BEATING

Violence against women is one of the areas that are increasingly being recognised as affecting health-seeking behaviour. Violence against women has serious consequences for their mental and physical well-being, including their reproductive and sexual health (WHO, 1999). In most instances, the abuser is a member of the woman's own family and the violent incidents take place at home (Centre for Health and Gender Equity, 1999). Wife beating is one of the most common forms of domestic violence worldwide. The 2000-2001 UDHS sought information on what women perceive to be the justifiable circumstances under which husbands can beat their wives.

The reasons for wife beating that were asked about in the UDHS were burning the food, arguing with the husband, going out without informing the husband, neglecting the children, and refusing to have sexual relations with the husband.

Table 3.12 shows that many women find wife beating justified in certain circumstances. More than three-quarters of Ugandan women agree that at least one of these factors is sufficient justification for wife beating. This is not surprising because traditional norms teach women to accept, tolerate, and even rationalise battery. This norm is a great barrier to women's empowerment with consequences for their health.

The most widely accepted reasons for wife beating are neglecting the children (67 percent) and going out without informing the husband (56 percent). Four in ten women think that arguing with a spouse is justifiable grounds for battery. Only 24 percent and 22 percent of women, respectively, feel that denying sex to the husband and burning food are justifications for wife beating.

Table 3.12 also shows women's perceptions of the justifications for wife beating by background characteristics. Except for urban women and women in the Central Region, two-thirds of women agree with some reason to justify wife beating. In general, younger women, women in rural areas, women in the Northern and Western regions, less educated women, and women who are employed but do not receive cash payment are more likely to agree with at least one of the reasons for wife beating.

3.12 WOMEN'S AGREEMENT WITH REASONS FOR REFUSING SEXUAL RELATIONS

Female respondents were asked whether it is justifiable for a wife to withhold sex in the following circumstances: when she knows her husband has a sexually transmitted infection, when her husband has sex with other women, when she has recently given birth, and when she is tired or not in the mood. Overall, women agree that husbands can be denied sex. Two in three women in Uganda agree that all the above reasons are rational justifications for women refusing to have sexual relations with their husband, and only 4 percent agree with none of the reasons. Considering the specific reasons presented above, nine in ten women think that a woman is justified in not having sex with her husband if he has a sexually transmitted infection or if the woman has recently given birth.

Younger women, women who have never married, women who have no children, women who live in rural areas and in the Northern Region, women with no education, women who are employed but do not receive cash payment, and women who have no say in household decisions are the least likely to agree with all of the reasons for refusing sex.

Table 3.12 Women's attitude toward wife beating

Percentage of women who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Uganda 2000-2001

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number ¹
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses sexual relations		
Age							
15-19	27.1	37.9	58.1	66.9	22.2	78.0	1,615
20-24	21.7	36.6	58.8	69.7	23.1	78.6	1,504
25-29	19.4	32.7	55.1	67.3	24.3	76.8	1,341
30-34	20.7	41.0	54.8	65.8	27.3	74.7	983
35-39	19.5	35.4	54.1	66.5	23.1	75.2	810
40-44	18.5	37.9	51.8	66.6	24.4	73.1	570
45-49	27.9	39.7	57.7	67.2	30.7	73.1	423
Marital status							
Never married	22.5	31.3	52.9	64.1	17.6	75.4	1,456
Married/living together	22.6	39.2	57.5	69.2	26.4	77.3	4,881
Divorced, separated, widowed	19.5	33.8	55.3	62.4	23.4	73.5	910
Number of living children							
0	23.7	34.2	54.5	65.3	19.8	75.9	1,730
1-2	22.0	37.9	58.1	69.4	23.3	78.4	2,021
3-4	20.6	36.5	57.4	68.1	25.8	77.2	1,665
5+	22.4	38.8	54.9	66.3	28.2	74.2	1,830
Residence							
Urban	10.9	20.6	45.0	57.7	12.7	65.6	1,207
Rural	24.5	40.2	58.5	69.3	26.5	78.6	6,039
Region							
Central	11.2	16.9	45.2	52.5	13.1	63.5	2,341
Eastern	25.4	45.7	58.9	72.2	24.6	78.5	1,956
Northern	42.9	66.8	61.8	80.2	44.3	88.7	1,158
Western	19.7	34.2	64.3	73.0	25.4	83.2	1,792
Education							
No education	27.5	44.2	60.2	71.2	32.2	79.7	1,584
Primary	22.9	38.7	58.3	68.5	24.7	78.1	4,330
Secondary+	13.5	22.6	45.0	58.9	13.3	67.3	1,331
Employment							
Not employed	20.3	33.9	56.4	66.0	19.9	76.1	1,917
For cash	16.1	30.9	52.2	63.0	19.8	71.9	3,289
Not for cash	33.9	49.6	63.1	75.8	35.6	84.3	2,027
Number of decisions in which woman has final say²							
0	26.9	35.9	55.9	68.4	23.0	78.1	1,210
1-2	27.4	44.0	63.6	71.3	28.3	80.6	1,966
3-4	20.8	36.4	56.5	65.8	20.9	76.4	1,427
5+	16.9	32.4	50.9	64.7	23.6	72.7	2,643
Total	22.2	36.9	56.3	67.3	24.2	76.5	7,246

¹Includes one woman with missing information on education and 11 women with missing information on employment.

²Either by herself or jointly

Table 3.13 Women's attitude toward refusing sex with husband

Percentage of women who believe that a wife is justified in refusing to have sex with her husband for specific reasons, according to background characteristics, Uganda 2000-2001

Background characteristic	Wife is justified in refusing sex with husband if she:					Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number ¹
	Is tired or not in mood	Has recently given birth	Knows husband has sex with other women	Knows husband has sexually transmitted disease				
Age								
15-19	74.4	83.4	75.5	87.1	61.8	7.6	1,615	
20-24	80.4	90.7	77.2	91.6	65.4	2.8	1,504	
25-29	80.6	90.7	75.1	93.3	64.8	3.1	1,341	
30-34	83.8	91.6	77.8	93.2	68.8	2.7	983	
35-39	82.4	91.0	76.5	91.2	65.8	3.1	810	
40-44	79.6	90.5	77.2	93.4	67.0	2.7	570	
45-49	76.6	88.3	76.4	91.4	65.4	5.2	423	
Marital status								
Never married	73.9	83.3	76.5	88.6	62.4	7.5	1,456	
Married/living together	80.6	90.5	75.8	91.7	65.0	3.2	4,881	
Divorced, separated, widowed	82.5	90.4	79.5	92.7	70.3	3.4	910	
Number of living children								
0	74.0	83.2	75.0	87.5	60.6	7.2	1,730	
1-2	80.3	90.4	76.3	91.7	65.6	3.6	2,021	
3-4	82.5	91.6	76.6	93.1	66.4	2.7	1,665	
5+	81.0	90.7	77.7	92.5	67.6	3.1	1,830	
Residence								
Urban	84.3	93.4	80.1	93.9	71.0	2.6	1,207	
Rural	78.5	88.2	75.6	90.7	63.9	4.4	6,039	
Region								
Central	87.3	95.4	78.4	93.1	70.0	1.9	2,341	
Eastern	84.7	92.3	81.1	92.9	71.4	2.8	1,956	
Northern	64.7	79.8	64.7	82.6	51.1	11.5	1,158	
Western	73.1	83.3	76.2	92.5	60.9	3.5	1,792	
Education								
No education	73.4	86.9	70.6	89.9	57.7	3.9	1,584	
Primary	80.0	88.2	77.1	90.7	65.8	4.7	4,330	
Secondary+	85.0	94.4	80.9	94.4	71.6	2.5	1,331	
Employment								
Not employed	77.0	88.4	77.3	87.8	63.2	6.1	1,917	
For cash	84.0	92.2	77.3	95.0	68.2	1.2	3,289	
Not for cash	74.4	84.6	74.0	88.4	61.8	6.9	2,027	
Number of decisions in which woman has final say²								
0	70.9	80.7	75.3	85.9	59.7	9.3	1,210	
1-2	78.3	89.4	76.4	89.1	64.9	5.4	1,966	
3-4	84.3	93.4	78.7	94.5	68.6	1.7	1,427	
5+	81.7	90.3	75.6	93.5	65.8	2.0	2,643	
Number of reasons wife beating justified								
0	84.1	90.2	76.1	90.2	69.8	5.6	1,705	
1-2	78.3	88.3	75.3	93.3	63.2	2.8	2,735	
3-4	76.4	88.0	76.8	89.3	62.1	4.8	2,133	
5	82.4	92.4	80.2	91.3	70.4	3.4	672	
Total	79.5	89.1	76.4	91.2	65.1	4.1	7,246	

¹Includes one woman with missing information on education and 11 women with missing information on employment.

²Either by herself or jointly

3.12 USE OF TOBACCO AND ALCOHOL

The use of tobacco negatively affects the health of the persons consuming it as well as those with whom they share the environment. In particular, use of tobacco has a strong negative health impact on pregnant women. The 2000-2001 UDHS asked men and women whether they smoke, what type of tobacco they smoke, and how many cigarettes they had smoked in the past 24 hours.

Alcohol consumption can lead to drunkenness and oftentimes uncontrolled sexual behaviour. The survey asked respondents whether they had ever drunk alcohol, whether they currently drink, and how often they had become drunk in the last 30 days.

Table 3.14 gives the results for tobacco and alcohol consumption. The table shows that only 3 percent of women are active tobacco smokers, compared with 25 percent of men. Men smoke an average of four cigarettes per day (data not shown). Overall, one in four women and almost one in two men consumed alcohol at least once in the past 30 days. Among those who drank, one in four women and one in two men got drunk at least once. Eighteen percent of men and less than 2 percent of women both smoke and drink.

Table 3.14 Smoking and alcohol consumption

Percentage of women and men who currently smoke, who have consumed alcohol in the past 30 days, who have been drunk in the past 30 days, and who currently smoke and have consumed alcohol in the past 30 days, by background characteristics, Uganda 2000-2001

Background characteristic	WOMEN					MEN				
	Currently smokes tobacco	Consumed alcohol in past 30 days	Been drunk in past 30 days	Currently smokes and has consumed alcohol in past 30 days	Number	Currently smokes tobacco	Consumed alcohol in past 30 days	Been drunk in past 30 days	Currently smokes and has consumed alcohol in past 30 days	Number
Age										
15-19	0.7	12.8	2.5	0.2	1,615	2.9	17.1	6.4	1.4	441
20-24	2.1	20.1	3.9	0.7	1,504	15.0	39.7	12.0	6.3	321
25-29	2.7	28.2	6.2	1.1	1,341	33.2	49.8	25.7	20.8	310
30-34	3.9	28.2	7.9	1.6	983	35.0	56.5	29.8	25.9	291
35-39	5.6	31.0	8.4	2.8	810	31.7	58.5	30.9	24.9	231
40-44	7.2	32.9	11.0	3.3	570	44.2	65.2	39.6	35.1	165
45-49	8.0	32.1	9.6	5.4	423	41.1	57.4	44.9	27.8	120
50-54	na	na	na	na	na	39.4	59.0	32.9	33.5	83
Residence										
Urban	0.8	23.6	6.4	0.5	1,207	19.6	41.0	17.7	10.4	325
Rural	3.8	24.1	5.9	1.7	6,039	26.3	45.7	24.0	18.9	1,637
Region										
Central	1.2	21.3	5.8	0.5	2,341	24.2	39.2	17.2	13.6	671
Eastern	0.8	27.1	6.2	0.5	1,956	15.3	46.8	28.6	11.6	523
Northern	2.9	34.7	9.5	2.2	1,158	39.8	54.0	30.2	33.0	284
Western	9.0	17.2	3.7	3.5	1,792	28.6	45.6	20.5	20.1	484
Marital status										
Never married	0.7	12.4	2.3	0.1	1,456	9.0	25.6	7.6	4.6	675
Married/living together	3.8	26.7	6.5	1.8	4,881	31.9	54.9	30.6	22.8	1,180
Divorced, separated, widowed	4.5	27.8	9.1	2.1	910	53.2	57.6	35.7	39.8	107
Occupation										
Prof., tech., manag., & clerical	0.1	29.4	4.4	0.1	177	14.2	54.5	17.6	11.2	89
Sales	0.9	28.4	7.0	0.6	581	20.6	49.4	23.3	13.8	212
Agriculture/self-employed	4.4	25.7	6.6	2.1	4,428	33.6	52.8	29.1	24.0	996
Skilled manual	2.1	26.1	4.7	0.9	145	29.4	46.6	22.2	14.1	102
Unskilled manual	2.6	27.1	8.3	0.9	420	32.9	46.7	23.8	22.6	181
Not worked in past 12 months	1.6	15.5	3.3	0.6	1,489	3.4	18.4	7.4	2.4	378
Total	3.3	24.0	6.0	1.5	7,246	25.2	45.0	23.0	17.5	1,962

na = Not applicable

The percentage of smokers is very low among teenage men (3 percent) but increases rapidly initially and later slowly to a level of 44 percent among men age 40-44 years and declines gradually thereafter. The likelihood of women smoking increases with age. The age pattern for alcohol consumption in the last 30 days is the same as that for smoking. Urban women and men are less likely to engage in smoking and drinking than their rural counterparts. Although women in the Western Region are much more likely to smoke than other women, they are less likely to drink.

Unmarried men and women (usually young and with no cash income) are less likely to engage in smoking and drinking than those who are currently married. However, those who are no longer in union show higher levels of indulgence. Women and men who did not work in the 12 months preceding the survey are less likely to drink alcohol than those who worked. However, consumption of alcohol among those who work does not vary much according to the type of occupation.

This chapter discusses current, cumulative, and past fertility in terms of levels, patterns, and trends that were observed on the basis of the 2000-2001 UDHS and past surveys. Data on fertility were obtained through the birth histories of women age 15-49 interviewed in the 2000-2001 UDHS. Each woman was asked about all of the births she had had in her lifetime. To ensure completeness of the responses, questions were asked separately about sons and daughters who live with the mother, who live elsewhere, and who have died. Subsequently, a list of all births was recorded along with name, age if still alive, and age at death if dead.

4.1 CURRENT FERTILITY LEVELS

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

The most commonly used measure of current fertility is the TFR. The 2000-2001 UDHS indicated a TFR of 6.9 children per woman, similar to that obtained from the 1995 UDHS. Table 4.1 shows that on average, a Ugandan woman would have 6.9 children by the end of her reproductive years if the current fertility pattern were to prevail. Table 4.1 also presents the GFR (241 live births per 1,000 women) and the CBR (47 live births per 1,000 women).

Fertility levels in the urban areas are lower than in the rural areas, irrespective of the woman's age. This phenomenon has been observed in earlier studies. Consequently, the TFR in the urban areas is much lower than in the rural areas (4.0 and 7.4 children, respectively). However, because of the small proportion of the urban population, this low urban fertility has a small impact on the level of fertility for the country as a whole, which remains high.

Table 4.1 Current fertility

Age-specific and cumulative fertility rates and the crude birth rate for the three years preceding the survey, by residence, Uganda 2000-2001

Age group	Residence		Total
	Urban	Rural	
15-19	119	192	178
20-24	238	354	332
25-29	193	319	298
30-34	137	278	259
35-39	84	203	187
40-44	27	83	76
45-49	5	44	40
TFR 15-49	4.0	7.4	6.9
TFR 15-44	4.0	7.1	6.7
GFR	158	258	241
CBR	41.3	48.0	47.3

Note: Rates are for the period 1 to 36 months preceding the survey, expressed per 1,000 women. Rates for the age group 45-49 may be slightly biased due to truncation.

TFR: Total fertility rate for age 15-49, expressed per woman.

GFR: General fertility rate (births divided by the number of women 15-44), expressed per 1,000 women.

CBR: Crude birth rate, expressed per 1,000 population.

Table 4.1 shows the age pattern of fertility in Uganda. It is evident that fertility starts early in the teen ages, rises rapidly to reach its peak in the 20–24 age group, and declines to only 40 live births per 1,000 women in the oldest age group (45–49 years). The relatively high level of fertility in the youngest age group, which constitutes a large proportion of the women, leads to a large number of births.

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

<u>Country</u>	<u>Year</u>	<u>TFR</u>
Uganda	2000-2001	6.9
Malawi	2000	6.3
Zambia	1996	6.1
Eritrea	1995	6.1
Ethiopia	2000	5.9
Rwanda	2000	5.8
Tanzania	1999	5.6
Kenya	1998	4.7
Zimbabwe	1999	4.0

4.2 FERTILITY DIFFERENTIALS

Fertility is known to vary by residence, educational background, and other background characteristics of a woman. In this report, the study of fertility differentials is done using the TFR and completed fertility in terms of the mean number of births to women age 40–49 by these characteristics.

Table 4.2 and Figure 4.1 show that there is a substantial regional variation in TFRs, ranging from 5.7 births per woman in the Central Region to 7.9 births per woman in the Northern Region. On the other hand, the mean number of births in all regions does not vary significantly (7.1 to 7.2 births per woman 40–49). The difference between the TFR and completed fertility is an indicator of the magnitude and direction of fertility change. For Uganda as a whole, the difference is 0.2 children, which reflects no significant change in the fertility level in the past 20 to 25 years. This is true in the Eastern and Western regions. In the Central Region, the difference is notable (TFR of 5.7 births per woman compared with mean number of children ever born to women 40–49 of 7.2 births). This implies that there has been a decline in fertility in this region. In the Northern Region it appears that fertility may have increased over the past decade or two.

The spatial variation is further reflected in the panel, which shows the TFR by whether the districts are covered in the DISH and CREHP (CARE) projects. As a group, all districts in the DISH project and all districts in the CARE project show lower TFRs than those of the districts not covered by either project. Within the five groups of districts included in the DISH project, the TFR varies from 3.4 births per woman in Kampala to 7.4 births per woman in Group I (Mbarara and Ntungamo).

Two variables are used as socioeconomic indicators: the woman's education and the wealth status of her household. These indicators show a strong relationship with fertility levels. The TFR among women with no education (7.8) is twice as high as the TFR among women with secondary education (3.9). Even sharper variations in TFRs are shown by the woman's wealth. Whereas the

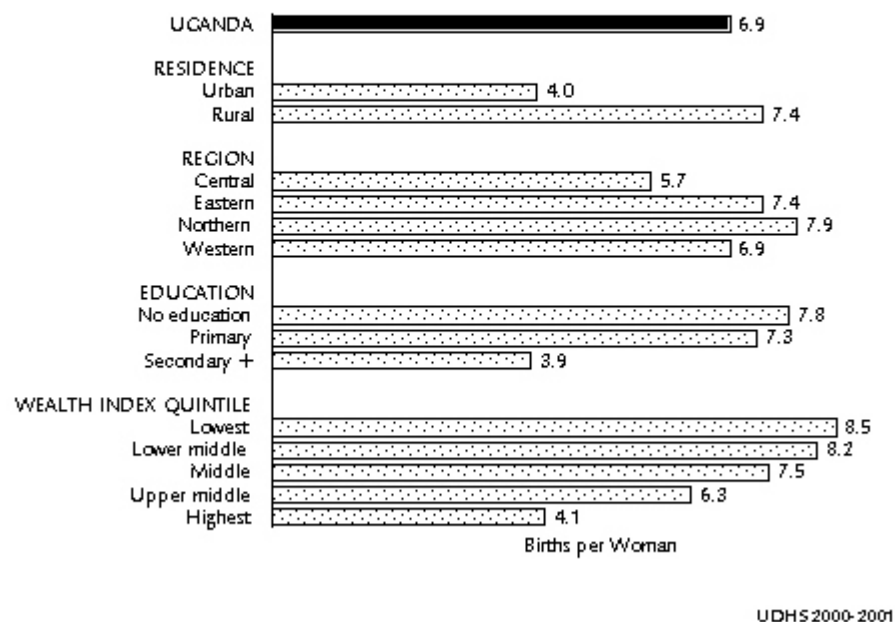
TFR for women in the poorest 20 percent of the population is 8.5 births per woman, the TFR for the richest 20 percent is only 4.1 births per woman.

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

Table 4.2 Fertility by background characteristics			
Total fertility rate for the three years preceding the survey, percentage currently pregnant, and mean number of children ever born to women age 40-49, by background characteristics, Uganda 2000-2001			
Background characteristic	Total fertility rate ¹	Percentage currently pregnant	Mean number of children ever born to women age 40-49
Residence			
Urban	4.0	8.0	6.1
Rural	7.4	13.5	7.3
Region			
Central	5.7	10.0	7.2
Eastern	7.4	14.7	7.1
Northern	7.9	11.6	7.1
Western	6.9	14.1	7.1
Education			
No education	7.8	13.0	7.0
Primary	7.3	13.7	7.3
Secondary+	3.9	8.2	6.7
DISH/CREHP districts			
DISH	6.0	11.4	7.0
I Mbarara and Ntungamo	7.4	12.4	6.6
II Masaka, Rakai, and Sembabule	7.2	11.2	7.9
III Luwero, Masindi, and Nakasongola	7.1	16.0	6.7
IV Kamuli and Jinja	6.2	14.0	6.9
V Kampala	3.4	7.4	6.2
CREHP (Kisoro, Kabale, and Rukungiri)	5.9	12.0	6.7
Neither	7.3	13.1	7.2
Wealth index quintile			
Lowest	8.5	13.8	7.4
Lower middle	8.2	16.4	7.2
Middle	7.5	12.8	7.5
Upper middle	6.3	11.5	6.8
Highest	4.1	9.2	6.6
Total	6.9	12.6	7.1

¹ Rate for women age 15-49

Figure 4.1 Total Fertility Rates by Background Characteristics

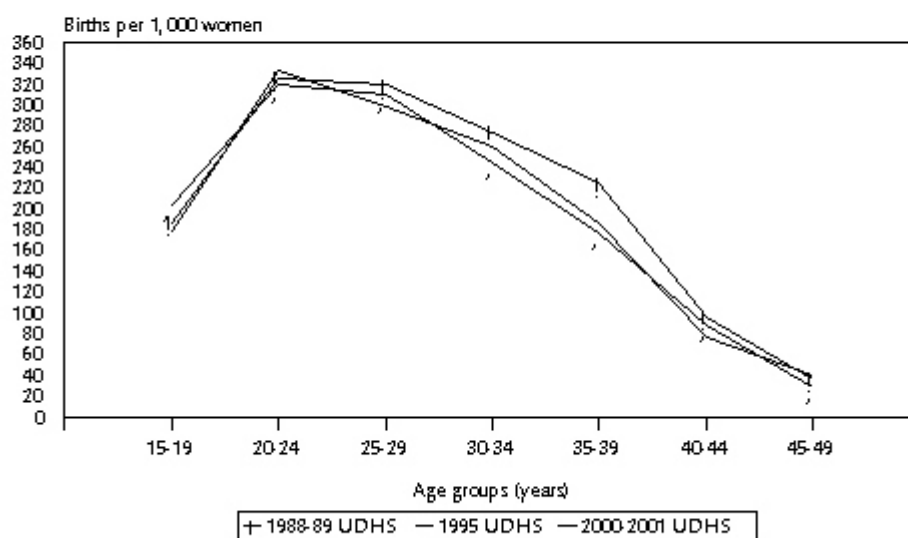


4.3 TRENDS IN AGE-SPECIFIC FERTILITY RATES

One way of analysing trends is by comparing current data with those from previous studies. Unfortunately, the three Uganda DHS surveys did not share exactly the same geographic coverage. In the 1988-1989 survey, nine districts in the Northern Region were excluded. In the 1995 UDHS, eight enumeration areas (six in Kitgum District, one in Apac District, and one in Moyo District) were not covered, while in the 2000-2001 UDHS, Kasese and Bundibugyo districts in the Western Region and Gulu and Kitgum districts in the Northern Region were not surveyed. Although the estimates may be influenced by the exclusion of some districts, they provide a useful indicator for examining the changes in fertility that have taken place in Uganda over time. As shown in Figure 4.2, little change is observed. The TFR has barely changed from 7.3 recorded in the 1988-1989 UDHS (referring to mid-1987) to 6.9 recorded in both the 1995 and 2000-2001 UDHS surveys.

Another way to examine trends in fertility is to compare age-specific fertility rates from the 2000-2001 UDHS for successive five-year periods preceding the survey, as presented in Table 4.3. Since women age 50 and above were not interviewed in the survey, the rates are successively truncated as the number of years before the survey increases. Generally, only small changes are observed, implying that fertility has remained at the same level over time.

Figure 4.2 Trends in Age-Specific Fertility Rates, 1988-89 UDHS, 1995 UDHS, and 2000-2001 UDHS



Note: The 1988-89 UDHS excluded 9 districts in the Northern Region (about 20 percent of the Uganda population).

Table 4.3 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey by mother's age at the time of the birth, Uganda 2000-2001

Age group	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	190	201	199	188
20-24	334	336	349	308
25-29	299	317	323	307
30-34	261	265	282	[282]
35-39	187	221	[249]	-
40-44	84	[107]	-	-
45-49	[39]	-	-	-

Note: Age-specific fertility rates are per 1,000 women. Estimates in

4.4 CHILDREN EVER BORN

Table 4.4 gives the percent distribution of women by number of children ever born (CEB) for all women as well as for currently married women. The table also shows the mean number of children ever born according to five-year age groups.

Childbearing starts early in Uganda. Although the mean number of children ever born among women age 15-19 is 0.3 live births per woman, the figure increases rapidly, and by her late twenties, a woman would have given birth to more than three children and to more than six children by her late thirties.

Table 4.4 Children ever born and living

Percent distribution of all women and currently married women by number of children ever born, mean number of children ever born, and mean number of living children, according to age, Uganda 2000-2001

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	74.4	19.3	5.1	1.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,615	0.3	0.3
20-24	15.6	22.0	30.0	21.4	8.6	2.1	0.3	0.1	0.0	0.0	0.0	100.0	1,504	1.9	1.7
25-29	4.4	10.1	14.3	20.7	25.4	15.8	6.2	2.9	0.2	0.1	0.0	100.0	1,341	3.4	2.9
30-34	3.5	3.5	6.3	9.0	15.2	18.1	19.7	14.6	6.2	2.4	1.4	100.0	983	5.0	4.2
35-39	3.6	4.6	5.4	4.7	8.5	9.2	13.1	17.0	16.1	11.5	6.4	100.0	810	6.1	5.0
40-44	4.7	4.1	4.7	3.4	6.3	7.2	8.2	12.3	12.9	14.2	22.0	100.0	570	6.9	5.6
45-49	3.7	2.4	2.7	3.8	3.6	9.3	10.1	11.9	12.4	15.1	25.0	100.0	423	7.4	5.8
Total	22.1	12.2	12.0	10.7	10.20	8.00	6.60	6.10	4.4	3.6	4.1	100.0	7,246	3.4	2.9
CURRENTLY MARRIED WOMEN															
15-19	32.0	48.8	15.5	3.1	0.5	0.0	0.0	0.0	0.0	0.0	0.0	100.0	466	0.9	0.8
20-24	6.0	20.5	34.7	24.8	10.6	2.4	0.3	0.1	0.0	0.0	0.0	100.0	1,150	2.2	1.9
25-29	2.3	8.3	12.4	20.5	27.6	18.6	6.9	2.9	0.2	0.2	0.0	100.0	1,078	3.6	3.1
30-34	2.5	2.3	5.3	8.5	14.0	18.2	21.3	16.4	7.4	2.5	1.7	100.0	807	5.3	4.4
35-39	3.2	4.0	4.1	4.7	7.6	9.2	11.8	17.9	17.5	12.3	7.7	100.0	652	6.3	5.2
40-44	3.6	2.3	4.4	2.6	6.2	6.7	8.1	11.1	13.3	16.4	25.3	100.0	431	7.4	5.9
45-49	3.3	2.0	1.9	2.7	3.4	8.0	9.7	11.9	12.3	15.7	29.1	100.0	297	7.7	6.1
Total	6.5	12.6	14.3	13.1	12.7	10.0	8.0	7.5	5.5	4.5	5.3	100.0	4,881	4.2	3.5

There is no significant difference in the mean number of children ever born between women in the general population and currently married women, except in the youngest age groups. Among women age 15-19, those in the general population have given birth to 0.3 children, while those who are currently married have had on average almost one child. Differences at older ages reflect the impact of marital dissolution through divorce and widowhood. The last column in Table 4.4 shows the mean number of children who survived. The difference between the mean number of CEB and living children is an indicator of the level of mortality in the population.

Since voluntary childlessness is rare in Uganda, it is assumed that most married women with no births are unable to physiologically bear children. The percentage of women who are childless at the end of the reproductive period is an indirect measure of *primary infertility* (the proportion of women who are unable to bear children at all). Table 4.4 shows that primary infertility is low (about 3 percent).

4.5 BIRTH INTERVALS

The study of birth intervals is important in understanding the health status of young children. Previous research has shown that short birth intervals are closely associated with poor health of children, especially during infancy. This is particularly true for children born at intervals of less than 24 months. The study of birth intervals is done using two measures, namely, median birth interval and proportion of non-first births that occur with an interval of 24 months or more after the previous birth. Table 4.5 presents the distribution of second and higher order births in the five years preceding the survey by the number of months since the previous birth, according to background characteristics. The table also presents the median number of months since last birth.

Table 4.5 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, according to background characteristics, Uganda 2000-2001

Background characteristic	Months since preceding birth					Total	Median number of months since preceding birth	Number of non-first births
	7-17	18-23	24-35	36-47	48+			
Age								
15-19	26.3	21.2	40.8	9.6	2.1	100.0	24.3	118
20-29	10.8	21.1	45.0	15.5	7.6	100.0	27.8	3,385
30-39	7.7	14.4	40.5	19.0	18.4	100.0	31.5	2,270
40+	6.1	12.4	34.4	18.6	28.5	100.0	35.2	512
Birth order								
2-3	9.9	20.6	42.2	15.9	11.4	100.0	28.6	2,509
4-6	9.5	15.8	44.2	17.4	13.1	100.0	29.4	2,362
7+	9.1	16.8	39.9	17.8	16.3	100.0	30.4	1,414
Sex of preceding birth								
Male	9.2	17.5	42.7	17.3	13.4	100.0	29.4	3,174
Female	10.0	18.4	42.2	16.5	12.9	100.0	29.0	3,110
Survival of preceding birth								
Living	6.9	17.3	44.8	17.4	13.5	100.0	29.9	5,313
Dead	24.4	21.4	29.4	14.0	10.9	100.0	24.7	972
Residence								
Urban	9.4	19.5	32.4	16.6	22.0	100.0	31.0	564
Rural	9.6	17.8	43.4	16.9	12.2	100.0	29.1	5,720
Region								
Central	10.4	19.4	40.3	15.5	14.5	100.0	28.7	1,664
Eastern	9.1	20.5	43.5	16.5	10.4	100.0	28.3	1,965
Northern	9.5	13.5	41.6	19.8	15.6	100.0	31.8	1,100
Western	9.5	16.4	44.0	16.8	13.3	100.0	29.4	1,555
Education								
No education	8.4	16.0	41.0	18.6	16.0	100.0	31.1	1,669
Primary	10.1	18.8	43.6	16.2	11.3	100.0	28.5	4,063
Secondary+	9.6	17.8	37.9	16.9	17.7	100.0	30.0	551
Total ¹	9.6	18.0	42.4	16.9	13.1	100.0	29.2	6,285

Note: First births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.

¹Total includes one birth with missing information on mother's education.

Table 4.5 shows that the majority of Ugandan children (72 percent) are born at least 24 months after their previous sibling. Ten percent of births occur less than 18 months after the previous birth. The overall median birth interval is 29 months, which is similar to what was observed in the 1995 UDHS.

Children born to younger women tend to have shorter birth intervals than those born to older women. The proportion of births with intervals less than 24 months declines steeply from 48 percent among women age 15-19 to 19 percent among women age 40 and above. The median birth interval increases with age from 24 months among women 15-19 to 35 months among women age 40 or older.

There are no strong differentials in median birth interval by residence, region, birth order, or sex of the previous child. However, the survival status of the previous birth has a strong impact on the birth interval. Median birth intervals for births that follow a child who died are five months

shorter than those for births following a surviving child (25 months and 30 months, respectively). The percentage of births occurring after a very short interval (less than 18 months) is more than three times higher among births whose previous sibling died than among those whose prior sibling survived. The shorter intervals for the former group is partially due to the shorter breastfeeding period for the previous birth, leading to an earlier return of ovulation and hence increased chance of pregnancy.

4.6 AGE AT FIRST BIRTH

The age at which childbearing commences is an important determinant of the overall level of fertility as well as the health and welfare of the mother and the child. In some societies, postponement of first births due to an increase in age at marriage has contributed to overall fertility decline. However, in Uganda, it is not uncommon for women to have children before getting married. Table 4.6 shows the percentage of women who have given birth by specific ages, according to age at the time of the survey.

Data in the last column of Table 4.6 show that the initiation of childbearing has not changed much over time. Data from the previous UDHS surveys show the same pattern. This suggests that there has been no significant change in age at first birth in Uganda for the past 30 years.

Births to women under age 20 are considered unsafe to both mother and child. The proportion of women who had their first birth before age 15 has shown a decline over time from 10 percent among women age 30-34 to only 2 percent among women age 15-19. However, Table 4.6 also shows that the postponement is for a short time, since two-thirds of women have had a child before they reach age 20.

Table 4.6 Age at first birth

Percentage of women who have given birth by specified exact ages and median age at first birth, by current age, Uganda 2000-2001

Current age	Age at first birth:					Percentage who have never given birth	Number	Median age at first birth
	15	18	20	22	25			
15-19	2.4	na	na	na	na	74.4	1,615	a
20-24	4.9	41.9	70.1	na	na	15.6	1,504	18.5
25-29	6.2	36.7	65.4	82.0	91.6	4.4	1,341	18.9
30-34	9.6	43.0	68.8	85.1	93.3	3.5	983	18.6
35-39	0.1	40.8	64.1	79.4	89.8	3.6	810	18.8
40-44	8.4	42.2	65.9	79.8	89.3	4.7	570	18.7
45-49	2.9	45.3	63.2	76.7	89.2	3.7	423	18.5

na = Not applicable
^a Omitted because less than 50 percent of the women in the age group 15-19 have had a birth by age 15.

To study differentials in age at first birth, Table 4.7 presents the median age at first birth for different subgroups of the population. Overall, the median age at first birth among women 20-49 is 18.7 years. The age group 15-19 is excluded because only a small fraction of these women had a birth before age 15. Urban women, women who reside in the Western Region, and better educated women tend to have their first child at a later age than other women. The relationship between education and initiation of childbearing is clear: women with secondary education started having children two years later than those with less education (20.4 years and 18.4 years, respectively).

Table 4.7 Median age at first birth by background characteristics

Median age at first birth among women age 20-49, by current age and background characteristics, Uganda 2000-2001

Background characteristic	Current age						Age 20-49	Age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49		
Residence								
Urban	19.9	19.7	18.7	19.2	19.2	18.1	19.4	19.2
Rural	18.3	18.8	18.5	18.8	18.6	18.6	18.6	18.7
Region								
Central	18.7	18.9	17.8	18.2	18.9	17.5	18.5	18.4
Eastern	18.1	18.8	18.5	18.8	17.6	17.6	18.4	18.5
Northern	17.9	18.5	18.1	19.1	19.2	19.5	18.5	18.8
Western	19.1	19.4	19.3	19.4	19.4	19.7	19.3	19.4
Education								
No education	17.8	18.2	17.8	18.6	18.7	18.8	18.3	18.4
Primary	18.0	18.6	18.6	18.6	18.5	18.1	18.4	18.5
Secondary+	a	21.1	19.8	21.1	19.3	19.5	a	20.4
Total	18.5	18.9	18.6	18.8	18.7	18.5	18.7	18.8

^a Omitted because less than 50 percent of the women had a birth before entering the age group.

4.7 TEENAGE PREGNANCY AND MOTHERHOOD

For some time now, teenage pregnancy and motherhood has been a major health and social concern in Uganda. Teenage pregnancy is singled out because of its association with higher morbidity and mortality for both the mother and child. In addition to the physiological risks, under the current school practice, pregnant girls have to terminate their education, which may indirectly affect the health of the mother and the child through loss of socioeconomic opportunities. Table 4.8 and Figure 4.3 show the proportion of women age 15-19 years who have begun childbearing, differentiating between those who are already mothers and those who are pregnant for the first time.

Overall, 31 percent of teenagers have begun childbearing, with almost 26 percent having had a child already and 6 percent carrying their first child. This is a substantial decline from the 43 percent observed in the 1995 UDHS, which put Uganda at the top for teenage pregnancy among sub-Saharan countries. As expected, the percentage who have started their reproductive life increases with age due to longer exposure, from 3 percent of 15-year-olds to 61 percent of 19-year-olds. Compared with the situation in 1995, the decline in teenage pregnancy has been much faster among younger than older teenagers.

Overall, rural teenage women are more likely to have started parenthood than their urban counterparts (34 percent and 23 percent, respectively). Teenage pregnancy also varies greatly with

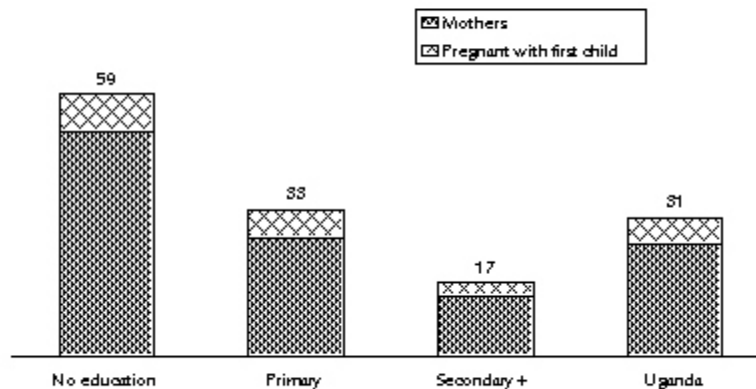
Table 4.8 Teenage pregnancy and motherhood

Percentage of women age 15-19 who are mothers or pregnant with their first child, by background characteristics, Uganda 2000-2001

Background characteristic	Percentage who are:		Percentage who have begun child-bearing	Number
	Mothers	Pregnant with first child		
Age				
15	1.9	1.4	3.3	300
16	9.9	3.0	12.9	339
17	17.1	6.1	23.2	306
18	43.1	11.0	54.0	379
19	54.6	6.6	61.2	290
Residence				
Urban	18.8	3.7	22.5	313
Rural	27.2	6.3	33.6	1,302
Region				
Central	25.9	5.3	31.2	577
Eastern	29.6	6.9	36.5	401
Northern	30.3	4.0	34.3	260
Western	17.6	6.7	24.3	377
Education				
No education	50.4	8.5	59.0	148
Primary	26.7	6.4	33.1	1,067
Secondary+	13.5	3.2	16.7	400
Total	25.6	5.8	31.4	1,615

the woman's education (Figure 4.3). Although only 17 percent of girls with secondary education have begun their reproductive life, the corresponding proportion of those with no education is 59 percent. The higher levels of school attendance among urban adolescents, which tends to discourage early childbearing, is believed to account for the lower levels of motherhood and pregnancy among urban teenagers.

Figure 4.3 Percentage of Women Age 15-49 Who Are Mothers or Pregnant with Their First Child, by Level of Education



UDHS 2000-2001

This chapter presents the results for various aspects of contraceptive knowledge, attitudes, behaviour, and sources. Although the focus is on women, some results from the male survey are also presented, since men play an important role in the realisation of reproductive goals. To get an indication of interspousal communication and the extent of agreement in knowledge and attitude of couples about family planning, the responses of men were, where possible, compared with the responses of their wives who live in the same household.

5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

One of the objectives of the UDHS was to develop a profile of Ugandan women and men about their knowledge of family planning methods. Individuals who are adequately informed about their options for methods of contraception are better able to develop a rational approach to planning their family. The level of knowledge of family planning methods was measured in two ways.

Respondents were first asked to spontaneously name ways and methods by which couples could delay or avoid a pregnancy. When a respondent failed to name a particular method spontaneously, the interviewer described the method and asked whether the respondent recognised it. For each method recognised, respondents were asked whether they had ever used it. Information was collected for 12 modern methods—the pill, IUD/coil, injectables, diaphragm/cervical cap, foam/jelly, female and male condom, implants, female and male sterilisation, emergency contraception, and lactational amenorrhoea method (LAM)—and two traditional methods—namely periodic abstinence and withdrawal. Provision was also made for respondents to indicate whether they had heard of any other ways or methods to avoid pregnancy.

Table 5.1 shows the percentage of women and men who know of any contraceptive method and specific methods according to marital status and sexual activity for those not married. Knowledge of any contraceptive method is almost universal, with 96 percent of all women and 98 percent of all men knowing at least one method of contraception. The level of knowledge among women has increased over time, from 82 percent in 1988-1989 to 92 percent in 1995 and to 96 percent in 2000-2001.

Knowledge of at least one contraceptive method is slightly higher among men than among women. However, men are more likely to know of male methods such as male condoms, male sterilisation, and withdrawal. Women are more likely to know about female methods like the pill, IUD, and injectables. Consequently, the mean number of methods known does not show a significant difference by sex except for the sexually inactive and inexperienced, for whom the mean number of contraceptive methods known by men is substantially lower than the mean number known by women.

Overall, the most commonly known methods are the pill, injectables, and male condoms, which are known by at least 80 percent of all men and women who have ever been sexually active. Despite the fact that contraceptive implants were only introduced recently in Uganda, this method is known by 41 percent of currently married women and 26 percent of currently married men. Compared to data from the 1995 UDHS, knowledge of implants has increased dramatically from 6 percent among currently married women. The vaginal methods (diaphragm/cervical cap, and foam/jelly) are not well known by either female or male respondents. Emergency contraception is hardly known since it was officially launched only in 2000.

Table 5.1 Knowledge of contraceptive methods

Percentage of all women and men, of currently married women and men, of sexually active unmarried women and men, of sexually inactive unmarried women and men, and of women and men with no sexual experience who know any contraceptive method, by specific method, Uganda 2000-2001

Contraceptive method	Women					Men				
	All women	Cur- rently married women	Unmarried women who ever had sex		Un- married women who never had sex	All men	Cur- rently married men	Unmarried men who ever had sex		Un- married men who never had sex
			Sexually active ¹	Not sexually active ²				Sexually active ¹	Not sexually active ²	
Any method	96.4	97.8	98.5	97.4	86.7	98.4	98.9	100.0	99.0	95.0
Any modern method	96.2	97.5	97.6	97.3	86.5	98.1	98.7	100.0	98.4	95.0
Pill	91.9	94.2	93.5	94.1	75.4	87.7	91.3	90.8	87.5	73.9
IUD	50.8	52.7	57.1	57.9	27.0	34.3	37.9	48.5	34.3	16.0
Injectables	90.5	93.1	93.9	92.4	72.0	80.5	85.5	88.6	79.3	60.6
Diaphragm/cervical cap	15.5	15.1	22.8	18.2	11.2	16.1	17.3	20.9	20.5	4.7
Foam/jelly	19.1	20.2	23.7	19.7	9.9	16.2	17.2	28.0	18.5	6.2
Female condom	63.2	62.5	76.1	70.2	52.3	71.2	72.4	87.6	79.6	51.9
Male condom	87.9	87.9	94.2	91.4	81.0	97.0	97.5	100.0	97.4	93.8
Female sterilisation	75.7	79.1	76.9	78.6	51.2	65.4	71.6	74.5	63.7	41.3
Male sterilisation	36.4	39.3	29.6	37.5	20.4	45.4	50.8	49.8	43.1	26.8
Implants	37.5	40.5	39.0	38.0	19.4	21.9	25.9	24.1	19.2	9.1
Emergency contraception	10.3	10.2	18.5	12.1	5.1	18.5	22.4	22.5	15.5	6.1
Lactational amenorrhoea (LAM)	51.4	55.9	54.2	51.1	24.9	33.1	38.0	34.7	36.5	10.6
Any traditional or folk method	66.1	68.5	75.8	71.8	41.4	76.5	86.1	85.0	77.4	37.5
Periodic abstinence	54.0	54.7	63.4	61.4	36.6	70.8	81.3	78.0	67.5	33.1
Withdrawal	39.3	40.9	58.7	45.1	15.7	52.7	58.0	68.1	61.6	17.9
Other	22.0	24.8	23.0	19.9	3.6	8.0	10.1	7.9	6.5	1.7
Mean no. of methods known	7.5	7.7	8.2	7.9	5.1	7.2	7.8	8.2	7.3	4.5
Number	7,246	4,881	268	1,250	848	1,962	1,180	108	355	319

¹ Unmarried women/men who have had sexual intercourse in the month preceding the survey

² Unmarried women/men who have ever had sexual intercourse but have *not* had sexual intercourse in the month preceding the survey

Among unmarried sexually active respondents, the pill, injectables, and male condoms are equally well known (94 percent) among women, while for men, knowledge of condoms is universal, followed by the pill and injectables. At least three in four women and men know about female sterilisation, and the lactational amenorrhoea method is known by 54 percent of women and 35 percent of sexually active unmarried men.

Traditional methods are less widely recognised by women than by men. Whereas 77 percent of all men know of a traditional method, only 66 percent of all women do. Among women, unmarried sexually active women are the most knowledgeable about traditional methods (76 percent). The most widely known traditional method is periodic abstinence, which is recognised by 54 percent of all women and 71 percent of all men. Four in ten women (39 percent) know about withdrawal. This method is better known by unmarried women who have ever had sex than by currently married women.

KNOWLEDGE OF CONTRACEPTIVE METHODS BY BACKGROUND CHARACTERISTICS

Table 5.2 shows the percentage of currently married women and men who know of at least one contraceptive method and at least one modern method by background characteristics. Differentials by residence show that knowledge of methods among currently married women is universal in the Central and Eastern regions. Level of knowledge is also high in the Western Region (98 percent) and is lowest in the Northern Region (92 percent). A person's level of education is positively associated with knowledge of modern methods. Knowledge increases from 94 percent for currently married women with no education to 100 percent among women with secondary or higher education. The variation across age groups is narrow (95 to 99 percent) among women and men (95 to 100 percent).

Table 5.2 Knowledge of contraceptive methods by background characteristics						
Percentage of currently married women and men who know at least one contraceptive method and who know at least one modern method, by background characteristics, Uganda 2000-2001						
Background characteristic	Women			Men		
	Knows any method	Knows any modern method ¹	Number	Knows any method	Knows any modern method ¹	Number
Age						
15-19	96.2	95.3	466	(100.0)	(100.0)	28
20-24	98.0	98.0	1,15	99.2	99.2	139
25-29	98.8	98.3	1,078	99.6	98.9	237
30-34	98.3	98.3	807	100.0	100.0	250
35-39	96.8	96.5	652	99.4	98.8	203
40-44	98.8	98.8	431	96.2	96.2	146
45-49	94.5	94.5	297	100.0	100.0	106
50-54	na	na	na	94.8	94.8	72
Residence						
Urban	99.7	99.6	636	100.0	100.0	148
Rural	97.5	97.2	4,245	98.8	98.5	1,032
Region						
Central	99.8	99.8	1,377	100.0	100.0	322
Eastern	99.4	99.3	1,487	100.0	100.0	344
Northern	91.7	90.6	823	95.7	94.2	209
Western	97.6	97.5	1,194	98.9	98.9	305
Education						
No education	94.3	93.6	1,264	93.0	91.6	92
Primary	98.8	98.7	2,978	99.2	99.0	781
Secondary+	99.9	99.9	639	100.0	100.0	307
Total	97.8	97.5	4,881	98.9	98.7	1,180

na = Not applicable
¹Pill, IUD, injectables, diaphragm/cervical cap, foam/jelly, female condom, male condom, female sterilisation, male sterilisation, implants, LAM, or emergency contraception
 () Estimate based on 25 to 49 unweighted cases

5.2 EVER USE OF CONTRACEPTION

All women interviewed in the 2000-2001 UDHS who said that they had heard of a method of family planning were asked whether they had ever used it. Ever use refers to use of a method at any time with no distinction between past and current use. Table 5.3 shows the percentage of all women, of currently married women, and of sexually active unmarried women who have ever used a contraceptive method by specific method and age. Overall, 41 percent of women have used a method at some time and 35 percent have used a modern method. The level of ever use among currently married women is slightly higher than among all women. However, sexually active unmarried women are much more likely than all women or currently married women to have used contraception at some time. Among all women, the level of ever use of contraception increases with age up to age 25-29 years and then declines steadily. The same pattern was observed in the 1995 UDHS.

The male condom was reported as the most commonly ever used method (13 percent), followed closely by the pill and injectables (12 percent), and LAM (10 percent). Other modern methods are much less likely to have been used (each used by 1 percent or less of women). Eleven percent of all women have used periodic abstinence, and 7 percent have used withdrawal. Most sexually active unmarried women have used a male condom (51 percent), which is the most widely used method among sexually active unmarried women.

5.3 CURRENT USE OF CONTRACEPTION

Table 5.4 and Figure 5.1 show that the contraceptive prevalence rate (CPR), the percentage of currently married women who are using any method of contraception, is 23 percent. Eighteen percent of married women are using a modern method. The most commonly used methods are injectables (6 percent), LAM (4 percent), and the pill (3 percent), together accounting for about 14 percent of all currently married women or about 60 percent of current users. Use of female sterilisation, IUD, and implants is low, with these methods collectively being used by less than 3 percent of women, i.e., 11 percent of all family planning users. In this table, female condom, diaphragm, cervical cap, and emergency contraception are not shown because the percentage of users is less than 0.1 percent.

Table 5.4 also displays the proportion of currently married women using a particular method by age. Use of modern methods increases with age from only 9 percent for women age 15-19 to a peak of 22 percent for women age 35-39, after which it declines to 12 percent for women 45-49. As expected, female sterilisation is most often used by older women, while pills, injectables, and LAM are used by women in the peak of child bearing years (age 20-39).

The level of contraceptive use, especially of modern methods, is much higher among sexually active unmarried women (44 percent) than among married women (18 percent). The difference is almost entirely attributable to the greater use of condoms by unmarried women (29 percent) than by currently married women (2 percent). Pills are used by 8 percent of sexually active unmarried women, compared with 3 percent of married women.

Figure 5.2 shows the current use of contraceptives among currently married women age 15-49 in selected countries in eastern and southern Africa for which DHS data are available. Compared with these countries, contraceptive use in Uganda is low. Uganda's contraceptive prevalence rate is only higher than that of Mozambique (Instituto Nacional de Estatística and Macro International, 1998), Ethiopia (Central Statistical Authority and ORC Macro, 2001), and Rwanda (ONAPO and ORC Macro, 2001).

Table 5.3 Ever use of contraception

Percentage of all women, of currently married women, and of sexually active unmarried women who have ever used a contraceptive method, by specific method age, Uganda 2000-2001

Age	Modern method													Traditional method					Number	
	Any method	Any modern method	Pill	IUD	Injectables	Diaphragm/cervical cap	Foam/jelly	Female condom	Male condom	Female sterilisation	Male sterilisation	Implants	Emergency contraception	LAM	Any traditional method	Periodic abstinence	Withdrawal	Any folk or folk method		
ALL WOMEN																				
15-19	21.5	18.4	2.8	0.1	1.8	0.0	0.1	0.1	14.4	0.0	0.0	0.0	0.2	2.8	8.3	6.2	3.9	0.4	8.6	1,615
20-24	45.5	38.5	12.6	0.2	12.5	0.2	0.2	0.0	19.6	0.5	0.0	0.4	0.1	9.1	19.0	13.2	10.7	1.6	20.0	1,504
25-29	50.1	44.2	16.2	1.3	18.1	0.1	0.7	0.1	16.1	0.4	0.1	0.6	0.2	12.8	18.4	13.1	8.6	2.3	20.0	1,341
30-34	49.1	40.7	16.8	1.5	17.8	0.1	0.5	0.1	11.0	1.7	0.2	0.7	0.6	11.7	20.2	15.6	8.0	3.3	22.4	983
35-39	45.7	40.7	15.5	2.0	17.0	0.0	1.0	0.2	8.9	3.5	0.2	0.1	0.2	15.0	15.2	10.8	7.3	3.0	17.5	810
40-44	43.8	35.6	12.2	1.5	13.1	0.2	0.8	0.0	6.2	5.7	0.1	0.4	0.3	10.5	11.8	7.2	6.0	5.0	16.4	570
45-49	38.4	30.1	8.6	1.0	8.8	0.0	0.6	0.0	3.5	3.5	0.4	0.3	0.1	14.3	13.3	9.5	4.7	5.4	17.6	423
Total	41.0	34.9	11.7	0.9	12.2	0.1	0.5	0.1	13.4	1.4	0.1	0.3	0.2	9.8	15.3	11.0	7.3	2.4	17.1	7,246
CURRENTLY MARRIED WOMEN																				
15-19	29.6	22.1	4.1	0.3	4.1	0.0	0.3	0.0	11.5	0.0	0.0	0.0	0.6	7.0	14.9	10.8	7.8	0.8	15.5	466
20-24	43.4	35.9	12.8	0.2	12.2	0.1	0.1	0.0	14.9	0.6	0.0	0.5	0.1	9.9	18.6	13.1	10.2	1.6	19.8	1,150
25-29	48.7	42.0	14.6	1.6	17.6	0.1	0.6	0.0	12.4	0.5	0.1	0.6	0.1	13.4	17.8	12.9	8.0	2.6	19.7	1,078
30-34	47.8	39.3	16.2	1.5	18.7	0.1	0.5	0.1	8.9	2.0	0.2	0.8	0.5	11.3	19.3	14.2	8.3	3.5	21.5	804
35-39	44.1	39.0	13.7	2.1	16.9	0.0	1.1	0.2	6.4	3.6	0.2	0.1	0.1	14.6	14.8	10.4	7.4	3.1	17.3	652
40-44	45.1	36.3	12.7	1.3	13.1	0.2	0.8	0.0	4.9	7.1	0.1	0.3	0.4	10.6	12.8	8.3	5.8	4.6	17.3	431
45-49	41.9	32.7	8.7	1.4	9.6	0.0	0.9	0.0	4.0	4.8	0.5	0.0	0.2	14.8	12.5	9.2	4.6	6.9	18.7	297
Total	44.1	36.8	12.8	1.2	14.2	0.1	0.6	0.0	10.4	2.0	0.1	0.4	0.2	11.6	16.8	12.0	8.1	2.9	19.0	4,881
SEXUALLY ACTIVE UNMARRIED WOMEN ¹																				
15-19	70.4	67.0	11.9	0.0	5.8	0.0	0.0	0.4	64.9	0.0	0.0	0.0	1.1	3.1	25.2	24.1	5.1	1.1	26.3	93
20-24	75.4	71.8	24.6	0.0	24.7	0.0	2.7	0.5	56.2	0.0	0.0	0.0	0.5	5.9	31.8	18.5	24.6	4.3	33.2	59
25+	65.3	57.8	24.6	1.6	20.3	0.0	0.7	1.1	37.9	1.8	0.0	0.0	0.2	12.2	27.0	20.4	12.6	3.4	28.3	116
Total	69.3	64.1	20.2	0.7	16.2	0.0	0.9	0.7	51.3	0.8	0.0	0.0	0.6	7.7	27.4	21.3	12.7	2.8	28.7	268

¹Sexually active unmarried women are those who have had sexual intercourse in the month preceding the survey.

Table 5.4 Current use of contraception

Percent distribution of all women, of currently married women, and of sexually active unmarried women by contraceptive method currently used and age, Uganda 2000-2001

Age	Modern method										Traditional method					Total Number
	Any modern method	Pill	IUD	Injectables	Foam/jelly	Male condom	Female sterilisation	Male sterilisation	Implants	LAM	Any traditional method	Periodic abstinence	Withdrawal	Any folk method	Not currently using	
ALL WOMEN																
15-19	10.4	1.0	0.0	1.0	0.0	5.7	0.0	0.0	0.0	1.3	1.2	1.0	0.2	0.2	89.6	1,615
20-24	22.3	3.7	0.0	5.7	0.0	4.9	0.5	0.0	0.2	3.6	3.2	2.2	0.9	0.4	77.7	1,504
25-29	24.0	3.6	0.1	7.2	0.1	3.7	0.4	0.0	0.5	4.4	3.2	2.2	1.0	0.6	76.0	1,341
30-34	25.1	4.2	0.2	7.2	0.0	2.1	1.7	0.0	0.5	3.7	4.4	3.6	0.8	1.1	74.9	1,000
35-39	24.5	2.9	0.6	6.8	0.2	2.3	3.5	0.0	0.0	4.5	2.8	1.5	1.4	0.9	75.5	1,000
40-44	23.1	1.7	0.3	5.0	0.0	2.9	5.7	0.1	0.2	1.8	4.2	2.9	1.3	1.6	76.9	1,000
45-49	13.2	1.6	0.1	1.7	0.0	0.3	3.5	0.4	0.0	1.7	1.7	1.0	0.7	2.5	86.8	1,000
Total	20.1	2.7	0.2	5.0	0.0	3.8	1.4	0.0	0.2	3.1	2.9	2.0	0.8	0.8	79.9	100.0
CURRENTLY MARRIED WOMEN																
15-19	12.0	1.3	0.0	2.4	0.0	1.8	0.0	0.0	0.0	3.5	2.4	1.8	0.6	0.6	88.0	466
20-24	21.0	4.0	0.0	6.2	0.0	1.9	0.6	0.0	0.3	4.4	3.2	2.1	1.1	0.4	79.0	1,150
25-29	24.4	3.6	0.2	7.2	0.1	2.8	0.5	0.0	0.5	5.3	3.5	2.5	0.9	0.8	75.6	1,078
30-34	26.6	4.6	0.2	8.2	0.0	1.3	2.0	0.0	0.6	4.0	4.8	3.8	1.0	1.0	73.4	1,000
35-39	25.8	2.5	0.5	8.0	0.2	1.6	3.6	0.0	0.0	5.1	3.2	1.6	1.6	1.1	74.2	1,000
40-44	26.7	1.9	0.3	5.7	0.0	2.6	7.1	0.1	0.3	2.0	5.0	3.7	1.3	1.8	73.3	1,000
45-49	18.0	1.6	0.1	2.4	0.0	0.4	4.8	0.5	0.0	2.4	2.4	1.4	1.0	3.5	82.0	1,000
Total	22.8	3.2	0.2	6.4	0.0	1.9	2.0	0.0	0.3	4.2	3.6	2.5	1.1	1.0	77.2	100.0
SEXUALLY ACTIVE UNMARRIED WOMEN ¹																
15-19	51.6	47.5	5.4	0.0	2.6	0.0	39.5	0.0	0.0	0.0	4.1	4.1	0.0	0.0	48.4	100.0
20-24	54.2	50.1	8.5	0.0	8.6	0.0	33.0	0.0	0.0	0.0	3.6	3.6	0.0	0.6	45.8	100.0
25+	42.9	38.1	9.2	1.6	6.7	0.2	18.5	1.8	0.0	0.0	3.9	1.9	2.0	1.0	57.1	100.0
Total	48.4	44.0	7.7	0.7	5.7	0.1	29.0	0.8	0.0	0.0	3.9	3.0	0.9	0.5	51.6	100.0

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

¹Sexually active unmarried women are those who have had sexual intercourse in the month preceding the survey.

Figure 5.1 Contraceptive Use among Currently Married Women 15-49

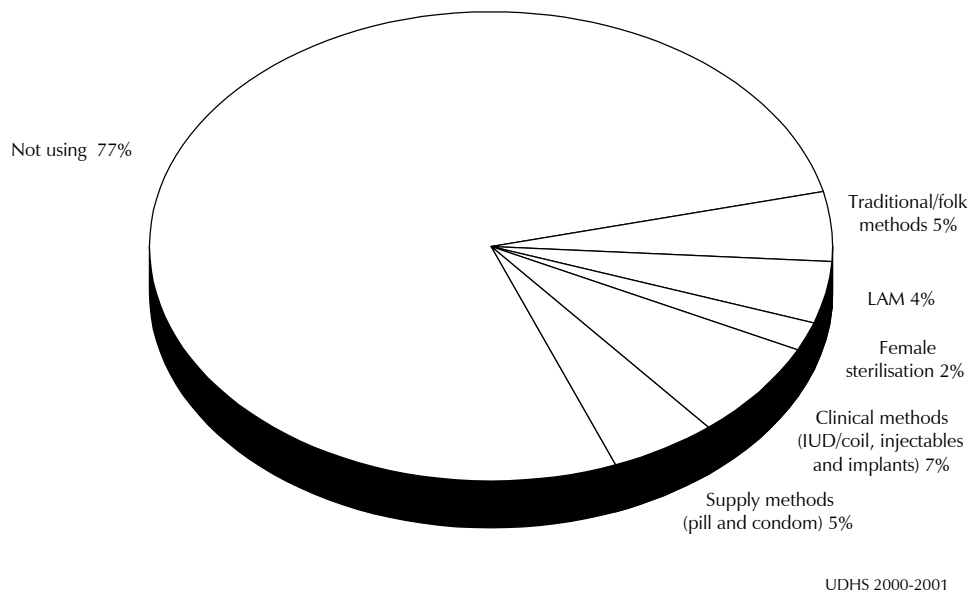


Figure 5.2 Contraceptive Use (Percent) in Selected Eastern and Southern African Countries, 1996-2001

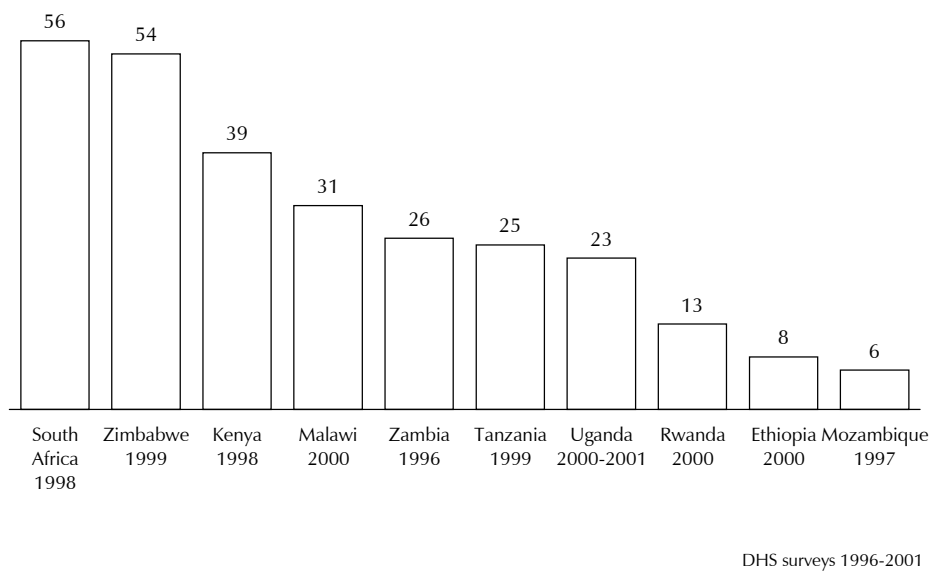
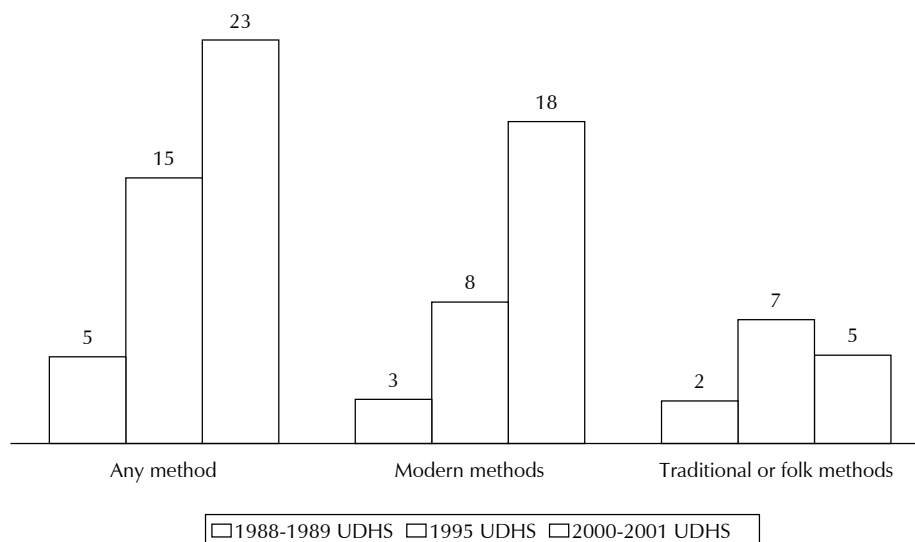


Figure 5.3 Trends in the CPR among Currently Married Women 15-49 years



UDHS 2000-2001

The contraceptive prevalence rate among currently married women has increased steadily from 5 percent in 1988-1989 to 15 percent in 1995 and 23 percent in 2000-2001 (Figure 5.3).¹ The rate in the 2000-2001 UDHS shows an increase of more than 50 percent of the 1995 levels, with the greatest increase being in the use of modern methods (18 percent compared with 8 percent). Use of traditional family planning methods declined from 7 percent in 1995 to 5 percent in 2000-2001. It should be noted that the increase in the use of family planning methods has not yet had much impact on the fertility levels, which only declined slightly from 7.1 children per woman in 1988-1989 to 6.9 children per woman in the 2000-2001.

The current contraceptive method mix indicates a shift in the contraceptive behaviour of married Ugandan women. The use of injectables increased rapidly from 3 percent in 1995 to 6 percent in 2000-2001 and became the predominant method. Use of the pill, which was the most popular method in 1995, did not show any change (3 percent). Condom use has also increased from 1 percent in 1995 to 2 percent in 2000-2001.

In the 2000-2001 UDHS, about half of pill users use the Pillplan brand that is distributed by the social marketing programme (data not shown).

¹ In the 1988-1989 and 1995 surveys, LAM was not specifically asked about; consequently, if mentioned by a respondent, it was written in as an “other” method and was tabulated as a traditional method. In the 2000-2001 UDHS, LAM was asked about specifically and is tabulated as a modern method.

CURRENT USE OF CONTRACEPTION BY BACKGROUND CHARACTERISTICS

Table 5.5 and Figure 5.4 show the percent distribution of currently married women by the contraceptive method currently used according to background characteristics. Urban women are much more likely to be using contraceptive methods than rural women (46 percent compared with 19 percent). The difference is more pronounced for modern method use (42 percent compared with 15 percent). Urban and rural women are equally likely to use traditional methods, especially periodic abstinence (3 percent).

There are large differentials in contraceptive use by region. Although 37 percent of currently married women in the Central Region use contraception, the percentage in the other regions ranges between 15 percent and 21 percent. For traditional methods, the range is between 5 percent and 2 percent.

Use of family planning methods increases with the woman's education. It ranges from 13 percent for women with no formal education to 21 percent for women with primary education and 49 percent for women with secondary or higher education. The differentials for modern and traditional method use are similar.

Contraceptive use is positively associated with the number of living children, as would be expected. The percentage of currently married women using any method rises rapidly from 4 percent among women with no living child to 27 percent among those with three or more children. Data in Table 5.5 show that Ugandan couples tend to adopt family planning after they have several living children.

The last panels in Table 5.5 present the level of contraceptive use according to whether a woman lives in a district covered in the DISH or CREHP project and the woman's wealth status. Overall, women who live in DISH districts have the highest contraceptive use, while those who live in CREHP districts have the lowest. Among districts included in the DISH project, Kampala has the highest level use of (54 percent), while districts in Group I (Mbarara and Ntungamo) and Group IV (Kamuli and Jinja) have the lowest contraceptive prevalence rate (16 to 17 percent).

Use of contraception is positively associated with the woman's socioeconomic status. Whereas contraceptive use among women in the lowest three quintiles ranges between 14 percent and 17 percent, contraceptive prevalence for women in the next-to-highest group is 24 percent, and for women in the highest quintile, it is 46 percent.

CURRENT USE OF CONTRACEPTION BY WOMEN'S STATUS

In this survey, women's status is measured indirectly through selected questions about women's participation in household decisionmaking, their attitudes toward women's ability to refuse sex with their husband, and their attitudes toward wife beating. Table 5.6 shows the percent distribution of currently married women by contraceptive method currently used, according to selected indicators of women's status. It is evident from these data that women who participate in more household decisions are more likely to use modern methods of contraception. On the other hand, women who had no say in household decisions are more likely to use traditional methods.

Use of contraception is positively associated with the number of situations in which women feel it is justifiable to refuse sexual relations. For example, 13 percent of women who find no reason for refusing sexual relations use contraception, compared with 24 percent of women who agree with three or four reasons. Regarding the number of reasons to justify wife beating, women who agree with fewer reasons are more likely to use a method of contraception.

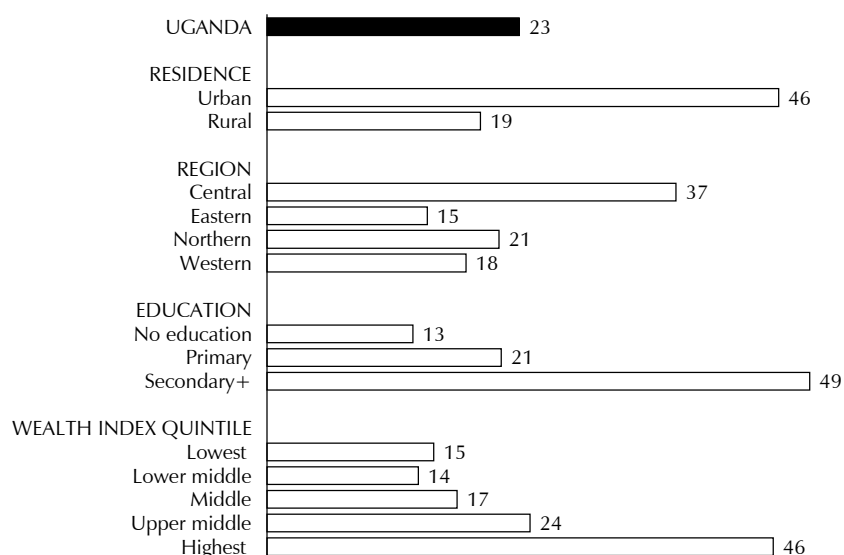
Table 5.5. Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Uganda 2000-2001

Background characteristic	Modern method							Traditional method					Total	Number		
	Any modern method	Pill	IUD	Injectables	Foam/jelly	Male condom	Female sterilisation	Male sterilisation	Implant	LAM	Any traditional method	Periodic abstinence			Withdrawal	Any folk method
Residence																
Urban	46.3	41.6	11.8	0.6	15.3	0.2	5.0	3.7	0.1	1.6	3.4	4.2	2.7	1.5	0.6	53.7
Rural	19.3	14.7	1.9	0.1	5.0	0.0	1.4	1.7	0.0	0.1	4.3	3.5	2.5	1.0	1.1	80.7
Region																
Central	37.0	31.4	7.5	0.4	10.5	0.1	3.8	3.3	0.0	0.7	5.2	4.2	2.1	2.1	1.4	63.0
Eastern	14.5	11.2	1.1	0.1	4.2	0.0	1.6	2.0	0.1	0.2	1.9	1.9	1.7	0.2	1.4	85.5
Northern	21.0	15.4	0.9	0.1	3.9	0.0	0.6	0.5	0.0	0.0	9.4	5.2	5.0	0.2	0.3	79.0
Western	18.0	13.6	2.5	0.2	6.0	0.1	0.9	1.5	0.0	0.2	2.3	3.8	2.1	1.7	0.6	82.0
Education																
No education	13.2	9.4	1.1	0.0	2.4	0.0	0.7	1.1	0.0	0.0	3.9	3.0	2.3	0.6	0.8	86.8
Primary	21.2	16.8	2.5	0.2	5.9	0.0	1.5	1.7	0.1	0.3	4.5	3.3	2.1	1.2	1.1	78.8
Secondary+	49.1	42.2	10.6	0.2	16.1	0.2	5.9	5.1	0.1	0.9	3.2	6.1	4.4	1.7	0.8	50.9
Number of living children																
0	4.1	3.3	0.9	0.0	0.3	0.0	1.3	0.9	0.0	0.0	0.0	0.5	0.2	0.3	0.3	95.9
1	18.0	13.7	3.7	0.0	4.3	0.0	2.6	0.2	0.0	0.0	2.8	4.1	3.1	0.9	0.3	82.0
2	21.0	17.9	3.7	0.2	7.3	0.0	1.7	0.8	0.0	0.3	3.9	2.4	2.0	0.5	0.6	79.0
3	27.3	21.9	3.9	0.1	6.7	0.0	2.3	1.2	0.1	0.5	7.2	4.6	2.7	1.9	0.8	72.7
4+	27.0	21.4	3.0	0.3	7.8	0.1	1.7	3.5	0.1	0.4	4.5	4.1	2.8	1.2	1.6	73.0
DISH/CREHP districts																
DISH	28.1	23.6	5.2	0.3	7.5	0.1	2.8	2.8	0.0	0.8	4.2	3.6	2.1	1.5	0.8	71.9
I Mbarara and Ntungamo	16.2	9.8	1.2	0.2	4.0	0.0	1.6	1.6	0.0	0.0	1.2	5.8	2.9	2.9	0.6	83.8
II Masaka, Rakai, and Sembabule	23.8	18.6	2.9	0.4	7.7	0.0	2.3	1.6	0.0	0.0	3.7	3.7	2.1	1.6	1.6	76.2
III Luwero, Masindi, and Nakasonola	27.4	22.9	1.9	0.0	4.0	0.0	1.0	3.3	0.0	0.0	12.7	4.5	0.7	0.8	0.0	72.6
IV Kamuli and Jinja	16.8	14.5	1.0	0.3	3.1	0.0	2.1	5.2	0.0	0.6	2.2	0.9	0.8	0.1	1.3	3.2
V Kampala	53.8	50.0	16.8	0.3	16.1	0.3	5.9	2.8	0.0	2.8	4.9	3.5	1.7	1.7	0.3	46.2
CREHP (Kisoro, Kabale, and Rukungiri)	16.8	14.3	2.8	0.1	6.2	0.0	0.2	1.7	0.0	0.7	2.6	2.0	1.0	1.0	0.6	83.2
Neither	21.1	16.4	2.4	0.1	5.9	0.0	1.7	1.7	0.1	0.1	4.3	3.7	2.8	0.9	1.1	78.9
Wealth index quintile																
Lowest	15.1	11.3	0.9	0.0	2.0	0.0	1.0	1.3	0.0	0.0	6.1	2.9	2.7	0.3	0.8	84.9
Lower middle	13.7	9.3	0.6	0.0	3.0	0.0	1.4	0.5	0.0	0.0	3.9	3.8	3.0	0.8	0.6	86.3
Middle	17.2	11.9	2.0	0.0	3.8	0.0	0.5	1.4	0.0	0.0	4.2	3.6	2.5	1.1	1.7	82.8
Upper middle	23.8	19.5	2.2	0.4	9.2	0.1	2.3	1.9	0.0	0.1	3.2	3.4	1.3	2.1	0.9	76.2
Highest	45.8	40.6	10.7	0.5	14.6	0.1	4.6	5.1	0.2	1.4	3.3	4.2	2.9	1.3	1.0	54.2
Total	22.8	18.2	3.2	0.2	6.4	0.0	1.9	2.0	0.0	0.3	4.2	3.6	2.5	1.1	1.0	77.2

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

Figure 5.4 Contraceptive Use among Currently Married Women 15-49 by Background Characteristics



UDHS 2000-2001

Table 5.6 Current use of contraception by women's status

Percent distribution of currently married women by contraceptive method currently used, according to selected indicators of women's status, Uganda 2000-2001

Women's status	Type of method					Total	Number
	Any method	Any modern method	Any traditional method	Any folk method	Not using any method		
Number of decisions in which woman has final say¹							
0	18.6	11.0	6.6	0.9	81.4	100.0	153
1-2	15.3	12.3	2.2	0.8	84.7	100.0	1,591
3-4	25.0	19.9	3.9	1.2	75.0	100.0	1,304
5-6	28.0	22.7	4.3	1.0	72.0	100.0	1,833
Number of reasons a wife can refuse sex with her husband							
0	13.0	12.0	1.0	0.0	87.0	100.0	156
1-2	19.7	14.9	3.9	1.0	80.3	100.0	592
3-4	23.6	18.9	3.6	1.0	76.4	100.0	4,133
Number of circumstances in which wife beating is justified							
0	27.1	21.6	4.3	1.2	72.9	100.0	1,106
1-2	24.1	19.8	3.4	0.9	75.9	100.0	1,765
3-4	19.1	14.9	3.0	1.2	80.9	100.0	1,526
5	19.4	15.2	4.1	0.1	80.6	100.0	484
Total	22.8	18.2	3.6	1.0	77.2	100.0	4,881

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

¹Either by herself or jointly with others

5.4 NUMBER OF CHILDREN AT FIRST USE OF FAMILY PLANNING

Couples may use contraceptive methods for either spacing births or limiting family size. UDHS respondents were asked the number of living children they had when they first used contraception. This information enables an examination of the cohort changes in the timing of adoption of contraceptive use. Table 5.7 shows the distribution of ever-married women by the number of living children at the time of first use of contraception, according to age.

The results indicate that Ugandan women are gradually adopting family planning at an earlier age. Younger cohorts reported first use at lower parities than older women. For example, women age 40-44 reported using contraception after having more than four births, compared with no children or one child among women under age 30. From another perspective, although 16 percent of ever-married women age 15-19 started using contraception before they had any children, the proportion of women age 30-34 is 4 percent and that of women 45-49 is 3 percent.

Table 5.7 Number of children at first use of contraception

Percent distribution of ever-married women by number of living children at the time of first use of contraception, according to current age, Uganda 2000-2001

Current age	Never used contraception	Number of living children at time of first use of contraception					Missing	Total	Number
		0	1	2	3	4+			
15-19	69.6	16.0	11.9	1.8	0.4	0.0	0.2	100.0	521
20-24	55.4	9.9	18.4	11.7	3.3	1.0	0.4	100.0	1,274
25-29	50.7	5.9	16.8	12.7	7.9	6.0	0.0	100.0	1,258
30-34	50.7	4.2	11.7	6.0	6.7	20.5	0.1	100.0	958
35-39	54.2	2.8	10.1	5.5	4.8	22.5	0.0	100.0	792
40-44	56.0	1.6	10.0	2.2	4.2	26.0	0.1	100.0	567
45-49	61.4	3.0	8.9	2.9	3.5	19.9	0.3	100.0	421
Total	55.2	6.3	13.7	7.7	4.9	12.0	0.2	100.0	5,790

^a Omitted because less than 50 percent of respondents in the age group have had a child at time of first use of contraception.

5.5 KNOWLEDGE OF THE FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for successful practice of coitus-associated methods such as the calendar method, the Billings method, and other methods collectively called periodic abstinence. The successful use of these methods depends in part on an understanding of when during the ovulatory cycle a woman is most likely to conceive.

Table 5.8 shows the percent distribution of women by knowledge of the fertile period during the ovulatory cycle according to whether they use periodic abstinence as a family planning method. Correct knowledge of the fertile period is deficient among all women as well as among those who are currently using periodic abstinence. Thirty-seven percent of women either said they did not know when they were most likely to conceive or said “any time.” Only 18 percent of all women correctly mentioned that a woman is most likely to conceive in the middle of the ovulatory cycle.

Table 5.8 Knowledge of fertile period

Percent distribution of women who use periodic abstinence, of women who do not use periodic abstinence, and of all women, by knowledge of the fertile period during the ovulatory cycle, Uganda 2000-2001

Perceived fertile period	Users of periodic abstinence	Nonusers of periodic abstinence	All women
Just before period begins	7.7	7.2	7.2
During menstrual period	0.0	0.8	0.8
Right after period has ended	41.2	36.1	36.2
Halfway between periods	33.3	17.6	17.9
No specific time	5.3	8.4	8.4
Other	0.3	0.3	0.3
Don't know	11.2	29.4	29.0
Missing	1.0	0.2	0.2
Total	100.0	100.0	100.0
Number	147	7,099	7,246

Women who are currently using a method of periodic abstinence do indeed know more about the ovulatory cycle than women who do not use the method. However, only one-third of women who reported using periodic abstinence gave the correct response on when the fertile period occurs.

5.6 SOURCE OF SUPPLY OF CONTRACEPTIVES

Information on the source of modern contraceptive methods is useful for family planning managers and implementers. In the 2000-2001 UDHS, women who reported using a method of contraception at the time of the survey were asked where they obtained the method the last time.

Table 5.9 and Figure 5.5 show the percent distribution of current users of modern contraceptive methods by the most recent source of supply. Thirty-six percent of users obtained their methods from a public (government) source, while private sources are reported by almost half (46 percent) of current users. Other private sources account for the remaining 16 percent of modern contraceptive users. Among sources in the public sector, hospitals and health centres are the most common sources (15 percent and 13 percent, respectively).

The source of contraception varies according to the method. Whereas only three in ten pill users obtained their pill from a source in the public sector, seven in ten women who were sterilised had the operation at public sector source, most often in a government hospital. The most common source for the pill and injectables is a private clinic or hospital or, for pill users, a pharmacy/drug shop, while four in ten condom users obtain their condoms from a shop.

There has been a significant shift in source of family planning supply from that recorded in the 1995 UDHS. Public sources declined from 47 percent to 36 percent, while the private medical sources increased from 42 percent to 46 percent. Although public sources continue to provide the majority of female sterilisation, the percentage of users of the pill and injectables who obtain the method from a government facility has declined. For the pill, the percentage has declined from 39 percent in the 1995 UDHS to 31 percent in the 2000-2001 UDHS, and for injectables, the decline is from 61 percent to 47 percent. In 1995, 24 percent of condom users obtained the condoms from a public sector source, while in 2000-2001 the corresponding percentage is 9 percent.

Table 5.9 Source of contraception

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific method, Uganda 2000-2001

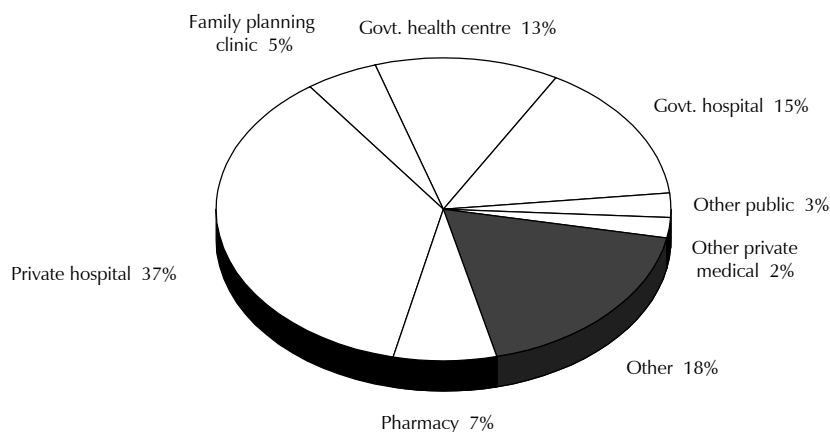
Source of supply	Pill	Injectables	Male condom	Female sterilisation	Total ¹
Public sector	30.7	46.6	9.1	67.3	35.8
Government hospital	7.5	13.9	1.8	58.3	15.2
Government health centre	12.0	22.9	5.0	3.4	12.9
Family planning clinic	7.1	6.5	0.6	5.6	5.2
Outreach	0.6	0.1	0.5	0.0	0.3
Government CBD agent	1.7	0.3	0.8	0.0	0.7
Other	1.8	2.8	0.4	0.0	1.5
Private medical sector	67.1	51.3	33.2	29.8	45.8
Private clinic/hospital	48.9	47.1	20.7	26.3	36.6
Pharmacy/drug shop	16.9	1.2	11.5	0.0	7.1
Private doctor/nurse/midwife	0.7	1.3	0.0	0.0	0.6
Outreach	0.0	0.2	0.0	0.0	0.1
NGO CBD agent	0.0	0.2	1.1	0.0	0.4
Other	0.5	1.3	0.0	3.6	1.0
Other source	1.7	1.3	52.6	0.0	15.6
Shop	1.5	0.0	40.1	0.0	11.6
Religious institution	0.0	0.5	0.0	0.0	0.2
Friends/relatives	0.2	0.8	12.5	0.0	3.9
Other	0.0	0.2	4.8	0.0	1.4
Missing	0.5	0.7	0.3	2.8	1.4
Total	100.0	100.0	100.0	100.0	100.0
Number	198	361	272	105	969

¹Includes 2 users of male sterilisation, 19 IUD users, 23 implants users, and 3 users of foam or jelly.

CBD = Community-based distribution

NGO = Non-governmental organisation

Figure 5.5 Distribution of Current Users of Modern Contraceptive Methods by Source of Supply



UDHS 2000-2001

5.7 INFORMED CHOICE

Women who are currently using a modern method of contraception and adopted the method in the five years preceding the survey were asked whether they were informed about the side effects of the methods they were using, what to do if they experienced any side effects, and whether they were informed about other methods of contraception they could use.

Table 5.10 shows that 59 percent of women were informed about the side effects of the method, while 55 percent were informed about what to do about the side effects. A similar proportion was also informed about alternative methods.

Table 5.10. Informed choice			
Among current users of modern contraceptive methods who adopted the current method in the five years preceding the survey, percentage who were informed about the side effects of the method used, percentage who were informed what to do if side effects were experienced, and percentage who were informed of other methods that could be used for contraception, by specific method, initial source of method, and background characteristics, Uganda 2000-2001			
Method, source, background characteristic	Informed about side effects of method used ¹	Informed what to do if side effects were experienced ¹	Informed of other methods that could be used ²
Method			
Female sterilisation	28.9	24.5	35.4
Pill	53.2	45.0	62.6
Injectables	70.1	67.0	68.3
Other	na	na	33.3
Initial source of method			
Public sector	69.1	66.2	75.9
Government hospital	62.3	63.3	68.7
Government health center	76.1	66.9	80.9
Family planning clinic	73.5	76.5	85.0
Private medical sector	58.0	50.9	58.4
Private hospital, clinic	58.4	51.1	58.4
Pharmacy/drug shop	(60.1)	(50.4)	(54.6)
Other source	0.0	21.2	29.7
Residence			
Urban	59.2	58.4	65.9
Rural	58.7	52.3	50.2
Region			
Central	52.1	49.6	57.1
Eastern	67.3	61.9	62.5
Northern	64.5	55.8	34.0
Western	67.4	60.4	58.3
Education			
No education	45.2	48.5	43.4
Primary	59.9	52.2	50.9
Secondary+	61.0	59.4	67.5
Total	58.9	54.5	55.0
Number ³	692	692	920
na = Not applicable			
() = 25-49 cases			
¹ Among users of female sterilisation, pill, IUD, and injectables			
² Among users of female sterilisation, pill, IUD, injectables, diaphragm, foam, jelly, and LAM			
³ Total includes one woman with missing information on education.			

The quality of information varies according to the method used. Due to the small number of users of the IUD/coil and implants, data are not shown for these methods. The majority of women who use injectables were well informed; 70 percent were informed about side effects, 67 percent knew what to do when they had side effects, and 68 percent were informed about other available methods of contraception. More than half (53 percent) of pill users were informed about side effects, 45 percent were informed about what to do if they experienced side effects, and 63 percent were told about other contraceptive methods. It is worth noting that less than 30 percent of the sterilised women were informed about side effects, 25 percent were informed about what to do if they experienced side effects, and 35 percent were informed about other methods.

Contraceptive users who obtained their methods from a public source were more likely to have received information about the method than those who went to a private source. Differentials by residence show that urban women are slightly better informed than rural women. There are regional differences in the information given to contraceptive users, with women in the Central region being the least informed about the side effects of the method they are using and what to do if side effects are experienced. On the other hand, women in the Northern region are the least likely to be informed of other methods that they could use.

The woman's level of education is positively associated with the provision of information about the method's side effects. Whereas 45 percent of women with no education were informed about side effects, the corresponding percentage for women with primary or higher education is 61 percent. The same pattern is observed for the other two types of information.

5.8 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning is the extent to which women who are not using contraception intend to use family planning in the future. Currently married women who were not using contraception at the time of the survey were asked whether they intended to use family planning methods in future. The results are presented in Table 5.11 according to the number of living children.

The table reveals that of the currently married nonusers, 62 percent intend to use in future, while 28 percent have no intention to use any method and 10 percent are not sure of their intention. There has been an increase in the percentage of nonusers who intend to use family planning from 55 percent in the 1995 UDHS.

Intention	Number of living children ¹					Total
	0	1	2	3	4+	
Unsure	15.0	13.5	9.4	8.5	8.2	9.7
Intends to use	39.6	61.4	63.2	70.2	62.6	62.1
Does not intend to use	45.2	25.0	27.2	21.3	29.1	28.0
Missing	0.3	0.1	0.2	0.0	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	256	584	629	585	1,715	3,769

¹Includes current pregnancy

The proportion of women who intend to use contraception varies with the number of living children. For example, the proportion of women who intend to use contraception is 40 percent for childless women, 63 percent for women with two living children, and 70 percent for women with three living children. On the other hand, the proportion of women who do not intend to use contraception is highest among childless women (45 percent) and lowest among women with three or more living children (21 percent).

5.9 REASONS FOR NONUSE OF CONTRACEPTION

All currently married women who were not using a method of contraception and said that they had no intention to use in the future were asked the main reason for not intending to use a method. The results are presented in Table 5.12. Overall, the most commonly cited reasons for not using contraception are difficulty in becoming pregnant (23 percent), side effects (18 percent), and desire to have children (11 percent).

Among women under age 30, the most frequently cited reasons for not using a method are side effects (30 percent), followed by desire for children (12 percent), partner opposed and health concerns (10 percent each). Although difficulty in getting pregnant was the most common reason for not using family planning among older women (33 percent), fear of side effects and wanting more children were other important reasons (11 and 10 percent, respectively). Menopause (9 percent) and infrequent or no sex (8 percent) were other main reasons for nonuse cited by women 30 years old or older.

Table 5.12 Reason for nonuse of contraception

Percent distribution of currently married women who are not using a contraceptive method and who do not intend to use in the future by main reason for not intending to use, according to age, Uganda 2000-2001

Preferred method	Age		Total
	15-29	30-49	
Fertility-related reasons			
Infrequent sex/no sex	2.2	8.1	6.0
Menopausal/hysterectomy	0.0	8.7	5.7
Subfecund/infecund	5.9	32.6	23.3
Wants children	12.3	9.7	10.6
Opposition to use			
Opposed to family planning	3.9	4.0	4.0
Partner opposed	9.7	5.2	6.8
Others disapprove	0.0	0.2	0.1
Religious prohibition	4.7	2.8	3.5
Lack of knowledge			
Knows no method	3.6	2.7	3.1
Knows no source	1.8	1.8	1.8
Method-related reasons			
Health concerns	9.6	3.8	5.8
Side effects	30.2	10.9	17.6
Lack of access/too far	0.9	0.2	0.4
Cost	2.1	1.2	1.6
Inconvenient	1.5	0.7	1.0
Interferes with body's normal processes	1.4	1.9	1.7
Other	7.5	4.2	5.3
Don't know/ missing	2.7	1.2	1.7
Total	100.0	100.0	100.0
Number	368	688	1,056

5.10 PREFERRED METHOD OF CONTRACEPTION FOR FUTURE USE

Asking nonusers who indicated an intention to use family planning methods in the future which method they would prefer to use can assess potential demand for specific methods of family planning. Table 15.13 shows the percent distribution of currently married women who are not using a contraceptive method but who intend to use in the future by preferred method and age. It is worth noting that 16 percent of women who say that they want to use contraception do not specify the method. Overall, 46 percent of women want to use injectables, 21 percent want to use the pill, 6 percent want to be sterilised, and 3 percent want to use implants. Differences by age group are minimal.

Table 5.13 Preferred method of contraception for future use

Percent distribution of currently married women who are not using a contraceptive method but who intend to use in the future by preferred method, according to age, Uganda 2000-2001

Preferred method	Age		Total
	15-29	30-49	
Pill	20.9	20.8	20.8
IUD/coil	0.7	0.8	0.7
Injectables	48.0	44.6	45.7
Diaphragm	0.0	0.1	0.1
Condom	1.6	2.6	2.3
Female sterilisation	7.9	5.7	6.4
Male sterilisation	0.2	0.0	0.1
Periodic abstinence	1.9	1.8	1.9
Withdrawal	0.5	0.0	0.2
Implants	2.4	3.7	3.3
Lactational amenorrhoea	0.2	0.3	0.3
Female condom	0.1	0.3	0.2
Foam and jelly	0.0	0.1	0.1
Other	2.0	2.2	2.1
Unsure	13.7	17.0	15.9
Total	100.0	100.0	100.0
Number	770	1,570	2,341

The pattern of preferred method has changed since the 1995 UDHS. In 1995, the pill was the first choice (32 percent), followed closely by injectables (31 percent).

5.11 EXPOSURE TO FAMILY PLANNING MESSAGES

Information about the level of public exposure to family planning messages allows policymakers and programme managers to ensure the use of the most effective means for targeting various groups in the population. To assess the effectiveness of family planning messages from different sources, respondents were asked whether they had heard or seen messages about family planning on the radio, television, in printed materials, at community meetings, or by mobile van during the six months before the interview.

Table 5.14 shows the percentage of women who had been exposed to family planning messages through various mass media or other sources, according to background characteristics. Radio is the most frequent source of messages: 62 percent of women listened to radio messages about family planning in the six months prior to the interview. One-third of women saw a family planning message on a billboard, while about one-fifth were exposed to messages at community meetings. Newspapers, television, and mobile vans are less common means of conveying family planning messages. Three in ten women were not exposed to any of the specified sources of family planning messages.

Sharp contrasts in exposure to family planning messages are observed between the urban and rural respondents. Although at least 30 percent to 83 percent of urban women had heard or seen a family planning message in the mass media, the range for rural women was between 5 percent and 58 percent. Overall, women in the Central Region and better educated women are the most likely to have been exposed to family planning messages.

5.12 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

In the UDHS, women were asked whether in the last 12 months they had received a visit from a community-based distribution agent (CBDA) or a community reproductive health worker (CRHW). They were also asked whether they had attended a health facility in the last 12 months and, if so, whether a health worker at the facility spoke to them about family planning methods. This information is useful for determining whether nonusers of family planning are being reached by family planning programmes in Uganda. Table 5.15 displays the results.

Table 5.14 Exposure to family planning messages

Percentage of women who heard or saw a family planning message in the past six months, by source of message and background characteristics, Uganda 2000-2001

Background characteristic	Radio	Television	Newspaper/ magazine	Billboards	Community meetings	Mobile van	None of the specified sources	Number ¹
Age								
15-19	57.0	10.4	17.2	33.5	13.9	9.2	35.8	1,615
20-24	63.4	9.8	16.0	35.6	18.7	9.8	29.1	1,504
25-29	66.2	9.5	15.9	35.2	24.0	8.6	26.6	1,341
30-34	65.6	7.3	15.8	33.9	29.2	9.6	25.6	983
35-39	57.6	7.4	12.3	31.3	22.3	7.8	33.5	810
40-44	62.9	7.5	12.9	31.1	26.2	7.5	29.9	570
45-49	56.8	7.6	10.0	25.4	19.0	5.3	38.6	423
Residence								
Urban	82.6	29.9	38.1	58.5	21.5	17.5	11.0	1,207
Rural	57.5	4.8	10.6	28.4	20.9	7.0	34.7	6,039
Region								
Central	77.4	19.2	26.1	56.6	19.3	11.5	14.7	2,341
Eastern	59.3	5.3	12.5	28.0	20.6	7.2	31.3	1,956
Northern	27.6	2.7	4.7	8.8	4.8	2.4	68.2	1,158
Western	66.0	3.5	10.6	24.9	34.3	10.9	27.0	1,792
Education								
No education	44.4	2.7	3.1	17.2	17.7	4.5	48.6	1,584
Primary	61.6	5.8	10.1	31.7	20.6	7.4	30.7	4,330
Secondary+	82.7	26.8	46.3	58.4	26.3	18.3	9.8	1,331
Total	61.7	9.0	15.2	33.4	21.0	8.8	30.8	7,246

¹Total includes one woman with missing information on education.

Eighty-six percent of nonusers reported that they had neither been visited by a CBDA/CRHW nor discussed family planning with a health worker at a health facility. This figure is slightly higher than that reported in the 1995 UDHS (84 percent).

Forty-two percent of women were not visited by a CBDA/CRHW, and although they went to a health facility, family planning was not discussed while they were at the facility. The corresponding percentage in the 1995 UDHS is 34 percent. These figures can be interpreted as a missed opportunity by health service providers to inform a fairly large segment of nonconceiving women about their reproductive options.

At the national level, only 6 percent of women age 15-49 had been contacted by a CBDA/CRHW in the last 12 months. Visits by a CBDA/CRHW are not common anywhere; urban women are as likely as rural women to be visited by a CBDA/CRHW (6 percent). Women in the Eastern Region were the most likely (9 percent) and women in the Northern Region were the least likely (3 percent) to have received a visit from a CBDA/CRHW in the past 12 months.

Table 5.15 Contact of nonusers with family planning providers

Percent distribution of women who are not using contraception by whether they were visited by a family planning (FP) worker or spoke to a health facility staff person about family planning methods in the 12 months preceding the interview, according to background characteristics, Uganda 2000-2001

Background characteristic	Visited by a family planning worker						Data on visit by FP worker missing	Neither visited by FP worker nor discussed FP at facility	Total	Number
	Yes			No						
	Attended health facility, discussed FP ¹		Didn't attend health facility	Attended health facility, discussed FP ¹		Didn't attend health facility				
	Yes	No		Yes	No					
Age										
15-19	0.6	1.2	1.4	2.4	32.6	61.7	0.1	94.3	100.0	1,447
20-24	2.2	2.1	1.2	10.8	50.1	33.6	0.1	83.6	100.0	1,169
25-29	1.5	2.0	1.2	12.1	47.0	36.1	0.1	83.1	100.0	1,020
30-34	3.6	3.9	2.2	13.6	42.5	34.1	0.1	76.5	100.0	737
35-39	3.2	2.3	2.5	9.1	42.9	39.6	0.4	82.5	100.0	611
40-44	1.5	1.5	1.7	6.0	39.0	50.2	0.2	89.2	100.0	438
45-49	0.4	3.6	1.4	4.9	37.4	52.3	0.0	89.7	100.0	367
Residence										
Urban	2.2	2.1	1.2	9.2	42.8	42.5	0.0	85.3	100.0	771
Rural	1.7	2.2	1.6	8.2	41.6	44.4	0.1	86.1	100.0	5,018
Region										
Central	2.0	1.9	1.0	7.7	43.2	44.1	0.0	87.3	100.0	1,610
Eastern	3.4	3.4	2.4	13.0	46.5	31.2	0.0	77.8	100.0	1,675
Northern	0.7	1.1	1.4	7.1	35.1	54.6	0.0	89.8	100.0	963
Western	0.5	1.7	1.3	4.9	39.3	51.8	0.5	91.1	100.0	1,540
Education										
No education	1.1	1.3	1.4	6.8	41.0	48.4	0.0	89.4	100.0	1,399
Primary	1.8	2.2	1.5	9.0	42.4	42.9	0.2	85.2	100.0	3,549
Secondary+	2.7	3.4	2.1	8.2	40.8	42.7	0.1	83.5	100.0	841
Total	1.8	2.2	1.6	8.4	41.8	44.2	0.1	86.0	100.0	5,788

¹Spoke with health facility staff about family planning methods

Women's level of education is positively associated with visits by a CBDA/CRHW: women with secondary or higher education are the most likely (8 percent) and women with no education are the least likely (4 percent) to have been visited by a CBDA/CRHW in the past 12 months.

A woman's age is strongly related to whether she has contact with family planning staff, either through a CBDA/CRHW visit or at a health facility. There is an inverted U-shaped pattern for family planning contact, with the youngest and the oldest women being the least likely to have contact and women age 20-39 the most likely to have contact. The low level of family planning contact among young women is because they are less likely to visit a facility. Among women who went to a health facility, women 15-19 are less likely to have received family planning messages than older women.

5.13 ATTITUDES OF COUPLES TOWARD FAMILY PLANNING

Effective use of contraceptives is facilitated when couples have positive attitudes toward family planning. The attitudes of couples were assessed by asking women about their own attitudes and what they perceived as their husband's attitude about couples using family planning. This information is useful for assessing the need for further education and publicity and for redesigning strategies to increase acceptance and use of family planning.

The results presented in Table 5.16 show the percent distribution of currently married women who know of a method of family planning, by their own attitude toward family planning and their perception of their husband's attitude toward family planning, according to background characteristics. Overall, 84 percent of married women approve of family planning, 47 percent believe that their husband approves, and 25 percent believe that their husband does not approve of family planning methods. It is notable that 22 percent of women do not know how their husband feels about family planning.

The data show a slight increase in women who approve of contraceptive use from 79 percent in the 1995 UDHS. However, the percentage of women who believe their husband approves of family planning remains at the same level (46 percent in 1995 compared with 47 percent in 2000-2001).

Table 5.16 Attitudes of couples toward family planning

Percent distribution of currently married women who know of a method of family planning by approval of family planning and their perception of their husband's attitude toward family planning, according to background characteristics, Uganda 2000-2001

Background characteristic	Respondent approves of family planning			Respondent disapproves of family planning			Respondent unsure	Total	Number
	Husband approves	Husband dis-approves	Husband's attitude unknown	Husband approves	Husband dis-approves	Husband's attitude unknown			
Age									
15-19	39.7	15.5	25.6	0.5	6.3	3.5	8.8	100.0	449
20-24	50.4	17.7	18.4	1.5	5.0	1.9	5.0	100.0	1,127
25-29	50.6	19.3	17.3	1.1	3.9	1.9	5.9	100.0	1,064
30-34	45.3	23.5	16.3	1.5	6.3	2.5	4.5	100.0	794
35-39	42.2	21.4	19.8	0.9	6.7	3.4	5.6	100.0	631
40-44	41.6	22.1	19.4	1.2	5.8	2.7	7.2	100.0	426
45-49	31.5	14.6	23.4	0.7	14.1	6.5	9.1	100.0	281
Residence									
Urban	63.0	16.2	12.5	1.3	2.7	1.6	2.7	100.0	634
Rural	42.9	20.0	20.1	1.2	6.4	2.9	6.5	100.0	4,138
Region									
Central	52.2	21.9	15.3	1.4	4.7	2.3	2.2	100.0	1,373
Eastern	42.7	20.7	22.2	1.1	4.5	2.6	6.2	100.0	1,479
Northern	34.0	17.4	21.3	0.4	9.9	6.1	10.8	100.0	754
Western	49.1	16.5	17.9	1.6	6.7	1.1	7.1	100.0	1,165
Education									
No education	29.5	19.2	24.9	1.1	9.4	4.6	11.4	100.0	1,192
Primary	46.8	20.6	18.9	1.2	5.4	2.3	4.7	100.0	2,941
Secondary+	70.2	15.3	8.7	1.1	1.8	0.9	1.9	100.0	639
Total	45.6	19.5	19.1	1.2	5.9	2.7	6.0	100.0	4,772

Where there is a perceived disagreement between spouses, respondents are more likely to report that their husband disapproves of family planning (20 percent) while the respondent approves, than that their husband approves while the respondent disapproves (1 percent).

The likelihood that a woman will report that both she and her husband approve of family planning is highest among women age 25-29 (51 percent) and declines thereafter with age to 32 percent among women age 45-49. The level of both wife and husband approving is higher among the urban women (63 percent) than rural women (43 percent).

The level of approval of family planning by a couple is highest in the Central region (52 percent) and lowest in the Northern region (34 percent). Approval of family planning is positively associated with the woman's education.

5.14 DISCUSSION OF FAMILY PLANNING WITH HUSBAND

Table 5.17 provides information on the percentage of currently married women who know of at least one contraceptive method by the number of times family planning was discussed with their husband in the past year, according to age. The 2000-2001 UDHS data indicate that 57 percent of women reported having discussed family planning with their husband. Women 20-39 are the most likely to have frequent discussions with their husband. Four in ten women had never discussed family planning with their husband in the past year.

Table 5.17 Discussion of family planning with husband

Percent distribution of currently married women who know a contraceptive method by the number of times family planning was discussed with their husband in the past year, according to current age, Uganda 2000-2001

Age	Number of times			Missing	Total	Number
	Never	Once or twice	Three or more times			
15-19	56.8	33.2	10.0	0.0	100.0	449
20-24	37.4	37.2	24.8	0.7	100.0	1,127
25-29	35.0	39.2	25.4	0.4	100.0	1,064
30-34	35.5	39.2	25.1	0.1	100.0	794
35-39	47.9	29.2	22.8	0.2	100.0	631
40-44	50.6	29.5	19.3	0.6	100.0	426
45-49	66.8	23.5	9.5	0.2	100.0	281
Total	42.7	35.1	21.9	0.4	100.0	4,772

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

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

6.1 CURRENT MARITAL STATUS

The respondent's marital status at the time of the survey is presented in Table 6.1 and Figure 6.1. In this table, the term "married" includes legal or formal marriage, while "living together" designates an informal union. However, in tables in this report, these two categories are combined and referred to collectively as "currently married" or "currently in union". Respondents who are widowed, divorced, and not living together (separated) make up the remainder of the "ever-married" or "ever-in-union" category.

Overall, two in three women age 15-49 are either formally married (45 percent) or in some other type of union (22 percent). One in five women have never been married, while about 13 percent are divorced, widowed, or no longer living together. The proportion of women who have never married declines sharply with age, and by age 30, almost all women have married. The reverse relationship is true for the married category as well as the widowed and divorced categories. The proportion of women in formal unions increases with age and peaks at age 35-39. The decline after age 40 could be the result of widowhood, divorce, and separation. As expected, older women are more likely to be widowed or divorced than young women. On the other hand, there is no clear age pattern for those who are not living together. The age pattern of marriage is similar to that observed in the 1995 UDHS and the 1991 Population and Housing Census.

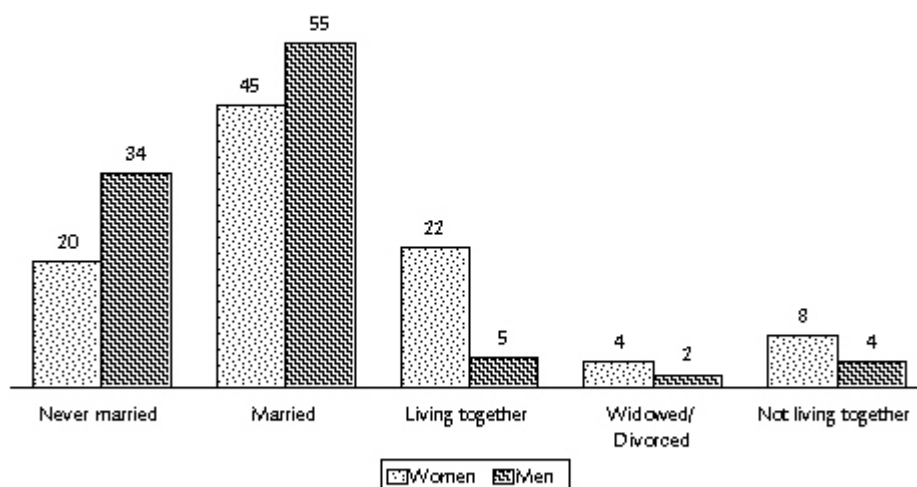
Men depict a pattern of marriage similar to that of women. However, men are more likely to have never been married (34 percent) than women (20 percent). Among the ever-married, men are more likely than women to stay married. This is partly due to remarriage and polygyny, which does not classify them as widowed or divorced.

Table 6.1 Current marital status

Percent distribution of women and men by current marital status, according to age, Uganda 2000-2001

Age	Marital status						Total	Number
	Never married	Married	Living together	Widowed	Divorced	Not living together		
WOMEN								
15-19	67.7	16.7	12.2	0.0	0.1	3.2	100.0	1,615
20-24	15.3	47.4	29.1	0.7	0.8	6.7	100.0	1,504
25-29	6.2	55.2	25.1	2.4	0.2	10.8	100.0	1,341
30-34	2.6	55.3	26.8	4.0	1.3	10.1	100.0	983
35-39	2.2	56.6	23.9	6.4	1.1	9.7	100.0	810
40-44	0.6	56.4	19.1	9.3	2.2	12.3	100.0	570
45-49	0.5	52.3	18.0	13.4	4.5	11.4	100.0	423
Total	20.1	45.1	22.3	3.4	1.0	8.2	100.0	7,246
MEN								
15-19	93.5	5.5	0.9	0.0	0.0	0.1	100.0	441
20-24	54.7	38.0	5.2	0.3	0.1	1.8	100.0	321
25-29	16.7	69.6	6.9	0.1	1.0	5.8	100.0	310
30-34	4.6	77.8	8.0	0.0	1.3	8.3	100.0	291
35-39	4.5	81.7	6.0	2.8	0.6	4.3	100.0	231
40-44	3.9	84.8	3.9	2.0	2.7	2.8	100.0	165
45-49	3.5	86.5	1.7	1.7	1.9	4.7	100.0	120
50-54	1.0	78.0	8.7	0.0	0.0	12.2	100.0	83
Total	34.4	55.3	4.8	0.7	0.8	4.0	100.0	1,962

Figure 6.1 Current Marital Status



UDHS 2000-2001

6.2 POLYGYNY

A man who is married to more than one woman is considered to be in a polygynous union. A monogamous union is one in which the husband has only one wife. The analysis of marriage relations is important for understanding the implications of different types of marriage on fertility behaviour.

Table 6.2 presents the distribution of currently married women by number of co-wives, according to background characteristics. Overall, one in three married women in Uganda is in a polygynous union. This figure is slightly higher than that recorded in the 1995 UDHS (32 percent in 2000-2001 compared with 30 percent in 1995). In the 2000-2001 UDHS, two in three women in a polygynous union have only one co-wife (22 percent) compared with 10 percent who have two or more co-wives.

The prevalence of polygynous unions increases with age; young women are more likely to be in a monogamous marriage than older women. The proportion of married women in a monogamous union declines from 79 percent for women age 15-19 to 60 percent for women age 45-49. Women who live in urban areas are slightly more likely to be in a polygynous union. Women in the Western region are less likely to be in a polygynous union than women in the other three regions, while women in the Central region are more likely to have multiple co-wives than women in other regions. Women with no education are slightly more likely to have co-wives than better educated women. It is interesting to note that women with secondary or higher education are just as likely to have two or more co-wives as women with primary education.

Table 6.2 Number of co-wives

Percent distribution of currently married women by number of co-wives, according to background characteristics, Uganda 2000-2001

Background characteristic	Number of co-wives				Total	Number
	0	1	2+	Don't know/missing		
Age						
15-19	79.1	14.3	6.2	0.3	100.0	466
20-24	74.5	16.4	9.0	0.2	100.0	1,150
25-29	68.1	21.8	9.9	0.2	100.0	1,078
30-34	60.4	27.6	11.1	0.9	100.0	807
35-39	60.7	25.4	13.3	0.6	100.0	652
40-44	62.0	27.0	10.9	0.1	100.0	431
45-49	59.8	23.5	14.9	1.8	100.0	297
Residence						
Urban	63.6	22.3	13.4	0.6	100.0	636
Rural	67.9	21.7	9.9	0.4	100.0	4,245
Region						
Central	63.6	19.6	15.8	1.0	100.0	1,377
Eastern	65.0	25.0	9.9	0.1	100.0	1,487
Northern	63.2	26.8	9.4	0.6	100.0	823
Western	77.5	17.0	5.4	0.1	100.0	1,194
Education						
No education	65.2	22.9	11.5	0.5	100.0	1,264
Primary	68.0	22.0	9.5	0.5	100.0	2,978
Secondary+	68.5	19.0	12.3	0.2	100.0	639
Total	67.3	21.8	10.4	0.5	100.0	4,881

6.3 AGE AT FIRST MARRIAGE

Marriage is the leading social and demographic indicator of exposure of women to the risk of pregnancy, especially in the case of low levels of contraceptive use. Early marriages, in the Ugandan context where use of family planning is limited, lead to early childbearing and a longer period of exposure of women to reproductive risks, which lead to high cumulative fertility levels. Table 6.3 presents the percentage of women and men who were married by specific ages. Although the minimum legal age for a woman to get married is 18 years in Uganda, the 2000-2001 UDHS results show that the median age at first marriage among women 25-49 is just before 18 years and has been fairly stable for the past 30 years.

Marriage among young girls is a common practice. Among women age 20-49, 17 percent were married by age 15 and more than half were married by age 18. A similar pattern is seen among women age 25-49. However, the trend has shifted toward fewer women marrying at very young ages. Only 7 percent of women age 15-19 were married before age 15 compared with 22 percent of women age 45-49.

Table 6.3 Age at first marriage

Percentage of women and men who were first married by specific exact ages and median age at first marriage, according to current age, Uganda 2000-2001

WOMEN								
Current age	Percentage who were first married by exact age:					Percentage never married	Number	Median age at first marriage
	15	18	20	22	25			
15-19	6.6	na	na	na	na	67.7	1,615	a
20-24	15.2	53.9	74.7	na	na	15.3	1,504	17.7
25-29	15.5	49.9	71.3	83.8	91.3	6.2	1,341	18.0
30-34	16.8	52.6	74.4	85.1	92.4	2.6	983	17.8
35-39	17.1	52.3	72.3	84.6	92.7	2.2	810	17.8
40-44	21.0	59.5	76.7	87.9	94.8	0.6	570	17.4
45-49	22.2	55.8	72.0	82.4	90.9	0.5	423	17.5
20-49	16.9	53.2	73.5	na	na	6.4	5,631	17.8
25-49	17.6	52.9	73.0	84.7	92.3	3.2	4,127	17.8
MEN								
Current age	Percentage who were first married by exact age:					Percentage never married	Number	Median age at first marriage
	20	22	25	28	30			
20-24	21.5	36.8	na	na	na	54.7	321	na
25-29	33.0	50.7	75.4	82.3	na	16.7	310	21.9
30-34	25.2	47.5	70.4	88.7	92.5	4.6	291	22.3
35-39	18.5	44.2	69.8	80.1	86.4	4.5	231	22.7
40-44	26.9	43.6	72.3	85.7	91.9	3.9	165	22.6
45-49	33.7	51.6	70.9	80.5	85.7	3.5	120	21.9
50-54	16.9	36.7	65.0	76.8	83.7	1.0	83	22.8
25-54	26.4	46.8	71.5	83.3	87.6	7.3	1,200	22.3

na = Not applicable

^a Omitted because less than half of women in the age group x to $x+4$ have married by age x .

Marriage among men starts fairly late. By age 20, only 26 percent of men have been married, compared with 74 percent of women. The median age at first marriage for men age 25-54 is 22, while for women 25-49, it is 18, suggesting that men marry about four years later than women.

6.4 MEDIAN AGE AT FIRST MARRIAGE

The median age at first marriage for women age 20-49, and men age 25-54 by current age and background characteristics is shown in Table 6.4 and Figure 6.2. Overall, rural women marry at least one year earlier than their urban counterparts. For men, the age difference between urban and rural men is more dramatic (24.5 years compared with 22.0 years, respectively). Across the regions, the median age at first marriage for women ranges from about 17 years in the Eastern and Northern regions to 18 years in the Central and Western regions.

Table 6.4 Median age at first marriage

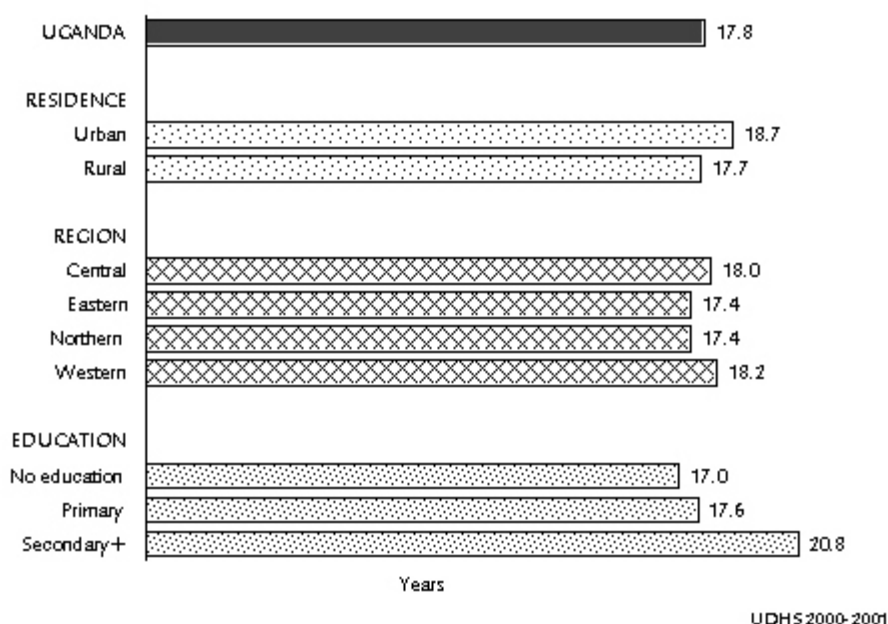
Median age at first marriage among women age 20-49 and men age 25-54, by current age and background characteristics, Uganda 2000-2001

Background characteristic	Current age (women)						Women		Men
	20-24	25-29	30-34	35-39	40-44	45-49	20-49	25-49	25-54
Residence									
Urban	19.7	19.7	18.7	18.5	17.9	17.6	19.0	18.7	24.5
Rural	17.3	17.8	17.7	17.7	17.3	17.5	17.6	17.7	22.0
Region									
Central	18.2	18.4	17.9	17.9	17.8	17.3	18.1	18.0	23.6
Eastern	16.9	17.6	17.8	17.5	16.5	16.7	17.2	17.4	21.6
Northern	17.1	17.6	16.8	17.9	17.3	17.7	17.3	17.4	21.8
Western	18.0	18.4	18.2	18.1	17.9	18.4	18.2	18.2	22.2
Education									
No education	16.9	17.1	16.7	17.3	16.9	17.1	17.0	17.0	21.9
Primary	17.1	17.6	17.6	17.6	17.4	17.5	17.4	17.6	21.7
Secondary+	a	21.5	20.4	21.1	19.0	20.0	a	20.8	24.3
Total	17.7	18.0	17.8	17.8	17.4	17.5	17.8	17.8	22.3

^a Omitted because less than half of women in the age group x to $x+4$ were first married by age x .

For both women and men, education has a positive association with age at first marriage. This may be due to education leading to postponement of marriage or the reverse—that marriage leads to curtailment of education. Under the Ugandan system it is not common to attend formal secondary school after marriage. Women with no formal education marry three to four years earlier than women who have secondary or higher education. Among men, those with no formal education marry at least two years earlier than men with secondary education.

Figure 6.2 Median Age at First Marriage among Women 25-49 by Background Characteristics



6.5 AGE AT FIRST SEXUAL INTERCOURSE

The 2000-2001 UDHS collected data on age at first sexual intercourse. By age 15, 23 percent of women 20-49 were already sexually active. The cumulative percentage of sexually active women increases steadily to reach 92 percent by age 25. The median age at first sex for women across age groups is similar, indicating no recent change in the pattern of initiation of sexual activity.

As in the case of marriage, sexual activity among men starts later than among women. Only 9 percent of men age 25-54 were sexually active by age 15. This percentage rises steadily to reach a level of 81 percent by age 25. The median age at first sexual intercourse for women 20-49 years is 16.7 years. The corresponding figure for men is 18.8 years. This further confirms that women start having sex earlier than men, with a difference of about two years. The median age for women shows no evidence of change over time, while that for men has increased slightly from 18.5 years among men age 50-54 to 19.4 years among men age 25-29.

Data in Table 6.5 for men confirm that men enter sexual relations much later than women. Although more than four-fifths of women age 25-49 had had sexual intercourse by age 20, the corresponding proportion for men age 25-54 is three-fifths.

Table 6.5 Age at first sexual intercourse

Percentage of women and men who had first sexual intercourse by specific exact ages and median age at first intercourse, by current age, Uganda 2000-2001

Current age	Percentage who had first sexual intercourse by exact age:					Percentage who never had intercourse	Number	Median age at first intercourse
	15	18	20	22	25			
WOMEN								
15-19	14.2	na	na	na	na	47.9	1,615	a
20-24	20.5	68.5	86.5	na	na	3.7	1,504	a
25-29	20.7	65.0	81.7	88.9	92.1	0.6	1,341	16.8
30-34	25.1	70.7	83.9	89.6	91.5	0.5	983	16.5
35-39	21.5	64.3	81.5	88.7	90.4	0.4	810	16.7
40-44	25.8	70.7	84.7	89.3	91.5	0.3	570	16.4
45-49	27.2	65.4	79.8	86.5	89.9	0.0	423	16.6
20-49	22.6	67.5	83.5	89.4	91.5	1.3	5,631	16.7
25-49	23.3	67.1	82.4	88.8	91.3	0.4	4,127	16.6
MEN								
15-19	15.5	34.6	na	na	na	61.3	441	a
20-24	7.5	37.3	61.3	71.2	na	12.5	321	a
25-29	9.0	34.8	55.8	64.3	69.4	2.1	310	19.4
30-34	12.4	39.6	61.7	72.3	76.2	0.0	291	19.0
35-39	12.9	38.2	65.7	82.3	87.3	1.0	231	18.6
40-44	3.7	34.7	62.8	77.4	83.2	0.0	165	18.8
45-49	5.5	33.6	67.5	85.4	95.3	0.0	120	18.7
50-54	7.0	37.8	69.4	87.1	92.5	0.0	83	18.5
20-54	9.0	36.8	62.0	74.3	79.1	3.2	1,521	18.8
25-54	9.4	36.7	62.2	75.2	80.6	0.7	1,200	18.8

na = Not applicable

^a Omitted because less than half of the respondents in the age group x to x+4 had sexual intercourse by age x.

6.6 MEDIAN AGE AT FIRST INTERCOURSE

Table 6.6 presents the median age at first sexual intercourse among women age 20-49 and men age 25-54, by current age and background characteristics. For women, the median age at first sexual intercourse is generally lower in rural areas than in urban areas, while the reverse is true for men. Examination by region reveals that women and men of the Eastern region engage in sexual relations earliest (16.0 and 18.1 years), while their counterparts in the Western region initiate sex at age 17.5 and 19.8 years, respectively. Women and men with no formal education show small variations with those with primary education. Women with at least some secondary education tend to delay sexual relations to almost two years later than less educated women. However, among men, there is no difference in the initiation of sexual intercourse by educational attainment.

Table 6.6 Median age at first intercourse

Median age at first sexual intercourse among women age 20-49 and men age 25-54, by current age and background characteristics, Uganda 2000-2001

Background characteristic	Current age (women)						Women		Men
	20-24	25-29	30-34	35-39	40-44	45-49	20-49	25-49	25-54
Residence									
Urban	17.1	17.3	16.4	16.9	16.9	16.8	17.0	16.9	18.6
Rural	16.6	16.7	16.5	16.6	16.3	16.6	16.6	16.6	18.9
Region									
Central	16.7	16.9	16.0	16.4	16.8	16.5	16.6	16.5	18.7
Eastern	16.1	16.1	16.1	16.0	15.3	16.2	16.0	15.9	18.1
Northern	16.6	17.0	16.5	17.3	17.1	16.9	16.8	16.9	19.5
Western	17.5	17.6	17.2	17.9	17.2	17.6	17.5	17.4	19.8
Education									
No education	16.3	16.3	16.0	16.6	16.4	16.6	16.4	16.4	18.9
Primary	16.4	16.5	16.4	16.5	16.1	16.5	16.4	16.4	18.9
Secondary+	18.2	18.7	17.7	18.3	17.1	17.4	18.2	18.2	18.8
Total	16.7	16.8	16.5	16.7	16.4	16.6	16.7	16.6	18.8

6.7 RECENT SEXUAL ACTIVITY

In societies with low use of contraception, the probability of becoming pregnant is closely related to the exposure to and frequency of sexual intercourse. Information on recent sexual activity is therefore useful as a measure of exposure to the risk of pregnancy. Table 6.7 presents the percent distribution of women by the timing of last sex, according to their background characteristics.

Among women age 15-49, more than half (56 percent) were sexually active in the four weeks prior to the survey, while 21 percent had had sex within the past year but not in the four weeks prior to the survey, and 11 percent had ever had sex but were not sexually active in the past 12 months. The highest level of recent sexual activity is observed among women age 20-39, 64 to 66 percent of whom were sexually active in the past month. The proportion of women who are sexually active gradually declines after age 30. The proportion sexually active in the four weeks preceding the survey among women in marital union declines gradually with the number of years in union. Women who were married in the past or have never been married are less likely to have had sex in the recent past. Women with secondary education are less likely to have engaged in sex in the past four weeks than those with no formal education (45 percent compared with 63 percent).

Women in the rural areas are more likely to have had sex in the past four weeks than urban women (58 percent and 49 percent, respectively). There are small variations across regions. Overall, current users of contraception are more likely to be sexually active than women who are not using any method. The proportion varies according to the method used, ranging from 60 percent among condom users to 84 percent among women who have been sterilised.

Table 6.7 Recent sexual activity

Percent distribution of women by timing of sexual activity, according to background characteristics, Uganda 2000-2001

Background characteristic	Timing of last sex				Total ²	Number
	Within the past 4 weeks	Within one year ¹	One or more years ago	Never had sex		
Age						
15-19	30.0	15.8	6.2	47.9	100.0	1,615
20-24	66.2	23.6	6.3	3.7	100.0	1,504
25-29	64.8	25.2	9.4	0.6	100.0	1,341
30-34	65.1	22.7	11.7	0.5	100.0	983
35-39	64.1	22.1	13.4	0.4	100.0	810
40-44	62.2	17.0	20.4	0.3	100.0	570
45-49	52.2	15.4	32.2	0.0	100.0	423
Marriage duration (years)						
Currently married						
Married only once						
0-4	81.3	18.0	0.7	0.0	100.0	1,048
5-9	77.8	19.6	2.5	0.0	100.0	971
10-14	77.5	20.1	2.4	0.0	100.0	681
15-19	78.1	17.8	4.1	0.0	100.0	454
20-24	75.4	20.2	4.3	0.0	100.0	307
25+	71.5	17.7	10.8	0.0	100.0	323
Married more than once						
Divorced/separated/ widowed	15.0	35.1	49.7	0.0	100.0	934
Never in union	9.6	18.9	13.1	58.2	100.0	1,456
Residence						
Urban	48.8	22.8	14.6	13.7	100.0	1,207
Rural	57.9	20.5	10.3	11.3	100.0	6,039
Region						
Central	53.6	22.0	12.7	11.7	100.0	2,341
Eastern	58.2	23.8	8.9	9.2	100.0	1,956
Northern	55.1	20.3	12.2	12.5	100.0	1,158
Western	58.9	16.7	10.4	14.0	100.0	1,792
Education						
No education	63.0	20.0	14.0	3.0	100.0	1,584
Primary	57.4	20.6	9.3	12.7	100.0	4,330
Secondary+	45.2	22.8	13.0	18.9	100.0	1,331
Current contraceptive method						
Female sterilisation	83.7	10.8	5.6	0.0	100.0	105
Pill	81.8	15.3	2.9	0.0	100.0	198
IUD	*	*	*	*	100.0	11
Condom	59.5	36.6	3.9	0.0	100.0	272
Periodic abstinence	73.7	16.9	9.4	0.0	100.0	147
Other method	76.2	19.1	4.5	0.0	100.0	725
No method	51.9	20.9	12.6	14.6	100.0	5,788
Total ³	56.4	20.9	11.0	11.7	100.0	7,246

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

¹ Excludes women who had sexual intercourse within the last 4 weeks.

² May not add up to 100.0 due to missing cases.

³ Includes one woman with missing information on education.

6.8 POSTPARTUM AMENORRHOEA, ABSTINENCE, AND INSUSCEPTIBILITY

Among women who are not using contraception, the exposure to the risk of pregnancy in the period following birth is determined by two major factors, namely, breastfeeding and sexual abstinence. Postpartum protection from conception can be prolonged by breastfeeding, which can lengthen the duration of amenorrhoea (the period between birth and the return of menstruation), or by delayed resumption of sexual activities (postpartum abstinence). In Table 6.8, the percentage of births for which mothers are postpartum amenorrhoeic and abstaining is presented along with the percentage of births for which mothers are defined as still postpartum insusceptible, i.e., either amenorrhoeic or abstaining or both. These women are classified as not exposed (i.e., insusceptible) to the risk of pregnancy.

The proportion of women remaining amenorrhoeic, abstaining, or insusceptible declines as duration since birth increases. Within the first two months after birth, 96 percent of women in Uganda are insusceptible to pregnancy, 96 percent are amenorrhoeic, and 75 percent are abstaining from sex. After six months (the recommended duration of exclusive breastfeeding), 76 percent of mothers are still insusceptible to the risk of pregnancy, mainly because their period has not returned. By 34 to 35 months after birth, only 2 percent of the mothers are amenorrhoeic, 5 percent are abstaining, and about 8 percent are insusceptible to pregnancy. The median duration of postpartum insusceptibility is 12 months; for postpartum amenorrhoea, it is 12 months; for postpartum sexual abstinence, it is 2 months. Compared with data from the 1995 UDHS, the duration of insusceptibility remains at the same level.

Table 6.8 Postpartum amenorrhoea, abstinence, and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrhoeic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Uganda 2000-2001

Months since birth	Percentage of births for which the mother is:			Number
	Amenorrhoeic	Abstaining	Insusceptible	
<2	95.9	75.0	96.0	202
2-3	87.1	38.1	90.6	262
4-5	77.8	22.8	81.5	278
6-7	72.4	16.2	75.7	246
8-9	66.1	12.4	68.3	271
10-11	54.3	14.0	57.0	288
12-13	42.5	7.8	47.1	273
14-15	40.3	5.0	41.3	239
16-17	24.5	6.0	29.7	307
18-19	25.4	4.8	28.8	277
20-21	20.4	3.0	22.3	291
22-23	12.7	4.5	15.5	252
24-25	7.3	4.2	10.4	266
26-27	1.6	2.0	3.5	288
28-29	3.7	3.2	6.0	248
30-31	2.7	2.6	4.8	235
32-33	0.8	4.5	5.4	195
34-35	2.2	5.4	7.5	193
Total	35.7	12.2	38.7	4,611
Median	11.5	2.1	12.2	na
Mean	13.0	5.0	14.1	na

na = Not applicable

6.9 MEDIAN DURATION OF POSTPARTUM INSUSCEPTIBILITY BY BACKGROUND CHARACTERISTICS

The median duration of postpartum amenorrhoea, abstinence, and insusceptibility by various background characteristics is presented in Table 6.9 and Figure 6.3. The median duration of postpartum abstinence shows very little variation across the background characteristics. Therefore, the variation in postpartum insusceptibility is mainly due to variations in postpartum amenorrhoea. Women under 30 years of age have a shorter median duration of postpartum amenorrhoea (11 months) than women over 30 years of age (13 months). The duration of postpartum amenorrhoea for rural women is longer than that for urban women (12 months compared with 8 months).

On a regional basis, women in the Northern region have the longest duration of postpartum insusceptibility (15 months). On the other hand, women of the Central region have the shortest duration (10 months). Women with secondary or higher education show the shortest duration of postpartum amenorrhoea (7 months) compared with women with less education (12 months or longer). The pattern for postpartum insusceptibility is similar to that for postpartum amenorrhoea.

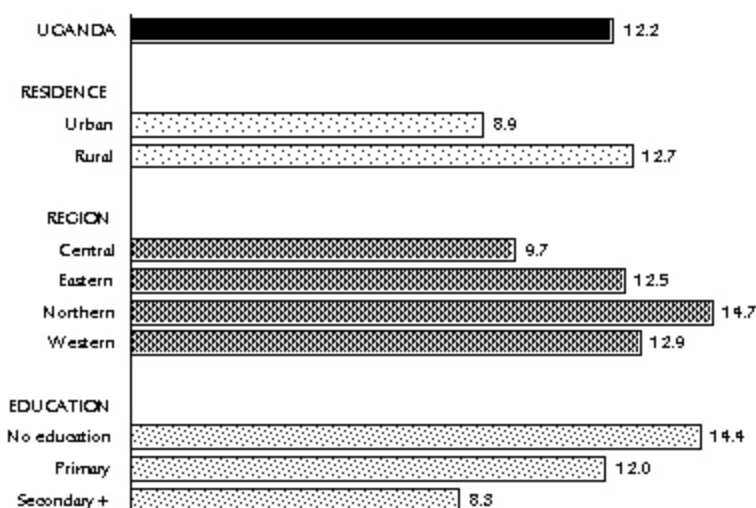
Table 6.9 Median duration of postpartum insusceptibility by background characteristics

Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility, by background characteristics, Uganda 2000-2001

Background characteristic	Post-partum amenorrhoeic	Post-partum abstaining	Post partum insusceptible	Number
Age				
15-29	10.6	2.0	11.4	3,120
30-49	13.2	2.3	13.6	1,491
Residence				
Urban	8.1	2.2	8.9	508
Rural	12.2	2.1	12.7	4,103
Region				
Central	8.9	2.0	9.7	1,323
Eastern	11.6	2.9	12.5	1,348
Northern	14.1	2.9	14.7	796
Western	12.7	1.1	12.9	1,145
Education				
No education	13.3	2.1	14.4	1,105
Primary	11.5	2.0	12.0	2,971
Secondary+	7.2	2.5	8.3	535
Total	11.5	2.1	12.2	4,611

Note: Total includes one child with missing information on mother's education.

Figure 6.3 Median Duration of Postpartum Insusceptibility by Background Characteristics



UDHS 2000-2001

6.10 MENOPAUSE

Table 6.10 presents the percentage of women age 30-49 who are menopausal. The proportion of women who are menopausal rises with age from about 2 percent for age group 30-34 to 42 percent for age group 48-49. It is clear that the onset of infertility with increasing age reduces the proportion of women who are exposed to the risk of pregnancy. For this analysis, a woman is considered menopausal if she is neither pregnant nor postpartum amenorrhoeic but did not have a menstrual period in the six months preceding the survey.

Table 6.10 Menopause

Percentage of women age 30-49 who are menopausal, Uganda 2000-2001

Age	Percentage menopausal ¹	Number of women
30-34	1.8	983
35-39	3.5	810
40-41	4.1	299
42-43	9.4	203
44-45	14.7	207
46-47	28.2	153
48-49	41.8	131
Total	7.4	2,786

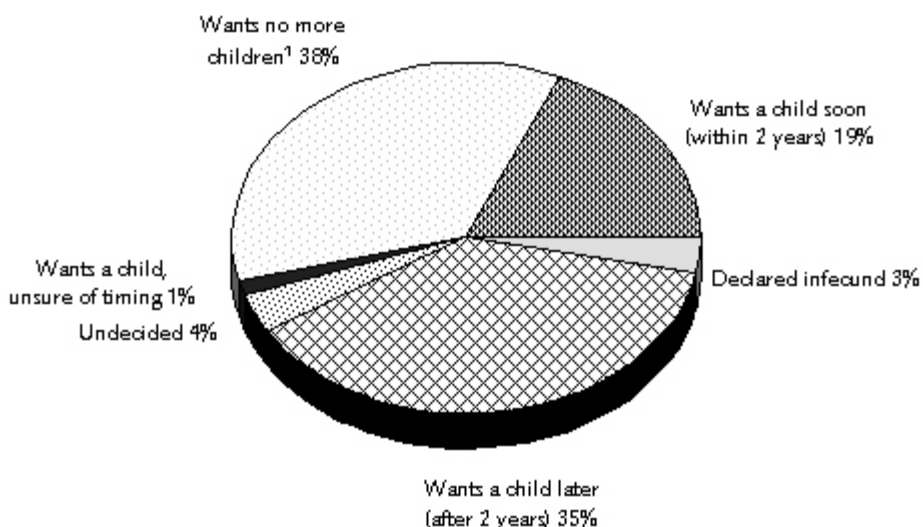
¹ Percentage of all women who are not pregnant and not postpartum amenorrhoeic whose last menstrual period occurred six or more months preceding the survey.

In the 2000-2001 UDHS, women who were not pregnant were asked whether they wanted to have another child or whether they preferred not to have any more children. The question is phrased differently for women who have had no children. Similarly, women who reported that they were pregnant at the time of the survey were asked whether they wanted another child after the birth they were expecting or whether they preferred not to have any more children. Women who indicated that they wanted another child were asked to state the preferred interval between children. Finally, women were asked in total the number of children they would like to have, as well as their sex preference, if they were to start childbearing afresh. Given that ongoing family planning programmes are addressing male involvement and the vital role men play in the realisation of reproductive goals, men were asked similar questions on fertility preferences.

7.1 DESIRE FOR MORE CHILDREN

Data on desire for more children can provide an indication of future reproductive behaviour on the assumptions that the required family planning services are available, affordable, and accessible and that people can realise their fertility preferences. Table 7.1 shows the distribution of currently married women according to the number of living children, and Figure 7.1 shows the percent distribution of these women by their fertility preferences. Desire to limit childbearing or delay a pregnancy may not necessarily lead to the use of family planning.

Figure 7.1 Fertility Preferences of Currently Married Women 15-49



¹ Includes sterilised women

Table 7.1 Fertility preferences by number of living children

Percent distribution of currently married women and men by desire for more children, according to number of living children, Uganda 2000-2001

Desire for children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
WOMEN								
Have another soon ²	74.4	28.3	26.0	15.4	10.5	10.7	3.9	18.5
Have another later ³	3.2	57.2	52.2	48.9	35.8	24.1	10.1	34.7
Have another, undecided when	1.3	3.6	1.2	1.7	1.7	0.6	0.3	1.4
Undecided	1.2	2.1	2.7	3.3	4.0	7.3	4.0	3.6
Want no more	1.0	5.3	15.0	27.8	42.3	54.6	74.1	36.4
Sterilised ⁴	1.3	0.2	0.8	1.2	1.7	1.4	5.3	2.0
Declared infecund ⁵	17.2	2.9	2.0	1.7	3.8	1.4	2.1	3.1
Missing	0.4	0.5	0.1	0.0	0.2	0.0	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	273	716	795	789	668	506	1,134	4,881
MEN								
Have another soon ²	53.8	32.0	30.7	30.3	28.4	21.9	20.5	27.7
Have another later ³	37.8	62.4	54.8	50.0	37.6	31.9	24.3	39.9
Have another, undecided when	1.5	1.4	4.3	1.4	1.9	0.9	0.6	1.6
Undecided	1.9	0.0	1.4	2.3	2.0	2.1	3.6	2.2
Want no more	3.1	4.1	8.8	13.6	28.8	42.1	48.4	27.1
Sterilised ⁴	0.0	0.0	0.0	0.0	0.0	1.1	0.6	0.3
Declared infecund ⁵	1.9	0.0	0.0	2.3	0.0	0.0	2.1	1.1
Missing	0.0	0.0	0.0	0.0	1.3	1.1	0.6	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	69	154	166	152	132	118	389	1,180

¹ Includes current pregnancy

² Wants next birth within two years

³ Wants to delay next birth for two or more years

⁴ Includes both male and female sterilisation

⁵ Respondent reports that she/he is infecund.

Overall, 36 percent of currently married women declared that they did not want to have any more children at all, 35 percent wanted another child after two years, and 19 percent wanted to wait for less than two years to have another child. Five percent of women reported not being able to have any more children either because they were infecund (3 percent) or have been sterilised (2 percent).

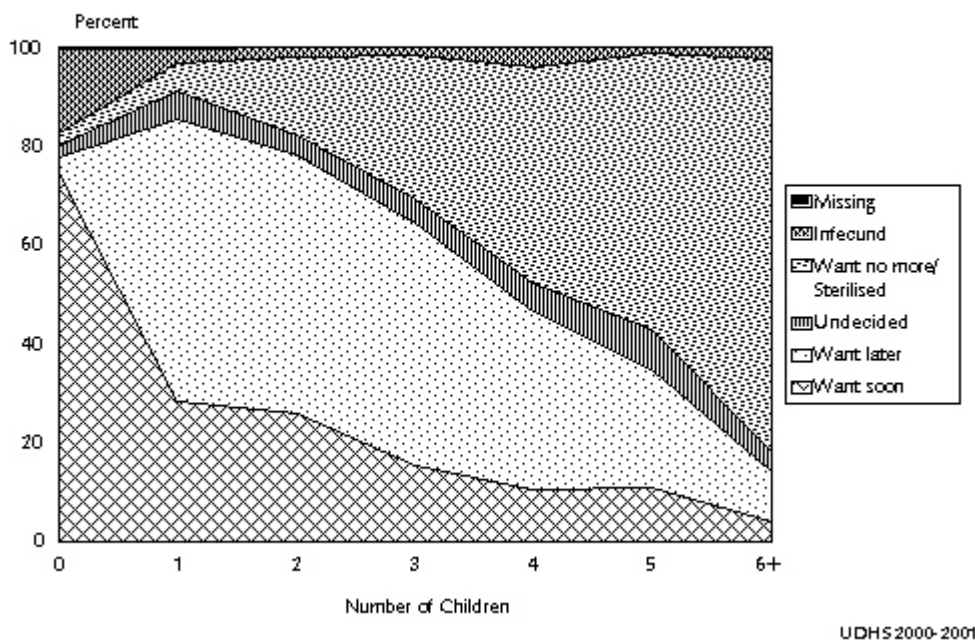
Compared with women, men are generally less likely to want to stop having children (27 percent compared with 36 percent) and more likely to want to continue having children (69 percent compared with 55 percent).

Data in Table 7.1 show that 73 percent of married women either want to space their next birth or to end childbearing. This proportion represents a potential demand for family planning in Uganda. In comparison with data from past Uganda DHS surveys, this is an increase from 53 percent in 1988-1989 and 69 percent in 1995.

Table 7.1 further shows that desire for many children is strong in Uganda, with 14 percent of women with six or more children stating that they want to have another child. For men, the proportion is much higher (45 percent), with 21 percent saying that they want a child within two years.

Figure 7.2 shows that there is a positive relationship between the desire to stop childbearing and the number of living children. Women with a larger number of children are more likely to want to stop childbearing. For instance, among childless women, only 2 percent stated that they did not want any more children or had been sterilised. This proportion increases steadily to 79 percent among women with six or more children.

Figure 7.2 Fertility Preferences among Women by Number of Children



7.2 DESIRE TO LIMIT CHILDBEARING BY BACKGROUND CHARACTERISTICS

Table 7.2 shows the percentage of currently married women who want to limit childbearing by background characteristics. There are variations in the reproductive intentions across urban-rural residence and region. Although 43 percent of urban women wish to cease childbearing, the corresponding proportion among rural women is 38 percent. Variations by region range from 41 percent in the Central region to 33 percent in the Northern region. However, the Northern region shows a unique feature in that at least 10 percent of women with two or fewer children want no more children. Although this percentage increases with the number of living children, by the time women have two or more children, it is exceeded by the percentage in other regions.

Women with no education are slightly more likely than educated women to report that they do not want to have any more children (41 percent compared with 38 percent). This is contrary to what was revealed in the 1995 UDHS, where women's education had a positive relationship with the desire to stop having children.

Table 7.2 Desire to limit childbearing by background characteristics

Percentage of currently married women who want no more children, by number of living children and background characteristics, Uganda 2000-2001

Background characteristic	Number of living children ¹							Total women	Total men
	0	1	2	3	4	5	6+		
Residence									
Urban	0.0	10.7	31.0	47.9	68.5	73.9	90.4	42.6	39.7
Rural	2.8	4.3	12.9	25.8	40.9	53.9	78.5	37.8	25.3
Region									
Central	2.1	6.9	24.0	34.6	58.8	61.6	82.1	41.4	34.7
Eastern	0.7	2.4	12.5	25.4	39.7	56.2	84.4	39.0	27.1
Northern	12.9	10.1	14.1	23.2	32.7	41.0	63.2	32.5	13.5
Western	0.0	3.2	10.3	31.4	40.6	61.0	82.1	38.5	28.4
Education									
No education	4.4	9.7	14.4	28.2	35.5	52.2	76.5	40.8	27.8
Primary	1.9	4.1	13.6	28.4	43.3	54.9	79.3	37.6	23.3
Secondary+	0.0	5.8	25.6	33.9	65.6	74.4	92.7	37.8	36.7
Total	2.4	5.5	15.8	29.0	44.0	55.9	79.4	38.5	27.1

Note: Women and men who have been sterilised are considered to want no more children.

¹ Includes current pregnancy

7.2 DEMAND FOR FAMILY PLANNING SERVICES

In the 2000-2001 UDHS, women who reported that they did not want to have more children (limiters) or want to wait two or more years before having another child (spacers), but who were not using contraception, are defined as having an unmet need for family planning. The percentage of women with unmet need for family planning and women who are currently using contraception constitute the total demand for family planning.

Results from Table 7.3 show that overall, 35 percent of currently married women have an unmet need for family planning services, 21 percent for spacing and 14 percent for limiting. The corresponding percentages for all women and unmarried women are 24 percent and 4 percent, respectively. Among married women, 23 percent are using a family planning method—11 percent for spacing and 12 percent for limiting births. The percentage of married women who are using contraception constitutes 40 percent of the demand for family planning. This means that if all the demand were satisfied, 57 percent of married women would be using contraception.

Table 7.3 shows that younger women are more likely to need family planning services for spacing than for limiting children. On the other hand, older women are in need of family planning more for limiting than for spacing purposes. Older women are also more likely to have met their demand for family planning. The unmet need for family planning services is low among the youngest and oldest age groups, resembling an inverted U shape.

Whereas the total demand for family planning is higher in urban areas than in rural areas (70 percent and 56 percent, respectively), unmet need for family planning is much higher in rural areas than in urban areas (36 percent and 23 percent, respectively).

Table 7.3 Need for family planning

Percentage of currently married women, women with unmet need for family planning, with met need for family planning, and the total demand for family planning, by background characteristics, Uganda 2000-2001

Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning			Percentage of demand satisfied	
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total	satis- fied	Number
Age											
15-19	24.8	0.8	25.6	11.1	0.9	12.0	35.9	1.7	37.6	31.9	466
20-24	31.2	4.1	35.3	16.5	4.5	21.0	47.8	8.6	56.3	37.3	1,150
25-29	27.0	11.9	38.8	16.4	8.0	24.4	43.3	19.9	63.2	38.6	1,078
30-34	18.0	18.2	36.3	10.8	15.9	26.6	28.8	34.1	62.9	42.3	807
35-39	11.5	24.3	35.8	4.5	21.3	25.8	16.0	45.6	61.6	41.9	652
40-44	4.4	30.2	34.6	2.2	24.5	26.7	6.7	54.6	61.3	43.6	431
45-49	1.6	21.3	22.9	0.6	17.4	18.0	2.2	38.7	40.9	44.1	297
Residence											
Urban	14.0	9.4	23.4	22.3	24.0	46.3	36.4	33.4	69.8	66.4	636
Rural	21.7	14.5	36.2	9.5	9.8	19.3	31.2	24.3	55.5	34.7	4,245
Region											
Central	17.8	12.2	30.1	18.1	18.8	37.0	36.0	31.1	67.0	55.1	1,377
Eastern	28.2	17.4	45.6	6.5	8.0	14.5	34.7	25.4	60.1	24.1	1,487
Northern	15.7	12.8	28.5	13.6	7.4	21.0	29.2	20.3	49.5	42.4	823
Western	18.1	12.1	30.2	7.4	10.6	18.0	25.4	22.7	48.2	37.4	1,194
Education											
No education	17.9	16.6	34.5	5.7	7.4	13.2	23.6	24.0	47.7	27.6	1,264
Primary	22.8	14.5	37.3	10.4	10.8	21.2	33.2	25.3	58.5	36.2	2,978
Secondary+	16.3	5.5	21.9	25.6	23.6	49.1	41.9	29.1	71.0	69.2	639
DISH/CREHP districts											
DISH	20.4	12.5	32.9	12.4	15.7	28.1	32.8	28.2	61.0	46.0	1,331
I Mbarara and Ntungamo	17.8	10.8	28.6	7.3	8.9	16.2	25.1	19.7	44.8	36.1	280
II Masaka, Rakai, and Sembabule	20.5	13.3	33.8	12.3	11.5	23.8	32.8	24.8	57.6	41.3	327
III Luwero, Masindi, and Nakosongola	28.6	16.8	45.5	9.7	17.7	27.4	38.3	34.5	72.9	37.6	158
IV Kamuli and Jinja	27.3	17.4	44.7	6.0	10.8	16.8	33.3	28.2	61.5	27.3	262
V Kampala	12.6	6.6	19.2	24.1	29.7	53.8	36.7	36.4	73.1	73.7	303
CREHP (Kisoro, Kabale, and Rukungiri)	10.4	8.7	19.1	6.5	10.3	16.8	17.0	19.0	35.9	46.8	294
Neither	21.7	14.9	36.6	11.1	10.1	21.1	32.8	25.0	57.8	36.6	3,256
Currently married women	20.7	13.9	34.6	11.2	11.6	22.8	31.9	25.5	57.3	39.7	4,881
Unmarried women	2.3	1.2	3.5	9.7	4.9	14.6	12.0	6.1	18.1	80.8	2,365
All women	14.7	9.7	24.4	10.7	9.4	20.1	25.4	19.2	44.5	45.2	7,246

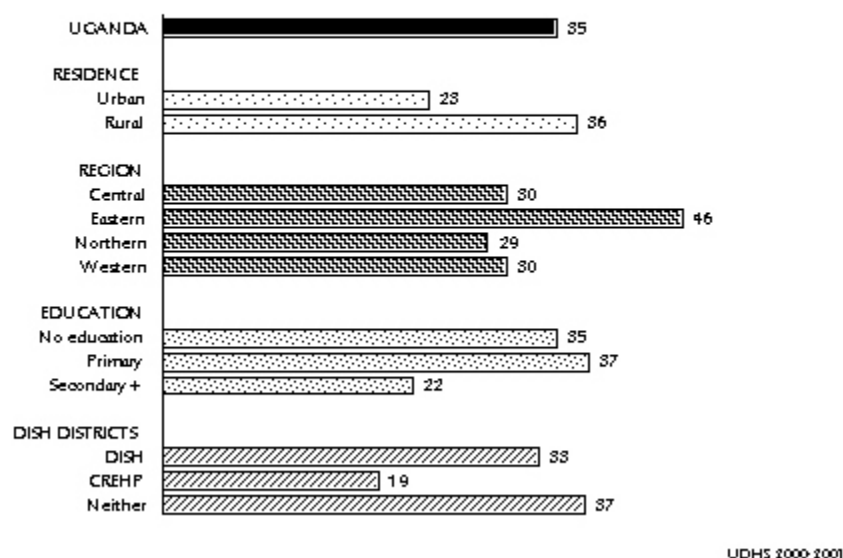
¹ Unmet need for *spacing* includes pregnant women whose pregnancy was mistimed, amorrhoeic women whose last birth was mistimed, and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also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

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

There are substantial regional differences in the level of unmet need and the degree of demand satisfied. Unmet need is highest in the Eastern region (46 percent) and lowest in the Northern region (29 percent). In terms of percentage of demand satisfied, the range is between 55 percent in the Central region and 24 percent in the Eastern region (Figure 7.3)

A woman's education is related to demand for family planning. Women with secondary or higher education have the highest demand for family planning services (71 percent), compared with 48 percent for women with no education. Since better educated women are also more likely to have the highest percentage of demand satisfied, they have the lowest level of unmet need. Unmet need in the DISH districts is only slightly lower than average, while unmet need in the CREHP districts is much lower than the national average.

Figure 7.3 Unmet Need for Family Planning Services among Currently Married Women 15-49 by Background Characteristics



7.3 IDEAL NUMBER OF CHILDREN

Another measure of fertility preferences is the ideal number of children. Both women and men in the survey were asked, “If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?”

Data in Table 7.4 show that in general, men want to have a larger family than women. The mean ideal number of children among all women is 4.8 children, and among all men, it is 5.6 children. These figures show a decline in fertility preferences since the 1995 UDHS, where the corresponding figure is 5.3 children for women and 5.8 children for men. The desired number of children among currently married women is close to that for all women, while in general, married men have a considerably higher mean ideal family size than all men.

Table 7.4 Ideal number of children

Percent distribution of all women and men by ideal number of children and mean ideal number of children for all women and for currently married women, according to number of living children, Uganda 2000-2001

Ideal number of children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
WOMEN								
0	0.5	0.0	0.0	0.1	0.0	0.3	0.1	0.2
1	1.0	1.9	0.7	0.8	0.7	0.4	0.2	0.8
2	4.9	14.4	8.5	4.4	5.2	2.9	2.9	8.3
3	0.9	12.9	9.6	8.2	1.6	2.7	3.2	7.5
4	2.5	39.6	44.0	40.3	34.2	22.9	25.7	36.4
5	0.4	11.0	14.5	14.8	11.0	16.4	10.7	12.2
6+	4.4	16.7	18.1	27.0	42.0	48.7	49.6	29.2
Nonnumeric responses	5.5	3.4	4.7	4.3	5.3	5.8	7.7	5.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,565	1,018	998	939	798	596	1,332	7,246
Mean ideal number for:								
All women	4.1	4.2	4.4	4.8	5.3	5.7	6.0	4.8
Number ²	1,480	984	951	898	756	561	1,229	6,860
Currently married women	4.6	4.4	4.4	4.8	5.3	5.7	6.1	5.1
Number ²	254	694	755	754	633	473	1,048	4,610
MEN								
0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.1
1	1.1	0.8	0.0	0.0	0.0	0.0	0.0	0.5
2	5.8	7.0	5.0	1.3	3.7	0.0	2.6	4.3
3	11.7	15.2	11.4	6.4	5.7	4.3	3.7	9.0
4	36.5	29.0	33.9	21.2	20.9	25.0	13.9	27.7
5	19.7	17.8	19.2	21.1	14.0	18.1	7.7	16.6
6+	19.1	29.2	27.5	41.6	52.2	50.2	64.0	36.5
Nonnumeric responses	5.8	1.0	3.1	8.4	3.5	2.4	8.0	5.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	727	214	179	165	142	137	397	1,962
Mean ideal number for:								
All men	4.6	4.7	4.9	5.6	6.1	6.3	8.0	5.6
Number	685	212	173	151	137	134	366	1,858
Currently married men	4.7	4.8	5.0	5.7	6.0	6.6	7.9	6.2
Number	67	152	161	138	127	115	357	1,117

¹Includes current pregnancy

²Means are calculated excluding the women giving nonnumeric responses.

The mean ideal number of children increases with the number of living children. Among women, it increases from 4.1 children for childless women to 6.0 children among women with 6 or more children. A similar pattern is shown by men, although the range is much wider—4.6 children for men with no living children and 8 children for men with 6 or more children.

The mean ideal number of children by age and background characteristics is presented in Table 7.5 and Figure 7.4. In general, for all women and men, the average ideal number of children increases with age. The mean ideal number of children is 4.1 and 6.4 for the youngest and oldest women, respectively. Rural-urban differentials show that urban women prefer to have fewer children than rural women (3.8 children and 5.1 children, respectively).

Table 7.5 Mean ideal number of children by background characteristics

Mean ideal number of children for all women and men, by age and background characteristics, Uganda 2000-2001

Background characteristic	Age								Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	
WOMEN									
Residence									
Urban	3.2	3.4	3.8	4.3	4.4	4.8	4.9	na	3.8
Rural	4.3	4.5	5.0	5.4	5.7	6.0	6.6	na	5.1
Region									
Central	3.6	3.9	4.4	4.8	5.2	5.6	6.1	na	4.4
Eastern	4.3	4.4	4.7	5.3	5.1	5.4	5.4	na	4.8
Northern	4.4	4.9	5.7	5.7	6.5	6.5	7.4	na	5.6
Western	4.3	4.5	4.9	5.3	5.9	6.5	6.8	na	5.1
Education									
No education	4.7	5.0	5.6	5.9	6.3	6.9	7.1	na	5.9
Primary	4.2	4.4	4.8	5.3	5.5	5.5	6.1	na	4.8
Secondary+	3.5	3.5	3.8	4.1	4.2	4.6	4.6	na	3.8
Total	4.1	4.3	4.8	5.2	5.5	5.9	6.4	na	4.8
MEN									
Residence									
Urban	4.0	4.0	3.8	4.6	5.5	5.7	5.8	8.5	4.4
Rural	4.8	5.0	5.5	6.1	6.8	7.2	6.9	7.9	5.9
Region									
Central	4.4	4.5	4.5	5.6	6.5	6.7	6.8	6.8	5.2
Eastern	4.7	4.8	5.7	5.8	6.5	5.9	6.1	10.4	5.8
Northern	5.3	6.4	7.4	7.4	7.8	10.1	8.3	7.3	7.3
Western	4.6	4.4	4.4	5.6	6.2	6.8	6.1	6.1	5.2
Education									
No education	4.8	7.3	5.8	8.7	8.4	7.1	6.8	5.8	7.2
Primary	4.7	5.0	5.4	6.0	6.9	7.8	7.1	8.6	5.8
Secondary+	4.3	4.1	4.4	5.3	5.2	5.2	5.9	7.5	4.8
Total	4.6	4.8	5.1	5.9	6.6	6.9	6.8	7.9	5.6

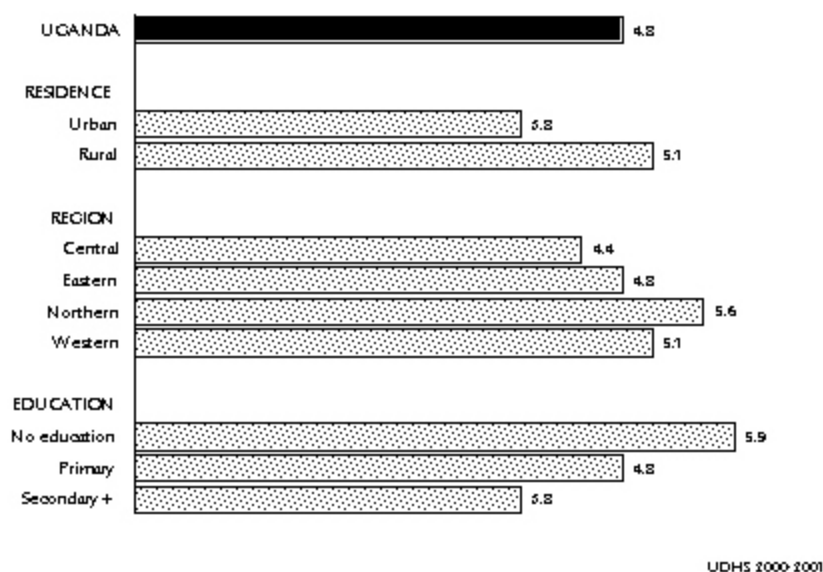
na = Not applicable

There are variations in the mean ideal number of children across regions, ranging from 4.4 children in the Central region to 5.6 children in the Northern region. A similar pattern of regional differentials was observed in the 1995 UDHS.

A person's educational level has a negative association with his/her desire for children. Data in Table 7.5 reveal that for all ages, fertility preferences decline with increasing education. Although women with no education prefer to have 5.9 children, women with secondary or higher education want only 3.8 children.

The same differentials are found among men. Men in urban areas, those who live in the Central and Western regions, and those who have secondary or higher education want to have fewer children than other men.

Figure 7.4 Mean Ideal Number of Children by Background Characteristics



7.4 FERTILITY PLANNING

To be able to measure the degree to which couples control their fertility, women were asked, for all children born in the preceding five years, whether the pregnancy was wanted at the time, wanted but at a later time, or not at all wanted. For women who were pregnant at the time of interview, this question was also asked of the current pregnancy. In this procedure, the respondent was required to recall accurately her wishes at one or more points in the last five years. However, care needs to be taken because an unwanted conception may become a cherished child, leading to the rationalisation of responses to these questions.

According to Table 7.6, 60 percent of the births in the five years preceding the survey were wanted then, 25 percent were wanted later (mistimed), and 15 percent were not wanted at the time they were conceived. The proportion of births that were wanted then declines with birth order and mother's age. Although 73 percent of first births were wanted then, only 52 percent of fourth or higher order births were wanted at the time they occurred. On the other hand, the percentage of unwanted births increases with birth order and age. Less than 10 percent of births to women 15-19 were not wanted at all, compared with 61 percent of births to women age 40-44.

Table 7.6 Fertility planning status

Percent distribution of all births (including current pregnancy) in the five years preceding the survey by fertility planning status, according to birth order and mother's age at birth, Uganda 2000-2001

Birth order and mother's age at birth	Planning status of birth				Total	Number
	Wanted then	Wanted later	Wanted no more	Missing		
Birth order						
1	73.2	16.8	9.6	0.4	100.0	1,512
2	68.4	25.8	5.6	0.2	100.0	1,468
3	62.9	31.0	5.8	0.3	100.0	1,357
4+	52.0	25.3	22.3	0.3	100.0	4,244
Age at birth						
15-19	67.7	22.7	9.3	0.3	100.0	1,678
20-24	64.0	29.4	6.3	0.2	100.0	2,643
25-29	59.5	28.6	11.6	0.3	100.0	2,003
30-34	55.7	21.7	22.4	0.1	100.0	1,251
35-39	47.9	15.6	36.0	0.5	100.0	748
40-44	35.4	3.9	60.6	0.1	100.0	221
45-49	(53.7)	(2.3)	(41.0)	(3.1)	100.0	38
Total	60.3	24.8	14.6	0.3	100.0	8,581

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

Another measure of fertility preferences is the total wanted fertility rate, which expresses the theoretical level of fertility that would result if all unwanted births were prevented. It therefore provides another indicator of fertility aspirations and may be interpreted as the number of births that a woman would have by age 50 if she experienced the wanted fertility rate. This measure is calculated in the same manner as the conventional total fertility rate, except that unwanted births are excluded from the numerator. A birth is considered wanted if the number of living children at the time of conception was less than the current ideal number of children reported by the respondent. Comparison of the actual fertility rate with the wanted rate indicates the potential demographic impact of eliminating unwanted births. Table 7.7 compares the total wanted fertility rates and total fertility rates for the three years preceding the survey (as shown in Chapter 4).

The gap between wanted and actual fertility shows how successful women were in achieving their reproductive intentions. For example, the data show that if all unwanted births were eliminated, the total fertility rate in Uganda would be 5.3 children per woman instead of the actual total fertility rate of 6.9 children per woman. This gap varies in subgroups of women. It is higher among rural women, women living in the Eastern region, and women with no education or primary education only. This suggests that these women are less successful in meeting their fertility goals than other women.

Table 7.7 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Uganda 2000-2001

Background characteristic	Total wanted fertility rates	Total fertility rates
Residence		
Urban	3.2	4.0
Rural	5.7	7.4
Region		
Central	4.5	5.7
Eastern	5.3	7.4
Northern	6.4	7.9
Western	5.6	6.9
Mother's education		
No education	6.3	7.8
Primary	5.6	7.3
Secondary+	3.2	3.9
Total	5.3	6.9

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

The information presented in this chapter is important not only for the demographic assessment of the country's population, but also in the design and evaluation of health policies and programmes. The reduction of infant and child mortality and the incidence of high-risk pregnancies remain priority targets of the National Health Policy.

8.1 DEFINITIONS, METHODOLOGY AND ASSESSMENT OF DATA QUALITY

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

- Neonatal mortality:** the probability of dying within the first month of life
- Postneonatal mortality:** the arithmetic difference between infant and neonatal mortality
- Infant mortality:** the probability of dying between birth and the first birthday
- Child mortality:** the probability of dying between exact age one and the fifth birthday
- Under-five mortality:** the probability of dying between birth and the fifth birthday.

All rates are expressed as deaths per 1,000 live births, except child mortality, which is expressed as deaths per 1,000 children surviving to the first birthday.

A retrospective birth history, such as that included in the 2000-2001 UDHS, is susceptible to several possible data collection errors. First, only surviving women age 15-49 were interviewed; therefore, no data are available for children of women who had died. The resulting mortality estimates will be biased if the child mortality of surviving and nonsurviving women differs substantially.

Another possible error is underreporting of events; respondents are likely to forget events that occurred in the past. Omission of infant deaths may take place, especially in cases where deaths occur early in infancy. If such deaths are selectively omitted, the consequence will not only be a lower infant mortality rate (IMR) and neonatal mortality rate (NNMR), but also a low ratio of

neonatal deaths to infant deaths and deaths under seven days to neonatal deaths. On the other hand, misstatement of the date of birth and the age at death will result in distortion of the age pattern of death. This may affect the final indices obtained because of shifting ages above or below the borderline ages.

Seventy percent of all the neonatal births in the 20 years prior to the 2000-2001 UDHS were early neonatal births (Appendix Table C.5). This figure is within the expected range and is the same as was observed in the 1995 UDHS. Furthermore, differences in the reporting of neonatal deaths for the different periods are not considered significant. Thus, there is no evidence of selective underreporting of early neonatal deaths. Similarly, neonatal deaths constituted 41 percent of all infant deaths, which is considered plausible. The rates vary within a narrow range (40 to 43 percent) over the 20 years prior to the survey (see Appendix Table C.6). The proportion of early neonatal deaths ranges between 65 and 72 percent for the periods 15 to 19 and 0 to 4 years prior to the survey.

Another aspect that affects the childhood mortality estimates is the quality of reporting of age at death. In general, these problems are less serious for periods in the recent past than for those in the more distant past. If the ages are misreported, it will bias the estimates, especially if the net effect of the age misreporting results in transference of deaths from one age bracket to another. For example, a net transfer of deaths from under one month to over one month, will affect the estimates of neonatal and postneonatal mortality. To minimise errors in the reporting of age at death, the UDHS interviewers were instructed to record the age at death in days if the death took place within one month after birth, in months if the child died within 24 months, and in years if the child was two years or older. Table C.5 shows age heaping at ages seven and 14 days, which is a sign of approximation to one and two weeks, respectively. Although age heaping at 14 days may not bias any indicator, the heaping at seven days is likely to lead to a lower estimate of early neonatal mortality. Similarly, Table C.6 shows evidence of heaping at age 12 months (an approximation to one year), with the number of reported deaths at 12 months more than twice that at adjacent ages. If some of these deaths actually took place at less than 12 months of age, the transference to age 12 months or older will result in a lower estimate of infant mortality than the actual level. However, age heaping is higher for births in the 10 to 19 years prior to the survey than for the most recent births. Indeed, the reporting on deaths in the five years prior to the survey does not show any heaping. It is therefore not necessary to adjust the data before estimating the mortality levels.

8.2 EARLY CHILDHOOD MORTALITY RATES: LEVELS AND TRENDS

In Uganda, infant mortality rates have been typically computed using two approaches—direct and indirect techniques. Direct estimates have been computed from the three UDHS surveys using information collected in the birth history table. On the other hand, lacking the necessary information for producing estimates using direct methods, the population censuses report indirect estimates based on the number of children ever born and children surviving. Although there is no conclusive agreement whether one estimate is better than the other, the underlying assumptions used in the indirect methods can introduce a potential bias in the estimate. Studies have found that for many sub-Saharan countries, even if an appropriate mortality model is applied in the indirect estimation method, the results of this method are consistently higher than those of the direct methods (Sullivan et al., 1994; Adetunji, 1996). In this report, only direct estimates are presented.

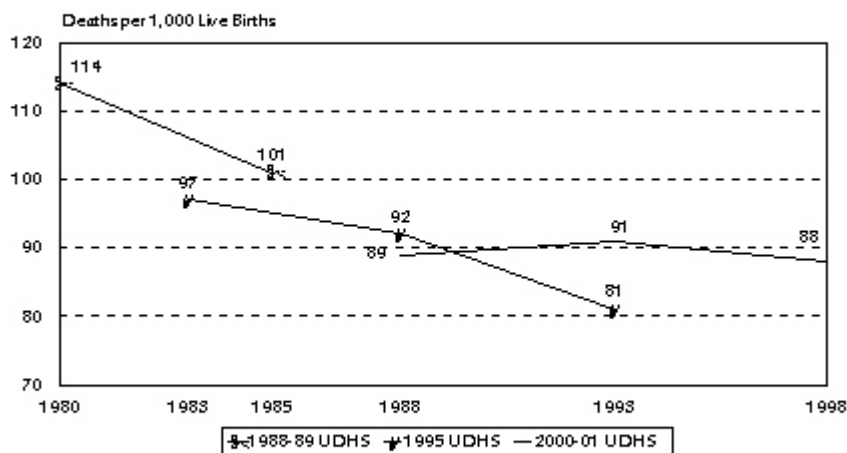
Various early childhood mortality rates for the 15 years preceding the survey are presented by five-year periods in Table 8.1. For the most recent period (i.e., zero to four years before the survey, reflecting roughly 1996 to 2000), the infant mortality rate is 88 deaths per 1,000 live births. This means that one in every 11 babies born in Uganda do not live to the first birthday. Of those who survive to the first birthday, 69 out of 1,000 would die before reaching their fifth birthday. The overall under-five mortality is estimated at 152 deaths per 1,000 live births, which implies that one in every seven Ugandan babies does not survive to the fifth birthday.

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-five mortality (${}_5q_0$)
0-4	33.2	55.2	88.4	69.2	151.5
5-9	36.7	53.9	90.5	79.6	162.9
10-14	36.1	52.8	89.0	81.9	163.6

During the first year of life, the first month is the hardest to survive. With the neonatal mortality rate of 33 deaths per 1,000 live births, nearly 40 percent of infant deaths occur during the first month of life. Although the postneonatal period represents a lower risk of death relative to the earlier period, it still indicates a poor mortality condition among Ugandan infants.

Data in Table 8.1 and Figure 8.1 also show that infant mortality in Uganda has been high and constant in the last 15 years. On the other hand, between the two most recent five-year periods preceding the survey, there has been a decline in child mortality of ten points after being constant for the previous two periods. This decline translates into a decline in under-five mortality.

Figure 8.1 Trends in Infant Mortality



UDHS 2000-2001

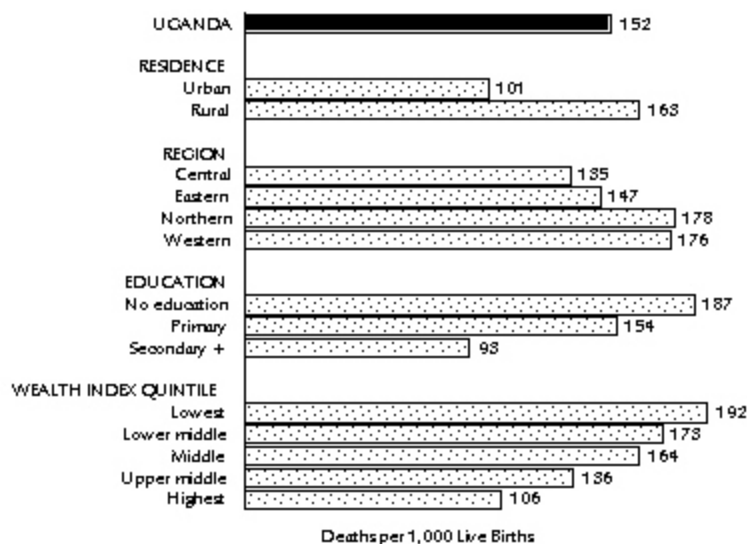
Another way of examining trends is by comparing the 2000-2001 UDHS figures with findings from other sources, such as the 1995 UDHS, which were collected using the same methodology and calculated with the same technique. Comparison of the mortality estimates from the two surveys shows that infant mortality in Uganda has increased by almost 10 percent in the last five years (from 81 to 88). This increase is mainly accounted for by an increase in neonatal mortality from 27 deaths per 1,000 births in the five years before the 1995 survey to 33 deaths per 1,000 for the 2000-2001 survey. Since the child mortality rate in 2000-2001 is similar to that in the 1995 UDHS, the under-five mortality rate in the 2000-2001 UDHS is slightly higher than that in the 1995 UDHS. These figures suggest that overall, childhood mortality in Uganda has remained at roughly the same level during the past ten years.

8.3 EARLY CHILDHOOD MORTALITY BY SOCIOECONOMIC CHARACTERISTICS

Table 8.2 and Figure 8.2 present the early childhood mortality rates in Uganda by socioeconomic characteristics. The rates given in this table refer to the ten-year period preceding the survey. Mortality levels in the urban areas are considerably and consistently lower than in the rural areas. For example, under-five mortality in the rural areas is 60 percent higher than in the urban areas. The urban-rural gap in childhood mortality is most notable for postneonatal mortality, where the probability of dying before the first birthday for rural infants is 80 percent higher than for urban infants.

Socioeconomic characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN)	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-five mortality (${}_5q_0$)
Residence					
Urban	22.5	32.0	54.5	48.7	100.6
Rural	36.3	57.4	93.7	77.0	163.4
Region					
Central	29.8	42.2	71.9	68.1	135.1
Eastern	29.5	59.8	89.3	63.7	147.3
Northern	42.2	63.7	105.9	80.6	178.0
Western	41.5	56.3	97.8	87.0	176.3
Education					
No education	38.7	67.8	106.5	89.6	186.5
Primary	34.9	53.5	88.4	72.1	154.1
Secondary+	24.5	28.1	52.6	42.7	93.0
Wealth index quintile					
Lowest	40.1	65.6	105.7	96.3	191.8
Lower middle	32.7	65.6	98.3	82.9	173.0
Middle	38.3	56.3	94.5	76.2	163.5
Upper middle	34.6	46.4	81.0	60.0	136.2
Highest	26.2	34.0	60.2	49.2	106.4
Total	34.8	54.6	89.4	73.7	156.5

Figure 8.2 Under-five Mortality by Selected Background Characteristics



Note: Rates are for the 10-year period preceding the survey, except for all Uganda.

UDHS 2000-2001

There are marked regional mortality differences in Uganda. The Central and Eastern regions have lower mortality rates than the Northern and Western regions. For under-five mortality, the rate in the Central Region is 135 deaths per 1,000 live births, compared with 178 deaths per 1,000 live births in the Northern Region.

As expected, a mother’s education is inversely associated with her child’s risk of dying. Children born to a mother with at least secondary education have by far the lowest mortality. Infants born to such women have half the mortality risk of infants whose mother had no education. Similarly, the IMR for children whose mothers had primary education is 17 percent lower than that of infants whose mothers had no education.

Data in Table 8.2 indicate that the effect of mother’s education is far greater on postneonatal mortality than neonatal mortality. The neonatal mortality rate of infants whose mother had primary education is 10 percent lower than that of infants whose mother had no education. The corresponding figure for postneonatal mortality is more than 20 percent. The gap in neonatal mortality rates between infants whose mother had secondary or higher education and those with no education is 37 percent, compared with a nearly 60 percent gap in postneonatal mortality.

This pattern of mortality differentials is not unexpected and is undoubtedly due to the fact that causes of neonatal mortality are more biological and less amenable to socioeconomic interventions, whereas causes of postneonatal mortality are more connected to standard of living factors. This means that efforts to reduce infant mortality in Uganda would yield greater results if they were targeted at the mother’s and household’s behavioural factors.

The last panel in Table 8.2 shows that wealth status is inversely associated with childhood mortality. For all measures, the children in the highest quintile have the lowest mortality rates, while those in the lowest quintile have the highest mortality rates.

8.4 EARLY CHILDHOOD MORTALITY BY DEMOGRAPHIC CHARACTERISTICS

The demographic characteristics of both the mother and child have been found to play an important role in the survival probability of children. Table 8.3 presents the demographic characteristics that were considered in the 2000-2001 UDHS, including sex of child, mother's age at birth, birth order, previous birth interval, and birth size.

In Uganda, mortality levels are consistently higher among male children than among their female counterparts. The difference ranges from 7 percent for postneonatal mortality to 14 percent for neonatal mortality.

Although the traditional hypothesis of “too early and too late increases child’s mortality” is generally upheld, evidence from Table 8.3 suggests that in Uganda, too early childbearing is much more disadvantageous than too late. The safest age at which to have children is between 20 and 29. Having a child earlier than this increases the child’s risk of dying before age one by 29 percent. In comparison, having a child later than this age bracket increases the child’s risk of death before one year by about 10 percent.

Demographic characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN)	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-five mortality (${}_5q_0$)
Sex of child					
Male	37.0	56.4	93.4	77.3	163.5
Female	32.4	52.8	85.2	70.2	149.4
Mother's age at birth					
< 20	42.4	63.0	105.4	81.8	178.6
20-29	29.8	52.1	81.9	71.9	147.9
30-39	38.4	52.7	91.1	68.8	153.6
40-49	40.1	49.6	89.7	81.9	164.2
Birth order					
1	48.3	62.4	110.7	73.5	176.0
2-3	25.5	53.4	78.9	76.1	149.0
4-6	30.3	51.2	81.5	74.4	149.9
7+	44.7	54.2	98.9	67.8	160.0
Previous birth interval (years)					
< 2	49.2	76.5	125.6	88.9	203.3
2	23.3	43.9	67.3	72.9	135.2
3	20.2	35.9	56.1	63.0	115.5
4+	25.1	40.9	66.0	47.9	110.7
Birth size					
Small or very small	44.9	52.7	97.6	na	na
Average or large	27.8	56.0	83.7	na	na

na = Not applicable

The effect of birth order operates mostly during infancy. Second and third order births have the lowest risk of dying within the first year of life. First order births, on the other hand, are at the highest risk of dying; the risk is 40 percent higher than that of the second and third order risk. The risk of mortality among infants continues to increase until the seventh order births. However, the influence of birth order seems to wear off in the case of child mortality.

Short birth intervals are associated with increased risk of mortality. The interval with the highest risk is less than two years, while the most favourable is four or more years. Children born less than two years after a previous birth are almost twice as likely to die before reaching age five as those born after an interval of four years or longer. The 2000-2001 UDHS data therefore reinforce the need to promote child spacing mechanisms such as family planning and breastfeeding as ways of ensuring child survival.

Birth weight is a factor often associated with the child's survival, particularly during the first year. Since few women in Uganda give birth in a health facility, birth weight was not recorded for most children. As a measure of birth size, women were asked whether, in their judgement, their baby was very small, small, average, or larger than average at birth. As expected, babies who were reported as small or very small at birth have higher mortality rates than those who were reported as average or large at birth. Although 98 in 1,000 children who were reported as small at birth died before age one, the corresponding figure for children who were reported as average or large is 84 deaths per 1,000 births.

8.5 EARLY CHILDHOOD MORTALITY BY WOMEN'S STATUS

Although there is no direct association, women's status has been found to influence infant and child mortality levels through women's ability to control resources and make decisions. In the 2000-2001 UDHS, women were asked about their attitudes toward certain aspects of their autonomy. They include the number of decisions in which the woman participates in the final say, the number of reasons a woman is justified in refusing sexual relations with her husband, and the number of reasons that justify wife beating. A woman is considered more independent if she participates in a larger number of household decisions and has more reasons to refuse sex with her husband. On the other hand, the more reasons she justifies wife beating, the less independent she is.

Although there is an inverse relationship between women's status and early childhood mortality, the relationship is not necessarily linear (see Table 8.4). The mother's decisionmaking power seems to have its greatest importance in influencing infant mortality. Among children whose mother has no final say in any decision, 131 in 1,000 died before celebrating their first birthday, compared with 93 or fewer in 1,000 among children whose mother participates in some decisions. Data in this table suggest that decisionmaking is not additive. Children's mortality level is associated with whether their mother has some power to make a final decision. It does not seem to depend on the number of decisions the mother makes.

The relationship between mother's ability to participate in decisionmaking and child mortality is not as strong as with mortality in the first year of life. This is probably because a child's survival during infancy is more sensitive to health care interventions such as immunisation, feeding, and early care seeking. If mothers cannot freely and independently make decisions on these actions, the survival of their infants is likely to be adversely affected.

The number of reasons justifying refusal of sexual relations operates in an unexpected way. Women who find no reasons are considered to have less independence. Therefore, their children are expected to be disadvantaged. However, data in Table 8.4 shows that the mortality rates of these women's children are considerably lower than those of other children, including children whose mother agrees with three or four reasons for refusing sex.

Wife beating is another reflection of women's status. Women who do not approve any form of beating are assumed to enjoy a higher status, which in turn, translate into a more favourable mortality profile for their children. This is because they are more likely to have decisionmaking powers, which extend to child care. Table 8.4 shows the expected effect. Generally, children of lower status women have higher mortality. Although 81 in 1,000 children born to mothers who do not justify wife beating died before reaching age one, the corresponding rate for children whose mother agrees to all reasons of wife beating is 104 deaths per 1,000. The same picture is generally observed in the case of child mortality.

Table 8.4 Early childhood mortality by woman's status
Neonatal, postneonatal, infant, child, and under-five mortality rates for the ten-year period preceding the survey, by women's status indicators, Uganda 2000-2001

Women's status indicator	Neonatal mortality (NN)	Post-neonatal mortality (PNN)	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-five mortality (${}_5q_0$)
Number of decisions with mother having final say					
0	54.7	76.2	131.0	75.2	196.3
1-2	29.2	56.4	85.6	79.2	158.0
3-4	41.3	52.0	93.3	65.9	153.0
5	33.3	52.1	85.4	74.0	153.1
Number of reasons to refuse sexual relations					
0	27.9	51.1	79.0	49.1	124.3
1-2	38.5	63.0	101.5	98.0	189.5
3-4	34.5	53.6	88.1	71.4	153.2
Number of reasons to justify wife beating					
0	33.9	46.9	80.8	62.4	138.1
1-2	34.4	47.9	82.3	70.9	147.4
3-4	35.4	63.5	98.9	85.0	175.5
5	36.1	68.1	104.3	76.4	172.7
Total	34.8	54.6	89.4	73.7	156.5

8.6 PERINATAL MORTALITY

In the 2000-2001 UDHS, women were asked to report all pregnancy losses in the five years before the survey. For each such pregnancy, the duration was recorded. In this report, perinatal deaths include pregnancy losses occurring after seven completed months of gestation (stillbirths) and deaths to live births within the first seven days of life (early neonatal deaths). The perinatal mortality rate is the sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration. The distinction between a stillbirth and an early neonatal death may be a fine one, depending often on the observed presence or absence of some faint signs of life after delivery. The causes of stillbirths and early neonatal deaths are overlapping, and examining just one or the other can understate the true level of mortality around delivery. For this reason, in this report, both event types are combined and examined together.

The perinatal mortality rate is a useful indicator of the state of delivery services, either in terms of their utilisation or their ability to cope with the demands of childbirth and thereby to deliver a healthy baby. Data in Table 8.5 show that overall, 126 stillbirths and 206 early neonatal deaths were recorded in the survey, resulting in a perinatal mortality rate in Uganda of 43 per 1,000 pregnancies.

Perinatal mortality is highest among teenage mothers. Among Ugandan teenagers, 53 of 1,000 pregnancies of seven or more months end in a stillbirth or a death within one week after birth. This is most likely because teenage mothers are more likely to be unmarried and less likely to utilise antenatal services, as well as the lack of both the social and financial support to enable them to utilise delivery services. Furthermore, very young women are less biologically ready for safe childbearing. The perinatal rate is lowest among mothers age 20-29. This age group has been identified as the safest age to have children (see Table 8.3).

Table 8.5 Perinatal mortality				
Number of stillbirths and early neonatal deaths, and perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Uganda 2000-2001				
Background characteristic	Number of stillbirths ¹	Number of early neonatal deaths ²	Perinatal mortality rate ³	Number of pregnancies of 7 or more months duration
Mother's age at birth				
<20	38	45	52.5	1,581
20-29	59	102	38.5	4,195
30-39	28	49	43.2	1,793
40-49	1	10	45.5	229
Previous pregnancy interval				
1st pregnancy	33	43	58.1	1,311
<15 months	11	25	64.6	569
15-26 months	39	60	38.6	2,582
27-38 months	25	39	31.3	2,051
39+ months	17	39	43.1	1,284
Residence				
Urban	21	17	45.5	843
Rural	105	189	42.2	6,955
Region				
Central	47	50	43.7	2,220
Eastern	24	48	30.8	2,328
Northern	12	50	46.8	1,327
Western	44	57	52.6	1,922
Education				
No education	21	46	34.9	1,911
Primary	83	145	45.6	5,005
Secondary+	22	15	42.3	881
Total	126	206	42.6	7,798

¹ A stillbirth is a foetal death that occurs in a pregnancy lasting seven or more months.
² An early neonatal death is the death of a live-born child at age 0 to 6 days.
³ The perinatal mortality rate is the sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months duration.

Table 8.5 further demonstrates that the duration of the previous pregnancy interval has a strong influence on the outcome of the index pregnancy. Pregnancies occurring within 15 months of a previous birth and first pregnancies have the highest risk to pregnancy loss or early death (65 pregnancy losses or early deaths per 1,000 pregnancies), while the safest interval is between 27 and 38 months (31 pregnancy losses or early deaths per 1,000).

The Eastern Region has the lowest perinatal mortality rate of only 31 per 1,000. The rates in the Central and Northern regions are 44 and 47 per 1,000, respectively, while the Western Region has the highest rate of 53 per 1,000. As is the case with other childhood mortality measures, better educated women are expected to experience lower perinatal mortality. However, the national average is close to the perinatal mortality rate of children whose mothers had secondary or higher education, and the rate of children whose mothers had no education is the lowest. This pattern raises questions about reporting biases; less educated women may have underreported the level of stillbirths and early deaths.

8.7 HIGH-RISK FERTILITY BEHAVIOUR

This section examines the relative importance of under-five mortality risk factors. These factors are of particular interest because they are easily avoidable at a low cost. Generally, infants and children have a greater probability of dying if they are born to mothers who are too young or too old, if they are born after a short birth interval, or if they are of high birth order. In the analysis of the effects of high-risk fertility behaviour on child survival, a mother is classified as too young if she is less than 18 years of age, and too old if she is over 34 years of age at the time of delivery. A short birth interval is defined as a birth occurring less than 24 months after the previous birth, and a child is of high birth order if the mother had previously given birth to three or more children (i.e., if the child is of birth order four or higher). Although first births are commonly associated with high mortality risk, even if they occurred when the mother was between 18 and 34 years old, they are not included in the high-risk category because these births are considered unavoidable.

The first column in Table 8.6 shows the percentage of births occurring in the five years before the survey that fall into these various risk categories. Two in three births in Uganda have elevated mortality risks, which are avoidable, and only one in five births were not in any high-risk category. Among those who are at risk, 44 percent of births were in only one of the high-risk categories and 23 percent fall into multiple high-risk categories due to a combination of mother's age, birth order, and birth interval.

The category with the highest percentage of births is birth order three or higher, which constitutes 27 percent of births. This is hardly surprising in a high-fertility population like Uganda. However, compared with births with no elevated mortality risk, the mortality increase associated with this category is minimal (4 percent). The category associated with the highest risk ratio is mother's age under 18. Children born to mothers under 18 years old have a 60 percent higher risk of dying than children not in any high-risk category. Births to young mothers are most likely first order births. The second highest risk is associated with the birth interval. Children born less than 24 months after a prior birth have a mortality risk that is 48 percent higher than those who are not in any high-risk category. The risk ratio was not calculated for children born to mothers at age 35 or older because there were too few children.

In reality, children are often found in more than one high-risk category. It would therefore make sense, for programmatic purposes, to consider multiple risks. The category with the highest multiple-risk ratio (1.62) is for births to older women (age 35 or older) with high birth order combined with short birth intervals (less than 24 months). This category involves only 2 percent of births. The second highest combination is of short birth intervals and higher birth order, which increases mortality risks by 40 percent. This category involves 11 percent of births.

Table 8.6 High-risk fertility behavior

Percent distribution of children born in the five years preceding the survey by category of elevated risk of dying and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Uganda 2000-2001

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women
	Percentage of births	Risk ratio	
Not in any high risk category	21.8	1.00	16.3 ^a
Unavoidable risk category			
First order births between ages 18 and 34 years	11.2	1.19	4.9
Single high-risk category			
Mother's age <18	7.6	1.60	0.7
Mother's age >34	0.2	*	2.9
Birth interval <24 months	9.1	1.48	9.8
Birth order >3	27.2	1.04	20.7
Subtotal	44.1	1.22	34.2
Multiple high-risk category			
Age <18 & birth interval <24 months ¹	0.9	1.35	0.6
Age >34 & birth order >3	9.4	1.02	20.0
Age >34 & birth interval <24 months & birth order >3	2.1	1.62	6.0
Birth interval <24 months and birth order >3	10.5	1.40	18.1
Subtotal	22.8	1.26	44.7
In any avoidable high-risk category	67.0	1.23	78.8
Total	100.0	na	100.0
Number of births	7,674	na	4,881

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births *not in any high-risk category*. An asterisk indicates that this figure is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable

¹ Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.

² Includes the category age <18 and birth order >3

^a Includes sterilised women

The fourth column of Table 8.6 shows the distribution of currently married women by category of increased risk if they were to conceive at the time of the survey. Although many women are protected from conception due to use of family planning, postpartum insusceptibility, and prolonged abstinence, for simplicity, only those who have been sterilised are included in the category for not in any high-risk. The criteria for placing women into specific risk categories is adjusted to take into account gestation.

Data in Table 8.6 show that only 16 percent of currently married, nonsterilised women in Uganda are not in any high-risk category, while 79 percent are potentially at risk of conceiving a high-risk pregnancy. Forty-five percent of married women fall into multiple risks categories. There are two important points to note. First, although some high-risk categories were individually not associated with any enhanced mortality risk, the risk is considerably higher when considered in combination with others. Second, nearly half of married Ugandan women are at risk of conceiving a baby who will have a high risk of dying.

This chapter presents the 2000-2001 UDHS findings on the general state of reproductive health and child care in Uganda. The chapter is divided into two major sections. The first part covers women's access to health care and utilisation of antenatal, delivery, and postnatal care. The second part of the chapter covers immunisation of children and prevalence and management of childhood diseases, including acute respiratory infection (ARI), fever, and diarrhoea. Hygiene practices and the relationship between women's status and children's health care are also discussed.

The results of the 2000-2001 UDHS are very important in evaluating reproductive health programmes and achievements in implementing the action plan agreed upon at the 1994 International Conference on Population and Development in Cairo. These findings also provide an opportunity to evaluate the child health care programmes, particularly the introduction of the Integrated Management of Childhood Illnesses (IMCI) programmes. The findings further provide an evaluation of service utilisation and the implementation of appropriate strategies for improving the health of mothers and children.

In this report, data about children refer to those born in the five-year period prior to the survey. These data are not comparable with those presented in the 1995 UDHS, which include only children under four years old. For studying trends since 1995, the 2000-2001 UDHS data have also been tabulated for children under four years.

9.1 ANTENATAL CARE

The major objective of antenatal care is to identify and treat problems during pregnancy such as anaemia and infections. It is during an antenatal care visit that screening for complications and advice on a range of issues including place of delivery and referral of mothers with complications occur. In the UDHS, interviewers recorded source of antenatal care and the person who provided that care for women's most recent births. If a woman received antenatal care from more than one provider, the provider with the highest qualifications is presented in the table. Table 9.1 shows the distribution of women who had live births in the five years preceding the survey according to the type of antenatal care provider.

The results indicate that 94 percent of women in Uganda received antenatal care. Most women receive care from a medical professional: 83 percent from a nurse or a midwife, and 9 percent from a doctor. The role of traditional birth attendants in providing antenatal care is negligible (1 percent).

Data in Table 9.1 further indicate that the choice of antenatal care provider varies slightly by the mother's age. Mothers age 35-49 are less likely than younger mothers to receive antenatal care (89 percent compared with 96 percent for mothers less than 20). First births are the most likely to receive antenatal care. On the other hand, sixth order births are the least likely to receive antenatal care.

Table 9.1 Antenatal care

Percent distribution of women who had a live birth in the five years preceding the survey by source of antenatal care during pregnancy for the most recent birth, according to background characteristics, Uganda 2000-2001

Background characteristic	Doctor	Nurse/ midwife ¹	Traditional birth attendant	No one	Missing ²	Total	Number ³
Age at birth							
<20	9.0	85.4	1.7	3.8	0.2	100.0	746
20-34	9.8	83.1	1.3	5.6	0.2	100.0	3,058
35-49	8.0	80.0	0.9	10.9	0.2	100.0	685
Birth order							
1	14.8	81.6	1.1	2.4	0.2	100.0	717
2-3	10.0	82.9	1.6	5.1	0.4	100.0	1,380
4-5	8.4	83.7	1.5	6.2	0.2	100.0	1,057
6+	6.6	83.2	1.0	9.0	0.1	100.0	1,335
Residence							
Urban	25.5	71.3	0.1	2.9	0.1	100.0	560
Rural	7.1	84.7	1.5	6.6	0.2	100.0	3,930
Region							
Central	17.5	76.3	1.8	4.3	0.0	100.0	1,323
Eastern	4.3	89.7	0.7	5.1	0.2	100.0	1,273
Northern	4.5	87.4	0.6	7.2	0.3	100.0	775
Western	8.9	80.2	1.8	8.6	0.5	100.0	1,119
Education							
No education	4.3	82.1	1.6	12.1	0.0	100.0	1,103
Primary	8.1	85.5	1.4	4.7	0.3	100.0	2,791
Secondary+	25.0	73.0	0.5	1.4	0.1	100.0	594
Wealth index quintile							
Lowest	4.1	84.0	1.7	9.8	0.4	100.0	980
Lower middle	4.8	84.6	1.3	9.3	0.0	100.0	955
Middle	7.5	86.7	1.3	4.3	0.2	100.0	897
Upper middle	8.9	84.9	1.8	3.8	0.5	100.0	851
Highest	23.8	73.7	0.2	2.2	0.1	100.0	806
DISH/CREHP districts							
DISH	15.4	76.9	1.7	5.9	0.2	100.0	1,239
I Mbarara and Ntungamo	11.7	77.9	2.2	7.8	0.4	100.0	263
II Masaka, Rakai and Sembabule	11.0	80.0	3.5	5.5	0.0	100.0	327
III Luwero, Masindi and Nakasongola	10.5	76.9	1.5	10.2	0.9	100.0	162
IV Kamuli and Jinja	7.6	87.1	0.6	4.7	0.0	100.0	219
V Kampala	33.6	63.6	0.0	2.8	0.0	100.0	268
CREHP (Kisoro, Kabale, and Rukungiri)	10.0	79.0	0.7	10.3	0.0	100.0	255
Neither	6.9	85.9	1.2	5.8	0.2	100.0	2,995
Total	9.4	83.0	1.3	6.1	0.2	100.0	4,489

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

¹ Includes medical assistant, clinical officer, and nursing aide

² Includes women who don't know the type of provider

³ Total includes one woman with missing information on education

Practically all women in urban areas receive antenatal care. Mothers in urban areas are three times more likely than mothers in rural areas to receive antenatal care from a doctor (26 percent compared with 7 percent). Women in rural areas are more likely to get antenatal care from a nurse or a midwife than urban women (85 percent and 71 percent, respectively). Because the Central Region is the most urbanised region in Uganda with a relatively large number of health facilities and better access to health care than other regions, women in the Central Region are much more likely to receive antenatal care from a doctor than women in other regions (18 percent compared with 9 percent or less).

Antenatal care coverage is strongly associated with the woman's education. Better educated women are more likely to have antenatal care and more likely to be attended by a doctor than less educated women. Although one in four women who have attained secondary or higher education received antenatal care from a doctor, the corresponding proportion for women with primary education is only 8 percent, and for women with no education, it is 4 percent. Twelve percent of women with no education received no antenatal care, the highest level in any socioeconomic group.

Antenatal coverage is clearly influenced by the woman's wealth status: women in the lowest quintile are the least likely to receive antenatal care, and those in the highest quintile are the most likely to have care during pregnancy. Furthermore, women in the highest quintile are also the most likely to receive care from a doctor, while women in the lower quintiles receive care from a midwife or nurse.

Antenatal coverage does not vary much by whether a woman lives in districts included in the DISH project or the CREHP project. However, women in these districts are more likely to receive care from a doctor, while in other districts the role of midwife and nurse is more visible.

Data on antenatal care in the 2000-2001 UDHS are not directly comparable with that in the 1995 UDHS for two reasons. In the later survey, questions on antenatal care were asked only of the last live births in the preceding five years, while in 1995, data were collected for all live births. Furthermore, the 2000-2001 UDHS covered births occurring in the five years preceding the survey, while the 1995 UDHS covered only births in the four years prior to the survey. Despite these differences, the data show almost no differences in source of antenatal care.

9.1.1 NUMBER OF ANTENATAL CARE VISITS AND TIMING OF FIRST VISIT

Antenatal care attendance is important in monitoring the progress of a pregnancy, identifying complications, and referring mothers for specialised care at an appropriate time for intervention. In Uganda, the Ministry of Health (MOH) recommends that a woman attend antenatal care at least four times during a pregnancy. It is further recommended that a woman attend antenatal care monthly during the first seven months, every two weeks in the eighth month, and then weekly until birth.

Information on antenatal care visits and the stage at which pregnant women seek antenatal care is presented in Table 9.2. Overall, only 42 percent of women make four or more visits during a pregnancy. Furthermore, half of women make one to three visits, which is below the MOH recommendation, while 6 percent did not seek antenatal care at all. Table 9.2 further shows that half (49 percent) of women make their first antenatal care visits during the first six months of pregnancy, while 44 percent make their first visit during the last three months of pregnancy. Half of these women had their first visit when the pregnancy was at 5.9 months, when it is sometimes too late to identify complications and to refer the woman appropriately.

Table 9.2 Number of antenatal care visits and timing of first visit

Percent distribution of women who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits, and by the timing of the first visit, Uganda 2000-2001

Number and timing of ANC visits	Percent
Number of ANC visits	
None	6.1
1	7.7
2-3	42.3
4+	41.9
Don't know/missing	2.1
Total	100.0
Number of months pregnant at time of first ANC visit	
No antenatal care	6.1
<4 months	14.4
4-5 months	34.9
6-7 months	37.6
8+ months	6.7
Don't know/missing	0.3
Total	100.0
Median months pregnant at first visit (for those with ANC)	5.9
Total	4,489

9.1.2 QUALITY OF ANTENATAL CARE

The Sexual and Reproductive Health Minimum Package for Uganda (1999) provides details of what is to be done by a health service provider during antenatal care. Some health workers have been trained to offer this package. Table 9.3 shows the percentage of mothers who receive antenatal care by content of antenatal care and background characteristics. The results show that not all women received the minimum package. The most common components of antenatal care include the administration of tetanus toxoid injection (74 percent), weight measurement (71 percent), measurement of blood pressure (56 percent), and receipt of iron tablets (54 percent). Height was measured for only 34 percent of pregnant women, while only one in five received information on pregnancy complications, and 35 percent were given antimalarial drugs.

Certain patterns can be seen in Table 9.3. In general, older women, those pregnant with their first birth, urban women, women in the Central Region, and better educated women tend to get more comprehensive antenatal care than other women. For example, 36 percent of women with secondary education are informed of pregnancy complications, compared with less than 17 percent of less educated women.

Table 9.3 Antenatal care content

Percentage of women with a live birth in the five years preceding the survey who received antenatal care for the most recent birth, by content of antenatal care and background characteristics, Uganda 2000-2001

Background characteristic	Informed of signs of pregnancy complications	Weight measured	Height measured	Blood pressure measured	Urine sample given	Blood sample given	Received tetanus toxoid injection	Received iron tablets	Received anti-malarial	Number
Mother's age at birth										
<20	16.5	68.0	31.2	54.8	9.7	15.4	79.3	59.6	34.9	717
20-34	19.5	71.3	34.7	55.9	10.7	15.1	73.9	53.6	33.8	2,880
35+	19.0	74.7	36.4	59.3	12.1	14.1	68.9	51.6	37.6	609
Birth order										
1	22.0	71.8	38.5	61.6	16.4	22.6	83.8	61.6	35.7	699
2-3	20.9	73.3	34.7	56.2	8.6	14.4	78.8	55.0	33.4	1,304
4-5	16.6	67.3	32.8	52.3	9.3	12.4	69.9	51.4	31.9	990
6+	16.9	71.9	32.8	56.2	10.9	13.3	66.8	51.8	37.3	1,213
Residence										
Urban	38.1	88.2	59.4	83.7	32.0	36.6	83.7	66.1	38.3	543
Rural	16.1	68.7	30.6	52.1	7.6	11.8	72.6	52.6	34.0	3,663
Region										
Central	26.6	73.9	41.2	71.3	20.1	22.7	74.6	67.2	40.7	1,265
Eastern	14.1	72.3	29.3	46.8	6.5	10.3	78.5	55.3	39.4	1,206
Northern	18.3	81.0	37.3	57.0	8.7	11.0	77.5	60.0	31.4	716
Western	15.5	59.8	29.7	48.0	5.6	13.6	65.8	33.1	23.4	1,018
Education										
No education	14.6	68.5	31.9	51.4	7.2	10.5	71.1	46.0	30.5	970
Primary	16.6	69.6	31.4	53.5	8.6	13.6	73.1	54.6	34.4	2,650
Secondary+	36.3	83.4	51.7	76.6	26.3	28.6	83.4	67.1	42.2	585
Total	18.9	71.3	34.3	56.2	10.8	15.0	74.1	54.3	34.6	4,206

Note: Total includes one woman with missing information on education.

In summary, the content of antenatal care in Uganda is inadequate. Coupled with poor coverage of antenatal care, this situation calls for concerted efforts to improve the attendance and quality of antenatal care.

9.1.3 PLACE OF ANTENATAL CARE

The place where a woman receives antenatal care is important because it influences the frequency and quality of antenatal care received. Table 9.4 presents the distribution of women who delivered in the five years preceding the survey who received ANC, tabulated by place of ANC and background characteristics of the mother. Overall, 71 percent of mothers use a public facility for antenatal care. Among these, the most commonly used facilities are government health centres (38 percent), followed by government hospitals (28 percent). Private hospitals and clinics are the most often used by women who go to a private facility (24 percent).

The place where a woman receives antenatal care does not seem to have a pattern according to mother's age or the child's birth order. However, place of antenatal care varies according to the woman's education, urban or rural residence, and region. Government hospitals are frequented more by urban women, women who live in the Central Region, and those with secondary or higher education.

Table 9.4 Place of antenatal care

Percent distribution of women with a live birth in the five years preceding the survey who received antenatal care (ANC) for the most recent birth from a health professional by place of ANC, according to background characteristics, Uganda 2000-2001

Background characteristic	Place where antenatal care was received							Total	Number ¹	
	Govt. hospital	Govt. health centre	Govt. health post	Other public	Private hospital/ clinic	Other private medical	Other			
Mother's age at birth										
<20	28.6	39.0	4.9	0.4	23.3	0.2	0.2	3.5	100.0	704
20-34	28.1	37.4	5.4	0.1	24.5	0.5	0.2	3.6	100.0	2,840
35-49	24.5	40.4	5.4	0.3	22.4	1.4	0.6	5.0	100.0	603
Birth order										
1	31.8	33.9	4.3	0.0	26.5	0.4	0.0	3.3	100.0	691
2-3	29.0	37.8	4.4	0.3	24.1	0.3	0.2	3.9	100.0	1,282
4-5	24.5	39.1	7.5	0.2	24.4	1.0	0.3	3.1	100.0	974
6+	26.4	40.1	5.2	0.2	22.3	0.7	0.5	4.5	100.0	1,200
Residence										
Urban	53.2	12.4	1.2	0.1	31.6	0.0	0.0	1.5	100.0	542
Rural	23.8	42.0	5.9	0.2	22.9	0.7	0.3	4.1	100.0	3,606
Region										
Central	35.3	21.1	1.7	0.0	38.7	0.1	0.5	2.6	100.0	1,241
Eastern	29.0	44.6	8.8	0.5	13.5	0.9	0.0	2.7	100.0	1,197
Northern	28.6	45.5	3.8	0.2	18.2	0.4	0.0	3.3	100.0	712
Western	15.9	46.3	6.7	0.0	22.6	1.0	0.7	6.9	100.0	997
Education										
No education	22.8	45.8	6.3	0.2	19.7	0.5	0.3	4.4	100.0	952
Primary	26.6	39.3	5.4	0.2	23.5	0.7	0.3	4.0	100.0	2,612
Secondary+	40.5	20.2	3.5	0.0	33.3	0.6	0.2	1.9	100.0	583
Total	27.7	38.1	5.3	0.2	24.0	0.6	0.3	3.8	100.0	4,148

Note: For women who had more than one antenatal care visit, the place refers to the last visit. Total includes one woman with missing information on education.

9.1.4 TETANUS TOXOID VACCINATION

Neonatal tetanus is common among newborns in developing countries where deliveries are conducted at home or in places where hygiene conditions may be poor. Tetanus toxoid (TT) immunisation is given to pregnant women to prevent neonatal tetanus. For full protection, a pregnant woman needs two doses of TT injections. If a woman had been immunised before she became pregnant, she only needs one dose of TT injection. For a woman to have lifetime protection, a total of five doses is required.

The 2000-2001 UDHS collected data for women's most recent live birth in the five years preceding the survey as to whether the mother received a TT vaccination and the number of doses received. Table 9.5 shows that only 42 percent of pregnant women in Uganda receive two or more TT injections, 28 percent receive one dose, and 30 percent do not receive any TT vaccinations.

Table 9.5 Tetanus toxoid injections

Percent distribution of women who had a live birth in the five years preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth, according to background characteristics, Uganda 2000-2001

Background characteristic	None	One injection	Two or more injections	Don't know/missing	Total	Number
Age at birth						
<20	23.4	30.9	45.4	0.3	100.0	746
20-34	29.7	27.8	42.0	0.5	100.0	3,058
35-49	38.1	24.4	36.4	1.1	100.0	685
Birth order						
1	18.1	27.8	53.8	0.3	100.0	717
2-3	24.6	30.6	44.4	0.4	100.0	1,380
4-5	34.1	28.1	37.1	0.7	100.0	1,057
6+	38.4	24.6	36.2	0.7	100.0	1,335
Residence						
Urban	18.4	25.6	55.6	0.4	100.0	560
Rural	31.6	28.1	39.8	0.6	100.0	3,930
Region						
Central	28.5	25.9	45.5	0.1	100.0	1,323
Eastern	25.2	33.3	41.0	0.5	100.0	1,273
Northern	27.2	28.5	43.0	1.3	100.0	775
Western	38.8	23.3	37.3	0.6	100.0	1,119
Education						
No education	36.5	25.1	37.5	0.9	100.0	1,103
Primary	29.9	29.3	40.3	0.5	100.0	2,791
Secondary+	17.7	25.5	56.5	0.3	100.0	594
Total	29.9	27.8	41.7	0.5	100.0	4,489

Note: Total includes one woman with missing information on education.

The age of the mother and the birth order influence TT vaccination. Young mothers and women pregnant with their first child are more likely to receive a TT vaccination than other mothers. This could be because older women and women pregnant with higher order births received the injections prior to the current pregnancy. Women in urban areas are more likely than rural women to have received two doses of TT vaccinations (56 percent and 40 percent, respectively). Women in the Western Region are less likely than other women to have received TT injections. TT vaccination coverage varies according to the woman's education, with 57 percent of mothers with secondary education having received two or more doses, compared with 38 percent for mothers with no education.

9.2 DELIVERY

Some of the factors associated with delivery outcome include the place where a mother delivers a baby and the hygiene practices associated with such delivery. Table 9.6 shows the percent distribution of live births in the five years preceding the survey by place of delivery by background characteristics of the mother.

Table 9.6 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics, Uganda 2000-2001

Background characteristic	Place of delivery				Total	Number
	Health facility	At home	Other	Missing		
Mother's age at birth						
<20	46.5	52.2	0.6	0.7	100.0	1,543
20-34	35.3	63.3	0.9	0.6	100.0	5,236
35-49	27.2	71.0	0.9	0.9	100.0	892
Birth order						
1	55.0	43.4	0.7	0.9	100.0	1,378
2-3	36.6	62.3	0.6	0.5	100.0	2,519
4-5	31.6	66.5	1.2	0.7	100.0	1,733
6+	28.4	70.2	0.9	0.6	100.0	2,042
Residence						
Urban	79.2	19.6	0.8	0.4	100.0	821
Rural	31.5	67.0	0.9	0.7	100.0	6,850
Region						
Central	56.9	41.5	0.8	0.8	100.0	2,173
Eastern	36.5	61.8	1.1	0.6	100.0	2,305
Northern	24.5	74.7	0.4	0.4	100.0	1,316
Western	21.7	76.8	0.9	0.6	100.0	1,878
Education						
No education						
Primary	20.8	77.9	0.9	0.5	100.0	1,890
Secondary+	36.4	62.1	0.8	0.6	100.0	4,922
	72.2	25.5	1.2	1.0	100.0	858
Number of antenatal care visits¹						
None	7.8	91.3	0.6	0.3	100.0	274
1-3 visits	28.5	70.3	0.9	0.3	100.0	2,242
4+ visits	53.4	45.1	1.0	0.5	100.0	1,881
Don't know/missing	52.8	42.9	0.0	4.3	100.0	92
Wealth index quintile						
Lowest	18.4	80.5	0.6	0.5	100.0	1,745
Lower middle	26.4	72.6	0.4	0.6	100.0	1,677
Middle	29.7	68.8	0.8	0.7	100.0	1,565
Upper middle	44.3	53.4	1.6	0.7	100.0	1,457
Highest	76.0	22.3	1.1	0.7	100.0	1,228
DISH/CREHP districts						
DISH	48.8	50.3	0.7	0.2	100.0	2,068
I Mbarara and Ntungamo	20.6	78.3	0.8	0.3	100.0	448
II Masaka, Rakai and Sembabule	37.5	61.9	0.5	0.1	100.0	568
III Luwero, Masindi and Nakasongola	33.6	65.2	1.3	0.0	100.0	286
IV Kamuli and Jinja	70.7	28.8	0.5	0.1	100.0	390
V Kampala	88.5	10.1	0.8	0.6	100.0	376
CREHP (Kisoro, Kabale, and Rukungiri)	20.6	78.0	0.5	0.9	100.0	419
Neither	33.0	65.3	0.9	0.8	100.0	5,184
Total	36.6	61.9	0.9	0.6	100.0	7,672

Note: Total includes one woman with missing information on education

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

Overall, 37 percent of births occurred at health facilities, and 62 percent were delivered at home. This is cause for concern, given that 92 percent of women received antenatal care from a trained health worker. In general, births to younger women and low order births are more likely to be delivered in a health facility than births to older women and higher order births. For example, 27 percent of births to mothers age 35-49 are delivered at a health facility, whereas the corresponding figure for births to women under 20 years old is 47 percent. Similarly, 55 percent of first order births were delivered at health facilities, compared with 28 percent of sixth order births.

The proportion of births delivered in a health facility is much higher in urban areas (79 percent) than in rural areas (32 percent). Mothers with secondary or higher education are three times more likely to deliver at a health facility than women with no education (72 percent 21 percent, respectively).

Another related factor is antenatal care attendance. Mothers who made four or more antenatal care visits are seven times more likely to deliver at a health facility than women who do not attend antenatal care (53 percent and 8 percent, respectively).

A woman's wealth status has a direct relationship with the place she delivers her baby. Births to women in the highest quintile are the most likely to be delivered in a health facility, while those in the lowest quintile are the most likely to be delivered at home. Choice of place of delivery varies by whether a woman lives in districts included in the DISH project or the CREHP project. Women who live in a district included in the DISH project are more likely to deliver in a health facility (49 percent) than women in the CREHP districts (21 percent) and women who are in districts not included in either project (33 percent). As expected, women in Kamuli and Jinja (71 percent) and Kampala (89 percent) are the most likely to deliver in a health facility.

9.2.1 ASSISTANCE DURING DELIVERY

In addition to place of delivery, assistance during delivery is an important variable that influences the delivery outcome and the health of the mother and the infant. This is because the skills of the person attending the delivery determine whether the provider can manage any complication and observe hygienic practices. Table 9.7 shows the percent distribution of live births in the five years preceding the survey, by person providing assistance, according to background characteristics.

Overall, four in ten births in the five years preceding the survey were assisted by a trained medical professional during delivery. However, only 4 percent of births were delivered with the assistance of a doctor, and 35 percent were assisted by a nurse, a midwife or other trained medical professional. Eighteen percent of births were assisted by a traditional birth attendant and 28 percent by relatives or friends. For one in seven births, the mother did not receive any assistance during delivery.

Births to younger women, low order births, and births to women in urban areas and in the Central Region are more likely to receive assistance at delivery from a doctor, a nurse, or a midwife than births to other women. The most striking differentials in assistance during delivery are by woman's education and by urban-rural residence (see Figure 9.1). Women who have attained secondary education are more likely to be assisted at delivery by a medical professional than women with no education (76 percent compared with 22 percent). Similarly, 81 percent of births to urban women were attended by a trained medical staff, compared with 34 percent of births to rural women.

Table 9.7 Assistance during delivery

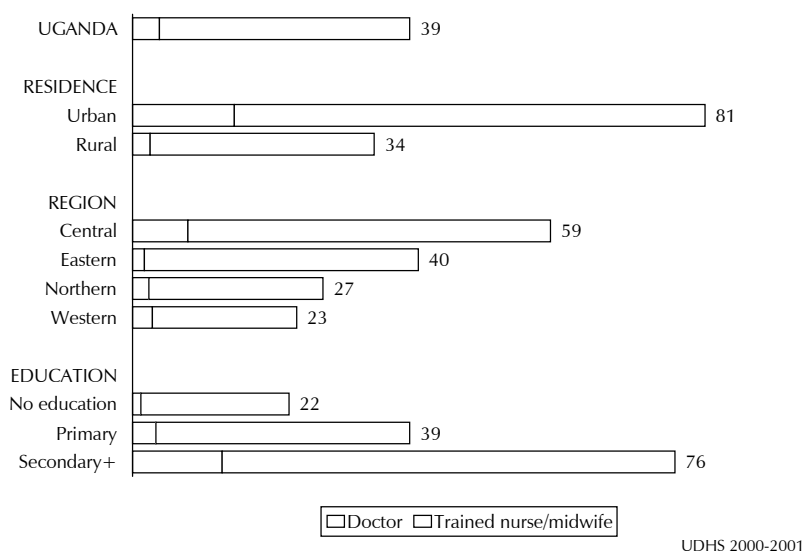
Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, according to background characteristics, Uganda 2000-2001

Background characteristic	Doctor	Nurse/ midwife ¹	Tradi- tional birth attendant	Relative, friends, other	No one	Don't know/ missing	Total	Number
Age at birth								
<20	5.2	43.0	19.4	25.6	6.4	0.4	100.0	1,543
20-34	3.7	34.0	17.9	29.2	14.9	0.3	100.0	5,236
35-49	2.0	28.5	13.6	27.3	27.8	0.7	100.0	892
Birth order								
1	8.2	48.7	16.0	22.8	3.7	0.6	100.0	1,378
2-3	3.5	35.1	19.0	30.8	11.3	0.2	100.0	2,519
4-5	3.0	31.0	19.8	29.5	16.4	0.3	100.0	1,733
6+	1.9	29.6	15.4	27.8	24.8	0.4	100.0	2,042
Residence								
Urban	14.3	66.2	4.3	10.6	4.4	0.2	100.0	821
Rural	2.5	31.5	19.3	30.4	15.9	0.4	100.0	6,850
Region								
Central	7.8	51.0	16.0	20.6	4.3	0.3	100.0	2,173
Eastern	1.7	38.5	10.8	33.0	15.8	0.2	100.0	2,305
Northern	2.3	24.5	36.0	21.1	15.5	0.5	100.0	1,316
Western	2.8	20.3	15.3	36.3	24.7	0.6	100.0	1,878
Mother's education								
No education	1.2	20.8	17.2	35.7	24.8	0.2	100.0	1,890
Primary	3.3	35.7	19.6	28.2	12.8	0.5	100.0	4,922
Secondary+	12.6	63.7	8.0	12.2	3.4	0.2	100.0	858
Wealth index quintile								
Lowest	1.6	18.1	25.5	33.3	20.5	0.9	100.0	1,745
Lower middle	1.9	25.7	19.8	33.0	18.1	1.5	100.0	1,677
Middle	2.1	29.8	18.7	32.5	15.5	1.3	100.0	1,565
Upper middle	3.3	43.1	14.6	26.6	11.1	1.4	100.0	1,457
Highest	12.4	65.0	6.0	11.2	4.9	0.5	100.0	1,228
DISH/CREHP districts								
DISH	7.1	43.2	14.6	22.3	12.6	0.1	100.0	2,068
I Mbarara and Ntungamo	3.2	18.0	10.4	35.7	32.6	0.3	100.0	448
II Masaka, Rakai and Sembabule	4.1	34.0	30.3	24.1	7.5	0.1	100.0	568
III Luwero, Masindi and Nakasongola	5.1	31.6	21.9	31.0	10.4	0.0	100.0	286
IV Kamuli and Jinja	4.5	69.2	3.1	14.4	8.7	0.1	100.0	390
V Kampala	20.6	69.0	2.5	5.4	2.3	0.3	100.0	376
CREHP (Kisoro, Kabale, and Rukungiri)	1.2	21.1	7.3	45.6	24.4	0.5	100.0	419
Neither	2.7	31.9	19.8	29.3	14.7	1.6	100.0	5,184
Total	3.8	35.2	17.7	28.3	14.7	0.4	100.0	7,672

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. Total includes one woman with missing information on education

¹ Includes medical assistant, clinical officer, and nursing aide

Figure 9.1 Percentage of Births for Which Women Received Medical Assistance During Delivery, by Background Characteristics



The relationship between a woman’s wealth status and assistance at delivery shows that women in the highest quintile are the most likely to be assisted by a health professional. On the other hand, women in the lowest quintile are the most likely to be assisted by a traditional birth attendant. Women in the lowest quintile have the poorest care during delivery, since they are also more likely to be assisted by untrained personnel or not assisted at all (33 percent by friends or relatives and 21 percent by no one).

In general, women who live in districts included in the DISH project are more likely to be assisted by a health professional during delivery (50 percent) than in CREHP districts (22 percent) or in districts not covered by either project (35 percent). Women in Kampala District are more likely to have their births assisted by a doctor, than women in other districts (21 percent compared with 5 percent or less).

9.2.2 CHARACTERISTICS OF DELIVERY

Birth weight is a proxy indicator of a baby’s health status because infants born with low birth weight generally face higher morbidity and mortality risks. In the 2000-2001 UDHS, information was obtained on delivery characteristics, and the results are given in Table 9.8. The data show that 3 percent of live births are delivered by caesarean section. Caesarean section is more common for younger women, first births, births to women in urban areas, those in the Central Region, and births to better educated women.

The majority of births (seven in ten) in the five years preceding the survey were not weighed. This is not surprising given that only 37 percent are delivered in a health facility. Among those who were weighed, 90 percent have a normal birth weight (2.5 kilograms or more). This proportion varies little by background characteristics.

Table 9.8 Delivery characteristics

Percentage of live births in the five years preceding the survey delivered by caesarean section, and percent distribution by birth weight, and by mother's estimate of baby's size at birth, according to background characteristics, Uganda 2000-2001

Background characteristic	Delivery by C-section	Birth weight				Size of child at birth				Number
		Not weighed	Less than 2.5 kg	2.5 kg or more	Does not know/missing	Very small	Smaller than average	Average or larger	Does not know/missing	
Age at birth										
<20	3.8	65.0	4.9	27.9	2.2	8.0	13.5	76.8	1.6	1,543
20-34	2.4	69.9	2.5	25.6	2.0	6.2	11.0	81.4	1.3	5,236
35-49	1.3	78.0	2.1	18.2	1.8	6.8	12.7	78.2	2.3	892
Birth order										
1	4.5	55.8	5.2	35.8	3.2	8.5	14.3	75.8	1.4	1,378
2-3	2.7	70.0	2.9	25.5	1.6	6.1	10.9	81.8	1.3	2,519
4-5	2.1	73.0	1.8	23.1	2.0	5.9	11.3	81.4	1.5	1,733
6+	1.4	76.5	2.5	19.2	1.8	6.8	11.5	79.9	1.8	2,042
Residence										
Urban	7.3	27.2	6.0	64.5	2.2	6.7	11.3	81.6	0.4	821
Rural	2.0	75.0	2.6	20.4	2.0	6.7	11.8	79.9	1.6	6,850
Region										
Central	4.8	52.1	4.7	41.0	2.2	9.0	11.0	79.5	0.4	2,173
Eastern	1.2	70.9	2.7	25.4	1.0	5.4	9.0	84.6	1.0	2,305
Northern	2.1	76.3	2.6	19.1	2.0	8.6	16.7	69.3	5.5	1,316
Western	1.8	84.6	1.5	10.7	3.1	4.1	12.5	82.9	0.5	1,878
Education										
No education	1.2	82.6	2.0	13.5	1.9	8.1	13.4	76.3	2.3	1,890
Primary	2.4	71.3	2.9	23.8	2.1	6.2	11.2	81.3	1.3	4,922
Secondary+	6.4	33.4	5.6	59.0	2.0	6.2	11.4	81.9	0.5	858
Total	2.5	69.8	3.0	25.2	2.0	6.7	11.7	80.1	1.5	7,672

Note: Total includes one woman with missing information on education.

Mothers were also asked to estimate the size of their babies. Eight in ten women stated that their baby was either average size or larger than average. This proportion varies little by background characteristics, except that babies in the Northern Region are more likely to be reported as smaller than average.

9.3 POSTNATAL CARE

Postnatal care is important for a woman's health and that of the infant, particularly within the first six weeks after delivery (puerperium). The Sexual and Reproductive Health Minimum Package recommends that a mother should attend postnatal care during the puerperal period, because complications may arise. Through provision of integrated services, the Ministry of Health recommends that mothers receive postnatal care when they bring their infants for immunisation.

In the 2000-2001 UDHS, women who delivered at home were asked if a health professional or a traditional birth attendant checked on their health after delivery. Table 9.9 presents data on postnatal care attendance by background characteristics of the woman. The table indicates that postnatal care for births delivered outside a health facility is poor, with more than nine in ten women not receiving postnatal care. Among women who received postnatal care, the majority (76 percent) were examined within two days after delivery. While a woman's age and number of

Table 9.9 Postnatal care by background characteristics

Percent distribution of women who had a noninstitutional live birth in the five years preceding the survey by timing of postnatal care for the most recent noninstitutional birth, according to background characteristics, Uganda 2000-2001

Background characteristic	First postnatal checkout					Total	Number
	Within 2 days of delivery	3-7 days after birth	8-28 days after birth	29-41 days after birth	Did not receive postnatal care ¹		
Age at birth							
<20	5.8	1.6	0.0	0.0	92.5	100.0	379
20-34	5.9	1.3	0.3	0.2	92.3	100.0	1,902
35-49	5.6	1.7	0.1	0.0	92.6	100.0	495
Birth order							
1	7.1	1.8	0.6	0.0	90.5	100.0	289
2-3	5.4	1.4	0.2	0.0	92.8	100.0	842
4-5	6.0	1.6	0.2	0.4	91.9	100.0	700
6+	5.6	1.2	0.1	0.2	92.9	100.0	944
Residence							
Urban	12.7	3.2	1.2	0.2	82.7	100.0	110
Rural	5.5	1.3	0.2	0.2	92.8	100.0	2,666
Region							
Central	8.5	3.4	0.5	0.5	86.8	100.0	538
Eastern	8.0	1.0	0.3	0.0	90.7	100.0	792
Northern	3.2	1.4	0.0	0.3	95.1	100.0	587
Western	3.9	0.6	0.1	0.0	95.5	100.0	859
Education							
No education	4.9	0.9	0.2	0.2	93.8	100.0	892
Primary	5.9	1.5	0.2	0.1	92.3	100.0	1,733
Secondary+	11.1	3.0	0.0	1.0	85.0	100.0	150
Total	5.8	1.4	0.2	0.2	92.4	100.0	2,775

Note: Total includes one woman with missing information on education.

¹ Includes women who received the first postnatal care after 41 days

children have no clear relationship with whether she receives postnatal care, her residence and education play an important role in getting care after delivery. As expected, urban women and better-educated women are more likely than other women to get postnatal care. Women in the Central and Eastern regions are more likely to receive postnatal care than women in other regions.

9.4 WOMEN'S STATUS AND REPRODUCTIVE HEALTH CARE

Table 9.10 presents data on the relationship between a woman's status and her ability to access and use reproductive health services. In this report, three indicators of women's status are presented. They are the number of household decisions in which she participates, the number of circumstances in which the woman says a wife is justified in refusing to have sex with her husband, and the number of reasons the woman believes wife beating is justified.

Table 9.10 indicates that the number of decisions in which a woman participates does not correlate with antenatal care, postnatal care, or delivery from a medical professional. However, the number of circumstances in which a woman feels that refusing sex is justified seems to have an influence on a woman's likelihood of receiving antenatal, postnatal, and delivery care. Women who

Table 9.10 Women's status and reproductive health care

Among women who had a live birth in the five years preceding the survey, the percentage who received antenatal care and postnatal care (last birth only), and percentage of births in the five years preceding the survey for which mothers received delivery care, by women's status indicators, Uganda 2000-2001

Women's status indicator	Percentage of women who received antenatal care from a health professional ¹	Women who received postnatal care within two days of delivery ²		Births for whom mothers received delivery care from health professional ¹	
		Percent	Number	Percent	Number
Number of decisions in which woman has final say³					
0	91.3	39.3	97	38.2	139
1-2	92.4	39.4	700	35.4	1,110
3-4	92.6	46.2	542	42.7	881
5	92.4	41.5	536	38.0	801
Number of reasons to refuse sex with husband					
0	89.7	30.9	40	29.9	65
1-2	90.6	29.3	153	27.2	243
3-4	92.7	43.8	1,683	40.0	2,621
Number of reasons that wife beating is justified					
0	93.7	47.4	461	43.7	707
1-2	91.9	44.7	743	41.3	1,162
3-4	92.9	37.2	529	33.6	842
5	89.7	33.0	143	29.8	219
Total	92.4	41.8	1,876	38.2	2,929

¹ Health professional includes doctor, midwife, nurse, medical assistant, clinical officer, and nursing aide

² Includes mothers who delivered in a health facility

³ Either by herself or jointly with others

agree with more reasons for refusing sex are more likely to receive postnatal and delivery care from medical professionals. For example, 31 percent of women who feel there are no justifiable reasons to refuse to have sex received postnatal care, compared with 44 percent of women who feel it is justifiable to refuse to have sex for three to four reasons. Similarly, women who do not justify wife beating for any reason are more likely to receive postnatal care and delivery care than women who think there are reasons to justify wife beating.

9.5 CHILDHOOD IMMUNISATION

Since 1995, when immunisation coverage was found to have declined, there have been special efforts to revitalise immunisation services in Uganda. The Uganda National Expanded Programme for Immunisation (UNEPI) recommends the following schedule of immunisation: polio and BCG at birth; polio and DPT at six, ten, and 14 weeks; and measles at nine months. BCG vaccination protects a child from tuberculosis, and DPT vaccination protects a child from diphtheria, pertussis, and tetanus. To be considered fully immunised, a child should have received one dose of BCG vaccine, three doses of DPT vaccine, three doses of polio vaccine and one dose of measles vaccine.

The 2000-2001 UDHS collected information on immunisation coverage among children born in the five years preceding the survey. Data on immunisation coverage for the 2000-2001 UDHS was obtained from two sources, the immunisation cards and mothers' recall. If the mother was able

to present a vaccination card to the interviewer, information on immunisation was extracted from the card. The mother was then asked whether the child had received other vaccinations that were not recorded on the card. If the mother was not able to provide the card, then she was asked to recall whether the child had received BCG, polio, DPT, and measles vaccinations and the number of doses of polio and DPT. Table 9.11 presents the percentage of children 12-23 months who had received specific vaccines at any time before the survey by source of information.

Table 9.11 Vaccinations by source of information

Percentage of children 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, Uganda 2000-2001

Source of information	Percentage of children who received:											Number
	BCG	DPT			Polio ¹			Measles	All ²	No vaccinations		
		1	2	3	0	1	2				3	
Vaccinated at any time before the survey												
Vaccination card	46.2	44.8	38.5	31.2	24.9	45.7	40.9	33.5	32.2	26.3	0.1	711
Mother's report	32.5	32.2	25.4	15.0	8.3	38.2	31.3	20.6	24.6	10.4	12.7	793
Either source	78.7	77.0	63.9	46.1	33.2	83.9	72.2	54.1	56.8	36.7	12.8	1,504
Vaccinated by 12 months of age³	75.0	72.9	59.6	42.0	31.9	79.4	67.5	49.6	42.3	28.5	17.3	1,504

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

The data show that 37 percent of children have been fully immunised; for 26 percent, data were obtained from information recorded on the immunisation card, and for 10 percent, data were obtained from the mother's recall. Coverage of individual vaccines varies from 79 percent for BCG to 33 percent for polio at birth. Only 29 percent of children are fully immunised by 12 months of age as recommended. Thirteen percent of children 12-23 months have not received any of the recommended vaccines.

Another way to evaluate the success of an immunisation programme is to calculate the dropout rate for DPT and polio. The dropout rate is defined as the percentage of children who received the first dose but did not receive the third dose of a specific vaccine. Using data in Table 9.11, the dropout rate for DPT is 40 percent and the rate for polio is 36 percent.

9.5.1 CHILDHOOD IMMUNISATION BY BACKGROUND CHARACTERISTICS

Table 9.12 shows immunisation by background characteristics among children age 12-23 months. The data show that the chance of a child being immunised does not vary by the child's sex. However, the chance varies according to the child's birth order. First order births are more likely to be immunised than higher order births. Similarly, children in urban areas are more likely to be immunised than children in rural areas. For all antigens, the percentage of children who received immunisations was higher in urban areas than in rural areas.

Table 9.12 Vaccinations by background characteristics

Percentage of children age 12-23 months who had received specific vaccines at any time before the survey (according to vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, Uganda 2000-2001

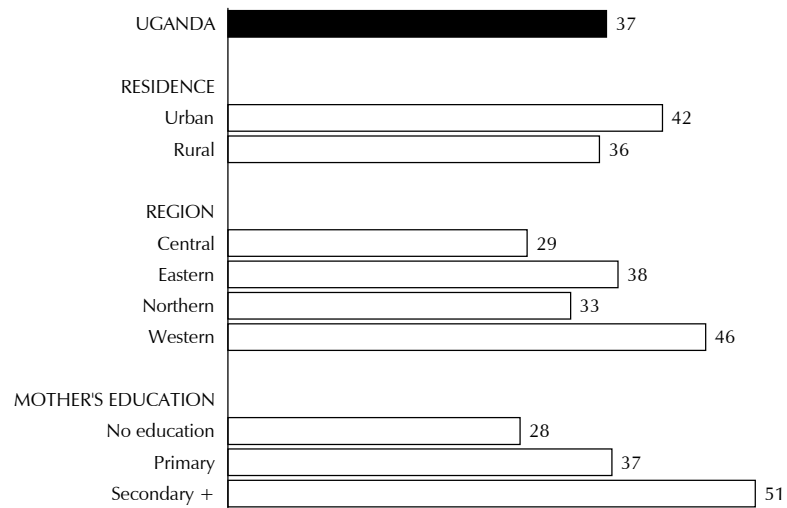
Background characteristic	Percentage of children who received:										No vaccinations	Percentage with a vaccination card	Number
	BCG	DPT			Polio ¹				Measles	All ²			
		1	2	3	0	1	2	3					
Child's sex													
Male	79.6	77.5	63.7	44.6	33.4	85.6	72.0	52.5	56.2	36.4	11.8	47.5	763
Female	77.8	76.5	64.1	47.7	33.0	82.2	72.5	55.8	57.4	37.0	13.9	47.1	741
Birth order													
1	85.2	77.6	64.5	52.3	42.4	84.5	74.2	57.7	59.2	42.4	9.9	47.7	235
2-3	78.7	79.1	64.5	46.0	32.7	84.1	70.9	53.3	56.2	36.1	12.6	48.1	513
4-5	78.7	76.4	63.1	43.6	32.6	83.8	72.2	52.5	55.8	34.7	13.1	46.7	352
6+	74.9	74.6	63.5	44.9	29.1	83.4	72.7	54.6	57.1	35.9	14.6	46.4	405
Residence													
Urban	91.9	88.5	75.1	59.1	57.2	91.0	80.0	60.0	68.4	42.1	6.2	42.6	167
Rural	77.0	75.6	62.5	44.5	30.2	83.0	71.2	53.4	55.3	36.0	13.7	47.8	1,337
Region													
Central	70.7	68.5	52.6	37.9	34.4	74.8	59.6	40.9	50.9	29.0	20.9	40.6	423
Eastern	84.4	78.4	63.8	44.7	39.9	88.4	75.1	57.1	53.1	37.8	6.5	53.7	445
Northern	78.2	78.9	65.9	44.9	39.5	84.5	76.2	56.1	57.9	33.2	13.4	43.7	255
Western	81.2	83.5	75.1	57.7	20.0	88.4	80.2	64.0	66.9	46.3	10.9	49.6	382
Mother's education													
No education	70.9	71.0	55.2	37.0	25.5	81.2	65.8	48.2	54.1	28.3	16.7	41.1	368
Primary	79.5	77.4	64.9	46.9	32.9	84.1	73.1	54.6	55.5	37.2	12.4	49.2	957
Secondary+	90.4	87.5	76.4	60.6	50.9	88.6	80.4	64.1	69.4	51.1	6.9	49.3	179
Wealth index quintile													
Lowest	73.8	71.8	54.2	34.9	28.0	81.4	67.7	46.7	49.1	26.5	14.8	47.5	341
Lower middle	77.6	76.4	63.7	45.2	34.2	85.7	72.7	54.7	58.0	38.0	11.8	45.9	352
Middle	76.5	75.9	67.5	51.4	30.5	82.4	73.8	59.1	57.6	39.6	14.2	48.7	295
Upper middle	82.7	79.2	65.5	47.7	24.8	83.9	70.6	51.9	57.2	39.5	12.3	47.0	277
Highest	85.3	84.2	71.6	55.1	52.2	86.6	77.8	60.4	64.5	42.6	10.4	47.5	239
DISH/CREHP districts													
DISH	71.0	67.5	52.6	38.8	31.1	75.9	60.6	41.9	51.1	30.1	19.1	40.6	419
I Mbarara and Ntungamo	68.5	68.3	63.4	45.0	4.7	77.1	67.9	53.1	56.5	38.1	22.9	31.5	107
II Masaka, Rakai and Sembabule	47.0	43.1	28.4	18.7	21.2	51.8	36.7	18.9	36.7	12.8	39.2	27.8	105
III Luwero, Masindi and Nakasongola	72.6	65.8	39.5	21.1	22.9	81.6	46.4	19.0	37.8	14.3	9.4	46.4	57
IV Kamuli and Jinja	84.2	78.1	56.4	48.1	58.7	85.8	71.9	52.7	51.6	42.2	6.8	66.9	71
V Kampala	93.3	90.7	76.0	61.3	61.3	93.3	82.7	64.0	72.0	42.7	5.3	42.7	79
CREHP (Kisoro, Kabale, and Rukungiri)	96.6	95.5	92.0	83.3	45.4	98.9	95.5	83.7	78.4	65.5	1.1	66.9	74
Neither	80.6	79.6	66.5	46.5	33.2	86.1	75.3	57.1	57.6	37.4	11.1	48.6	1,011
Total	78.7	77.0	63.9	46.1	33.2	83.9	72.2	54.1	56.8	36.7	12.8	47.3	1,504

Note: Total includes one woman with missing information on education.

¹ Polio 0 is the polio given at birth

² BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

Figure 9.2 Percentage of Children Age 12-23 Months Who are Fully Vaccinated, by Background Characteristics



UDHS 2000-2001

Childhood immunisation coverage is highest in the Eastern and Western regions, while children in the Central Region have a comparatively lower coverage for all vaccines (see Figure 9.2). Mother's education is strongly associated with the chances of children receiving immunisations: 51 percent of children whose mother has secondary education are fully immunised, compared with 28 percent of children whose mother has no education.

Children who fall in the highest wealth index quintile also show the highest vaccination coverage (43 percent), while children in the lowest quintile have the lowest coverage (27 percent). This pattern holds true for all types of vaccines. Children living in districts included in the DISH project have lower than average immunisation coverage (30 percent). In fact, the highest coverage is shown by districts in the CREHP project (66 percent), followed by districts covered by neither the DISH nor the CREHP project (37 percent).

9.5.2 VACCINATION TRENDS

Table 9.13 shows vaccination coverage of children 12-23 months from the vaccination card and mothers' recall in the 1995 UDHS and the 2000-2001 UDHS. The overall vaccination coverage found in the 2000-2001 UDHS is lower than that in the 1995 UDHS (37 percent and 47 percent). The decline is in part due to a slightly lower proportion of children who received BCG, measles, and the first dose of DPT and polio. However, the most important reason for the decline in the proportion of children fully immunised is an increase in the dropout rate for polio and especially for DPT. For example, in the 1995 UDHS, 25 percent of children 12-23 months who received the first dose of DPT did not go on to receive the third dose. By 2000-2001, the DPT dropout rate was 40 percent.

Table 9.13 Vaccination trends
Percentage of children 12-23 months who received specific vaccines at any time before the survey, Uganda 1995 and 2000-2001

Survey	Percentage of children who received:											Number
	BCG	DPT			Polio				Measles	All	No vaccinations	
		1	2	3	0	1	2	3				
1995 UDHS	83.6	81.7	73.5	61.1	22.9	82.2	73.0	59.0	59.6	47.4	14.4	1,588
2000-2001 UDHS	78.7	77.0	63.9	46.1	33.2	83.9	72.2	54.1	56.8	36.7	12.8	1,504

9.6 ACUTE RESPIRATORY INFECTION

The accuracy of data on childhood illnesses depends heavily on how the mother recalls the events of child illnesses and the details of the treatment given. The prevalence of symptoms for ARI was obtained by asking mothers whether their children under five years had been ill with a cough accompanied by short, rapid breathing. Mothers whose children had experienced these symptoms were asked what they had done to treat the illnesses.

Table 9.14 presents data on prevalence and treatment of acute respiratory infections among children under five years who had a cough accompanied by short, rapid breathing during the two weeks preceding the survey. The table further presents the percentage of children with ARI taken to a health facility or provider by background characteristics.

Table 9.14 indicates that 23 percent of children were reported to have had acute respiratory infection. Two in three of these children were taken to a health facility for treatment. The highest prevalence of ARI was found among children age 6-11 months (33 percent). The prevalence of ARI decreases with age to 14 percent for children age 48-59 months.

Table 9.14 Prevalence and treatment of symptoms of acute respiratory infection and fever

Percentage of children under five years who had a cough accompanied by short, rapid breathing (symptoms of ARI), percentage of children who had fever in the two weeks preceding the survey, and percentage of children with symptoms of ARI and/or fever for whom treatment was sought from a health facility provider, by background characteristics, Uganda 2000-2001

Background characteristic	Percentage of children with symptoms of ARI	Percentage of children with fever	Number	Percentage of children taken to a health facility or provider	Number
Child's age					
<6 months	22.1	32.3	715	60.0	303
6-11 months	32.8	56.6	770	72.6	491
12-23 months	28.5	57.5	1,504	70.2	967
24-35 months	21.8	44.6	1,256	59.8	645
36-47 months	18.6	40.0	1,334	60.1	599
48-59 months	13.9	29.7	1,232	60.0	434
Child's sex					
Male	22.8	44.7	3,372	66.5	1,741
Female	22.2	43.1	3,439	62.7	1,697
Birth order					
1	19.9	37.2	1,199	68.0	515
2-3	20.9	43.3	2,244	65.4	1,107
4-5	23.9	45.1	1,564	63.7	824
6+	25.0	48.1	1,803	62.8	992
Residence					
Urban	18.6	32.9	767	78.1	298
Rural	23.0	45.3	6,044	63.4	3,140
Region					
Central	19.4	37.9	1,956	77.7	849
Eastern	23.3	54.1	2,077	63.1	1,227
Northern	23.1	50.4	1,133	63.4	643
Western	24.6	33.8	1,646	53.0	718
Mother's education					
No education	23.3	43.0	1,649	57.4	827
Primary	22.6	45.7	4,357	65.9	2,267
Secondary+	20.1	36.4	805	73.5	344
Mother's smoking status					
Smokes cigarettes/tobacco	24.7	36.0	233	59.9	102
Does not smoke cigarettes/tobacco	22.4	44.2	6,575	64.8	3,334
Total	22.5	43.9	6,811	64.7	3,438

Note: Total includes one woman with missing information on education, and two women with missing information on smoking status

Prevalence of ARI does not vary by children's sex, but there are differentials by birth order. The prevalence gradually increases from 20 percent for first order births to 25 percent for sixth and higher order births. Residence is associated with prevalence of ARI and health-seeking behaviour. A smaller percentage of children in urban areas than in rural areas are reported to have the symptoms of ARI. Prevalence of ARI is slightly lower in the Central Region than the other three regions (19 percent compared with 23 percent or higher). Prevalence of ARI among children does not vary much with mother's education. Children of mothers who smoke are slightly more likely than those who do not smoke to suffer from ARI (25 percent compared with 22 percent).

Forty-four percent of children had a fever in the two weeks preceding the survey. The differentials in the prevalence of fever across subgroups of children are in general similar to those of ARI. However, children whose mother smokes are less likely to be reported as having fever than children whose mother does not smoke.

Data in Table 9.14 also show that two in three children who showed symptoms of ARI and/or fever were taken to a health facility for treatment. This percentage fluctuates by the child's age, with children age 6-23 months being the most likely to be taken for treatment. Treatment-seeking behaviour varies only slightly according to the child's sex and birth order. Children in urban areas are more likely to be treated than those in rural areas (78 and 63 percent, respectively). Children in the Central Region are more likely than children in other regions to be taken for treatment (78 percent), while children in the Western Region are the least likely (53 percent). Mother's education makes a difference in the treatment of ARI and fever in children. Whereas 74 percent of children whose mothers have at least some secondary education were taken for treatment, the corresponding percentage for children of women with no education is 57 percent.

9.7 DIARRHOEA

Diarrhoea was singled out for investigation since dehydration from watery diarrhoea is a major cause of death in infancy and childhood and the condition responds well to oral rehydration therapy (ORT). The combination of a high cause-specific mortality rate and the existence of effective treatment make diarrhoea and its treatment priority concerns for health services in Uganda.

9.7.1 HAND-WASHING MATERIALS

In the 2000-2001 UDHS, if a household has a designated place for washing hands in the dwelling, yard, or plot, the respondent to the Household Questionnaire was asked to show this place to the interviewer. The interviewer then recorded whether materials required for washing hands (water, soap or other cleansing agent, and a basin) were available.

Frequent hand-washing is a hygienic practice that protects members of the household, particularly children, from infections that cause diarrhoeal diseases. The connection between hand-washing and diarrhoea prevalence is well established. Promoting the practice of hand-washing and ensuring the availability of water, soap, and a basin substantially decrease the occurrence of diarrhoea in young children. The data on the availability of hand-washing facilities in households are presented in Table 9.15. The table indicates that water was available in 14 percent of the households, soap in 10 percent of the households, and a basin in 17 percent of the households. Only 4 percent of the households had all three hand-washing materials.

Water was available in 23 percent of households in urban areas, compared with 12 percent of rural households. Availability of water is higher in the Central Region (22 percent) than in the other regions

(15 percent or less). It should be noted that water is available in less than 1 percent of households in the Northern Region.

The availability of hand-washing materials varies according to residence. Urban households and those in the Central and Eastern regions tend to have the three materials more often than households in the other areas. Access to water determines the degree to which the household is exposed to healthy practices. One in five households that have a water source within the dwelling have all of the required hand-washing materials, compared with only 4 percent of households that are ten minutes or more from a water source.

Table 9.15 Hand-washing materials in households

Percentage of households with hand-washing materials in dwelling/yard/plot, by background characteristics and presence in the household of a child with diarrhoea in the two weeks preceding the survey, Uganda 2000-2001

Background characteristic	Hand-washing materials and facilities				Number ¹
	Water	Soap or ash	Basin	All three hand-washing materials	
Residence					
Urban	22.9	20.9	29.2	9.0	1,174
Rural	12.1	7.7	14.6	3.6	6,711
Region					
Central	22.3	19.3	29.5	6.7	2,603
Eastern	14.7	8.0	11.8	6.3	2,106
Northern	0.6	2.3	8.4	0.3	1,191
Western	9.3	3.3	10.3	1.7	1,985
Source of drinking water					
Piped	27.7	22.9	30.8	10.0	854
Protected well	14.0	9.7	18.4	3.9	1,293
Open well	14.0	9.6	19.0	5.6	1,981
Surface	12.3	7.7	14.2	3.0	1,708
Other/missing	8.6	5.8	10.0	2.2	2,049
Time to water source					
In dwelling	45.8	36.9	37.1	20.5	271
<5 minutes	17.8	23.3	30.9	3.9	149
5 to 9 minutes	16.6	14.7	23.3	6.7	600
10+ minutes	12.1	7.9	15.1	3.5	6,859
Total	13.7	9.7	16.8	4.4	7,885

¹ Includes eight households with missing information on time to source

9.7.2 DISPOSAL OF CHILDREN'S STOOLS

The manner of disposal of children's stools is associated with the prevalence and spread of diarrhoeal diseases among children. The ideal methods of disposal include having a child use a toilet, throwing the waste in the toilet, and burying the stool in the yard. Table 9.16 presents data on disposal of children's stools by background characteristics and type of toilet facilities in households. The table shows that 76 percent of mothers dispose of their children's stools properly, namely, by throwing the stool in a toilet or a latrine (62 percent), having the child always use a toilet or a latrine (8 percent), and burying the stool in the yard (5 percent). Seventeen percent of mothers do not dispose of stools properly: they throw the stool outside the dwelling (8 percent) or in the yard (9 percent). Proper disposal of

Table 9.16 Disposal of children's stools

Percent distribution of mothers whose youngest child under five years lives with her by way in which youngest child's faecal matter is disposed of, according to background characteristics and type of toilet facilities in household, Uganda 2000-2001

Background characteristic	Stools contained			Stools uncontained				Total	Number ¹
	Child always uses toilet/latrine	Thrown into toilet/latrine	Buried in yard	Thrown outside dwelling	Thrown in yard	Other	Missing		
Residence									
Urban	13.5	75.7	1.0	3.9	2.5	3.3	0.1	100.0	499
Rural	7.5	60.5	6.0	8.5	10.4	6.5	0.5	100.0	3,689
Region									
Central	12.1	74.7	1.5	6.8	2.6	1.9	0.4	100.0	1,205
Eastern	6.6	62.5	5.5	6.9	13.3	4.8	0.3	100.0	1,215
Northern	3.9	38.3	9.4	17.3	21.5	9.0	0.5	100.0	718
Western	8.7	64.4	7.1	4.0	4.6	10.6	0.7	100.0	1,050
Education									
No education	6.9	54.0	7.7	10.6	12.8	7.6	0.4	100.0	1,030
Primary	7.8	64.0	5.3	7.5	9.0	5.8	0.5	100.0	2,616
Secondary+	12.7	70.2	1.6	4.8	5.1	5.2	0.5	100.0	543
Toilet facilities									
None	1.6	20.8	18.0	20.9	31.2	7.2	0.3	100.0	682
Pit latrine	9.0	71.0	3.0	5.5	5.2	5.9	0.5	100.0	3,325
Improved latrine	25.1	63.6	0.0	4.2	1.8	5.3	0.0	100.0	94
Flush toilet	19.6	73.6	0.0	3.7	0.0	3.1	0.0	100.0	46
Other	*	*	*	*	*	*	*	100.0	32
Total	8.2	62.4	5.4	7.9	9.4	6.2	0.5	100.0	4,188

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

¹ Total includes one woman with missing information on education and seven women with missing information on toilet facility.

children's stools is much more common in urban areas and in the Central Region than in other regions. The data further show that the way in which the mother disposes of the child's stool is related to mother's level of education. For example, 85 percent of mothers with secondary education dispose of their youngest child's stool properly, compared with 69 percent of mothers with no education.

The disposal of a child's stool varies according to the presence of a toilet or a latrine in the dwelling. Children are more likely to use a toilet or latrine if the amenity is available in the household. The same is true regarding use of a toilet or latrine to throw the stool away. Table 9.16 shows that 93 percent of mothers who have flush toilets dispose of their child's stool by throwing it in a toilet, compared with 21 percent of mothers with no toilet facilities. It is possible that these women used a communal toilet or a neighbour's toilet.

It should be noted that unsanitary disposal of stools is more common in the Northern Region than in other regions. In the Northern Region, safe disposal of stools is practised by 52 percent of mothers, compared with 75 percent or higher in the other regions.

9.7.3 PREVALENCE OF DIARRHOEA

In the 2000-2001 UDHS, mothers were asked whether their children under five years had had diarrhoea in the two weeks before the survey. This measure of diarrhoea prevalence is affected by the ability of the mother to recall when the diarrhoea episode occurred and by seasonal variation in the occurrence. Because the UDHS data collection took place over a period of more than five months, it is believed that seasonal variation was not a problem during interpretation of the findings.

Table 9.17 shows that 20 percent of children less than five years of age had diarrhoea in the two weeks preceding the survey. The prevalence of diarrhoea is highest among children age 6–11 months (38 percent). The risk of diarrhoea decreases as the child grows; thus, the lowest level is found among children 48-59 months (8 percent).

The prevalence of diarrhoea does not vary according to the child's sex. However, residence plays a role, with urban children having a lower prevalence than rural children (16 percent compared with 20 percent). Diarrhoea prevalence is higher in the Eastern and Northern regions (23 percent and 27 percent, respectively) than in the Central and Western regions (15 to 16 percent).

Mother's education is negatively associated with a child's risk of getting diarrhoea. Children born to mothers with secondary or higher education have a lower prevalence of diarrhoea than children whose mother has no education (13 percent and 21 percent, respectively). This finding is consistent with the results in Table 9.16, which show that mother's education is associated with the correct practice of stool disposal, which reduces the spread of diarrhoeal diseases.

Table 9.17 implies that the presence of hand-washing materials has only a slight impact on the prevalence of diarrhoea among children in the household.

Diarrhoea is most prevalent among children who live in households using surface water and least prevalent in households with piped water.

Table 9.17 Prevalence of diarrhoea

Percentage of children under five years with diarrhoea in the two weeks preceding the survey, by background characteristics, Uganda 2000-2001

Background characteristic	Diarrhoea in preceding 2 weeks	Number
Child's age (in months)		
<6	17.8	715
6-11	38.1	770
12-23	29.4	1,504
24-35	17.9	1,256
36-47	11.1	1,334
48-59	7.9	1,232
Child's sex		
Male	20.4	3,372
Female	18.7	3,439
Residence		
Urban	15.5	767
Rural	20.1	6,044
Region		
Central	14.5	1,956
Eastern	23.3	2,077
Northern	26.7	1,133
Western	16.0	1,646
Education		
No education	21.0	1,649
Primary	20.3	4,357
Secondary+	12.8	805
Hand-washing materials¹		
Water	17.1	1,018
Soap or ash	12.5	665
Basin	15.4	1,225
All three materials	14.1	314
Source of water		
Piped	15.6	565
Protected well	17.9	1,122
Open well	18.6	1,773
Surface	22.2	1,513
Other/missing	20.6	1,837
Total	19.6	6,811

¹ In dwelling, yard, or plot

9.7.4 KNOWLEDGE OF ORS PACKETS

Since prevalence of diarrhoea is high among children under age five, the management of diarrhoea by mothers at home is of great importance. The 2000-2001 UDHS asked the mothers whether they had ever heard of a special product for the treatment of diarrhoea, oral rehydration salts (ORS). Table 9.18 presents data on mothers' knowledge of ORS.

Nine in ten mothers (92 percent) know about the use of ORS packets for treating diarrhoea. The level of knowledge of ORS ranges between 82 percent and 97 percent across all socioeconomic groups. Women in the Western Region and those with no education are least likely to know about ORS, with percentages below 90 percent.

9.7.5 TREATMENT OF DIARRHOEA

The 2000-2001 UDHS sought information on medical care for diarrhoea episodes in the two weeks preceding the survey. Particular attention was given to treatment with oral rehydration therapy (ORT), which includes a solution prepared from ORS packets; recommended home fluids (RHF) (either cereal-based or a solution made from sugar, salt, and water); and increased fluids. Table 9.19 shows the percentage of children with diarrhoea in the two weeks preceding the survey who were treated with ORT and other treatments.

Table 9.19 shows that 45 percent of children who had diarrhoea in the two weeks preceding the survey were taken to a health facility for treatment. Wide differentials are seen in the proportion of children with diarrhoea who were taken to a health provider. Young children, first births, those in rural areas, and those whose mother has less education were less likely to be taken to a health provider for treatment.

Table 9.18 Knowledge of ORS packets

Percentage of mothers with births in the five years preceding the survey who know about ORS packets for treatment of diarrhoea in young children, by selected background characteristics, Uganda 2000-2001

Background characteristic	Percentage of mothers who know about ORS packets	Number
Age		
15-19	90.7	409
20-24	90.9	1,235
25-29	92.9	1,167
30-34	93.4	780
35+	91.0	899
Residence		
Urban	96.6	560
Rural	91.2	3,930
Region		
Central	95.5	1,323
Eastern	95.9	1,273
Northern	92.6	775
Western	82.3	1,119
Education		
No education	86.9	1,103
Primary	92.8	2,791
Secondary+	96.5	594
Total	91.8	4,489

Note: Total includes one woman with missing information on education

ORS = Oral rehydration salts

Table 9.19 Diarrhoea treatment

Among children under five years who had diarrhoea in the two weeks preceding the survey, percentage taken for treatment to a health provider, percentage who received oral rehydration therapy (ORT), and the percentage given other treatments, according to background characteristics, Uganda 2000-2001

Background characteristic	Percentage taken to a health provider				Oral rehydration therapy			Other treatments					Number
	ORS packets	RHF	Either ORS or RHF	Increased fluids	ORS, RHF, or increased fluids	Tablet or syrup	Injection	Intravenous	Home remedy/ other	None	Missing		
Child's age (in months)													
<6	29.1	16.9	10.0	13.9	30.2	39.3	1.3	0.0	17.3	34.4	0.0	127	
6-11	51.1	36.5	14.6	25.7	54.9	49.8	4.4	0.2	14.2	17.9	0.0	293	
12-23	49.3	38.1	18.2	31.6	58.2	52.4	3.6	0.0	13.2	16.4	0.1	443	
24-35	46.8	33.2	14.5	26.5	53.7	52.0	1.8	0.5	17.6	15.6	0.0	225	
36-47	36.3	32.8	21.1	31.5	53.6	52.7	4.3	0.0	11.8	18.0	0.4	148	
48-59	35.5	26.1	27.9	31.4	52.9	50.7	2.6	0.0	13.6	14.2	1.2	97	
Child's sex													
Male	44.5	35.6	17.6	27.4	54.1	47.1	3.8	0.1	12.8	21.2	0.3	689	
Female	45.4	31.2	16.4	28.1	52.1	54.0	2.7	0.2	16.2	15.3	0.0	644	
Birth order													
1	39.8	28.3	11.4	25.4	44.3	49.3	2.5	0.2	16.4	22.0	0.5	212	
2-3	47.0	35.8	18.8	27.8	56.6	49.6	4.5	0.2	14.3	17.7	0.1	462	
4-5	42.4	34.0	17.4	27.7	51.9	48.8	3.2	0.0	13.9	20.2	0.2	295	
6+	47.2	33.1	17.8	28.9	54.9	53.5	2.1	0.0	13.9	15.4	0.0	364	
Residence													
Urban	63.9	43.5	17.1	41.8	66.6	67.5	2.9	1.3	5.3	11.9	0.2	119	
Rural	43.0	32.5	17.0	26.3	51.8	48.8	3.3	0.0	15.3	19.0	0.1	1,214	
Region													
Central	58.1	39.1	22.7	50.6	71.3	48.1	2.5	0.4	12.2	14.2	0.0	283	
Eastern	47.2	39.7	17.1	22.8	54.4	63.2	4.9	0.1	8.0	15.7	0.1	484	
Northern	39.4	30.5	14.7	23.9	49.5	48.1	2.6	0.0	7.9	22.7	0.4	303	
Western	32.8	19.2	13.6	16.6	35.5	32.3	1.8	0.0	36.3	22.7	0.1	263	
Education													
No education	38.9	32.8	19.6	21.6	50.9	43.7	3.4	0.0	14.1	22.5	0.3	347	
Primary	45.0	32.8	15.6	27.9	52.4	52.0	3.3	0.1	14.9	17.3	0.1	883	
Secondary+	64.0	41.3	20.6	46.5	67.2	59.9	1.9	0.5	11.7	13.0	0.2	103	
Total	44.9	33.5	17.0	27.7	53.1	50.4	3.2	0.1	14.4	18.3	0.2	1,333	

ORS = Oral rehydration salts
RHF = Recommended home fluids

More than half of the children with diarrhoea (53 percent) were treated with ORS, or recommended home fluids, or increased fluids. Individually, these treatments account for 34 percent (ORS packets), 17 percent (RHF), and 28 percent (increased fluids). Tablets and syrups were given to half of the children, and only a few children were treated with injections or intravenous fluids. Eighteen percent of the children with diarrhoea were not given any treatment at all.

9.7.6 FEEDING PRACTICES DURING DIARRHOEA

The recovery of a child suffering from diarrhoea depends, among other things, on the feeding practices during the diarrhoea episode. In particular, consumption of extra fluids is essential. Table 9.20 presents data on feeding practices of children who had diarrhoea in the two weeks preceding the survey. The data show that only 28 percent of children with diarrhoea were given more fluids than usual, while 31 percent were given the same amount of fluids. It should be noted that four in ten children with diarrhoea were given less fluid or none at all. The table further shows that only 5 percent of children were given more food than usual, while 51 percent were given less food or none at all.

Overall, the results of the 2000-2001 UDHS show that feeding practices for children with diarrhoea in Uganda are inconsistent with recommended interventions.

9.8 WOMEN'S STATUS AND HEALTH CARE

9.8.1 WOMEN'S STATUS AND CHILDREN'S HEALTH CARE

The 2000-2001 UDHS investigated the relationship between children's health care and women's status as measured by their ability to influence household decisionmaking, the number of reasons a woman feels she is justified to refuse sex, and the number of reasons to justify wife beating.

Table 9.21 shows that a woman's independence is positively associated with her children's health care. For example, women who participate in more decisions are slightly more likely to have fully vaccinated children. Data on the number of reasons for justifying wife beating do not show a strong pattern: children of women who have more reasons to refuse sexual relations with their husband are slightly less likely to be fully vaccinated. The opposite pattern is observed when the number of reasons to justify wife beating is considered: women with fewer reasons are also more likely to have fully vaccinated children.

The relationship between women's status and treatment during their children's illness is less clear. Children whose mother does not justify wife beating for any reason are more likely than children of women who think there are reasons to justify wife beating to receive treatment from a health professional for diarrhoea.

Table 9.20 Feeding practices during diarrhoea

Percent distribution of children under five years who had diarrhoea in the two weeks preceding the survey by amount of liquids and amount of food given compared with normal practice, Uganda 2000-2001

Liquid/food offered	Percent
Amount of liquid offered	
Same as usual	31.2
More	27.7
Somewhat less	20.6
Much less	10.7
None	9.4
Don't know/missing	0.4
Total	100.0
Amount of food offered	
Same as usual	29.2
More	4.6
Somewhat less	23.5
Much less	16.1
None (stopped)	10.9
Never gave food	14.9
Don't know/missing	0.8
Total	100.0
Number	1,333

Table 9.21 Child health care by women's status

Percentage of children age 12-23 months who were fully vaccinated, and percentage of children under five years ill with a fever, symptoms of ARI, or diarrhoea, in the two weeks preceding the survey who were taken to a health provider for treatment, by women's status indicators, Uganda 2000-2001

Women's status indicator	Children under five years					
	Children age 12-23 months		Percentage with fever/ARI taken to health provider			
	Percentage fully vaccinated	Number	Percentage with fever/ARI taken to health provider	Number	Percentage with diarrhoea taken to health provider	Number
Number of decisions in which woman has final say²						
0	*	18	(31.5)	49	*	27
1-2	36.0	225	30.4	473	42.6	240
3-4	35.3	143	30.5	279	49.9	178
5	40.7	167	26.8	218	45.5	154
Number of reasons to refuse sex						
0	*	7	(24.2)	27	*	24
1-2	40.2	65	23.4	79	40.0	63
3-4	37.1	480	30.5	913	45.4	512
Number of reasons wife beating justified						
0	39.3	122	27.5	201	54.5	134
1-2	38.6	219	31.5	371	46.5	206
3-4	35.3	176	28.5	333	40.9	198
5	(27.6)	36	31.3	114	38.0	60
Total	36.7	552	29.6	1,018	44.9	599

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

¹ Those who have received BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

² Either by herself or jointly with others

9.8.2 WOMEN'S PROBLEMS IN ACCESSING HEALTH CARE

Many factors influence women's access to health care. These include socioeconomic status and medical and cultural factors. Some of these factors prevent women from getting medical advice or treatment for themselves. In the 2000-2001 UDHS, all women were asked whether they had problems seeking medical advice or treatment for themselves. Women were asked whether they had problems with knowing where to go, getting permission to go, getting money for treatment, travelling long distances to a health facility, getting transport to a health facility, having a person accompany them, lacking a female provider, and negative attitudes of providers.

Table 9.22 presents data on women's problems in accessing health care for these specific reasons. The results show that 85 percent of women experience at least one problem in assessing health care. The greatest problem in assessing health care is getting the money for treatment (63 percent). In the 2000-2001 UDHS, most of the fieldwork was carried out before February 2001, when cost sharing was abolished in government health units. This explains the high percentage of women who felt getting money to pay for treatment was a barrier in accessing health services. The other problems include distance to a health facility (44 percent), transportation (43 percent), and negative attitude of health care providers (42 percent). Table 9.22 shows that 7 percent of women have the problem of not knowing where to go and 8 percent have the problem of getting permission to seek health care.

Table 9.22 Perceived problem in accessing women's health care by background characteristics

Percentage of women who reported they had a big problem in accessing health care for themselves, by type of problem and background characteristics, Uganda 2000-2001

Background characteristic	Knowing where to go	Getting permission to go	Getting money for treatment	Distance to health facility	Have to take transport	Not wanting to go alone	Lack of a female health provider	Negative attitude of health care provider	Any of the specified problems	Number
Age										
15-19	9.8	15.7	58.0	41.3	40.3	32.9	25.9	45.0	84.3	1,615
20-29	6.0	6.8	60.8	42.1	41.6	19.1	15.6	42.5	84.1	2,846
30-39	5.5	4.7	65.7	46.5	45.9	17.3	11.6	39.5	85.1	1,793
40-49	6.7	5.5	73.2	48.1	49.1	17.6	13.6	40.0	89.6	993
Number of living children										
0	9.9	14.5	55.8	39.8	39.5	32.9	24.8	46.6	83.5	1,730
1-2	6.4	7.1	61.2	41.2	40.7	17.6	15.3	42.2	84.3	2,021
3-4	5.1	5.3	65.5	47.3	45.5	18.1	13.9	40.4	85.7	1,665
5+	6.0	5.5	70.0	47.4	48.2	18.1	12.8	38.9	87.2	1,830
Marital status										
Never married	10.4	15.1	56.7	37.8	38.7	34.1	26.3	47.8	83.2	1,456
Married	5.7	6.9	63.0	44.5	43.4	18.5	13.9	39.8	84.9	4,881
Divorced, separated, widowed	7.4	2.7	73.6	50.2	50.8	17.5	15.7	44.6	89.5	910
Residence										
Urban	4.5	5.3	45.4	14.3	18.2	14.4	16.3	53.1	73.2	1,207
Rural	7.3	8.6	66.6	49.8	48.5	22.9	16.7	39.8	87.5	6,039
Region										
Central	5.5	5.5	50.4	36.8	38.1	16.3	22.7	60.1	82.5	2,341
Eastern	4.7	6.2	71.6	44.2	44.3	23.7	15.6	38.3	89.9	1,956
Northern	12.9	16.9	80.9	58.4	53.2	25.7	16.6	22.3	92.0	1,158
Western	7.0	7.7	59.0	43.2	43.1	23.1	9.8	35.0	79.0	1,792
Education										
No education	7.6	9.3	76.5	51.1	49.6	20.6	14.4	37.7	90.5	1,584
Primary	7.5	8.3	63.9	46.1	45.8	22.9	17.4	40.9	85.6	4,330
Secondary+	3.7	5.9	44.6	27.9	28.4	18.2	16.7	50.7	77.3	1,331
Current employment										
Not employed	9.3	12.2	56.4	37.6	37.7	25.1	23.4	43.8	80.9	1,489
Works for cash	4.0	4.3	60.6	39.2	39.8	14.9	12.4	41.4	82.6	3,511
Does not work for cash	9.7	11.2	71.4	55.3	52.9	29.4	18.7	41.6	91.9	2,246
Total	6.8	8.1	63.1	43.9	43.4	21.5	16.6	42.0	85.2	7,246

The table shows variations by socioeconomic characteristics. The woman's age and number of living children do not significantly affect the women's health-seeking behaviour. In general, unmarried women cited more problems than married or formerly married women. Similarly, rural women were more likely to cite problems than their urban counterparts. For instance, distance to a health facility and having to take transport were cited by almost half of the rural women, compared with 14 to 18 percent of urban women.

Comparison across regions shows that women in the Northern Region tend to cite more problems than women in other regions. However, women in the Central Region are the most likely to cite lack of a female health provider and negative attitude of the health worker as big problems.

A woman's education and employment status have an impact on their perceived problems in accessing health care. Women with secondary or higher education and unemployed women were generally the least likely to perceive the issues as problems. On the other hand, women with no education and women who do not work for cash are the most likely to cite problems.

9.9 MALARIA

9.9.1 POSSESSION AND USE OF MOSQUITO NETS

Malaria is a major public health concern in Uganda, since it is a leading cause of morbidity and mortality. This disease especially affects children under 5 and pregnant women. In such a situation, the use of mosquito nets is important as a protection from the disease. Information on the possession and use of mosquito nets was collected from all households in the 2000-2001 UDHS.

Table 9.23 shows that only 13 percent of households in Uganda have mosquito nets. Mosquito nets are less likely to be available in households in the Western Region than in the other regions (6 percent compared to 15 percent). Urban households are more than three times more likely to have a mosquito net than rural households. The availability of mosquito nets is closely related with the quality of the house. Households which have electricity, piped water and finished floors are much more likely to have mosquito nets than households which have none of these amenities.

The last three columns in Table 9.23 refer to children under age 5 who live with their mothers. Eight percent of these children usually sleep under a mosquito net and 7 percent spent the night before the survey under a mosquito net. As mosquito nets are less available in the Western region, children in this region are also less likely to sleep under a mosquito net. Urban children are more than three times more likely than rural children to have slept under a mosquito net the night before interview (21 percent compared to 6 percent). Children living in households with the specified housing amenities are much more likely than children who live in households with none of the amenities to sleep under a net.

Background characteristic	Households that own at least one mosquito net		Percentage of children under age 5 living with mothers who:		
	Percent	Number	Slept under a mosquito net last night	Usually sleep under a mosquito net	Number
Residence					
Urban	32.9	1,174	21.1	23.4	773
Rural	9.2	6,711	5.7	6.3	6,793
Region					
Central	15.3	2,603	7.3	8.2	2,093
Eastern	15.4	2,106	9.9	11.1	2,315
Northern	14.6	1,191	9.8	10.7	1,297
Western	5.5	1,985	2.2	2.4	1,862
Quality of housing					
Electricity	46.1	675	21.5	23.3	464
Piped water	33.2	854	21.0	23.0	572
Finished floor	30.7	1,532	15.2	17.2	1,122
None	8.3	6,101	5.8	6.4	6,210
Total	12.8	7,885	7.3	8.1	7,566

9.9.2 INSECTICIDE TREATMENT OF MOSQUITO NETS

Table 9.24 presents the age and insecticide treatment of mosquito nets used by children under five, women age 15-49 and pregnant women age 15-49 the night before the interview, by background characteristics. On average, the nets were bought or obtained more than two years preceding the survey (28 months). Nets used in households in the Northern region are older than average (37 months), while those in the Western region are more recently obtained (13 months). Mosquito nets in rural households are in general older than those in urban households. There is no relationship between the education attainment of the children's mothers and the mosquito net's age.

Only 3 percent of nets had been treated or dipped in insecticide in the six months prior to the survey. On average, nets were dipped in insecticide more than 4 months prior to the survey. Nets in the Eastern and Western regions, in rural areas and in households where the child's mother has some secondary education have been dipped on average 5 months or more before the survey.

While 7 percent of all women age 15-49 slept under a mosquito net the night before interview, only a small percentage used nets that had been treated with insecticide. As in the case of children, women in Eastern and Northern regions, those living in urban areas and women with some secondary education are much more likely than other women to have slept under a mosquito net. The pattern of use of mosquito nets among pregnant women is the same as that of all women.

Table 9.24 Mosquito net age and insecticide treatment for mosquito nets

Age of mosquito nets and insecticide treatment pattern for mosquito nets that were used the previous night by children under age five, women age 15-49 and pregnant women 15-49, according to background characteristics, Uganda 2000-2001

Background characteristic	Children under 5				Percentage of women 15-49 who slept under:			Percentage of pregnant women 15-49 who slept under:		
	Average age of nets (months)	Percent of nets treated ¹	Average months since last treatment	Number of children using mosquito nets ²	Any mosquito net	Treated mosquito net ¹	Number of women	Any mosquito net	Treated mosquito net ¹	Number of women
Residence										
Urban	24.8	4.3	2.9	193	13.0	0.8	1,207	13.3	0.4	97
Rural	28.8	2.7	5.1	431	5.8	0.2	6,039	5.8	0.5	813
Region										
Central	25.0	3.8	3.4	184	6.8	0.4	2,341	4.1	0.2	235
Eastern	27.0	3.2	5.0	254	9.5	0.3	1,956	10.3	0.7	287
Northern	37.4	1.6	1.0	140	10.3	0.1	1,158	8.9	0.0	135
Western	13.1	5.9	6.6	45	2.3	0.3	1,792	3.5	1.0	253
Mother's education										
No education	31.8	6.1	2.7	84	5.1	0.3	1,584	6.0	0.6	206
Primary	26.0	2.0	2.8	349	5.4	0.2	4,330	5.6	0.3	593
Secondary+	28.6	4.0	6.0	191	14.4	0.7	1,331	13.4	1.8	110
Total	27.6	3.2	4.4	624	7.0	0.3	7,246	6.6	0.5	910

¹ Soaked or dipped in insecticide in last six months

² Either usually or the night before the survey

9.9.3 MALARIA PROPHYLAXIS DURING PREGNANCY

In the UDHS, women who gave birth in the five years preceding the survey were asked whether they took drugs in order to prevent malaria during pregnancy. Women who took medicine were asked the type of drug and where they obtained the drug. Table 9.25 shows the responses to these queries.

Data in Table 9.25 show that thirty-four percent of women took drugs against malaria during pregnancy. Small variations are found by the woman's residence, except in the Western region (23 percent). The likelihood of a pregnant woman taking malaria tablets increases gradually with her education, from 29 percent for women with no education to 42 percent for women with some secondary education.

Table 9.25 also shows that pregnant women are more likely to obtain the malaria tablets during a visit to a health facility for other than antenatal care than during an antenatal care visit (47 percent compared to 38 percent). Women living in the Central and Northern regions, and women with secondary education are more likely than other women to obtain the malaria tablets during an antenatal care visit.

Table 9.25 Malaria prevention during pregnancy
Percentage of women who took malaria prophylaxis during the last pregnancy in the five years preceding the survey by source of malaria drugs, according to background characteristics, Uganda 2000-2001

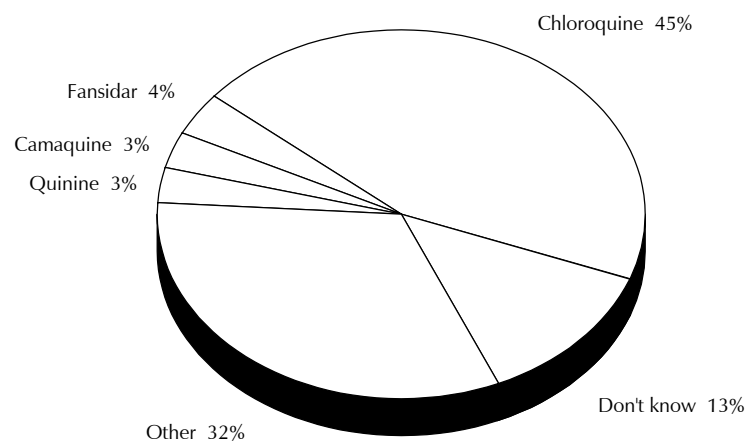
Background characteristic	Percent of women who received prophylaxis	Number of women	Source of drug			Total
			During antenatal visit	During another facility visit	From another source	
Residence						
Urban	37.8	560	44.3	46.7	9.0	100.0
Rural	33.2	3,930	37.3	46.4	16.3	100.0
Region						
Central	39.7	1,323	52.9	36.8	10.3	100.0
Eastern	39.2	1,273	29.1	46.9	24.0	100.0
Northern	30.4	775	48.0	42.1	9.9	100.0
Western	23.0	1,119	17.8	68.8	13.4	100.0
Mother's education						
No education	29.3	1,103	37.9	43.7	18.4	100.0
Primary	33.9	2,791	36.0	48.4	15.6	100.0
Secondary	41.9	594	48.3	41.9	9.8	100.0
Birth order						
1-2	35.2	1,429	41.2	44.0	14.8	100.0
3+	33.1	3,061	36.9	47.7	15.4	100.0
Total	33.8	4,489	38.3	46.6	15.1	100.0

Note: Includes one woman with missing information on education

9.9.4 TYPE OF ANTI-MALARIAL TREATMENT

Figure 9.3 shows the percent distribution of women who took malaria tablets during pregnancy by the type of drug. Almost half of pregnant women who took malaria prophylaxis took chloroquine (45 percent). Fansidar, Camaquine and quinine are taken by 3-4 percent of women. Unfortunately, many women are unable to report the type of drug they take (13 percent) or take drugs other than those which are specified in the survey questionnaire (32 percent).

Figure 9.3 Type of Malaria Tablets Taken During Pregnancy



UDHS 2000-2001

9.10 BIRTH REGISTRATION

Birth registration is one of the recognised rights of a child in Uganda today. Although registration has been compulsory since 1903, Uganda has never had a sound registration system for either statistical or legal purposes. The government of Uganda has started initiatives on a pilot basis to revive the civil registration system in the country. In the 2000-2001 UDHS, for each birth in the five years prior to the UDHS, women were asked whether the child was registered. If a child is registered in the local authority, a “short certificate” would normally be issued, while the Registrar General’s office issues a “long certificate.” Table 9.26 shows the distribution of births in the five years preceding the survey by whether the birth was registered and the type of certificate obtained.

Overall, coverage of birth registration in Uganda is poor, with only 4 percent of all births in the past five years reported by the mother to be registered at any of the authorities. However, among those registered, for most (81 percent) births, no document was seen by the interviewer. Among registered births, 13 percent were registered in the local authority and the mother was able to show a short certificate. Six percent of births were registered at the Registrar General’s office, and less than 1 percent were registered at a local authority as well as the Registrar General’s office.

Coverage of birth registration varies substantially by residence, region, and mother's education. Births in urban areas are three times more likely to be registered than births in rural areas. Mother's level of education is also important. Births to mothers with secondary or higher education are six times more likely to be registered than births to mothers with no education. Births in the Central and Northern regions are more likely to be registered than those in other regions.

Table 9.26 Birth registration

Percentage of births in the five years preceding the survey that were registered and, of those registered, percent distribution by the type of certificate, according to background characteristics, Uganda 2000-2001

Background characteristic	Percent registered	Certificate seen			Certificate not seen	Total	Number
		Short	Long	Both			
Age of mother							
<20	3.9	*	*	*	*	100.0	518
20-24	5.0	8.9	6.7	1.9	82.5	100.0	2,237
25-29	4.7	12.2	3.9	0.0	83.9	100.0	2,116
30-34	3.2	(17.1)	(8.6)	(0.7)	(73.5)	100.0	1,389
35-39	3.4	(17.6)	(0.0)	(0.0)	(82.4)	100.0	901
40-44	2.3	*	*	*	*	100.0	388
45-49	3.1	*	*	*	*	100.0	123
Residence							
Urban	11.0	14.1	10.6	1.5	73.8	100.0	821
Rural	3.4	12.8	3.6	0.5	83.1	100.0	6,850
Region							
Central	7.1	16.6	9.4	1.6	72.4	100.0	2,173
Eastern	1.9	(23.8)	(0.5)	(0.0)	(75.7)	100.0	2,305
Northern	6.6	2.0	1.3	0.0	96.7	100.0	1,316
Western	1.8	(12.4)	(5.4)	(0.0)	(82.2)	100.0	1,878
Education							
No education	2.0	(9.8)	(3.2)	(0.0)	(87.0)	100.0	1,890
Primary	3.6	11.3	1.8	0.2	86.7	100.0	4,922
Secondary+	12.2	17.7	12.9	2.0	67.4	100.0	858
Total	4.2	13.2	5.6	0.8	80.5	100.0	7,672

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

The findings presented in this chapter relate to infant feeding, including breastfeeding practices, complementary feeding, and the nutritional status of children less than five years of age and of women 15-49.

Appropriate feeding practices are of fundamental importance for the survival, growth, development, health, and nutrition of infants and young children. The mother's nutritional well-being before and during conception can permanently influence the health of the child at all developmental stages, her own ability to successfully parturate and breastfeed, and her general health. The health benefits of breastfeeding for both mother and child are undisputed, and they are influenced by both the duration and intensity of breastfeeding and by the age at which the child receives complementary foods and liquids.

10.1 BREASTFEEDING AND COMPLEMENTARY FEEDING

10.1.1 INITIATION OF BREASTFEEDING

Data presented in Table 10.1 confirm that breastfeeding in Uganda is universal, with 98 percent of children born in the five years preceding the survey having been breastfed at some time. This is true for all subgroups of children.

Mother and child benefit from early initiation of breastfeeding. From the child's perspective, colostrum (first breast milk) is important because it is rich in antibodies, which have the effect of protecting the child against infection and reducing the risk of dying. The mother is affected because breastfeeding lengthens the period of postpartum infertility, which lengthens the interval between births and results in the woman having fewer births and lower fertility. These effects are influenced by both the duration and intensity of breastfeeding.

Table 10.1 shows that about one-third of babies are put to the breast within one hour of birth, while 86 percent initiate breastfeeding in the first day of life. There is little variation in the initiation of breastfeeding across background characteristics.

The delay in starting breastfeeding immediately is an indication that some prelacteal feeding is begun during the period between birth and initiation of breastfeeding. The data show that four in ten children receive complementary feeding before breastfeeding. Prelacteal feeding is more likely in urban areas (51 percent) than in the rural areas (43 percent). More than half of the women in the Central Region (53 percent) give prelacteal feeds, whereas the proportion of those that do so in the other regions is less. Furthermore, 51 percent of women with secondary education report giving prelacteal feeds, compared with 41 percent among those with no education at all.

Table 10.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and among children ever breastfed the percentage who started breastfeeding within one hour and within one day of birth, and who received a prelacteal feed, by background characteristics, Uganda 2000-2001

Background characteristic	Percentage ever breastfed	Number	Percentage who started breastfeeding:		Percentage who received a prelacteal feed ²	Number ever breastfed
			Within 1 hour of birth	Within 1 day ¹ of birth		
Sex						
Male	98.2	3,814	30.6	86.0	45.0	3,746
Female	98.5	3,858	32.5	86.5	42.4	3,798
Residence						
Urban	98.3	821	32.3	88.6	51.2	807
Rural	98.3	6,850	31.5	86.0	42.8	6,737
Region						
Central	98.4	2,173	31.7	89.7	53.3	2,137
Eastern	98.9	2,305	28.5	88.1	48.6	2,278
Northern	98.2	1,316	33.0	84.3	38.1	1,292
Western	97.8	1,878	34.3	81.3	30.7	1,836
Mother's education						
No education	98.8	1,890	33.5	85.7	41.1	1,868
Primary	98.1	4,922	30.3	86.4	43.5	4,827
Secondary+	98.9	858	34.9	86.2	50.5	849
Assistance at delivery						
Health professional ³	98.3	2,929	35.7	89.3	45.8	2,880
Traditional birth attendant	98.2	1,357	28.6	85.9	41.7	1,333
Other	98.7	2,169	29.3	85.0	45.4	2,141
No one	98.1	1,126	29.9	82.9	39.3	1,105
Place of delivery						
Health facility	98.2	2,806	35.9	89.3	45.6	2,755
At home	98.5	4,471	29.4	84.4	42.7	4,403
Other	97.8	345	26.8	89.4	45.1	338
Total	98.3	7,672	31.6	86.2	43.7	7,544

Note: Total includes one woman with missing information on education, 85 missing data on delivery assistance, and 49 missing data on place of delivery

¹ Includes children who started breastfeeding within one hour of birth

² Children given something other than breast milk during the first three days of life before the mother started breastfeeding regularly

³ Doctor, nurse, midwife, medical assistant, clinical officer, or nursing aide

10.1.2 AGE PATTERN OF BREASTFEEDING

The United Nations Children's Fund (UNICEF, 2000) and the World Health Organisation (WHO, 2000) recommend that children be exclusively breastfed during the first six months of life. During this time, the child should receive no other liquid or food. It is further recommended that children be given solid (semisolid) complementary food beginning with the seventh month of life. The standard timely complementary feeding indicator is the percentage of children age 6-9 months who are breastfeeding and receiving complementary foods.

The timing of introduction of complementary foods in addition to breast milk has important health benefits for both the child and mother. Early introduction of foods that are low in energy and nutrients and prepared under unhygienic conditions can result in undernutrition, infection with foreign organisms, and lowered immunity to disease for the baby. It would also cause the mother

to breastfeed less, thus reducing suckling frequency and the quantity of milk produced. In turn, the introduction of foods may shorten the duration of the mother's postpartum amenorrhoea, which may result in earlier pregnancy.

Table 10.2 shows data on the breastfeeding status of young children from birth up to three years of age. Although two in three children younger than six months of age are exclusively breastfed, the proportion among children 6-9 months is only 9 percent. The percentage of children who no longer receive breast milk starts to rise from 11 percent at age 12-15 months to 50 percent at age 20-23. By age 30 months, nine in ten children have stopped receiving breast milk.

In Uganda, infant feeding supplementation starts late, which is consistent with WHO's recommendation. Only one in four children 2-3 months receive milk other than breast milk or complementary foods. This proportion increases to 83 percent at age 6-9 months.

Bottle-feeding can be unhygienic due to the greater likelihood of unhealthy organisms being introduced and is not recommended at any age. However, this practice is becoming more common. Data in Table 10.2 show that 4 percent of infants 2-3 months are given bottles with nipples. This figure increases with the child's age to 8 percent by the time the child is 6-7 months. Bottles with nipples are most commonly given to children 4-7 months.

Table 10.2 Breastfeeding status by child's age

Percent distribution of youngest children under three years living with the mother by breastfeeding status, and percentage of children under three years using a bottle with a nipple, according to age in months, Uganda 2000-2001

Child's age in months	Breastfeeding and consuming:							Total	Children under three years		
	Not breast-feeding	Exclusively breastfed	Plain water only	Water-based liquids, juice	Milk	Comple-mentary foods	Don't know/missing		Number of youngest children living with mother	Per-centage using a bottle with a nipple ¹	Number
<2	0.8	83.2	1.7	1.4	7.0	5.1	0.8	100.0	196	3.6	207
2-3	0.0	68.3	2.9	2.5	18.9	6.0	1.4	100.0	247	4.4	265
4-5	1.1	43.5	2.7	7.3	23.0	21.0	1.5	100.0	262	5.5	283
6-7	1.1	9.9	0.6	8.0	13.0	64.6	2.8	100.0	238	8.0	253
8-9	1.3	3.9	0.4	5.0	4.7	84.2	0.5	100.0	250	3.8	278
10-11	4.0	1.7	0.2	2.2	1.3	89.2	1.5	100.0	270	2.8	292
12-15	10.7	0.8	0.7	1.7	0.5	85.5	0.2	100.0	464	2.1	524
16-19	23.3	0.6	0.0	0.4	0.2	75.0	0.6	100.0	495	1.5	588
20-23	50.0	0.1	0.0	0.3	0.0	49.3	0.3	100.0	431	0.4	546
24-27	75.4	0.0	0.0	0.0	0.0	24.6	0.0	100.0	331	0.2	561
28-31	87.8	0.0	0.0	0.0	0.0	12.2	0.0	100.0	224	0.7	491
32-35	91.5	0.0	0.0	0.0	0.0	8.5	0.0	100.0	158	0.2	392
<6	0.6	63.2	2.5	3.9	17.1	11.3	1.3	100.0	705	4.6	755
6-9	1.2	6.8	0.5	6.5	8.7	74.6	1.6	100.0	488	5.8	531

¹ Questions in the 2000-2001 UDHS are not comparable to 1995 UDHS

Table 10.3 shows the differentials in duration and frequency of breastfeeding by background characteristics. The overall median duration of any breastfeeding is 21.6 months, the median duration of exclusive breastfeeding is 3.7 months, and the median duration of predominant breastfeeding¹ is 4.4 months.

Background characteristic	Median duration (months) of breastfeeding				Breastfeeding children under six months ¹			
	Any breast-feeding	Exclusive breast-feeding	Pre-dominant breast-feeding ²	All children	Percentage breastfed 6+ times in last 24 hours	Mean number of day feeds	Mean number of night feeds	Number
Sex of child								
Male	21.8	4.0	4.5	1,809	93.4	7.3	4.7	346
Female	21.5	3.4	4.3	1,758	94.5	7.4	4.7	355
Residence								
Urban	20.8	2.4	3.4	405	92.3	6.8	4.5	77
Rural	21.7	3.8	4.5	3,161	94.2	7.5	4.7	624
Region								
Central	20.8	4.4	5.2	999	93.9	7.7	4.9	207
Eastern	20.4	2.5	3.1	1,047	94.9	7.3	4.2	215
Northern	23.4	4.6	5.1	631	94.6	7.7	4.5	113
Western	22.2	4.4	5.0	891	92.4	6.9	5.1	166
Mother's education								
No education	23.1	3.9	4.7	880	95.0	7.7	4.8	145
Primary	21.3	3.7	4.5	2,248	94.6	7.4	4.7	471
Secondary+	20.3	3.2	3.7	438	88.5	6.5	4.2	85
Total	21.6	3.7	4.4	3,566	94.0	7.4	4.7	701
Mean for all children	22.6	4.7	5.5		na	na	na	na

Note: Median and mean durations are based on current status.
na = Not applicable
¹Excludes children who do not have a valid answer on the number of times breastfed
²Either exclusively breastfed or received breast milk and plain water, water-based liquids, and/or juice only (excludes other milk)

Whereas there are small differences in breastfeeding practices by the child's sex and urban-rural residence, there are variations by region. For example, the median duration of any breastfeeding is 23 months in the Northern Region, compared with 20 months in the Eastern Region. Breastfeeding durations are longer for mothers with no education than for educated women.

For mothers to enhance their supply of breast milk and to delay the return of menstruation, frequent breastfeeding must be practiced throughout the day and night. Data presented in Table 10.3 indicate that 94 percent of children under six months of age were breastfed six or more times in the 24 hours preceding the interview. Children are breastfed more frequently during the day than at night (seven and five times, respectively).

10.1.3 TYPES OF COMPLEMENTARY FOODS

¹ Includes breast milk only, breast milk and water, water-based liquids, and/or juice only (excludes other milk)

As mentioned above, the recommended age for introducing foods other than breast milk is 6-9 months. UDHS data show that three-quarters of breastfeeding children age 6-9 months receive solid foods (Table 10.4). Overall, 58 percent of these children receive cereal-type foods; 48 percent receive fruits and vegetables; 38 percent receive legumes; and 23 percent are given meat, poultry, fish, or eggs.

Data in Table 10.4 also show that 42 percent of all breastfeeding children under three received foods rich in vitamin A, which include pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, other locally grown fruits and vegetables, and meats. The level of vitamin A consumption may be slightly overestimated because the “meats” category in the questionnaire includes both “meat”, which is rich in vitamin A, and “poultry, fish, shellfish, or eggs,” which are not rich in vitamin A. It is not possible to separate meat from the other foods at the analysis stage.

Table 10.4 Foods consumed by children in the day or night preceding the interview

Percentage of youngest children under three years of age living with the mother who consumed specific foods in the day or night preceding the interview, by breastfeeding status and child's age, Uganda 2000-2001

Child's age in months	Infant formula	Other milk/cheese/yogurt	Other liquids ¹	Grains/bread/cereal/porridge	Fruit and vegetables	Tubers/roots/plantains	Beans/legumes/lentils	Meat/fish/poultry/eggs	Any solid food	Oils/fats/butter/margarine	Foods rich in vitamin A ²	Number
BREASTFEEDING CHILDREN												
<2	0.0	9.1	2.4	2.5	1.2	0.5	1.1	0.0	3.7	0.5	0.6	195
2-3	2.0	20.0	5.7	5.2	0.3	0.3	0.5	0.0	5.2	0.2	0.0	247
4-5	2.0	29.4	20.4	14.2	9.2	4.8	7.2	2.6	20.4	2.2	8.5	259
6-7	2.3	28.7	48.6	45.3	40.0	17.2	27.4	20.9	65.3	16.7	33.5	236
8-9	0.3	33.7	59.2	69.5	55.7	33.5	47.6	24.3	85.3	32.3	42.5	246
10-11	1.3	34.1	60.3	75.7	64.0	39.7	63.0	35.4	92.9	32.7	54.4	259
12-13	2.8	37.8	67.0	73.8	70.8	37.7	72.6	31.5	96.1	40.0	54.7	224
14-15	1.4	34.9	57.2	72.5	75.0	42.2	58.5	34.7	95.2	36.3	69.4	191
16-17	1.8	36.5	61.9	74.1	74.0	30.5	69.2	23.2	96.4	44.7	62.9	216
18-23	0.4	32.1	61.0	74.6	76.9	35.3	68.2	34.6	98.6	36.5	67.8	379
24-29	1.4	18.3	54.4	79.3	77.2	39.7	74.0	30.4	100.0	21.4	70.5	99
30-35	0.0	34.6	48.1	81.5	69.7	49.4	67.0	22.4	100.0	23.3	53.7	24
<6	1.5	20.4	10.2	7.8	3.8	2.0	3.2	1.0	12.5	1.0	3.3	701
6-9	1.3	31.3	54.0	57.7	48.1	25.6	37.7	22.6	75.5	24.6	38.1	482
Total	1.4	29.5	45.7	53.3	49.3	25.5	44.2	21.8	69.1	24.5	41.9	2,574
NONBREASTFEEDING CHILDREN												
12-13	(7.7)	(70.0)	(70.1)	(86.5)	(62.8)	(42.9)	(53.8)	(42.6)	(100.0)	(47.4)	(51.0)	26
14-15	(0.0)	(55.4)	(60.0)	(59.1)	(77.4)	(39.9)	(68.0)	(24.6)	(95.1)	(59.3)	(72.6)	24
16-17	9.0	56.7	75.1	68.6	80.0	36.6	64.3	37.4	95.9	40.3	66.9	53
18-23	3.2	40.1	69.4	73.8	82.2	38.3	64.4	37.3	97.3	48.3	66.4	278
24-29	1.4	38.0	69.1	70.7	74.9	37.9	74.0	34.5	97.1	49.4	67.4	361
30-35	1.2	35.2	72.7	76.7	80.6	38.3	70.2	35.7	98.6	36.1	70.9	230
Total	2.6	40.6	69.7	72.7	77.7	38.5	68.6	35.6	97.1	45.2	67.1	992

Note: Breastfeeding status and food consumed refer to a “24-hour” period (yesterday and last night). Figures in parentheses are based on 25-49 unweighted cases.

¹ Does not include plain water

10.1.4 FREQUENCY OF FOODS CONSUMED BY CHILDREN

Table 10.5 shows the number of times various foods were consumed in the 24 hours prior to the interview by the youngest children under three years old living with the mother. Breastfeeding children received other liquids,² cereal-type foods, and fruits and vegetables on average once in the 24-hour period. The frequency of foods consumed generally increases with the child's age.

Table 10.5 Frequency of foods received by children in the day or night preceding the interview

Mean number of times specific foods were consumed in the 24 hours preceding the interview by the youngest child under three years of age living with the mother, by breastfeeding status and age, Uganda 2000-2001

Child's age in months	Infant formula	Other milk/cheese/yogurt	Other liquids ¹	Grains/bread/cereal/porridge	Fruit and vegetables	Tubers/roots/plantains	Beans/legumes/lentils	Meat/fish/poultry/eggs	Oils/fats/butter/margarine	Foods rich in vitamin A ²	Number
BREASTFEEDING CHILDREN											
<2	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	195
2-3	0.1	0.6	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	247
4-5	0.1	0.8	0.4	0.3	0.2	0.1	0.1	0.0	0.0	0.1	259
6-7	0.1	0.9	1.0	0.8	0.7	0.3	0.4	0.3	0.2	0.5	236
8-9	0.0	1.0	1.3	1.2	1.2	0.5	0.7	0.3	0.5	0.7	246
10-11	0.0	0.9	1.3	1.4	1.5	0.5	1.0	0.5	0.5	1.1	259
12-13	0.1	1.0	1.9	1.3	1.6	0.5	1.1	0.4	0.6	1.1	224
14-15	0.0	1.1	1.3	1.3	1.9	0.5	0.9	0.4	0.6	1.5	191
16-17	0.0	1.0	1.6	1.4	1.7	0.5	1.1	0.3	0.7	1.3	216
18-23	0.0	0.8	1.3	1.3	1.9	0.5	1.0	0.5	0.5	1.4	379
24-29	0.1	0.5	1.3	1.5	1.8	0.6	1.2	0.4	0.4	1.5	99
30-35	(0.0)	(0.8)	(1.1)	(1.6)	(1.8)	(0.7)	(1.0)	(0.3)	(0.4)	(1.3)	24
<6	0.0	0.6	0.2	0.2	0.1	0.0	0.9	0.0	0.0	0.1	701
6-9	0.0	0.9	1.1	1.0	1.0	0.4	0.6	0.3	0.4	0.6	482
Total	0.0	0.8	1.0	1.0	1.1	0.4	0.7	0.3	0.4	0.8	2,574
NONBREASTFEEDING CHILDREN											
12-13	(0.2)	(2.1)	(1.4)	(1.3)	(1.3)	(0.7)	(0.8)	(0.5)	(0.8)	(1.0)	26
14-15	(0.0)	(2.0)	(1.9)	(1.0)	(1.8)	(0.7)	(1.1)	(0.3)	(0.9)	(1.1)	24
16-17	0.2	1.6	1.8	1.3	2.0	0.5	1.1	0.5	0.7	1.3	53
18-23	0.1	1.2	1.8	1.4	2.2	0.6	1.0	0.5	0.8	1.4	278
24-29	0.0	0.9	1.5	1.3	2.2	0.6	1.1	0.5	0.8	1.6	361
30-35	0.0	0.9	1.8	1.4	2.1	0.5	1.1	0.5	0.5	1.4	230
Total	0.1	1.1	1.7	1.3	2.1	0.6	1.1	0.5	0.7	1.4	992

Note: Breastfeeding status and food consumed refer to a "24-hour" period (yesterday and last night). Figures in parentheses are based on 25-49 unweighted cases.

¹ Includes sugar water, tea, coffee, soda, and soup broth

Whereas Table 10.5 refers to the 24-hour period preceding the survey, Table 10.6 shows the frequency of foods consumed in the seven days prior to the interview. Data in Table 10.5 show that overall, breastfeeding children received other liquids, grains, legumes, and foods rich in vitamin A about three times in the past week, less than once a day. As expected, older children are more likely to receive more varied food.

² Other liquids include sugar water, tea, coffee, soda, and soup broth.

As seen in Table 10.6, nonbreastfeeding children received a greater variety of foods than breastfeeding children. They were also more likely to have been given fruits and vegetables (nine times) and foods rich in vitamin A (six times). However, the differences between breastfeeding and nonbreastfeeding children are less significant when the same age groups are compared.

Table 10.6 Frequency of foods received by children in preceding seven days

Mean number of times specific foods were received in the seven days preceding the interview by the youngest child under three years of age living with the mother, by breastfeeding status and age, Uganda 2000-2001

Child's age in months	Infant formula	Other milk/cheese/yogurt	Other liquids ¹	Grains/bread/cereal/porridge	Fruit and vegetables	Tubers/roots/plantains	Beans/legumes/lentils	Meat/fish/poultry/eggs	Oils/fats/butter/margarine	Foods rich in vitamin A ²	Number
BREASTFEEDING CHILDREN											
<2	0.0	0.7	0.2	0.1	0.1	0.0	0.1	0.0	0.0	0.1	195
2-3	0.1	1.4	0.4	0.4	0.0	0.0	0.0	0.0	0.0	0.0	247
4-5	0.2	2.2	1.6	1.0	0.7	0.3	0.4	0.1	0.2	0.6	259
6-7	0.1	2.4	3.6	3.1	3.1	1.0	1.7	1.0	1.2	2.1	236
8-9	0.0	2.7	4.7	4.4	5.3	1.7	3.0	1.4	1.8	3.6	246
10-11	0.1	2.5	4.6	4.8	6.3	2.3	3.9	1.5	1.8	4.6	259
12-13	0.2	2.5	5.4	4.7	6.5	2.3	3.8	1.5	2.4	4.7	224
14-15	0.1	2.8	4.5	4.9	8.0	2.2	3.7	1.8	2.2	5.8	191
16-17	0.1	2.5	5.1	5.0	7.9	2.1	4.1	1.5	2.9	5.6	216
18-23	0.0	2.4	4.7	4.7	8.2	2.2	4.2	1.8	2.1	6.0	379
24-29	0.1	1.6	4.3	4.9	7.6	2.4	4.6	1.6	1.4	6.1	99
30-35	(0.0)	(2.7)	(3.7)	(4.5)	(6.8)	(2.8)	(4.3)	(1.7)	(1.8)	(5.1)	24
<4	0.1	1.1	0.3	0.3	0.1	0.0	0.1	0.0	0.0	0.0	442
4-5	0.2	2.2	1.6	1.0	0.7	0.3	0.4	0.1	0.2	0.6	259
6-9	0.1	2.6	4.1	3.8	4.2	1.4	2.4	1.2	1.5	2.9	482
Total	0.1	2.2	3.6	3.4	4.9	1.5	2.7	1.1	1.5	3.5	2,574
NONBREASTFEEDING CHILDREN											
12-13	(0.5)	(4.9)	(5.3)	(5.0)	(8.3)	(2.7)	(4.0)	(2.9)	(3.3)	(6.1)	26
14-15	(0.0)	(4.1)	(5.0)	(3.9)	(7.9)	(2.7)	(4.1)	(1.4)	(2.3)	(5.2)	24
16-17	0.4	3.9	5.9	4.3	8.9	2.3	4.0	1.9	2.6	6.0	53
18-23	0.2	3.3	6.0	5.0	9.1	2.3	4.0	2.0	2.8	6.0	278
24-29	0.1	2.8	5.5	4.6	8.9	2.3	4.5	1.8	2.7	6.5	361
30-35	0.0	2.7	6.0	5.2	9.1	2.4	4.4	1.9	2.2	6.5	230
Total	0.1	3.1	5.7	4.8	8.9	2.4	4.2	1.9	2.6	6.2	992

Note: Breastfeeding status and food consumed refer to a "24-hour" period (yesterday and last night). Figures in parentheses are based on 25-49 unweighted cases.

¹ Does not include plain water

² Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mangoes,

10.2 MICRONUTRIENTS

Micronutrient deficiencies are of concern in Uganda. Vitamin A is essential for normal vision and enhancement of immunity, while iodine is necessary for adequate mental development and prevention of goitre. Minerals can be obtained by consuming a varied diet and more specifically by including foods that are rich in these micronutrients in the diet.

10.2.1 MICRONUTRIENT STATUS OF YOUNG CHILDREN

Lack of a sufficient amount of iodine in the diet can lead to major nutritional deficiencies such as goitre, nutritional stunting, mental retardation, and cretinism. Many foods, particularly in

the mountainous and flood-prone districts, lack natural iodine such that the population has started showing the effects of iodine deficiency and an increased prevalence of goitre. The government therefore initiated a campaign in December 1994 to introduce iodine in salt in order to overcome this deficiency and set a goal of reaching 90 percent coverage by the year 2000.

To evaluate this programme, UDHS interviewers tested salt from each household for its iodine content.³ The test indicated that 95 percent of households for which the salt test was performed use adequately iodised salt (15 parts per million [ppm] or higher), while 4 percent have inadequately iodised salt (less than 15 ppm), and 2 percent use salt that is not iodised (see Table 10.7). The percentage of households that used iodised salt in 2000-2001 was higher than that recorded in 1995 (68 percent), although the figure for 1995 is underestimated since it refers to iodine levels of 25 parts per million or higher. Urban households are slightly more likely than rural households to use salt with adequate iodine content. Among the regions, although 96 to 98 percent of households in other regions have adequate iodine in salt, only 86 percent of households in the Western Region meet this requirement.

Table 10.7 Iodisation of household salt

Percent distribution of households with salt tested for iodine content by level of iodine in salt (parts per million), percentage of households tested, and percentage of households not tested (no salt), according to background characteristics, Uganda 2000-2001

Background characteristic	Iodine content among households tested			Total	Percentage of households tested	Percentage of households not tested (no salt)	Number of households
	None (0 ppm)	Inadequate (<15 ppm)	Adequate (15+ ppm)				
Residence							
Urban	0.1	1.1	98.8	100.0	91.6	8.4	1,174
Rural	1.7	4.3	94.1	100.0	89.0	11.0	6,711
Region							
Central	0.1	2.8	97.1	100.0	92.3	7.7	2,603
Eastern	0.0	1.1	98.9	100.0	92.7	7.3	2,106
Northern	0.1	4.1	95.8	100.0	90.7	9.3	1,191
Western	6.2	8.2	85.6	100.0	81.1	19.1	1,985
Total	1.5	3.8	94.8	100.0	89.4	10.6	7,885

The consumption of foods rich in micronutrients and supplements in the seven days preceding the survey by children under three years is shown in Table 10.8. Overall, 58 percent of these children received foods rich in vitamin A. Consumption of foods rich in vitamin A varies little across subgroups of children except by the child's age, breastfeeding status, and region of residence. As expected, younger and breastfeeding children are less likely than older children to receive foods rich in vitamin A (3 percent for children under six months compared with 56 percent for children 6-11 months). Children in the Western Region are the least likely to receive foods rich in vitamin A, while children in the Eastern Region are the most likely to consume these foods (67 percent).

³ The test involved putting a small amount of salt on a piece of paper, putting a drop of a special solution on the salt, and recording the intensity of the blue colour that appeared. The test kits were supplied by UNICEF/Uganda.

Thirty-five percent of children under age five received vitamin A supplements in the six months preceding the survey. This proportion varies little across subgroups of children. However, vitamin A supplementation increases with mother's education. Children whose mother has secondary education are more likely to receive vitamin A supplements than other children (46 percent compared with 29 percent of children whose mother has no education).

Table 10.8 Micronutrient intake among children

Percentage of youngest living children under age three living with the mother who consumed foods rich in vitamin A in the seven days preceding the survey, percentage of children 6-59 months who received vitamin A supplements in the six months preceding the survey, and percentage of children under five living in households using adequately iodised salt, by background characteristics, Uganda 2000

Background characteristic	Consumed foods rich in vitamin A ¹		Received vitamin A supplements		Lives in household using adequately iodised salt ²	
	Percent	Number	Percent	Number	Percent	Number
Child's age in months						
<6	3.3	705	na	0	94.0	665
6-9	47.9	488	22.3	497	96.6	462
10-11	70.7	270	38.4	272	95.4	243
12-23	75.7	1,390	41.0	1,504	95.7	1,390
24-35	77.1	713	42.1	1,256	93.8	1,156
36-47	na	0	36.7	1,334	95.1	1,234
48-59	na	0	35.9	1,232	96.8	1,130
Sex						
Male	56.9	1,809	37.5	3,018	95.4	3,110
Female	58.0	1,758	37.7	3,078	95.2	3,169
Birth order						
1	51.3	572	37.5	1,064	95.8	1,115
2-3	59.4	1,127	39.9	2,025	96.2	2,065
4-5	56.3	856	37.1	1,387	94.8	1,445
6+	59.8	1,011	35.2	1,620	94.3	1,654
Breastfeeding status						
Breastfeeding	50.0	2,574	36.5	1,892	95.2	2,395
Not breastfeeding	76.8	986	38.2	4,162	95.3	3,842
Missing	71.7	6	23.5	42	100.0	42
Residence						
Urban	57.6	405	42.9	687	99.0	730
Rural	57.5	3,161	36.9	5,409	94.8	5,549
Region						
Central	58.5	999	34.1	1,746	97.9	1,883
Eastern	67.0	1,047	37.4	1,854	98.3	1,974
Northern	52.8	631	43.5	1,017	95.7	1,025
Western	48.4	891	38.0	1,479	87.3	1,397
Mother's education						
No education	56.5	880	31.1	1,501	94.1	1,507
Primary	57.2	2,248	38.2	3,876	95.1	4,012
Secondary+	61.0	438	48.0	717	98.5	760
Mother's age at birth						
<20	56.7	608	37.3	1,215	95.8	1,239
20-24	58.4	1,078	39.5	1,889	95.7	1,948
25-29	56.6	884	37.4	1,423	95.7	1,472
30-34	57.6	519	36.2	860	93.6	894
35-49	57.8	478	35.0	709	94.6	726
Total	57.5	3,566	37.6	6,096	95.3	6,279

Note: Total includes one woman with missing information on education

na = Not applicable

¹ Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A

² Salt containing 15 ppm of iodine or more. Excludes children in households in which salt was not tested

Table 10.9 shows the micronutrient intake of mothers. Only 11 percent of mothers in Uganda receive vitamin A supplementation postpartum. There are variations in this percentage across subgroups of the population. It is higher for lower parity women, urban mothers, and those living in the Central and Eastern regions and is lowest (4 percent) in the Western Region.

Table 10.9 Micronutrient intake among mothers

Percentage of women who gave birth in the five years preceding the survey who received a vitamin A dose in the first two months after delivery, percentage who suffered from night blindness during pregnancy, percentage who live in households using adequately iodised salt, and percent distribution who took iron tablets or syrup for specific numbers of days, by background characteristics, Uganda 2000-2001

Background characteristic	Received vitamin A postpartum ¹	Night blindness reported	Night blindness adjusted ²	Living in households using adequately iodised salt ³	Number of days woman took iron during pregnancy				Don't know/missing	Total	Number
					None	<60	60-89	90+			
Mother's age at birth											
<20	12.0	9.0	1.3	95.7	42.0	49.9	1.8	2.1	4.2	100.0	746
20-24	12.8	5.8	0.8	95.8	46.4	47.0	0.7	2.1	3.8	100.0	1,311
25-29	10.9	7.4	0.9	95.7	51.8	42.8	0.9	1.2	3.3	100.0	1,089
30-34	9.4	12.2	1.5	93.7	48.3	44.5	1.8	1.3	4.1	100.0	659
35-49	10.4	10.4	0.9	94.5	52.5	39.3	0.9	1.5	5.8	100.0	685
Number of children ever born											
1	14.8	6.9	1.1	95.6	39.5	53.3	1.8	2.5	3.0	100.0	717
2-3	12.3	6.4	0.8	95.9	47.0	46.2	1.3	1.7	3.7	100.0	1,380
4-5	9.8	8.3	1.2	96.2	51.5	42.7	0.6	1.5	3.6	100.0	1,057
6+	9.7	11.0	1.1	93.8	51.4	40.8	1.1	1.3	5.4	100/0	1,335
Residence											
Urban	22.7	3.0	0.6	99.0	35.6	54.3	2.4	3.1	4.6	100.0	560
Rural	9.7	9.1	1.1	94.9	50.0	43.6	1.0	1.5	4.0	100.0	3,930
Region											
Central	14.9	4.1	1.0	97.8	35.2	54.3	2.4	3.7	4.6	100.0	1,323
Eastern	14.9	9.4	0.7	98.4	46.4	48.5	0.4	1.1	3.6	100.0	1,273
Northern	9.7	15.4	1.5	95.9	43.7	49.5	1.6	1.3	3.9	100.0	775
Western	4.2	7.3	1.2	87.4	68.7	26.7	0.2	0.2	4.2	100.0	1,119
Education											
No education	6.7	11.7	1.1	93.8	58.3	36.9	0.5	0.6	3.7	100.0	1,103
Primary	10.0	7.7	1.0	95.3	47.2	46.0	1.0	1.4	4.3	100.0	2,791
Secondary +	26.0	5.1	1.2	98.6	33.7	54.7	3.0	4.7	3.9	100.0	594
Total	11.3	8.3	1.0	95.3	48.2	44.9	1.1	1.7	4.1	100.0	4,489

Note: For women with two or more live births in the five-year period, data refer to the most recent birth. Total includes one woman with missing information on education

¹ In the first two months after delivery

² Women who reported night blindness but did not report difficulty with vision during the day

³ Salt containing 15 ppm of iodine or more. Excludes women in households in which salt was not tested

Night blindness is an indicator of severe vitamin A deficiency, to which pregnant women are especially prone. In the UDHS, women who had a birth in the five years preceding the survey were asked whether they suffered from night blindness during pregnancy. In general, 7 percent of mothers reported having this problem. Women in their twenties are the least likely to report this problem. Women in rural areas are much more likely than urban women to report night blindness during pregnancy. Whereas 15 percent of women in the Northern Region reported this problem, the corresponding percentage in the Central Region is only 4 percent.

Half of women who had a birth in the five years preceding the survey took iron supplements during their most recent pregnancy. Most of these women took iron tablets or syrup for less than 60 days. The likelihood of pregnant women taking iron supplements during pregnancy decreases with age and number of children, and increases with level of education. Women in urban areas and in the Central region are more likely than other women to take iron supplements during pregnancy.

10.3 NUTRITIONAL STATUS OF CHILDREN

The nutritional status of children is an outcome of many interrelated factors, including environment, economics, politics, education, culture, and food security. Among these factors, the ones that have the most immediate and direct effect on nutritional status are feeding practices and infections. The nutritional status of children can thus be used as an indicator of the socioeconomic development of a community.

10.3.1 MEASURES OF NUTRITIONAL STATUS

In the 2000-2001 UDHS, the nutritional status of children is analysed and evaluated in comparison with the commonly used U.S. National Center for Health Statistics (NCHS) standard, which is recommended by the World Health Organisation. The use of this reference population is based on the finding that well-nourished young children of all population groups follow similar growth patterns. Although there are variations in height and weight, their distribution by the child's age approximate a normal distribution when the population under study is large.

In the 2000-2001 UDHS, all women 15-49 and children born since January 1995 were weighed using a digital scale with a precision of 100 grams. Their height was measured using a board manufactured by Shorr Productions. Children 24 months and older were measured standing, and children under age 24 months were measured lying down (recumbent length). Height and weight data, as well as information on the child's age in months, were used to construct the three standard indices of physical growth that describe the nutritional status of children: height-for-age, weight-for-height, and weight-for-age. Each of these indices provides somewhat different information about the nutritional status of a population of children.

Height-for-age is a measure of linear growth. Children who are more than two standard deviations below (-2 SD) the median of the NCHS reference population are considered short for their age or "stunted", and those who are below three standard deviations (-3 SD) from the median of the reference population are considered severely stunted. Stunting is a condition that reflects failure to receive adequate food intake over a long period and is also affected by repeated episodes of illness. Height-for-age thus represents a measure of the long-term effects of undernutrition in a population and does not vary appreciably according to recent diet. Hence, it is not affected by the season in which data collection took place.

The weight-for-height index describes current nutritional status. Children who are below -2 SD from the median of the reference population are considered “wasted” or too thin for their height, and children whose weight-for-height is below -3 SD of the reference median are considered severely wasted. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of recent episodes of illness. Severe wasting is closely linked to mortality risk and may reflect acute shortage of food.

Weight-for-age is an index that combines the information of both weight-for-height and height-for-age. Children whose weight-for-age is below -2 SD from the median of the reference population are classified as “underweight”, and those below -3 SD are classified as severely underweight. However, a child can be underweight for his age because he is stunted, wasted, or both.

In a population in which children are healthy and well nourished, approximately 2 percent of children are expected to fall below -2 SD for each of the three indices.

10.3.2 LEVELS OF CHILDHOOD MALNUTRITION

Table 10.10 and Figure 10.1 show the percentage of children under five years classified as malnourished according to height-for-age, weight-for-height, and weight-for-age by selected demographic characteristics. The proportion of all children who are stunted is 39 percent, and 15 percent are severely stunted. The prevalence of stunting is low among children under six months and increases with age. The highest prevalence (51 percent) is among children age 16-23 months. Male children are slightly more likely to be stunted than female children (40 percent compared with 36 percent). However, birth order shows little variation. Stunting is more prevalent among children in the rural areas, and in the Western Region, and children of mothers who have had no education. Children who were born less than 24 months after the previous sibling are more likely to be stunted than those with a longer birth interval (43 percent compared with 38 percent or lower).

The presence of the mother in the same household as the child makes a slight difference in the child’s nutritional status. Among children of non-interviewed mothers, 41 percent of those who live in the same household with their mother are stunted, compared with 44 percent of those who do not live in the same household with their mother. This compares with 39 percent among children of interviewed mothers.

Wasting affects 4 percent of children, with less than 1 percent severely wasted. The prevalence of wasting does not vary much across subgroups of children. However, wasting is much more prevalent among children 10-11 months (11 percent), corresponding with the period when complementary foods are introduced.

Underweight, which reflects either stunting, wasting, or a combination of the two, affects 23 percent of children under five. The data also reflect the trend described in the 1995 UDHS, where the prevalence of underweight rises rapidly from 3 percent among children age six months to 38 percent at 10-11 months, then decreases as the children grow older. Male children, children born less than 24 months after a previous birth, children living in the rural areas, and children of uneducated women are more likely to be underweight. The prevalence of underweight increases with birth order: 19 percent among first births, increasing gradually to reach 26 percent for sixth or higher order children. Children in the Northern and Western regions are more likely to be underweight than children in the Central and Eastern regions.

Table 10.10 Nutritional status of children

Percentage of children under five years with interviewed mothers classified as malnourished according to three anthropometric indices of nutritional status (height-for-age, weight-for-height, and weight-for-age) by selected demographic characteristics, and percentage of children with noninterviewed mothers and all children classified as malnourished, Uganda 2000-2001

Background characteristic	Height-for-age (stunting)			Weight-for-height (wasting)			Weight-for-age (underweight)			Number
	Per-centage below -3 SD	Per-centage below -2 SD ¹	Mean Z-score (SD)	Per-centage below -3 SD	Per-centage below -2 SD ¹	Mean Z-score (SD)	Per-centage below -3 SD	Per-centage below -2 SD ¹	Mean Z-score (SD)	
Age in months										
<6	2.1	7.9	-0.5	0.5	2.5	0.5	0.6	2.8	0.0	538
6-9	4.4	22.9	-1.1	0.6	5.2	-0.2	4.2	22.0	-1.1	436
10-11	10.4	33.9	-1.4	1.7	10.7	-0.5	8.3	38.1	-1.5	240
12-15	14.6	35.9	-1.6	1.3	6.8	-0.5	6.6	33.2	-1.5	419
16-23	21.0	51.1	-2.0	0.5	7.4	-0.5	8.0	31.6	-1.5	909
24-35	17.1	41.6	-1.7	0.6	2.9	-0.2	6.2	24.7	-1.2	1,043
36-47	15.7	44.0	-1.8	0.1	1.7	-0.0	3.9	18.2	-1.1	1,078
48-59	18.5	44.2	-1.8	0.8	2.2	-0.0	2.8	19.3	-1.1	941
Sex										
Male	15.8	40.4	-1.6	0.6	5.0	-0.2	5.5	23.7	-1.2	2,783
Female	13.8	36.9	-1.6	0.6	3.1	-0.1	4.3	21.4	-1.1	2,821
Birth order										
1	14.5	38.0	-1.6	0.6	3.2	-0.0	3.7	18.7	-1.0	890
2-3	13.7	38.2	-1.6	0.6	3.4	-0.2	4.0	21.6	-1.1	1,832
4-5	16.1	39.6	-1.6	0.7	4.0	-0.1	4.4	22.9	-1.1	1,327
6+	15.2	38.6	-1.6	0.6	5.3	-0.2	7.0	25.5	-1.2	1,554
Birth interval in months										
First birth ²	14.5	38.0	-1.6	0.6	3.2	-0.0	3.7	18.6	-1.1	895
<24 months	17.9	42.6	-1.8	0.7	3.6	-0.1	6.0	25.3	-1.2	1,225
24-47 months	14.5	38.4	-1.6	0.6	4.3	-0.2	4.9	23.3	-1.2	2,867
48+ months	10.5	32.3	-1.4	0.7	4.9	-0.1	4.4	19.2	-1.0	616
Residence										
Urban	7.1	26.5	-1.1	0.5	2.9	-0.0	1.8	12.4	-0.7	536
Rural	15.6	39.9	-1.7	0.6	4.2	-0.2	5.2	23.6	-1.2	5,068
Region										
Central	12.6	34.6	-1.5	0.4	3.6	-0.1	4.4	19.9	-1.0	1,485
Eastern	12.0	35.4	-1.5	0.5	4.3	-0.3	4.1	22.5	-1.1	1,724
Northern	14.6	36.9	-1.6	0.6	3.8	-0.3	6.5	25.0	-1.2	969
Western	20.7	47.8	-1.9	0.9	4.3	0.0	5.2	23.7	-1.2	1,426
Mother's education										
No education	18.5	45.5	-1.8	0.7	5.1	-0.2	7.7	28.6	-1.3	1,370
Primary	14.3	37.7	-1.6	0.7	3.9	-0.1	4.3	21.5	-1.1	3,608
Secondary+	9.7	28.9	-1.2	0.0	2.8	-0.1	2.3	15.2	-0.8	626
Children of interviewed mothers	14.8	38.6	-1.6	0.6	4.0	-0.1	4.9	22.5	-1.1	5,604
Children of non-interviewed mothers										
Mother living in household	15.4	40.9	-1.6	0.8	4.2	-0.4	7.0	24.6	-1.3	238
Mother not living in household ³	20.5	43.6	-1.7	2.0	4.0	-0.2	6.1	25.0	-1.2	361
Total	15.3	39.1	-1.6	0.7	4.1	-0.2	5.1	22.8	-1.1	6,145

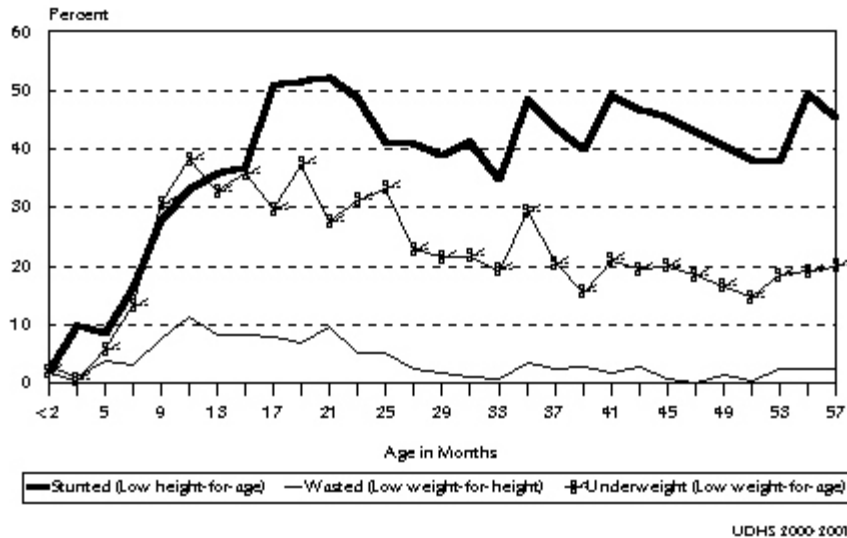
Note: Table is based on children whose mothers were interviewed (except for last three rows). Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO International Reference Population. The percentage of children who are more than three or more than two standard deviations below the median of the International Reference Population (-3 SD and -2 SD) are shown according to background characteristics. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight.

¹ Includes children who are below -3 standard deviations (SD) from the median of the International Reference Population

² First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval

³ Includes children whose mother is deceased.

Figure 10.1 Percentage of Children Under Five with Low Height-for-Age, Low Weight-for-Height, and Low Weight-for-Age, by Age of Child



10.3.3 NUTRITIONAL STATUS OF WOMEN

A woman’s nutritional status has important implications for her health status as well as that of her children. A woman who has poor nutritional status has a greater risk of having complications during pregnancy and childbirth as well as of giving birth to underweight babies. The height of a woman is also a risk factor for delivery complications, since small stature is often associated with small pelvis size. Women’s height and weight measurements are used to derive the body mass index (BMI), which is used to assess thinness or obesity.

Table 10.11 shows that the mean height of all women measured in the survey is 158 centimetres, which is similar to that obtained in the 1995 UDHS.⁴ A woman is considered short in stature if she is less than 145 centimetres tall. In the 2000-2001 UDHS, 2 percent of women fall into this category. This percentage does not vary much by urban-rural residence; however, there are differentials according to the woman’s age, region of residence, education, and wealth status. Women in the youngest and oldest age groups are more likely than other women to be short. Short stature is negatively related to the woman’s education. Whereas 3 percent of women with no education are considered short, the corresponding proportion of women with some secondary education is only 1 percent. Women in the Western Region are more likely than women in other regions to be shorter than 145 centimetres. Wealth status may have some effect on a woman’s height: women in the two highest quintiles are the least likely to be shorter than 145 centimetres.

⁴ In 1995, only women who had given birth in the four years before the survey were measured, whereas in 2000-2001, all women 15-49 were eligible for measurements.

BMI is derived by dividing the weight in kilograms by the square of the height in metres (kg/m^2). A cutoff point of 18.5 has been recommended for defining chronic undernutrition, while a level above 25 is considered overweight. Data in Table 10.10 show that the mean BMI of the women is 21.9, which falls in the normal category.

Table 10.11 Nutritional status of women

Among women age 15-49, mean height and percentage under 145 cm, mean body mass index (BMI), percentage of women whose BMI (kg/m^2) is below 18.5 and above 25.0, by background characteristics, Uganda 2000-2001

Background characteristic	Height			Body mass index (BMI)			
	Mean height in cm	Percentage below 145 cm	Number	Mean BMI	Percentage <18.5	Percentage \geq 25.0	Number ¹
Age							
15-19	156.3	3.8	1,444	21.4	12.9	9.7	1,274
20-24	157.8	1.8	1,392	21.9	7.0	12.1	1,053
25-29	158.4	2.3	1,245	22.0	8.0	13.6	980
30-34	159.3	0.7	921	22.2	10.7	17.5	756
35-39	158.9	0.7	746	22.0	13.3	16.0	652
40-44	159.3	1.6	531	22.3	10.5	15.8	502
45-49	158.4	4.9	388	22.2	11.4	18.2	383
Residence							
Urban	158.0	2.0	1,021	23.6	4.7	30.2	914
Rural	158.1	2.2	5,647	21.6	11.5	10.6	4,687
Region							
Central	156.7	2.3	2,029	22.8	5.8	21.5	1,768
Eastern	159.3	1.5	1,833	21.2	13.9	9.0	1,480
Northern	160.7	0.5	1,102	20.7	17.7	5.1	936
Western	156.7	4.0	1,704	22.3	7.5	14.8	1,416
Education							
No education	158.3	2.9	1,489	21.4	12.4	8.8	1,247
Primary	157.7	2.3	3,996	21.7	11.1	12.0	3,298
Secondary+	159.0	0.9	1,182	23.2	5.7	25.0	1,055
Wealth index quintile							
Lowest	157.9	2.3	1,304	21.0	15.4	7.4	1,068
Lower middle	158.5	2.9	1,301	21.1	14.6	6.4	1,050
Middle	157.6	2.9	1,274	21.5	9.2	7.9	1,060
Upper middle	158.0	1.4	1,302	22.1	9.1	14.7	1,109
Highest	158.3	1.6	1,488	23.5	4.9	28.8	1,314
Total	158.1	2.2	6,668	21.9	10.4	13.8	5,601

¹Includes one woman with missing information on education.

Ten percent of women have a BMI below the 18.5 cutoff, which means they can be regarded as having a chronic nutritional deficit. This is the same as the level obtained in 1995. Fourteen percent of women in Uganda are overweight.

BMI varies across subgroups of women. Women in the rural areas, in the Eastern and Northern regions, less educated women, and women in the two lowest wealth index quintiles are more likely to have a BMI below 18.5. On the other hand, urban women and women in the Central and Western regions are more likely than other women to be overweight. Better educated women and women in higher quintiles are also more likely to be overweight.

10.4 PREVALENCE OF ANAEMIA

The level of haemoglobin concentration in the blood is used as an indicator to estimate the prevalence of anaemia in a population. Anaemia prevalence is used as an indicator of iron deficiency, which is a function of the bioavailability of iron in the average diet. Requirements for iron determine which members of the population are affected. In this regard, infants and young children are at special risk because of increased need related to growth. The effects of iron deficiency and anaemia in young children manifest later as impaired cognitive development that leads to reduced mental capacity and lower school retention, attendance, and enrolment. Women's need for iron is higher than that of men because of the increased need during menstruation, pregnancy, and lactation. Iron deficiency often contributes to reproductive wastage and death.

In the 2000-2001 UDHS, haemoglobin levels of women age 15-49, men 15-54, and children 6-59 months were measured using the HemoCue method. Retractable disposable cuvettes were used to puncture the fingertip or heel in order to draw and hold blood. The cuvette was inserted in the HemoCue machine, which consists of a battery-operated photometer. The haemoglobin level in the blood was analysed, and the result was displayed in a digital register. Levels of anaemia can be classified as severe, moderate, and mild based on the haemoglobin concentration in the blood and according to criteria developed by the World Health Organisation. Severe anaemia is diagnosed when the haemoglobin concentration is less than 7.0 grams per decilitre (g/dl), moderate anaemia is when the haemoglobin concentration is 7.0-9.9 g/dl, and mild anaemia is when the haemoglobin concentration is 10.0-11.9 g/dl (10.0-10.9 for pregnant women).

10.4.1 PREVALENCE OF ANAEMIA IN CHILDREN

Table 10.12 shows data on the prevalence of anaemia in children under five years of age. In Uganda, anaemia affects 64 percent of children; only 36 percent of children are nonanaemic. Twenty-one percent of children have mild anaemia, 37 percent have moderate anaemia, and 7 percent of children are severely anaemic. Both severe and moderate anaemia are most prevalent among children age 6-15 months. In general, rural children are more likely to be anaemic than urban children (67 percent compared with 51 percent). Anaemia is most prevalent in the Northern Region, where 72 percent of children are anaemic. Anaemia has a negative relationship with wealth status: children in the lowest quintile are the most likely to be anaemic, while children in the highest quintile have the lowest level of anaemia.

10.4.2 PREVALENCE OF ANAEMIA IN WOMEN

Data about the prevalence of anaemia among women is presented in Table 10.13. Overall, 30 percent of women in Uganda are anaemic; 22 percent have mild anaemia, 8 percent have moderate anaemia, and less than 1 percent are severely anaemic. Younger women, women who have not given birth, urban women, and better educated women are less likely to be anaemic than other women. As expected, women who are not pregnant and not breastfeeding are less likely to be anaemic than women who are either pregnant or breastfeeding.

Table 10.12 Prevalence of anaemia in children

Percent distribution of children age 6-59 months of interviewed mothers by anaemia status, according to background characteristics and percent distribution of children of noninterviewed mothers by anaemia status, Uganda 2000-2001

Background characteristic	Percentage of children with anaemia			Percentage of children who are not anaemic (11.0+ g/dl)	Total	Number
	Severe (below 7.0 g/dl)	Moderate (7.0-9.9 g/dl)	Mild (10.0-10.9 g/dl)			
Age in months						
6-9	16.8	50.5	14.9	17.8	100.0	442
10-11	15.1	52.1	16.5	16.3	100.0	248
12-15	13.4	54.5	12.2	19.9	100.0	426
16-19	8.3	48.8	20.5	22.4	100.0	473
20-23	9.7	45.0	18.6	26.6	100.0	449
24-35	4.6	36.1	22.8	36.4	100.0	1,048
36-47	3.2	29.7	23.2	43.9	100.0	1,079
48-59	1.4	23.9	22.2	52.4	100.0	937
Sex of child						
Male	7.0	39.5	20.1	33.5	100.0	2,539
Female	6.7	36.6	20.6	36.1	100.0	2,561
Birth order						
1	6.4	33.7	20.8	39.2	100.0	791
2-3	6.9	36.5	19.9	36.7	100.0	1,656
4-5	7.1	41.7	20.4	30.9	100.0	1,212
6+	6.7	39.1	20.6	33.6	100.0	1,441
Birth interval						
First birth ¹	6.5	33.7	20.6	39.1	100.0	795
<24 months	6.5	39.6	19.7	34.1	100.0	1,111
24-47 months	7.2	39.7	20.4	32.7	100.0	2,623
48+ months	6.3	33.2	20.8	39.6	100.0	571
Residence						
Urban	2.2	29.2	19.8	48.8	100.0	468
Rural	7.3	38.9	20.4	33.4	100.0	4,632
Region						
Central	5.8	38.4	19.4	36.4	100.0	1,312
Eastern	7.0	40.0	22.9	30.2	100.0	1,594
Northern	6.5	43.6	22.2	27.7	100.0	884
Western	7.9	31.6	16.9	43.6	100.0	1,311
Mother's education						
No education	7.6	40.4	19.4	32.5	100.0	1,295
Primary	7.0	38.3	20.9	33.9	100.0	3,247
Secondary+	4.3	30.9	19.3	45.6	100.0	558
Wealth index quintile						
Lowest	7.8	39.3	22.2	30.7	100.0	2,450
Lower middle	9.5	39.9	19.6	31.0	100.0	2,468
Middle	6.7	38.1	19.3	35.9	100.0	2,303
Upper middle	5.2	37.4	20.4	37.1	100.0	2,137
Highest	2.3	30.4	20.8	46.5	100.0	1,575
Children of interviewed mothers	6.8	38.0	20.3	34.8	100.0	5,100
Children of non-interviewed mothers						
Mothers living in household	5.3	34.1	21.5	39.0	100.0	241
Mothers not living in household ²	3.3	29.4	21.3	46.0	100.0	534
Total	6.5	37.1	20.5	35.9	100.0	5,833

Note: Table is based on children with interviewed mothers (except bottom 3 rows)

¹ First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

² Includes children whose mother is deceased

Table 10.13 Prevalence of anaemia in women

Percent distribution of women age 15-49 years by anaemia status, according to background characteristics, Uganda 2000-2001

Background characteristic	Percentage of women with anaemia			Percentage of women who are not anaemic (11.0+ g/dl)	Total	Number
	Severe (below 7.0 g/dl)	Moderate (7.0-9.9 g/dl)	Mild (10.0-10.9 g/dl)			
Age						
15-19	0.6	6.3	17.6	75.5	100.0	1,418
20-24	0.6	6.7	24.3	68.3	100.0	1,355
25-29	0.8	8.0	22.2	69.1	100.0	1,232
30-34	0.6	8.1	22.9	68.4	100.0	897
35-39	1.1	8.7	21.3	68.9	100.0	739
40-44	0.2	9.5	22.3	67.9	100.0	522
45-49	1.8	6.7	30.4	61.0	100.0	384
No. of children ever born						
No births	0.7	6.1	15.8	77.4	100.0	1,388
1	0.1	8.7	25.4	65.8	100.0	789
2-3	0.6	7.3	22.7	69.4	100.0	1,494
4-5	0.9	6.8	24.2	68.1	100.0	1,205
6+	1.0	8.8	23.9	66.4	100.0	1,673
Maternity status						
Pregnant ¹	2.0	17.1	22.1	58.8	100.0	860
Breastfeeding	0.4	6.2	25.6	67.9	100.0	2,361
Neither	0.6	5.9	19.7	73.7	100.0	3,327
Residence						
Urban	0.4	5.4	15.4	78.8	100.0	967
Rural	0.8	7.9	23.3	68.1	100.0	5,581
Region						
Central	0.6	6.3	20.6	72.5	100.0	1,942
Eastern	1.3	9.7	25.2	63.8	100.0	1,822
Northern	0.2	4.6	24.7	70.5	100.0	1,092
Western	0.7	8.3	18.9	72.1	100.0	1,692
Education						
No education	1.0	9.6	25.1	64.3	100.0	1,460
Primary	0.7	7.3	22.5	69.6	100.0	3,936
Secondary+	0.6	5.6	17.1	76.6	100.0	1,151
Total	0.7	7.5	22.1	69.6	100.0	6,548

Note: Table is based on women who stayed in the household the night before the interview. Total includes one woman with missing information on education

¹ A pregnant woman is anaemic if her haemoglobin level is less than 10 g/dl.

10.4.3 PREVALENCE OF ANAEMIA IN MEN

Data about the prevalence of anaemia among men are presented in Table 10.14. The criterion used to classify the prevalence of anaemia in men is different from that in women and children. A man is considered to be anaemic if the haemoglobin level in his blood is less than 13 grams per decilitre (WHO, 1997). In general, men are much less likely to suffer from anaemia than women or children. The overall level of anaemia among men is 18 percent. This level varies according to the man's age; it is highest among those in the youngest age group (28 percent) and in the oldest age group (31 percent). Urban men and better educated men are less likely to be anaemic than other men. Whereas 24 percent of men with no education are anaemic, the corresponding percentage among those with secondary education is 14 percent. Variations across regions are slight; anaemia prevalence among men ranges between 17 (Northern) and 19 percent (Western and Central).

Table 10.14 Prevalence of anaemia in men

Percent distribution of men age 15-54 years by anaemia status, according to background characteristics, Uganda 2000-2001

Background characteristic	Percentage of men with anaemia			Percentage of men who are not anaemic (13.0+ g/dl)	Total	Number
	Severe (below 9.0 g/dl)	Moderate (9.0-11.9 g/dl)	Mild (12.0-12.9 g/dl)			
Age in months						
15-19	0.4	10.7	16.6	72.3	100.0	487
20-24	2.1	3.6	6.0	88.3	100.0	371
25-29	0.2	3.5	5.8	90.5	100.0	392
30-34	0.4	4.4	10.6	84.6	100.0	346
35-39	0.6	9.4	8.4	81.5	100.0	277
40-44	1.1	9.4	8.0	81.6	100.0	200
45-49	0.9	12.9	9.7	76.6	100.0	162
50-54	4.7	12.3	13.7	69.4	100.0	114
Residence						
Urban	1.0	2.4	5.8	90.9	100.0	244
Rural	1.0	8.0	10.4	80.6	100.0	2,106
Region						
Central	1.3	7.6	10.5	80.6	100.0	649
Eastern	0.8	7.4	9.9	81.9	100.0	683
Northern	0.3	6.7	9.5	83.5	100.0	536
Western	1.5	7.9	9.6	81.0	100.0	482
Man's education						
No education	2.0	10.5	11.0	76.5	100.0	203
Primary	0.7	8.1	10.5	80.7	100.0	1,561
Secondary+	1.2	4.8	8.0	85.9	100.0	566
Total	1.0	7.4	9.9	81.7	100.0	2,349

10.4.4 ANAEMIA IN CHILDREN AND SEVERITY OF ANAEMIA IN MOTHERS

Table 10.15 shows the relationship between the anaemia status of the mother and the anaemia status of the child, among children 6-59 months. The data indicate that there is a correlation between the level of anaemia in the mother and the level in the child. For example, if the child's mother is moderately anaemic, the child is likely to be moderately anaemic (44 percent). Only 21 percent of children of mothers with moderate anaemia are not anaemic. Among children of mothers who are not anaemic, 40 percent are not anaemic.

Table 10.15 Prevalence of anaemia in children by anaemia status of mother

Percent distribution of children age 6-59 months by anaemia status, according to anaemia status of the mother, Uganda 2000-2001

Anaemia status of mother	Percentage of children with anaemia			Percentage of children who are not anaemic (11.0+ g/dl)	Total	Number of children
	Severe (below 7.0 g/dl)	Moderate (7.0-9.9 g/dl)	Mild (10.0-10.9 g/dl)			
Severe (below 7.0 g/dl)	(16.3)	(35.1)	(13.2)	(35.4)	100.0	46
Moderate (7.0-9.9 g/dl)	12.8	43.5	22.4	21.2	100.0	358
Mild (10.0-11.9 g/dl)	8.3	44.3	22.5	24.9	100.0	1,260
Percentage of women who are not anaemic (12.0+ g/dl)	5.5	35.2	19.4	39.8	100.0	3,437
Total	6.8	38.0	20.3	34.8	100.0	5,100

Note: Table is based on children who slept in the household the night before the interview. Table includes only cases with anaemia measurements for both mother and child. Figures in parentheses are based on 25-49 unweighted cases.

10.5 VITAMIN A STATUS

Vitamin A is an essential food nutrient found in very small quantities in some foods. It is important for normal sight, growth, and development particularly in children. Vitamin A is also considered to be important in protecting the body against some infectious illnesses such as measles and diarrhoeal disease. Lack of vitamin A (vitamin A deficiency or VAD) is associated with total loss of vision or with other vision impairments including night blindness. It is also believed to be the single most important cause of blindness among children in developing countries. VAD is also associated with increased susceptibility to severe infections and malnutrition.

Prevention measures for VAD involve ensuring that the diet includes foods rich in vitamin A. This includes dark green leafy vegetables and fruits and vegetables in which the edible portion is yellow or dark orange in color like pawpaw, mango, carrot, and pumpkin. Liver, egg yolk and small fish are also good sources of vitamin A. Breast feeding children exclusively for at least 4-6 months is another important step in preventing VAD. In addition to dietary measures, many countries have begun a program of vitamin-A supplementation in which vitamin A capsules are given to vulnerable groups, such as children and lactating mothers.

VAD is considered to be a widespread problem in many developing countries including Uganda, but few countries have had the opportunity to obtain nationally representative data on the prevalence of the problem. The DHS survey offered Uganda the chance to document levels of VAD in a representative sample of women and children under five. The results will be used by the Ministry of Health to help in the design of programmes to reduce the levels of VAD and to monitor progress in achieving this goal.

10.5.1 METHODOLOGY FOR MEASURING VITAMIN A

Various indicators are used to assess the presence of vitamin A deficiency, including functional measures such as the prevalence of night blindness, clinical measures including eye examinations for signs of xerophthalmia, and biochemical testing for such factors as vitamin A levels in breast milk or serum retinol concentrations in blood samples. The latter approach was adopted in the 2000-2001 UDHS (ORC Macro, 2001).

Blood spots were collected on a filter paper card from the finger or heel prick used for anaemia testing for all eligible women and children under age 5 in 810 households covered in the survey (one-half of the households eligible for the men's survey). Five circles were preprinted on the paper, in which two were expected to be completely saturated with blood spots. The samples were identified by recording the identification information of the subject in a label attached to the paper.

The filter paper specimen for each subject was placed in a specially designed box where it was protected from sunlight and moisture while drying overnight. On the following day, each sample was placed in a ziplock freezer bag and then put into an airtight container in a battery-operated refrigerator for storage. The samples were collected from the field teams by staff from UBOS approximately every two to three weeks and transported to the Uganda Virus Research Institute (UVRI) in Entebbe. Arrangements were made with the Centers for Disease Control (CDC) team at UVRI to ship the samples in batches to Craft Technologies in the United States. The analysis of the dried blood spots was conducted by eluting a 1/4-inch punch from the dried blood spot and using High Performing Liquid Chromatography (HPLC).

Vitamin A levels derived from dried blood spot samples have been shown to be affected by the fact that the retinol-binding protein in the serum collected on filter paper decays in the first 7 to 10 days after collection. In order to adjust the vitamin A levels obtained from the UDHS for this phenomenon, a special study was carried out in May 2001, in which for 96 subjects (women and children), both filter paper and venous blood samples were collected. The filter paper samples were collected using the same procedures as those employed in the UDHS. The venous blood samples were immediately refrigerated in the field and, at the end of each day, were processed at UVRI to obtain serum. Both types of samples were sent to Craft Laboratories for analysis. The correlation between the vitamin A levels measured from dried blood spot retinol and plasma retinol level was used to determine a recovery factor that was applied to all of the samples analysed for this study.

10.5.2 RESULTS

A total of 1,117 women 15-49 and 1,178 children under 6 years were eligible for the test. Among these, 978 women and 1,025 children were successfully tested. Failure to test the subjects was due to absence of the respondent, refusal, or loss of test data prior to analysis. The response rate, accounting for refusals and missing data, was 88 percent for women and 87 percent for children under 6 years. The results for children 6 to 59 months are shown in Table 10.16 and for women age 15-49 in Table 10.17. Table 10.16 is limited to children over 6 months, because infants less than 6 months, especially those who are exclusively breastfed, are less vulnerable than older children.

Table 10.16 shows that 28 percent of children suffer from vitamin A deficiency (VAD). At this level, VAD in Uganda can be perceived as a public health problem (WHO, 1996). As expected, VAD is low among children 6-11 months, when the children are still benefiting from the positive effect of breastfeeding. The highest VAD is found among children 12-23 months (32 percent). VAD is more likely to be found among high-order births and children living in rural areas and in the Northern Region. Children of older mothers are more likely to suffer from VAD than those whose mothers are younger. For example, 21 percent of children whose mothers are 15-19 years old are vitamin A deficient compared with 34 percent of children whose mothers are 35-49 years old. Children whose mothers have no education are more likely to be deficient in vitamin A (35 percent) than those whose mothers have some formal education (26 percent or less).

Table 10.16 Prevalence of vitamin A deficiency in children

Percentage of children age 6-59 months classified as having vitamin A deficiency (VAD), by background characteristics, Uganda 2000-2001

Background characteristic	Percent with any VAD (<0.7 µmol/L)	Number of children
Age in months		
6-11	20.3	121
12-23	32.0	187
24-35	28.6	175
36-47	26.9	215
48-59	29.3	161
Sex		
Male	29.7	423
Female	26.1	437
Birth order¹		
1	24.7	127
2-3	24.1	233
4-5	28.8	192
6+	32.6	209
Birth interval in months¹		
First birth	24.5	128
<24	30.5	172
24-47	24.9	386
48+	41.7	75
Residence		
Urban	15.9	79
Rural	29.1	780
Region		
Central	21.8	226
Eastern	27.6	243
Northern	36.3	150
Western	28.6	241
Mother's education²		
No education	35.1	245
Primary	25.7	477
Secondary+	17.1	79
Mother's age		
15-19	21.0	55
20-24	26.6	230
25-29	25.3	243
30-34	30.5	192
35-49	33.5	139
Total	27.9	859

¹ Excludes children whose mothers were not interviewed

² For mothers who were not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the household.

Table 10.17 shows that more than half of women in Uganda have VAD. The level of deficiency in women varies according to the woman's characteristics, but not as much as that in young children. VAD fluctuates with the woman's age; low (50-51 percent) among women 15-29, peaks at age 30-34 (56 percent), and lower thereafter. The number of children a woman has had has no clear association with her vitamin A level. Pregnant and lactating women are not substantially different in VAD level from women who are neither pregnant nor breastfeeding.

As in the case with children, rural women are more likely than urban women to be deficient in vitamin A (53 compared to 45 percent). The same pattern is seen by women's education; women with no education are more likely than other women to have VAD (56 percent compared to 46 percent for women with secondary education). With regard to regional differentials, there does not seem to be a direct relationship between children's vitamin A level and their mother's.

Table 10.17 Prevalence of vitamin A deficiency in women
Percentage of women age 15-49 with vitamin A deficiency (VAD), by background characteristics, Uganda 2000-2001

Background characteristic	Any VAD (<1.05 $\mu\text{mol/L}$)	Marginal deficiency (0.70-1.05 $\mu\text{mol/L}$)	Moderate deficiency (0.35-0.69 $\mu\text{mol/L}$)	Severe deficiency (>0.35 $\mu\text{mol/L}$)	Number
Age					
15-19	50.3	32.0	17.1	1.3	214
20-24	50.6	28.1	19.5	3.0	183
25-29	51.4	26.2	20.3	4.9	192
30-34	56.3	29.6	25.7	1.0	146
35-39	49.3	22.9	25.9	0.5	80
40-44	53.4	35.4	17.9	0.0	81
45-49	(55.0)	(33.3)	(21.7)	(0.0)	47
Number of children ever born					
No births	49.2	29.4	18.4	1.4	196
1	54.2	31.0	18.0	5.1	118
2-3	49.9	25.7	22.7	1.5	202
4-5	51.6	25.3	22.1	4.2	172
6+	54.8	33.8	20.8	0.2	255
Maternity status					
Pregnant	51.1	27.7	21.3	2.0	118
Breastfeeding (not pregnant)	49.8	26.8	21.5	1.5	365
Neither	53.9	31.6	19.7	2.5	461
Residence					
Urban	44.5	27.0	16.7	0.8	135
Rural	53.2	29.6	21.2	2.3	809
Region					
Central	56.5	29.9	24.6	2.0	263
Eastern	51.7	23.8	24.3	3.5	253
Northern	40.8	29.5	9.6	1.7	167
Western	54.7	33.7	20.0	0.9	260
Education					
No education	55.7	34.7	19.2	1.8	236
Primary	51.9	26.9	22.4	2.6	560
Secondary+	46.0	29.4	16.0	0.6	147
Total	51.9	29.3	20.6	2.1	944

The first AIDS case in Uganda was identified in 1982 in a fishing village along the shores of Lake Victoria. Since then, the disease has spread throughout the country. By the end of 1999, there were 55,861 reported clinical AIDS cases, which represent a small portion of all cases. At the same time, 1,438,000 persons were estimated to have been infected by HIV, while 838,000 deaths were estimated to have been caused by AIDS (MOH, 2000).

The response to the epidemic has been characterised by collaboration among the government agencies, development partners, nongovernmental organisations, religious groups, individuals, cultural groups, community groups, research institutions, and networks of persons infected and affected by HIV/AIDS. To this effect, a new strategy, Multisectoral AIDS Control Approach (MACA), was adopted.

11.1 KNOWLEDGE OF WAYS TO PREVENT HIV/AIDS

Since there is no cure for HIV/AIDS, the main strategy for combating the disease has been prevention through practising abstinence, being faithful to one sexual partner, and using condoms. This strategy depends heavily on the level of knowledge of the population and their perception of the HIV/AIDS problem. For this reason, the 2000-2001 UDHS sought to gauge the levels of knowledge of HIV/AIDS and other sexually transmitted infections and the behaviours people adopt to protect themselves against the infection.

In Uganda, HIV/AIDS has been termed a “household disease” because nearly every household has lost a relative or friend to the disease. In a situation like this, it is expected that everybody has heard of AIDS. As was the case in 1995, Table 11.1 shows that in Uganda today, knowledge of HIV/AIDS is universal.

11.1.1 KNOWLEDGE OF WAYS TO AVOID HIV/AIDS

The 2000-2001 UDHS asked respondents whether there is anything one can do to avoid getting infected with HIV/AIDS. Table 11.1 shows that the level of awareness about the disease is not matched by the knowledge of how to avoid contracting the virus. Only three methods to avoid infection with HIV/AIDS are widely known, namely, using condoms (spontaneously mentioned by 54 percent of women and 72 percent of men), abstaining from sexual relations (50 percent of women and 65 percent of men), and having only one sexual partner (49 percent of women and 43 percent of men).

A sizeable proportion of respondents (14 percent of women and 5 percent of men) know that AIDS can be avoided but do not know a particular method to avoid contracting it. Thirteen percent of women and 5 percent of men either believe that there is no way to avoid AIDS or do not know whether AIDS can be avoided.

Table 11.1 Knowledge of ways to avoid HIV/AIDS

Percentage of women and men who have heard of HIV/AIDS and who spontaneously mention ways to avoid HIV/AIDS, Uganda 2000-2001

Ways to avoid HIV/AIDS	Women	Men
Has heard of HIV/AIDS	99.7	100.0
Does not know if AIDS can be avoided	7.8	2.3
Believes no way to avoid AIDS	5.6	2.4
Does not know specific way	13.5	5.2
Specific ways to avoid HIV/AIDS		
Abstain from sex	49.7	65.4
Use condoms	54.4	72.3
Limit sex to one partner/stay faithful to one partner	49.0	43.0
Limit number of sexual partners	2.4	10.6
Avoid sex with prostitutes	1.2	4.8
Avoid sex with persons who have many partners	2.0	1.8
Avoid sex with homosexuals	0.1	0.1
Avoid blood transfusions	3.2	5.3
Avoid injections	2.9	8.3
Avoid kissing	0.2	6.1
Avoid mosquito bites	0.2	0.4
Seek protection from traditional healer	0.2	0.2
Other ways	14.9	18.9

11.1.2 KNOWLEDGE OF PROGRAMMATICALLY IMPORTANT WAYS TO AVOID CONTRACTING HIV/AIDS

As mentioned above, there are three programmatically recognised ways to avoid contracting HIV: using condoms, limiting the number of sexual partners, and abstaining from sex. In the UDHS, respondents were asked specific questions about whether condom use and limiting partners could reduce the risk of getting HIV. Currently, 78 percent of women and 90 percent of men know two or more programmatically important ways to avoid HIV/AIDS (Tables 11.2.1 and 11.2 2). Additionally, 9 percent of women and 5 percent of men know of one programmatic way of avoiding the disease.

Knowledge of at least two programmatically important ways to avoid contracting the AIDS virus is high among women in urban areas (92 percent), women from the Central Region (93 percent), and women who have some secondary education (95 percent). Men show a similar pattern, although the relative differences are smaller. Marital status does not have a strong relationship with the knowledge of these selected ways. However, the level of education is positively associated with the level of knowledge of ways of avoiding HIV/AIDS. One in four women without any education do not know any way to avoid HIV/AIDS, compared with only 2 percent of women with secondary education. The corresponding percentages for men are 15 and 2 percent, respectively.

Regarding the particular methods, 69 percent of women say that condom use can reduce the risk of getting AIDS, while 84 percent know that limiting the number of sexual partners is a way to avoid contracting HIV/AIDS. The percentages for men are 83 and 91 percent, respectively. Knowledge of these two ways to avoid contracting HIV/AIDS is generally highest among women and men in their twenties and thirties.

Table 11.2.1 Knowledge of programmatically important ways to avoid HIV/AIDS: women²

Percent distribution of women by knowledge of programmatically important ways to avoid HIV/AIDS, and percentage of women who know of two specific ways to avoid HIV/AIDS, according to background characteristics, Uganda 2000-2001

Background characteristic	Knowledge of programmatically important ways to avoid HIV/AIDS			Total	Knowledge of specific ways to avoid HIV/AIDS		Number
	None ¹	One way	Two or more ways		Use condoms	Limit number of sexual partners ²	
Age							
15-19	15.4	6.4	78.1	100.0	68.9	80.4	1,615
20-24	11.5	6.1	82.5	100.0	76.2	87.2	1,504
25-29	12.1	8.8	79.1	100.0	71.7	86.5	1,341
30-39	13.4	10.7	75.8	100.0	66.4	84.2	1,793
40-49	15.0	11.2	73.8	100.0	59.1	82.6	993
Current marital status							
Married or in union	13.9	10.5	75.6	100.0	67.5	84.4	4,881
Divorced, separated, widowed	12.1	6.1	81.8	100.0	70.5	84.2	910
Never married, ever had sex	9.3	3.2	87.5	100.0	83.5	87.8	608
Never had sex	15.0	3.7	81.2	100.0	65.3	80.4	848
Residence							
Urban	5.3	3.1	91.6	100.0	87.7	92.4	1,207
Rural	15.0	9.6	75.3	100.0	65.2	82.5	6,039
Region							
Central	4.1	2.8	93.0	100.0	87.9	93.0	2,341
Eastern	15.8	6.7	77.5	100.0	71.6	81.2	1,956
Northern	25.5	20.5	53.9	100.0	46.4	72.3	1,158
Western	15.2	10.1	74.7	100.0	56.1	83.6	1,792
Education							
No education	25.3	15.3	59.4	100.0	46.9	72.3	1,584
Primary	12.5	7.9	79.6	100.0	70.4	84.9	4,330
Secondary+	2.3	2.5	95.2	100.0	90.6	95.9	1,331
Total	13.4	8.5	78.1	100.0	69.0	84.2	7,246

Note: Programmatically important ways are abstaining from sex, using condoms, and limiting the number of sexual partners. Abstinence from sex is measured from a spontaneous response only, and using condoms and limiting the number of sexual partners is measured from spontaneous and probed responses.

¹ Those who have not heard of AIDS or who do not know of any programmatically important ways to avoid HIV/AIDS

² Refers to limiting the number of sexual partners, and limiting sex to one partner/staying faithful to one partner

Women and men who are not married and have never had sex are the least knowledgeable about specific ways to avoid HIV/AIDS. However, unmarried women and men who have ever had sex are the most likely to know about condom use as a method to avoid contracting HIV/AIDS than other respondents.

Residence accounts for a difference in levels of knowledge. Urban women are more likely than rural women to know about condom use and limiting the number of partners as methods of avoiding HIV/AIDS. Women in the Central Region are the most knowledgeable about these two methods for avoiding HIV/AIDS, while those from the Northern Region are the least knowledgeable.

Table 11.2.2 Knowledge of programmatically important ways to avoid HIV/AIDS: men

Percent distribution of men by knowledge of programmatically important ways to avoid HIV/AIDS, and percentage of men who know of two specific ways to avoid HIV/AIDS, according to background characteristics, Uganda 2000-2001

Background characteristic	Knowledge of programmatically important ways to avoid HIV/AIDS			Total	Knowledge of specific ways to avoid HIV/AIDS		Number
	None ¹	One way	Two or more ways		Use condoms	Limit number of sexual partners ²	
Age							
15-19	8.4	5.3	86.3	100.0	82.8	83.9	441
20-24	2.5	3.4	94.1	100.0	89.4	93.4	321
25-29	1.9	5.8	92.3	100.0	84.9	96.9	310
30-39	3.5	4.5	92.0	100.0	85.2	93.6	522
40-49	8.6	6.1	85.3	100.0	74.5	88.5	285
50-54	10.7	7.4	81.9	100.0	71.1	86.1	83
Current marital status							
Married or in union	4.3	5.4	90.3	100.0	82.8	93.7	1,180
Divorced, separated, widowed	7.1	2.8	90.0	100.0	80.5	89.7	107
Never married, ever had sex	4.2	3.6	92.1	100.0	90.9	89.9	356
Never had sex	9.2	6.1	84.7	100.0	76.9	81.8	319
Residence							
Urban	2.5	2.5	95.0	100.0	90.4	94.1	325
Rural	5.8	5.6	88.7	100.0	81.7	90.2	1,637
Region							
Central	3.5	1.7	94.8	100.0	88.8	93.1	671
Eastern	9.0	7.0	84.0	100.0	83.2	85.8	523
Northern	5.1	12.1	82.8	100.0	72.3	92.6	284
Western	3.6	3.5	92.8	100.0	81.6	92.3	484
Education							
No education	15.0	6.4	78.6	100.0	64.3	80.8	122
Primary	6.1	5.8	88.1	100.0	81.4	89.2	1,272
Secondary+	1.5	3.5	95.0	100.0	90.3	95.8	444
Total	5.2	5.0	89.7	100.0	83.2	90.9	1,962

Note: Programmatically important ways are abstaining from sex, using condoms, and limiting the number of sexual partners. Abstinence from sex is measured from a spontaneous response only, and using condoms and limiting the number of sexual partners is measured from spontaneous and probed responses.

¹ Those who have not heard of AIDS or who do not know of any programmatically important ways to avoid HIV/AIDS

² Refers to limiting the number of sexual partners, and limiting sex to one partner/staying faithful to one partner

A woman's education has a strong relationship to knowledge about use of condoms or limiting sexual partners as methods of avoiding HIV/AIDS. Women with secondary or higher education are more likely to know about these methods than women without education.

Men show similar patterns of knowledge but with smaller differentials than women.

11.2 KNOWLEDGE OF OTHER AIDS-RELATED ISSUES

Tables 11.3.1 and 11.3.2 show responses to questions about other important dimensions of HIV/AIDS information. The data show that 77 percent of women and 88 percent of men are aware that a healthy-looking person can carry the HIV virus. The level of knowledge does not show wide variations by the respondent's age. However, female and male respondents who have never had sex, those from rural areas, and those with less education are less likely to know this fact.

Table 11.3.1 Knowledge of AIDS-related issues: women

Percentage of women by responses to questions on various HIV/AIDS-related issues, according to background characteristics, Uganda 2000-2001

Background characteristic	Percentage who say a healthy-looking person can have the AIDS virus	Percentage who say HIV/AIDS can be transmitted from mother to child			Doesn't know if HIV/AIDS can be transmitted from mother to child	Respondent knows someone personally who has the virus that causes AIDS or has died of AIDS	Number ¹
		During pregnancy	During delivery	During breast-feeding			
Age							
15-19	72.0	57.6	64.2	45.4	11.8	87.0	1,615
20-24	79.8	55.7	73.1	46.4	10.0	91.1	1,504
25-29	79.9	57.1	72.4	45.5	10.8	90.9	1,341
30-39	78.7	60.9	69.1	46.7	11.1	92.6	1,793
40-49	75.1	59.5	68.4	47.6	12.5	90.8	993
Marital status							
Married or in union	77.0	58.4	68.8	46.6	11.6	90.6	4,881
Divorced, separated, widowed	82.7	60.4	73.3	47.6	10.8	93.5	910
Never married							
Ever had sex	84.7	59.0	77.1	48.9	4.9	93.9	608
Never had sex	66.9	54.0	63.1	41.2	13.4	84.2	848
Residence							
Urban	91.4	54.9	84.2	48.0	5.2	94.8	1,207
Rural	74.3	58.9	66.4	45.9	12.3	89.6	6,039
Region							
Central	92.9	53.0	81.1	47.0	7.2	96.4	2,341
Eastern	79.9	64.7	66.0	48.0	9.5	94.8	1,956
Northern	63.2	51.4	51.9	44.6	17.2	77.7	1,158
Western	62.7	62.4	69.1	44.5	14.3	86.4	1,792
Education							
No education	63.8	56.8	54.1	42.6	19.4	83.9	1,584
Primary	77.6	59.7	69.2	48.0	10.9	91.1	4,330
Secondary+	91.7	55.2	88.2	45.1	2.2	96.2	1,331
Total	77.2	58.2	69.4	46.3	11.2	90.5	7,246

¹ Includes one woman with missing information on education.

One of the objectives of the National Strategic Plan for HIV/AIDS prevention is to reduce the incidence of mother-to-child transmission of HIV. In the UDHS, respondents were asked whether the virus that causes AIDS can be transmitted from a mother to a child. They were also asked when the transmission occurs. Only a small percentage (11 percent) of men and women do not know that HIV can be transmitted from mother to child. Overall, 58 percent of women know that HIV can be transmitted during pregnancy, 69 percent know that it can be transmitted during delivery, and 46 percent know that it can be transmitted during breastfeeding. The corresponding figures for men are 53, 69, and 43 percent, respectively.

The background characteristics of respondents do not account for large differences in the level of knowledge of the HIV transmission through pregnancy or breastfeeding, except that men in the Northern Region show a particularly high level of knowledge of HIV transmission during pregnancy (74 percent). However, the respondent's residence, region, and education are related to differences in knowledge of HIV transmission during delivery. Women and men with secondary education are more likely to know about this mode (88 percent of women and 77 percent of men)

Table 11.3.2 Knowledge of AIDS-related issues: men

Percentage of men by responses to questions on various HIV/AIDS-related issues, according to background characteristics, Uganda 2000-2001

Background characteristic	Percentage who say a healthy-looking person can have the AIDS virus	Percentage who say HIV/AIDS can be transmitted from mother to child			Doesn't know if HIV/AIDS can be transmitted from mother to child	Respondent knows someone personally who has the virus that causes AIDS or has died of AIDS	Number
		During pregnancy	During delivery	During breast-feeding			
Age							
15-19	80.1	54.0	59.5	44.7	11.0	86.5	441
20-24	87.4	53.9	76.8	42.2	6.8	91.6	321
25-29	92.4	55.3	79.3	42.9	8.4	92.0	310
30-39	92.3	50.0	67.2	43.3	12.6	93.4	522
40-49	85.4	57.4	69.1	41.4	14.0	87.1	285
50-54	87.6	50.2	61.6	48.4	13.1	90.1	83
Marital status							
Married or in union	89.8	53.6	71.4	43.4	11.6	90.9	1,180
Divorced, separated, widowed	93.3	57.7	61.8	48.0	10.4	91.6	107
Never married							
Ever had sex	87.4	50.5	73.0	42.7	6.1	94.3	356
Never had sex	77.6	54.8	58.1	42.3	13.7	83.0	319
Residence							
Urban	95.8	49.4	82.5	40.5	4.9	96.5	325
Rural	86.0	54.3	66.3	43.9	12.0	89.0	1,637
Region							
Central	96.6	50.8	79.6	42.7	7.0	97.9	671
Eastern	78.7	50.5	56.2	44.4	12.6	93.5	523
Northern	76.3	73.6	70.8	55.1	8.4	68.5	284
Western	91.3	48.5	67.0	36.1	15.8	89.0	484
Education							
No education	81.2	46.1	53.5	46.1	24.0	83.3	122
Primary	86.0	57.1	65.0	46.3	12.8	89.3	1,272
Secondary+	90.7	45.9	77.2	35.4	4.2	92.8	444
Total	87.6	53.4	69.0	43.3	10.9	90.3	1,962

than those without education (54 percent of both women and men). Urban women and men are more likely to know this mode of transmission than those in rural areas. Among women, awareness that the HIV virus can be transmitted during delivery is highest in the Central Region (81 percent) and lowest in the Northern Region (52 percent).

Nine in ten respondents of both sexes know someone personally who has HIV or who died of AIDS. Urban residents, those who live in the Central and Eastern regions, and those with secondary or higher education are more likely than other respondents to know someone who has the AIDS virus or who died of AIDS. The lowest percentage is among women and men in the Northern Region (78 percent of women and 69 percent of men).

11.3 PERCEPTIONS OF HIV/AIDS

11.3.1 DISCUSSION OF AIDS WITH PARTNERS

Discussions about HIV/AIDS with a spouse or partner are important in guarding against infection of either or both members of a couple. Currently married respondents and those living with a partner were asked whether they had ever discussed HIV/AIDS prevention with their partners. Table 11.4 shows that 63 percent of married women and 84 percent of married men said they had discussed HIV/AIDS with their partners.

Table 11.4 Discussion of HIV/AIDS with partner

Percent distribution of women and men who are currently married or living with a partner by whether they ever discussed HIV/AIDS prevention with their spouse/partner, according to background characteristics, Uganda 2000-2001

Background characteristic	WOMEN					MEN					
	Ever discussed pre-vention	Never discussed prevention	Don't know/missing	Never heard of AIDS	Total	Number	Ever discussed pre-vention	Never discussed prevention	Don't know/missing	Total	Number
Age											
15-19	47.7	52.1	0.1	0.1	100.0	466	(68.6)	(31.4)	(0.0)	100.0	28
20-24	60.4	39.5	0.0	0.1	100.0	1,150	81.9	18.1	0.0	100.0	139
25-29	65.7	34.0	0.2	0.1	100.0	1,078	87.2	12.8	0.0	100.0	237
30-39	66.4	33.3	0.1	0.2	100.0	1,459	83.8	16.2	0.6	100.0	453
40-49	63.8	35.5	0.3	0.4	100.0	728	85.7	14.3	0.0	100.0	252
50-54	na	na	na	na	na	na	82.9	17.1	0.0	100.0	72
Residence											
Urban	76.1	23.8	0.1	0.0	100.0	636	91.4	8.6	0.0	100.0	148
Rural	60.7	38.9	0.2	0.2	100.0	4,245	83.2	16.5	0.3	100.0	1,032
Region											
Central	66.0	34.0	0.0	0.0	100.0	1,377	88.5	11.0	0.5	100.0	322
Eastern	67.7	32.0	0.2	0.1	100.0	1,487	90.5	9.5	0.0	100.0	344
Northern	51.4	47.8	0.1	0.7	100.0	823	62.1	37.9	0.0	100.0	209
Western	60.3	39.4	0.2	0.1	100.0	1,194	87.8	11.8	0.4	100.0	305
Education											
No education	48.4	50.8	0.2	0.6	100.0	1,264	68.8	31.2	0.0	100.0	92
Primary	64.2	35.6	0.2	0.0	100.0	2,978	82.5	17.1	0.4	100.0	781
Secondary+	83.7	16.2	0.1	0.0	100.0	639	91.9	8.1	0.0	100.0	220
Total	62.7	37.0	0.1	0.2	100.0	4,881	84.2	15.6	0.2	100.0	1,180

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

Similarly large differences in reporting discussions about AIDS between women and men have been observed in other African countries, such as Malawi (73 percent for females and 86 percent for males) (National Statistical Office and ORC Macro, 2001) and Zimbabwe (60 percent for females and 81 percent for males) (Central Statistical Office and Macro International Inc., 2000).

Table 11.4 further shows that urban couples are more likely to discuss HIV/AIDS than those in rural areas. Among regions, spousal discussions about HIV prevention vary between a high of 68 percent of women and 91 percent of men in the Eastern Region and a low of 51 percent of women and 62 percent of men in the Northern Region. Better educated couples are more likely to discuss HIV prevention with their partners than those with less education. For example, 84 percent of married women with secondary education have discussed HIV prevention with their partners, compared with only 48 percent of women with no education.

11.3.2 STIGMA ASSOCIATED WITH HIV/AIDS

HIV/AIDS has introduced changes in cultural traditions. When the disease was first identified, it was difficult for individuals infected and affected to accept the tragedy. To change this attitude, a strategy of positive living to mitigate the social and psychological effects of the epidemic both at the individual and society level was promoted.¹ However, positive living at the individual level can only succeed if there is no stigma from society toward people infected or affected by the disease. To assess whether society has accepted people living with HIV/AIDS, respondents were asked some questions about the social aspects of AIDS prevention and mitigation.

In the UDHS, respondents were asked, “If a person learns that she/he is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?” Tables 11.5.1 and 11.5.2 show the responses. Less than half of the women and three in ten men feel that an HIV-positive person should be allowed to keep this fact confidential. The sentiment did not vary much across subgroups of respondents except by region. In the Western Region, women and men are more likely to feel this information should be confidential (61 percent for women and 35 percent for men) than in other regions (53 percent or lower for women and 28 percent or lower for men).

Only one in ten women and men say they would not be willing to care for a relative with AIDS at their home. Younger respondents, as well as those who have never had sex, those living in rural areas and in the Eastern Region, and those with no education, are more likely to be unwilling to care for relatives with AIDS.

Respondents were also asked, “If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?” The response to this question can be used to assess whether there is discrimination against persons with AIDS in the workplace. Respondents are split on this issue; half of the women and men believe an HIV-infected female teacher should not be allowed to continue teaching. Respondents with secondary education, those who live in urban areas, and women in the Central Region are less likely to believe that an HIV-positive female teacher should not be allowed to continue teaching.

¹ Positive living is an encouragement to people living with HIV/AIDS that they can live a meaningful life, enjoying their full rights in spite of their sero-positive status.

Table 11.5.1 Social aspects of HIV/AIDS prevention and mitigation: women

Percentage of women who gave specific responses to questions on various social aspects of HIV/AIDS prevention and mitigation, by background characteristics, Uganda 2000-2001

Background characteristic	Believes a person should be allowed to keep HIV-positive status private	Not willing to care for relative with AIDS at home	Does not believe HIV-positive teacher should be allowed to keep teaching	Does not believe children age 12-14 years should be taught about using condoms to avoid AIDS	Number ¹
Age					
15-19	49.1	15.8	54.2	25.7	1,615
20-24	48.2	10.7	48.4	21.8	1,504
25-29	47.9	9.0	46.6	25.1	1,341
30-39	46.0	8.6	48.0	26.2	1,793
40-49	45.0	8.6	50.6	28.5	993
Marital status					
Married or in union	46.9	10.7	50.9	24.8	4,881
Divorced, separated, widowed	50.3	5.8	44.7	26.7	910
Never married					
Ever had sex	49.1	11.2	44.0	19.8	608
Never had sex	45.7	15.9	51.4	30.3	848
Residence					
Urban	46.3	7.1	32.0	23.7	1,207
Rural	47.6	11.4	53.1	25.6	6,039
Region					
Central	53.1	6.6	36.7	26.5	2,341
Eastern	39.3	16.5	59.7	15.5	1,956
Northern	28.1	17.2	56.8	23.3	1,158
Western	61.0	5.6	50.8	35.7	1,792
Education					
No education	45.0	14.4	57.4	26.1	1,584
Primary	48.8	10.5	52.6	25.4	4,330
Secondary+	45.4	6.9	30.3	23.8	1,331
Total	47.4	10.7	49.6	25.3	7,246

¹ Includes one woman with missing information on education.

In the 2000-2001 UDHS, respondents were asked whether they believe that children age 12-14 should be taught about using a condom to avoid HIV/AIDS. Men are twice as likely as women to agree with this idea (58 percent compared with 25 percent). There are no large differentials across subgroups of women, except by region of residence. Thirty-six percent of women in the Western Region do not agree that children should be taught how to use condoms, compared with 16 percent in the Eastern Region. Men who have never had sex (47 percent) and those in the Northern Region are the least likely to believe that children age 12-14 should not be taught about condom use.

Table 11.5.2 Social aspects of HIV/AIDS prevention and mitigation: men

Percentage of men who gave specific responses to questions on various social aspects of HIV/AIDS prevention and mitigation, by background characteristics, Uganda 2000-2001

Background characteristic	Believes a person should be allowed to keep HIV-positive status private	Not willing to care for relative with AIDS at home	Does not believe HIV-positive female teacher should be allowed to keep teaching	Does not believe children age 12-14 years should be taught about using condoms to avoid AIDS	Number
Age					
15-19	37.6	12.3	55.6	54.9	441
20-24	26.1	7.8	50.6	63.0	321
25-29	24.9	9.1	49.2	59.5	310
30-39	27.0	6.8	52.7	59.8	522
40-49	21.8	8.5	55.5	51.1	285
50-54	28.2	8.2	55.7	62.4	83
Marital status					
Married or in union	28.1	8.0	52.0	64.7	463
Divorced, separated, widowed	30.6	10.9	69.4	52.4	107
Never married					
Ever had sex	27.4	7.2	46.8	68.4	356
Never had sex	39.0	15.2	57.1	46.6	319
Residence					
Urban	23.5	5.5	35.4	65.9	325
Rural	29.1	9.5	56.5	56.5	1,637
Region					
Central	28.4	7.0	49.5	63.4	671
Eastern	26.9	12.2	54.3	64.4	523
Northern	18.5	8.3	53.3	45.2	284
Western	35.1	8.2	56.1	51.1	484
Education					
No education	40.6	12.3	62.5	53.6	122
Primary	30.3	10.3	60.4	55.5	1,272
Secondary+	20.1	5.3	39.0	64.4	444
Total	28.2	8.9	53.0	58.0	1,962

11.3.3 DISCUSSION OF HIV/AIDS IN THE MEDIA

Women and men were asked whether they think it is acceptable for AIDS to be discussed on the radio or television or published in a newspaper. Table 11.6 shows that respondents overwhelmingly accept the use of mass media in transmitting information on HIV/AIDS. In general, men are more likely than women to find discussion of HIV/AIDS in the media acceptable. Overall, more than 90 percent of women and 98 percent of men say that discussion of the disease in the mass media is acceptable.

For both sexes, there are only minor variations in the acceptance level across subgroups of respondents. Urban and better educated respondents are more likely than other respondents to accept information on HIV/AIDS in the media. Women in the Northern Region show an unexpectedly low level of acceptance. However, the unusually low rates may be due to errors during the interview for selected field teams using the Lugbara and Luo versions of the questionnaire.

Table 11.6 Discussion of AIDS in the media

Percentage of women and men who think that discussion of AIDS in the media is acceptable, by media type and background characteristics, Uganda 2000-2001

Background characteristic	Women					Men				
	Discussion of AIDS is acceptable in:			AIDS is not acceptable in any media	Number	Discussion of AIDS is acceptable in:			AIDS is not acceptable in any media	Number
	Radio	Television	Newspaper			Radio	Television	Newspaper		
Age										
15-19	90.0	90.1	90.5	9.0	1,615	97.4	96.2	96.9	2.3	441
20-24	92.3	91.5	92.0	7.3	1,504	99.1	99.1	99.6	0.4	321
25-29	90.9	90.5	91.2	8.3	1,341	97.8	97.8	97.3	2.2	310
30-39	90.6	89.8	90.2	8.9	1,793	98.2	97.4	97.6	1.7	522
40-49	89.2	89.0	88.6	10.3	993	96.9	96.1	96.4	3.1	285
	na	na	na	na	na	98.5	93.4	98.5	1.5	83
Marital status										
Married or in union	89.9	89.4	89.9	9.3	4,881	98.0	97.3	97.7	1.9	1,180
Divorced, separated, widowed	92.4	92.2	91.9	7.3	910	98.9	98.9	97.4	1.1	107
Never married	96.3	95.6	95.9	3.7	608	98.2	97.7	98.2	1.4	356
Ever had sex	89.1	89.1	89.6	9.9	848	96.9	95.2	96.5	2.7	319
Never had sex										
Residence										
Urban	96.9	96.5	96.7	3.0	1,207	99.4	99.0	99.5	0.5	325
Rural	89.4	89.0	89.4	9.8	6,039	97.7	96.7	97.2	2.2	1,637
Region										
Central	99.3	98.8	99.1	0.7	2,341	99.6	99.0	99.4	0.4	671
Eastern	99.0	98.8	98.9	1.0	1,956	97.2	95.6	96.4	2.5	523
Northern	49.8	50.4	51.2	46.5	1,158	93.2	91.9	93.2	6.4	284
Western	96.8	95.5	95.9	3.0	1,792	99.3	99.2	98.8	0.7	484
Education										
No education	83.8	83.8	84.4	14.8	1,584	93.3	93.3	93.3	6.7	122
Primary	91.6	90.9	91.2	7.9	4,330	97.7	96.7	97.1	2.2	1,272
Secondary+	96.0	95.9	96.0	4.0	1,331	99.3	98.9	99.4	0.3	444
Total	90.7	90.3	90.6	8.7	7,246	97.9	97.1	97.6	1.9	1,962

na = Not applicable

11.4 KNOWLEDGE OF SYMPTOMS OF SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections have been identified as cofactors in HIV/AIDS transmission. The National Strategic Plan for HIV/AIDS prevention set a goal of reducing STIs by 25 percent by 2006. To achieve this goal, it is important for the population to know about STIs, their signs and symptoms, and treatment. People who do not know the symptoms of the disease may fail to recognise it and consequently may not get treatment.

Tables 11.7.1 and 11.7.2 show the respondents' knowledge of STIs and whether they know of any symptoms. Although the majority of the population know about STIs, this awareness is not translated into functional knowledge such as knowledge of symptoms. Forty-seven percent of women and 25 percent of men either have no knowledge of STIs at all or are unable to recognise any symptoms of STIs in a man. Among women, 64 percent know of some symptoms of a female

Table 11.7.1 Knowledge of symptoms of STIs: women

Percent distribution of women by knowledge of symptoms associated with sexually transmitted infections (STIs) in a man or a woman, according to background characteristics, Uganda 2000-2001

Background characteristic	No knowledge of STIs	Knowledge of symptoms of STIs in a man				Knowledge of symptoms of STIs in a woman				Number
		None	One	Two or more	Total	None	One	Two or more	Total	
Age										
15-19	33.7	28.5	17.7	20.1	100.0	20.4	18.3	27.5	100.0	1,615
20-24	17.1	30.1	21.9	30.9	100.0	17.3	19.2	46.4	100.0	1,504
25-29	14.6	29.6	19.6	36.2	100.0	16.7	19.2	49.4	100.0	1,341
30-39	11.8	28.0	19.7	40.5	100.0	16.6	18.6	53.0	100.0	1,793
40-49	13.3	25.0	19.0	42.7	100.0	16.1	16.6	54.0	100.0	993
Marital status										
Married or in union	16.5	28.2	19.6	35.7	100.0	17.1	18.4	48.0	100.0	4,881
Divorced, separated, widowed	10.8	30.8	21.5	37.0	100.0	18.0	19.9	51.4	100.0	910
Never married	18.6	30.9	18.3	32.1	100.0	17.7	17.4	46.2	100.0	608
Ever had sex	38.5	25.4	18.3	17.9	100.0	19.5	18.4	23.6	100.0	848
Never had sex										
Residence										
Urban	9.9	26.4	21.7	42.0	100.0	12.9	18.3	58.9	100.0	1,207
Rural	20.2	28.8	19.2	31.8	100.0	18.5	18.5	42.7	100.0	6,039
Region										
Central	13.1	28.2	21.3	37.5	100.0	14.3	15.7	56.9	100.0	2,341
Eastern	21.1	24.2	19.0	35.7	100.0	14.9	21.4	42.6	100.0	1,956
Northern	25.5	25.8	18.0	30.7	100.0	14.5	20.4	39.7	100.0	1,158
Western	18.3	35.1	19.1	27.5	100.0	26.8	17.8	37.2	100.0	1,792
Education										
No education	29.0	27.5	16.0	27.4	100.0	19.5	16.0	35.5	100.0	1,584
Primary	8.4	29.5	20.2	31.9	100.0	17.9	19.9	43.8	100.0	4,330
Secondary+	6.4	25.9	21.9	45.8	100.0	14.3	16.8	62.5	100.0	1,331
Total	18.5	28.4	19.6	33.5	100.0	17.6	18.5	45.4	100.0	7,246

STI (19 percent know one symptom and 45 percent know at least two). Thirty-six percent either have no knowledge of any STIs or are unable to recognise any symptoms of an STI in a woman. Women are less knowledgeable of STI symptoms in men than in women (53 percent). These women are vulnerable because they may not know when to take precautions in protecting themselves.

Knowledge of symptoms of STIs among men is generally higher than among women. Table 11.7.2 shows that 54 percent of men know at least two or more STI symptoms in men, 21 percent know of one symptom, and 14 percent do not know any symptoms at all.

Although the level of knowledge about signs and symptoms of STIs varies across subgroups of respondents, the most important factors are respondents' age and whether they have ever had sex. Respondents in the youngest age group and those who have never had sex are the least likely to know of STI symptoms. On the other hand, knowledge is high among older respondents and ever-married and better educated women and men.

Table 11.7.2 Knowledge of symptoms of STIs: men

Percent distribution of men by knowledge of symptoms associated with sexually transmitted infections (STIs) in a man, according to background characteristics, Uganda 2000-2001

Background characteristic	No knowledge of STIs	Knowledge of symptoms of STIs in a man			Total	Number
		None	One	Two or more		
Age						
15-19	30.3	20.9	18.5	30.3	100.0	441
20-24	6.1	14.8	29.5	49.6	100.0	321
25-29	5.2	14.5	22.5	57.8	100.0	310
30-39	5.8	10.4	18.9	65.0	100.0	522
40-49	4.5	10.2	18.2	66.9	100.0	285
50-54	5.9	14.0	7.1	73.0	100.0	83
Marital status						
Married or in union	5.3	11.8	19.5	63.4	100.0	1,180
Divorced, separated, widowed	1.5	14.0	24.0	60.4	100.0	107
Never married	12.2	16.2	23.7	48.0	100.0	356
Ever had sex	34.3	21.2	19.7	24.7	100.0	319
Residence						
Urban	8.4	13.5	22.6	55.4	100.0	325
Rural	11.6	14.4	20.1	53.9	100.0	1,637
Region						
Central	14.8	11.7	23.9	49.6	100.0	671
Eastern	8.5	11.1	16.9	63.3	100.0	523
Northern	6.1	15.8	21.5	56.6	100.0	284
Western	11.5	20.1	19.2	49.2	100.0	484
Education						
No education	23.9	16.4	18.5	41.2	100.0	122
Primary	13.3	15.9	21.4	49.5	100.0	1,272
Secondary+	3.5	11.8	19.6	65.0	100.0	444
Total	11.1	14.2	20.5	54.2	100.0	1,962

11.5 REPORTS OF RECENT SEXUALLY TRANSMITTED INFECTIONS

The 2000-2001 UDHS obtained data on the prevalence of STIs from responses to the question, “During the last 12 months, have you had a sexually transmitted disease?” This question was asked of respondents who had ever had sexual intercourse. Tables 11.8.1 and 11.8.2 show that 8 percent of women and 3 percent of men reported having had an STI in the 12 months preceding the survey. Given the low level of knowledge about symptoms of STIs, many people may have STIs without knowing it. Therefore, the true level of prevalence of STIs could be higher than the reported one. The rate in 2000-2001 for women is higher than in 1995 (4 percent), but for men, it is lower than in 1995 (6 percent).

Table 11.8.1 Self-reporting of sexually transmitted infections and STI symptoms: women

Among women who have ever had sex, the percentage who report having an STI and/or associated symptoms in the 12 months preceding the survey, according to background characteristics, Uganda 2000-2001

Background characteristic	Percentage with an STI	Percentage with genital discharge	Percentage with genital sore or ulcer	Percentage with STI, or discharge, or sore/ulcer	Number ¹
Age					
15-19	7.2	7.1	7.9	13.3	841
20-24	8.0	11.5	10.5	17.5	1,448
25-29	7.8	11.8	9.9	17.3	1,333
30-39	7.4	12.2	11.0	17.6	1,785
40-49	7.0	9.8	8.7	15.4	991
Marital status					
Married or in union	7.3	10.7	9.7	16.4	4,881
Divorced, separated, widowed	9.7	14.0	11.2	19.3	910
Never married, ever had sex	6.2	8.3	9.0	14.5	608
Residence					
Urban	11.2	12.9	13.8	22.6	1,041
Rural	6.8	10.5	9.1	15.4	5,357
Region					
Central	13.0	16.5	16.5	25.8	2,067
Eastern	4.1	8.9	8.0	13.7	1,777
Northern	5.2	6.1	5.0	9.9	1,014
Western	5.7	8.8	6.4	12.0	1,541
Education					
No education	4.7	7.1	6.5	11.2	1,538
Primary	8.1	12.5	10.9	17.9	3,781
Secondary+	9.4	10.8	11.2	19.6	1,079
Total	7.5	10.9	9.9	16.6	6,398

¹ Includes one woman with missing information on education.

Tables 11.8.1 and 11.8.2 also show that 11 percent of the women report having had an abnormal genital discharge, 10 percent report having had genital sores or ulcers, and 17 percent report having had one or more of the symptoms. Among men, 1 percent report having had an abnormal discharge, 3 percent report having had genital sores or ulcers, and 6 percent report having had at least one of the symptoms. Women in urban areas, in the Central Region, and with some education are more likely to report having had an STI. Men show very small differences in the prevalence of STIs and their symptoms.

Table 11.8.2 Self-reporting of sexually transmitted infections and STI symptoms: men

Among men who have ever had sex, the percentage who report having an STI and/or associated symptoms in the 12 months preceding the survey, according to background characteristics, Uganda 2000-2001

Background characteristic	Percentage with an STI	Percentage with genital discharge	Percentage with genital sore or ulcer	Percentage with STI, or discharge, or sore/ulcer	Number
Age					
15-19	2.2	0.2	0.8	2.7	171
20-24	3.3	2.2	4.6	7.4	281
25-29	4.8	0.7	4.1	7.0	304
30-39	3.0	1.4	2.7	5.2	520
40-54	2.0	1.8	3.1	4.4	285
50-54	1.6	1.8	1.6	5.1	83
Current marital status					
Married or living together	3.1	1.3	3.1	5.5	1,180
Divorced, separated, widowed	2.4	1.4	2.4	3.8	107
Never married, ever had sex	3.3	1.9	3.5	5.9	356
Residence					
Urban	4.2	0.7	4.0	6.0	277
Rural	2.8	1.5	2.9	5.4	1,365
Region					
Central	2.9	0.8	4.1	5.6	559
Eastern	3.4	2.1	2.1	5.3	469
Northern	1.0	0.0	0.5	1.5	243
Western	4.2	2.2	4.5	8.1	372
Education					
No education	3.5	1.6	5.8	7.7	116
Primary	3.5	1.5	2.9	5.5	1,037
Secondary+	2.1	1.1	3.0	5.4	370
Total	3.1	1.4	3.1	5.5	1,643

11.6 TREATMENT SEEKING AND PROTECTION OF A PARTNER FROM SEXUALLY TRANSMITTED INFECTIONS

Respondents who reported having an infection or STI symptoms in the 12 months preceding the survey were asked whether they sought advice or treatment. Table 11.9 shows that among women who reported having an STI in the last 12 months, 61 percent sought some form of treatment. More than half of these women went to a medical facility or a doctor (55 percent), 16 percent obtained advice or treatment from a pharmacy or a shop, and 16 percent got advice from a friend or relative. Younger women, women who are formerly married, urban women, women who live in the Central Region, and better educated women are more likely to go to a medical facility for treatment.

The number of men who reported having an infection in the 12 months preceding the survey is too small to be presented in detail by background characteristics. Hence, findings for men are presented at the bottom of the table. In general, men are more likely than women to seek advice or treatment (70 percent). The majority of men go to a medical facility (64 percent) for treatment

Table 11.9 Source of treatment of STIs

Percentage of women who reported an STI and/or associated symptoms in the 12 months preceding the survey, by source of treatment or advice and background characteristics, and the percentage of men who reported an STI and/or associated symptoms in the 12 months preceding the survey, by source of treatment or advice, Uganda 2000-2001

Background characteristic	Clinic/hospital	Traditional healer	Advice or medicine from pharmacy or shop	Advice from friends or relatives	Advice or treatment from any source	No advice or treatment	Number
Age							
15-19	59.2	5.6	18.8	19.4	65.7	34.1	111
20-24	56.8	8.4	14.2	14.0	61.9	36.5	253
25-29	57.7	4.8	17.3	17.3	61.8	36.0	230
30-39	52.2	6.3	15.7	15.0	60.1	37.5	315
40-49	47.3	6.8	16.8	15.5	53.2	42.3	153
Marital status							
Married or in union	53.5	5.9	15.6	14.5	59.7	38.0	799
Divorced, separated, widowed	60.4	8.3	18.0	18.4	65.6	32.5	175
Never married, ever had sex	51.9	8.5	17.5	22.0	57.8	39.8	88
Residence							
Urban	63.4	5.6	23.2	18.9	67.7	29.9	235
Rural	52.0	6.7	14.2	14.9	58.4	39.4	827
Region							
Central	62.2	8.5	17.4	18.4	67.2	30.6	534
Eastern	41.5	4.1	17.2	16.7	48.9	49.0	243
Northern	39.2	8.2	7.7	3.4	46.7	49.1	101
Western	57.7	2.8	15.9	13.8	63.8	34.6	184
Education							
No education	47.4	8.1	14.5	12.7	55.9	42.3	173
Primary	52.5	6.4	14.2	15.1	58.6	38.6	678
Secondary+	66.7	5.5	24.1	20.5	70.4	29.0	211
Total women	54.5	6.5	16.2	15.8	60.5	37.3	1,062
Men	64.3	11.7	30.5	27.3	69.9	28.3	90

or a pharmacy or shop (31 percent). Twenty-seven percent of men consult their friends or relatives for advice. Men are also more likely than women to seek help from a traditional healer (12 percent compared with 7 percent).

Respondents who reported having an STI in the preceding 12 months were asked whether they informed their sexual partners. Table 11.10 shows that half of the women informed their partners; 37 percent of women reported having no partner or have missing information. Women 20-29 years, women in union, urban women, and more educated women are more likely to inform their partners.

When asked whether they did anything to avoid infecting partners, 52 percent did not take any action, 38 percent took some action, and 7 percent had a partner who was already infected. Among those who took some action, use of medicines was most prevalent (33 percent), followed by abstaining from sexual relations (26 percent). The use of condoms was the least common (6 percent).

Due to the small number of men who reported having an STI, data for men are not specified by background characteristics and are presented at the bottom of Table 11.10. Men are more likely than women to say that they informed their sexual partners about STIs. They are also slightly more likely than women to protect their partners (42 percent of men take some action compared with 38 percent of women). It is interesting to note that men are more than twice as likely as women to report the use of condoms (16 percent compared with 6 percent).

Table 11.10 Protection of partner by women with an STI

Percent distribution of women and men who had an STI and/or associated symptoms in the 12 months preceding the survey by whether they informed their partner of their condition, and percentage who took actions to protect partner from infection, according to selected background characteristics (for women only), Uganda 2000-2001

Background characteristic	Informed partner(s)				Total	Actions taken to protect partner						Number
	Yes	Some/ not all	No	No partner/ missing		Stopped having sex	Used condoms	Take medicine	Any action	No action	Partner already infected	
Age												
15-19	49.3	1.1	15.2	34.3	100.0	28.3	12.5	38.0	44.5	45.3	8.3	111
20-24	56.7	1.0	5.8	36.5	100.0	30.9	8.3	38.0	45.6	45.7	5.5	253
25-29	51.1	1.3	11.6	36.0	100.0	25.7	6.5	34.2	38.1	53.4	6.0	230
30-39	49.5	0.9	12.1	37.5	100.0	23.6	4.5	30.8	35.1	55.0	5.9	315
40-49	43.3	0.3	14.1	42.3	100.0	22.0	0.6	24.1	27.8	56.1	13.1	153
Marital status												
Married or in union	55.3	0.4	6.3	38.1	100.0	26.2	4.2	33.3	38.1	50.8	7.7	799
Divorced, separated, widowed	39.4	2.6	25.5	32.5	100.0	24.3	7.6	31.3	35.8	56.7	4.9	175
Never married, ever had sex	31.1	3.0	26.1	39.8	100.0	28.4	20.5	34.7	44.0	48.5	5.8	88
Residence												
Urban	53.9	1.7	14.4	30.0	100.0	29.3	11.9	40.0	47.1	46.0	4.5	235
Rural	49.7	0.8	10.1	39.4	100.0	25.2	4.5	31.1	35.7	53.2	7.8	827
Region												
Central	54.3	1.5	13.6	30.7	100.0	28.6	8.3	37.7	44.6	50.2	4.1	534
Eastern	41.6	0.9	8.5	49.0	100.0	20.1	3.1	22.9	26.3	60.2	11.1	243
Northern	40.8	0.0	10.1	49.1	100.0	22.3	0.5	18.2	23.8	51.5	12.7	101
Western	57.5	0.0	7.9	34.6	100.0	28.6	6.8	41.1	43.2	44.3	7.4	184
Education												
No education	44.6	1.3	11.8	42.3	100.0	21.9	2.5	23.9	27.8	59.2	10.4	173
Primary	50.4	0.5	10.5	38.6	100.0	25.1	5.3	32.1	37.6	52.3	6.7	678
Secondary+	56.3	2.2	12.3	29.2	100.0	32.7	11.7	43.5	48.5	43.0	5.8	211
Total women	50.7	1.0	11.1	37.3	100.0	26.1	6.1	33.1	38.2	51.6	7.1	1,062
Men	63.2	1.6	28.2	7.2	100.0	26.9	15.9	34.7	42.4	30.2	11.7	90

11.7 SEXUAL BEHAVIOUR

The sexual behaviour of an individual greatly affects the chances of getting infected with an STI. In this section, two aspects of sexual behaviour are studied: number of sexual partners and use of condoms for STI prevention.

11.7.1 NUMBER OF SEXUAL PARTNERS

Information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of STIs. The 2000-2001 UDHS included questions on the respondents' last three sexual partners in the 12 months preceding the survey. Two types of

partners are recognised: those who are cohabiting with the respondent (mostly spouses) and those who are not cohabiting with the respondent at the time of the last sexual encounter. Male respondents were also asked whether they had paid for sex in the last 12 months. Information on use of condoms at last sexual encounter with each of these partner types was collected.

Table 11.11 shows that 97 percent of married women say they had no sexual partner other than their spouse or cohabiting partner in the 12 months preceding the survey. Two percent say they only had one partner other than their spouse or cohabiting partner, and almost none had two or more partners. Differences by background characteristics are negligible.

Married men, however, are more likely than married women to have multiple partners. Overall, 12 percent of married men have had one or more partners other than their spouse or cohabiting partner in the previous year. The practice of having extramarital partners is common among younger married men (age 15-30), men living in urban areas, men in the Central Region, and better educated men.

Table 11.11 Number of sexual partners: married women and men

Percent distribution of currently married women and men by number of persons with whom they had sexual intercourse in the past 12 months, excluding spouse or cohabiting partner, by background characteristics, Uganda 2000-2001

Background characteristic	Number of sexual partners excluding spouse or cohabiting partner									
	Women					Men				
	0	1	2+	Total	Number	0	1	2+	Total	Number
Age										
15-19	97.0	2.9	0.1	100.0	466	77.0	23.0	0.0	100.0	28
20-24	97.0	2.9	0.1	100.0	1,150	85.7	13.2	1.1	100.0	139
25-29	97.2	2.8	0.0	100.0	1,078	81.4	15.2	3.4	100.0	237
30-39	97.9	2.0	0.1	100.0	1,459	89.0	8.0	3.0	100.0	453
40-49	98.0	1.6	0.3	100.0	728	93.2	6.2	0.6	100.0	252
50-54	na	na	na	na	na	93.9	3.4	2.7	100.0	72
Residence										
Urban	97.1	2.8	0.1	100.0	636	80.9	15.5	3.6	100.0	148
Rural	97.5	2.4	0.1	100.0	4,245	89.0	8.9	2.1	100.0	1,032
Region										
Central	95.7	4.3	0.0	100.0	1,377	83.9	12.0	4.1	100.0	322
Eastern	97.8	1.9	0.2	100.0	1,487	87.5	9.9	2.6	100.0	344
Northern	97.2	2.6	0.2	100.0	823	92.5	7.2	0.2	100.0	209
Western	99.1	0.8	0.0	100.0	1,194	89.8	8.9	1.4	100.0	305
Education										
No education	97.3	2.3	0.3	100.0	1,264	96.2	2.4	1.4	100.0	92
Primary	97.7	2.3	0.0	100.0	2,978	88.7	9.2	2.1	100.0	781
Secondary+	96.6	3.3	0.1	100.0	639	84.2	12.6	3.2	100.0	220
Total	97.4	2.4	0.1	100.0	4,881	88.0	9.7	2.3	100.0	1,180

Note: Total includes one woman with missing information on education.
na = Not applicable

The same questions were asked of respondents who are not currently married. Table 11.12 shows that 72 percent of unmarried women did not have any sexual partner in the 12 months preceding the survey, 26 percent had only one sexual partner, and 2 percent had two or more partners. Unmarried men are also less likely than women to have had no partner (65 percent and 72 percent, respectively) and are much more likely to report having had multiple partners (11 percent compared with 2 percent).

Men in their twenties are the most likely to report having had more than one sexual partner in the previous 12 months. The practice of having multiple partners is also more common among respondents who live in urban areas or in the Central Region.

Table 11.12 Number of sexual partners: unmarried women and men

Percent distribution of unmarried women by number of persons with whom they had sexual intercourse in the 12 months preceding the survey, according to background characteristics, Uganda 2000-2001

Background characteristic	Number of sexual partners											
	Women						Men					
	0	1	2+	Don't know/missing	Total	Number ¹	0	1	2+	Don't know/missing	Total	Number
Age												
15-19	77.8	20.5	1.7	0.0	100.0	1,149	77.8	17.2	4.8	0.1	100.0	413
20-24	53.0	44.8	1.8	0.4	100.0	354	49.0	30.8	20.2	0.0	100.0	182
25-29	65.4	31.9	2.7	0.0	100.0	263	43.7	35.5	20.8	0.0	100.0	73
30-39	69.9	27.4	2.7	0.0	100.0	334	61.0	22.3	16.7	0.0	100.0	70
40-49	80.8	17.2	(2.0)	(0.0)	100.0	265	(60.3)	(29.0)	(10.7)	(0.0)	100.0	33
50-54	na	na	na	na	na	na	*	*	*	*	100.0	11
Marital status												
Divorced, separated, widowed	70.9	26.9	2.2	0.0	100.0	910	59.0	28.5	12.5	0.0	100.0	107
Never married	72.5	25.5	1.9	0.1	100.0	1,456	66.4	22.6	11.0	0.0	100.0	675
Residence												
Urban	64.6	32.4	3.0	0.0	100.0	571	49.6	32.2	18.0	0.3	100.0	177
Rural	74.2	24.0	1.7	0.1	100.0	1,794	70.0	20.8	9.2	0.0	100.0	605
Region												
Central	66.2	30.4	3.2	0.2	100.0	964	53.7	29.0	17.4	0.0	100.0	349
Eastern	69.3	29.5	1.2	0.0	100.0	468	66.8	24.7	8.2	0.3	100.0	179
Northern	82.1	16.3	1.6	0.0	100.0	335	73.5	21.6	4.9	0.0	100.0	75
Western	77.3	21.7	1.0	0.0	100.0	597	83.4	12.0	4.6	0.0	100.0	179
Education												
No education	77.4	21.2	1.4	0.0	100.0	320	(59.5)	(35.4)	(5.1)	(0.0)	100.0	30
Primary	74.4	23.8	1.8	0.0	100.0	1,352	69.5	19.3	11.2	0.0	100.0	491
Secondary+	64.5	32.5	2.8	0.2	100.0	692	58.6	30.6	10.6	0.2	100.0	224
Total	71.9	26.0	2.0	0.1	100.0	2,365	65.4	23.4	11.2	0.1	100.0	782

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

¹ Includes one woman with missing information on education.

na = Not applicable

11.7.2 PAYMENT FOR SEXUAL RELATIONS

Male respondents in the 2000-2001 UDHS were asked whether they had paid money in exchange for sex in the last 12 months. Table 11.13 shows that 2 percent of men who have ever had sex in the 12 months preceding the survey reported paying for sex. Younger men (15-34) are more likely than older men to have paid for sex, and married men are much less likely than unmarried men to have recently paid for sex. Men in the Western Region are more likely to have engaged in commercial sex than in other regions. Alcohol consumption does not seem to have a strong relationship with commercial sex. Men who have been drunk at least once in the last 30 days are slightly more likely to have engaged in commercial sex than men who have not been drunk.

11.7.3 CONDOM USE FOR DISEASE PREVENTION

Condom use is one of the programmatically emphasised approaches to avoiding STI infection. Therefore, knowledge of, access to, and use of condoms are essential to controlling the spread of STIs. Knowledge of the male condom was found to be over 80 percent (see Chapter 5). However, Table 11.14 shows that only 55 percent of women know a source of male condoms. The level of knowledge increases with level of education. Knowledge is also higher in urban areas than in rural areas. Wide variations do exist between regions and by marital status.

The table further shows that only 38 percent of women say they could get a condom if they wanted. Women age 20-24 years are most likely to be able to get a condom. Other variations are similar to those observed in the knowledge of where to get a condom.

Table 11.13 Payment for sexual relations

Among men who have had sexual intercourse in the last 12 months, percentage who paid for sex in the 12 months preceding the survey, by background characteristics, Uganda 2000-2001

Background characteristic	Percent who have paid for sex	Number
Age		
15-24	2.3	354
25-34	2.3	547
35-54	0.5	547
Marital status		
Married or in union	0.8	1,163
Divorced, separated, widowed	5.3	55
Never married, ever had sex	4.9	229
Residence		
Urban	2.1	237
Rural	1.5	1,211
Region		
Central	1.4	485
Eastern	0.9	398
Northern	0.0	229
Western	3.8	336
Education		
No education	0.0	104
Primary	1.8	927
Secondary+	1.6	315
Alcohol consumption (last 30 days)		
Has not been drunk	1.4	1,039
Has been drunk	2.1	407
DISH/CREHP districts		
DISH	2.5	426
I Mbarara and Ntungamo	5.4	88
II Masaka, Rakai, and Sembabule	3.5	105
III Luwero, Masindi, and Nakasongola	(0.0)	44
IV Kamuli and Jinja	0.0	67
V Kampala	1.9	122
CREHP (Kisoro, Kabale, and Rukungiri)	2.4	75
Neither	1.1	946
Total	1.6	1,448

Table 11.14 Knowledge of source of male condoms and access to condoms

Percentage of women who know a source for male condoms and the percentage who think they themselves could get a male condom, by background characteristics, Uganda 2000-2001

Background characteristic	Know a source for male condoms	Could get a condom	Number
Age			
15-19	53.1	32.3	1,615
20-24	62.1	47.1	1,504
25-29	58.1	42.0	1,341
30-39	51.3	34.8	1,793
40-49	37.7	20.9	993
Current marital status			
Never married (never had sex)	57.7	36.6	1,456
Ever had sex	77.5	58.9	608
Never had sex	43.6	20.5	848
Married or living together	51.5	35.8	4,881
Divorced, separated, widowed	56.2	37.9	910
Residence			
Urban	85.0	61.9	1,207
Rural	47.0	31.1	6,039
Region			
Central	83.5	59.3	2,341
Eastern	48.7	32.4	1,956
Northern	20.3	13.6	1,158
Western	40.3	25.0	1,792
Education			
No education	27.1	16.1	1,584
Primary	52.6	34.6	4,330
Secondary+	87.0	65.4	1,331
Total	53.3	36.2	7,246

Tables 11.15.1 and 11.15.2 show that overall, use of condoms is low (7 percent of women and 15 percent of men). However, there is a wide gap between condom use with a spouse/cohabiting partner and with a noncohabiting partner. It is encouraging that 38 percent of women and 59 percent of men report that a condom was used the last time they had sex with a noncohabiting partner.

Use of condoms among women with noncohabiting partners was high, especially among those with secondary education (61 percent) and those in urban areas (58 percent). Condom use was also moderately high among women age 15-19 (50 percent), those who have never married but have had sex (50 percent), and women in the Central Region (49 percent).

Use of condoms among men with noncohabiting partners is high among men in their early twenties (71 percent), those in urban areas (81 percent), and those with some secondary education (72 percent).

Table 11.15.1 Use of condoms by type of partner: women

Percentage of women who have had sexual intercourse in the past year who used a condoms during last sexual intercourse with spouse or cohabiting partner, with non-cohabiting partner, and with any partner, by background characteristics, Uganda 2000-2001

Background characteristic	Spouse or cohabiting partner		Non-cohabiting partner		Any partner	
	Percentage	Number	Percentage	Number	Percentage	Number
Age						
15-19	1.9	483	49.6	266	18.8	740
20-24	2.8	1,171	36.9	197	7.1	1,351
25-29	3.2	1,095	33.9	122	5.7	1,204
30-39	2.1	1,447	32.0	132	4.1	1,561
40-49	2.3	682	10.2	63	3.0	737
50-54	na	na	na	na	na	na
Marital status						
Married or in union	2.2	4,663	24.2	123	2.3	4,735
Divorced, separated, widowed	10.0	192	26.5	263	18.9	444
Never married, ever had sex	na	na	49.6	393	47.5	415
Residence						
Urban	6.9	653	58.4	219	19.3	863
Rural	1.9	4,224	29.7	561	4.7	4,731
Region						
Central	5.3	1,407	49.1	383	13.9	1,767
Eastern	1.6	1,458	37.2	173	4.8	1,603
Northern	1.1	794	14.8	82	2.4	871
Western	1.4	1,218	21.0	141	3.4	1,353
Education						
No education	0.6	1,226	18.8	105	1.5	1,312
Primary	2.1	3,001	27.9	408	4.8	3,377
Secondary+	8.3	650	60.6	265	22.8	904
DISH/CREHP districts						
DISH	3.4	1,339	45.3	299	10.6	1,621
CREHP (Kisoro, Kabale, and Rukungiri)	0.3	295	(9.2)	19	0.9	312
Neither	2.4	3,243	34.0	461	5.9	3,661
Total	2.5	4,877	37.8	780	6.9	5,594

Note: Total includes one woman with missing information on education
na = Not applicable

Table 11.15.2 Use of condoms by type of partner: men

Percentage of men who have had sexual intercourse in the past year who used a condoms during last sexual intercourse with spouse or cohabiting partner, with non-cohabiting partner, and with any partner, by background characteristics, Uganda 2000-2001

Background characteristic	Spouse or cohabiting partner		Non-cohabiting partner		Any partner	
	Percentage	Number	Percentage	Number	Percentage	Number
Age						
15-19	(9.2)	28	51.5	97	41.8	120
20-24	5.8	141	71.0	113	31.1	235
25-29	3.5	230	60.7	85	14.8	273
30-39	4.2	454	63.6	76	7.5	484
40-49	3.1	248	(36.5)	29	4.7	263
50-54	0.0	69	*	9	0.0	74
Marital status						
Married or in union	3.8	1,152	59.7	139	4.7	1,165
Divorced, separated, widowed	*	13	(40.9)	44	32.4	55
Never married, ever had sex	na	na	61.8	227	61.1	230
Residence						
Urban	7.9	144	80.7	117	37.1	238
Rural	3.3	1,026	50.2	293	10.3	1,212
Region						
Central	6.2	319	68.4	213	27.4	485
Eastern	5.8	339	48.8	100	12.3	398
Northern	0.2	205	(39.1)	35	4.4	229
Western	1.8	306	53.5	61	6.1	337
Education						
No education	3.0	92	*	16	5.6	104
Primary	3.1	771	49.6	236	10.7	928
Secondary+	5.4	221	72.2	127	26.5	316
DISH/CREHP districts						
DISH	5.0	322	66.0	141	20.8	427
CREHP (Kisoro, Kabale, and Rukungiri)	0.0	69	(37.0)	15	2.1	75
Neither	3.8	778	56.2	254	12.9	947
Total	3.9	1,169	58.9	410	14.7	1,450

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

11.8 TESTING FOR HIV

In the 2000-2001 UDHS, respondents were asked whether they had ever been tested for HIV. Those who were tested were asked whether they got the results. Respondents who had never been tested were asked whether they would like to be tested and whether they know a place to get tested. Tables 11.16.1 and 11.16.2 present the findings of these queries.

Eight percent of women and 12 percent of men report that they have been tested for HIV. Women in their twenties and men age 25-39 are the most likely to have had the test. This test is much more common among respondents living in urban areas, in the Central Region, and in Kampala District as well as among those who have secondary education.

Table 11.16.1 HIV/AIDS tests: women

Percent distribution of women who have been tested for the AIDS virus, the percent distribution among women not tested but who want to be tested, the percent distribution among women tested by source of testing; and the percentage of women not tested, who know a source for the test, according to background characteristics, Uganda 2000-2001

Background characteristic	Have not been tested				Total	Number of all women	Among those tested, source of testing				Total all sources	Number of women tested	Among those tested, percentage who got results	Percentage who know a source for the test	Number of women not tested
	Tested for the AIDS virus	Want to be tested	Do not want to be tested	Don't know/don't know of AIDS			Public	Private	Other	Missing					
Age															
15-19	6.0	62.2	29.1	2.8	100.0	1,615	62.8	17.5	0.0	19.7	100.0	96	91.7	26.6	1,518
20-24	11.4	67.8	18.3	2.5	100.0	1,504	59.1	24.6	0.2	16.1	100.0	172	89.9	34.8	1,332
25-29	11.1	64.7	21.9	2.3	100.0	1,341	52.2	24.2	0.0	23.7	100.0	149	91.2	29.9	1,193
30-39	7.6	61.7	27.1	3.6	100.0	1,793	63.1	19.5	0.2	17.2	100.0	137	88.9	26.0	1,656
40-49	5.5	62.0	28.0	4.5	100.0	993	54.8	24.9	2.7	17.6	100.0	55	91.1	24.0	938
Marital status															
Never married															
Ever had sex	14.2	68.8	15.5	1.4	100.0	608	52.4	24.3	0.0	23.2	100.0	86	92.6	42.8	522
Never had sex	2.9	52.8	40.5	3.8	100.0	848	(55.3)	(12.3)	(0.0)	(32.3)	100.0	25	90.2	20.3	823
Married or living together															
Divorced, separated, widowed	8.3	64.7	23.7	3.2	100.0	4,881	61.1	21.8	0.5	16.6	100.0	407	89.8	27.9	4,474
Divorced, separated, widowed	10.0	64.5	22.9	2.7	100.0	910	53.5	25.2	0.0	21.3	100.0	91	90.7	29.5	819
Residence															
Urban	22.7	47.3	27.8	2.1	100.0	1,207	55.5	24.7	0.2	19.6	100.0	274	93.2	34.4	933
Rural	5.5	66.9	24.3	3.3	100.0	6,039	61.0	20.3	0.4	18.3	100.0	334	88.1	27.3	5,705
Region															
Central	16.1	54.1	28.3	1.6	100.0	2,341	55.9	23.2	0.5	20.4	100.0	376	90.7	36.2	1,964
Eastern	5.6	70.1	22.0	2.2	100.0	1,956	64.7	13.6	0.2	21.4	100.0	110	91.0	24.7	1,846
Northern	3.6	73.1	18.2	5.1	100.0	1,158	63.2	28.0	0.0	8.8	100.0	42	86.8	22.1	1,116
Western	4.5	63.0	27.9	4.6	100.0	1,792	60.0	26.5	0.0	13.5	100.0	80	89.7	27.3	1,712
Education															
No education	2.8	63.1	28.7	5.4	100.0	1,584	(63.0)	(19.8)	(3.3)	(13.8)	100.0	44	78.9	18.1	1,540
Primary	6.4	66.9	24.2	2.5	100.0	4,330	59.5	23.1	0.2	17.2	100.0	278	88.6	27.9	4,051
Secondary +	21.5	53.8	22.6	2.1	100.0	1,331	56.8	21.8	0.0	21.4	100.0	286	93.9	44.8	1,045
DISH/CREHP districts															
DISH	15.0	55.3	28.0	1.7	100.0	2,077	56.4	22.8	0.2	20.7	100.0	312	90.5	32.2	1,766
I Mbarara and Ntungamo															
II Masaka, Rakai and Sembabule	6.2	61.4	30.2	2.2	100.0	392	78.3	14.2	0.0	7.6	100.0	24	88.7	35.9	368
III Luwero, Masindi and Nakasongola															
IV Kamuli and Jinja	8.3	67.9	21.5	2.3	100.0	240	50.5	38.2	0.0	11.3	100.0	20	93.9	39.2	220
V Kampala	12.9	67.5	17.1	2.6	100.0	356	66.1	8.9	0.5	24.5	100.0	46	92.3	25.4	310
CREHP (Kisoro, Kabale, and Rukungiri)															
Neither	28.6	40.9	28.9	1.6	100.0	604	58.9	23.9	0.0	17.2	100.0	173	94.5	34.4	431
Neither	3.2	52.8	35.1	8.9	100.0	472	(43.9)	(37.5)	(0.0)	(18.6)	100.0	15	93.5	17.7	457
Neither	6.0	68.4	22.5	3.1	100.0	4,696	61.7	20.9	0.5	16.9	100.0	281	90.1	27.9	4,415
Total	8.4	63.7	24.9	3.1	100.0	7,246	58.5	22.2	0.3	18.9	100.0	608	90.4	28.3	6,638

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

Table 11.16.2 HIV/AIDS tests: men

Percent distribution of men who have been tested for the AIDS virus, the percent distribution among men not tested but who want to be tested, the percent distribution among men tested by source of testing; and the percentage of men not tested, who know a source for the test, according to background characteristics, Uganda 2000-2001

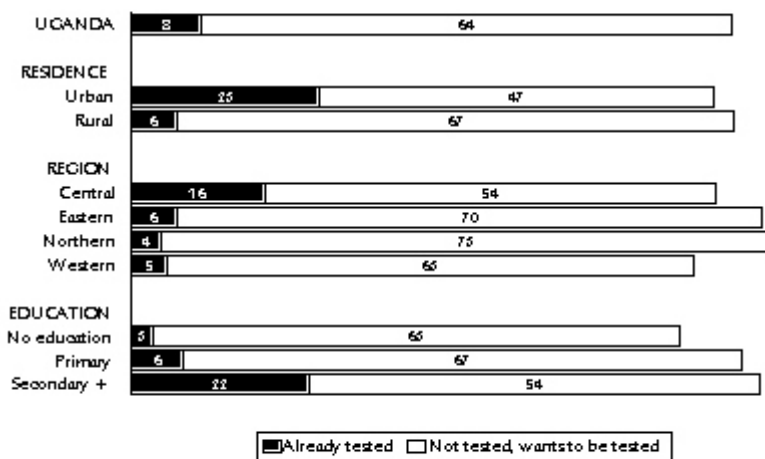
Background characteristic	Have not been tested				Total	Number of all men	Among those tested, source of testing				Total all sources	Number of men tested	Among those tested, percentage who got results	Percentage who know a source for the test	Number of men not tested
	Tested for the AIDS virus	Want to be tested	Do not want to be tested	Don't know/don't know of AIDS			Public	Private	Other	Missing					
Age															
15-19	3.2	69.3	26.3	1.2	100.0	441	*	*	*	*	100.0	14	100.0	41.5	427
20-24	12.7	68.9	17.0	1.5	100.0	321	(60.3)	(26.9)	(10.8)	(2.0)	100.0	41	(86.5)	54.1	280
25-29	18.5	63.4	17.6	0.6	100.0	310	62.5	18.7	17.2	1.6	100.0	57	95.6	53.4	253
30-39	15.5	64.6	17.6	2.3	100.0	522	71.4	18.7	5.8	4.1	100.0	81	90.7	46.6	441
40-49	12.4	63.0	23.6	1.0	100.0	285	(66.9)	(26.7)	(6.4)	(0.0)	100.0	35	(96.3)	44.3	249
50-54	8.8	51.6	33.7	5.9	100.0	83	*	*	*	*	100.0	7	*	41.7	76
Marital status															
Never married															
Ever had sex	11.7	68.6	19.4	0.2	100.0	356	61.8	17.7	20.5	0.0	100.0	42	92.7	58.4	314
Never had sex	1.5	67.8	28.9	1.7	100.0	319	*	*	*	*	100.0	5	*	37.2	315
Married or living together															
Divorced, separated, widowed	14.4	64.2	19.3	2.1	100.0	1,180	66.1	22.4	8.4	3.0	100.0	170	91.9	47.1	1,010
	18.1	60.0	20.7	1.2	100.0	107	*	*	*	*	100.0	19	*	40.6	87
Residence															
Urban	19.9	54.1	25.7	0.4	100.0	325	55.6	21.7	21.6	1.1	100.0	65	96.3	66.4	261
Rural	10.4	67.6	20.0	1.9	100.0	1,637	69.0	23.2	5.2	2.5	100.0	171	91.6	43.6	1,466
Region															
Central	18.5	58.0	22.8	0.7	100.0	671	58.3	27.7	14.0	0.0	100.0	124	95.0	54.4	547
Eastern	11.3	62.7	24.1	1.9	100.0	523	82.3	8.8	5.7	3.3	100.0	59	89.9	47.3	464
Northern	4.7	79.6	13.4	2.3	100.0	284	*	*	*	*	100.0	13	*	26.2	270
Western	8.0	70.2	19.5	2.3	100.0	484	(71.8)	(14.8)	(5.5)	(7.9)	100.0	39	(91.2)	50.3	445
Education															
No education	4.2	59.7	30.0	6.1	100.0	122	*	*	*	*	100.0	5	*	30.9	117
Primary	8.8	67.9	21.8	1.5	100.0	1,272	67.9	27.2	3.0	1.9	100.0	112	93.0	40.9	1,161
Secondary +	16.4	64.1	18.4	1.1	100.0	444	63.4	23.1	12.5	0.9	100.0	73	87.6	62.9	371
DISH/CREHP districts															
DISH	17.5	58.3	23.0	1.2	100.0	582	63.9	19.6	16.6	0.0	100.0	102	94.3	58.3	480
I Mbarara and Ntungamo															
	8.9	66.1	22.2	2.8	100.0	115	*	*	*	*	100.0	10	*	53.0	104
II Masaka, Rakai and Sembabule															
	12.6	66.1	20.5	0.8	100.0	147	*	*	*	*	100.0	19	*	51.6	129
III Luwero, Masindi and Nakasongola															
	15.3	63.6	16.8	4.3	100.0	66	*	*	*	*	100.0	10	*	(50.4)	56
IV Kamuli and Jinja															
	25.1	56.6	18.3	0.0	100.0	84	80.7	10.0	9.3	0.0	100.0	21	93.8	60.2	63
V Kampala															
	24.5	45.0	30.5	0.0	100.0	171	51.4	18.9	29.7	0.0	100.0	42	94.6	71.9	129
CREHP (Kisoro, Kabale, and Rukungiri)															
	6.8	72.7	19.3	1.1	100.0	114	*	*	*	*	100.0	8	*	32.9	107
Neither	10.0	68.0	20.2	1.9	100.0	1,265	66.5	26.0	4.2	3.3	100.0	126	91.4	43.5	1,139
Total	12.0	65.4	21.0	1.6	100.0	1,962	65.4	22.8	9.7	2.1	100.0	236	92.9	47.0	1,726

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

Desire to be tested is high in Uganda (see Figures 11.1 and 11.2). This is measured by adding the percentage of women and men who have been tested and those who want to be tested (72 percent of women and 77 percent of men). Respondents living in urban areas, in the Central Region, and those with more education are more likely to have been tested or want to be tested. Desire for HIV testing is also high among women who have never married and have never had sex, formerly married men, and respondents living in Kampala.

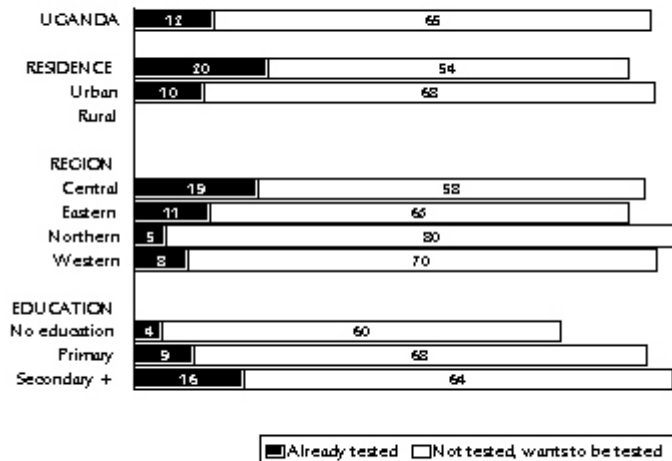
Of those who have been tested, 59 percent of women and 65 percent of men had the test done in a public facility, and 22 to 23 percent had it done in a private facility. There are small variations in the source of testing by respondents' background characteristics.

Figure 11.1 Demand for HIV Testing Services by Background Characteristics: Women



UDHS 2000-2001

Figure 11.2 Demand for HIV Testing Services by Background Characteristics: Men



UDHS 2000-2001

Nine in ten women and men who were tested for HIV received the test results. There are small differences in the percentage of respondents who received their HIV status. When asked whether they know where to go to get an AIDS test, 28 percent of women and 47 percent of men who have never been tested said that they could identify a place to get tested. Respondents who have never been married but have had sex and those with some secondary education are more likely than other respondents to know a place to get the AIDS test.

In Chapter 8 of this report, estimates of childhood mortality were presented and discussed. Early childhood mortality varies according to social and economic development and thus can be expected to be high in disadvantaged settings. Mortality during later childhood and adolescence is, on the other hand, relatively low in all societies but begins to rise with age starting in the late teenage years. The pattern and pace of the rise in adult mortality with increasing age is tied closely to the occupational profile, fertility pattern, and epidemiological characteristics of a population.

Two factors of adult mortality are of interest in Uganda. First, female and male adult mortality in Uganda is not expected to decline in the near term, despite the reported decline in the rate of new HIV infections. Second, mortality related to pregnancy and childbearing (maternal mortality) serves as an important indicator for assessing the status of reproductive health programmes in the country.

The 2000-2001 UDHS Women's Questionnaire included a sibling history, which is a detailed account of the survivorship of all of the live-born children of the respondent's mother (i.e., maternal siblings). These data allow direct estimation of overall adult mortality by sex, as well as maternal mortality in particular. The direct approach to estimating adult and maternal mortality maximises use of the available data, using information on the age of surviving siblings, the age at death of siblings who died, and the number of years ago the sibling died. This allows the data to be aggregated to determine the number of person-years of exposure to mortality risk and the number of sibling deaths that occurred in defined calendar periods. Rates of adult mortality and maternal mortality are obtained by dividing all adult deaths (or maternal deaths) in a calendar period by person-years of exposure to death in those periods. The procedure calculates rates in each of the five-year age periods first and then aggregates the estimates for the whole 15-49 age range, weighting the age-specific estimates using the observed age structure of the female population.

12.1 THE DATA

In the UDHS, all female respondents were asked to report the total number of siblings born to their natural mother, including the respondent, and to list all of these children, males and females, starting with the first born. The respondent was also asked to report the survival status of each sibling. For surviving siblings, their current age was recorded. For deceased siblings, years since death and age at death were ascertained. For each sister who died at the age of 12 or older, the respondent was asked extra questions to determine whether the death was a maternal death. The questions were as follows:

“Was (NAME) pregnant when she died?”

“Did (NAME) die during childbirth?”

“Did (NAME) die within two months after the end of a pregnancy or childbirth?”

Mortality estimates rely on the accuracy and completeness of reporting on siblings and their survival. Table 12.1 shows the number of siblings by sex and survival status and is intended to establish the level of completeness of data on siblings reported by the respondent. Overall, the data on survival status of siblings appear to be reasonably complete; survival status was missing in less than 1 percent of cases. Information on age at death was not reported for 7 percent of siblings who

Table 12.1 Data on siblings

Number of siblings reported by female respondents and completeness of reported data on sibling's age, age at death (AD), and years since death (YSD), Uganda 2000-2001

Sibling status and completeness of reporting	Sisters		Brothers		Total	
	Number	Percent	Number	Percent	Number	Percent
All siblings	23,417	100.0	23,660	100.0	47,077	100.0
Living	18,204	77.7	17,813	75.3	36,017	76.5
Dead	5,166	22.1	5,779	24.4	10,945	23.2
Missing survival status	47	0.2	68	0.3	115	0.2
Living siblings	18,204	100.0	17,813	100.0	36,017	100.0
Age reported	18,071	99.3	17,684	99.3	35,755	99.3
Age missing	133	0.7	129	0.7	262	0.7
Dead siblings	5,166	100.0	5,779	100.0	10,945	100.0
AD and YSD reported	4,424	85.6	4,804	83.1	9,228	84.3
Only AD missing	52	1.0	63	1.1	114	1.0
Only YSD missing	422	8.2	506	8.8	928	8.5
AD and YSD missing	268	5.2	407	7.1	676	6.2

have who died. Furthermore, respondents did not know the years since death for 15 percent of their siblings. Rather than excluding data for the small number of siblings with missing data from further analysis, information on the birth order of siblings in conjunction with other information was used to impute the missing data.¹ The sibling survivorship data, including cases with imputed values, were used in the direct estimation of adult and maternal mortality. From the data in Table 12.1, it is clear that there is little difference in the reporting of information about male and female siblings. The data also show that the quality of data elicited for adult mortality can be considered adequate.

12.2 DIRECT ESTIMATES OF ADULT MORTALITY

To have a sufficiently large number of adult deaths to generate a robust estimate, the ten-year period (0-9 years) prior to the survey has been chosen. Estimates of adult mortality rates have been calculated for females and males separately. They were obtained by dividing the respective number of female and male deaths by the number of females and males age 15-49 years who were at risk of death over the study period. Table 12.2 presents age-specific mortality rates for women and men for the ten-year period preceding the survey (roughly 1991 to 2000). This is obtained by dividing the number of deaths in each age group of females and males by the total person-months of exposure to the risk of dying in that age

¹The imputation procedure is based on the assumption that the reported birth order of siblings in the history is correct. The first step is to calculate birth dates. For each living sibling with a reported age and each dead sibling with complete information on both age at death and years since death, the birth date was calculated. For a sibling missing these data, a birth date was imputed within the range defined by the birth dates of the bracketing siblings. In the case of living siblings, an age was then calculated from the imputed birth date. In the case of dead siblings, if either the age at death or years since death was reported, that information was combined with the birth date to produce the missing information. If both pieces of information were missing, the distribution of the ages at death for siblings for whom the years since death were unreported, but age at death was reported, was used as a basis for imputing the age at death.

Table 12.2 Adult mortality rates

Direct estimates of female and male adult mortality rates for the ten-year period preceding the survey by age, Uganda 2000-2001

Age	2000-2001 UDHS			1995 UDHS mortality rates ¹
	Deaths	Exposure	Mortality rates ¹	
WOMEN				
15-19	110	28,651	3.8	3.7
20-24	184	29,315	6.3	6.5
25-29	245	25,661	9.5	8.0
30-34	213	19,388	11.0	10.8
35-39	142	12,578	11.3	10.6
40-44	94	6,914	13.6	9.7
45-49	48	3,399	14.2	15.5
15-49	1,037	125,906	8.6	7.9
MEN				
15-19	96	27,256	3.5	2.9
20-24	165	27,961	5.9	5.3
25-29	214	24,706	8.6	10.5
30-34	241	18,946	12.7	14.6
35-39	193	12,567	15.3	13.3
40-44	134	6,971	19.2	18.2
45-49	71	3,494	20.4	19.5
15-49	1,113	121,899	9.7	9.5

¹Expressed per 1,000 population

group during the ten-year period prior to the survey. To obtain these rates, the age-specific death rates were adjusted using the age distribution of the de facto female population age 15-49 obtained from the Household Questionnaire.

Data in Table 12.2 show that in general, the level of adult mortality is slightly higher among males than among females (9.7 and 8.6 deaths per 1,000 population). The age-specific mortality rates for females indicate that mortality increases consistently with age from 3.8 deaths per 1,000 for age 15-19 to 14.2 for women age 45-49. Among males, the corresponding figures are 3.5 and 20.4, respectively.

Comparison of adult mortality during the ten-year period prior to the 2000-2001 UDHS and adult mortality during the ten-year period prior to the 1995 UDHS indicates that the mortality situation in Uganda has not improved in the past five years. The adjusted general mortality rate was about 8 deaths per 1,000 for women and 10 deaths per 1,000 for men in both periods.

Overall, the female adult mortality level in the 2000-2001 UDHS and that recorded in the 1995 UDHS are higher than that estimated from the 1991 Population Census (Statistics Department and Macro International Inc., 1996). The available evidence points to rapidly rising adult mortality during the early to mid-1990s and stabilised or slightly rising mortality thereafter.

12.3 MATERNAL MORTALITY

Maternal mortality is a fraction of adult female mortality and represents all female deaths that occurred during pregnancy, childbirth, and two months after birth.² The approach used to compute the maternal mortality results is the same as that used to obtain overall adult mortality. Direct age-specific estimates of maternal mortality from the reported sibling survivorship histories are shown in Table 12.3 for the ten-year period before the survey, alongside estimates based on the 1995 UDHS data for the same period before that survey. Since the total number of maternal deaths reported in the survey is small (155), detailed study of age-specific maternal mortality is not advised. The preferred approach is to examine the estimate for all childbearing ages combined. For the ten-year period before the survey (centered on late 1995), the rate of mortality due to causes related to pregnancy and childbearing is 1.2 maternal deaths per 1,000 woman-years of exposure.³

The maternal mortality rate is converted to a maternal mortality ratio (MMR) and is expressed per 100,000 live births by dividing the rate by the general fertility rate (0.237) associated with the same period. In this way, the obstetrical risk of pregnancy and childbearing is underlined. Using direct estimation procedures based on the 2000-2001 UDHS survey, the maternal mortality ratio is estimated to be 505 maternal deaths per 100,000 live births applicable to the ten-year period before the survey. Given the large sampling errors inherent in the estimation technique, there is virtually no change in the maternal mortality situation in Uganda since 1995 (527 maternal deaths per 100,000 live births).⁴

While the 2000-2001 UDHS data can also be used to estimate the level of maternal mortality using indirect techniques (the sisterhood method), this estimate is not presented in this report because of its limitations, which make the estimate inferior to the one obtained using direct estimation. A major disadvantage of the indirect estimate is that it refers to a period 10-12 years prior to the survey, more than six years earlier than the reference period of the direct estimate. Hence, it loses its value to measure the impact of short-term programmes.

Table 12.3 Maternal mortality rates

Direct estimates of female maternal mortality for the ten-year period preceding the survey, Uganda 2000-2001

Age	2000-2001 UDHS			1995 UDHS
	Deaths	Exposure years	Mortality rates	Mortality rates
15-19	12	28,651	0.4	0.8
20-24	29	29,315	1.0	1.0
25-29	52	25,661	2.0	1.4
30-34	33	19,388	1.7	2.2
35-39	20	12,578	1.6	1.8
40-44	8	6,914	1.2	0.6
45-49	2	3,399	0.5	1.0
15-49	155	125,906	1.2	1.3
General fertility rate (GFR)			0.237	0.239
Maternal mortality rate (MMR) ²			505	527

¹ Expressed per 1,000 woman-years of exposure

² Per 100,000 live births; calculated as the maternal mortality rate divided by the general fertility rate. Rate from the 1995 UDHS differs from the published, unadjusted rate.

² The standard medical definition of maternal mortality includes the puerperium period, i.e., up to 42 days, not two months postpartum.

³ The rate for the whole age range 15-49 is standardised on the UDHS household age structure.

⁴ This rate is different from that presented in the 1995 UDHS report in that this is arrived at using the age-adjusted general fertility rate and the age-adjusted mortality rate.

This chapter presented the adult mortality rate and the maternal mortality ratio in Uganda for the ten-year period preceding the 2000-2001 UDHS. Adult mortality levels in Uganda remain very high, likely because of the continuing impact of the AIDS epidemic. The maternal mortality ratio has also remained at the early 1990s level (505 to 527 deaths per 100,000 live births).

Table 12.3 Maternal mortality rates

Direct estimates of female maternal mortality for the ten-year period preceding the survey, Uganda 2000-2001

Age	2000-2001 UDHS			1995 UDHS
	Deaths	Exposure years	Mortality rates	Mortality rates
15-19	12	28,651	0.4	0.8
20-24	29	29,315	1.0	1.0
25-29	52	25,661	2.0	1.4
30-34	33	19,388	1.7	2.2
35-39	20	12,578	1.6	1.8
40-44	8	6,914	1.2	0.6
45-49	2	3,399	0.5	1.0
15-49	155	125,906	1.2	1.3
General fertility rate (GFR)			0.237	0.239
Maternal mortality rate (MMR) ²			505	527

¹ Expressed per 1,000 woman-years of exposure

² Per 100,000 live births; calculated as the maternal mortality rate divided by the general fertility rate. Rate from the 1995 UDHS differs from the published,

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A major objective of the 2000-2001 UDHS is to provide policymakers and programme managers with information necessary for monitoring and evaluating population, health, and nutrition programmes. To achieve this objective, the UDHS collected information on fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, and breastfeeding practices. In addition, data were collected on the nutritional status of mothers and young children; infant, child, adult, and maternal mortality; maternal and child health; awareness of and behaviour regarding AIDS and other sexually transmitted infections; and levels of haemoglobin and vitamin A in the blood.

The target of the 2000-2001 UDHS sample was to obtain about 6,500 completed interviews with women age 15-49. Using information on response rates and sampling errors from the 1995 UDHS, approximately 7,500 households were selected. In these households, all women age 15-49 were eligible to be interviewed. In every third household selected for the women's interview, men age 15-54 were also interviewed. A total of 1,800 men's interviews were expected to be successfully completed. Vitamin A testing was carried out in every other household selected for the male survey (one-sixth of all households). In these households, all women 15-49 and children under five years old were tested.

Uganda is divided into 45 administrative districts, which are subdivided into counties, subcounties, and parishes. The subsequent administrative breakdown are counties, subcounties, and parishes. In addition to these administrative units, during the 1991 Population Census, for data collection purposes, each parish was subdivided into statistical areas called enumeration areas (EAs). Therefore, the sample frame of the UDHS was the list of EAs developed for the 1991 Population Census. The primary sampling unit (PSU) for the 2000-2001 UDHS is the EA from this list.

SAMPLE ALLOCATION

In the UDHS, the number of selected EAs in each district is not allocated proportionally to the district's total population due to the need to present estimates by urban and rural residence. Because a large proportion of the population resides in rural areas, urban areas have been oversampled to generate unbiased estimates. Districts in the DISH and CREHP projects were also oversampled.

Although the 2000-2001 UDHS was planned to be conducted throughout the country, problems related to insecurity in selected areas of the country caused the Gulu, Kitgum, Bundibugyo, and Kabarole districts to be excluded from the survey. The remaining districts cover approximately 7 percent of the total population of Uganda. Furthermore, the 2000-2001 UDHS was also designed to present separate estimates for urban and rural areas and for each of four regions, which are defined in Uganda as follows:

Central:	Kalangala, Kampala, Kiboga, Luwero, Masaka, Mpigi, Mubende, Mukono, Sembabule, Nakasongola, and Rakai
Eastern:	Bugiri, Busia, Iganga, Jinja, Kamuli, Kapchorwa, Katakwi, Kumi, Mbale, Pallisa, Soroti, and Tororo
Northern:	Adjumani, Apac, Arua, Kotido, Lira, Moyo, Moroto, and Nebbi

Western: Bushenyi, Hoima, Kabale, Kabarole, Kibaale, Kisoro, Masindi, Mbarara, Ntungamo, and Rukungiri.

The sample was also designed to generate estimates for the districts in the USAID-funded DISH project and districts in the CREHP project. These districts are grouped in six subdomains for which specific indicators are presented. To allow for unbiased estimates for these groups, a minimum of 500 completed interviews was targeted for each group. These groups are the following:

DISH districts

Group I: Mbarara and Ntungamo
Group II: Masaka, Rakai, and Sembabule
Group III: Luwero, Masindi, and Nakasongola
Group IV: Jinja and Kamuli
Group V: Kampala

CREHP districts: Kabale, Kisoro, and Rukungiri

In each group, a minimum of 500 completed interviews with women was targeted to allow for separate estimates. Consequently, data for Kampala District can be presented separately because it has more than the specified minimum number of completed interviews.

SAMPLE SELECTION

The 2000-2001 UDHS sample was selected using a stratified, two-stage cluster design consisting of a total of 298 EAs (102 in urban areas and 196 in rural areas). Urban areas and districts under the DISH and CREHP projects were oversampled to generate unbiased estimates for this segment of the population. After the number of households was allocated to each district by urban and rural areas, the number of selected households in each EA was calculated based on an average of 25 completed interviews with women 15-49. This is true in all districts except Kampala, where 11 interviews per EA were expected to be completed. In each urban or rural area in the selected district, EAs were selected systematically with probability proportional to the number of households in each EA. The selection is done using the following formula:

$$P_{1i} = (a * M_i) / (\sum M_i),$$

where

a is the number of EAs to be selected in the urban (or rural) area in the district,

M_i is the number of households of the i^{th} EA in the 1991 Population Census,

$\sum M_i$ is the number of households in the urban (or rural) area in the district according to the 1991 Population Census.

In each selected EA, a complete household listing operation was carried out and households were selected to achieve a self-weighted sampling fraction within each urban (or rural) area in the district. However, since the 2000-2001 UDHS sample is not self-weighting, a final weighting adjustment was calculated for each study domain.

After the overall sampling fraction (f) by urban (or rural) area in the district was calculated, and if c_i is the number of households selected out of the total number of households (L_i) found in the listing process for the i^{th} EA, the self-weighting condition can be expressed as follows:

$$f = P_{1i} * (c_i / L_i)$$

The final number of households is

$$c_i = (f * L_i) / P_{1i}$$

and the household selection interval is

$$I_i = L_i / c_i$$

$$I_i = P_{1i} / f$$

SAMPLE IMPLEMENTATION

The results of the sample implementation for the households and the individual interviews are shown in Tables A.1 and A.2. The results indicate that 8,792 potential households were selected, of which 8,231 proved to be actual inhabited households. Of these, the 2000-2001 UDHS fieldwork teams successfully completed interviews in 7,885 households, yielding a household response rate of 96 percent. The main reason for failure to interview was that the teams found no competent respondent at home, despite making at least three call-backs. In total, this accounted for 3 percent of households. The household response rate was highest in the Northern Region and the rural areas (97 percent) and was lowest in the urban areas (92 percent) and the Central Region (94 percent).

In the interviewed households, 7,717 eligible women were identified, 94 percent of whom were successfully interviewed. The overall individual women's response rate was 90 percent. This rate varies widely across the urban and rural areas (85 percent and 93 percent, respectively) and across regions, where it ranges between 92 percent in the Northern and Western regions and 86 percent in the Central Region. For eligible men, the overall response rate was lower than for women (81 percent). This rate also has a wider range than that for women (between 72 and 88 percent).

Table A.1 Sample implementation: women

Percent distribution of households and eligible women in the 2000-2001 Uganda DHS sample by result of the household and individual interview and response rates, according to region and urban-rural residence, Uganda 2000-2001

Result	Region				Residence		
	Central	Eastern	Northern	Western	Urban	Rural	Total
Selected households							
Completed (C)	88.5	90.6	91.8	89.4	85.8	91.6	89.7
No competent respondent (HP)	4.1	2.9	1.8	2.3	5.5	1.8	3.0
Postponed (P)	0.1	0.0	0.1	0.0	0.0	0.0	0.0
Refused (R)	1.0	0.7	0.7	0.4	1.2	0.5	0.7
Dwelling not found (DNF)	0.3	0.0	0.0	0.2	0.4	0.1	0.2
Absent (HA)	1.7	2.6	1.9	2.2	1.7	2.3	2.1
Dwelling vacant (DV)	3.8	2.7	3.5	4.5	5.2	3.0	3.7
Dwelling destroyed (DD)	0.4	0.5	0.3	1.0	0.3	0.7	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	3,122	2,076	1,155	2,439	2,912	5,880	8,792
Household response rate (HRR)¹	94.1	96.1	97.2	96.8	92.4	97.4	95.8
Eligible women							
Completed (EWC)	91.7	95.1	94.8	95.2	91.7	95.1	93.9
Not at home (EWNH)	4.6	2.9	2.8	2.1	4.7	2.5	3.2
Postponed (EWP)	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Refused (EWR)	1.9	0.8	0.7	0.8	2.0	0.7	1.2
Partly completed (EWPC)	0.5	0.2	0.5	0.3	0.5	0.3	0.4
Incapacitated (EWI)	0.5	0.6	0.9	1.1	0.6	0.8	0.7
Other (EWO)	0.7	0.5	0.2	0.6	0.5	0.6	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,667	1,858	1,098	2,094	2,636	5,081	7,717
Eligible woman response rate (EWRR)²	91.7	95.1	94.8	95.2	91.7	95.1	93.9
Overall response rate (ORR)³	86.3	91.4	92.2	92.2	84.7	92.6	89.9

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, postponed, refused, and dwelling not found. The eligible woman response rate is calculated for completed interviews as a proportion of completed, not at home, postponed, refused, partially completed, incapacitated, and "other." The overall response rate is the product of the household and woman response rates.

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{C}{C + HP + P + R + DNF} * 100$$

² Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO} * 100$$

³ The overall response rate (ORR) is calculated as:

$$ORR = (HRR * EWRR) \div 100$$

Table A.2 Sample implementation: men

Percent distribution of households and eligible men in the 2000-2001 Uganda DHS sample by result of the household and individual interview and response rates, according to region and urban-rural residence, Uganda 2000-2001

Result	Region				Residence		
	Central	Eastern	Northern	Western	Urban	Rural	Total
Selected households							
Completed (C)	88.5	91.2	90.1	90.4	86.8	91.4	89.9
No competent respondent (HP)	4.2	2.8	1.5	2.1	5.3	1.8	2.9
Refused (R)	1.4	0.7	1.0	0.7	1.4	0.8	1.0
Dwelling not found (DNF)	0.3	0.1	0.0	0.1	0.2	0.2	0.2
Absent (HA)	2.3	2.3	2.8	1.6	1.8	2.3	2.2
Dwelling vacant (DV)	2.8	2.6	4.1	4.3	4.2	2.9	3.3
Dwelling destroyed (DD)	0.6	0.3	0.5	0.9	0.3	0.7	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	1,051	704	394	822	983	1,988	2,971
Household response rate (HRR)¹	93.7	96.1	97.3	96.9	92.6	97.1	95.6
Eligible men							
Completed (EMC)	79.9	85.8	90.4	88.9	77.5	88.9	85.1
Not at home (EMNH)	15.5	9.6	7.3	6.8	17.4	7.3	10.7
Postponed (EMP)	0.0	0.2	0.0	0.0	0.0	0.1	0.0
Refused (EMR)	1.3	2.2	1.0	1.1	2.2	1.0	1.4
Partly completed (EMPC)	0.0	0.2	0.0	0.0	0.1	0.0	0.0
Incapacitated (EMI)	0.7	1.1	0.7	1.6	0.8	1.2	1.0
Other (EMO)	2.6	0.9	0.7	1.5	1.9	1.5	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	847	543	302	614	775	1,531	2,306
Eligible man response rate (EMRR)²	79.9	85.8	90.4	88.9	77.5	88.9	85.1
Overall response rate (ORR)³	74.9	82.5	87.9	86.1	71.8	86.3	81.4

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, postponed, refused, and dwelling not found. The eligible man response rate is calculated for completed interviews as a proportion of completed, not at home, postponed, refused, partially completed, incapacitated, and "other." The overall response rate is the product of the household and man response rates.

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{C}{C + HP + R + DNF} * 100$$

² Using the number of eligible men falling into specific response categories, the eligible man response rate (EMRR) is calculated as:

$$\frac{EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO} * 100$$

³ The overall response rate (ORR) is calculated as:

$$ORR = (HRR * EMRR) \div 100$$

The estimates from a sample survey are affected by two types of errors, namely, nonsampling errors and sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2000-2001 Uganda DHS to minimise this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2000-2001 Uganda DHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2000-2001 Uganda DHS sample is the result of a stratified two-stage cluster design, and consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2000-2001 Uganda DHS is the ISSA Sampling Error Module (SAMPERR). This module used the Taylor linearisation method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearisation method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y , and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$var(r) = \frac{1-f}{x^2} \sum_{k=1}^H \left[\frac{m_k}{m_k-1} \left(\sum_{i=1}^{m_k} z_{ki}^2 - \frac{z_k^2}{m_k} \right) \right]$$

in which

$$z_{hi} = y_{hi} - r \cdot x_{hi}, \text{ and } z_h = y_h - r \cdot x_h$$

where h represents the stratum that varies from 1 to H ,

m_h is the total number of clusters selected in the h^{th} stratum,

y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,

x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum, and

f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudoindependent replications are thus created. In the 2000-2001 Uganda DHS, of the 298 clusters selected in the sample, one cluster did not have any eligible women. Hence, 297 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(R) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = k r - (k-1) r_{(i)}$$

where r is the estimate computed from the full sample of 297 clusters,

$r_{(i)}$ is the estimate computed from the reduced sample of 296 clusters (i^{th} cluster excluded), and

k is the total number of clusters.

In addition to the standard error, SAMPERR computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. SAMPERR also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2000-2001 Uganda DHS are calculated for selected variables considered to be of primary interest. The sampling errors for women and men are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the four regions (Central, Eastern, Northern and Western). For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.8 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits

($R \pm 2SE$), for each variable. The DEFT is considered undefined when the standard error, considering simple random sample, is 0 (when the estimate is close to 0 or 1).

In general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. There are some differentials in the relative standard error for the estimates of subpopulations. For example, for the variable *currently using any contraceptive method*, the relative standard errors as a percentage of the estimated mean for the whole country, for urban areas, and for rural areas are 4.0 percent, 3.5 percent, and 5.1 percent, respectively.

The confidence interval (e.g., as calculated for the variable *using any method*) can be interpreted as follows: the overall national sample proportion is 0.228 (or 22.8 percent), and its standard error is 0.009. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., $0.228 \pm 2 \times 0.009$. There is a high probability (95 percent) that the *true* proportion of all women 15-49 using a contraceptive method is between 21.0 and 24.6 percent.

Table B.1 List of selected variables for sampling errors, Uganda 2000-2001

Variable	Estimate	Base population
WOMEN		
Urban residence	Proportion	All women 15-49
No education	Proportion	All women 15-49
With secondary education or higher	Proportion	All women 15-49
Never married (in union)	Proportion	All women 15-49
Currently married (in union)	Proportion	All women 15-49
Children ever born to women 40-49	Mean	All women 40-49
Knows any contraceptive method	Proportion	Currently married women 15-49
Knows any modern method	Proportion	Currently married women 15-49
Currently using any method	Proportion	Currently married women 15-49
Currently using a modern method	Proportion	Currently married women 15-49
Currently using pill	Proportion	Currently married women 15-49
Currently using IUD	Proportion	Currently married women 15-49
Currently using injectables	Proportion	Currently married women 15-49
Currently using implants	Proportion	Currently married women 15-49
Currently using condom	Proportion	Currently married women 15-49
Currently using female sterilisation	Proportion	Currently married women 15-49
Currently using periodic abstinence	Proportion	Currently married women 15-49
Currently using withdrawal	Proportion	Currently married women 15-49
Want no more children	Proportion	Currently married women 15-49
Ideal number of children	Mean	All women 15-49
Mothers received tetanus injection (1+ doses)	Proportion	Mothers having a live birth in last 5 years
Received medical care at birth	Proportion	Birth in last 5 years
Had diarrhoea in the last 2 weeks	Proportion	Children under five
Received ORS treatment, RHF or increase fluids	Proportion	Children under 5 with diarrhea in last 2 weeks
Received medical treatment	Proportion	Children under 5 with diarrhea in last 2 weeks
Health card seen	Proportion	Children 12-23 months
Received BCG vaccination	Proportion	Children 12-23 months
Received DPT vaccination (3 doses)	Proportion	Children 12-23 months
Received polio vaccination (3 doses)	Proportion	Children 12-23 months
Received measles vaccination	Proportion	Children 12-23 months
Fully immunised	Proportion	Children 12-23 months
Weight-for-height (< -2 SD)	Proportion	Children under 5 who were measured
Height-for-age (< -2 SD)	Proportion	Children under 5 who were measured
Weight-for-age (< -2 SD)	Proportion	Children under 5 who were measured
Total fertility rate (3 years)	Rate	Woman-years of exposure to childbearing
Neonatal mortality rate	Rate	Number of births
Infant mortality rate	Rate	Number of births
Child mortality rate	Rate	Number of births
Under-five mortality rate	Rate	Number of births
Post-neonatal mortality rate	Rate	Number of births
MEN		
Urban residence	Proportion	All men 15-54
No education	Proportion	All men 15-54
With secondary education or higher	Proportion	All men 15-54
Never married	Proportion	All men 15-54
Currently married	Proportion	All men 15-54
Knows any contraceptive method	Proportion	Currently married men 15-54
Knows any modern method	Proportion	Currently married men 15-54
Wants no more children	Proportion	Currently married men 15-54
Ideal number of children	Mean	All men 15-54

Table B.2 Sampling errors for selected variables: total sample, Uganda 2000-2001

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.167	0.009	7246	7246	2.084	0.055	0.148	0.185
No education	0.219	0.008	7246	7246	1.667	0.037	0.202	0.235
With secondary education or higher	0.184	0.009	7246	7246	1.943	0.048	0.166	0.201
Never married (in union)	0.201	0.007	7246	7246	1.503	0.035	0.187	0.215
Currently married (in union)	0.674	0.008	7246	7246	1.428	0.012	0.658	0.689
Children ever born to women 40-49	7.118	0.113	953	993	1.075	0.016	6.891	7.345
Knows any contraceptive method	0.978	0.005	4675	4881	2.103	0.005	0.969	0.987
Knows any modern method	0.975	0.004	4675	4881	1.747	0.004	0.967	0.983
Currently using any method	0.228	0.009	4675	4881	1.471	0.040	0.210	0.246
Currently using a modern method	0.182	0.008	4675	4881	1.371	0.043	0.167	0.198
Currently using pill	0.032	0.003	4675	4881	1.288	0.104	0.025	0.038
Currently using IUD	0.002	0.001	4675	4881	0.950	0.332	0.001	0.003
Currently using injectables	0.064	0.004	4675	4881	1.170	0.066	0.055	0.072
Currently using implants	0.003	0.001	4675	4881	0.986	0.260	0.001	0.005
Currently using condom	0.019	0.002	4675	4881	1.201	0.126	0.014	0.024
Currently using female sterilisation	0.020	0.003	4675	4881	1.278	0.131	0.015	0.025
Currently using periodic abstinence	0.025	0.003	4675	4881	1.132	0.104	0.020	0.030
Currently using withdrawal	0.011	0.002	4675	4881	1.087	0.151	0.008	0.014
Want no more children	0.364	0.009	4675	4881	1.338	0.026	0.346	0.383
Ideal number of children	4.843	0.040	6903	6860	1.586	0.008	4.762	4.924
Mothers received tetanus injection (1+ doses)	0.695	0.010	4252	4489	1.502	0.015	0.675	0.716
Received medical care at birth	0.382	0.014	7113	7672	2.029	0.037	0.354	0.410
Had diarrhoea in the last 2 weeks	0.196	0.007	6350	6811	1.348	0.035	0.182	0.209
Received ORS treatment, RHF, or increased fluids	0.531	0.016	1178	1333	1.104	0.030	0.499	0.563
Received medical treatment	0.449	0.019	1178	1333	1.274	0.041	0.412	0.486
Health card seen	0.473	0.017	1400	1504	1.348	0.037	0.438	0.507
Received BCG vaccination	0.787	0.014	1400	1504	1.353	0.018	0.758	0.816
Received DPT vaccination (3 doses)	0.461	0.019	1400	1504	1.481	0.041	0.423	0.500
Received polio vaccination (3 doses)	0.541	0.018	1400	1504	1.414	0.034	0.505	0.578
Received measles vaccination	0.568	0.017	1400	1504	1.329	0.030	0.534	0.602
Fully immunised	0.367	0.017	1400	1504	1.385	0.047	0.332	0.402
Weight-for-height	0.040	0.003	5145	5604	1.235	0.081	0.034	0.047
Height-for-age	0.386	0.010	5145	5604	1.418	0.026	0.366	0.406
Weight-for-age	0.225	0.008	5145	5604	1.421	0.037	0.208	0.242
Total fertility rate (TFR) 0-3 years	6.852	0.140	na	20301	1.328	0.020	6.573	7.131
Neonatal mortality rate (last 5 years)	33.165	2.675	7265	7834	1.180	0.081	27.814	38.515
Infant mortality rate 5 years)	88.411	4.789	7287	7854	1.342	0.054	78.834	97.989
Child mortality rate (last 5 years)	69.189	4.616	7424	8007	1.373	0.067	59.958	78.421
Under-five mortality rate (last 5 years)	151.483	6.664	7447	8028	1.464	0.044	138.156	164.811
Postneonatal mortality rate (last 5 years)	55.247	3.695	7286	7853	1.307	0.067	47.857	62.636
MEN								
Urban residence	0.166	0.010	1962	1962	1.138	0.058	0.147	0.185
No education	0.062	0.007	1962	1962	1.226	0.107	0.049	0.076
With secondary education	0.289	0.015	1962	1962	1.494	0.053	0.259	0.320
Never married (in union)	0.344	0.014	1962	1962	1.265	0.039	0.317	0.371
Currently married (in union)	0.602	0.015	1962	1962	1.345	0.025	0.572	0.631
Knows any contraceptive method	0.989	0.005	1167	1180	1.606	0.005	0.980	0.999
Knows any modern method	0.987	0.005	1167	1180	1.397	0.005	0.977	0.996
Wants no more children	0.272	0.017	1164	1177	1.313	0.063	0.238	0.306
Ideal number of children	5.612	0.106	1865	1858	1.380	0.019	5.401	5.824

na = Not applicable

Table B.3 Sampling errors for selected variables: urban sample, Uganda 2000-2001

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	2416	1207	na	0.000	1.000	1.000
No education	0.074	0.008	2416	1207	1.422	0.102	0.059	0.090
With secondary education or higher	0.478	0.014	2416	1207	1.419	0.030	0.449	0.507
Never married (in union)	0.323	0.014	2416	1207	1.465	0.043	0.295	0.351
Currently married (in union)	0.527	0.016	2416	1207	1.532	0.030	0.496	0.558
Children ever born to women 40-49	6.055	0.198	251	110	1.118	0.033	5.658	6.452
Knows any contraceptive method	0.997	0.001	1298	636	0.655	0.001	0.995	0.999
Knows any modern method	0.996	0.001	1298	636	0.739	0.001	0.994	0.999
Currently using any method	0.463	0.016	1298	636	1.177	0.035	0.430	0.496
Currently using a modern method	0.416	0.017	1298	636	1.264	0.042	0.381	0.450
Currently using pill	0.118	0.009	1298	636	0.950	0.072	0.101	0.135
Currently using IUD	0.006	0.002	1298	636	1.037	0.371	0.002	0.010
Currently using injectables	0.153	0.013	1298	636	1.305	0.085	0.127	0.179
Currently using implants	0.016	0.005	1298	636	1.289	0.280	0.007	0.025
Currently using condom	0.050	0.007	1298	636	1.230	0.149	0.035	0.065
Currently using female sterilisation	0.037	0.006	1298	636	1.177	0.168	0.024	0.049
Currently using periodic abstinence	0.027	0.006	1298	636	1.231	0.205	0.016	0.038
Currently using withdrawal	0.015	0.005	1298	636	1.435	0.327	0.005	0.024
Want no more children	0.389	0.016	1298	636	1.190	0.041	0.357	0.421
Ideal number of children	3.761	0.048	2353	1178	1.438	0.013	3.665	3.857
Mothers received tetanus injection (1+ doses)	0.812	0.016	1134	560	1.381	0.020	0.780	0.844
Received medical care at birth	0.803	0.016	1692	821	1.328	0.020	0.772	0.835
Had diarrhoea in the last 2 weeks	0.155	0.011	1564	767	1.167	0.073	0.133	0.178
Received ORS treatment, RHF, or increased fluids	0.666	0.042	252	119	1.285	0.064	0.581	0.751
Received medical treatment	0.639	0.033	252	119	0.989	0.052	0.573	0.706
Health card seen	0.426	0.041	338	167	1.514	0.097	0.343	0.508
Received BCG vaccination	0.919	0.020	338	167	1.352	0.022	0.878	0.959
Received DPT vaccination (3 doses)	0.591	0.033	338	167	1.204	0.055	0.526	0.656
Received polio vaccination (3 doses)	0.600	0.034	338	167	1.263	0.057	0.532	0.669
Received measles vaccination	0.684	0.034	338	167	1.317	0.049	0.617	0.752
Fully immunised	0.421	0.040	338	167	1.474	0.095	0.341	0.501
Weight-for-height	0.029	0.005	1118	536	1.039	0.181	0.019	0.040
Height-for-age	0.265	0.016	1118	536	1.067	0.060	0.233	0.297
Weight-for-age	0.124	0.013	1118	536	1.191	0.103	0.099	0.150
Total fertility rate (TFR) 0-3 years	4.012	0.176	na	3336	1.193	0.044	3.660	4.364
Neonatal mortality rate (last 10 years)	22.471	3.291	3239	1573	1.186	0.146	15.890	29.053
Infant mortality rate (last 10 years)	54.520	5.414	3242	1575	1.233	0.099	43.692	65.347
Child mortality rate (last 10 years)	48.699	5.720	3267	1588	1.363	0.117	37.259	60.140
Under-5 mortality rate (last 10 years)	100.564	7.843	3270	1589	1.331	0.078	84.879	116.249
Postneonatal mortality rate (last 10 years)	32.048	4.679	3242	1575	1.352	0.146	22.691	41.406
MEN								
Urban residence	1.000	0.000	601	325	na	0.000	1.000	1.000
No education	0.022	0.007	601	325	1.241	0.340	0.007	0.037
With secondary education	0.612	0.028	601	325	1.413	0.046	0.556	0.668
Never married (in union)	0.494	0.030	601	325	1.453	0.060	0.435	0.554
Currently married (in union)	0.455	0.025	601	325	1.232	0.055	0.405	0.505
Knows any contraceptive method	1.000	0.000	297	148	na	0.000	1.000	1.000
Knows any modern method	1.000	0.000	297	148	na	0.000	1.000	1.000
Wants no more children	0.397	0.037	297	148	1.292	0.093	0.324	0.471
Ideal number of children	4.440	0.144	582	317	1.471	0.032	4.152	4.728

na = Not applicable

Table B.4 Sampling errors: rural sample, Uganda 2000-2001

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.000	0.000	4830	6039	na	na	0.000	0.000
No education	0.247	0.010	4830	6039	1.550	0.039	0.228	0.267
With secondary education or higher	0.125	0.010	4830	6039	2.131	0.081	0.105	0.145
Never married (in union)	0.177	0.008	4830	6039	1.479	0.046	0.160	0.193
Currently married (in union)	0.703	0.009	4830	6039	1.367	0.013	0.685	0.721
Children ever born to women 40-49	7.250	0.122	702	883	0.983	0.017	7.006	7.494
Knows any modern method	0.972	0.005	3377	4245	1.604	0.005	0.963	0.981
Currently using any method	0.193	0.010	3377	4245	1.442	0.051	0.173	0.212
Currently using a modern method	0.147	0.008	3377	4245	1.340	0.056	0.131	0.163
Currently using pill	0.019	0.003	3377	4245	1.466	0.182	0.012	0.026
Currently using IUD	0.001	0.001	3377	4245	1.005	0.519	0.000	0.002
Currently using injectables	0.050	0.004	3377	4245	1.129	0.084	0.042	0.059
Currently using implants	0.001	0.001	3377	4245	1.002	0.514	0.000	0.002
Currently using condom	0.014	0.003	3377	4245	1.254	0.179	0.009	0.019
Currently using female sterilisation	0.017	0.003	3377	4245	1.262	0.163	0.012	0.023
Currently using periodic abstinence	0.025	0.003	3377	4245	1.069	0.116	0.019	0.030
Currently using withdrawal	0.010	0.002	3377	4245	1.011	0.170	0.007	0.014
Want no more children	0.361	0.011	3377	4245	1.280	0.029	0.340	0.382
Want to delay next birth at least 2 years	0.350	0.011	3377	4245	1.285	0.030	0.329	0.371
Ideal number of children	5.067	0.046	4550	5681	1.457	0.009	4.975	5.160
Mothers received tetanus injection (1+ doses)	0.679	0.012	3118	3930	1.395	0.017	0.656	0.702
Received medical care at birth	0.331	0.016	5421	6850	1.980	0.047	0.300	0.362
Had diarrhoea in the last 2 weeks	0.201	0.007	4786	6044	1.242	0.037	0.186	0.216
Received ORS treatment, RHF, or increased fluids	0.518	0.017	926	1214	1.010	0.033	0.484	0.553
Received medical treatment	0.430	0.020	926	1214	1.177	0.046	0.390	0.470
Health card seen	0.478	0.019	1062	1337	1.217	0.039	0.441	0.516
Received BCG vaccination	0.770	0.016	1062	1337	1.244	0.021	0.738	0.803
Received DPT vaccination (3 doses)	0.445	0.021	1062	1337	1.388	0.048	0.403	0.487
Received polio vaccination (3 doses)	0.534	0.020	1062	1337	1.315	0.038	0.494	0.574
Received measles vaccination	0.553	0.019	1062	1337	1.223	0.034	0.516	0.591
Fully immunised	0.360	0.019	1062	1337	1.271	0.052	0.323	0.398
Weight-for-height	0.042	0.004	4027	5068	1.129	0.086	0.034	0.049
Height-for-age	0.399	0.011	4027	5068	1.301	0.027	0.377	0.421
Weight-for-age	0.236	0.009	4027	5068	1.303	0.039	0.218	0.254
Total fertility rate (TFR) 0-3 years	7.364	0.142	na	16966	1.168	0.019	7.080	7.649
Neonatal mortality rate (last 10 years)	36.281	2.190	10055	12666	1.026	0.060	31.901	40.660
Infant mortality rate (last 10 years)	93.661	4.036	10074	12691	1.226	0.043	85.590	101.733
Child mortality rate (last 10 years)	76.971	4.261	10170	12803	1.333	0.055	68.449	85.493
Under-5 mortality rate (last 10 years)	163.423	5.819	10190	12829	1.370	0.036	151.786	175.061
Postneonatal mortality rate (last 10 years)	57.381	3.184	10073	12690	1.244	0.055	51.013	63.748
MEN								
Urban residence	0.000	0.000	1361	1637	na	na	0.000	0.000
No education	0.070	0.008	1361	1637	1.138	0.112	0.055	0.086
With secondary education	0.225	0.017	1361	1637	1.490	0.075	0.191	0.259
Never married (in union)	0.314	0.015	1361	1637	1.198	0.048	0.284	0.344
Currently married (in union)	0.631	0.017	1361	1637	1.313	0.027	0.596	0.665
Knows any contraceptive method	0.988	0.005	870	1032	1.482	0.006	0.977	0.999
Knows any modern method	0.985	0.005	870	1032	1.289	0.005	0.974	0.996
Wants no more children	0.254	0.019	867	1028	1.269	0.074	0.216	0.291
Ideal number of children	5.853	0.123	1283	1541	1.281	0.021	5.608	6.098

na = Not applicable

Table B.5 Sampling errors for selected variables: Central Region, Uganda 2000-2001

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.360	0.023	2445	2341	2.327	0.063	0.315	0.405
No education	0.115	0.010	2445	2341	1.624	0.091	0.094	0.136
With secondary education or higher	0.312	0.018	2445	2341	1.911	0.057	0.276	0.348
Never married (in union)	0.252	0.012	2445	2341	1.373	0.048	0.228	0.276
Currently married (in union)	0.588	0.013	2445	2341	1.315	0.022	0.562	0.614
Children ever born to women 40-49	7.200	0.214	275	271	1.094	0.030	6.772	7.628
Knows any contraceptive method	0.998	0.001	1400	1377	1.033	0.001	0.995	1.000
Knows any modern method	0.998	0.001	1400	1377	1.033	0.001	0.995	1.000
Currently using any method	0.370	0.018	1400	1377	1.360	0.048	0.334	0.405
Currently using a modern method	0.314	0.015	1400	1377	1.239	0.049	0.283	0.345
Currently using pill	0.075	0.009	1400	1377	1.256	0.118	0.057	0.092
Currently using IUD	0.004	0.002	1400	1377	1.050	0.471	0.000	0.007
Currently using injectables	0.105	0.010	1400	1377	1.162	0.091	0.086	0.124
Currently using implants	0.007	0.002	1400	1377	0.972	0.312	0.003	0.011
Currently using condom	0.038	0.006	1400	1377	1.155	0.155	0.027	0.050
Currently using female sterilisation	0.033	0.006	1400	1377	1.205	0.176	0.021	0.044
Currently using periodic abstinence	0.021	0.004	1400	1377	1.012	0.183	0.014	0.029
Currently using withdrawal	0.021	0.004	1400	1377	1.052	0.194	0.013	0.029
Want no more children	0.381	0.014	1400	1377	1.070	0.036	0.354	0.409
Want to delay next birth at least 2 years	0.359	0.017	1400	1377	1.340	0.048	0.325	0.394
Ideal number of children	4.390	0.065	2406	2303	1.650	0.015	4.261	4.519
Mothers received tetanus injection (1+ doses)	0.714	0.018	1329	1323	1.462	0.025	0.679	0.750
Received medical care at birth	0.588	0.031	2147	2173	2.394	0.053	0.526	0.650
Had diarrhoea in the last 2 weeks	0.145	0.010	1935	1956	1.198	0.066	0.126	0.164
Received ORS treatment, RHF, or increased fluids	0.713	0.030	289	283	1.108	0.042	0.653	0.773
Received medical treatment	0.581	0.026	289	283	0.849	0.044	0.530	0.633
Health card seen	0.406	0.035	420	423	1.474	0.086	0.336	0.476
Received BCG vaccination	0.707	0.028	420	423	1.268	0.039	0.652	0.763
Received DPT vaccination (3 doses)	0.379	0.030	420	423	1.310	0.080	0.318	0.440
Received polio vaccination (3 doses)	0.409	0.028	420	423	1.199	0.069	0.353	0.466
Received measles vaccination	0.509	0.030	420	423	1.245	0.059	0.449	0.569
Fully immunised	0.290	0.030	420	423	1.358	0.102	0.231	0.350
Weight-for-height	0.036	0.004	1446	1485	0.877	0.116	0.028	0.045
Height-for-age	0.346	0.018	1446	1485	1.378	0.053	0.309	0.382
Weight-for-age	0.199	0.012	1446	1485	1.076	0.059	0.175	0.223
Total fertility rate (TFR) 0-3 years	5.713	0.259	na	6510	1.324	0.045	5.195	6.232
Neonatal mortality rate (last 10 years)	29.772	3.180	3988	4039	1.087	0.107	23.413	36.131
Infant mortality rate (last 10 years)	71.948	6.027	3992	4044	1.358	0.084	59.894	84.002
Child mortality rate (last 10 years)	68.089	7.668	4026	4082	1.638	0.113	52.753	83.424
Under-5 mortality rate (last 10 years)	135.138	10.753	4031	4088	1.745	0.080	113.631	156.645
Postneonatal mortality rate (last 10 years)	42.176	4.498	3991	4042	1.297	0.107	33.180	51.172
MEN								
Urban residence	0.348	0.023	677	671	1.265	0.067	0.302	0.395
No education	0.051	0.010	677	671	1.168	0.193	0.031	0.071
With secondary education	0.376	0.024	677	671	1.265	0.063	0.329	0.423
Never married (in union)	0.450	0.023	677	671	1.226	0.052	0.403	0.497
Currently married (in union)	0.479	0.028	677	671	1.464	0.059	0.423	0.536
Knows any contraceptive method	1.000	0.000	327	322	na	0.000	1.000	1.000
Knows any modern method	1.000	0.000	327	322	na	0.000	1.000	1.000
Wants no more children	0.349	0.034	325	319	1.297	0.098	0.281	0.418
Ideal number of children	5.169	0.138	659	653	1.362	0.027	4.894	5.445

na = Not applicable

Table B.6 Sampling errors for selected variables: Eastern Region, Uganda 2000-2001

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.103	0.015	1767	1956	2.009	0.141	0.074	0.132
No education	0.194	0.017	1767	1956	1.805	0.087	0.160	0.228
With secondary education or higher	0.159	0.013	1767	1956	1.445	0.079	0.134	0.184
Never married (in union)	0.153	0.013	1767	1956	1.513	0.085	0.127	0.179
Currently married (in union)	0.760	0.014	1767	1956	1.347	0.018	0.733	0.788
Children ever born to women 40-49	7.082	0.235	245	285	1.058	0.033	6.613	7.552
Knows any contraceptive method	0.994	0.003	1285	1487	1.493	0.003	0.988	1.001
Knows any modern method	0.993	0.003	1285	1487	1.440	0.003	0.987	1.000
Currently using any method	0.145	0.014	1285	1487	1.425	0.097	0.117	0.173
Currently using a modern method	0.112	0.011	1285	1487	1.293	0.102	0.089	0.135
Currently using pill	0.011	0.003	1285	1487	1.177	0.318	0.004	0.017
Currently using IUD	0.001	0.000	1285	1487	0.682	0.780	0.000	0.002
Currently using injectables	0.042	0.007	1285	1487	1.231	0.163	0.028	0.056
Currently using implants	0.002	0.001	1285	1487	1.088	0.657	0.000	0.005
Currently using condom	0.016	0.005	1285	1487	1.304	0.281	0.007	0.026
Currently using female sterilisation	0.020	0.005	1285	1487	1.394	0.270	0.009	0.031
Currently using periodic abstinence	0.017	0.004	1285	1487	1.218	0.256	0.008	0.026
Currently using withdrawal	0.002	0.002	1285	1487	1.547	0.933	0.000	0.006
Want no more children	0.369	0.021	1285	1487	1.524	0.056	0.328	0.410
Mothers received tetanus injection (1+ doses)	0.743	0.021	1092	1273	1.616	0.028	0.701	0.784
Received medical care at birth	0.402	0.028	1923	2305	2.088	0.071	0.345	0.458
Had diarrhoea in the last 2 weeks	0.233	0.013	1736	2077	1.292	0.058	0.206	0.260
Received ORS treatment, RHF, or increased fluids	0.544	0.021	379	484	0.817	0.038	0.503	0.585
Received medical treatment	0.472	0.034	379	484	1.316	0.071	0.405	0.540
Health card seen	0.537	0.036	367	445	1.421	0.067	0.465	0.608
Received BCG vaccination	0.844	0.024	367	445	1.333	0.029	0.795	0.892
Received DPT vaccination (3 doses)	0.447	0.041	367	445	1.646	0.092	0.365	0.530
Received polio vaccination (3 doses)	0.571	0.041	367	445	1.619	0.071	0.490	0.652
Received measles vaccination	0.531	0.037	367	445	1.456	0.069	0.458	0.605
Fully immunised	0.378	0.039	367	445	1.603	0.103	0.300	0.456
Weight-for-height	0.043	0.007	1405	1724	1.371	0.163	0.029	0.057
Height-for-age	0.354	0.017	1405	1724	1.296	0.048	0.320	0.389
Weight-for-age	0.225	0.016	1405	1724	1.396	0.069	0.194	0.256
Total fertility rate (TFR) 0-3 years	7.361	0.259	na	5496	1.304	0.035	6.842	7.880
Neonatal mortality rate (last 10 years)	29.495	3.928	3530	4201	1.202	0.133	21.639	37.351
Infant mortality rate (last 10 years)	89.327	7.305	3533	4204	1.376	0.082	74.716	103.938
Child mortality rate (last 10 years)	63.671	5.701	3558	4231	1.272	0.090	52.268	75.074
Under-5 mortality rate (last 10 years)	147.310	7.896	3561	4234	1.261	0.054	131.518	163.102
Postneonatal mortality rate (last 10 years)	59.832	5.799	3533	4204	1.369	0.097	48.234	71.430
MEN								
Urban residence	0.100	0.012	466	523	0.851	0.119	0.076	0.123
No education	0.043	0.011	466	523	1.130	0.247	0.022	0.065
With secondary education	0.303	0.039	466	523	1.850	0.130	0.224	0.381
Never married (in union)	0.284	0.027	466	523	1.314	0.097	0.229	0.339
Currently married (in union)	0.658	0.027	466	523	1.216	0.041	0.605	0.712
Knows any contraceptive method	1.000	0.000	313	344	na	0.000	1.000	1.000
Knows any modern method	1.000	0.000	313	344	na	0.000	1.000	1.000
Wants no more children	0.271	0.039	313	344	1.545	0.143	0.194	0.349
Ideal number of children	5.772	0.241	460	517	1.406	0.042	5.290	6.254

na = Not applicable

Table B.7 Sampling errors or selected variables: Northern Region, Uganda 2000-2001

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.067	0.012	1041	1158	1.507	0.174	0.044	0.090
No education	0.388	0.025	1041	1158	1.647	0.064	0.338	0.438
With secondary education or higher	0.076	0.015	1041	1158	1.849	0.200	0.046	0.106
Never married (in union)	0.179	0.017	1041	1158	1.443	0.096	0.144	0.213
Currently married (in union)	0.710	0.017	1041	1158	1.233	0.024	0.676	0.745
Children ever born to women 40-49	7.078	0.196	159	185	0.789	0.028	6.687	7.469
Knows any contraceptive method	0.917	0.024	708	823	2.323	0.026	0.868	0.965
Knows any modern method	0.906	0.020	708	823	1.830	0.022	0.865	0.946
Currently using any method	0.210	0.020	708	823	1.293	0.094	0.170	0.249
Currently using a modern method	0.154	0.018	708	823	1.338	0.118	0.118	0.190
Currently using pill	0.009	0.004	708	823	1.129	0.456	0.001	0.016
Currently using IUD	0.001	0.001	708	823	0.471	0.576	0.000	0.002
Currently using injectables	0.039	0.008	708	823	1.055	0.197	0.024	0.054
Currently using implants	0.000	0.000	708	823	na	na	0.000	0.000
Currently using condom	0.006	0.003	708	823	0.994	0.484	0.000	0.012
Currently using female sterilisation	0.005	0.004	708	823	1.356	0.692	0.000	0.013
Currently using periodic abstinence	0.050	0.007	708	823	0.818	0.134	0.037	0.064
Currently using withdrawal	0.002	0.002	708	823	0.951	0.732	0.000	0.006
Want no more children	0.319	0.021	708	823	1.192	0.065	0.277	0.361
Ideal number of children	5.552	0.126	928	1016	1.536	0.023	5.299	5.804
Mothers received tetanus injection (1+ doses)	0.715	0.013	663	775	0.745	0.018	0.690	0.741
Received medical care at birth	0.268	0.031	1112	1316	1.971	0.114	0.207	0.330
Had diarrhoea in the last 2 weeks	0.267	0.021	962	1133	1.536	0.079	0.225	0.310
Received ORS treatment, RHF, or increased fluids	0.495	0.041	246	303	1.266	0.082	0.414	0.576
Received medical treatment	0.394	0.034	246	303	1.112	0.088	0.325	0.463
Health card seen	0.437	0.039	217	255	1.176	0.088	0.360	0.514
Received BCG vaccination	0.782	0.032	217	255	1.185	0.041	0.718	0.847
Received DPT vaccination (3 doses)	0.449	0.040	217	255	1.226	0.090	0.369	0.530
Received polio vaccination (3 doses)	0.561	0.039	217	255	1.191	0.070	0.482	0.639
Received measles vaccination	0.579	0.037	217	255	1.137	0.064	0.505	0.653
Fully immunised	0.332	0.033	217	255	1.051	0.099	0.266	0.397
Weight-for-height	0.038	0.007	821	969	1.040	0.175	0.025	0.052
Height-for-age	0.369	0.025	821	969	1.403	0.068	0.319	0.419
Weight-for-age	0.250	0.024	821	969	1.573	0.095	0.203	0.297
Total fertility rate (TFR) 0-3 years	7.863	0.265	na	3224	1.076	0.034	7.332	8.393
Neonatal mortality rate (last 10 years)	42.169	5.267	2059	2413	1.038	0.125	31.635	52.703
Infant mortality rate (last 10 years)	105.890	8.078	2065	2421	1.090	0.076	89.733	122.047
Child mortality rate (last 10 years)	80.612	8.634	2082	2439	1.135	0.107	63.344	97.880
Under-5 mortality rate (last 10 years)	177.966	11.273	2088	2447	1.181	0.063	155.419	200.512
Postneonatal mortality rate (last 10 years)	63.721	7.213	2065	2421	1.292	0.113	49.294	78.147
MEN								
Urban residence	0.066	0.007	273	284	0.484	0.110	0.052	0.081
No education	0.086	0.026	273	284	1.513	0.299	0.035	0.137
With secondary education	0.210	0.035	273	284	1.420	0.167	0.139	0.280
Never married (in union)	0.232	0.018	273	284	0.713	0.079	0.195	0.268
Currently married (in union)	0.736	0.020	273	284	0.765	0.028	0.695	0.777
Knows any contraceptive method	0.957	0.025	187	209	1.679	0.026	0.907	1.007
Knows any modern method	0.942	0.024	187	209	1.420	0.026	0.893	0.991
Ideal number of children	7.286	0.434	226	229	1.331	0.060	6.418	8.154

na = Not applicable

Table B.8 Sampling errors for selected variables: Western Region, Uganda 2000-2001

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un- weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.047	0.008	1993	1792	1.691	0.170	0.031	0.063
No education	0.271	0.016	1993	1792	1.559	0.057	0.240	0.302
With secondary education or higher	0.112	0.015	1993	1792	2.108	0.133	0.082	0.142
Never married (in union)	0.201	0.014	1993	1792	1.577	0.070	0.173	0.229
Currently married (in union)	0.667	0.016	1993	1792	1.555	0.025	0.634	0.699
Children ever born to women 40-49	7.100	0.237	274	252	1.246	0.033	6.627	7.573
Knows any contraceptive method	0.976	0.004	1282	1194	0.940	0.004	0.968	0.984
Knows any modern method	0.975	0.004	1282	1194	0.926	0.004	0.967	0.983
Ever used any contraceptive method	0.354	0.023	1282	1194	1.689	0.064	0.309	0.399
Currently using any method	0.180	0.017	1282	1194	1.629	0.097	0.145	0.215
Currently using a modern method	0.136	0.015	1282	1194	1.557	0.110	0.106	0.166
Currently using pill	0.025	0.006	1282	1194	1.287	0.225	0.014	0.036
Currently using IUD	0.002	0.001	1282	1194	1.057	0.723	0.000	0.004
Currently using injectables	0.060	0.008	1282	1194	1.228	0.136	0.043	0.076
Currently using implants	0.002	0.001	1282	1194	0.914	0.578	0.000	0.004
Currently using condom	0.009	0.003	1282	1194	1.290	0.389	0.002	0.015
Currently using female sterilisation	0.015	0.004	1282	1194	1.222	0.278	0.007	0.023
Currently using periodic abstinence	0.021	0.006	1282	1194	1.545	0.294	0.009	0.033
Currently using withdrawal	0.017	0.004	1282	1194	1.125	0.242	0.009	0.025
Want no more children	0.370	0.019	1282	1194	1.381	0.050	0.333	0.408
Ideal number of children	5.076	0.099	1861	1661	1.908	0.020	4.878	5.274
Mothers received tetanus injection (1+ doses)	0.606	0.024	1168	1119	1.745	0.040	0.557	0.654
Received medical care at birth	0.231	0.017	1931	1878	1.701	0.085	0.197	0.265
Had diarrhoea in the last 2 weeks	0.160	0.012	1717	1646	1.316	0.075	0.136	0.184
Received ORS treatment, RHF, or increased fluids	0.355	0.034	264	263	1.122	0.095	0.287	0.422
Received medical treatment	0.328	0.044	264	263	1.503	0.136	0.239	0.417
Health card seen	0.496	0.027	396	382	1.106	0.054	0.442	0.549
Received BCG vaccination	0.812	0.030	396	382	1.606	0.038	0.751	0.873
Received DPT vaccination (3 doses)	0.577	0.036	396	382	1.502	0.062	0.505	0.649
Received polio vaccination (3 doses)	0.640	0.031	396	382	1.325	0.048	0.579	0.702
Received measles vaccination	0.669	0.027	396	382	1.178	0.040	0.615	0.723
Fully immunised	0.463	0.029	396	382	1.199	0.063	0.405	0.521
Weight-for-height	0.043	0.007	1473	1426	1.394	0.173	0.028	0.058
Height-for-age	0.478	0.019	1473	1426	1.457	0.041	0.439	0.517
Weight-for-age	0.237	0.018	1473	1426	1.539	0.075	0.201	0.272
Total fertility rate (TFR) 0-3 years	6.886	0.255	na	5071	1.349	0.037	6.376	7.395
Neonatal mortality rate (last 10 years)	41.536	3.842	3717	3586	1.108	0.093	33.851	49.220
Infant mortality rate (last 10 years)	97.845	7.758	3726	3597	1.452	0.079	82.329	113.361
Child mortality rate (last 10 years)	86.980	8.737	3771	3638	1.639	0.100	69.507	104.454
Under-5 mortality rate (last 10 years)	176.314	12.005	3780	3649	1.703	0.068	152.304	200.324
Postneonatal mortality rate (last 10 years)	56.309	6.015	3726	3597	1.469	0.107	44.280	68.338
MEN								
Urban residence	0.042	0.009	546	484	1.028	0.210	0.024	0.060
No education	0.084	0.013	546	484	1.128	0.159	0.057	0.111
With secondary education	0.202	0.022	546	484	1.270	0.108	0.158	0.246
Never married (in union)	0.328	0.027	546	484	1.336	0.082	0.275	0.382
Currently married (in union)	0.631	0.030	546	484	1.430	0.047	0.571	0.690
Knows any contraceptive method	0.989	0.006	340	305	1.023	0.006	0.977	1.000
Knows any modern method	0.989	0.006	340	305	1.023	0.006	0.977	1.000
Wants no more children	0.285	0.025	339	304	1.012	0.087	0.236	0.335
Ideal number of children	5.226	0.151	520	459	1.427	0.029	4.924	5.528

na = Not applicable

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Uganda 2000-2001

Age	Males		Females		Age	Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	807	4.6	775	4.1	38	176	1.0	227	1.2
1	768	4.4	754	4.0	39	80	0.5	99	0.5
2	664	3.8	710	3.8	40	226	1.3	216	1.1
3	739	4.2	722	3.8	41	69	0.4	84	0.4
4	674	3.8	682	3.6	42	105	0.6	128	0.7
5	569	3.2	548	2.9	43	64	0.4	84	0.4
6	766	4.3	767	4.1	44	59	0.3	68	0.4
7	640	3.6	666	3.5	45	132	0.7	149	0.8
8	597	3.4	666	3.5	46	88	0.5	92	0.5
9	548	3.1	512	2.7	47	58	0.3	58	0.3
10	638	3.6	689	3.6	48	105	0.6	86	0.5
11	479	2.7	420	2.2	49	67	0.4	44	0.2
12	553	3.1	651	3.4	50	115	0.7	125	0.7
13	490	2.8	542	2.9	51	38	0.2	84	0.4
14	545	3.1	455	2.4	52	70	0.4	145	0.8
15	403	2.3	333	1.8	53	41	0.2	71	0.4
16	348	2.0	374	2.0	54	58	0.3	76	0.4
17	310	1.8	323	1.7	55	66	0.4	86	0.5
18	385	2.2	419	2.2	56	81	0.5	76	0.4
19	215	1.2	306	1.6	57	44	0.2	37	0.2
20	329	1.9	418	2.2	58	66	0.4	86	0.5
21	215	1.2	287	1.5	59	25	0.1	42	0.2
22	232	1.3	303	1.6	60	131	0.7	183	1.0
23	204	1.2	297	1.6	61	21	0.1	26	0.1
24	190	1.1	270	1.4	62	51	0.3	58	0.3
25	322	1.8	358	1.9	63	39	0.2	31	0.2
26	189	1.1	278	1.5	64	36	0.2	44	0.2
27	191	1.1	239	1.3	65	93	0.5	82	0.4
28	295	1.7	346	1.8	66	34	0.2	19	0.1
29	152	0.9	160	0.8	67	27	0.2	37	0.2
30	365	2.1	358	1.9	68	38	0.2	46	0.2
31	130	0.7	155	0.8	69	19	0.1	14	0.1
32	239	1.4	211	1.1	70+	368	2.1	366	1.9
33	126	0.7	128	0.7	Don't know/ missing	8	0.0	6	0.0
34	158	0.9	176	0.9					
35	206	1.2	185	1.0					
36	163	0.9	186	1.0					
37	115	0.7	128	0.7					
					Total	17,657	100.0	18,871	100.0

Table C.2.1 Age distribution of eligible and interviewed women

Percent distribution of the de facto household population of women age 10-54, and of interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted) by five-year age groups, Uganda 2000-2001

Age group	Household population of women age 10-54		Interviewed women age 15-49		Percentage of eligible women interviewed
	Number	Percent	Number	Percent	
10-14	2,756	na	na	na	na
15-19	1,755	23.2	1,598	22.4	91.1
20-24	1,574	20.8	1,491	20.9	94.7
25-29	1,380	18.2	1,303	18.3	94.4
30-34	1,028	13.6	982	13.8	95.4
25-39	824	10.9	792	11.1	96.1
40-44	579	7.7	546	7.7	94.2
45-49	430	5.7	410	5.8	95.3
50-54	500	na	na	na	na
15-49	7,572	na	7,121	na	94.0

na = Not applicable

Table C.2.2 Age distribution of eligible and interviewed men

Percent distribution of the de facto household population of men age 10-64, and of interviewed men age 15-54, and percentage of eligible men who were interviewed (weighted) by five-year age groups, Uganda 2000-2001

Age group	Household population men age 10-64		Interviewed men age 15-54		Percentage of eligible men interviewed
	Number	Percent	Number	Percent	
10-14	987	na	na	na	na
15-19	522	22.6	448	22.5	85.8
20-24	390	16.9	325	16.3	83.3
25-29	358	15.5	315	15.8	88.0
30-34	345	15.0	295	14.8	85.4
25-39	267	11.6	235	11.8	88.0
40-44	179	7.7	161	8.1	89.5
45-49	152	6.6	129	6.5	85.2
50-54	95	4.1	83	4.2	86.9
55-59	100	na	na	na	na
60-64	79	na	na	na	na
15-54	2,488	na	1,991	na	80.0

na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Uganda 2000-2001

Subject	Reference group	Percentage with missing information	Number
Birth date	Births in past 15 years		
Month only		5.41	18,946
Month and year		0.11	18,946
Age at death	Dead children in past 15 years	0.29	2,788
Age at/date of first union¹	Ever-married women 15-49	0.96	5,790
Respondent's education	All women 15-49	0.03	7,246
Diarrhoea in past 2 weeks	Living children 0-59 months	4.81	6,811
Anthropometry	Living children 0-59 months in household		
Height		13.15	7,076
Weight		11.55	7,076
Height or weight missing		13.30	7,076
Anaemia			
Children	Living children 0-59 months in household	13.78	7,076
Women	All women age 15-49	9.63	7,246

¹Both year and age missing.

Table C.4. Births by calendar year since birth

Distribution of births by calendar years since birth for living (L), dead (D), and total (T) children, according to reporting completeness, sex ratio at birth, and ratio of births by calendar year, Uganda 2000-2001

Year	Number of births			Percentage with complete birth date ¹			Sex ratio at birth ²			Calendar ratio ³			Male			Female		
	(L)	(D)	(T)	(L)	(D)	(T)	(L)	(D)	(T)	(L)	(D)	(T)	(L)	(D)	(T)	(L)	(D)	(T)
2001	68	2	70	100.0	100.0	100.0	79.0	0.0	75.0	na	na	na	30	0	30	38	2	40
2000	1,421	93	1,513	100.0	100.0	100.0	101.0	117.0	101.9	na	na	na	714	50	764	707	43	749
1999	1,514	151	1,665	100.0	98.9	99.9	108.7	97.6	107.6	112.3	108.4	112.0	788	75	863	725	76	802
1998	1,275	186	1,461	99.6	98.0	99.4	91.6	154.8	97.8	90.5	101.5	91.8	609	113	722	666	73	738
1997	1,304	215	1,519	99.6	97.6	99.3	94.9	81.4	92.9	103.3	103.3	103.3	635	97	732	669	119	788
1996	1,249	231	1,480	99.6	97.8	99.3	92.7	99.0	93.6	105.6	122.3	107.9	601	115	716	649	116	765
1995	1,062	162	1,224	98.9	97.8	98.7	102.0	106.4	102.6	82.9	66.8	80.3	536	84	620	526	79	604
1994	1,312	256	1,568	93.7	88.8	92.9	113.4	146.4	118.1	124.0	122.2	123.7	697	152	849	615	104	719
1993	1,054	256	1,310	93.6	84.8	91.9	101.4	105.9	102.3	88.1	106.7	91.2	531	132	662	523	124	647
1992	1,079	224	1,303	93.3	83.0	91.5	96.8	123.1	100.9	112.2	103.6	110.6	531	124	654	548	100	649
1991	870	177	1,047	93.3	84.9	91.9	101.4	93.4	100.0	na	na	na	438	85	523	432	91	523
1996-2000	6,763	876	7,638	99.8	98.2	99.6	98.0	105.2	98.8	na	na	na	3,347	449	3,796	3,415	427	3,842
1991-1995	5,377	1,074	6,452	94.6	87.4	93.4	103.4	115.6	105.3	na	na	na	2,733	576	3,309	2,644	498	3,142
1986-1990	3,953	842	4,795	90.6	76.8	88.1	97.7	116.5	100.8	na	na	na	1,954	453	2,407	1,999	389	2,388
1981-1985	2,378	611	2,989	89.6	78.1	87.3	97.9	99.4	98.2	na	na	na	1,176	304	1,481	1,202	306	1,508
< 1981	2,174	804	2,977	88.6	77.0	85.5	103.9	116.4	107.2	na	na	na	1,108	432	1,540	1,066	371	1,437
All	20,644	4,207	24,851	94.3	84.2	92.6	99.9	111.2	101.7	na	na	na	10,318	2,215	12,533	10,326	1,992	12,318

na = Not applicable

¹ Both year and month of birth given

² $(B_m/B_f)*100$, where B_m and B_f are the numbers of male and female births, respectively

³ $[2B_x/(B_{x-1} + B_{x+1})]*100$, where B_x is the number of births in calendar year x

Table C.5 Reporting of age at death in days

Distribution of reported deaths under 1 month of age by age at death in days, and the percentage of early neonatal deaths reported to occur at age 0-6 days, for five-year periods of birth preceding the survey, Uganda 2000-2001

Age at death (in days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
0	92	95	59	43	289
1	41	27	26	11	105
2	19	15	13	10	58
3	10	12	11	8	41
4	8	7	9	5	29
5	5	7	2	0	13
6	4	4	2	4	14
7	27	30	16	16	89
8	1	1	2	0	5
9	4	1	6	3	14
10	3	1	2	3	9
11	2	0	0	0	2
12	1	0	0	1	2
13	0	2	1	0	3
14	18	18	15	16	67
15	2	2	0	1	5
16	0	8	0	1	9
18	1	1	2	0	4
19	0	0	1	2	3
20	1	0	0	0	1
21	3	3	2	1	8
23	1	0	0	0	2
24	2	0	0	0	2
26	1	0	0	0	1
28	0	2	0	0	2
29	0	0	1	0	1
30	0	2	0	0	2
31+	1	0	0	0	1
Missing	1	0	0	0	2
Percent early neonatal ¹	72.3	70.3	71.3	64.8	70.3
Total 0-30	248	238	170	126	781

¹ ≤ 6 days/≤ 30 days

Table C.6 Reporting of age at death in months

Distribution of reported deaths under 2 years of age by age at death in months and the percentage of infant deaths reported to occur at ages under one month, for five-year periods of birth preceding the survey, Uganda 2000-2001

Age at death (in months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1 ^a	250	241	170	126	785
1	30	33	31	21	115
2	36	36	24	19	115
3	41	50	35	22	147
4	29	29	31	10	99
5	37	26	11	13	88
6	39	28	25	28	120
7	40	34	28	11	113
8	37	46	29	21	134
9	51	37	25	12	125
10	18	12	6	3	38
11	21	11	3	7	43
12	15	30	29	26	101
13	6	18	9	9	43
14	22	17	17	11	67
15	5	14	12	9	40
16	7	13	6	5	30
17	13	10	8	6	37
18	16	21	27	17	82
19	8	8	2	3	20
20	7	10	5	8	30
21	5	8	3	1	18
22	5	3	0	0	8
23	3	6	1	1	11
24+	3	2	4	4	12
1 year	32	50	27	28	137
Percent neonatal ^b	39.7	41.4	40.6	42.7	40.9
Total 0-11	629	582	417	294	1,922

^a Includes deaths under 1 month reported in days

^b Under 1 month/under 1 year

PERSONS INVOLVED IN THE 2000-2001 UGANDA DEMOGRAPHIC AND HEALTH SURVEY

APPENDIX **D**

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H. N. Mubiru
J. Galande

B. Mayambala (Ms.)
G. Mutangana (Ms.)
E. Nambo (Ms.)
A. Namwanje (Ms.)
R. Nannono (Ms.)
M. Ocen
A. Okecha (Ms.)
P. Semakula

H. Kabura (Ms.) Secretary
J. Ocokol Driver

2000 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																																									
REGION _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																								
DISTRICT _____																																									
COUNTY _____																																									
SUBCOUNTY/TOWN _____																																									
PARISH/LC2 NAME _____																																									
EA NAME _____																																									
UDHS NUMBER _____																																									
URBAN/RURAL (URBAN=1, RURAL=2)																																									
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE																																									
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																																									
HOUSEHOLD NUMBER																																									
NAME OF HOUSEHOLD HEAD _____																																									
HOUSEHOLD SELECTED FOR MALE SURVEY? (YES = 1, NO = 2)																																									
HOUSEHOLD SELECTED FOR VITAMIN A TESTING? (YES = 1, NO = 2)																																									

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
	_____	_____		□
*RESULT CODES:	1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>			TOTAL PERSONS IN HOUSEHOLD
				□ □
				TOTAL ELIGIBLE WOMEN
				□ □
				TOTAL ELIGIBLE MEN
				□ □
				LINE NO. OF RESP. TO HOUSEHOLD QUEST.
				□ □

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	□ □	□ □
DATE _____	DATE _____	□ □	□ □

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE				AGE	ELIGIBILITY			
			Is (NAME) male or female?		Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49		CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5 - 17	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)			
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. (FIRST AND LAST NAME IN CAPITAL LETTERS)	What is the relationship of (NAME) to the head of the household?*	M	F	YES	NO	YES	NO	IN YEARS				
1		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	1	1	1
2		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	2	2	2	2
3		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	3	3	3	3
4		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	4	4	4	4
5		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	5	5	5	5
6		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	6	6	6	6
7		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	7	7	7	7
8		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	8	8	8	8
9		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	9	9	9	9
10		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	10	10	10	10

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT

- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = CO-WIFE
- 10 = OTHER RELATIVE
- 11 = ADOPTED/FOSTER/STEPCHILD
- 12 = NOT RELATED
- 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION							
	IF ALIVE		IF ALIVE		IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS					
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	Is (NAME) currently attending school?	During the current school year (2000), did (NAME) attend school at any time?	During the current school year (2000), what level and grade [is/was] (NAME) attending?***	During the previous school year (1999), did (NAME) attend school at any time?	During that school year (1999), what level and grade did (NAME) attend?***	
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	

** Q.12 THROUGH Q.15
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.13 AND Q.15, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*** CODES FOR Qs. 17, 20 AND 22

EDUCATION LEVEL:
0 = PRESCHOOL
1 = PRIMARY
2 = SECONDARY
3 = POST SECONDARY
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE				AGE	ELIGIBILITY			
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5 - 17			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)			
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. (FIRST AND LAST NAME IN CAPITAL LETTERS)	What is the relationship of (NAME) to the head of the household?*	M	F	YES	NO	YES	NO	IN YEARS				
11		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	11	11	11	11
12		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	19	9	9	9
20		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	20	20	20	20

*** CODES FOR Q.3**

RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01 = HEAD
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**** Q.12 THROUGH Q.15**

THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD. IN Q.13 AND Q.15, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***** CODES FOR Qs. 17, 20 AND 22**

EDUCATION LEVEL:
 0 = PRESCHOOL
 1 = PRIMARY
 2 = SECONDARY
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 EDUCATION GRADE:
 00 = LESS THAN 1 YEAR COMPLETED
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LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION									
	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS							
		Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	Is (NAME) currently attending school?	During the current school year (2000), did (NAME) attend school at any time?	During the current school year (2000), what level and grade [is/was] (NAME) attending?***	During the previous school year (1999), did (NAME) attend school at any time?	During that school year (1999), what level and grade did (NAME) attend?***			
(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)				
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE			
11	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
12	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
13	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
14	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
15	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
16	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
17	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
18	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
19	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
20	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

- Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO
- In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE NO
- Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
23	What is the MAIN source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 → 25 PIPED INTO YARD/PLOT 12 → 25 PUBLIC TAP 13 WATER FROM OPEN WELL OPEN WELL IN YARD/PLOT 21 → 25 OPEN PUBLIC WELL 22 WATER FROM COVERED WELL PROTECTED WELL IN YARD/PLOT 31 → 25 PROTECTED PUBLIC WELL 32 WATER FROM BOREHOLE BOREHOLE IN YARD/PLOT 33 → 25 BOREHOLE PUBLIC 34 SURFACE WATER SPRING 41 RIVER/STREAM 42 POND/LAKE 43 DAM 44 RAINWATER 51 → 25 TANKER TRUCK 61 BOTTLED WATER 71 → 25 GRAVITY FLOW SCHEME 81 OTHER _____ 96 (SPECIFY)																									
24	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996																									
25	What kind of toilet facility does your household have?	FLUSH TOILET 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY/BUSH/FIELD 31 → 27 OTHER _____ 96 (SPECIFY)																									
26	Do you share this facility with other households?	YES 1 NO 2																									
27	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>LANTERN</td> <td>1</td> <td>2</td> </tr> <tr> <td>CUPBOARD</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE	1	2	REFRIGERATOR	1	2	LANTERN	1	2	CUPBOARD	1	2	
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TELEPHONE	1	2																									
REFRIGERATOR	1	2																									
LANTERN	1	2																									
CUPBOARD	1	2																									
28	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 CHARCOAL 05 FIREWOOD, STRAW 06 DUNG 07 OTHER _____ 96 (SPECIFY)																									
29	What type of fuel does your household mainly use for lighting?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 CHARCOAL 05 FIREWOOD, STRAW 06 DUNG 07 OTHER _____ 96 (SPECIFY)																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
30	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR EARTH/SAND 11 DUNG 12 FINISHED FLOOR PARQUET AND POLISHED WOOD 31 VINYL OR ASPHALT STRIPS ... 32 CERAMIC TILES 33 CEMENT 34 OTHER _____ 96 (SPECIFY)</p>																			
31	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION.</p>	<p>THATCHED 01 IRON SHEETS 02 ASBESTOS 03 TILES 04 TIN 05 CEMENT 06 OTHER _____ 96 (SPECIFY)</p>																			
32	<p>MAIN MATERIAL OF THE WALL.</p> <p>RECORD OBSERVATION.</p>	<p>THATCHED 01 MUD AND POLE 02 UNBURNT BRICKS 03 BURNT BRICKS WITH MUD 04 BURNT BRICKS WITH CEMENT ... 05 TIMBER 06 CEMENT BLOCKS 07 STONE 08 OTHER _____ 96 (SPECIFY)</p>																			
33	<p>Does any member of your household own:</p> <p>A bicycle? A motorcycle or motor scooter? A car or truck? A boat or canoe? A donkey?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT/CANOE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DONKEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK	1	2	BOAT/CANOE	1	2	DONKEY	1	2	
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DONKEY	1	2																			
34	<p>Does your household have any mosquito nets that can be used while sleeping?</p>	<p>YES 1 NO 2</p>	→ 38																		
35	<p>CHECK COLUMNS (6) AND (7): NUMBER OF CHILDREN UNDER AGE 5 WHO SLEPT IN THE HOUSEHOLD LAST NIGHT</p> <p>NONE <input type="checkbox"/> _____ → 38</p> <p>ONE <input type="checkbox"/> TWO OR MORE <input type="checkbox"/> _____ → 37</p>																				
36	<p>Did (NAME) sleep under a mosquito net last night?</p>	<p>YES 1 NO 2</p>	→ 38																		
37	<p>Did all, some or none of the children under age 5 who slept in the household last night sleep under a mosquito net?</p>	<p>ALL CHILDREN 1 SOME CHILDREN 2 NONE 3</p>																			
38	<p>Where do you usually wash your hands?</p>	<p>IN DWELLING/YARD/PLOT 1 SOMEWHERE ELSE 2 NOWHERE 3</p>	→ 40																		
39	<p>ASK TO SEE THE PLACE AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WATER/TAP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOAP, ASH OR OTHER CLEANSING AGENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BASIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATER/TAP	1	2	SOAP, ASH OR OTHER CLEANSING AGENT	1	2	BASIN	1	2							
	YES	NO																			
WATER/TAP	1	2																			
SOAP, ASH OR OTHER CLEANSING AGENT	1	2																			
BASIN	1	2																			
40	<p>ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE.</p> <p>RECORD PPM (PARTS PER MILLION).</p>	<p>0 PPM (NO IODINE) 1 BELOW 15 PPM 2 15 PPM+ 3 NO SALT 4</p>																			

CHILD LABOUR MODULE FOR CHILDREN AGES 5-17

LINE NO. FROM COL.(11)	NAME FROM COL.(2)	At any time during the past year, did (NAME) do any kind of work for someone who is not a member of this household?	WORKED AT ANY TIME IN THE PAST YEAR			Since last [DAY OF THE WEEK], did (NAME) do any kind of work for someone who is not a member of this household?	Describe briefly the main work or job* that (NAME) did.	Since last [DAY OF THE WEEK], how many hours did (NAME) do this work?	Since last [DAY OF THE WEEK] did (NAME) regularly help with household chores such as cooking, shopping, cleaning, washing clothes, fetching water or caring for animals?	Since last [DAY OF THE WEEK], how many hours a week did (NAME) spend doing these chores?	Since last (DAY OF THE WEEK), did (NAME) do any other family work (on the farm or in a business)?	Since last (DAY OF THE WEEK), how many hours did (NAME) do this work?
			Describe briefly the main work or job* that (NAME) did.	Was (NAME) a regular paid employee, a casual labourer, paid per piece or unpaid?***	Where did (NAME) carry out the work? ***							
(1)	(2)	YES NO 1 2 GO TO 10 ↓	(4)	(5)	(6)	YES NO 1 2 GO TO 10 ↓	(8)	NO. OF HOURS	YES NO 1 2 GO TO 12 ↓	NO. OF HOURS	YES NO 1 2 NEXT LINE ↓	NO. OF HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TICK HERE IF CONTINUATION SHEET USED												<input type="checkbox"/>

*** CODES FOR COLUMN 4 AND 8**

- 01 = SALES, SERVICES
- 02 = UNSKILLED MANUAL
- 03 = HOUSEHOLD/DOMESTIC
- 04 = CROP FARMING
- 05 = LIVESTOCK REARING
- 06 = FISHING
- 07 = MANUFACTURING
- 08 = OTHER

**** CODES FOR COLUMN 5**

- 1 = REGULAR PAID EMPLOYEE
- 2 = CASUAL LABOURER
- 3 = PAID AT PIECE RATE
- 4 = UNPAID

*****CODES FOR COLUMN 6**

- 01 = AT FAMILY DWELLING
- 02 = AT EMPLOYER'S HOUSE
- 03 = ON THE STREET
- 04 = SHOP/MARKET/KIOSK
- 05 = INDUSTRY/FACTORY
- 06 = PLANTATION/FARM/GARDEN
- 07 = CONSTRUCTION/QUARRYING SITES
- 08 = OTHER

There will be an education survey done at a later point in time. Your household may or may not be asked to participate in this survey. If your household is included in the survey, someone will return to your house and ask additional questions about education.

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT

* 1 = MEASURED; 2 = NOT PRESENT; 3= REFUSED; 4 = DISABLED; 6 = OTHER

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL.(8)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT*
(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)
		YEARS					
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1995 OR LATER			
LINE NO. FROM COL.(9)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT*
			DAY MO. YEAR			LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

MEN AGE 15-54							
LINE NO. FROM COL.(10)	NAME FROM COL.(2)	AGE FROM COL.(7)					
<input type="text"/>		<input type="text"/>					
<input type="text"/>		<input type="text"/>					
<input type="text"/>		<input type="text"/>					

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>

* RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE

** CONSENT STATEMENT

As part of this survey, we are studying anemia (and vitamin A deficiency) among women, men and children. This (these) problem(s) often result from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia (and vitamin A deficiency).

We request that you (and all children born in 1995 or later) participate in the anemia (and vitamin A deficiency) testing as part of this survey and give a few drops of blood from a finger. The tests use disposable sterile instruments that are clean and completely safe. For anemia test, the blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. (The vitamin A test has to be done in a laboratory so you will not be given the results). The results of the (both) test(s) will be kept confidential.

May I now ask that you (and NAME OF CHILD[REN]) participate in the anemia (and vitamin A deficiency test). However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.

*** 1 = MEASURED; 2 = NOT PRESENT; 3 = REFUSED; 6 = OTHER

HEMOGLOBIN AND VITAMIN A MEASUREMENTS OF WOMEN 15-49




CHECK COLUMN (43):	LINE NO. OF PARENT/RESPONSIBLE ADULT.*	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT** CIRCLE CODE (AND SIGN)	TESTED FOR VITAMIN A DEFICIENCY	HEMOGLOBIN LEVEL (G/DL)	CURRENTLY PREGNANT	RESULT***
(49)	(50)	(51)	(52)	(53)	(54)	(55)
AGE 15-17 AGE 18-49		GRANTED REFUSED	YES NO NA		YES NO/DK	
1 GO TO 51 ←	<input type="text"/>	1 SIGN _____	1 2 3	<input type="text"/>	1 2	<input type="text"/>
2 NEXT LINE		2 NEXT LINE				

HEMOGLOBIN AND VITAMIN A MEASUREMENTS OF CHILDREN BORN IN 1995 OR LATER

LINE NO. OF PARENT/RESPONSIBLE ADULT.	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT** CIRCLE CODE (AND SIGN)	TESTED FOR VITAMIN A DEFICIENCY	HEMOGLOBIN LEVEL (G/DL)	RESULT***
	GRANTED REFUSED	YES NO NA		
<input type="text"/>	1 SIGN _____	1 2 3	<input type="text"/>	<input type="text"/>
<input type="text"/>	2 NEXT LINE			

HEMOGLOBIN MEASUREMENT OF MEN 15-54

CHECK COLUMN (43):	LINE NO. OF PARENT/RESPONSIBLE ADULT	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT** CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	RESULT***
AGE 15-17 AGE 18-54		GRANTED REFUSED		
1 GO TO 51 ←	<input type="text"/>	1 SIGN _____	<input type="text"/>	<input type="text"/>
2 NEXT LINE		2 NEXT LINE		

1 GO TO 51 ← 2		1 SIGN _____ 2 NEXT LINE ←				
-------------------	--	----------------------------------	--	--	--	--

55	<p>CHECK 52 AND 53:</p> <p>NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*</p> <p style="text-align: center;">ONE OR MORE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GIVE EACH WOMAN/MAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT, REFERRAL LETTER AND END THE INTERVIEW.</p> <p style="text-align: center;">NONE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GIVE EACH WOMAN/MAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END THE INTERVIEW.</p>
56	<p>We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem.</p> <p>You should seek medical assistance for this problem. We will give you a letter of referral which you can take to the doctor or health facility you consult. It provides information on the results of your test that will help the doctor or health facility.</p>

- The cutoff point is 9 g/dl for pregnant women and 7 g/dl for children, women who are not pregnant (or who don't know if they are pregnant), and men.
- ** If more than one woman, man or child is below the cutoff point, read the statement in Q.56 to each woman who is below the cutoff point and each woman/parent/responsible adult for whom a child is below the cutoff point.

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT MEASUREMENT:

2000 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
WOMEN'S QUESTIONNAIRE

IDENTIFICATION																												
REGION _____	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																											
DISTRICT _____																												
COUNTY _____																												
SUBCOUNTY/TOWN _____																												
PARISH/LC2 NAME _____																												
EA NAME _____																												
UDHS NUMBER _____																												
URBAN/RURAL (URBAN=1, RURAL=2)																												
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE																												
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																												
HOUSEHOLD NUMBER																												
NAME AND LINE NUMBER OF WOMAN _____																												

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
TIME	_____	_____		<input type="checkbox"/>
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ (SPECIFY) 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED				
LANGUAGE OF QUESTIONNAIRE: ENGLISH				7
LANGUAGE USED IN INTERVIEW				
RESPONDENT'S LOCAL LANGUAGE				
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)				
LANGUAGE: 1 ATESO-KARAMOJONG		4 LUO		7 ENGLISH
2 LUGANDA		5 RUNYANKOLE-RUKIGA		8 OTHER
3 LUGBARA		6 RUNYORO-RUTORO		

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="checkbox"/>	NAME _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT	
<p>Hello. My name is _____ and I am working with Uganda Bureau of Statistics. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED .. 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .. 2 →END</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	For most of the time during the last five years, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→111
108	What is the highest level of school you attended: primary, secondary, or post secondary?	PRIMARY 1 SECONDARY 2 POST SECONDARY 3	
109	What is the highest (grade/form/year) you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
109A	Did you ever receive any vocational training?	NO TRAINING 1 TEACHER TRAINING 2 PARAMEDICAL TRAINING 3 OTHER TRAINING 6	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR POST SECONDARY <input type="checkbox"/>		→114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
113	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' CIRCLED <input type="checkbox"/>		→115
114	During the last 4 weeks, did you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	During the last 4 weeks, did you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	During the last 4 weeks, did you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	What is your religion?	CATHOLIC 1 PROTESTANT 2 MUSLIM 3 OTHER _____ 6 (SPECIFY)	
119	Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→123
120	In the last 30 days, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS <input type="text"/> NONE 95	
121	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	→123
121A	CHECK 120: DRANK ALCOHOL ON AT LEAST ONE DAY <input type="checkbox"/> NONE/NEVER <input type="checkbox"/>		→123
122	In the last 30 days, on how many occasions did you get "drunk"?	NUMBER OF TIMES <input type="text"/> NONE/NEVER 95	
123	Have you had any kind of injection in the last 3 months?	YES 1 NO 2	→201
124	How many times did you have an injection in the last 3 months?	NUMBER OF INJECTIONS .. <input type="text"/> EVERY DAY 95	
125	The last time you had an injection, who was the person who gave you the injection?	HEALTH PROFESSIONAL 1 TRADITIONAL HEALER 2 FRIEND/RELATIVE 3 SELF 4 OTHER _____ 6 (SPECIFY)	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1257 371 1342 477" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1257 423 1342 528" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1257 618 1342 723" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1257 669 1342 775" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES 1 NO 2	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1257 938 1342 1043" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1257 990 1342 1095" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1257 1106 1342 1167" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→226								

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	
02	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
03	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
04	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
05	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
06	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
07	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
08	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO 2
09	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO 2
10	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO 2
11	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO 2
12	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO 2

222 Have you had any live births since the birth of (NAME OF LAST BIRTH)? YES 1
NO 2

223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1995 OR LATER. IF NONE, RECORD '0'.	<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 1995, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS E.G., 01, 02 ...09. IF MONTHS ARE NOT KNOWN, RECORD 98 ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→236A
230	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 1995 OR LATER JAN. 1995		→236A
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Have you ever had any other pregnancies which did not result in a live birth?	YES 1 NO 2	→236A
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1995. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before 1995 which did not result in a live birth?	YES 1 NO 2	→236A
236	FILL IN THE MONTH AND YEAR OF TERMINATION OF THE LAST NON-LIVE BIRTH PREGNANCY PRIOR TO JANUARY 1995.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
236A	How old were you at the time you experienced your first menstruation?	YEARS <input type="text"/> <input type="text"/> NEVER MENSTRUATED 96 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	<input type="checkbox"/> →238
237A	Some women experience some pains during menstruation. Did/do you experience such pains?	YES 1 NO 2 DON'T KNOW 8	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> →240
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
240	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL MENTIONED.	YES, CIGARETTES A YES, PIPES B YES, OTHER C _____ (SPECIFY) NO Y	<input type="checkbox"/> →301
241	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>	



SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ▾	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ▾	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ▾	YES 1 NO 2
04	IUD/COIL Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ▾	YES 1 NO 2
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES 1 NO 2 ▾	YES 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ▾	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2 ▾	YES 1 NO 2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ▾	YES 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ▾	YES 1 NO 2
14	EMERGENCY CONTRACEPTION (NORLEVO) Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ▾	YES 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 (SPECIFY) _____ (SPECIFY) _____ NO 2	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→307
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→329
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→329
311	Which method are you using?	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD/COIL D INJECTIONS E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACT. AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	→313 →316A →312A →316A →312B →316A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION. DO NOT PROMPT IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.		
312	What brand of pill are you currently using?	PILPLAN 1 MICROGYNON 2 EUGYEN 3 LOFEMINAL 4 OVRETTE 5 OTHER 6 DON'T KNOW 8	→316A
312A	What brand of injections are you currently using?	INJECTAPLAN 1 DEPO-PROVERA 2 DON'T KNOW 8	→316A
312B	What brand of condom are you currently using?	PROTECTOR 1 ENGABU 2 LIFE GUARD 3 ROUGH RIDER 4 PLEASURE 5 OTHER 6 DON'T KNOW 8	→316A
313	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF BOTH CODE 'A' AND CODE 'B' ARE CIRCLED IN 311, ASK 313-317 ABOUT FEMALE STERILIZATION ONLY.	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC .. 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . 21 PRIVATE DOCTOR'S OFFICE 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	<p>CHECK 311:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
316	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <input type="text"/> <input type="text"/></p>	
316A	<p>When did you start using (CURRENT METHOD) without stopping?</p> <p>PROBE: In what month and year did you start using (CURRENT METHOD) continuously?</p>	<p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	
317	<p>CHECK 316/316A:</p> <p>YEAR IS 1995 OR LATER <input type="checkbox"/> YEAR IS 1994 OR EARLIER <input type="checkbox"/></p>		→327
319	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD/COIL 04</p> <p>INJECTIONS 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→322</p> <p>→331</p> <p>→320A</p> <p>→331</p> <p>→331</p> <p>→331</p>
320	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC .. 13</p> <p>OUTREACH 14</p> <p>GOV'T COMMUNITY BASED DISRIBUTOR 15</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . 21</p> <p>PHARMACY/DRUG SHOP ... 22</p> <p>PRIVATE DOCTOR/NURSE/ MIDWIFE 23</p> <p>OUTREACH 24</p> <p>NGO COMMUNITY BASED DISTRIBUTOR 25</p> <p>OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>RELIGIOUS INSTITUTION ... 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____ 96 (SPECIFY)</p>	
320A	<p>Where did you learn to use the lactational amenorrhea method?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>		
321	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>PILL 03</p> <p>IUD/COIL 04</p> <p>INJECTIONS 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p>	<p>→328</p> <p>→325</p> <p>→325</p> <p>→325</p> <p>→325</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 313 OR 320). At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→324
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→325
324	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
325	CHECK 322: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <p>At that time, were you told about other methods of family planning which you could use?</p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 313 OR 320), were you told about other methods of family planning which you could use?</p>	YES 1 NO 2	→327
326	Were you ever told by a health or family planning worker about other methods of family planning which you could use?	YES 1 NO 2	
327	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD/COIL 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER METHOD 96	→331 →331 →331 →331 →331 →331 →331 →331 →331 →331 →331 →331 →331
328	Where did you obtain (CURRENT METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 OUTREACH 14 GOV'T COMMUNITY BASED DISTRIBUTOR 15 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY/DRUG SHOP 22 PRIVATE DOCTOR/NURSE/MIDWIFE 23 OUTREACH 24 NGO COMMUNITY BASED DISTRIBUTOR 25 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE SHOP 31 RELIGIOUS INSTITUTION 32 FRIEND/RELATIVE 33 OTHER 96 (SPECIFY)	→331
329	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>OUTREACH D</p> <p>GOV'T COMMUNITY BASED DISTRIBUTOR E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC .. G</p> <p>PHARMACY/DRUG SHOP H</p> <p>PRIVATE DOCTOR/NURSE/ MIDWIFE I</p> <p>OUTREACH J</p> <p>NGO COMMUNITY BASED DISTRIBUTOR K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>RELIGIOUS INSTITUTION N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
331	<p>In the last 12 months, were you visited by a field worker who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
332	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	→401
333	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1995 OR LATER <input type="checkbox"/>	NO BIRTHS IN 1995 OR LATER <input type="checkbox"/>	→484
402	<p>ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)</p>		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>
404	FROM 212 AND 216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ← <input type="checkbox"/> LATER 2 NOT AT ALL 3 (SKIP TO 407) ← <input type="checkbox"/>	THEN 1 (SKIP TO 423) ← <input type="checkbox"/> LATER 2 NOT AT ALL 3 (SKIP TO 423) ← <input type="checkbox"/>
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A MIDWIFE/NURSE B MEDICAL ASSISTANT/ CLINICAL OFFICER C NURSING AIDE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 415) ← <input type="checkbox"/>	
408	How many months pregnant were you when you FIRST received antenatal care for this pregnancy?	MONTHS <input type="text"/> DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> DON'T KNOW 98	
410	CHECK 407:	CODE A, B, C OR D CIRCLED <input type="checkbox"/> CODE E, X OR Y CIRCLED <input type="checkbox"/> (SKIP TO 412)	
410A	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> MORE THAN ONCE OR DK <input type="checkbox"/> (SKIP TO 411)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
410B	Where did you see the (HEALTH PROFESSIONAL MENTIONED IN 407) for antenatal care?	PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH/ AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . 31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)																			
411	How many months pregnant were you the LAST time you received antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																			
411A	Where did you see the (HEALTH PROFESSIONAL MENTIONED IN 407) the LAST time you saw someone for antenatal care?	PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH/ AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . 31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)																			
412	When you were pregnant with (NAME), were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD PRESSURE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WEIGHT	1	2	HEIGHT	1	2	BLOOD PRESSURE ...	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2	
	YES	NO																			
WEIGHT	1	2																			
HEIGHT	1	2																			
BLOOD PRESSURE ...	1	2																			
URINE SAMPLE	1	2																			
BLOOD SAMPLE	1	2																			
413	Sometimes a pregnancy can have complications that lead to miscarriage or even death. Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 415) ← DON'T REMEMBER 8																			
413A	What are some of the signs and symptoms that indicate that a pregnancy may be in danger? PROBE: Any other signs or symptoms? RECORD ALL SIGNS AND SYMPTOMS MENTIONED.	VAGINAL BLEEDING A HIGH FEVER B ABDOMINAL PAIN C SWELLING OF HANDS AND FEET D DIFFICULT LABOR FOR MORE THAN 12 HOURS E CONVULSIONS F OTHER _____ X (SPECIFY) DON'T KNOW ANY SIGNS OR SYMPTOMS Y																			
414	Were you told where to go or what to do if you had any of these signs?	YES 1 NO 2 DON'T REMEMBER 8																			

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
415	When you were pregnant with (NAME), were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8	
416	When you were pregnant with (NAME), how many times did you get this injection?	TIMES <input type="text"/> DON'T KNOW 8	
417	When you were pregnant with (NAME), were you given or did you buy any iron tablets or iron syrup? SHOW TABLET/SYRUP.	YES 1 NO 2 (SKIP TO 419) ← DON'T KNOW 8	
418	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
419	When you were pregnant with (NAME), did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8	
420	When you were pregnant with (NAME), did you suffer from night blindness [USE LOCAL TERM]?	YES 1 NO 2 DON'T KNOW 8	
421	When you were pregnant with (NAME), did you take any drugs in order to prevent you from malaria?	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8	
422	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	FANSIDAR A CHLOROQUINE B METAKELFIN C CAMAQUINE D QUININE E DON'T KNOW F OTHER _____ X (SPECIFY)	
422A	CHECK 407:	CODE "Y" CIRCLED CIRCLED <input type="checkbox"/> ↳ (SKIP TO 423)	CODE "Y" NOT NOT <input type="checkbox"/>
422B	Did you get these medicines during an antenatal visit, another health facility visit or from some other source?	ANTENATAL VISIT 1 ANOTHER VISIT 2 OTHER SOURCE _____ 6 (SPECIFY)	
423	When (NAME) was born, was he/she very big, bigger than average, average, smaller than average, or very small?	VERY BIG 1 BIGGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY BIG 1 BIGGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	KILOGRAMS FROM CARD 1 <input type="text"/> <input type="text"/> KILOGRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	KILOGRAMS FROM CARD 1 <input type="text"/> <input type="text"/> KILOGRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
425A	Has (NAME) been registered?	YES 1 NO 2 (SKIP TO 426) ← _____ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) ← _____ DON'T KNOW 8
425B	Does (NAME) have a birth certificate? IF YES: May I see it, please?	SEEN, SHORT CERTIFICATE. . . 1 SEEN, LONG CERTIFICATE. . . . 2 SEEN, BOTH CERTIFICATES. . . 3 NOT SEEN 4	SEEN, SHORT CERTIFICATE. . . 1 SEEN, LONG CERTIFICATE. . . . 2 SEEN, BOTH CERTIFICATES. . . 3 NOT SEEN 4
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS WHO ASSISTED.	HEALTH PROFESSIONAL DOCTOR A MIDWIFE/NURSE B MEDICAL ASSISTANT/ CLINICAL OFFICER C NURSING AIDE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A MIDWIFE/NURSE B MEDICAL ASSISTANT/ CLINICAL OFFICER C NURSING AIDE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER _____ X (SPECIFY) NO ONE Y
427	Where did you give birth to (NAME)?	HOME YOUR HOME 11 (SKIP TO 429) ← _____ TBA'S HOME 12 OTHER HOME 13 (SKIP TO 429) ← _____ PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . 22 GOVT. HEALTH/ AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) _____ (SKIP TO 429) ← _____	HOME YOUR HOME 11 (SKIP TO 429) ← _____ TBA'S HOME 12 OTHER HOME 13 (SKIP TO 429) ← _____ PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . 22 GOVT. HEALTH/ AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) _____ (SKIP TO 429) ← _____
428	Was (NAME) delivered by caesarian section?	YES 1 (SKIP TO 433) ← _____ NO 2	YES 1 (SKIP TO 435) ← _____ NO 2
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 433) ← _____	YES 1 NO 2 (SKIP TO 433) ← _____
430	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL . . . 1 <input type="text"/> <input type="text"/> WEEKS AFTER DEL . . 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
431	Who checked on your health at the time of the first check? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR 11 MIDWIFE/NURSE 12 MEDICAL ASSISTANT/ CLINICAL OFFICER 13 NURSING AIDE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)	
432	Where did this first check take place?	HOME YOUR HOME 11 OTHER HOME 12 TBA'S HOME 13 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ... 22 GOVT. HEALTH/ AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
432A	Within the first six weeks after delivery, how many times did you have a check up?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T REMEMBER 98	
433	In the first two months after delivery, did you receive a vitamin A dose like this one? SHOW AMPULE/CAPSULE/SYRUP.	YES 1 NO 2	
434	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 436) ← <input type="text"/> NO 2 (SKIP TO 437) ← <input type="text"/>	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 439) ← <input type="text"/>
436	For how many months after the birth of (NAME) did you NOT have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T REMEMBER 98	MONTHS <input type="text"/> <input type="text"/> DON'T REMEMBER 98
437	CHECK 226: RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT OR UNSURE <input type="checkbox"/> (SKIP TO 439) ← <input type="text"/>	
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440) ← <input type="text"/>	
439	For how many months after the birth of (NAME) did you NOT have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T REMEMBER 98	MONTHS <input type="text"/> <input type="text"/> DON'T REMEMBER 98
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447) ← <input type="text"/>	YES 1 NO 2 (SKIP TO 447) ← <input type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
442	Within the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 444) ←	YES 1 NO 2 (SKIP TO 444) ←
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER . C GRIPE WATER D SALT AND SUGAR SOLUTION . E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SALT AND SUGAR SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)
444	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 446) ←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 446) ←
445	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 448) ← NO 2	
446	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
446A	After how many months did you start giving (NAME) fluids including water? IF NOT YET, RECORD '90'	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
446B	After how many months did you start giving (NAME) solid foods, including porridge? IF NOT YET, RECORD '90'	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
447	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 450A) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 450A) (GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454)
448	How many times did you breastfeed last night between sunset and sunrise (i.e., between going to bed and waking up)? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>	
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . . <input type="text"/> <input type="text"/>	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
450	Did you give (NAME) anything other than breast milk yesterday or last night?	YES 1 NO 2 (SKIP TO 453) ← DON'T KNOW 8	
450A	What did you use to give (NAME) something yesterday or last night?	CUP WITH SPOUT A BOTTLE WITH NIPPLE B SPOON C HAND D DON'T KNOW E OTHER _____ X (SPECIFY)	CUP WITH SPOUT A BOTTLE WITH NIPPLE B SPOON C HAND D DON'T KNOW E OTHER _____ X (SPECIFY)
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	How many times did (NAME) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received during the National Immunization Day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO, DPT, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460 IF THE BOXES ARE BLANK) _____ (SKIP TO 464)← NO 2 (SKIP TO 464)← DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460 IF THE BOXES ARE BLANK) _____ (SKIP TO 464)← NO 2 (SKIP TO 464)← DON'T KNOW 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466)← DON'T KNOW 8
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 463E)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E)← DON'T KNOW 8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463E	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 463G)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G)← DON'T KNOW 8
463F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463G	An injection to prevent measles ?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
464	Were any of the vaccinations (NAME) received during the last two years given as a part of a National Immunization Day campaign?	YES 1 NO 2 (SKIP TO 466)← NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 466)← DON'T KNOW 8 (SKIP TO 466)←	YES 1 NO 2 (SKIP TO 466)← NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 466)← DON'T KNOW 8 (SKIP TO 466)←
465	At which National Immunization Day campaigns did (NAME) receive vaccinations? RECORD ALL MENTIONED.	POLIO (AUG/SEPT 1998) A POLIO (AUG/SEPT 1999) B MEASLES (MAR/APR 2000) C POLIO (AUG/SEP/OCT 2000) ... D	POLIO (AUG/SEPT 1998) A POLIO (AUG/SEPT 1999) B MEASLES (MAR/APR 2000) C POLIO (AUG/SEP/OCT 2000) .. D
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 469)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 469)← DON'T KNOW 8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OR 467 <input type="checkbox"/> ↓ (SKIP TO 474)	OTHER <input type="checkbox"/> ↓ (SKIP TO 474)
470	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. AID POST C CLINIC/OUTREACH SERVICES D COMMUNITY HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/DRUG SHOP H PRIVATE DOCTOR I OTHER PVT. MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. PRACTITIONER L HOME M OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. AID POST C CLINIC/OUTREACH SERVICES D COMMUNITY HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/DRUG SHOP H PRIVATE DOCTOR I OTHER PVT. MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. PRACTITIONER L HOME M OTHER _____ X (SPECIFY)
472	CHECK 466: HAD FEVER?	"YES" IN 466 <input type="checkbox"/> ↓ (SKIP TO 474)	"NO"/"DK" IN 466 <input type="checkbox"/> ↓ (SKIP TO 474)
473	Does (NAME) have a fever now?	YES 1 NO 2 (SKIP TO 474) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 474) ← DON'T KNOW 8
473A	Was (NAME) given any medicines for the fever?	YES 1 NO 2 (SKIP 474) ← DON'T KNOW 8	YES 1 NO 2 (SKIP 474) ← DON'T KNOW 8
473B	In the past 2 weeks, which medicines were given to (NAME)? ASK TO SEE MEDICINE(S). IF NOT SEEN, SHOW MEDICINE(S) TO RESPONDENT. RECORD ALL MENTIONED	ANTI-MALARIAL CHLOROQUINE A FANSIDAR B CAMAQUINE C QUININE D OTHER DRUGS ASPIRIN E PANADOL F TRADITIONAL HERBS G OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTI-MALARIAL CHLOROQUINE A FANSIDAR B CAMAQUINE C QUININE D OTHER DRUGS ASPIRIN E PANADOL F TRADITIONAL HERBS G OTHER _____ X (SPECIFY) DON'T KNOW Z
473C	CHECK 473B: WHICH MEDICINES?	CODE "A" CIRCLED <input type="checkbox"/> ↓ (SKIP TO 473G)	CODE "A" NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 473G)

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
473D	How long after the fever started did (NAME) first take Chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER STARTED 2 THREE OR MORE DAYS AFTER THE FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER STARTED 2 THREE OR MORE DAYS AFTER THE FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER STARTED 2 THREE OR MORE DAYS AFTER THE FEVER ... 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER STARTED 2 THREE OR MORE DAYS AFTER THE FEVER ... 3 DON'T KNOW 8
473E	For how many days did (NAME) take Chloroquine for the fever? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
473F	Where did you get the Chloroquine for (NAME)'s fever?	PHARMACY/DRUG SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/DRUG SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z
473G	CHECK 473B: WHICH MEDICINES?	CODE "B" CIRCLED <input type="checkbox"/> ▼	CODE "B" NOT CIRCLED <input type="checkbox"/> ↳(SKIP TO 473K)	CODE "B" CIRCLED <input type="checkbox"/> ▼	CODE "B" NOT CIRCLED <input type="checkbox"/> ↳(SKIP TO 473K)
473H	How long after the fever started did (NAME) first take Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8
473I	For how many days did (NAME) take Fansidar for the fever? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
473J	Where did you get the Fansidar for (NAME)'s fever?	PHARMACY/DRUG SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/DRUG SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z
473K	CHECK 473B: WHICH MEDICINES?	CODE "C" CIRCLED <input type="checkbox"/> ▼	CODE "C" NOT CIRCLED <input type="checkbox"/> ↳(SKIP TO 473O)	CODE "C" CIRCLED <input type="checkbox"/> ▼	CODE "C" NOT CIRCLED <input type="checkbox"/> ↳(SKIP TO 473O)
473L	How long after the fever started did (NAME) first take Camaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
473M	For how many days did (NAME) take Camaquine for the fever? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="checkbox"/>	DAYS <input type="checkbox"/>	DAYS <input type="checkbox"/>	DAYS <input type="checkbox"/>
		DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
473N	Where did you get the Camaquine for (NAME)'s fever?	PHARMACY/DRUG SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/DRUG SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOUR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z
473O	CHECK 473B: WHICH MEDICINES?	CODE "D" CIRCLED <input type="checkbox"/>	CODE "D" NOT CIRCLED <input type="checkbox"/> (SKIP TO 474)	CODE "D" CIRCLED <input type="checkbox"/>	CODE "D" NOT CIRCLED <input type="checkbox"/> (SKIP TO 474)
473P	How long after the fever started did (NAME) first take Quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER STARTED 2 THREE OR MORE DAYS AFTER FEVER STARTED 3 DON'T KNOW 8
473Q	For how many days did (NAME) take Quinine for the fever? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="checkbox"/>	DAYS <input type="checkbox"/>	DAYS <input type="checkbox"/>	DAYS <input type="checkbox"/>
		DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
473R	Where did you get the Quinine for (NAME)'s fever?	PHARMACY/DRUG SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/DRUG SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z	PHARMACY/SHOP A GOV'T HEALTH FACILITY B NGO HEALTH FACILITY C OTHER PRIVATE HEALTH FACILITY D COMMUNITY HEALTH WORKER E FRIEND/NEIGHBOR F HOME SUPPLY G OTHER _____ X (SPECIFY) DON'T KNOW Z
474	Do you have any mosquito nets in your house?	YES 1 NO 2 (SKIP TO 475) ←	CHECK FIRST COLUMN: HAS DOES NOT MOSQUITO HAVE NETS MOSQUITO NETS <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 475)	CHECK FIRST COLUMN: HAS DOES NOT MOSQUITO HAVE NETS MOSQUITO NETS <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 475)	CHECK FIRST COLUMN: HAS DOES NOT MOSQUITO HAVE NETS MOSQUITO NETS <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 475)
474A	Does (NAME) usually sleep under a mosquito net?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
474B	Did (NAME) sleep under a mosquito net last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
474C	CHECK 474A AND 474B:	CODE "1" CIRCLED FOR EITHER OR BOTH <input type="checkbox"/>	CODE "1" CIRCLED FOR NEITHER <input type="checkbox"/> (SKIP TO 475)	CODE "1" CIRCLED FOR EITHER OR BOTH <input type="checkbox"/>	CODE "1" CIRCLED FOR NEITHER <input type="checkbox"/> (SKIP TO 475)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
474D	How long ago was the mosquito net bought or obtained? IF LESS THAN 1 MONTH, RECORD '00'. IF MORE THAN 84 MONTHS, RECORD '84'.	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
474E	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8
474F	How long ago was the mosquito net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'. IF MORE THAN 84 MONTHS, RECORD '84'.	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
475	Has (NAME) had diarrhoea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8
476	How much was (NAME) given to drink during the diarrhoea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
477	When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
478	Was he/she given any of the following to drink a A fluid made from a special packet called [LOCAL NAME]? b A government-recommended home-made fluid?	YES NO DK FLUID FROM ORS PKT .. 1 2 8 HOME-MADE FLUID 1 2 8	YES NO DK FLUID FROM ORS PKT . 1 2 8 HOME-MADE FLUID 1 2 8
479	Was anything (else) given to treat the diarrhoea?	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8
480	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	TABLET OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)	TABLET OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhoea?	YES 1 NO 2 (SKIP TO 483) ←	YES 1 NO 2 (SKIP TO 483) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
482	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C CLINIC/OUTREACH SERVICES D COMMUNITY HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C CLINIC/OUTREACH SERVICES D COMMUNITY HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY)
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
484	CHECK 456, ALL COLUMNS: NUMBER OF <u>LIVING</u> CHILDREN BORN IN 1995 OR LATER ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→487
485	What is usually done to dispose of (NAME OF CHILD/YOUNGEST CHILD)'s stools when he/she does not use any toilet facility?	CHILD ALWAYS USES TOILET/LATRINE 01 THROW IN THE TOILET/LATRINE .. 02 THROW OUTSIDE THE DWELLING . 03 THROW OUTSIDE THE YARD 04 BURY IN THE YARD 05 OTHER _____ 96 (SPECIFY)	
486	CHECK 478 a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		→488
487	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhoea?	YES 1 NO 2	
488	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/>		→494
489	When (your child/one of your children) is seriously ill, who decides whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	RESPONDENT 1 RESPONDENT AND OTHER PERSON(S) 2 OTHER PERSON(S) 3	
489B	Sometimes children have severe illnesses and should be taken immediately to a health facility. What type of symptoms would cause you to take your child to a health facility right away? RECORD ALL SYMPTOMS MENTIONED.	CHILD NOT ABLE TO EAT OR DRINK OR BREASTFEED A CHILD BECOMES SICKER B CHILD DEVELOPS A FEVER C CHILD HAS DIFFICULTY IN BREATHING D CHILD HAS BLOOD IN STOOL E CHILD DRINKS POORLY F OTHER _____ G (SPECIFY) OTHER _____ H (SPECIFY) OTHER _____ I (SPECIFY)	
491	CHECK 215 AND 218: HAS AT LEAST ONE CHILD BORN IN 1997 OR LATER AND LIVING WITH HER <input type="checkbox"/> DOES NOT HAVE ANY CHILDREN BORN IN 1997 OR LATER AND LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492) _____ (NAME)		→494

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q. 491) drink each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Cerelac or any other infant formula?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Fruit juice?</p> <p>e Any other liquids such as sugar water, tea, coffee, soda, or soup broth?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>
493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q. 491) eat each of the following foods either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a Any food made from grains: such as rice, posho, porridge, bread, chapati, pasta/ macaroni or pizza? Matooke?</p> <p>b Pumpkins, white or purple yams, carrots, or yellow sweet potatoes?</p> <p>c Any other food made from roots or tubers such as Irish potatoes or cassava?</p> <p>d Any green leafy vegetables such as dodo, nakati, bugga, sungsa, jjobyo, sukumaweek or marakwang?</p> <p>e Mango or paw-paw?</p> <p>f Any other fruits and vegetables: oranges, bananas, apples, guavas, jack fruit, water melon, berries, avocados, tomatoes, green beans, or cabbage?</p> <p>g Meat (beef, pork or goat/mutton), poultry (chicken, duck or other birds), fish, insects (such as ants and grasshoppers), or eggs?</p> <p>h Any food made from legumes: lentils, beans, soybeans, cow peas, pidgeon peas (nkolimbo or lapena) or groundnuts? Simsim (sesame seeds)?</p> <p>i Milk and other dairy products such as cheese, yoghurt/sour milk/curdled milk?</p> <p>j Any food made with oil, fat, butter or ghee?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
494	CHECK 474 OR 474 NOT ASKED HAS MOSQUITO NET <input type="checkbox"/> DOES NOT HAVE MOSQUITO NET <input type="checkbox"/>		→495																											
494A	Do you always sleep under a mosquito net?	YES 1 NO 2																												
494B	Did you sleep under a mosquito net last night?	YES 1 NO 2																												
494C	CHECK 494A AND 494B: CODE "1" CIRCLED FOR EITHER OR BOTH <input type="checkbox"/>	CODE "1" CIRCLED FOR NEITHER <input type="checkbox"/>	→ 495																											
494D	How long ago was the mosquito net bought or obtained? IF LESS THAN 1 MONTH, RECORD '00' IF MORE THAN 84 MONTHS, RECORD '84'	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																												
494E	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES 1 NO 2 DON'T KNOW 8	→ 495																											
494F	How long ago was the mosquito net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00' IF MORE THAN 84 MONTHS, RECORD '84'	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																												
495	The last time you prepared a meal for your family, before starting did you wash your hands?	YES 1 NO 2 NEVER PREPARED MEAL 3																												
496	A number of factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not for you? Knowing where to go. Getting permission to go. Getting money needed for treatment. The distance to the health facility. Having to take transport. Not wanting to go alone. Concern that there may not be a female health provider. Negative attitude of health provider.	<table border="0"> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM		1	2		1	2		1	2		1	2		1	2		1	2		1	2		1	2	
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SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→505
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→510 →514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→510
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
506	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
507	Does your husband/partner have any other wives besides yourself?	YES 1 NO 2 DON'T KNOW 8	→510 →510
508	How many other wives does he have?	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	
510	Have you been married or lived with a man only once, or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
511	CHECK 510: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <input type="checkbox"/> <p>▼</p> <p>In what month and year did you start living with your husband/partner?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <input type="checkbox"/> <p>▼</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p> </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→514
512	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
514	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN MARRIED 95	→524 →515
514A	Did that partner become your husband or did you go ahead to live with him?	YES 1 NO 2	
514B	At the time you first had sex, how old was your partner?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 96	
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→516 →516 →524

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
515A	In the last one week, how many times did you have sexual intercourse with any man?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 96	
516	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→516B
516A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS 04 PARTNER INSISTED 05 OTHER 96 (SPECIFY) DON'T KNOW 98	→517
516B	What was the main reason for not using a condom?	RESPONDENT WANTED TO BECOME PREGNANT 01 TRUSTED PARTNER 02 PARTNER INSISTED 03 OTHER 96 (SPECIFY) DON'T KNOW 98	
517	What is your relationship to the man with whom you last had sex? IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER . 01 MAN IS BOYFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER 96 (SPECIFY)	→519
518	For how long have you had sexual relations with this man?	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/>	
519	Have you had sex with any other man in the last 12 months?	YES 1 NO 2	→524
520	The last time you had sexual intercourse with another man, was a condom used?	YES 1 NO 2	→521
520A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS 04 PARTNER INSISTED 05 OTHER 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
521	What is your relationship to this man? IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER . 01 MAN IS BOYFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→523								
522	For how long have you had sexual relations with this man?	DAYS 1 <table border="1" data-bbox="1286 416 1369 456"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1286 461 1369 501"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" data-bbox="1286 506 1369 546"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1286 551 1369 591"><tr><td></td><td></td></tr></table>									
522A	Other than these two men, have you had sexual intercourse with anyone else in the last 12 months?	YES 1 NO 2	→524								
522B	The last time you had sexual intercourse with this other man, was a condom used?	YES 1 NO 2	→522D								
522C	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS 04 PARTNER INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98									
522D	What is your relationship to this other man? IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER . 01 MAN IS BOYFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	→523								
522E	For how long have you had a sexual relationship with this man?	DAYS 1 <table border="1" data-bbox="1286 1420 1369 1460"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1286 1464 1369 1505"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" data-bbox="1286 1509 1369 1550"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1286 1554 1369 1594"><tr><td></td><td></td></tr></table>									
523	In total, how many different men have you had sex with in the last 12 months?	NUMBER OF PARTNERS . . . <table border="1" data-bbox="1286 1662 1369 1711"><tr><td></td><td></td></tr></table>									
523B	When having sex with a non-regular partner, how often do you use a condom?	NO NON-REGULAR PARTNER 1 NEVER USED 2 LESS OFTEN 3 OFTEN 4 ALWAYS 5									
524	Do you know of a place where a person can get condoms?	YES 1 NO 2	→527								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>OUTREACH D</p> <p>GOV'T COMMUNITY BASED DISTRIBUTOR E</p> <p>OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY/DRUG SHOP H</p> <p>PRIVATE DOCTOR/NURSE/ MIDWIFE I</p> <p>OUTREACH J</p> <p>NGO COMMUNITY BASED DISTRIBUTOR K</p> <p>OTHER PRIVATE MEDICAL _____ L (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>RELIGIOUS INSTITUTION N</p> <p>FRIENDS/RELATIVES O</p> <p>STREET VENDOR P</p> <p>LODGE Q</p> <p>OTHER _____ X (SPECIFY)</p>	
526	If you wanted to, could you yourself obtain a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
526A	If you had a condom, could you convince your partner to use it?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
527	Do you know of a place where a person can get female condoms?	<p>YES 1</p> <p>NO 2</p>	→601
528	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>OUTREACH D</p> <p>GOV'T COMMUNITY BASED DISTRIBUTOR E</p> <p>OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY/DRUG SHOP H</p> <p>PRIVATE DOCTOR/NURSE/ MIDWIFE I</p> <p>OUTREACH J</p> <p>NGO COMMUNITY BASED DISTRIBUTOR K</p> <p>OTHER PRIVATE MEDICAL _____ L (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>RELIGIOUS INSTITUTION N</p> <p>FRIENDS/RELATIVES O</p> <p>STREET VENDOR P</p> <p>LODGE Q</p> <p>OTHER _____ X (SPECIFY)</p>	
529	If you wanted to, could you yourself obtain a female condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→614
602	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND PREGNANT 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5	→604 →614 →610 →608
603	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→609 →614 →609
604	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→610
605	CHECK 310: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→608
606	CHECK 603: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 01 YEAR <input type="checkbox"/>		→610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> <p>RECORD ALL MENTIONED.</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY... D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC... F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED... J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COST TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
608	<p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p>	<p>BIG PROBLEM 1</p> <p>SMALL PROBLEM 2</p> <p>NO PROBLEM 3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX 4</p>	
609	<p>CHECK 310: USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING _____ <input type="checkbox"/></p>		→614
610	<p>Do you think you will use a method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→612
611	<p>Which method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD/COIL 04</p> <p>INJECTIONS 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACT. AMEN. METHOD 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	→614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
614	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3	
617	In the last six months have you heard/read about family planning: On the radio? On the television? In a newspaper or magazine? Billboards? Community meeting/church? Mobile van?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 BILLBOARDS 1 2 COMMUNITY MEETING 1 2 MOBILE VAN 1 2	
619	In the last six months, have you discussed the practice of family planning with your husband, partner, friends, neighbours, or relatives?	YES 1 NO 2	→621
620	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FRIENDS/NEIGHBOURS I OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
621	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>	→628																					
622	CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>	→624																					
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)																					
624	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8																					
625	How often have you talked to your husband/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3																					
626	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>	→628																					
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																					
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She has recently given birth? She is tired or not in the mood?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>HAS STD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER WOMEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>RECENT BIRTH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TIRED/MOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	HAS STD	1	2	8	OTHER WOMEN	1	2	8	RECENT BIRTH	1	2	8	TIRED/MOOD	1	2	8	
	YES	NO	DK																				
HAS STD	1	2	8																				
OTHER WOMEN	1	2	8																				
RECENT BIRTH	1	2	8																				
TIRED/MOOD	1	2	8																				

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 501 AND 502:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→703</p> <p>→707</p>	
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	<p>YES 1</p> <p>NO 2</p>	→706
704	What was the highest level of school he attended: primary, secondary, or post secondary?	<p>PRIMARY 1</p> <p>SECONDARY 2</p> <p>POST SECONDARY 3</p> <p>DON'T KNOW 8</p>	→706
705	What was the highest (grade/form/year) he completed at that level?	<p>GRADE <input type="text"/></p> <p>DON'T KNOW 98</p>	
706	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
707	Aside from your own housework, during the past 7 days did you do any other work?	<p>YES 1</p> <p>NO 2</p>	→710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	<p>YES 1</p> <p>NO 2</p>	→710
709	Have you done any work in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→719
710	What is your occupation, that is, what kind of work do you mainly do?	<p><input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
711	<p>CHECK 710:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		→713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	<p>OWN LAND 1</p> <p>FAMILY LAND 2</p> <p>RENTED LAND 3</p> <p>SOMEONE ELSE'S LAND 4</p> <p>PUBLIC LAND 5</p> <p>COMMUNAL LAND 6</p>	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE 2</p> <p>SELF-EMPLOYED 3</p>	
714	Do you usually work at home or away from home?	<p>HOME 1</p> <p>AWAY 2</p>	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	<p>THROUGHOUT THE YEAR 1</p> <p>SEASONALLY/PART OF THE YEAR . 2</p> <p>ONCE IN A WHILE 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	Are you paid or do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→719
717	Who mainly decides how the money you earn will be used?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HER INCOME IS ALL SAVED. 6	
719	Who in your family usually has the final say on the following decisions: Your own health care? Children's health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRS LISTEN. CHILDREN <10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES .. 1 2 8	
721	Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN .. 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→818
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↳809
803	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... M AVOID SKIN PIERCING/CUTTING INSTRUMENTS N SHARING SYRINGE O SHARING A TOILET P AVOID TOUCHING A PERSON WITH AIDS Q AVOID SHARING FOOD R OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
807	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
810	Do you know someone personally (relative, friend or colleague) who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	↳813
812	When can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG 1 2 8 DURING DELIVERY . 1 2 8 BREASTFEEDING .. 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	CHECK 501: YES, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NO, NOT IN UNION <input type="checkbox"/>	→815
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES 1 NO 2	
815	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DK/NOT SURE 8	
815A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? in newspapers?	NOT ACCEPT- ACCEPT- ABLE ABLE ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS .. 1 2	
816	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
817	If a female teacher has the AIDS virus, should she/he be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE/DEPENDS 8	
817A	Should children aged 12-14 years be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
817B	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→817E
817C	Where did you go for the test the last time?	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	
817D	Did you get the result? DO NOT ASK FOR THE RESULT	YES 1 NO 2	→818
817E	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE 8	→818
817F	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→818

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817G	<p>Where can you go for the test?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
818	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	<p>YES 1</p> <p>NO 2</p>	→901
818A	<p>What infections do you know?</p> <p>RECORD ALL MENTIONED.</p>	<p>SYPHILIS A</p> <p>GONORRHEA B</p> <p>GENITAL WARTS/CONDYLOMATA . C</p> <p>CHANCROID D</p> <p>CHLAMYDIA E</p> <p>CANDIDA F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
818B	<p>Infections that are transmitted through sexual contact can cause problems if left untreated. What are some of these problems?</p> <p>RECORD ALL MENTIONED.</p>	<p>INFERTILITY A</p> <p>MISCARRIAGE/STILLBIRTH B</p> <p>EASIER TO GET HIV C</p> <p>BABY BORN SICK D</p> <p>MADNESS E</p> <p>OTHER X</p> <p>DON'T KNOW Y</p>	
819	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>PROBE; DO NOT READ OUT THE OPTIONS</p> <p>RECORD ALL MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN</p> <p> GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/ HAVE A CHILD L</p> <p>OTHER _____ W</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
819A	If a man has a sexually transmitted disease, what symptoms might she have? Any others? PROBE; DO NOT READ OUT THE OPTIONS RECORD ALL MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCY/STERILITY L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SIGNS/SYMPTOMS Y DON'T KNOW Z																			
820	CHECK 514: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→901																		
820A	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted disease?	YES 1 NO 2 DON'T KNOW 8	→820C																		
820B	Which one? Any other? RECORD ALL MENTIONED.	SYPHILIS A GONORRHEA B GENITAL WARTS/CONDYLOMATA C CHANCROID D CHLAMYDIA E CANDIDA F OTHER _____ X (SPECIFY) DON'T KNOW Z																			
820C	During the last 12 months, have you had a genital discharge (abnormal, itchy, smelly)?	YES 1 NO 2 DON'T KNOW 8																			
820D	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8																			
820E	CHECK 820B/820C/820D : HAS HAD AN INFECTION <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→901																		
820F	The last time you had (INFECTION FROM 820B/820C/820D) did you seek any kind of advice or treatment?	YES 1 NO 2	→820I																		
820G	The last time you had (INFECTION FROM 820B/820C/820D), did you do any of the following? Did you.... Seek advice from a health worker in a clinic or hospital? Seek advice or medicine from a traditional healer? Seek advice or buy medicine in a drug shop or pharmacy? Ask for advice from friends or relatives? Do self medication?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>CLINIC/HOSPITAL</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TRADITIONAL HEALER</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DRUG SHOP/PHARMACY ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FRIENDS/RELATIVES</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SELF MEDICATION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	CLINIC/HOSPITAL	1	2	TRADITIONAL HEALER	1	2	DRUG SHOP/PHARMACY ...	1	2	FRIENDS/RELATIVES	1	2	SELF MEDICATION	1	2	
	YES	NO																			
CLINIC/HOSPITAL	1	2																			
TRADITIONAL HEALER	1	2																			
DRUG SHOP/PHARMACY ...	1	2																			
FRIENDS/RELATIVES	1	2																			
SELF MEDICATION	1	2																			

820H	When you had (INFECTION FROM 820B/820C/820D), did you inform the person(s) (spouse/ regular partner/ casual partner) with whom you were having sex?	YES 1 NO 2 SOME/ NOT ALL 3	
820I	When you had (INFECTION FROM 820B/820C/820D), did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER(S) ALREADY INFECTED . 3	→901
820J	What did you do to avoid infecting your partner(s)? Did you....	YES NO	
	Stop having sex?	STOP SEX 1 2	
	Use a condom when having sex?	USE CONDOM 1 2	
	Take medicine?	TAKE MEDICINE 1 2	
	Advise him to have medical consultation?	ADVISE TO CONSULT 1 2	

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/>						
902	CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							→916
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/>						
904	What was the name given to your oldest (next oldest) brother or sister?	[1]	[2]	[3]	[4]	[5]	[6]	
905	Is (NAME) male or female?	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	
906	Is (NAME) still alive?	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [2]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [3]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [4]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [5]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [6]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [7]	
907	How old is (NAME)?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]	
908	In what year did (NAME) die?	<input type="text"/> GO TO 910← DK 9998	<input type="text"/> GO TO 910← DK 9998	<input type="text"/> GO TO 910← DK 9998	<input type="text"/> GO TO 910← DK 9998	<input type="text"/> GO TO 910← DK 9998	<input type="text"/> GO TO 910← DK 9998	
909	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
910	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]	
911	Was (NAME) pregnant when she died?	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	
912	Did (NAME) die during childbirth?	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	
913	Did (NAME) die within 2 months after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
915	How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]	
IF NO MORE BROTHERS OR SISTERS, GO TO 916								

904	What was name given to your oldest (next oldest) brother or sister?	[7] _____	[8] _____	[9] _____	[10] _____	[11] _____	[12] _____	
905	Is (NAME) male or female?	MALE 1 FEMALE .. 2	MALE 1 FEMALE .. 2	MALE 1 FEMALE .. 2	MALE 1 FEMALE .. 2	MALE 1 FEMALE .. 2	MALE 1 FEMALE .. 2	
906	Is (NAME) still alive?	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [8]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [9]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [10]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [11]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [12]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [13]	
907	How old is (NAME)?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]	
908	In what year did (NAME) die?	<input type="text"/> GO TO 910← DK 9998	<input type="text"/> GO TO 910← DK 9998	<input type="text"/> GO TO 910← DK 9998	<input type="text"/> GO TO 910← DK 9998	<input type="text"/> GO TO 910← DK 9998	<input type="text"/> GO TO 910← DK 9998	
909	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
910	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]	
911	Was (NAME) pregnant when she died?	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	
912	Did (NAME) die during childbirth?	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	
913	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
915	How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]	
IF NO MORE BROTHERS OR SISTERS, GO TO 916								
916	RECORD THE TIME.	HOURS <input type="text"/>					MINUTES <input type="text"/>	

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

BIRTHS AND PREGNANCIES
 B BIRTHS
 P PREGNANCIES
 T TERMINATIONS

	01 JAN	01	
	12 DEC	02	
	11 NOV	03	
	10 OCT	04	
	09 SEP	05	
2	08 AUG	06	
0	07 JUL	07	
0	06 JUN	08	
0	05 MAY	09	
	04 APR	10	
	03 MAR	11	
	02 FEB	12	
	01 JAN	13	
	12 DEC	14	
	11 NOV	15	
	10 OCT	16	
	09 SEP	17	
1	08 AUG	18	
9	07 JUL	19	
9	06 JUN	20	
9	05 MAY	21	
	04 APR	22	
	03 MAR	23	
	02 FEB	24	
	01 JAN	25	
	12 DEC	26	
	11 NOV	27	
	10 OCT	28	
	09 SEP	29	
1	08 AUG	30	
9	07 JUL	31	
9	06 JUN	32	
8	05 MAY	33	
	04 APR	34	
	03 MAR	35	
	02 FEB	36	
	01 JAN	37	
	12 DEC	38	
	11 NOV	39	
	10 OCT	40	
	09 SEP	41	
1	08 AUG	42	
9	07 JUL	43	
9	06 JUN	44	
7	05 MAY	45	
	04 APR	46	
	03 MAR	47	
	02 FEB	48	
	01 JAN	49	
	12 DEC	50	
	11 NOV	51	
	10 OCT	52	
	09 SEP	53	
1	08 AUG	54	
9	07 JUL	55	
9	06 JUN	56	
6	05 MAY	57	
	04 APR	58	
	03 MAR	59	
	02 FEB	60	
	01 JAN	61	
	12 DEC	62	
	11 NOV	63	
	10 OCT	64	
	09 SEP	65	
1	08 AUG	66	
9	07 JUL	67	
9	06 JUN	68	
5	05 MAY	69	
	04 APR	70	
	03 MAR	71	
	02 FEB	72	
	01 JAN	73	

2000 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
MEN'S QUESTIONNAIRE

IDENTIFICATION																																									
REGION _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																																								
DISTRICT _____																																									
COUNTY _____																																									
SUBCOUNTY/TOWN _____																																									
PARISH/LC2 NAME _____																																									
EA NAME _____																																									
UDHS NUMBER _____																																									
URBAN/RURAL (URBAN=1, RURAL=2)																																									
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE																																									
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																																									
HOUSEHOLD NUMBER																																									
NAME AND LINE NUMBER OF MAN _____																																									

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
TIME	_____	_____		□
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY) 3 POSTPONED 6 INCAPACITATED				
LANGUAGE OF QUESTIONNAIRE: ENGLISH				
LANGUAGE USED IN INTERVIEW				
RESPONDENT'S LOCAL LANGUAGE				
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)				
LANGUAGE: 1 ATESO-KARAMOJONG 4 LUO 7 ENGLISH 2 LUGANDA 5 RUNYANKOLE-RUKIGA 8 OTHER 3 LUGBARA 6 RUNYORO-RUTORO				

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with Uganda Bureau of Statistics. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions about yourself and your family. This information will help the government to plan health services. The survey usually takes about 35 to 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____

Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . 2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	For most of the time during the last five years, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
105	In the last 12 months, have you ever traveled away from your home community and slept away?	YES 1 NO 2	→108
106	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY . <input type="text"/> <input type="text"/>	
107	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES 1 NO 2	
108	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
109	How old were you at your last birthday? COMPARE AND CORRECT 108 AND/OR 109 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
110	Have you ever attended school?	YES 1 NO 2	→114
111	What is the highest level of school you attended: primary, secondary, or post secondary?	PRIMARY 1 SECONDARY 2 POST SECONDARY 3	
112	What is the highest (grade/form/year) you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
112A	Did you ever receive any vocational training?	NO TRAINING 1 TEACHER TRAINING 2 PARAMEDICAL TRAINING 3 OTHER TRAINING 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 111: PRIMARY <input type="checkbox"/> SECONDARY OR POST SECONDARY <input type="checkbox"/>		→117
114	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)	
115	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
116	CHECK 114: CODE '2' '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/>		→118
117	During the last four weeks, did you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	During the last four weeks, did you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	During the last four weeks, did you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
120	Are you currently working?	YES 1 NO 2	→123
121	Have you done any work in the last 12 months?	YES 1 NO 2	→123
122	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 INACTIVE 3 COULD NOT WORK/HANDICAPPED 4 OTHER _____ 6 (SPECIFY)	→129
123	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
124	CHECK 123: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→126
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 PUBLIC LAND 5 COMMUNAL LAND 6	
126	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/>	
127	Are you paid in cash or kind for this work, or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→129

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
128	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HIS INCOME IS ALL SAVED . 6	
129	What is your religion?	CATHOLIC 1 PROTESTANT 2 MUSLIM 3 OTHER _____ 6 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	→206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES 1 NO 2	→206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES 1 NO 2 DON'T KNOW 8	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	(In addition to the children that you have just told me about), have you ever fathered with any woman a) any sons or daughters who are alive? b) any sons or daughters who died? NO <input type="checkbox"/> TO BOTH OTHER <input type="checkbox"/> → PROBE AND CORRECT 201-207 AS NECESSARY.										
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
210	CHECK 209: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→213 →301								
211	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	→213								
212	In all how many women have you fathered children with?	NUMBER OF WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
213	How old were you when your (first) child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
214	At the time when this child was born, were you married to the child's mother?	YES 1 NO 2									

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 IF APPLICABLE.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↘ ↓	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↘ ↓	Have you ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↘ ↓	
04	IUD/COIL Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ↘ ↓	
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES 1 NO 2 ↘ ↓	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ↘ ↓	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↘ ↓	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↘ ↓	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2 ↘ ↓	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES 1 NO 2 ↘ ↓	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2 ↘ ↓	
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ↘ ↓	YES 1 NO 2 DON'T KNOW 8
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↘ ↓	YES 1 NO 2
14	EMERGENCY CONTRACEPTION (NORLEVO) Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ↘ ↓	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→310
309	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
310	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES 1 NO 2 DON'T KNOW/DEPENDS 8	
311	CHECK 301(07) AND 302(07): KNOWLEDGE AND USE OF CONDOMS HAS HEARD OF AND USED CONDOMS <input type="checkbox"/> HAS HEARD OF CONDOMS BUT HAS NEVER USED <input type="checkbox"/> HAS NOT HEARD OF CONDOMS <input type="checkbox"/>		→323 →323
312	Now I want to talk to you about condoms. How old were you when you used a condom for the first time?	AGE AT FIRST USE <input type="text"/> <input type="text"/> DOES NOT REMEMBER 98	
313	Why did you use a condom that first time? PROBE: Any other reason? RECORD ALL REASONS MENTIONED.	TO AVOID PREGNANCY A TO AVOID GETTING AIDS/HIV B TO AVOID GETTING AN STD C TO AVOID INFECTING PARTNER ... D TO EXPERIMENT/TRY A CONDOM . E OTHER _____ X (SPECIFY)	
314	Now when you have sex, do you use a condom every time, sometimes, or not at all?	EVERY TIME 1 SOMETIMES 2 NOT AT ALL 3 NOT HAVING SEX 4	→316 →316
315	When do you use a condom? PROBE: Any other times? RECORD ALL SITUATIONS MENTIONED.	ON PARTNER'S FERTILE DAYS A DURING WIFE'S/PARTNER'S MENSTRUATION B WHEN NOT USING SOME OTHER METHOD C WITH A STRANGER D WITH A COMMERCIAL SEX WORKER E WITH ANYONE OTHER THAN WIFE/REGULAR PARTNER F WITH WIFE/REGULAR PARTNER G OTHER _____ X (SPECIFY)	
316	Have you ever experienced any problems with using condoms? IF YES: What problems have you experienced? PROBE: Any other problems? RECORD ALL PROBLEMS MENTIONED.	TOO EXPENSIVE A EMBARRASSING TO BUY/OBTAIN .. B DIFFICULT TO DISPOSE OF C DIFFICULT TO PUT ON/TAKE OFF .. D SPOILS THE MOOD E DIMINISHES PLEASURE F WIFE PARTNER OBJECTS/DOES NOT LIKE G WIFE/PARTNER GOT PREGNANT .. H INCONVENIENT TO USE/MESSY I CONDOM BROKE J OTHER _____ X (SPECIFY) NO PROBLEM Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
317	CHECK 314: CURRENT USE OF CONDOMS EVERY TIME OR SOMETIMES <input type="checkbox"/> NOT AT ALL/ NOT HAVING SEX <input type="checkbox"/>		→323																								
318	What brand of condom do you usually use? ASK TO SEE CONDOM PACKET IF BRAND NOT KNOWN.	PROTECTOR 1 ENGABU 2 LIFE GUARD 3 ROUGH RIDER 4 PLEASURE 5 OTHER 6 DON'T KNOW 8																									
319	From where do you usually obtain the condoms? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOV'T HOSPITAL 11 GOV'T HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 OUTREACH..... 14 GOV'T COMMUNITY-BASED DISTRIBUTOR 15 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY/DRUG SHOP 22 PRIVATE DOCTOR/NURSE /MIDWIFE 23 OUTREACH 24 NGO COMMUNITY-BASED DISTRIBUTOR 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE SHOP 31 RELIGIOUS INSTITUTION 32 FRIEND/RELATIVE 33 STREET VENDOR 34 LODGE 35 OTHER _____ 96 (SPECIFY)																									
320	How much do you usually pay for a packet of condoms?	COST PER PACKET UGANDA SHILLINGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9995 DON'T KNOW 9998	→323																								
321	How many condoms are in each packet?	NUMBER <input type="text"/> <input type="text"/>																									
322	Do you think that at this price condoms are inexpensive, just affordable, or too expensive?	INEXPENSIVE 1 JUST AFFORDABLE 2 TOO EXPENSIVE 3																									
323	I will now read you some statements about condom use that other men have made. Please tell me if you agree or disagree with each. a) Condoms diminish a man's sexual pleasure. b) A condom is very inconvenient to use. c) A condom can be reused. d) A condom protects against disease. e) A woman has no right to tell a man to use a condom.	<table border="0"> <thead> <tr> <th></th> <th>AGREE</th> <th>DISAGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	e)	1	2	8	
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e)	1	2	8																								

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→404 →405
402	Do you have one wife or more than one wife? IF ONLY ONE WIFE, ENTER '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES <input type="text"/>	
403	Are there any other women with whom you live as if married?	YES 1 NO 2	→409
404	Are you living with one (other) woman or more than one (other) woman as if married? IF ONE LIVE-IN PARTNER, ENTER '01'. IF MORE THAN ONE, ASK: How many women are you living with as if married?	NUMBER OF <input type="text"/> LIVE-IN PARTNERS	→409
405	Do you currently have regular, occasional, or no sexual partners?	REGULAR PARTNER(S) ONLY 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNERS 3 NO SEXUAL PARTNER 4	→407 →407
406	Do you have one or more than one regular partner?	ONE REGULAR PARTNER 1 MORE THAN ONE REGULAR PARTNER 2	
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→411 →416
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	} →411

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
409	<p>WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER. IF A WIFE/PARTNER DOES NOT LIVE IN THE HOUSEHOLD, ENTER '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS. IF RESPONDENT HAS MORE THAN FIVE WIVES/PARTNERS USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>CHECK: 402 AND 404</p> <p style="text-align: center;"> SUM OF <input type="checkbox"/> SUM OF <input type="checkbox"/> 402 AND 404 = 1 402 AND 404 > 1 </p> <p>Please tell me the name of your wife/partner. Please tell me the name of each wife/partner that you live with as if married, starting with the one you lived with first.</p> <p>WIFE/PARTNER NUMBER</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">LINE NUMBER IN HH. QUEST.</th> <th style="width: 10%;">WIFE</th> <th style="width: 10%;">PARTNER</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	LINE NUMBER IN HH. QUEST.	WIFE	PARTNER	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2	
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410	<p>CHECK 409:</p> <p style="text-align: center;"> ONLY ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/> </p>		→412																		
411	<p>Have you been married or lived with a woman only once, or more than once?</p>	<p>ONLY ONCE 1 →414 MORE THAN ONCE 2 →413</p>																			
412	<p>Have you ever been married to or lived as if married to any woman other than those you have just mentioned?</p>	<p>YES 1 NO 2 →414</p>																			
413	<p>In total, how many women have you been married to or lived with as if married in your whole life?</p>	<p>NUMBER OF WOMEN <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>																			
414	<p>CHECK 409 AND 411:</p> <p style="text-align: center;"> ONLY ONE WIFE/PARTNER AND 411=1 <input type="checkbox"/> OTHER <input type="checkbox"/> </p> <p>In what month and year did you start living with your wife/partner? Now we will talk about your first wife/partner. In what month and year did you start living with her?</p>	<p>MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→416																		
415	<p>How old were you when you started living with her?</p>	<p>AGE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>																			
416	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse with a woman (if ever)?</p>	<p>NEVER 00 →448</p> <p>AGE IN YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95</p>																			








NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
417	When was the last time you had sexual intercourse with a woman? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> →448								
418	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→420								
419	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS 04 PARTNER INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→424								
420	CHECK 302(02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		→424								
421	The last time you had sexual intercourse with a woman, did you or she do something or use any method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DON'T KNOW 8	→423 →424								
422	What method was used? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01 PILL 03 IUD/COIL 04 INJECTABLES 05 IMPLANTS 06 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMENORRHEA 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→424								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
423	What is the main reason a method was not used?	CASUAL SEX PARTNER 11 FERTILITY-RELATED REASONS WIFE/PARTNER MENOPAUSAL/ HAD HYSTERECTOMY 23 COUPLE SUBFECUND/INFECUND . 24 WIFE/PARTNER WAS PREGNANT . 25 WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC 26 WIFE/PARTNER WAS BREASTFEEDING 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98									
424	What is your relationship to the woman with whom you last had sex? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER ... 01 WOMAN IS GIRLFRIEND/FIANCÉE ... 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER 06 OTHER _____ 96 (SPECIFY)	→426								
425	For how long have you had sexual relations with this woman?	DAYS 1 <table border="1" data-bbox="1273 1279 1353 1323"> <tr><td> </td><td> </td></tr> </table> WEEKS 2 <table border="1" data-bbox="1273 1335 1353 1379"> <tr><td> </td><td> </td></tr> </table> MONTHS 3 <table border="1" data-bbox="1273 1391 1353 1435"> <tr><td> </td><td> </td></tr> </table> YEARS 4 <table border="1" data-bbox="1273 1447 1353 1491"> <tr><td> </td><td> </td></tr> </table>									
426	Have you had sex with any other woman in the last 12 months?	YES 1 NO 2	→445								
427	The last time you had sexual intercourse with another woman, was a condom used?	YES 1 NO 2	→429								
428	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT A PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS 04 PARTNER INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→433								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
434	For how long have you had sexual relations with this woman?	DAYS 1 <input type="checkbox"/> WEEKS 2 <input type="checkbox"/> MONTHS 3 <input type="checkbox"/> YEARS 4 <input type="checkbox"/>	
435	Other than these two women, have you had sex with any other woman in the last 12 months?	YES 1 NO 2	→445
436	The last time you had sexual intercourse with this third woman, was a condom used?	YES 1 NO 2	→438
437	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT A PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS 04 PARTNER INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→442
438	CHECK 302(02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		→442
439	The last time you had sexual intercourse with this woman, did you or she do something or use any method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DON'T KNOW 8	→441 →442
440	What method was used? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01 PILL 03 IUD/COIL 04 INJECTABLES 05 IMPLANTS 06 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMENORRHEA 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→442

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	What is the main reason a method was not used?	CASUAL SEX PARTNER 12 FERTILITY-RELATED REASONS WIFE/PARTNER MENOPAUSAL/ HAD HYSTERECTOMY 23 COUPLE SUBFECUND/INFECUND . 24 WIFE/PARTNER WAS PREGNANT . 25 WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC 26 WIFE/PARTNER WAS BREASTFEEDING 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
442	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01' IF NO, CIRCLE '02'	SPOUSE/COHABITING PARTNER ... 01 WOMAN IS GIRLFRIEND/FIANCÉE ... 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER 06 OTHER _____ 96 (SPECIFY)	→444
443	For how long have you had sexual relations with this woman?	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/>	
444	In total, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS <input type="text"/> <input type="text"/>	
445	Have you ever paid for sex?	YES 1 NO 2	→448
446	How long ago was the last time you paid for sex?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	
447	The last time that you paid for sex, was a condom used on that occasion?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
448	CHECK 319: SOURCE OF CONDOMS SOURCE NOT CIRCLED <input type="checkbox"/> SOURCE CIRCLED <input type="checkbox"/>		→451
449	Do you know of a place where a person can get condoms?	YES 1 NO 2	→452
450	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER... B FAMILY PLANNING CLINIC..... C OUTREACH D GOVT. COMMUNITY BASED DISTRIBUTOR E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY/DRUG SHOP H PRIVATE DOCTOR/NURSE/MIDWIFE . I OUTREACH J NGO COMMUNITY BASED DISTRIBUTOR K OTHER PRIVATE MEDICAL L (SPECIFY) OTHER SOURCE SHOP M CHURCH N FRIENDS/RELATIVES O OTHER X (SPECIFY)	
451	If you wanted to, could you yourself get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

452	CHECK 418: <input type="checkbox"/> NOT ASKED → <input type="checkbox"/> YES → <input type="checkbox"/> NO 	MARK BOX AND SKIP TO 458 MARK BOX AND SKIP TO 458
453	CHECK 421: <input type="checkbox"/> YES OR NOT ASKED → <input type="checkbox"/> NO OR UNSURE/DON'T KNOW 	MARK BOX AND SKIP TO 458
454	CHECK 427: <input type="checkbox"/> NOT ASKED → <input type="checkbox"/> YES → <input type="checkbox"/> NO 	MARK BOX AND SKIP TO 458 MARK BOX AND SKIP TO 458
455	CHECK 430: <input type="checkbox"/> YES OR NOT ASKED → <input type="checkbox"/> NO OR UNSURE/DON'T KNOW 	MARK BOX AND SKIP TO 458
456	CHECK 436: <input type="checkbox"/> NOT ASKED → <input type="checkbox"/> YES → <input type="checkbox"/> NO 	MARK BOX AND SKIP TO 458 MARK BOX AND SKIP TO 458
457	CHECK 439: <input type="checkbox"/> NO OR UNSURE/DON'T KNOW → <input type="checkbox"/> YES OR NOT ASKED →	MARK BOX AND SKIP TO 458 MARK BOX AND SKIP TO 458
458	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>HAS NOT USED A CONTRACEPTIVE METHOD</p> <input type="checkbox"/>  </div> <div style="text-align: center;"> <p>HAS USED A CONTRACEPTIVE METHOD</p> <input type="checkbox"/>  </div> </div>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS					SKIP
501	CHECK 401: CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>					→516
502	CHECK 302(02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>					→520
503	COPY THE NAMES OF WIVES/ PARTNERS FROM 409. ASK QUESTIONS FOR ONE WIFE/ PARTNER AT A TIME. IF THERE ARE MORE THAN FIVE WIVES/ PARTNERS, USE ADDITIONAL QUESTIONNAIRE(S). Is (NAME) currently pregnant?	NAME OF WIFE/ PARTNER 1: _____ YES 1 NO 2 DON'T KNOW/ UNSURE 8 (SKIP TO 505) ←	NAME OF WIFE/ PARTNER 2: _____ YES 1 NO 2 DON'T KNOW/ UNSURE 8 (SKIP TO 505) ←	NAME OF WIFE/ PARTNER 3: _____ YES 1 NO 2 DON'T KNOW/ UNSURE 8 (SKIP TO 505) ←	NAME OF WIFE/ PARTNER 4: _____ YES 1 NO 2 DON'T KNOW/ UNSURE 8 (SKIP TO 505) ←	NAME OF WIFE/ PARTNER 5: _____ YES 1 NO 2 DON'T KNOW/ UNSURE 8 (SKIP TO 505) ←
504	When (NAME) became pregnant, did you want her to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you not want her to have a child <u>at all</u> ?	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←
505	In the next few weeks, if you discovered that (NAME) was pregnant, would that be a big problem, a small problem or no problem for you?	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HAD HYSTERECTOMY 4 (SKIP TO 507) ←	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HAD HYSTERECTOMY 4 (SKIP TO 507) ←	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HAD HYSTERECTOMY 4 (SKIP TO 507) ←	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HAD HYSTERECTOMY 4 (SKIP TO 507) ←	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HAD HYSTERECTOMY 4 (SKIP TO 507) ←
506	Do you think (NAME) wants the same number of children that you want to have with her, or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8
507	How often have you talked to (NAME) about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3
508	Do you think that (NAME) approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8 (GO TO 503 FOR NEXT WIFE/PARTNER. IF NO MORE WIVES/ PARTNERS GO TO 509)	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8 (GO TO 503 FOR NEXT WIFE/PARTNER. IF NO MORE WIVES/ PARTNERS GO TO 509)	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8 (GO TO 503 FOR NEXT WIFE/PARTNER. IF NO MORE WIVES/ PARTNERS GO TO 509)	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8 (GO TO 503 FOR NEXT WIFE/PARTNER. IF NO MORE WIVES/ PARTNERS GO TO 509)	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8 (GO TO 503 FOR NEXT WIFE/PARTNER. IF NO MORE WIVES/ PARTNERS GO TO 509)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 503 FOR ALL WIVES/PARTNERS:</p> <p>ONE OR MORE WIVES/PARTNERS PREGNANT <input type="checkbox"/></p> <p>NO WIFE/PARTNER PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. After the child(ren) your wife/ wives/ partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all?</p>	<p>HAVE A/ANOTHER CHILD 1</p> <p>NOT HAVE A/ANOTHER CHILD 2</p> <p>WIFE/WIVES INFECUND/ STERILIZED 3</p> <p>UNDECIDED/DON'T KNOW 8</p>	<p>→514</p> <p>→511</p>
510	<p>How long would you like to wait from now before the birth of (a/another) child ?</p>	<p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>SOON/NOW 993</p> <p>AFTER MARRIAGE 995</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW 998</p>	
511	<p>CHECK 409:</p> <p>HAS MORE THAN ONE WIFE/PARTNER <input type="checkbox"/></p> <p>HAS ONLY ONE WIFE/PARTNER <input type="checkbox"/></p>		<p>→514</p>
512	<p>You say you (may) want to have a/another child. Which of your wives would you prefer to have your next child with?</p>	<p>WIFE/PARTNER NUMBER <input type="text"/></p> <p>ANY WIFE/PARTNER 0</p>	<p>→514</p>
513	<p>Are you planning to have any more children with any of your other wives?</p>	<p>YES 1</p> <p>NO 2</p> <p>UNSURE/DEPENDS 3</p>	
514	<p>Do you plan to take another wife at any time in the near future?</p>	<p>YES 1</p> <p>NO 2</p> <p>UNSURE/DEPENDS 3</p>	<p>→516</p>
515	<p>What is the main reason you think you will/may take another wife in the near future?</p>	<p>TO HAVE MORE CHILDREN 01</p> <p>TO HELP IN THE HOME/ COMPOUND 02</p> <p>TO HELP IN THE FAMILY FARM/ BUSINESS 03</p> <p>WANT A YOUNGER WIFE 04</p> <p>CURRENT WIFE/WIVES TOO SICK/OLD 05</p> <p>CURRENT WIFE/WIVES NOT FERTILE/BARREN 06</p> <p>WIFE/WIVES DIED 07</p> <p>OTHER _____ 96 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	CHECK 302: CONTRACEPTIVE METHOD USE HAS NOT USED A CONTRACEPTIVE METHOD <input type="checkbox"/> HAS USED A CONTRACEPTIVE METHOD <input type="checkbox"/>		→520
517	Do you think you will use a contraceptive method to avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW/UNSURE 8	→519
518	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD/COIL 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMENORRHEA 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER _____ 96 (SPECIFY) UNSURE 98	→521
519	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 WIFE(VES)/PARTNER(S) MENOPAUSAL/HAD HYSTERECTOMY 23 COUPLE SUBFECUND/ INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 25 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE(WIVES)/PARTNER(S) OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
520	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?	NUMBER <input type="text"/> OTHER _____ 96 (SPECIFY)	→522
521	PROBE FOR A NUMERIC RESPONSE.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
521	How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="text-align: center; width: 16.5%;">BOYS</td> <td style="text-align: center; width: 16.5%;">GIRLS</td> <td style="text-align: center; width: 16.5%;">EITHER</td> <td style="width: 16.5%;"></td> </tr> <tr> <td>NUMBER</td> <td style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> <td></td> </tr> <tr> <td colspan="4">OTHER _____ 96</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </table>		BOYS	GIRLS	EITHER		NUMBER	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		OTHER _____ 96					(SPECIFY)													
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522	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8																													
523	In the last six months have you heard/read about family planning: On the radio? On the television? In a newspaper or magazine? Billboards? Community meeting/church? Mobile van?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td></td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>BILLBOARDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>COMMUNITY MEETING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>MOBILE VAN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> </table>		YES	NO		RADIO	1	2		TELEVISION	1	2		NEWSPAPER OR MAGAZINE ..	1	2		BILLBOARDS	1	2		COMMUNITY MEETING	1	2		MOBILE VAN	1	2		
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524	In the last few months, have you discussed the practice of family planning with your wife/partner, friends, neighbours, or relatives?	YES 1 NO 2	→526																												
525	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	WIFE(WIVES)/PARTNER(S) A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FATHER-IN-LAW I FRIENDS/NEIGHBOURS J OTHER _____ X (SPECIFY)																													
526	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES 1 NO 2																													
527	How interested would you be in opportunities to learn about the following topics: very interested, somewhat interested or not interested: a) How men can avoid causing an unwanted pregnancy? b) How men can help their partner have a safe and healthy pregnancy? c) How men can help to care for their new born infants?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">VERY INTER-ESTED</td> <td style="text-align: center;">SOMEWHAT INTER-ESTED</td> <td style="text-align: center;">NOT INTER-ESTED</td> </tr> <tr> <td>a)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table>		VERY INTER-ESTED	SOMEWHAT INTER-ESTED	NOT INTER-ESTED	a)	1	2	3	b)	1	2	3	c)	1	2	3													
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SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→628
602	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY 1 GIRL 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
604	Is (NAME OF CHILD) still living?	YES 1 NO 2	→606
605	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
606	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS DECEASED, RECORD '95'. IF THE MOTHER IS NOT A HOUSEHOLD MEMBER, RECORD '00'. NAME OF CHILD'S MOTHER _____	LINE NUMBER <input type="text"/> <input type="text"/> IN HH. QUEST.	
607	CHECK 603: (LAST) CHILD BORN IN JANUARY 1995 OR LATER <input type="checkbox"/> (LAST) CHILD BORN BEFORE JANUARY 1995 <input type="checkbox"/>		→628
608	CHECK 606: MOTHER OF (LAST) CHILD DOES NOT LIVE IN THE HOUSEHOLD (CODE 00) <input type="checkbox"/> OTHER <input type="checkbox"/>		→610
609	What is your relationship with (NAME OF CHILD'S MOTHER)?	CURRENT SPOUSE 01 FORMER SPOUSE 02 CURRENT LIVE-IN PARTNER 03 FORMER LIVE-IN PARTNER 04 REGULAR SEXUAL PARTNER 05 WOMAN IS GIRLFRIEND/FIANCÉE 06 OCCASIONAL SEXUAL PARTNER 07 FRIEND/ACQUAINTANCE 08 OTHER _____ 96 (SPECIFY)	
610	When (NAME OF CHILD'S MOTHER) became pregnant with (NAME OF CHILD), did you want her to become pregnant then, did you want to wait until later, or did you not want her to have a child at all?	THEN 1 LATER 2 NOT AT ALL 3	→612 →612
611	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> UNDECIDED/DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP																																																						
612	ASK QUESTIONS 612-615 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH. Did (NAME OF CHILD'S MOTHER) receive any advice or care from a doctor or any health care provider during the (pregnancy/delivery/six weeks after delivery)?	<table border="1"> <thead> <tr> <th colspan="2">PREGNANCY</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SKIP TO 615)←</td> </tr> <tr> <td>DK</td> <td>8</td> </tr> <tr> <td colspan="2" style="text-align: center;">(GO TO 612 IN NEXT COLUMN)</td> </tr> </tbody> </table>	PREGNANCY		YES	1	NO	2	(SKIP TO 615)←		DK	8	(GO TO 612 IN NEXT COLUMN)		<table border="1"> <thead> <tr> <th colspan="2">DELIVERY</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SKIP TO 615)←</td> </tr> <tr> <td>DK</td> <td>8</td> </tr> <tr> <td colspan="2" style="text-align: center;">(GO TO 612 IN NEXT COLUMN)</td> </tr> </tbody> </table>	DELIVERY		YES	1	NO	2	(SKIP TO 615)←		DK	8	(GO TO 612 IN NEXT COLUMN)		<table border="1"> <thead> <tr> <th colspan="2">SIX WEEKS AFTER DELIVERY</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SKIP TO 615)←</td> </tr> <tr> <td>DK</td> <td>8</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SKIP TO 616)←</td> </tr> </tbody> </table>	SIX WEEKS AFTER DELIVERY		YES	1	NO	2	(SKIP TO 615)←		DK	8	(SKIP TO 616)←																				
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613	Was this care provided free, was it completely covered by insurance, or did it have to be paid for in money or goods or services?	<table border="1"> <tbody> <tr> <td>FREE</td> <td>1</td> </tr> <tr> <td>INSURANCE</td> <td>2</td> </tr> <tr> <td colspan="2" style="text-align: center;">(GO TO 612 IN NEXT COLUMN)</td> </tr> <tr> <td>HAD TO BE PAID FOR</td> <td>3</td> </tr> </tbody> </table>	FREE	1	INSURANCE	2	(GO TO 612 IN NEXT COLUMN)		HAD TO BE PAID FOR	3	<table border="1"> <tbody> <tr> <td>FREE</td> <td>1</td> </tr> <tr> <td>INSURANCE</td> <td>2</td> </tr> <tr> <td colspan="2" style="text-align: center;">(GO TO 612 IN NEXT COLUMN)</td> </tr> <tr> <td>HAD TO BE PAID FOR</td> <td>3</td> </tr> </tbody> </table>	FREE	1	INSURANCE	2	(GO TO 612 IN NEXT COLUMN)		HAD TO BE PAID FOR	3	<table border="1"> <tbody> <tr> <td>FREE</td> <td>1</td> </tr> <tr> <td>INSURANCE</td> <td>2</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SKIP TO 616)←</td> </tr> <tr> <td>HAD TO BE PAID FOR</td> <td>3</td> </tr> </tbody> </table>	FREE	1	INSURANCE	2	(SKIP TO 616)←		HAD TO BE PAID FOR	3																															
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615	What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/delivery/the six weeks after delivery)?	<table border="1"> <tbody> <tr> <td>NOT NECESSARY</td> <td>01</td> </tr> <tr> <td>NOT CUSTOMARY</td> <td>02</td> </tr> <tr> <td>RESPONDENT DIDN'T ALLOW</td> <td>03</td> </tr> <tr> <td>TOO COSTLY</td> <td>04</td> </tr> <tr> <td>TOO FAR/NO TRANSPORT</td> <td>05</td> </tr> <tr> <td>POOR SERVICE</td> <td>06</td> </tr> <tr> <td>LACK OF KNOWLEDGE</td> <td>07</td> </tr> <tr> <td>OTHER</td> <td>96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY) (GO TO 612 IN NEXT COLUMN)</td> </tr> </tbody> </table>	NOT NECESSARY	01	NOT CUSTOMARY	02	RESPONDENT DIDN'T ALLOW	03	TOO COSTLY	04	TOO FAR/NO TRANSPORT	05	POOR SERVICE	06	LACK OF KNOWLEDGE	07	OTHER	96	(SPECIFY) (GO TO 612 IN NEXT COLUMN)		<table border="1"> <tbody> <tr> <td>NOT NECESSARY</td> <td>01</td> </tr> <tr> <td>NOT CUSTOMARY</td> <td>02</td> </tr> <tr> <td>RESPONDENT DIDN'T ALLOW</td> <td>03</td> </tr> <tr> <td>TOO COSTLY</td> <td>04</td> </tr> <tr> <td>TOO FAR/NO TRANSPORT</td> <td>05</td> </tr> <tr> <td>POOR SERVICE</td> <td>06</td> </tr> <tr> <td>LACK OF KNOWLEDGE</td> <td>07</td> </tr> <tr> <td>OTHER</td> <td>96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY) (GO TO 612 IN NEXT COLUMN)</td> </tr> </tbody> </table>	NOT NECESSARY	01	NOT CUSTOMARY	02	RESPONDENT DIDN'T ALLOW	03	TOO COSTLY	04	TOO FAR/NO TRANSPORT	05	POOR SERVICE	06	LACK OF KNOWLEDGE	07	OTHER	96	(SPECIFY) (GO TO 612 IN NEXT COLUMN)		<table border="1"> <tbody> <tr> <td>NOT NECESSARY</td> <td>01</td> </tr> <tr> <td>NOT CUSTOMARY</td> <td>02</td> </tr> <tr> <td>RESPONDENT DIDN'T ALLOW</td> <td>03</td> </tr> <tr> <td>TOO COSTLY</td> <td>04</td> </tr> <tr> <td>TOO FAR/NO TRANSPORT</td> <td>05</td> </tr> <tr> <td>POOR SERVICE</td> <td>06</td> </tr> <tr> <td>LACK OF KNOWLEDGE</td> <td>07</td> </tr> <tr> <td>OTHER</td> <td>96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	NOT NECESSARY	01	NOT CUSTOMARY	02	RESPONDENT DIDN'T ALLOW	03	TOO COSTLY	04	TOO FAR/NO TRANSPORT	05	POOR SERVICE	06	LACK OF KNOWLEDGE	07	OTHER	96	(SPECIFY)		
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616	Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? PROBE: Any other signs or symptoms? RECORD ALL SIGNS AND SYMPTOMS MENTIONED.	<table border="1"> <tbody> <tr> <td>VAGINAL BLEEDING</td> <td>A</td> </tr> <tr> <td>HIGH FEVER</td> <td>B</td> </tr> <tr> <td>ABDOMINAL PAIN</td> <td>C</td> </tr> <tr> <td>SWELLING OF HANDS AND FEET</td> <td>D</td> </tr> <tr> <td>DIFFICULT LABOR FOR MORE THAN 12 HOURS</td> <td>E</td> </tr> <tr> <td>CONVULSIONS</td> <td>F</td> </tr> <tr> <td>OTHER</td> <td>X</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td>DON'T KNOW ANY SIGNS OR SYMPTOMS</td> <td>Y</td> </tr> </tbody> </table>			VAGINAL BLEEDING	A	HIGH FEVER	B	ABDOMINAL PAIN	C	SWELLING OF HANDS AND FEET	D	DIFFICULT LABOR FOR MORE THAN 12 HOURS	E	CONVULSIONS	F	OTHER	X	(SPECIFY)		DON'T KNOW ANY SIGNS OR SYMPTOMS	Y																																					
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617	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?	<table border="1"> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </tbody> </table>			YES	1	NO	2	→619																																																		
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618	Did the health provider talk to you about: a) What foods (NAME OF CHILD'S MOTHER) should eat during pregnancy? b) How much rest she should have during pregnancy? c) What you should do to prepare for the delivery? d) The types of health problems for which she should get mediate medical attention?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DON'T RECALL</th> </tr> </thead> <tbody> <tr> <td>FOOD</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>REST</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>DELIVERY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>PROBLEMS</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>				YES	NO	DON'T RECALL	FOOD	1	2	3	REST	1	2	3	DELIVERY	1	2	3	PROBLEMS	1	2	3																																			
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	CHECK 602 AND 604: NAME OF (LAST) CHILD _____ (LAST) CHILD LIVING <input type="checkbox"/> (LAST) CHILD NOT LIVING <input type="checkbox"/>		→628
620	Now I want to talk to you about vaccinations given to young children to immunize them against different diseases. CIRCLE CODE 1 IN 620 FOR EACH VACCINE MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 620 READING THE NAME AND DESCRIPTION OF EACH VACCINE NOT MENTIONED SPONTANEOUSLY. THEN, FOR EACH VACCINE WITH CODE 1 OR CODE 2 CIRCLED IN 620, ASK 621. What vaccinations have you heard about that are given to young children to protect them against disease? FOR VACCINATIONS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (NAME OF VACCINE)?		621 Has (NAME OF CHILD) received (NAME OF VACCINE)?
620A	BCG: An injection in the arm or shoulder that usually causes a scar.	SPONTANEOUS YES 1 PROBED YES 2 NO 3 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
620B	Polio vaccine: Given in the form of drops in the mouth	SPONTANEOUS YES 1 PROBED YES 2 NO 3 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
620C	DPT vaccine: An injection in the thigh or buttocks, sometimes given at the same time as polio drops	SPONTANEOUS YES 1 PROBED YES 2 NO 3 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
620D	Measles vaccine: An injection to prevent measles	SPONTANEOUS YES 1 PROBED YES 2 NO 3 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
622	CHECK 621: ALL VACCINES NOT ONE YES OR QUESTION NOT ASKED FOR ANY VACCINE <input type="checkbox"/> AT LEAST ONE YES <input type="checkbox"/>		→624
623	What is the main reason why (NAME OF CHILD) has not received any of these vaccinations?	TOO EXPENSIVE 01 DOES NOT KNOW WHERE TO GET THEM . 02 NOT AVAILABLE 03 NOT IMPORTANT/NOT NEEDED 04 NOT GOOD FOR CHILD'S HEALTH 05 CHILD TOO YOUNG 06 TOO FAR/NO TRANSPORT 07 OTHER _____ 96 (SPECIFY) DON' T KNOW ANY VACCINE 99 DON'T KNOW WHY 98	
624	Does (NAME OF CHILD) live with you in your household?	YES 1 NO 2	→626
625	In your household who usually decides what to do if the (NAME OF CHILD) is ill? RECORD ALL PERSONS MENTIONED.	RESPONDENT A CHILD'S MOTHER B WIFE/PARTNER WHO IS NOT CHILD'S MOTHER C FEMALE RELATIVE D MALE RELATIVE E OTHER _____ X (SPECIFY) CHILD HAS NEVER BEEN ILL Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
626	CHECK 606: MOTHER IS ALIVE (CODED '00'-'94') <input type="checkbox"/> MOTHER NOT ALIVE (CODED '95') <input type="checkbox"/>		628												
627	Please tell me if you would be angry with (NAME OF CHILD'S MOTHER) if she ever did the following: a) She took (NAME OF CHILD) to be vaccinated without asking you? b) Without asking you, she took (NAME OF CHILD) to a doctor or health worker because she thought the child was ill?	<table border="1"> <thead> <tr> <th></th> <th>YES, ANGRY</th> <th>NO, NOT ANGRY</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES, ANGRY	NO, NOT ANGRY	DON'T KNOW	a)	1	2	8	b)	1	2	8	
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628	Now I want to talk to you about some common childhood illnesses. When a child has diarrhoea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS 1 ABOUT THE SAME 2 MORE 3 DON'T KNOW 8													
629	When a child is sick with diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? PROBE: Any other signs? RECORD ALL SIGNS MENTIONED.	REPEATED WATERY STOOLS A ANY WATERY STOOLS B REPEATED VOMITING C ANY VOMITING D BLOOD IN STOOLS E FEVER F MARKED THIRST G NOT EATING/NOT DRINKING WELL H NOT GETTING BETTER I OTHER _____ X (SPECIFY) DON'T KNOW ANY SIGNS Y													
630	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? PROBE: Any other signs? RECORD ALL SIGNS MENTIONED.	RAPID BREATHING A DIFFICULT BREATHING B NOISY BREATHING C FEVER D UNABLE TO DRINK/SWALLOW E NOT EATING/NOT DRINKING WELL F NOT GETTING BETTER G OTHER _____ X (SPECIFY) DON'T KNOW ANY SIGNS Y													

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP
631	ASK 631, THEN FOLLOW SKIP PATTERN TO 632 AND 633 FOR EACH ILLNESS Now tell me about your own health. Have you ever, at any time in your life, had...		632 Have you had (NAME OF PROBLEM) in the last 3 months?	633 Have you ever sought treatment for (NAME OF PROBLEM) ?	
631A	Tuberculosis?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
631B	Asthma?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
631C	Diabetes?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
631D	High blood pressure?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
631E	Heart problem?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
631F	Malaria?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
631G	Hepatitis?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
634	CHECK 632 (HEALTH PROBLEMS IN THE LAST 3 MONTHS): AT LEAST ONE YES <input type="checkbox"/> OTHER <input type="checkbox"/> →639				
635	At any time during the last 3 months, did (this/these) health problem(s) prevent you from doing your work or other regular activities?	YES 1 NO 2 →637			
636	For how many days in the last 3 months were you unable to do your work or regular activities due to this (these) health problem(s)?	NUMBER OF DAYS <input type="text"/> <input type="text"/>			
637	CHECK 633 (TREATMENT FOR ALL HEALTH PROBLEMS): AT LEAST ONE YES <input type="checkbox"/> OTHER <input type="checkbox"/> →639				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
638	<p>Where did you go for treatment for this (these) health problem(s)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p> <p>PROBE: Did you go anywhere else for treatment?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH POST C</p> <p>MOBILE CLINIC D</p> <p>FIELD WORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELD WORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
639	Have you had any kind of injection in the last 3 months?	<p>YES 1</p> <p>NO 2</p>	→642
640	How many times did you have an injection in the last 3 months?	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>EVERY DAY 95</p>	
641	The last time you had an injection, who was the person who gave you the injection?	<p>HEALTH PROFESSIONAL 1</p> <p>TRADITIONAL HEALER 2</p> <p>FRIEND/RELATIVE 3</p> <p>SELF 4</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>	
642	<p>Do you currently smoke cigarettes or tobacco?</p> <p>IF YES: What type of tobacco do you smoke?</p> <p>RECORD ALL TYPES MENTIONED.</p>	<p>YES, CIGARETTES A</p> <p>YES, PIPES B</p> <p>YES, OTHER _____ C</p> <p>(SPECIFY)</p> <p>NO Y</p>	
643	<p>CHECK 642:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p>		→645
644	In the last 24 hours, how many cigarettes did you smoke?	<p>CIGARETTES <input type="text"/> <input type="text"/></p>	
645	Have you ever drunk an alcohol-containing beverage?	<p>YES 1</p> <p>NO 2</p>	→701
646	In the last 30 days, on how many days did you drink an alcohol-containing beverage?	<p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>NONE 95</p>	
647	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	<p>YES 1</p> <p>NO 2</p>	→701
648	<p>CHECK 646:</p> <p>DRANK ALCOHOL ON AT LEAST ONE DAY <input type="checkbox"/></p> <p>NONE <input type="checkbox"/></p>		→701
649	In the last 30 days, on how many occasions did you get "drunk"?	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>NONE 95</p>	

SECTION 7. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→724
702	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↙709
703	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . . H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL PRACTITIONER M AVOID SKIN PIERCING/CUTTING INSTRUMENTS N SHARING SYRINGE O SHARING A TOILET P AVOID TOUCHING A PERSON WITH AIDS Q AVOID SHARING FOOD R OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
704	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
705	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
707	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
709	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
710	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2	
711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	↙713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	Can the virus that causes AIDS be transmitted from a mother to her child... During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY .. 1 2 8 DURING DELIVERY 1 2 8 BY BREASTFEEDING ... 1 2 8	
713	CHECK 401: YES, CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→715
714	Have you ever talked with (your wife/the woman you are living with) about ways to prevent getting the virus that causes AIDS? IF MORE THAN ONE WIFE/PARTNER, ASK ABOUT ANY OF HIS WIVES/PARTNERS.	YES 1 NO 2	
715	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? in newspapers?	ACCEPT- NOT ABLE ACCEPT- ABLE ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS .. 1 2	
716	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DON'T KNOW/UNSURE 8	
717	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS 8	
718	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DON'T KNOW/UNSURE/DEPENDS 8	
719	Should children age 12-14 years be taught about using a condom to avoid AIDS?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS 8	
720	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→721
720A	Where did you go for the test the last time?	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER . 12 FAMILY PLANNING CLINIC 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	
720B	Did you get the results? DO NOT ASK FOR THE RESULT	YES 1 NO 2	→724
721	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→724
723	<p>Where can you go for the test?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER .. B FAMILY PLANNING CLINIC C</p> <p>OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL _____ L (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>	
724	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	YES 1 NO 2	→727
724A	<p>What infections do you know?</p> <p>RECORD ALL MENTIONED.</p>	<p>SYPHILIS A GONORRHEA B GENITAL WARTS/CONDYLOMATA ... C CHANCROID D CHLAMYDIA E CANDIDA F</p> <p>OTHER _____ X (SPECIFY)</p>	
724B	<p>Infections that are transmitted through sexual contact can cause problems if left untreated. What are some of these problems?</p> <p>RECORD ALL MENTIONED.</p>	<p>INFERTILITY A MISCARRIAGE/STILLBIRTH B EASIER TO GET HIV C BABY BORN SICK D MADNESS E OTHER X DON'T KNOW Y</p>	
725	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>PROBE; DO NOT READ OUT THE OPTIONS.</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCY/STERILITY L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
726	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>PROBE; DO NOT READ OUT THE OPTIONS.</p> <p>RECORD ALL MENTIONED.</p>	ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K HARD TO GET PREGNANT/HAVE A CHILD L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z																			
727	<p>CHECK 416:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→801																		
728	<p>Now I would like to ask you some questions about your health in the last 12 months.</p> <p>During the last 12 months, have you had a sexually-transmitted infection?</p>	YES 1 NO 2 DON'T KNOW 8	→729																		
728A	<p>Which one?</p> <p>Any other?</p> <p>RECORD ALL MENTIONED.</p>	SYPHILIS A GONORRHEA B GENITAL WARTS/CONDYLOMATA C CHANCROID D CHLAMYDIA E CANDIDA F OTHER _____ X (SPECIFY) DON'T KNOW Z																			
729	<p>Sometimes, men experience a discharge from their penis. During the last 12 months, have you had a discharge from your penis?</p>	YES 1 NO 2 DON'T KNOW 8																			
730	<p>Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?</p>	YES 1 NO 2 DON'T KNOW 8																			
731	<p>CHECK 728/729/730:</p> <p>HAS HAD AN INFECTION <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION <input type="checkbox"/></p>		→801																		
732	<p>The last time you had (INFECTION(S) FROM 728/729/730), did you seek any kind of advice or treatment?</p>	YES 1 NO 2	→734																		
733	<p>The last time you had (INFECTION(S) FROM 728/729/730), did you do any of the following? Did you....</p> <p>a) Seek advice from a health worker in a clinic or hospital?</p> <p>b) Seek advice or medicine from a traditional healer?</p> <p>c) Seek advice or buy medicine in a shop or pharmacy?</p> <p>d) Ask for advice from friends or relatives?</p> <p>e) Do self medication?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CLINIC/HOSPITAL</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRADITIONAL HEALER</td> <td>1</td> <td>2</td> </tr> <tr> <td>SHOP/PHARMACY</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRIENDS/RELATIVES</td> <td>1</td> <td>2</td> </tr> <tr> <td>SELF MEDICATION</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CLINIC/HOSPITAL	1	2	TRADITIONAL HEALER	1	2	SHOP/PHARMACY	1	2	FRIENDS/RELATIVES	1	2	SELF MEDICATION	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
734	When you had (INFECTION(S) FROM 728/729/730), did you inform the person(s) with whom you were having sex?	YES 1 NO 2 SOME/ NOT ALL 3 DID NOT HAVE A PARTNER 4	→801															
735	When you had (INFECTION(S) FROM 728/729/730), did you do anything to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER(S) ALREADY INFECTED ... 3	→801															
736	What did you do to avoid infecting your partner(s)? Did you.... a) Stop having sex? b) Use a condom when having sex? c) Take medicine? d) Advise her to have medical consultation?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>STOP SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>USE CONDOM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TAKE MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ADVICE TO CONSULT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	STOP SEX	1	2	USE CONDOM	1	2	TAKE MEDICINE	1	2	ADVICE TO CONSULT	1	2	
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SECTION 8. ATTITUDES TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
801	<p>Who in your family usually has the final say on each of the following decisions:</p> <p>a) your wife's health care?</p> <p>b) children's health care?</p> <p>c) making household purchases?</p> <p>d) making household purchases for daily meals?</p> <p>e) visits to family or relatives?</p> <p>f) what food should be cooked each day?</p>	<p>RESPONDENT = 1 WIFE/PARTNER = 2 RESPONDENT & WIFE/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p>					
802	<p>Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	<p>YES NO DK</p> <p>GOES OUT 1 2 8</p> <p>NEGL. CHILDREN . . . 1 2 8</p> <p>ARGUES 1 2 8</p> <p>REFUSES SEX 1 2 8</p> <p>BURNS FOOD 1 2 8</p>					
803	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...</p> <p>a) She knows her husband has a sexually transmitted disease?</p> <p>b) She knows her husband has sex with other women?</p> <p>c) She has recently given birth?</p> <p>d) She is tired and not in the mood?</p>	<p>YES NO DK</p> <p>HUSBAND HAS STD 1 2 8</p> <p>OTHER WOMEN . . . 1 2 8</p> <p>RECENT BIRTH 1 2 8</p> <p>TIRED/MOOD 1 2 8</p>					
804	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of financial support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go and have sex with another woman?</p>	<p>YES NO DK</p> <p>ANGRY 1 2 8</p> <p>REFUSE MONEY 1 2 8</p> <p>HAVE SEX 1 2 8</p> <p>SEX WITH ANOTHER WOMAN 1 2 8</p>					
805	RECORD THE TIME.	<p>HOUR</p> <p>MINUTES</p> <table border="1" data-bbox="1257 1794 1342 1899"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

UNICEF WORLD SUMMIT FOR CHILDREN: END-DECADE INDICATORS

APPENDIX **F**

World Summit for Children End-Decade Indicators: Uganda 2000-2001		
BASIC INDICATORS		
Childhood mortality	Under-five mortality rate (per 1,000 births)	151.5
	Infant mortality rate (per 1,000 births)	88.4
Maternal mortality	Maternal mortality ratio (deaths per 100,000 live births)	505
Childhood malnutrition	Percent underweight (children under 5 years < -2 standard deviations)	22.5
	Percent stunted (children under 5 years < -2 standard deviations)	38.6
	Percent wasted (children under 5 years < -2 standard deviations)	4.0
Clean water supply	Percent of households with safe water supply (1)	51.8
Sanitary excreta disposal	Percent of households with latrine or toilet	82.3
Basic education	Female literacy rate	47.5
	Male literacy rate	64.3
SUPPORTING INDICATORS		
Family planning	Contraceptive prevalence (married women)	22.8
	Contraceptive prevalence (all women)	20.1
Safe motherhood	Percent of births with medical antenatal care (2)	92.4
	Percent of births with medical assistance at delivery (3)	39.0
Low birth weight	Percent of births at low birth weight (below 2500 grams) (4)	10.5
Micronutrient intake	Percent of households with iodised salt	94.8
	Percent of children receiving vitamin A supplements in last 6 months	35.0
	Percent of mothers who received vitamin A supplements after birth (2)	11.3
	Percent of women who had night blindness while pregnant with last child (2)	7.0
Breastfeeding	Percent of infants less than 6 months of age exclusively breastfed	63.2
	Percent of infants 12-15 months still breastfeeding	89.3
Vaccinations	Percent of infants 20-23 months still breastfeeding	50.0
	Percent of infants 6-9 months receiving breast milk and complementary foods	74.6
	Percent of children 12-23 months receiving tuberculosis vaccine before 1st birthday	75.0
	Percent of children 12-23 months receiving DPT3 vaccine before 1st birthday	42.0
	Percent of children 12-23 months receiving polio 3 vaccine before 1st birthday	49.6
Diarrhoea treatment	Percent of children 12-23 months receiving measles vaccine before 1st birthday	42.3
	Percent of women with a birth in the last five years who received at least one dose of tetanus toxoid vaccination during last pregnancy	69.5
	Percent of children with diarrhoea in preceding 2 weeks who received ORT (5)	43.2
Acute respiratory infection	Percent of children with diarrhoea in preceding 2 weeks who received more fluids and continued eating somewhat less/the same/or more food	15.2
	Percent of children with acute respiratory infection taken to a health facility	64.7
Preschool development	Percent of children age 4 and 5 who attend early childhood education	13.0
Childcare	Percent of births in the last five years whose births were registered	4.2
	Percent of children 0-14 years not living with either biological parent	16.2
	Percent of children 0-14 years who are orphans (both parents dead)	2.3
	Percent of children 5-17 years who are currently working	44.0
Malaria control	Percent of children who slept under a bednet the night before the survey	7.3
HIV/AIDS	Percent of women who correctly stated 2 ways of avoiding HIV infection	78.1
	Percent of women who identified 2 misconceptions about HIV/AIDS	33.6
	Percent of women who correctly identified all 3 means of mother-to-child HIV transmission	33.9
	Percent of women who believe that a female teacher with the AIDS virus should not be allowed to keep teaching	49.6
	Percent of women who know of a place to be tested for HIV	34.5
	Percent of women who have been tested for HIV	8.4
<p>(1) Refers to piped water or water from a borehole or tanker truck (2) Refers to last birth in the five years preceding the survey (3) Refers to all births in the five years preceding the survey (4) Based on recorded birth weight among those weighed at birth only (5) Includes ORS and/or increased fluids</p>		

