Uganda

2006 Demographic and Health Survey

Key Findings

This report summarizes the findings of the 2006 Uganda Demographic and Health Survey (UDHS), implemented by the Uganda Bureau of Statistics (UBOS). The 2006 UDHS follows the 1988-1989, 1995, and 2000-01 UDHS surveys, which were also implemented by UBOS. It is the first UDHS to cover the entire nation because insecurity restricted data collection in each of the previous three surveys.

The laboratory at the Biochemistry Department, Makerere University conducted the vitamin A deficiency (VAD) testing. Macro International Inc. provided technical assistance through the MEASURE DHS project. The survey was funded by the Government of Uganda, the United States Agency for International Development (USAID), the President's Emergency Plan for AIDS Relief (PEPFAR), the Department for International Development (DFID), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the Health Partnership Fund, and the Government of Japan. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the development partners.

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About the 2006 UDHS

The 2006 Uganda Demographic and Health Survey (UDHS) was designed to provide information on demographic, health, and family planning status and trends in the country. Specifically, the UDHS collected information on fertility and fertility preferences, marriage, sexual activity, 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; knowledge and behaviour regarding HIV/AIDS and other sexually transmitted infections; levels of anaemia and vitamin A deficiency; and gender-based violence.

Who participated in the survey?

A nationally representative sample of 8,531 women age 15–49 (95 percent of those eligible) and 2,503 men age 15–54 (91 percent of those eligible) were interviewed. This sample provides representative estimates of health and demographic indicators at the national and regional levels, and for rural and urban areas.

Trend Data

The 1995 and 2006 UDHS surveys included districts that were excluded from the 2000-01 survey due to insecurity. When showing data on trends across all three surveys, this report shows figures for 1995 and 2006 that have been adjusted to remove the districts not included in the 2000-01 UDHS. This way, the data for all three surveys represents comparable geographic areas.

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Wealth Index

The wealth index is constructed by combining information on household assets, such as ownership of consumer items, type of dwelling, source of water, and availability of electricity into a single asset index.

The sample is split into five equal groups (quintiles) from 1 (lowest, poorest) to 5 (highest, richest).

Seventy-three percent of the population in urban areas are in the highest wealth quintile, in contrast to the rural areas, where only 12 percent are in this category.

Regional variations are marked, with 93 percent of households in Kampala belonging to the highest wealth quintile. Conversely, a significant proportion of the population in the most rural areas of the country, such as the North and Eastern regions are in the lowest wealth quintile.

Background Characteristics

Household Composition

Ugandan households consist of an average of five persons. Households in urban areas are smaller than those in rural areas (4.1 compared with 5.1 persons). Nearly one-third of households (30 percent) are headed by a woman.

Access to Electricity

Housing conditions vary greatly by residence. Nine percent of households in Uganda have electricity. Access to electricity is wider in urban areas (42 percent) than in rural areas (3 percent).

Source of Drinking Water

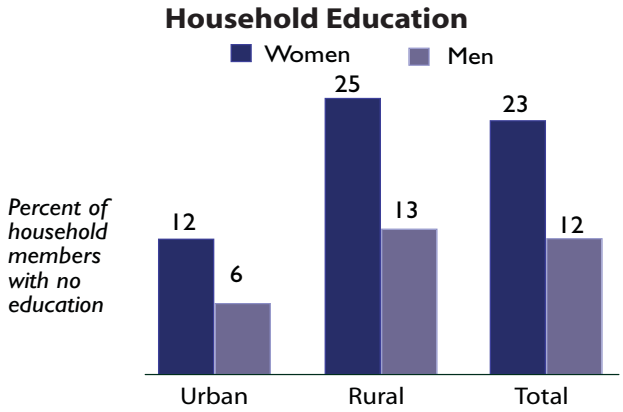
The majority (67 percent) of households in Uganda have access to an improved source of drinking water with access in urban areas higher than in rural areas. Almost 90 percent of urban residences have clean water, compared to 63 percent of rural residents. In urban areas, 20 percent of households have access to piped water compared to only 1 percent of rural households. The major source of improved drinking water in the rural areas is a tube well or borehole (35 percent). Sixty-one percent of all household take 30 minutes or longer to fetch their drinking water (67 percent in rural and 29 percent in urban areas).

Sanitation Facilities

Overall, 12 percent of the households in Uganda have no toilet facilities. This problem is more common in rural areas, where 14 percent of the households have no toilet facilities, compared with 3 percent of households in urban areas. Urban households are nearly twice as likely as rural households to have access to improved toilet facilities (15 percent versus 8 percent).

Education

The majority of Ugandans have at least some primary education with slightly more males (70 percent) than females (65 percent) having completed some or all primary grades. Only 5 percent of males and 3 percent of females have completed secondary or higher education. Thirteen percent of men and 23 percent of women have never attended school.



Fertility and its Determinants

Fertility levels and trends

At current fertility levels, a Ugandan woman will have an average of 6.7 children in her lifetime. There has been almost no decline in the fertility rate since 1995. In both the 1995 and 2000-01 surveys, the total fertility rate was 6.9, compared to 6.5 in 2006, when the rates are adjusted to reflect the different goegraphic regions covered in the three surveys.

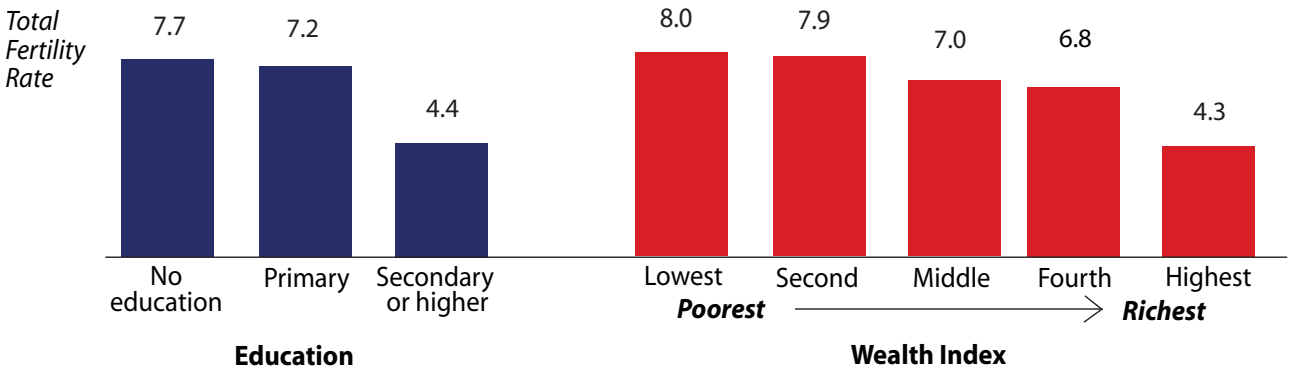
Change can be seen among women age 15-19, whose fertility rates declined from 206 births per 1,000 women reported in the 1995 survey to 150 births per 1,000 women in the 2006 survey. This indicates that women are waiting longer before having their first child. Neverthless, childbearing in Uganda starts early. Half of women have had their first birth by the age of 19.

Fertility differentials

Fertility varies by background characteristics. Urban women have significantly fewer children (4.4 children per woman) than their rural counterparts (7.1 children per woman). There are substantial regional variations in fertility as well, from 3.7 children per woman in Kampala to 7.7 children in the Eastern region.

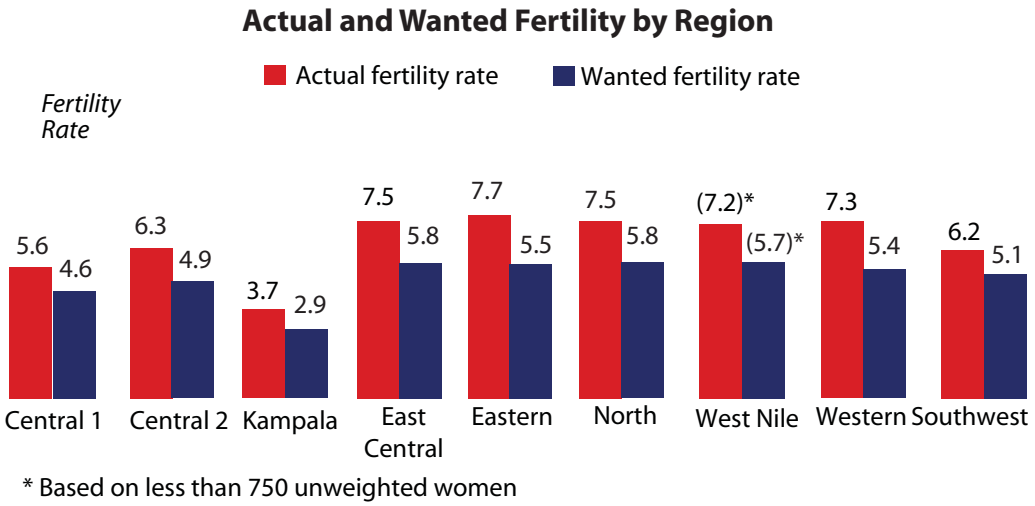
Fertility also varies markedly with mother's education and economic status. Fertility decreases as mothers' educational level increases. Uneducated mothers have almost twice as many children as women with secondary or higher education (7.7 children compared with 4.4 children, respectively). Furthermore, women in the poorest households have twice as many children as women in the wealthiest households (8.0 children versus 4.3 children, respectively).

Fertility by Education and Household Wealth



Fertility Preferences

Forty-one percent of currently married women in Uganda want no more children or are sterilized. Thirty-five percent of women want to wait two or more years for the next birth, while 16 percent want to have a child within two years. Thirty percent of currently married men also report wanting no more children.



* Based on less than 750 unweighted women

Ideal Family Size

Ugandan women report an ideal family size of 5 children, while men report 5.7 children as the ideal number. Ideal family size is higher among women in rural areas than urban areas (5.2 versus 4.0). At the regional level, the ideal number of children for women ranges from 3.7 children in Kampala to 5.3 children in the North and Western regions. Women on average have 1.6 children more (actual fertility) than their ideal number (wanted fertility).

Age at First Marriage

The median age at first marriage for women age 20-49 in Uganda is 17.8 years. Overall, 55 percent of women age 25-49 are married by age 18 and 74 percent by age 20. Urban women marry almost two years later than rural women. The median age at marriage is highest in Kampala (19.6 years) and lowest in the Eastern and Western regions (17.2 years). Men enter into first marriage almost five years later than women; the median age at first marriage for men age 25-54 is 22.3 years.

Age at First Sexual Intercourse

Both Ugandan women and men begin having sexual intercourse before they marry. Median age at first sex among women is 16.6 years, over one year before marriage. In contrast, men become sexually active much earlier than they marry. The median age at first sexual intercourse for men age 25-54 is 18.1 years, four years before their median age at first marriage.

Unplanned fertility

The 2006 UDHS data indicate that unplanned pregnancies are common in Uganda. Overall, 13 percent of births in the five years preceding the survey were not wanted, and one-third of births were wanted later.

Polygyny

Polygyny, the practice of having more than one wife, is relatively common in Uganda. Just over one-fourth of married women (28 percent) and 17 percent of married men are in polygynous unions. Older women are more likely to be in a polygynous union than younger women. Polygyny is also slightly more common among rural women (29 percent) than urban women (23 percent). The prevalence of polygyny is highest in West Nile (38 percent) and lowest in the Southwest and Kampala (17 percent each). Uneducated women and those in the poorest wealth quintile are slightly more likely to be in polygynous unions than other women.

Birth Intervals

An interval of three to five years between births has been shown to be beneficial to the health of both the mother and the baby. The median interval between births in Uganda is close to this recommendation, at almost two and a half years. However, only one in three births occur at least three years after a previous birth. Almost 70 percent of non-first births occur less than three years apart. Postpartum insusceptibility, the period just following a birth when a woman is temporarilty infertile, is one of the major factors contributing to the long birth interval in Uganda.

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Family Planning

Knowledge of Family Planning

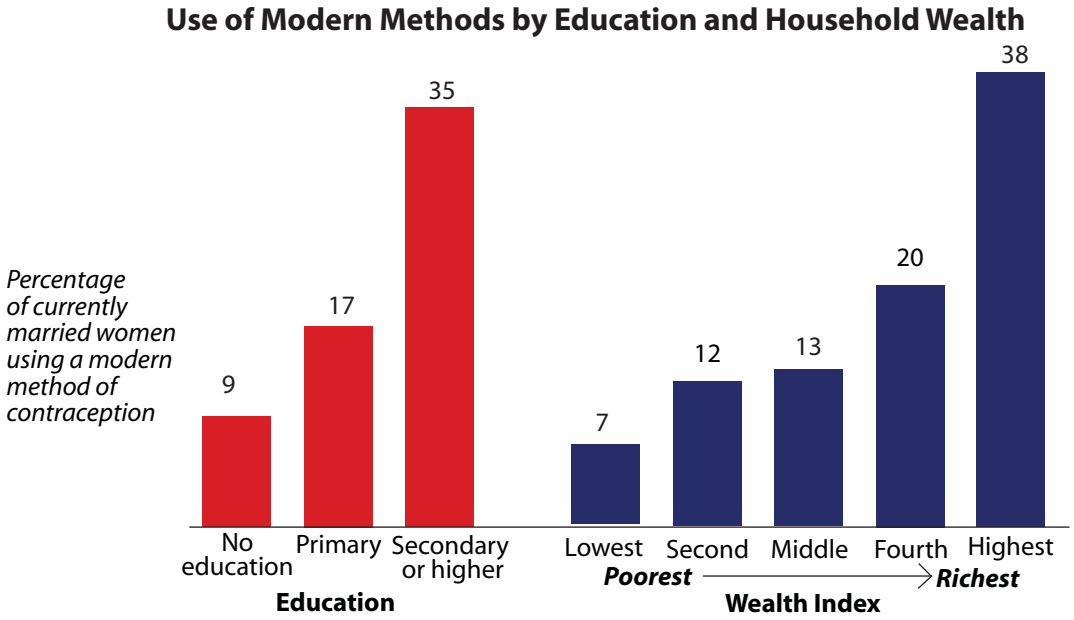
Knowledge of family planning in Uganda is very high. Ninety-seven percent of married women and 99 percent of married men know at least one method of family planning. Over 90 percent of both women and men know about pills, injectables, and condoms. Fewer than one in five women, however, understand that a woman is most likely to concieve halfway between her two menstrual periods.

Use of Contraception

Twenty-four percent of married women are using any method of contraception, and 18 percent are using a modern method. The most popular modern methods are injectables, used by 10 percent of married women and the pill, used by three percent of married women.

Use of modern family planning is more than twice as high in urban areas as rural areas (37 percent versus 15 percent). There is also substantial variation in modern contraceptive use by region, ranging from 8 percent in the North to 40 percent in Kampala.

Contraceptive use differs significantly across educational categories. Use of any contraception ranges from 13 percent among users with no education to 46 percent among those with secondary or higher levels of educaton. Use of modern methods among these groups increases substantially from 9 percent to 35 percent respectively.



Trends in Contraceptive Use

Use of contraceptive methods among currently married women in Uganda has increased notably from 15 percent in 1995 to 24 percent in 2006. The increase is especially marked for modern methods which more than doubled in the 11 years between 1995 and 2006, from 8 percent to 19 percent when districts not surveyed in the 2000-01 UDHS are excluded from 1995 and 2006 data. This increase is mostly due to the rapid rise in the use of injectables from 3 percent in 1995 to 11 percent in 2006.

Source of Family Planning Methods

Over half of women (52 percent) obtain their products from the private medical sector, while over one-third obtain them from the public sector, and 13 percent from other private sources.

Need for Family Planning

Intention to Use Family Planning

More than six in ten (65 percent) married women not using any contraception at the time of the survey say that they intend to use family planning in the future. Half of these prospective users (51 percent) favor injectables, and 14 percent cite the pill as their preferred method.

The proportion of women who cited a desire for more children soon has decreased from 23 percent in 1995 to 17 percent in 2006 when the numbers are adjusted to account for the different geographic regions covered in the surveys. This suggests that women are realizing the disadvantages of large family sizes.

Unmet Need for Family Planning

Unmet need for family planning services is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception. Two in five currently married women (41 percent) in Uganda have unmet need for family planning. The unmet need differs by region, from 23 percent in Kampala to 47 percent in West Nile. The need for spacing (25 percent) is higher than the need for limiting (16 percent). Currently only 37 percent of the demand for family planning is being met, and 46 percent of last births were either unwanted or wanted later.

Discontinuation of Contraception

Overall, over half (58 percent) of contraceptive users discontinue use within 12 months of adopting a method. The discontinuation rate is highest among users of male condoms (71 percent) and lowest among injectable users (47 percent).

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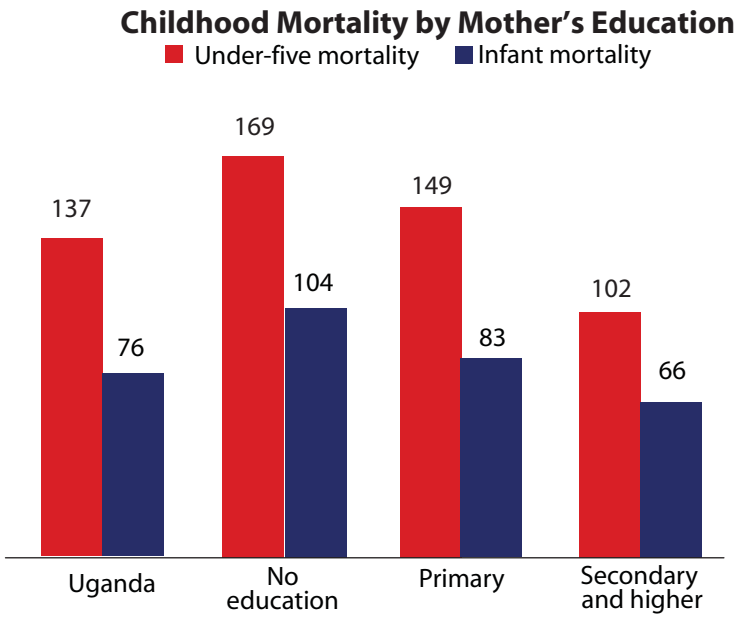
Infant and Child Mortality

Levels and Trends

Nationwide, infant mortality in the five years preceding the survey is 76 deaths per 1,000 live births, and the under-five mortality rate is 137. This means that about one in every 14 children born in Uganda dies before reaching age one, while one in seven dies before reaching age five.

Infant mortality has declined by 12 percent over the last three surveys, from 85 deaths per 1,000 live births in 1995 to 75 deaths per 1,000 live births in 2006, when the rates are adjusted to reflect the different geographic regions covered in previous surveys. Under-five mortality declined from 156 deaths per 1,000 live births to 137 deaths per 1,000 live births.

Infant and child mortality varies widely throughout Uganda. The risk of early death is much higher in rural areas than in urban areas. The infant mortality in urban areas is 68 deaths per 1,000 live births compared with 88 deaths per 1,000 live births in rural areas. The urban-rural difference is even more pronounced in the case of child mortality, at 49 urban deaths per 1,000 births and 71 rural deaths per 1,000. The regional variations in infant and under-five mortality are dramatic. Infant mortality rates range from 54 deaths per 1,000 live births in Kampala to a high of 109 deaths per 1,000 live births in the Southwest region. Under-five mortality ranges from a low of 94 deaths per 1,000 live births in Kampala to a high of 185 deaths per 1,000 live births in West Nile.



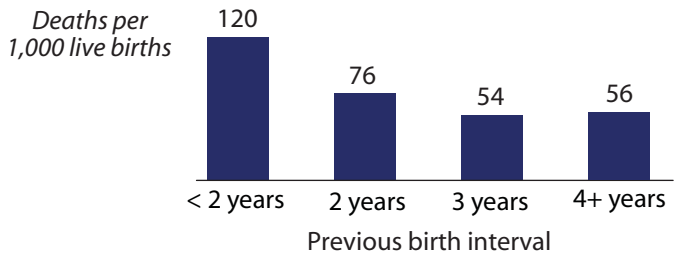
Mothers' education makes a big difference in child mortality. Children born to women with at least some secondary education are much less likely to die than children of uneducated mothers. The infant mortality rate for mothers with at least some secondary education is 66 deaths per 1,000 live births, compared with 104 deaths per 1,000 births for those whose mothers are not educated at all.

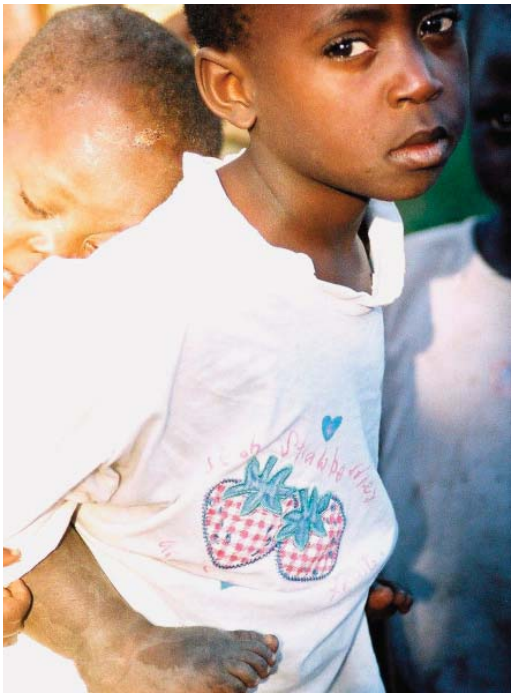
Differentials in Child Mortality

Spacing children at least 36 months apart is safest and healthiest for the mother and the child. Infants born less than 2 years after a previous birth have the highest infant mortality rates.

Other factors that influence child mortality at all levels are the mother's age at birth, birth order, and birth interval. Childhood mortality is higher among children born to mothers under age 20 and over age 40. First births and births of order seven and higher also suffer higher rates of mortality than the second through sixth births.

Infant Mortality by Previous Birth Interval





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Adult and Maternal Mortality

The female adult mortality rate (age 15-49) is 8.2 deaths per 1,000 persons, 12 percent lower than the male mortality rate of 9.3 deaths per 1,000 persons.

Data on the survival of respondents' sisters were used to calculate a maternal mortality ratio (MMR) for the 10-year period before the survey. Using direct estimation procedures, MMR in Uganda for the period 1996-2006 is estimated to be 435 deaths per 100,000 live births (or alternatively 4 deaths per 1,000 live births).

Although the 2006 MMR appears to be lower than the ratio measured in 1995 (527) and 2000-01 (505), the sample size and methodology used in DHS surveys do not allow for precise estimates of maternal mortality. It is impossible to say with confidence that maternal mortality has actually declined.

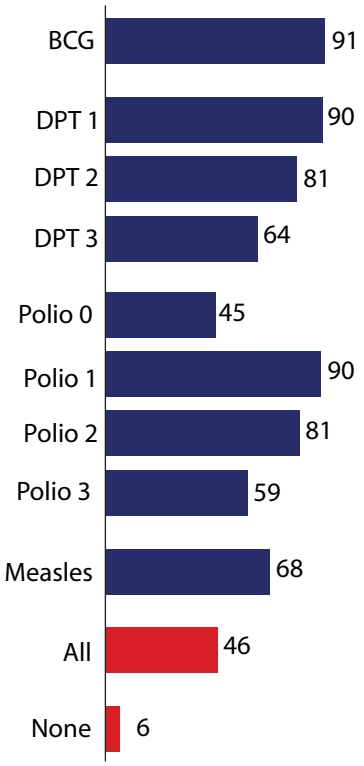
Child Health

Vaccination Coverage

Vaccination coverage in Uganda has improved over the last five years, after a drop in coverage between 1995 and 2000-01. The percentage of children age 12-23 months who were fully vaccinated at the time of the survey increased from 37 percent in 2000-01 to 44 percent in 2006 (with rates adjusted for differing geographic areas covered in the surveys). The vaccination rate does not greatly vary from urban (51 percent) to rural areas (46 percent), suggesting a relatively equal access to vaccines throughout the country. Over half of Ugandan children, however, are not fully protected against common childhood diseases.

Almost half of Ugandan children age 12-23 months are fully vaccinated against six major childhood illnesses (tuberculosis, diphtheria, pertussis, tetanus, polio, and measles). Ninety-one percent have received the BCG vaccination, and about seven in ten (68 percent) have been vaccinated against measles. The coverage for the first dose of DPT is high as well, at 90 percent. Only 64 percent, however, go on to receive the third dose of DPT. Almost all (90 percent) infants receive their first polio vaccination. However, the dropout between the first and subsequent doses of polio is substantial—a 34 percent decline between the first and third dose.

Immunisation Coverage



Percentage of children 12-23 months who received vaccines at any time before the survey

Childhood Illnesses

In the two weeks before the survey, 15 percent of children under age five had symptoms of acute respiratory infection (ARI), such as cough and short, rapid breathing. Almost three-fourths of these children (73 percent) were taken to a health facility or provider.

Diarrhoea is more common than ARI. Overall, 26 percent of children experienced diarrhoea in the two weeks preceding the survey, and 6 percent had bloody stools. Seven children in ten were taken to a health facility. More than 40 percent of children with diarrhoea were treated with some kind of oral rehydration therapy (ORT), most often with solution prepared from oral rehydration salts (ORS) packets (40 percent). Nearly one in five children with diarrhoea (17 percent) did not receive any treatment at all.

Forty-one percent of children under five in Uganda were reported to have had fever in the two weeks preceding the survey. Three-fourths of these children were taken to a health facility or provider for treatment. A significant proportion of children with fever received antimalarial drugs (62 percent) or antibiotic drugs (35 percent).

Breastfeeding and Nutrition

Breastfeeding is nearly universal in Uganda, with 98 percent of children born in the five years preceding the survey having been breastfed at some time. Sixty percent of children under six months are exclusively breastfed, which is below World Health Organization recommendations. The median duration of any breastfeeding in Uganda is long—20 months, and the median duration of exclusive breastfeeding is four months. Eight in ten Ugandan children age 6-9 months are eating complementary foods in addition to breastfeeding, as recommended by WHO.

Bottle-feeding is not widespread in Uganda. The proportion of children bottle-fed rises from 8 percent among those less than 3 months to peak at 27 percent among those age 6-9 months.

Nutrition

Nearly two-fifths (38 percent) of children under five are stunted or too short for their age. Six percent are wasted or too thin for their height, and 16 percent are underweight.

Twelve percent of women have a BMI below 18.5 and are considered thin, while 17 percent are either overweight or obese.

Vitamin A deficiency (VAD) can increase the severity of some infections in children, slow recovery from illness, and can lead to impaired vision or blindness. Nineteen percent of Ugandan women and 20 percent of children have VAD, with higher levels in rural areas. Interestingly, VAD is higher among children whose mothers have secondary or higher education. It is lower in women and in mothers of children from the lowest wealth quintile.

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Micronutrient Intake

Sixty-two percent of the respondents' youngest children consumed foods rich in vitamin A in the 24-hour period preceding the survey. More than a third of Ugandan children age 6-59 months (36 percent) received a vitamin A supplement in the six months before the survey.

Thirty percent of children consume foods rich in iron, which helps prevent anemia. Nearly all children and women live in households using adequately iodized salt.

Seven in ten mothers consumed vitamin-A rich foods, and 31 percent consumed iron-rich foods. A third of mothers received vitamin A supplements during the postpartum period. Almost two fifths of mothers (37 percent), however, did not take iron supplements during their pregnancy.

One percent of women suffered from night blindness during pregnancy, a sign of vitamin A deficiency.

Anaemia

Seventy-three percent of Ugandan children 6-59 months are anaemic, with 22 percent mildly anaemic, 43 percent moderately anaemic and 7 percent severely anaemic. Almost half of women age 15-49 years are anaemic, with 35 percent mildly anaemic, and 13 percent moderately anaemic.

Maternal Health

Antenatal Care

A very high percentage of Ugandan mothers (94 percent) received antenatal care from a skilled provider (doctor, nurse/midwife, or medical assistant/clinical officer) for their most recent birth. Regional differences in antenatal care vary only slightly, from a high of 97 percent of mothers in Kampala to a low of 93 percent in the East Central region.

Only 17 percent of women went for antenatal care before the fourth month of pregnancy, as recommended. Thirty-seven percent (37 percent) of women go for their first visit in the sixth month of pregnancy or later. The median duration of pregnancy for the first antenatal visit is 5.5 months, indicating that Ugandan women start antenatal care at a relatively late stage of their pregnancy. In addition, only 35 percent reported that they were informed about pregnancy complications during their antenatal care visits.

Overall, more than three-fourths (76 percent) of women are protected against neonatal tetanus. The majority of these women (51 percent) received two or more tetanus toxoid injections during pregnancy for their most recent birth.

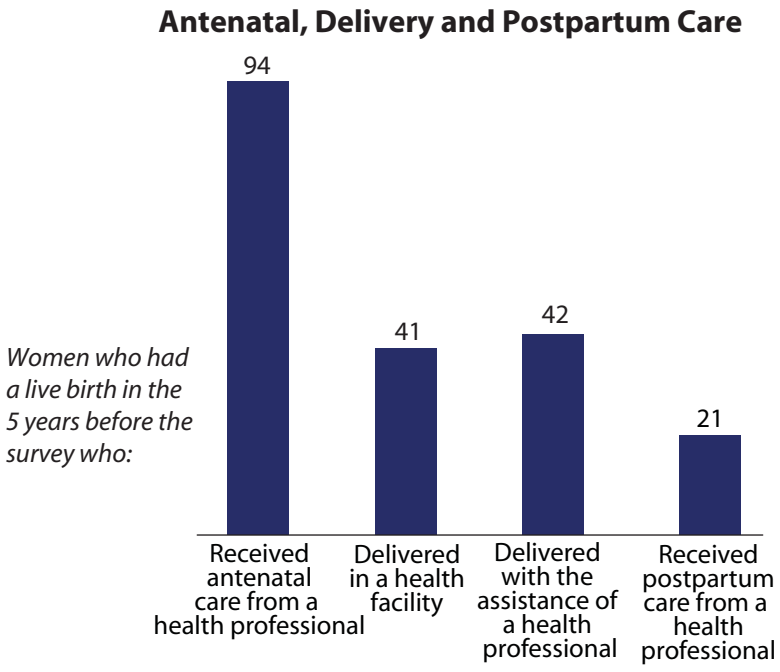
Delivery Care

Just over half of births in Uganda (58 percent) are delivered at home. The percentange of Ugandan mothers, however, giving birth in a health facility is increasing. Fourty-two percent delivered in an institution, compared with 37 percent in 2000-01 and 36 percent in 1995 (adjusting the rates for the different geographic areas in the surveys). Most of these mothers delivered in a public facility; only 12 percent of births were delivered in a private facility.

Forty-two percent of deliveries were assisted by a skilled provider, while 23 percent were delivered by a traditional birth attendant. Almost all births (93 percent) were attended by a relative or some other person. Ten percent of women gave birth alone.

Postpartum Care

Postpartum care is extremely low in Uganda—only 23 percent of mothers received postpartum care within the critical first two days after delivery, as recommended. Nearly three-fourths of all women (74 percent) who had a live birth in the five years preceding the survey received no postpartum care at all.



Malaria

Mosquito Nets

Just over one-third (34 percent) of households in Uganda own at least one mosquito net, 21 percent own an ever-treated net, and 16 percent own an insecticide-treated (ITN). The majority of households (58 percent) obtained their nets from a shop, pharmacy, or open market instead of from a government health center (6 percent).

Twenty-two percent of children under age five slept under a mosquito net the night before the survey, 13 percent under an ever-treated net, and 10 percent under an ITN. About the same percentage of women as children (23 percent) slept under a mosquito net the night preceding the survey. There was little difference in the use of nets between pregnant women and women in general (24 percent and 23 percent respectively). Thirteen percent of pregnant women slept under an ITN, compared with 10 percent of women in general.

Six percent of households occupying a dwelling had their inner walls sprayed with insecticide to prevent malaria, 12 percent in urban areas, and 5 percent in rural areas.

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Orphans and Other Vulnerable Children

Children who have lost one or both parents or whose parents are ill or not working face disadvantages in education, health, and in their basic needs.

In Uganda, for children younger than 18 years, 15 percent have lost one or both parents. Eight percent of Ugandan children are considered vulnerable; that is, they have a very sick parent or live in a household where an adult has been very sick or has died in the past year.

Orphans and vulnerable children (OVCs) are less likely to attend school, 82 percent in school compared to 85 percent of non-OVCs). They are also less likely to have basic material needs such as shoes, two sets of clothes and a blanket (25 percent compared to 29 percent).

Because they may lack adult guidance, OVCs are also at a higher risk of early sexual activity. Eighteen percent of orphaned or vulnerable boys have had sex before age 15, compared to 12 percent of non-OVC boys.

Only 11 percent of OVCs live in households that have benefited from medical, emotional, social, material, or school-related external support.

HIV/AIDS Knowledge, Attitudes and Behaviour

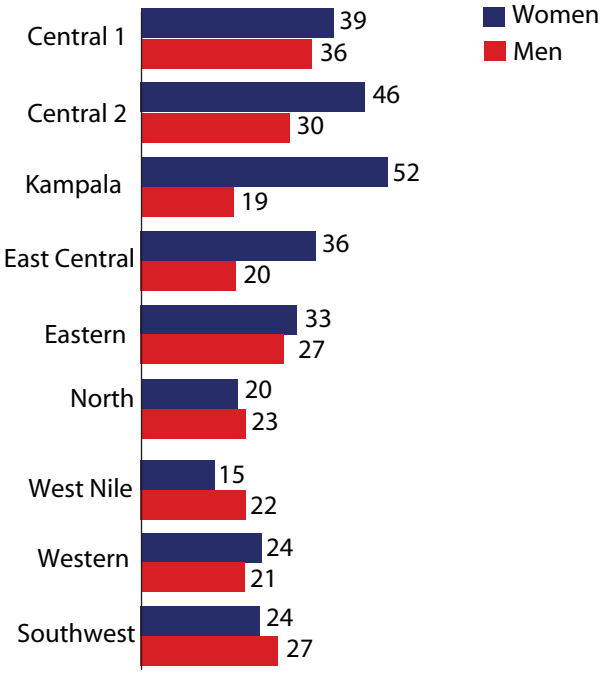
Awareness of AIDS

Virtually all Ugandan men and women have heard of AIDS. However, women and men in Uganda are slightly less aware that the chances of getting the AIDS virus can be reduced by limiting sex to one uninfected partner who has no other partners (89 percent of women and 95 percent of men) or by abstaining from sexual intercourse (86 percent and 93 percent, respectively). Knowledge of condoms and the role that they can play in preventing transmission of HIV is much less common. Seven in ten women and slightly more than eight in ten men (84 percent) are aware that using a condom can reduce HIV transmission.

Knowledge of HIV prevention varies greatly by region and by gender, with women and rural residents having the least information. For example, only 36 percent of women in West Nile compared to 84 percent of men know that the risk of HIV infection can be reduced by both partners using condoms and limiting sex to one uninfected partner.

Although 73 percent of women and 63 percent of men know that HIV can be transmitted through breastfeeding, only about half of women (52 percent) and two-fifths of men (43 percent) also know that the risk of mother to child transmission (MTCT) can be reduced through the use of certain drugs during pregnancy.

Comprehensive Knowledge about HIV/AIDS



Percent of women and men with comprehensive knowledge about HIV/AIDS (know that condom use and having just one uninfected and faithful partner reduces the chance of getting HIV, know that a healthy-looking person can have HIV and reject the myths that AIDS can be transmitted by mosquito bites and by sharing food)

HIV-Related Stigma

Most Ugandan men and women (91 percent and 90 percent respectively) say they would be willing to care for a family member with the HIV/AIDS in their home. However, only about half of women and 62 percent of men would not want to keep a family member's HIV status a secret. The percentage of Ugandans expressing accepting attitudes towards people with HIV on four measures of stigma is low, 26 percent among women and 36 percent among men.

Higher-Risk Sex

Survey data show that less than 2 percent of women and 28 percent of men have had two or more partners during the 12 months preceding the survey. Sixteen percent of women and 35 percent of men have had higher-risk sexual intercourse (sexual intercourse with someone other than a spouse or cohabiting partner). Among respondents who engaged in higher-risk sexual intercourse, only about one-third of women (35 percent) and slightly over half the men (57 percent) reported condom use the last time they had higher-risk sexual intercourse.

Women's Status

Twenty-three percent of women have no formal education, compared with 12 percent of men. More men than women have a primary or secondary level of education (83 percent of men compared to 74 percent of women). Men also have greater access to mass media than women.

Participation in Decisionmaking

Married women who say they make their own major decisions in their households varies from 15 percent for decisions about large household purchases to 35 percent for daily household purchases. Most major decisions are made either by the woman's husband or partner or jointly between the respondent and her husband or partner. For example, 34 percent of currently married women say their husband decides about daily household purchases, and 31 percent say these decisions are made jointly.

However, only 22 percent of married women say they mainly make decisions about their own healthcare. Almost two-fifths of married women say their husband or partner makes those decisions alone. Similarly, only 20 percent of women say they can decide on their own to visit family and relatives, compared to one-third of women (36 percent) whose husbands or partners solely decide.

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Findings from the survey also show a positive correlation between women's status, for example disapproval of wife-beating, and use of health services. The more empowered a woman, the more likely she is to receive antenatal, postnatal and delivery care from a health professional.

Attitudes Towards Refusing Sex with Husband and Wife Beating

Overall, the majority of women and men (three in five) agree that a woman is justified in refusing to have sexual intercourse with her husband or partner for any of three specified reasons: she knows her husband has a sexually transmitted disease (STD); she knows her husband has sexual intercourse with other women; and she is tired or not in the mood. However, 19 percent of men and almost one-third of women (31 percent) believe that a husband is justified in beating his wife if she refuses to have sex with him. Overall, seven in ten women and about 60 percent of men believe that there are at least some situations in which a husband is justified in beating his wife.

Gender Violence

More than half of Ugandan men and women have experienced physical violence since the age of 15 years. Women are more likely, however, to have experienced physical violence than men (60 percent compared to 53 percent). For women, the person committing the violence is most often her current husband or partner. Women are also more likely to have experienced sexual violence, with more than two in five women having ever experienced it, compared with one in ten men. Rural women are especially vulnerable, at 41 percent compared to 31 percent of urban women. In all, 70 percent of women have experienced physical or sexual violence. Almost one-sixth of Ugandan women (16 percent) who have been pregnant experienced violence during pregnancy.

Summary

Data from the 2006 UDHS show that fertility continues to be high in Uganda with little national change in the last ten years. Only women age 15-19 show a decline in fertility, indicating that they are marrying, having first sex, and having their first child at later ages.

Knowledge of contraception is nearly universal in Uganda. Contraceptive use doubled over the last 11 years, and much of this increase is attributed to the rise in the use of injectables. Nevertheless, contraceptive use in Uganda remains low, at only a quarter of married women.

Two in five currently married women have unmet need for family planning, particularly for spacing births. Currently only about one-third of the demand for family planning is being met.

Childhood mortality has declined over the last three surveys. Nevertheless it continues to be high. At current mortality levels, one in every 14 Ugandan children dies before age one, and one in seven dies by age five.

Vaccination coverage has improved over the last five years. The percentage of children fully immunised against six major childhood illnesses, however, remains low. Less than one half of children age 12-23 months are been fully vaccinated.

Use of antenatal care from a skilled provider is high in Uganda, at 94 percent. Very few mothers, 17 percent, seek care early in their pregnancies. Furthermore, less than half of births are assisted by a skilled provider, and only 23 percent of mothers received postpartum care within the critical first two days following delivery.

The level of chronic undernutrition in Ugandan children is significant with 38 percent of children being stunted. A lower percentage of children are wasted (6 percent) and underweight (16 percent). In addition, 7 in 10 Ugandan children age 6-59 months are classified as anaemic, with 7 percent severely anaemic.

A small percentage of Ugandan women are undernourished, with 12 percent falling below the cut-off of 18.5 in body mass index. However, nearly half of women are anaemic, and about one percent are severely anaemic.

Although virtually all Ugandan women and men have heard of AIDS, few adults have comprehensive knowledge of HIV/AIDS. Furthermore, 16 percent of sexually active women and more than one-third of sexually active men had higher-risk sex in the year before the survey. Among these, only one-third of the women and slightly over half of the men reported condom use.

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