Uganda

Demographic and Health Survey 1995

Statistics Department
Ministry of Finance and Economic Planning

DHS

Demographic and Health Surveys
Macro International Inc.

World Summit for Children Indicators: Uganda 1995

		Value
BASIC INDICATORS		
Infant mortality	Infant mortality rate (direct estimation)[1]	81 per 1,000
	Infant mortality rate (indirect estimation)[1]	97 per 1,000
	Under-five mortality rate	147 per 1,000
Maternal mortality	Maternal mortality ratio	506 per 100,000
Childhood undernutrition	Percent stunted	38.3
	Percent wasted	5.3
	Percent underweight	25.5
Clean water supply	Percent of households within 15 minutes of a safe water supply[2]	11.0
Sanitary excreta disposal	Percent of households with flush toilets or VIP latrines	3.1
Basic education	Percent of women 15-49 with completed primary education	23.4
	Percent of men 15-49 with completed primary education	38.1
	Percent of girls 6-12 attending school	65.9
	Percent of boys 6-12 attending school	68.8
	Percent of women 15-49 who are literate	52.6
Children in especially difficult situations	Percent of children who are orphans (both parents dead)	1.9
	Percent of children who do not live with their natural mother	23.5
	Percent of children who live in single adult households	12.1
SUPPORTING INDICATORS		
Women's Health		
Birth spacing	Percent of births within 24 months of a previous birth	27.8
Safe motherhood	Percent of births with medical prenatal care	91.2
	Percent of births with prenatal care in first trimester	13.7
	Percent of births with medical assistance at delivery	37.8
	Percent of births in a medical facility	35.4
	Percent of births at high risk	65.9
Family planning	Contraceptive prevalence rate (any method, married women)	14.8
	Percent of currently married women with an unmet demand for family planning	29.0
	Percent of currently married women with an unmet need for family planning to avoid a high-risk birth	24.9
Nutrition		
Maternal nutrition	Percent of mothers with low BMI	9.9
Low birth weight	Percent of births at low birth weight (of those reporting numeric weight)	13.1
Breastfeeding	Percent of children under 4 months who are exclusively breastfed	70.1
Iodine	Percent of households with iodised salt	69.0
Child Health		
Vaccinations	Percent of children whose mothers received tetanus toxoid vaccination during pregnancy	80.0
	Percent of children 12-23 months with measles vaccination	59.6
	Percent of children 12-23 months fully vaccinated	47.4
Diarrhoea control	Percent of children with diarrhoea in preceding 2 weeks who received oral rehydration therapy (sugar-salt-water solution)	49.2
Acute respiratory infection	Percent of children with acute respiratory infection in preceding 2 weeks who were seen by medical personnel	61.4

[1] See Chapter 7 for details.
[2] Piped, well, and bottled water

Uganda Demographic and Health Survey 1995

Statistics Department
Ministry of Finance and Economic Planning
Entebbe, Uganda

Macro International Inc,
Calverton, Maryland USA

August 1996

This report summarises the findings of the 1995 Uganda Demographic and Health Survey (UDHS) conducted by the Statistics Department in the Ministry of Finance and Economic Planning. Macro International Inc. provided technical assistance. Funding was provided by the U.S. Agency for International Development (USAID) and the Government of Uganda.

The UDHS is part of the worldwide Demographic and Health Surveys (DHS) programme, which is designed to collect data on fertility, family planning, and maternal and child health. Additional information about the Uganda survey may be obtained from the Statistics Department, P.O. Box 13, Entebbe, Uganda (Telephone: 20320 or 20165; Fax: 20147). Additional information about the DHS programme may be obtained by writing to: DHS, Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (Telephone: 301-572-0200; Fax: 301-572-0999; E-mail: reports@macroint.com; Internet: http://www/macroint.com/dhs/).

Recommended citation:

Statistics Department [Uganda] and Macro International Inc. 1996. *Uganda Demographic and Health Survey, 1995.* Calverton, Maryland: Statistics Department [Uganda] and Macro International Inc.

CONTENTS

Page

Page

TABLES

Page

Page

FIGURES

PREFACE

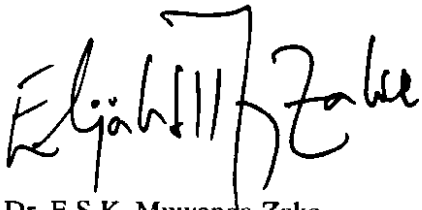
The 1995 Uganda Demographic and Health Survey (UDHS) was conducted in all of the districts of the country except Kitgum District. This was a considerable improvement over the first UDHS which was conducted in 1988-89 and excluded nine districts. The major objectives of the 1995 UDHS were to collect and analyse data on fertility, mortality, family planning, and health. Compared to the 1988-89 UDHS, the present survey was significantly expanded in scope and included questions on the awareness and behaviour regarding AIDS. The 1995 UDHS will therefore provide more detailed findings in addition to updating indicators derived from the 1988-89 UDHS.

In the past, Population and Housing Censuses were the only sources of demographic statistics in Uganda. There have been no national demographic surveys and the vital registration system is not yet satisfactorily operational. This emphasises the importance of the two UDHSs in filling the existing gaps in demographic and health statistics.

Many government departments contributed to the successful completion of the 1995 UDHS and the prompt publication of this report. However, mention should be made of the staff of the Statistics Department who participated in the planning and the implementation of this survey. The Ministry of Health provided experts who participated in the training of field workers and drafted some of the chapters of the report. A number of the field workers were nurses who were provided by government health institutions. Special thanks go to the Population Secretariat for chairing and hosting all the meetings of the Steering and Technical Committees. Many of the members of these committees were from the Population Secretariat.

We also acknowledge the active participation of some international agencies whose contribution led to the success of this survey. The United States Agency for International Development (USAID) provided funds for this survey. Macro International Inc. provided technical and material support. UNICEF contributed greatly in the discussions to determine the content of the questionnaires.

I am grateful to the endeavours of government officials at all levels of administration. Finally, special gratitude goes to all the respondents for having spared their valuable time to attend to the interviews which were sometimes lengthy.



Dr. E.S.K. Muwanga-Zake
Commissioner for Statistics
Statistics Department
Ministry of Finance and Economic Planning

SUMMARY OF FINDINGS

The 1995 Uganda Demographic and Health Survey (UDHS) is a nationally-representative survey of 7,070 women age 15-49 and 1,996 men age 15-54. The UDHS was designed to provide information on levels and trends of fertility, family planning knowledge and use, infant and child mortality, and maternal and child health. Fieldwork for the UDHS took place from late-March to mid-August 1995. The survey was similar in scope and design to the 1988-89 UDHS. Survey data show that fertility levels may be declining, contraceptive use is increasing, and childhood mortality is declining; however, data also point to several remaining areas of challenge.

FERTILITY

Fertility Trends. UDHS data indicate that fertility in Uganda may be starting to decline. The total fertility rate has declined from the level of 7.1 births per woman that prevailed over the last 2 decades to 6.9 births for the period 1992-94. The crude birth rate for the period 1992-94 was 48 live births per 1000 population, slightly lower than the level of 52 observed from the 1991 Population and Housing Census. For the roughly 80 percent of the country that was covered in the 1988-89 UDHS, fertility has declined from 7.3 to 6.8 births per woman, a drop of 7 percent over a six and a half year period.

Fertility Differentials. Some women are apparently leading the fertility decline. For example, fertility levels are substantially lower among urban women (5.0 children per woman on average) than among rural women (7.2 children). Moreover, women who have received some secondary education have the lowest level of fertility, with a total fertility rate of 5.2, compared to a rate of over 7 children per woman for those with either no education or with only primary education, a difference of nearly two children.

Age at First Birth. Childbearing begins early in Uganda, with just under half of women becoming mothers by the time they reach age 18 and two-thirds having had a child by the time they reach age 20. The result is that the median age at first birth falls between 18 and 19 years and shows no clear trend over the past three decades. A similar observation was made from data from the 1988-89 UDHS strengthening the conclusion that there has been no real trend in age at first birth in Uganda.

Moreover, 43 percent of teenage women (age 15-19) have begun childbearing, with 34 percent having had a child already and 9 percent carrying their first child. There is some evidence that, instead of declining over time, fertility rates among teenagers may in fact be increasing. This remains a challenge to policymakers since UDHS data show that children born to young mothers suffer higher rates of morbidity and mortality.

Birth Intervals. The majority of Ugandan children (72 percent) are born after a "safe" birth interval (24 or more months apart), with 30 percent born at least 36 months after a prior birth. Nevertheless, 28 percent of non-first births occur less than 24 months after the preceding birth, with 10 percent occurring less than 18 months since the previous birth. The overall median birth interval is 29 months.

Fertility Preferences. Survey data indicate that there is a strong desire for children and a preference for large families in Ugandan society. Among those with six or more children, 18 percent of married women want to have more children compared to 48 percent of married men. Both men and women desire large families. Half of all women report five or more children as ideal and another 30

percent want to have four children. Only 6 percent of women report a two-child family as ideal. Men are even more pronatalist than women. Overall, women report a mean ideal number of children of 5.3, compared to 5.8 for men.

Despite high fertility preferences, the data indicate that there has been a significant decline in ideal family size among women in Uganda, from an average of 6.5 children in 1988-89 to 5.3 in 1995. Women's desire for additional children has also declined noticeably over the past six years. In 1988-89, 39 percent of married women wanted another child within the next two years compared with only 23 percent of women in 1995. The proportion of women who want no more children increased from 19 percent in 1988-89 to 31 percent in 1995.

Unplanned Fertility. Despite the increasing level of contraceptive use, UDHS data indicate that unplanned pregnancies are still common. Overall, almost one-third of births in the three years prior to the survey were reported to be unplanned—22 percent were mistimed (wanted later) and 8 percent were unwanted. If unwanted births could be eliminated altogether, the total fertility rate in Uganda would be 5.6 births per woman instead of the actual level of 6.9.

FAMILY PLANNING

Knowledge of Contraceptive Methods. Knowledge of contraceptive methods is nearly universal with 92 percent of all women age 15-49 and 96 percent of all men age 15-54 knowing at least one method of family planning. Knowledge of contraceptive methods has increased considerably since the 1988-89 UDHS (which covered about 80 percent of the country). In 1988-89, only 82 percent of all women had knowledge of at least one family planning method compared with 92 percent in 1995. There has also been a large increase over the last six years in the proportion of women who know specific family planning methods. For example, the proportion of women who have heard of condoms has increased from 33 percent in 1988-89 to 78 percent in 1995, and the proportion who have heard of injectables increased from 40 percent to 70 percent during the same period.

Increasing Use of Contraception. The contraceptive prevalence rate in Uganda has tripled over a six-year period, rising from about 5 percent in approximately 80 percent of the country surveyed in 1988-89 to 15 percent in 1995. Use of modern methods has increased particularly fast, from 3 percent of married women in 1988-89 to 8 percent in 1995. Use of traditional methods increased from 2 to 4 percent. Methods which have increased the fastest are the pill, injectables, and periodic abstinence.

Differentials in Family Planning Use. Differentials in current use of family planning by the four regions of the country are large. One-quarter of married women in the Central Region are current contraceptive users compared to less than 14 percent of women in other regions. Modern method use is highest in the Central Region (16 percent) and lowest in the Northern Region (3 percent). Urban women are much more likely to be using contraceptive methods (35 percent) than rural women (12 percent). The difference between urban and rural women is most pronounced for modern method use (28 percent and 5 percent, respectively), while they are almost equally likely to use traditional and folk methods (6 and 7 percent). There are large differentials in current use by level of education. Eight percent of currently married women with no formal education are currently using a method compared with 38 percent of those with some secondary education.

Source of Contraception. Half of current users (47 percent) obtain their methods from public sources, while 42 percent use non-governmental medical sources, and other private sources account for the remaining 11 percent. Government hospitals (30 percent) and private hospitals and clinics (30 percent) are the most common sources of contraceptive methods. Forty percent of women say they use their

current source because it is close to home, while one-third of women say that they know of no other source for their method.

Family Planning Messages. One reason for the increase in level of contraceptive awareness is that family planning messages are prevalent. One-third of the women and over half of the men interviewed reported that they had heard a family planning message in the six months prior to the survey, mostly on the radio. Women in the Northern Region are at a disadvantage, however, with only 14 percent having heard a family planning message compared to 59 percent of women in the Central Region.

Unmet Need for Family Planning. UDHS data show that there is a considerable unmet need for family planning services in Uganda. Overall, 29 percent of currently married women are in need of services—18 percent for spacing their next birth and 11 percent for limiting births. If all women who say they want to space or limit their children were to use methods, the contraceptive prevalence rate could be increased from 15 to 44 percent of married women. Currently, 34 percent of this "total demand" for family planning is being met.

Availability of Family Planning Services. Family planning services are quite widely available in Uganda. Almost half of married women live within 5 kilometres of a source of family planning and 16 percent live in places with community-based distribution programmes. Fifty-six percent of all family planning users live within 5 km of fixed facilities offering family planning services compared to 45 percent of non-users. However, these programmes do not necessarily provide all contraceptive methods, and women generally have to travel farther to obtain clinical methods such as the IUD and sterilisation than they do to get supply methods such as pills and condoms. Only 5 percent of non-users were visited by a community-based distribution agent during the 12 months before the survey.

MATERNAL AND CHILD HEALTH

High Childhood Mortality. Although childhood mortality in Uganda is still quite high in absolute terms, there is evidence of a significant decline in recent years. Currently, the direct estimate of the infant mortality rate is 81 deaths per 1,000 births and under five mortality is 147 per 1,000 births, a considerable decline from the rates of 101 and 180, respectively, that were derived for the roughly 80 percent of the country that was covered by the 1988-89 UDHS. Although encouraging, the 1995 UDHS rates show that almost one in seven children born in Uganda dies before reaching the fifth birthday, an indication that there is still much improvement to be made.

Childhood Vaccination Coverage. One possible reason for the declining mortality is improvement in childhood vaccination coverage. The UDHS results show that 47 percent of children age 12-23 months are fully vaccinated, and only 14 percent have not received any vaccinations. This is an improvement from the 31 percent of children who were estimated to have been fully vaccinated in 1988-89. Nonetheless, a large proportion of children obtain one or two vaccinations but fail to complete the full course. If dropout rates could be reduced, the level of full coverage could be improved still further.

Childhood Health. UDHS data indicate high levels of childhood illness. Approximately one in four children under age four had a respiratory illness during the two weeks before the survey. Of these, 61 percent were taken to a health facility for treatment. Almost half of the children under four were reported to have had a fever and one-fourth were reported to have had diarrhoea in the two weeks preceding the survey. Two-thirds of the children with diarrhoea received some sort of oral rehydration treatment (fluid made from an oral rehydration salts (ORS) packet, a homemade solution, or increased fluids). Almost three out of four mothers know about the use of sugar-salt-water solutions; yet when asked about specific eating and drinking regimes for sick children, only two-thirds say that a child who

is sick with diarrhoea should get more to drink and more than half say a child with diarrhoea should be given less to eat than usual.

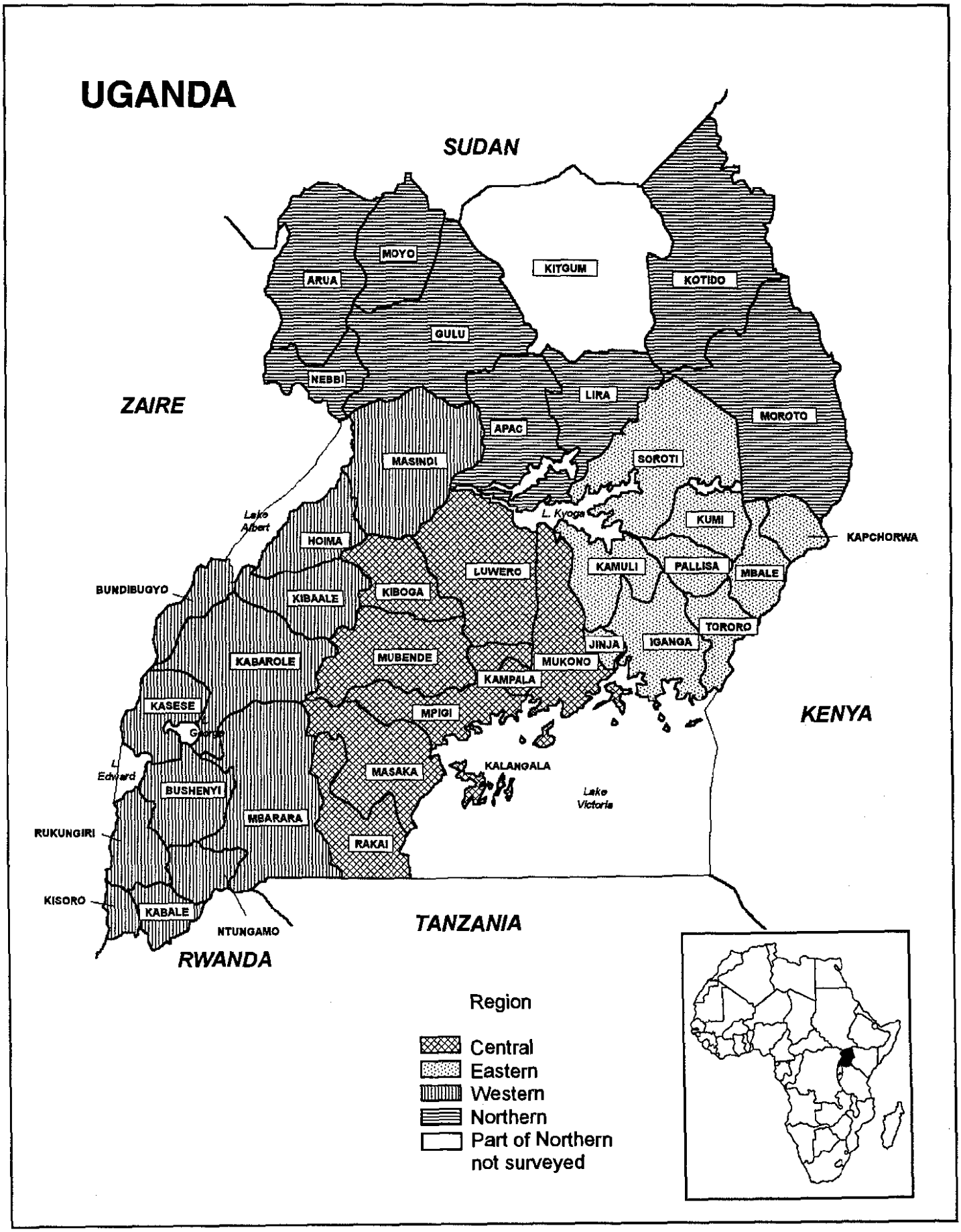
Breastfeeding Practises. The UDHS results indicate that breastfeeding is almost universally practised in Uganda, with a median duration of almost 20 months. Since breastfeeding has beneficial effects on both the child and the mother, it is encouraging to note that supplementation of breast milk starts relatively late in Uganda. In the first two months, only 17 percent of children have received supplements other than water and breast milk. Within 4-5 months, 57 percent of children are given some form of food supplementation. Also encouraging is the fact that there is negligible use of infant formula and that bottlefeeding is not commonly practised.

Childhood Nutritional Status. Overall, 38 percent of Ugandan children under age four are classified as stunted (low height-for-age) and 15 percent as severely stunted. About 5 percent of children under four in Uganda are wasted (low weight-for-height); 1 percent are severely wasted. Comparison with other data sources shows little change in these measures over time.

Maternal Health Care. UDHS data point to several encouraging areas regarding maternal health care as well as to some areas in which improvements could be made. Results show that most Ugandan mothers receive antenatal care, 10 percent from a doctor and 82 percent from a nurse or trained midwife. Similarly, tetanus toxoid coverage is relatively widespread in Uganda; for 80 percent of births in the four years before the survey, the mothers received at least one tetanus toxoid injection during pregnancy. Somewhat less encouraging is the fact that two out of three births in Uganda are delivered at home and over one-third are assisted by relatives or friends. Less than 40 percent of births are assisted by medically trained personnel. Proper medical attention during pregnancy and hygienic conditions during delivery can reduce the risk of complications and infections that can cause death or serious illness for either the mother or the newborn.

AIDS. Virtually all women and men in Uganda are aware of AIDS. About 60 percent of respondents say that limiting the number of sexual partners or having only one partner can prevent the spread of disease. However, knowledge of ways to avoid AIDS is related to respondents' education. Safe patterns of sexual behaviour are less commonly reported by respondents who have little or no education than those with more education. Results show that 65 percent of women and 84 percent of men believe that they have little or no chance of being infected.

Availability of Health Services. Roughly half of women in Uganda live within 5 km of a facility providing antenatal care, delivery care, and immunisation services. However, the data show that children whose mothers receive both antenatal and delivery care are more likely to live within 5 km of a facility providing maternal and child health (MCH) services (70 percent) than either those whose mothers received only one of these services (46 percent) or those whose mothers received neither antenatal nor delivery care (39 percent).


UGANDA
SUDAN
ZAIRE
KENYA
TANZANIA
RWANDA
MOYO
ARUA
KITGUM
KOTIDO
GULU
NEBBI
LIRA
MOROTO
APAC
MASINDI
SOROTI
Lake Albert
L. Kyoga
KUMI
KAPCHORWA
HOIMA
LUWERO
KAMULI
PALLISA
MBALE
BUNDIBUGYO
KIBAALE
KIBOGA
TORORO
JINJA
IGANGA
KABAROLE
MUBENDE
MUKONO
KAMPALA
KASESE
MPIGI
George
L. Edward
MASAKA
KALANGALA
Lake Victoria
BUSHENYI
MBARARA
RUKUNGIRI
RAKAI
KISORO
KABALE
NTUNGAMO
Region
Central
Eastern
Western
Northern
Part of Northern not surveyed

CHAPTER 1

INTRODUCTION

1.1 Geography, History, and the Economy

Geography

The Republic of Uganda is in East Africa within the equatorial zone with the equator cutting across part of the country. It is a landlocked country bordering Kenya in the East, Tanzania and Rwanda in the South, Zaire in the West and Sudan in the North. The country has an area of 241,039 square kilometres, 18 percent of which is open water and swamps and 12 percent forest and game parks.

Uganda has a favourable climate because of its relatively high altitude. The Central and Western Regions of the country have two rainy seasons in a year, with heavy rains from March to May and light rains between September and December. The level of rainfall diminishes towards the North turning into just one rainy season a year. The soil composition 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 semi-desert 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.

History

Uganda became independent of British colonial rule in October 1962. Uganda had close economic linkages with the other two East African countries of Kenya and Tanzania. This was partly because all three countries were British colonies and used English as an administrative language and partly because the three countries formed the East African Community in the late 1960s. Although the Community broke up in 1977, it was revived in early 1996.

The country is composed of many tribal groupings of Bantu, Nilotics, Nilo-Hamites, and those of Sudanese origin. Some of these tribal groupings cut across the boundaries with neighbouring countries causing another natural linkage. Some tribal groups historically constituted monarchies or kingdoms which were abolished in the 1960s, but were recently re-introduced. Luganda is the most widely spoken language, followed by Swahili and English. English is the official language of the country.

At present, Uganda is divided into four statistical (not administrative) regions—Central, Eastern, Northern and Western (see map). The country is further divided into 39 administrative districts[1], which do not necessarily represent tribal groups. Districts are further divided into counties, sub-counties and parishes. In most cases, parishes are divided into sub-parishes. The above system is administered by appointed chiefs.

There is also a system of elected administrators which runs parallel to the above hierarchy called the Local Councils (LCs). Their equivalency is as follows:

[1] At the time of the survey design, there were 38 districts. Ntungamo district was gazetted later.

District	- Local Council 5 (LC5)
County	- Local Council 4 (LC4)
Sub-county	- Local Council 3 (LC3)
Parish	- Local Council 2 (LC2)
Village or group of villages	- Local Council 1 (LC1).

Economy

District - Local Council 5 (LC5)

The economy is predominantly agricultural with over 90 percent of the population dependent on subsistence farming and light agro-based industries. Coffee, tea, and cotton are the major earners of Uganda's foreign exchange. The country is self-sufficient in food. During the period of independence from 1962 to 1970, Uganda had a flourishing economy with a gross domestic product (GDP) growth rate of 5 percent per annum, compared to a population growth rate of 2.6 percent per annum.

Between 1979 and 1985, 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 National Resistance Movement Government has introduced and implemented a recovery programme which is steadily moving the country towards economic prosperity. For example, during 1994-95, the economy was projected to have grown by 10 percent per annum, much higher than the previous year when the economy grew by 5.5 percent. In the same period, agricultural production increased by 6.1 percent per annum, of which food crop production increased by 7.7 percent per annum. The manufacturing sector grew by 17.7 percent in 1994-95 compared to 15.2 percent in 1993-94 (Statistics Department, 1995d).

1.2 Demographic Statistics

In the past, most demographic statistics in Uganda were derived from population censuses which started in 1948. National surveys have not been major sources of demographic statistics due to the small number that have been conducted. Two relevant surveys are the Demographic and Health Surveys of 1988-89 and of 1995. Other institutions, particularly Makerere University, have conducted small-scale surveys mainly for research purposes.

Civil registration has not frequently been used as a source of demographic statistics because its coverage is incomplete, although it was made compulsory in 1973. 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 between 1979 and 1985. Concrete plans to revive the civil registration system are now underway.

Table 1.1 gives the demographic indices as compiled from the censuses since 1948. The table shows that Uganda's population is growing at a high rate because fertility is still high. Mortality is seen to be declining.

Table 1.1 Demographic characteristics

Selected demographic indicators, Uganda 1948-1991

Index	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	-	2.5	3.9	2.7	2.5
Sex ratio	100.2	100.9	101.9	98.2	96.5
Crude birth rate	42	44	50	50	52
Total fertility rate	5.9	5.9	7.1	7.2	7.1
Crude death rate	25	20	19	20	17
Infant mortality rate	200	160	120	115	122
Percent urban	-	4.8	7.8	8.7	11.3
Density (pop/km^2)	25.2	33.2	48.4	64.4	85.0

Source: Statistics Department, 1995b: 27, 56, 139

1.3 Family Planning Programmes and Population Policy

Family planning activities in Uganda started in 1957 with the establishment of the Family Planning Association of Uganda (FPAU), an affiliate of the International Planned Parenthood Federation. Since the inception of the FPAU, family planning services have been largely limited to urban centres, despite the fact that over 80 percent of the population resides in rural areas. With the acceptance and introduction of its primary health care strategy, the government since 1984 has integrated family planning into the overall maternal and child health programme as a means of reducing maternal morbidity and mortality in Uganda.

Currently, family planning services are provided through clinics administered by FPAU, government, and non-government health institutions. Available data indicate that most users use oral contraceptives, female sterilisation, injectables and condoms, while few couples use IUDs. Natural family planning has gained some support in Uganda. A natural family planning programme organised by the Uganda Catholic Medical Secretariat covers most dioceses in Uganda and provides services through health units and home visits.

In 1994, an integrated reproductive health project called the Delivery of Improved Services for Health (DISH) was initiated by the Ministry of Health with United States Agency for International Development (USAID) funding. The project goals are to reduce total fertility rates and decrease the incidence of HIV infection in 10 of Uganda's 39 Districts.[2] The objective of the project is to increase the availability and utilisation of basic reproductive health services including family planning, diagnosis and treatment of sexually transmitted diseases, HIV testing and counselling, and maternal health services.

In 1995, Uganda adopted the National Population Policy which has as its overall goal to influence future demographic trends and patterns in desirable directions in order to improve the quality of life and standard of living of the people. The policy aims at increasing the contraceptive prevalence rate from 7.8 percent to 15 percent by 2000 (Population Secretariat, 1995:28). The policy has separate targets for demographic trends, for health services, and for other social services.

[2] The 10 DISH districts are Jinja, Kampala, Kamuli, Kasese, Luwero, Masaka, Masindi, Mbarara, Ntungamo (included in Mbarara District in the UDHS), and Rakai.

1.4 Health Priorities and Programmes

According to the National Population Policy, the goal of achieving adequate health services for the entire population is likely to be made more difficult by the prevailing high levels of fertility and mortality and the recent surge in the acquired immune deficiency syndrome (AIDS) epidemic. The difficulty will be exacerbated by the expected rapid growth in the population of high risk groups, such as children under age five and women of childbearing age.

The geographical distribution of health personnel and health facilites in Uganda does not reflect actual needs. The government runs 60 percent of the 1,398 health institutions, but some of the government-run institutions are ill-equipped and in a poor state of repair. The policy also notes that other indices of general health care, such as the number of persons per doctor, sources of antenatal care, the number of babies delivered by trained personnel, and the annual average per capita expenditure on health, are still unsatisfactory.

1.5 Objectives of the 1995 Uganda Demographic and Health Survey

The 1995 UDHS was a follow-up to a similar survey conducted in 1988-89. In addition to including most of the same questions included in the 1988-89 UDHS, the 1995 UDHS added more detailed questions on AIDS and maternal mortality, as well as incorporating a survey of men. The general objectives of the 1995 UDHS are to:

- provide national level data which will allow the calculation of demographic rates, particularly fertility and childhood mortality rates;
- analyse the direct and indirect factors which determine the level and trends of fertility;
- measure the level of contraceptive knowledge and practice (of both women and men) by method, by urban-rural residence, and by region;
- collect reliable data on maternal and child health indicators; immunisation, prevalence, and treatment of diarrhoea and other diseases among children under age four; antenatal visits; assistance at delivery; and breastfeeding;
- assess the nutritional status of children under age four and their mothers by means of anthropomctric measurements (weight and height), and also child feeding practices; and
- assess among women and men the prevailing level of specific knowledge and attitudes regarding AIDS and to evaluate patterns of recent behaviour regarding condom use.

1.6 Survey Organisation

The 1995 UDHS was conducted between March and August 1995 by the Statistics Department of the Ministry of Finance and Economic Planning in collaboration with the Population Secretariat and the Ministry of Health. Technical assistance was provided by the Demographic and Health Surveys (DHS) Programme of Macro International Inc. in Calverton, Maryland. Financial assistance was provided by USAID. The Ugandan Government provided office accommodation, transport, computers, and professional personnel.

Sample Design

A sample of 303 primary sampling units (PSU) consisting of enumeration areas (EAs) was selected from a sampling frame of the 1991 Population and Housing Census. For the purpose of the 1995 UDHS, the following domains were utilised:

- Uganda as a whole;
- urban and rural areas separately;
- each of the four regions: Central, Eastern, Northern, and Western;
- areas in the USAID-funded DISH project to permit calculation of contraceptive prevalence rates.

Districts in the DISH project area were grouped by proximity into the following five reporting domains:

I. Kasese and Mbarara Districts
II. Masaka and Rakai Districts
III. Luwero and Masindi Districts
IV. Jinja and Kamuli Districts
V. Kampala District

The sample for the 1995 UDHS was selected in two stages. In the first stage, 303 EAs were selected with probability proportional to size. Then, within each selected EA, a complete household listing and mapping exercise was conducted in December 1994 forming the basis for the second-stage sampling. For the listing exercise, 11 listers from the Statistics Department were trained. Institutional populations (army barracks, hospitals, police camps, etc.) were not listed.

From these household lists, households to be included in the UDHS were selected with probability inversely proportional to size based on the household listing results. All women age 15-49 years in these households were eligible to be interviewed in the UDHS. In one-third of these selected households, all men age 15-54 years were eligible for individual interview as well. The overall target sample was 6,000 women and 2,000 men. Because of insecurity, eight EAs could not be surveyed (six in Kitgum District, one in Apac District, and one in Moyo District). An additional two EAs (one in Arua and one in Moroto) could not be surveyed, but substitute EAs were selected in their place.

Since one objective of the survey was to produce estimates of specific demographic and health indicators for the areas included in the DISH project, the sample design allowed for oversampling of households in these districts relative to their actual proportion in the population. Thus, the 1995 UDHS sample is not self-weighting at the national level; weights are required to estimate national-level indicators. Due to the weighting factor and rounding of estimates, figures may not add to totals. In addition, the percent total may not add to 100.0 due to rounding. Appendix B contains examples of sampling errors for some of the survey variables.

Questionnaires

Four questionnaires were used in the 1995 UDHS. A Household Schedule was used to list the names and certain individual characteristics of all usual members of the household and visitors who had spent the previous night in the household. Some basic information was collected on characteristics of each person listed, including his/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 consumer and durable goods.

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

- Background characteristics (education, residential history, etc.)
- Reproductive history
- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal and delivery care
- Breastfeeding and weaning practices
- Vaccinations and health status of children under age four
- Marriage and sexual activity
- Husband's occupation and education
- Woman's employment, occupation, and earnings
- Awareness and behaviour regarding AIDS and other sexually transmitted diseases
- Adult mortality including maternal mortality
- Height and weight of children under age four and their mothers.

The Men's Questionnaire was used to collect information from a subsample of men age 15-54 (those living in every third household). 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 and maternal and child health.

The Service Availability Questionnaire was used to collect community level information on the health and family planning services near each selected LC1 (see section 1.1 for explanation). An enumeration area sometimes consists of more than one LC1. In such cases, one questionnaire was completed for each of the LC1s within the selected enumeration area.

The questionnaires were developed in English by a Steering Committee which was chaired by the Population Secretariat. All except the Service Availability Questionnaire were translated into and printed in six major languages (Ateso, Luganda, Lugbara, Luo, Runyankole/ Rukiga, and Runyoro/Rutoro).

Training and Fieldwork

The 1995 UDHS questionnaires were pretested in November 1994. Fourteen interviewers (seven teams of one female and one male interviewer) were trained for two weeks to implement the pretest. The pretest field work in the six local languages was carried out in seven districts for three days. Approximately 150 pretest interviews were conducted, debriefing sessions were subsequently held with the pretest field staff, and modifications to the questionnaire were made based on lessons drawn from the exercise.

Training of field staff for the main survey was conducted over a three-week period in March 1995. Permanent staff from the Statistics Department, guest lecturers, and staff and consultants from Macro International Inc. trained 94 interviewers and data entry operators. Computer operators participated in interviewing during the first rounds of fieldwork to acquaint themselves with the questionnaires. The training course consisted of instruction in general interviewing techniques, field procedures, a detailed review of items on the questionnaires, instruction and practice in weighing and measuring children, mock interviews between participants in the classroom, and practice interviews with real respondents in areas outside the 1995 UDHS

sample points. Supervisors and editors were trained exclusively for three days to discuss their duties and responsibilities. Emphasis was given to the importance of ensuring data quality.

Fieldwork for the 1995 UDHS started in the fourth week of March and ended in mid- August 1995. Ten interviewing teams were deployed, each consisting of one supervisor/team leader, one female field editor, three female interviewers, one male interviewer, one reserve interviewer of either sex, and a driver. In addition, a senior officer from the Statistics Department was assigned to each of the major languages.

Data Processing

All the questionnaires for the UDHS were returned to the Statistics Department for data processing, which consisted of office editing, coding of open-ended questions, data entry, and editing of computer-identified errors. All data were processed on microcomputers. Data entry and editing were accomplished using the computer program ISSA (Integrated System for Survey Analysis) that was specially designed for the DHS programme. Data processing was performed during April-October 1995.

Response Rates

A summary of response rates from the household and individual interviews is shown in Table 1.2. Out of 8,093 households selected, 7,671 were occupied, the shortfall being a result mostly of vacant houses. Of the existing households, 7,550 were interviewed, for a response rate of 98 percent. The main reason for non-response was the interviewer's failure to find a respondent at home after at least three visits.

In the interviewed households, 7,377 eligible women were identified and of these, 7,070 were interviewed, yielding a response rate of 96 percent. In the subsample of households selected for the man's interview, 2,224 eligible men were identified, of which 1,996 were successfully interviewed (90 percent response). The principal reason for non-response among both eligible men and women was the failure to find them at home despite repeated visits to the household. The lower response rate among men than women was due to the more frequent and longer absences of men.

Table 1.2 Results of the household and individual interviews

Number of households, number of interviews, and response rates, Uganda 1995

Result	Residence		Total
	Urban	Rural	
Household interviews			
Households sampled	2,682	5,411	8,093
Households occupied	2,483	5,188	7,671
Households interviewed	2,410	5,140	7,550
Household response rate	97.1	99.1	98.4
Individual interviews			
Number of eligible women	2,573	4,804	7,377
Number of eligible women interviewed	2,439	4,631	7,070
Eligible woman response rate	94.8	96.4	95.8
Number of eligible men	766	1,458	2,224
Number of eligible men interviewed	657	1,339	1,996
Eligible man response rate	85.8	91.8	89.7

The response rates are lower in urban areas due to long absence of respondents. One-member households are more common in urban areas and are more difficult to interview as they keep their houses locked np most of the time. In urban settings, neighbours often do not know the whereabouts of such people.

CHAPTER 2

CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

This chapter presents information on some of the socio-economic characteristics of the household population and the individual survey respondents, such as age, sex, marital status, religion, urban-rural residence, and regional distribution. The chapter also considers the conditions surrounding the households in which the survey population live, including source of drinking water, availability of electricity, sanitation facilities, building materials, and persons per sleeping room.

2.1 Population by Age and Sex

The 1995 UDHS included a questionnaire to be completed for each household. A household was defined as a person or group of persons that usually live and eat together. Individual socioeconomic characteristics were recorded for all usual residents and visitors who had spent the previous night in the selected households.

Table 2.1 shows the distribution of the household population by five-year age groups, according to sex and urban-rural residence. Uganda's population is typically young, showing larger proportions of the population in the younger age groups as clearly seen in the population pyramid (Figure 2.1). This implies that as the increasingly larger numbers of women in the younger age groups move into the peak childbearing

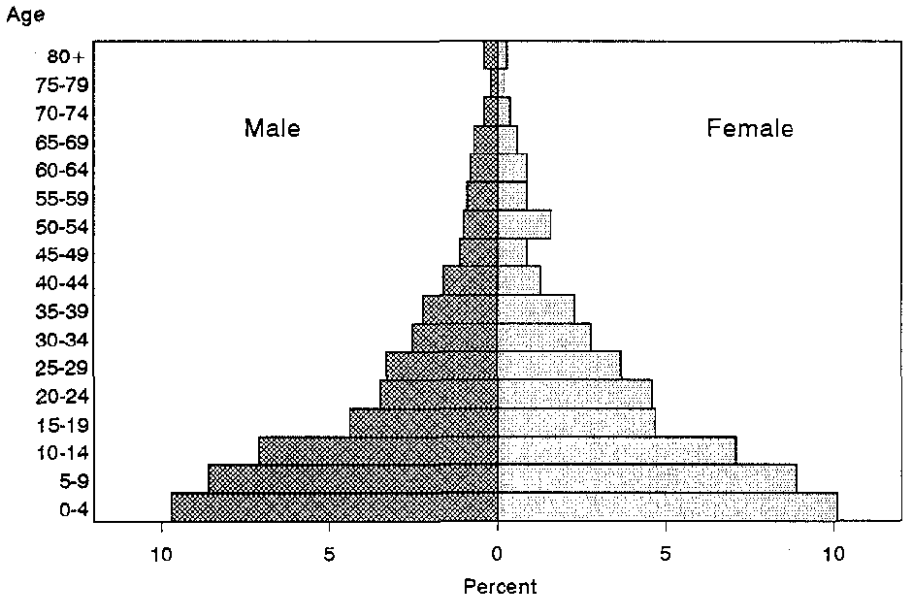
Table 2.1 Household population by age, residence and sex

Percent distribution of the de facto household population by five-year age groups, according to urban-rural residence and sex, Uganda 1995

Age group	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	19.4	17.3	18.3	20.1	19.9	20.0	20.0	19.6	19.8
5-9	14.3	15.8	15.1	18.1	17.5	17.8	17.7	17.3	17.5
10-14	11.7	14.0	12.9	15.1	13.8	14.4	14.7	13.9	14.3
15-19	10.4	12.7	11.6	9.0	8.7	8.9	9.2	9.2	9.2
20-24	10.9	12.2	11.6	6.8	8.4	7.6	7.3	8.9	8.1
25-29	9.9	10.1	10.0	6.3	6.8	6.6	6.7	7.2	7.0
30-34	7.3	6.0	6.6	4.8	5.5	5.1	5.1	5.5	5.3
35-39	5.7	4.1	4.9	4.3	4.4	4.4	4.5	4.4	4.4
40-44	3.2	2.4	2.8	3.2	2.6	2.9	3.2	2.6	2.9
45-49	2.3	1.2	1.7	2.3	1.8	2.0	2.3	1.7	2.0
50-54	1.4	1.6	1.5	2.2	3.3	2.8	2.1	3.0	2.6
55-59	0.9	0.7	0.8	2.0	2.0	2.0	1.8	1.8	1.8
60-64	0.8	0.5	0.7	1.7	1.9	1.8	1.6	1.7	1.7
65-69	0.5	0.5	0.5	1.5	1.2	1.3	1.4	1.1	1.2
70-74	0.2	0.3	0.3	0.9	0.9	0.9	0.8	0.8	0.8
75-79	0.1	0.1	0.1	0.6	0.5	0.5	0.5	0.5	0.5
80+	0.3	0.3	0.3	0.9	0.7	0.8	0.8	0.6	0.7
Missing/Don't know	0.6	0.3	0.4	0.2	0.1	0.2	0.3	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,002	2,261	4,265	15,238	16,062	31,336	17,240	18,323	35,601

Note: Totals include a small number of persons whose sex was not stated.

Figure 2.1
Distribution of the Household Population by Age



UDHS 1995

years and start their families, the result will be a high population growth rate for some time to come. The data also show that there are more women than men in Uganda, with women forming 51 percent of the population and men 48 percent. The irregular bulge of women at age 50-54 is indicative of women from ages 45-49 being pushed to the 50-54 age group, perhaps 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 at the levels observed in the UDHS, it probably has little effect on the results.

2.2 Population by Age from Selected Sources

The population distribution by broad age groups in Table 2.2 shows that more than half of the population is below 15 years, with a median age of just over 14. Previous censuses or surveys show fairly similar distributions by age. This young population will not only pose constraints on the incomes of their parents, but also on social services like health and education. The dependency ratio[1] calculated from the 1995 UDHS is 122, which means that there are 1.2 persons under 15 years or over 64 years in Uganda for every person age 15-64 years.

[1] The *dependency ratio* is defined as the sum of all persons under age 15 years and age 65 and over divided by the number of persons age 15-64, multiplied by 100.

Table 2.2 Population by age from selected sources

Percent distribution of the population by age group, according to selected sources, Uganda, 1969-1995

Age group	1969 Census	1988-89 UDHS	1989-90 HBS	1991 Census	1992-93 IHS	1995 UDHS (de facto)	1995 UDHS (de jure)
<15	46.2	49.0	50.5	47.3	49.7	51.5	51.4
15-64	50.0	48.6	46.3	49.4	47.0	45.0	45.2
65+	3.8	2.4	3.2	3.3	3.3	3.3	3.3
Not stated	-	-	-	-	-	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Median age	17.2	NA	14.8	16.3	15.7	14.4	14.4
Dependency ratio	100	106	116	102	113	122	121

NA = Not applicable
UDHS = Uganda Demographic and Health Survey
HBS = National Household Budget Survey
IHS = National Integrated Household Survey
Sources: Statistics Department, 1995b:72; Statistics Department, 1994: Section 1.51.07; Statistics Department, 1991: Table 2.10.

2.3 Household Composition

Information about the composition of households is given in Table 2.3. In both urban and rural areas, about three-quarters of the households are headed by males and about one-quarter are female-headed. Households with one or two members constitute one-quarter of all households. This category of households is more common in urban areas (32 percent) than in rural areas (22 percent). There are consistently higher percentages of larger households in rural than in urban areas. Hence, the mean household size is higher in rural areas (4.8) than in urban areas (4.2). Overall, the average household size is 4.8, identical to the figure determined from the 1991 population and housing census (Statistics Department, 1995c:9).

One-quarter of households have foster children, that is, children under age 15 living in a household with neither their biological mother nor father present. The high proportion of households with foster children certainly intensifies the economic burden on the heads of these households. With the current high prevalence of AIDS, the percentage of households with foster children in Uganda is likely to rise even higher.

Table 2.3 Household composition

Percent distribution of households by sex of head of household, household size, and whether household includes foster children, according to urban-rural residence, Uganda 1995

Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	72.3	76.1	75.6
Female	27.7	23.8	24.4
Number of usual members			
1	16.3	9.9	10.7
2	16.1	11.6	12.2
3	15.8	14.4	14.6
4	13.0	14.7	14.5
5	12.3	12.8	12.8
6	8.3	11.9	11.4
7	6.5	8.8	8.5
8	4.4	6.0	5.7
9+	7.3	9.8	9.5
Total	100.0	100.0	100.0
Mean size	4.2	4.8	4.8
Percent with foster children	26.1	25.0	25.1

Note: Table is based on de jure members, i.e., usual residents.

2.4 Fosterhood and Orphanhood

Information regarding fosterhood and orphanhood of children under 15 years of age is presented in Table 2.4. Fifty-seven percent of children under 15 years of age are living with both their parents, 18 percent are living with their mothers (but not with their fathers), 6 percent are living with their fathers (but not with their mothers) and 17 percent are living with neither their natural father nor natural mother. Of children under 15 years of age, 10 percent have lost their fathers and 5 percent have lost their mothers. Two percent of children have lost both their natural parents.

Table 2.4 Fosterhood and orphanhood

Percent distribution of de facto children under age 15 by survival status of parents and child's living arrangements, according to selected background characteristics, Uganda 1995

Characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent				Missing/ Don't know if father/ mother alive	Total	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Father only alive	Mother only alive	Both dead			
Age												
0-2	72.1	19.6	2.0	1.1	0.3	3.5	0.1	0.4	0.1	0.7	100.0	4,278
3-5	62.2	13.3	3.7	4.5	1.0	10.2	1.3	1.9	0.9	0.9	100.0	4,169
6-8	54.5	10.7	4.5	5.3	2.3	13.5	1.5	4.3	1.9	1.4	100.0	3,773
9-11	48.1	10.1	6.2	6.0	2.9	15.1	1.6	4.4	3.7	1.9	100.0	3,061
12+	42.6	9.2	7.8	6.2	3.3	14.5	2.3	6.9	3.6	3.6	100.0	3,067
Sex												
Male	57.5	12.9	4.8	4.8	2.1	9.8	1.3	3.3	1.9	1.6	100.0	9,026
Female	57.2	13.1	4.4	4.1	1.5	11.8	1.2	3.3	1.9	1.6	100.0	9,291
Residence												
Urban	50.0	14.6	4.7	6.0	1.6	12.2	2.1	4.0	2.9	1.9	100.0	1,977
Rural	58.2	12.8	4.6	4.2	1.8	10.7	1.2	3.2	1.7	1.5	100.0	16,371
Region												
Central	46.7	13.9	4.6	6.1	2.1	15.4	2.4	4.3	2.9	1.5	100.0	4,794
Eastern	60.9	13.3	2.7	4.1	1.6	10.9	0.8	2.5	1.2	2.0	100.0	4,421
Northern	61.7	13.3	4.8	2.1	1.8	9.1	0.8	4.0	1.2	1.2	100.0	3,461
Western	60.7	11.9	5.9	4.7	1.7	8.0	1.0	2.7	1.9	1.5	100.0	5,672
Total	57.3	13.0	4.6	4.4	1.8	10.8	1.3	3.3	1.9	1.6	100.0	18,348

Note: By convention, *foster* children are those who are not living with either parent. This includes *orphans*, i.e., children whose parents are both dead. Total includes a few persons whose sex was not stated.

2.5 Educational Level of Household Population

Education has many positive effects on an individual's way of life. It affects many aspects of life, including demographic and health behaviour. As will be seen in the rest of this report, educational level is strongly associated with reproductive behaviour, contraceptive use, fertility, and infant and child mortality. Table 2.5 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 selected background characteristics.

Table 2.5 Educational level of the female and male household population

Percent distribution of the de facto female and male household population age six and over by highest level of education attended, and median number of years of schooling, according to selected background characteristics, Uganda 1995

Background characteristic	No education	Primary	Secondary	Don't know/ missing	Total	Number	Median years of schooling
			FEMALE				
Age							
6-9	36.6	62.3	0.0	1.0	100.0	2,451	0.7
10-14	15.0	82.7	2.0	0.3	100.0	2,539	2.8
15-19	18.6	64.8	16.0	0.7	100.0	1,685	5.0
20-24	22.7	60.3	16.3	0.7	100.0	1,626	4.9
25-29	33.7	50.0	15.7	0.6	100.0	1,328	4.3
30-34	43.2	44.9	11.1	0.8	100.0	1,011	2.7
35-39	40.6	49.2	8.5	1.7	100.0	803	3.0
40-44	49.9	41.8	7.8	0.5	100.0	471	1.0
45-49	55.5	38.3	4.4	1.8	100.0	318	0.0
50-54	73.6	23.2	1.0	2.2	100.0	559	0.0
55-59	79.6	18.8	0.5	1.1	100.0	336	0.0
60-64	76.4	19.6	0.6	3.4	100.0	320	0.0
65+	85.2	12.7	0.2	1.9	100.0	555	0.0
Missing/Don't know	55.8	28.3	0.0	15.9	100.0	20	0.0
Residence							
Urban	15.2	57.7	25.5	1.7	100.0	1,795	5.3
Rural	38.6	55.8	4.7	0.8	100.0	12,227	1.4
Region							
Central	20.5	64.6	13.5	1.4	100.0	3,809	3.8
Eastern	34.9	57.5	6.6	1.0	100.0	3,339	1.9
Northern	52.0	43.8	3.6	0.6	100.0	2,721	0.0
Western	39.2	55.1	4.9	0.8	100.0	4,154	1.2
Total	35.6	56.1	7.4	1.0	100.0	14,022	1.9
			MALE				
Age							
6-9	34.0	65.3	0.0	0.7	100.0	2,368	0.7
10-14	9.6	88.7	1.7	0.0	100.0	2,527	2.9
15-19	7.4	73.6	18.8	0.3	100.0	1,582	5.4
20-24	8.6	63.4	26.9	1.1	100.0	1,258	6.5
25-29	10.7	60.3	27.5	1.5	100.0	1,160	6.6
30-34	14.1	55.9	28.2	1.9	100.0	873	6.5
35-39	16.6	60.4	21.5	1.6	100.0	777	6.1
40-44	17.8	59.6	18.9	3.7	100.0	554	6.1
45-49	18.4	61.6	18.6	1.4	100.0	390	6.0
50-54	22.3	67.5	7.8	2.4	100.0	370	4.7
55-59	32.2	59.3	7.1	1.4	100.0	319	4.2
60-64	40.1	55.3	2.2	2.4	100.0	279	2.7
65+	54.8	40.2	2.6	2.4	100.0	607	0.0
Missing/Don't know	15.8	37.1	15.6	31.4	100.0	45	5.8
Residence							
Urban	7.6	54.3	35.2	2.9	100.0	1,540	6.8
Rural	20.2	69.1	9.7	1.0	100.0	11,569	3.4
Region							
Central	13.5	63.8	19.7	3.0	100.0	3,501	4.4
Eastern	17.1	70.2	11.8	0.9	100.0	3,152	3.7
Northern	20.9	68.1	10.7	0.2	100.0	2,590	3.7
Western	23.4	67.7	8.4	0.4	100.0	3,867	3.1
Total	18.7	67.4	12.7	1.2	100.0	13,110	3.7

There is a strong differential in educational attainment between the sexes, especially as age increases. More than one-third of women (36 percent) in Uganda have never been to school, compared to only 19 percent of men. The median number of years of schooling is 1.9 for women and 3.7 for men. Moreover, in almost every age group, there are smaller proportions of men than women with no education and larger proportions of men than women with secondary education. However, over time, the sex differential has been narrowing; differences in educational attainment between school-age boys and girls have become almost insignificant.

Education has become more widespread over time in Uganda. This is apparent from the differences in levels of educational attainment by age groups. A steadily decreasing percentage of both males and females have never attended school in the younger age groups. For men, the proportion who have never attended school decreases from 55 percent in the oldest age group (65 years or more) to 10 percent among those age 10-14; for women the decline is more striking, from 85 percent to 15 percent. The relatively high proportion of girls and boys age 6-9 who have never been to school is presumably due to hindrances like long distances to the nearest school and parents who consider these children to be too young to start schooling. Uganda has not yet attained compulsory universal primary education.

Educational attainment is higher in urban areas than in rural areas. The percentage with no education is lower and the percentage with secondary education is higher for urban than for rural women and men. Also the median number of years of schooling is higher in urban than rural areas (5.3 vs. 1.4 percent, respectively for women, and 6.8 vs. 3.4 percent for men).

The Central Region has the most educated population, with the lowest proportion of both women and men with no education and the highest proportion with secondary education. Interestingly, the Northern Region appears to be the least advantageous for women, with over half of the women in this region having no education. However, men living in the Northern region are not significantly disadvantaged educationally, while those in the Western region have the lowest educational attainment.

2.6 School Enrolment

Table 2.6 presents the school enrolment ratios by age group, sex, and residence of the population age 6-24 years. A school enrolment ratio is the number of enrolled persons at a specific age group per hundred persons in that particular age group. Sixty-eight percent of the population age 6-15 are in school; urban

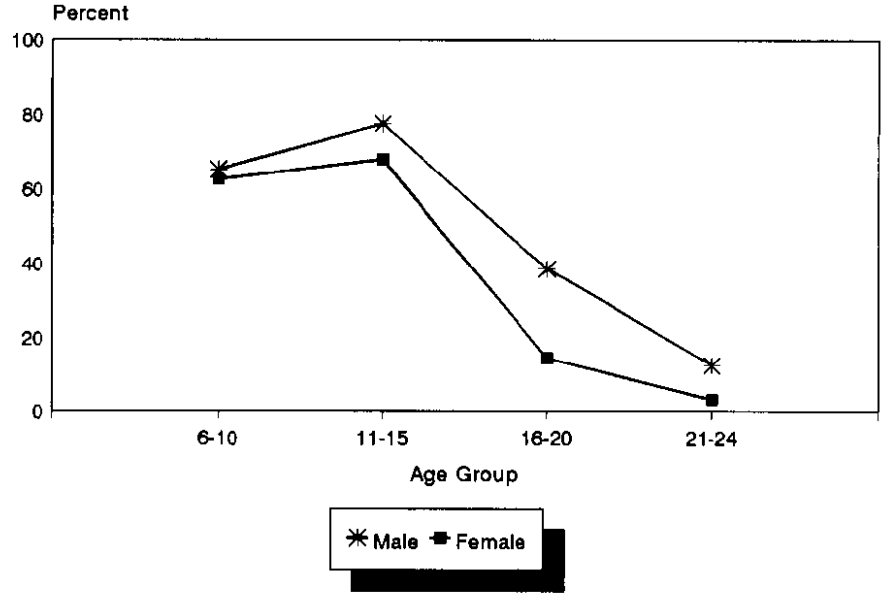
Table 2.6 School enrolment

Percentage of the de facto household population age 6-24 years enrolled in school, by age group, sex, and urban-rural residence, Uganda 1995

	Male			Female			Total		
Age group	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
6-10	79.5	63.6	65.1	75.9	60.8	62.5	77.5	62.2	63.7
11-15	77.4	77.4	77.4	67.9	67.9	67.9	71.9	72.9	72.8
6-15	78.6	69.6	70.4	72.2	63.7	64.8	75.0	66.7	67.6
16-20	40.5	38.1	38.5	22.7	12.5	14.3	30.1	24.5	25.4
21-24	15.0	11.8	12.4	4.6	2.8	3.1	9.4	6.7	7.2

enrolment (75 percent) is higher than rural enrolment (67 percent). Urban enrolment is also higher for those in age group 16-24. Figure 2.2 shows that the ratio of school enrolment is nearly the same for boys as well as girls in age group 6-10, but that girls tend to drop out at an earlier stage than boys. By age 21-24, 3 percent of women and 12 percent of men are still in school.

Figure 2.2
Percentage of the Population Age 6-24
Enrolled in School by Age and Sex



UDHS 1995

2.7 Housing Characteristics

Respondents were asked questions about certain characteristics of their households, including electricity, source of drinking water, time to water source, type of toilet facility, floor materials, number of rooms used for sleeping, use of iodised salt, and basic assessment of consumption. Information on these characteristics is useful from a public health point of view, as well as indirectly in reflecting the household's socio-economic status. This information on housing characteristics is given in Table 2.7.

Only 7 percent of Ugandan households have electricity. Access to electricity is concentrated in urban areas, where 40 percent of the households have electricity, compared to a mere 2 percent of rural households.

The source of drinking water is important since waterborne diseases, including diarrhoea and dysentery, are numerous in Uganda. Sources of water expected to be relatively free of these diseases are piped water, boreholes, springs, rainwater, and bottled water. Other sources like wells, rivers and streams, ponds and lakes, and gravity water are more likely to carry one or more of the above diseases. Table 2.7 shows that only 7 percent of all households in Uganda have access to piped water; 45 percent of urban

Table 2.7 Housing characteristics

Percent distribution of households by housing characteristics, according to urban-rural residence, Uganda 1995

Characteristic	Residence		
	Urban	Rural	Total
Electricity			
Yes	40.2	1.5	6.8
No	59.7	98.4	93.2
Missing/Don't know	0.1	0.1	0.1
Total	100.0	100.0	100.0
Source of drinking water			
Piped into residence	12.7	0.1	1.8
Public tap	31.9	1.0	5.2
Well in residence	0.8	0.1	0.2
Public well	17.9	23.2	22.5
Borehole	13.5	17.0	16.6
Spring	17.8	25.8	24.7
River/stream	1.3	15.3	13.4
Pond/lake	1.0	15.2	13.3
Gravity flow scheme	1.2	1.5	1.5
Rainwater	0.4	0.4	0.4
Bottled water	0.2	0.0	0.0
Other	1.4	0.2	0.4
Missing/Don't know	0.0	0.1	0.1
Total	100.0	100.0	100.0
Time to water source (minutes)			
<15 minutes	49.6	16.3	20.8
Median time to source	15.0	30.6	30.5
Sanitation facility			
Own flush toilet	6.3	0.1	0.9
Shared flush toilet	3.0	0.2	0.6
Traditional pit toilet	80.1	76.2	76.8
Ventilated improved pit latrine	6.2	0.9	1.6
No facility/bush	2.8	21.9	19.4
Other	1.6	0.5	0.6
Missing/Don't know	0.1	0.1	0.1
Total	100.0	100.0	100.0
Floor material			
Earth/sand	27.7	69.3	63.7
Dung	5.2	23.4	20.9
Parquet/polished wood	0.3	0.0	0.1
Vinyl/asphalt strip	0.7	0.0	0.1
Ceramic tiles	0.2	0.0	0.0
Cement	65.5	6.8	14.7
Other	0.1	0.1	0.1
Missing/Don't know	0.2	0.4	0.3
Total	100.0	100.0	100.0

Table 2.7—*Continued*

Percent distribution of households by housing characteristics, according to urban-rural residence, Uganda 1995

Characteristic	Residence		
	Urban	Rural	Total
Persons per sleeping room			
1-2	47.0	51.7	51.1
3-4	34.1	33.4	33.5
5-6	13.5	10.2	10.6
7+	4.6	3.9	4.0
Missing/Don't know	0.7	0.8	0.8
Total	100.0	100.0	100.0
Mean persons per room	3.0	2.9	2.9
Iodine reading (parts per million)			
0	8.5	34.4	30.9
25	3.3	8.0	7.3
50	7.3	9.2	9.0
75	44.9	25.3	27.9
100	32.5	19.2	21.0
Missing/Don't know	3.6	3.9	3.8
Total	100.0	100.0	100.0
Level of household food consumption			
Surplus	4.0	2.2	2.4
Not surplus or deficit	38.0	21.5	23.7
Occasionally deficit	37.0	39.1	38.8
Always deficit	20.6	37.0	34.8
Don't know	0.0	0.1	0.1
Missing	0.4	0.2	0.2
Total	100.0	100.0	100.0
Number of households	1,020	6,530	7,550

households and only one percent of rural household have access to piped water. Over 40 percent of rural households get their drinking water from boreholes and springs, while 31 percent use less safe sources such as rivers, ponds, and lakes. In urban areas, half of the households can draw water within 15 minutes, compared to only 16 percent of rural households.

Households with no toilet facilities are more exposed to the risk of diseases like dysentery, diarrhoea, and typhoid fever. Overall, about one in five Ugandan households have no toilet facilities. This problem is more common in rural areas, where 22 percent of the households had no toilet facilities, as compared to 3 percent of households in urban areas. Most households (77 percent) in Uganda use traditional pit toilets; this is true in both urban and rural areas.

The type of material used for the floor may be viewed as an indicator of the quality of housing as well as an indicator of health risk. Some flooring materials like earth, sand, and cow dung may pose a health problem since they may be breeding grounds for pests like ticks and jiggers and may be a source of dust. They are also difficult to keep clean since they are not washable. Almost all rural households (93 percent) have floors made of earth, sand, or cow dung, compared to only 33 percent of urban households. On the other hand, 66 percent of the households in urban areas have cement floors, compared to only 7 percent of the households in rural areas. In general, rural households have poorer quality floors than urban households. The more luxurious floors such as those made from tiles, vinyl, or wood account for a negligible percentage of the households.

The 1995 UDHS collected data on the number of rooms used for sleeping. The number of persons per sleeping room is a measure of overcrowding. There is an average 2.9 persons per sleeping room.

Lack of a sufficient amount of iodine in the diet can lead to major nutritional deficiencies such as goiter, 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 goiter. The government therefore initiated a campaign in December 1994 to introduce iodine in salt in order to overcome this deficiency. In order to evaluate this program, UDHS interviewers tested salt from each household for its iodine content.[2] The tests indicated that 31 percent of Ugandan households use un-iodised salt, while 69 percent of households use salt with iodine content. Among the urban households surveyed, the proportion that use iodised salt is 88 percent compared with 62 percent in rural households. The Ugandan government has undertaken a campaign to implement iodine coverage in 90 percent of the households by the year 2000.

In the 1995 UDHS, respondents were asked whether they thought their household was a surplus or deficit household in terms of food consumption. Over one-third of Ugandan households indicated that they always have a shortage of food, while another 39 percent have occasional deficits. Only one in four households in Uganda were reported as having either enough or a surplus of food. Food deficits are more common among rural than urban households. Thirty-seven percent of rural households reported that their level of food supply was always in deficit, compared to 21 percent of urban households.

2.8 Household Durable Goods

Respondents were asked about the household ownership of particular durable goods. Ownership of radio and television is a measure of access to mass media; telephone ownership measures access to an

[2] Tests involved putting a small amount of salt on a piece of paper and then putting a drop of a special solution onto the salt and recording the intensity of the blue color that appears. Test kits were supplied by UNICEF/Uganda.

efficient means of communication; refrigerator ownership indicates the capacity for hygienic food storage; and ownership of a bicycle, motorcycle, or private car shows the means of transport available to the household. Information on ownership of these items is presented in Table 2.8.

Radio is a more widespread medium in Uganda than television, with almost 40 percent of households having a radio, compared to only 3 percent with a television. Both radio and television ownership is higher in urban than rural households; 67 percent of urban households and 33 percent of rural households own a radio and 17 percent of urban households and less than 1 percent of rural households own a television. Telephone service and ownership of refrigerators are extremely low and only available in urban households.

Table 2.8 shows that slightly over one-third of households own bicycles. Bicycles are more common in rural areas, while cars and motorcycles are almost exclusively owned by urban households. About half of the rural households and 27 percent of the urban households do not own any of the above durable goods.

Table 2.8 Household durable goods

Percentage of households possessing various durable consumer goods, by urban-rural residence, Uganda 1995

Durable good	Residence		Total
	Urban	Rural	
Radio	67.2	32.8	37.5
Television	17.3	0.6	2.9
Telephone	2.4	0.1	0.4
Refrigerator	4.8	0.1	0.7
Bicycle	24.5	35.7	34.2
Motorcycle	1.7	0.6	0.7
Private car	5.4	0.7	1.3
None of the above	26.8	51.0	47.7
Number of households	1,020	6,530	7,550

2.9 Background Characteristics of Respondents

Background characteristics of the 7,070 women and 1,996 men interviewed individually in the UDHS are presented in Table 2.9.[3] The age distribution of the respondents shows a similar pattern for women and men, with the proportion of respondents in each group declining with increasing age. Forty-five percent of women and 38 percent of men are in the range 15-24, and 32 percent of women and 31 percent of men are in the 25-34 year age group.

About 85 percent of both women and men live in rural areas, while 15 percent live in urban areas. Respondents are roughly equally divided among the four regions, with slightly more living in Central region. Three in 10 respondents live in areas covered by the DISH project (see Chapter 1 for description of the DISH project).

The proportion of women who have never attended school is more than twice that of men (31 vs. 12 percent). Seventy-three percent of women, compared with 63 percent of men are either currently married or living with partners. Male respondents were much more likely than female respondents to have never married (30 vs. 16 percent).

Forty-four percent of women respondents are Catholic, while 40 percent are Protestant and 12 percent are Muslim; male respondents had a similar distribution by religion.

[3] Throughout the report, comparisons between men and women are affected by the different age limits used.

Table 2.9 Background characteristics of respondents

Percent distribution of women and men by selected background characteristics, Uganda 1995

Background characteristic	Women			Men		
		Number of women			Number of men	
	Weighted percent	Weighted	Un-weighted	Weighted percent	Weighted	Un-weighted
Age						
15-19	22.7	1,606	1,624	19.4	387	375
20-24	22.0	1,555	1,567	18.4	367	379
25-29	18.0	1,270	1,323	18.0	359	381
30-34	13.8	976	987	13.0	259	256
35-39	11.1	783	743	12.5	250	249
40-44	7.1	499	475	8.1	162	158
45-49	5.4	380	351	5.9	118	109
50-54	NA	NA	NA	4.7	95	89
Residence						
Urban	14.9	1,055	2,439	14.1	281	657
Rural	85.1	6,015	4,631	85.9	1,715	1,339
Region						
Central	27.8	1,967	2,218	28.5	568	641
Eastern	24.6	1,738	1,911	24.9	497	546
Northern	19.7	1,398	1,136	21.0	419	331
Western	27.8	1,968	1,805	25.6	511	478
DISH project region						
Kasese, Mbarara (I)	8.0	564	632	7.9	159	175
Masaka, Rakai (II)	6.7	476	520	6.9	138	152
Luwero, Masindi (III)	3.1	222	197	3.6	672	63
Kamuli, Jinja (IV)	4.8	341	601	4.2	85	164
Kampala (V)	7.1	502	541	7.1	141	155
Non-DISH district	70.2	4,494	4,579	70.2	1,401	1,287
DISH district	29.8	2,106	2,491	29.8	595	709
Education						
No education	30.6	2,161	1,808	11.6	232	199
Primary	56.0	3,956	3,901	63.1	1,259	1,174
Secondary+	13.5	952	1,361	25.3	504	623
Current marital status						
Never married	15.7	1,107	1,272	29.7	592	610
Currently in union	72.6	5,134	4,898	62.7	1,252	1,241
Past union	11.7	825	899	7.6	152	145
Missing	0.1	5	1	0.0	0	0
Religion						
Catholic	43.8	3,096	2,994	46.7	931	900
Protestant	40.4	2,853	2,860	40.6	811	833
Muslim	11.8	836	899	9.7	193	199
Seventh Day Adventist	1.3	93	108	0.9	18	22
Other	2.7	189	206	1.9	38	37
Total	100.0	7,070	7,070	100.0	1,996	1,996

NA = Not applicable

2.10 Characteristics of Couples

Because the men who were interviewed individually in the UDHS were selected from the same households in which women were interviewed, it is possible to match married men with their wives to form a sample of couples. The result does not exactly represent all married (or cohabiting) couples in Uganda, since not all couples live together. Nevertheless, the sample of 1,109 couples can be viewed as a reasonable reflection of men and women who are living together. Table 2.10 presents data on the age and education attainment between spouses.[4]

In one-third of Ugandan couples, the husband is 0-4 years older than his wife, while in 37 percent of couples, the husband is 5-9 years older than his wife. In only 8 percent of the couples, the wife's age was older than her husband's. On average, men are a little more than six years older than their wives.

In the majority of couples (60 percent), both spouses have at least some education. In 29 percent of couples, the husband has some education and the wife has none, while in only 4 percent of the couples, the wife has some education and the husband none. Cases in which neither spouse has been to school make up 7 percent of all the couples.

Table 2.10 Differential characteristics between spouses

Percent distribution of couples by differences between spouses in age and level of education, Uganda 1995

	Percent/ Years	Number of couples
Age difference (percent) (husband minus wife)		
Wife older	8.0	88
0-4 years	33.5	371
5-9 years	37.1	411
10-14 years	15.4	171
15 years +	6.1	67
Mean age difference (years)		
1st wife	6.2	1,073
2nd wife+	(10.1)	36
Education (percent)		
Both husband and wife not educated	7.4	82
Wife educated, husband not	4.2	46
Husband educated, wife not	28.5	315
Both husband and wife educated	60.0	665
Total	100.0	1,109

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

2.11 Educational Level of Survey Respondents

Table 2.11 shows the percent distributions of female and male respondents by highest level of education attended, according to age, urban-rural residence, and region. The percentage of women with no education rises with age, from 17 percent in the 15-19 age group to 53 percent in the age group 45-49. This means that the younger women have had better chances of education than the older women. This is again reflected by the higher percentage of younger women with some secondary education (16 percent), compared with the 45-49 age group (4 percent).

Rural women are educationally disadvantaged compared to urban women. Over one-third of rural women age 15-49 have no education, compared to only 11 percent of urban women. Conversely, 40 percent of urban women have been to secondary school, compared to only 9 percent of rural women. Women living in the Central region are better educated than those living in other regions, while those living in the Northern region are the least well-educated.

As mentioned before, men are generally better educated than women. While 31 percent of women age 15-49 have had no formal education, only 12 percent of men age 15-54 have had no schooling. Unlike

[4] Data on age and educational attainment were taken from the respondent's questionnaire and not from what his/her spouse reported.

Table 2.11 Level of education by background characteristics

Percent distribution of respondents by highest level of education attended, according to age, residence, and region, Uganda 1995

Background characteristic	Level of education: women					Level of education: men				
	No education	Primary	Secondary+	Total	Number of women	No education	Primary	Secondary+	Total	Number of men
Age										
15-19	16.5	67.2	16.2	100.0	1,606	4.4	67.7	27.9	100.0	387
20-24	22.2	61.8	16.0	100.0	1,555	10.0	60.1	29.9	100.0	367
25-29	31.6	52.8	15.7	100.0	1,270	11.7	64.6	23.8	100.0	359
30-34	38.8	49.2	12.0	100.0	976	9.6	56.5	33.9	100.0	259
35-39	41.9	48.5	9.6	100.0	783	16.2	61.1	22.7	100.0	250
40-44	48.2	44.7	7.1	100.0	499	17.7	63.5	18.8	100.0	162
45-49	53.3	42.4	4.3	100.0	380	21.6	65.3	13.1	100.0	118
50-54	NA	NA	NA	NA	NA	17.7	70.6	11.7	100.0	95
Residence										
Urban	10.6	49.8	39.7	100.0	1,055	5.4	37.5	57.2	100.0	281
Rural	34.1	57.0	8.9	100.0	6,015	12.6	67.3	20.1	100.0	1,715
Region										
Central	14.4	62.0	23.6	100.0	1,967	9.7	52.3	38.0	100.0	568
Eastern	29.6	58.4	12.0	100.0	1,738	12.2	65.1	22.7	100.0	497
Northern	47.6	46.0	6.5	100.0	1,398	9.8	69.3	20.9	100.0	419
Western	35.6	54.8	9.5	100.0	1,968	14.7	68.1	17.2	100.0	511
Total	30.6	56.0	13.5	100.0	7,070	11.6	63.1	25.3	100.0	1,996

NA = Not applicable

women, the proportion of men with no education does not seem to follow any clear pattern by age group, although the proportion with some secondary education does show a clear increase among younger men. The urban-rural distribution of educational attainment for males is similar to that of females. Similar to women, men in the Central Region are most likely to be educated; however, men in the Western Region appear to be the least educated.

2.12 School Attendance and Reasons for Leaving School

Women age 15 to 24 years who had ever been to school, but who were not currently attending school were asked in the UDHS why they had stopped attending school. One of the most important determinants of a woman's social and economic status is her level of education. Knowledge of the reasons why women leave school can provide guidance for policies designed to enhance women's status. Table 2.12 shows the percent distribution of women age 15-24 who had ever been to school by whether they were currently attending school and if not, the reason for stopping, according to the highest level of school attended.

Of those who left school, the vast majority reported that they left because they could not afford the fee. This is especially true for those women who left without completing primary school and those who completed primary but did not continue. Once women start attending secondary school, school costs are still the primary reason for leaving, but 15 percent of women who left school after starting secondary did so because they were pregnant.

Table 2.12 School attendance and reasons for leaving school

Percent distribution of women age 15-24 who have ever attended school by whether currently attending school and, if not, the reason for leaving school, according to highest level of education attended, Uganda 1995

Reason for leaving school	Educational attainment			Total
	Incomplete primary	Complete primary	Incomplete secondary	
Currently attending	8.6	6.6	42.9	14.9
Got pregnant	4.0	6.4	14.5	6.3
Got married	4.4	7.0	2.5	4.3
Take care of younger children	2.2	0.0	0.4	1.6
Family need help	1.7	0.4	0.0	1.2
Could not pay school fees	68.0	70.7	31.6	61.4
Need to earn money	0.3	0.8	0.3	0.4
Graduated/enough school	0.0	0.0	2.3	0.4
Did not pass exams	0.5	1.8	1.3	0.8
Did not like school	3.1	3.0	1.0	2.7
School not accessible	0.3	0.0	0.0	0.2
Other	4.8	2.5	1.8	4.0
Don't know/missing	2.1	0.8	1.4	1.8
Total	100.0	100.0	100.0	100.0
Number	1,757	285	483	2,525

Note: Excluded are 22 women who completed secondary school.

2.13 Exposure to Mass Media

In the 1995 UDHS, respondents were asked if they usually read a newpaper at least once a week and how often they watch television and listen to the radio. It is important to know which groups of people are more or less likely to be reached by the media for purposes of planning health and family planning programmes. Table 2.13 shows the percentage of female and male respondents exposed to different types of mass media by age, urban-rural residence, region, and level of education.

Results show that 19 percent of women and 34 percent of men read newspapers or magazines at least once a week, while only 6 percent of women and 4 percent of men watch television at least once a week and 33 percent of women and 61 percent of men listen to the radio every day. Three percent of respondents (both male and female) access all three media. However, 60 percent of women and 32 percent of men do not use any of these mass media. Access to media is somewhat higher among younger women and men and among those living in urban as opposed to rural areas. As expected, educated persons are more likely to read the newspaper, watch television, and listen to the radio than less educated persons.

Table 2.13 Access to mass media

Percentage of women and men who usually read a newspaper once a week, watch television once a week, or listen to radio daily, by selected background characteristics, Uganda 1995

Background characteristic	Women						Men					
	Mass media						Mass media					
	No mass media	Read news-paper weekly	Watch tele-vision weekly	Listen to radio daily	All three media	Number of women	No mass media	Read news-paper weekly	Watch tele-vision weekly	Listen to radio daily	All three media	Number of men
Age												
15-19	56.8	22.7	8.2	33.4	4.1	1,606	31.4	28.5	4.8	43.6	2.4	387
20-24	58.1	19.2	5.7	35.3	3.5	1,555	31.3	32.7	5.5	46.0	5.0	367
25-29	57.3	19.7	5.9	36.1	3.5	1,270	34.8	31.6	2.7	35.7	2.5	359
30-34	61.5	17.9	4.3	33.3	3.0	976	25.7	46.3	4.4	44.9	3.0	259
35-39	62.3	19.5	3.5	30.2	2.3	783	32.9	36.7	4.0	42.9	3.2	250
40-44	64.9	14.5	3.1	29.4	1.6	499	36.2	31.6	2.0	37.9	1.2	162
45-49	65.4	14.3	1.9	28.3	1.4	380	28.6	32.8	1.5	48.0	1.5	118
50-54	NA	NA	NA	NA	NA	NA	43.9	31.0	1.4	38.0	1.4	95
Residence												
Urban	26.7	45.1	26.2	59.4	14.9	1,055	7.8	68.8	23.7	73.5	18.8	281
Rural	65.2	14.8	1.8	28.8	1.1	6,015	36.3	28.1	0.6	37.1	0.3	1,715
Region												
Central	28.4	39.4	15.3	60.8	9.6	1,967	17.3	45.0	10.0	59.6	7.5	568
Eastern	67.4	12.0	3.5	26.8	1.5	1,738	42.1	23.6	2.8	40.6	2.3	497
Northern	80.5	8.4	0.1	15.5	0.0	1,398	35.4	42.6	0.0	27.1	0.0	419
Western	68.6	13.6	1.1	24.4	0.6	1,968	36.7	24.0	1.1	36.9	0.6	511
Education												
No education	84.4	0.8	0.5	15.0	0.0	2,161	61.6	0.4	0.2	23.0	0.0	232
Primary	55.4	19.5	4.3	36.6	2.1	3,956	36.1	25.1	1.4	35.8	0.8	1,259
Secondary+	19.9	60.7	21.4	61.7	14.9	952	9.3	70.8	11.5	67.2	9.4	504
Total	59.5	19.3	5.5	33.4	3.2	7,070	32.3	33.8	3.8	42.2	2.9	1,996

NA = Not applicable

2.14 Employment

The 1995 UDHS collected information from women regarding their current employment situation. Table 2.14 shows that 39 percent of women are not working, while 61 percent are employed, with 42 percent employed all year, 16 percent employed seasonally, and 3 percent employed occasionally. There are proportionally more women who work seasonally in rural areas (17 percent) than in urban areas (9 percent). However, urban and rural women are almost equally likely to be working full-time (40 vs. 38 percent). Regional differences show that women in the Northern Region are by far the least likely to be working, with over three-quarters not currently employed. Regular full-time work tends to increase and seasonal work decreases with increasing level of education.

Table 2.14 Employment

Percent distribution of women by employment status and continuity of employment, according to background characteristics, Uganda 1995

Background characteristic	Not currently employed		Currently employed						
	Did not work in last 12 months	Worked in last 12 months	All year		Season-ally	Occasion-ally	Missing	Total	Number
			5+ days per week	<5 days per week					
Age									
15-19	47.5	4.8	29.5	2.7	12.8	2.6	0.1	100.0	1,606
20-24	37.3	2.8	36.9	4.2	16.6	2.2	0.0	100.0	1,555
25-29	34.5	2.1	40.3	3.8	15.7	3.6	0.1	100.0	1,270
30-34	29.2	2.3	42.4	3.9	19.5	2.8	0.0	100.0	976
35-39	28.7	1.3	43.2	5.6	18.0	3.2	0.0	100.0	783
40-44	33.9	0.6	42.1	5.1	16.1	2.1	0.2	100.0	499
45-49	29.9	0.4	46.6	4.3	15.7	2.9	0.1	100.0	380
Residence									
Urban	40.9	3.4	39.9	3.6	8.6	3.3	0.3	100.0	1,055
Rural	35.6	2.5	37.9	4.0	17.3	2.7	0.0	100.0	6,015
Region									
Central	32.8	3.9	45.4	3.3	11.9	2.6	0.1	100.0	1,967
Eastern	18.9	1.3	43.2	2.9	31.3	2.4	0.1	100.0	1,738
Northern	74.9	1.7	4.8	2.8	10.2	5.5	0.0	100.0	1,398
Western	28.1	3.1	50.2	6.4	10.9	1.3	0.0	100.0	1,968
Education									
No education	39.4	1.3	35.5	3.4	17.9	2.5	0.0	100.0	2,161
Primary	34.9	2.7	38.4	4.4	16.5	2.9	0.1	100.0	3,956
Secondary+	35.8	5.1	43.0	3.4	9.9	2.6	0.1	100.0	952
Total	36.4	2.6	38.2	4.0	16.0	2.8	0.1	100.0	7,070

2.15 Employer and Form of Earnings

According to Table 2.15, two-thirds (67 percent) of employed women age 15-49 are self-employed, about half of whom earn cash and half of whom do not. Nine percent of women are employed by non-relatives and almost all earn cash. Twenty-two percent of employed women work for relatives; half of them earn cash for their work. Urban women who work are less likely to be self-employed and more likely to work for non-relatives than are rural women. Working women in the Western region are much more likely to be self-employed (85 percent) than women in the other regions (47-71 percent) and women in the Central region are most likely to earn cash for their work. About 70 percent of employed women with no education or with primary education are self-employed, compared to less than half of those with secondary or higher education.

Table 2.15 Employer and form of earnings

Percent distribution of currently employed women by employer and form of earnings, according to background characteristics, Uganda 1995

Background characteristic	Self-employed		Employed by a non-relative		Employed by a relative		Missing	Total	Number
	Earns cash	Does not earn cash	Earns cash	Does not earn cash	Earns cash	Does not earn cash			
Age									
15-19	25.3	27.9	7.5	0.7	13.2	17.2	8.2	100.0	765
20-24	31.3	35.8	7.5	1.1	12.2	11.8	0.4	100.0	931
25-29	31.6	37.4	9.9	0.8	11.6	8.7	0.0	100.0	805
30-34	34.1	38.6	9.0	1.2	9.4	7.7	0.0	100.0	669
35-39	36.3	36.9	8.8	1.0	9.9	7.1	0.0	100.0	549
40-44	31.5	40.5	6.6	0.0	11.3	9.5	0.6	100.0	327
45-49	39.0	35.9	3.9	0.0	11.2	9.9	0.1	100.0	265
Residence									
Urban	38.2	12.5	33.2	0.7	8.4	4.3	2.6	100.0	586
Rural	30.8	39.3	4.1	0.8	11.9	11.6	1.4	100.0	3,724
Region									
Central	42.2	5.2	17.3	0.3	24.6	6.9	3.6	100.0	1,245
Eastern	32.0	39.2	3.3	1.8	5.0	17.5	1.2	100.0	1,386
Northern	34.7	22.8	10.9	0.5	18.7	12.4	0.0	100.0	326
Western	21.4	63.1	3.8	0.5	4.1	6.6	0.6	100.0	1,353
Education									
No education	27.2	45.2	3.9	0.9	10.0	12.8	0.0	100.0	1,281
Primary	34.5	34.9	5.3	0.9	12.5	10.8	1.1	100.0	2,466
Secondary+	30.8	17.0	29.6	0.4	9.8	4.9	7.5	100.0	563
Total	31.8	35.6	8.1	0.8	11.4	10.6	1.6	100.0	4,310

2.16 Occupation

Table 2.16 gives the percent distribution of women age 15-49 who are employed by current occupation and the type of agricultural land worked, according to background characteristics. Most employed women (72 percent) are occupied in agriculture, almost all of whom work on family land or their own land. Only 27 percent of working women have non-agricultural jobs and half of these women are engaged in sales or services. As expected, employment in non-agricultural occupations is relatively more common among women who live in urban areas and among those who have more formal education.

Around 85 percent of the women in the Eastern and Western Regions are engaged in agriculture, compared to 53 percent in the Central Region. In the Northern Region, only 37 percent of employed women are engaged in agriculture, though it should be noted that less than one in four women in the Northern Region are employed.

Table 2.16 Occupation

Percent distribution of currently employed women by occupation and type of agricultural land worked or type of non-agricultural employment, according to background characteristics, Uganda 1995

Background characteristic	Agricultural				Non-agricultural					Missing	Total	Number of women
	Own land	Family land	Rented land	Other's land	Prof. tech./ manag.	Sales/ services	Skilled manual	Household and domestic	Other			
Age												
15-19	10.7	49.5	4.3	3.0	0.3	12.4	6.0	3.4	10.0	0.4	100.0	765
20-24	17.7	48.6	5.0	4.2	3.5	13.3	5.5	1.0	0.5	0.8	100.0	931
25-29	14.2	41.6	4.9	6.1	5.4	17.8	8.8	0.2	0.2	0.9	100.0	805
30-34	18.4	40.7	6.3	6.6	4.1	14.3	8.0	0.5	0.0	1.0	100.0	669
35-39	16.0	48.5	6.2	4.5	5.5	12.2	5.4	0.6	0.0	1.1	100.0	549
40-44	19.5	48.9	5.7	1.4	5.7	12.0	5.6	0.0	0.0	1.4	100.0	327
45-49	24.4	51.0	4.5	4.4	1.5	7.3	6.2	0.1	0.4	0.1	100.0	265
Residence												
Urban	2.8	9.1	1.1	2.9	15.0	45.7	11.1	5.5	4.1	2.7	100.0	586
Rural	18.4	52.2	5.9	4.8	1.9	8.5	5.9	0.3	1.6	0.5	100.0	3,724
Region												
Central	9.7	36.7	0.8	5.8	6.5	22.6	9.4	2.6	4.1	1.7	100.0	1,245
Eastern	22.1	47.3	12.1	3.1	2.1	7.7	3.2	0.4	1.4	0.6	100.0	1,386
Northern	7.2	23.6	1.0	5.4	6.3	30.3	24.9	0.1	0.4	0.8	100.0	326
Western	18.4	59.8	3.3	4.6	2.1	7.2	3.1	0.4	0.9	0.2	100.0	1,353
Education												
No education	20.8	54.1	5.6	5.8	0.3	7.0	5.0	0.5	0.1	0.8	100.0	1,281
Primary	16.0	48.6	5.9	4.0	0.8	14.1	7.3	1.4	1.3	0.8	100.0	2,466
Secondary+	6.8	18.8	1.7	4.2	24.0	26.1	7.3	0.6	9.3	1.2	100.0	563
Total	16.2	46.4	5.2	4.5	3.7	13.6	6.6	1.0	2.0	0.8	100.0	4,310

Note: The "professional, technical, managerial" category includes professional, technical, clerical and managerial occupations.

2.17 Person who Decides on Use of Earnings

Information on who decides how to use the cash earned by employed women can be used as a measure of the status of women, particularly independence in decision making and control over resources. Table 2.17 shows that the majority of women who receive cash for work (65 percent) decide for themselves on how to spend the money, while 17 percent decide jointly with their partners as to how to spend their salaries. In only 14 percent of the cases, women say that the decision as to how to spend their money is made by their partners. As expected, urban and more educated women are more likely to decide for themselves how to spend their earnings.

Table 2.17 Decisions on use of earnings

Percent distribution of women receiving cash earnings by person who decides on use of earnings, according to background characteristics, Uganda 1995

Background characteristic	Person who decides how earnings are used						Total	Number
	Self only	Husband/ partner	Jointly with husband/ partner	Someone else	Jointly with someone	Missing		
Age								
15-19	56.4	17.2	12.0	7.3	6.5	0.6	100.0	351
20-24	59.5	17.2	21.0	0.7	1.6	0.1	100.0	474
25-29	65.7	14.5	19.2	0.0	0.5	0.1	100.0	427
30-34	69.0	12.6	17.5	0.0	0.5	0.4	100.0	351
35-39	67.0	15.1	16.7	0.2	0.9	0.0	100.0	302
40-44	76.1	5.6	17.0	1.4	0.0	0.0	100.0	162
45-49	74.8	8.9	14.1	0.0	2.2	0.0	100.0	143
Residence								
Urban	83.3	6.1	7.9	1.3	1.0	0.5	100.0	468
Rural	60.0	16.5	19.8	1.5	2.1	0.1	100.0	1,743
Region								
Central	71.7	10.1	14.2	1.3	2.5	0.1	100.0	1,046
Eastern	55.3	20.0	21.6	1.7	1.5	0.0	100.0	559
Northern	65.5	19.0	12.0	2.5	0.8	0.3	100.0	210
Western	60.4	14.8	22.3	0.8	1.2	0.5	100.0	396
Education								
No education	56.9	20.2	20.0	0.9	1.7	0.3	100.0	527
Primary	65.2	13.1	17.4	1.9	2.2	0.1	100.0	1,289
Secondary+	74.7	10.3	13.4	0.7	0.7	0.2	100.0	395
Marital status								
Currently married	54.7	20.0	24.5	0.1	0.5	0.2	100.0	1,564
Not married	89.6	0.5	0.0	4.8	5.1	0.1	100.0	647
Total	64.9	14.3	17.3	1.4	1.8	0.2	100.0	2,211

2.18 Child Care While Working

Table 2.18 presents the distribution of employed women by whether they have a child under six years of age, and if so, the type of caretaker used by the mother while at work. Sixty-three percent of employed women have a child under six years of age. About half of these women look after their own children while at work, while 23 percent leave their children in the care of another child, either female or male. Fourteen percent of working mothers with pre-school age children have relatives who look after their children. In urban areas, 17 percent of employed mothers have servants or hired child caretakers, compared with only one percent of those in rural areas. Educated women are more likely to have employed a child caretaker than less educated women. Over one-third of working women in the Eastern and Northern Regions leave their pre-school age children with other children.

Table 2.18 Child care while working

Percent distribution of employed women (i.e., worked in the last 12 months) by whether they have a child under six years of age, and the percent distribution of employed mothers who have a child under six by person who cares for child while mother is at work, according to background characteristics, Uganda 1995

Background characteristic	Employed women		Child's caretaker, among employed mothers who have children <6 years												
	No child <6	One or more children <6	Respondent	Husband/ partner	Other relative	Neighbor	Friend	Hired help	Child is in school/ institutional care	Other female child	Other male child	Other	Missing	Total	Number of employed mothers
Residence															
Urban	51.4	48.6	39.1	0.8	17.7	6.5	1.1	16.9	2.0	7.6	2.0	1.8	4.6	100.0	586
Rural	34.5	65.5	51.0	1.1	14.0	2.3	0.2	1.4	0.4	17.8	6.9	2.4	2.5	100.0	3,724
Region															
Central	43.0	57.0	59.5	0.3	13.5	3.7	0.3	5.8	0.7	7.7	4.0	1.6	2.7	100.0	1,245
Eastern	33.2	66.8	41.3	0.9	15.1	2.6	0.5	1.8	0.2	22.4	8.4	4.1	2.8	100.0	1,386
Northern	38.7	61.3	29.2	1.3	22.3	3.0	0.0	2.0	0.4	28.1	8.2	2.9	2.7	100.0	326
Western	34.4	65.6	55.4	1.7	12.7	2.0	0.0	2.3	0.9	15.5	5.9	1.0	2.6	100.0	1,353
Education															
No education	35.1	64.9	49.2	1.3	11.9	2.4	0.4	0.8	0.0	21.6	7.4	1.5	3.5	100.0	1,281
Primary	36.2	63.8	51.6	1.0	14.9	2.7	0.1	2.0	0.7	15.8	6.2	2.9	2.1	100.0	2,466
Secondary+	43.4	56.6	42.1	0.5	18.9	3.5	0.5	14.3	1.2	8.5	5.0	2.1	3.4	100.0	563
Work status															
For family member	37.8	62.2	51.9	0.8	16.4	1.1	0.2	2.1	0.2	15.9	6.6	2.4	2.5	100.0	950
For someone else	50.8	49.2	24.6	0.8	26.4	7.9	0.6	15.1	1.7	8.5	5.7	4.6	4.1	100.0	383
Self-employed	33.2	66.8	51.6	1.2	12.6	2.7	0.3	2.2	0.6	17.8	6.4	2.1	2.6	100.0	2,910
Occupation															
Agricultural	31.9	68.1	51.7	0.9	13.4	2.2	0.2	0.7	0.4	18.8	7.4	2.4	2.0	100.0	3,120
Non-agricultural	50.1	49.9	42.8	1.6	18.3	4.6	0.6	11.4	1.3	9.3	2.3	2.3	5.4	100.0	1,155
Employment status															
All year, full-time	38.0	62.0	51.3	1.2	14.5	3.0	0.3	3.3	0.7	15.0	6.1	2.1	2.4	100.0	2,699
All year, part-time	37.5	62.5	40.2	1.5	18.5	1.8	0.0	4.6	0.0	18.7	6.1	4.0	4.7	100.0	280
Seasonal	32.8	67.2	48.0	0.5	12.9	2.5	0.3	2.3	0.3	21.0	7.5	2.6	2.2	100.0	1,134
Occasional	42.6	57.4	53.5	2.4	17.2	1.0	0.6	1.7	0.5	10.8	4.3	1.1	6.9	100.0	195
Total	36.8	63.2	49.8	1.1	14.4	2.7	0.3	3.0	0.6	16.7	6.4	2.4	2.7	100.0	4,310

Note: Totals include 67 women with work status missing, 35 women with occupation missing, and 2 women with employment status missing. Figures may not add to 100.0 due to rounding.

CHAPTER 3

FERTILITY

The information in this chapter is based on the respective birth histories of women age 15-49 years interviewed in the 1995 UDHS. Each woman was asked the number of sons and daughters she had ever given birth to, distinguishing between those *living with her*, those *living elsewhere*, and those *dead*. She was then asked for each birth, the month and year of birth, name, sex, and survival status of the child and for those who died, the age at death. If the child was still living, information was collected on the child's current age and whether the child was still living with the mother or not. The information from the birth history was cross-checked against the reported number of children ever born for consistency. This information was used to obtain measures of fertility levels and trends, differentials in fertility by residence and education, information on the length of intervals between births, and the extent of childbearing among adolescents. It should be noted that the birth history method collects responses from surviving women and assumes that women's fertility does not differ significantly with survival status.

3.1 Current Fertility Levels

The level of current fertility is important because of its direct relevance to population policies and programmes. In particular, Uganda's National Population Policy aims to reduce the level of current fertility from a total fertility rate (TFR) of 7.1 in 1991 to 6.5 live births per woman by the year 2000 (Population Secretariat, 1995:27).

The indices used to study current fertility include age-specific fertility rates, the total fertility rate, the general fertility rate, and the crude birth rate. The age-specific fertility rates (ASFR) are useful in understanding the age pattern of current fertility. The ASFR is the number of live births which occurred during the specified period to women in a particular age group at the time of the birth, divided by the number of woman-years lived in that age group during the specified period. The TFR is obtained by summing up the ASFRs for all ages of the reproductive age bracket (15-49 years). The TFR can be interpreted as the number of children a woman would have at the end of her reproductive life if she experienced the current age-specific fertility rates. The TFR is regarded as a useful means of summarising the overall level of fertility. Other summary measures of fertility include the general fertility rate (the number of live births per 1,000 women of reproductive age), and the crude birth rate (the annual number of live births per 1,000 population).

Measures of current fertility are estimated for the three-year period preceding the survey, which corresponds roughly from mid-1992 to mid-1995. The choice of the estimation period is a compromise between providing the most recent information, avoiding problems of omission or displacement of births due to recall lapse, and obtaining enough cases to reduce the sampling errors.

Estimates of current fertility for Uganda are given in Table 3.1. The results show a general fertility rate for the three-year period of 247 births per 1,000 women and a crude birth rate of 48 live births per 1,000 population. The latter figure is marginally lower than the crude birth rate of 52 per 1,000 population for 1990 estimated from the 1991 Population and Housing Census (Statistics Department, 1995b:87). It should be noted that the census estimates were obtained using indirect methods, hence part of the difference may be due to a difference in methodology.

Table 3.1 Current fertility rates

Age-specific and cumulative fertility rates and the crude birth rate for the three years preceding the survey, by urban-rural residence, Uganda 1995

Age group	Residence		Total
	Urban	Rural	
15-19	153	215	204
20-24	253	332	319
25-29	244	322	309
30-34	161	257	244
35-39	92	188	177
40-44	76	90	89
45-49	(16)	30	29
TFR 15-49	4.97	7.17	6.86
TFR 15-44	4.89	7.02	6.71
GFR	190	257	247
CBR	47.7	47.8	47.8

Note: Rates are for the period 1-36 months preceding the survey. Rates for age group 45-49 may be slightly biased due to truncation. Rates in parentheses are based on 125 to 249 woman-years of exposure.
TFR: Total fertility rate, expressed per woman
GFR: General fertility rate (births divided by number of women 15-44), expressed per 1,000 women
CBR: Crude birth rate, expressed per 1,000 population

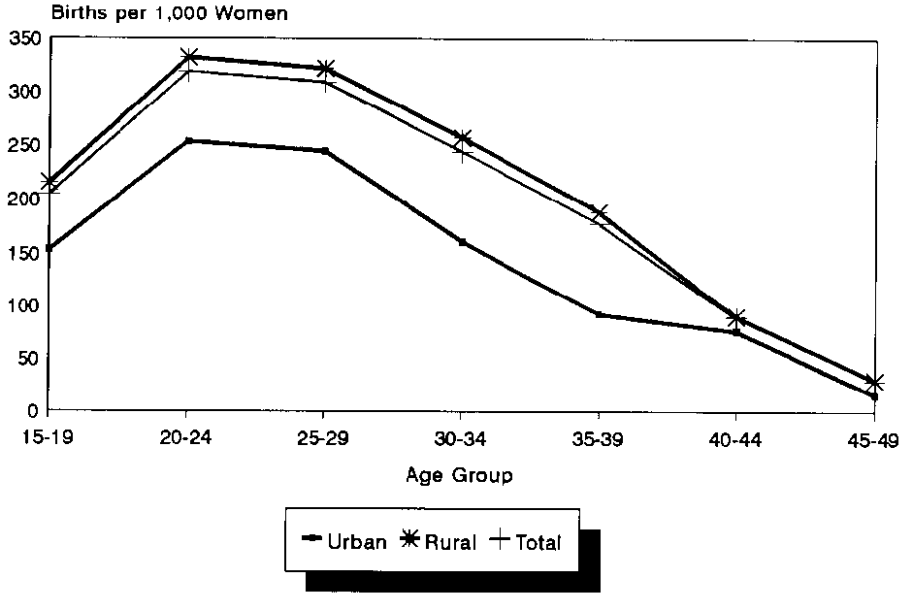
The TFR indicates that a Ugandan woman would bear 6.9 children by the end of her reproductive lifetime, if she experiences the current age pattern of fertility. Fertility levels are substantially higher in the rural areas (TFR of 7.2 children) than in the urban areas (5.0). However, the lower fertility level in urban areas has a small impact on the overall level of fertility because of the small share of the urban population (15 percent). Similar residential differentials are observed for both the general fertility rate and the crude birth rate (Table 3.1).

The age pattern of fertility indicates that childbearing in Uganda starts early in the reproductive ages. The ASFRs in Table 3.1 show that a woman will have given birth to 2.6 children (more than one-third of her lifetime births) by age 25, and to 4.2 children (two-fifths of her lifetime births) by age 30. At the current levels, at least one in five teenagers will give birth annually.

The childbearing peak occurs in the ages 20-29 when almost one in three women gives birth annually. However, fertility declines sharply thereafter, with the ASFR being only 29 births per 1000 women at age group 45-49 (see Figure 3.1). This age pattern is similar to that observed in data from the 1991 Population and Housing Census and the 1988-89 UDHS. The major implication of this early childbearing pattern is that the younger women contribute a large proportion of all births, resulting in faster population growth.

The age pattern of fertility is roughly similar by place of residence except at older ages. The ASFRs are lower in urban areas than rural areas irrespective of age, although the difference is much less among women age 40 and above (Figure 3.1). The results in Table 3.1 also show that fertility levels among teenagers are high. This has particular significance because this age group has high relative risks of morbidity and infant mortality.

Figure 3.1
Age-Specific Fertility Rates by Urban-Rural Residence



UDHS 1995

3.2 Differentials in Current Fertility

Table 3.2 presents the TFR and the mean number of children ever born to women age 40-49 years (completed fertility) for major subgroups of the population. The measure of completed fertility is vulnerable to understatement of parity by older women, most of whose births took place longer ago and who consequently may omit children who died young. Fertility rates are also subject to relatively large sampling errors (see Appendix B), so interpretation of differentials should be made cautiously.

Various differentials in current fertility are notable from Table 3.2 and Figure 3.2. The TFR ranges from a low of 6.3 in the Central Region to a high of 7.4 in the Eastern Region, a difference of 1.1 births per woman. Women who received some secondary education have the lowest level of current fertility (5.2 births per woman), while those with primary education have the highest level (7.1), a difference of nearly two. It is noteworthy that the phenomenon of women with primary education having the highest TFR was also observed in the 1991 Census data. Fertility is higher in the non-DISH areas than in those areas covered by the DISH project (7.1 vs. 6.4, respectively—see Chapter 1 for a description of the project). Fertility differs greatly according to the DISH area, ranging from 7.2 in areas III and IV to a low of 4.8 in area V (Kampala).

Table 3.2 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 selected background characteristics, Uganda 1995

Background characteristic	Total fertility rate[1]	Percentage currently pregnant[1]	Mean number of children ever born to women age 40-49
Residence			
Urban	4.97	9.4	6.37
Rural	7.17	15.1	7.38
Region			
Central	6.28	13.0	7.30
Eastern	7.38	17.3	7.24
Northern	6.82	13.6	6.55
Western	6.98	13.3	7.73
Education			
No education	7.04	14.5	7.27
Primary	7.12	15.1	7.42
Secondary+	5.15	10.5	6.55
DISH area			
Group I and II	6.72	15.1	7.37
Group III and IV	(7.17)	16.6	6.82
Group V	(4.76)	8.7	(6.91)
Total DISH	6.37	14.0	7.14
Total non-DISH	7.05	14.4	7.34
Total	6.86	14.3	7.28

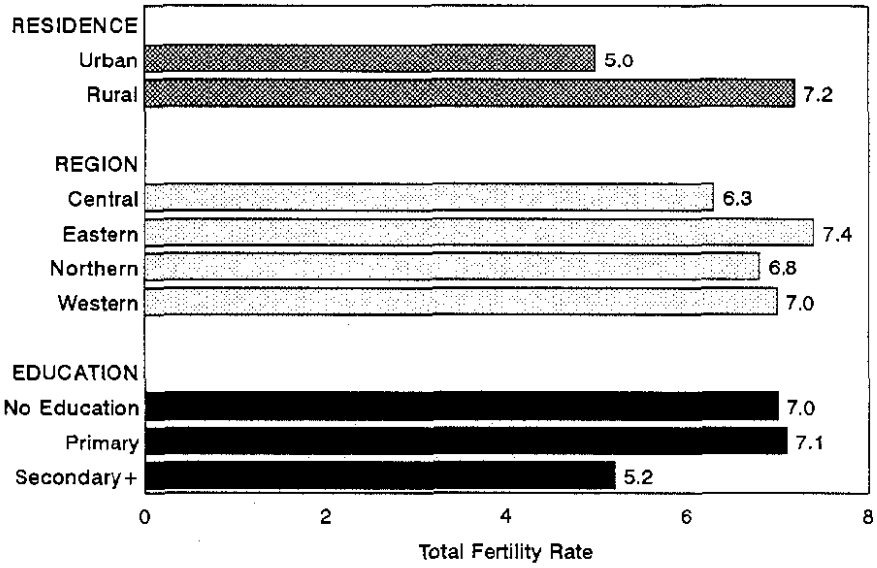
Note: Total fertility rates in parentheses are based on 500-999 women age 15-49; other figures in parentheses are based on 25-49 women.
[1] Women age 15-49 years

The comparison of completed fertility (mean number of children ever born) with the TFR provides an indication of the direction and magnitude of fertility change in the country during the past 20-25 years. The results suggest that there has been a small decline in fertility levels in the country during this period as shown by a TFR of 6.9 births, compared to a mean number of children ever born to women age 40-49 of 7.3 children. This decline is confirmed by looking at trends in TFRs obtained from previous surveys (see section 3.4).

The differentials in current fertility by place of residence described above are also evident in measures of completed fertility. The decline in fertility as shown by the above method has been relatively faster in urban areas than in rural areas. The Kampala District (Group V), which is entirely urban, exhibited the lowest TFR (4.8) and the lowest proportion currently pregnant.

Among regions, comparison of completed fertility with current fertility suggests that there has been little change and perhaps even an increase in fertility in the Eastern and Northern Regions, compared with declines in the Central and Western Regions. Likewise, fertility has declined at all levels of educational attainment. The decline has been steeper among women with secondary education.

Figure 3.2
Total Fertility Rates by Residence, Region, and Education



UDHS 1995

3.3 Fertility Trends

Table 3.3 examines the trend in current fertility in Uganda by comparing the results of the 1995 UDHS with those of previous surveys and censuses, in as much as they are comparable. The 1988-89 UDHS is difficult to make comparisons with since it is not representative of the entire country, having excluded nine

Table 3.3 Age-specific fertility rates from various sources

Age-specific and total fertility rates from various sources and the approximate time period to which the rates refer, Uganda 1969-1995

	All Uganda			Areas covered by 1988-89 UDHS[1]		
	1969 Census	1991 Census	1995 UDHS	1988-89 UDHS	1991 Census	1995 UDHS
Age group	1968	1990	1992-95	1984-88	1990	1992-95
15-19	198	152	204	187	153	208
20-24	341	329	319	325	331	319
25-29	322	324	309	319	327	308
30-34	253	275	244	273	278	235
35-39	189	207	177	224	209	179
40-44	87	95	89	96	97	84
45-49	35	32	29	36	29	29
TFR	7.1	7.1	6.9	7.3	7.1	6.8

[1] The 1988-89 UDHS covered only approximately 80 percent of the country's population, excluding nine districts in the North.

Source: Kaijuka, et al., 1989: Table 3.4; Statistics Department, 1995b: Tables A.4.5, A.4.10, and A.4.28.

districts in the North. However, results from both the 1991 census and the 1995 UDHS have been tabulated for the same areas covered in the 1988-89 UDHS, so as to more accurately reflect trends.

Considering the whole country, it is found that the TFR remained at just over 7 births per woman between 1968 and 1990 and then declined to 6.9 in 1992-95. The difference seems too small to indicate any significant decline in fertility. This is not surprising given that serious fertility reduction programmes in Uganda were started less than a decade before the 1995 survey and take much time to have a sizable impact. The information, however, gives a clue to the trend of current fertility levels.

For the areas covered by the 1988-89 UDHS, levels of current fertility have declined modestly over recent years, from 7.3 in 1984-88 to 6.8 in 1992-95, a drop of one-half child on average. The decline was greatest among women in their 30s, while it appears that fertility may have risen among women age 15-19.

The fact that national levels of fertility have shown only a very slight decline, while those in the areas covered by the 1988-89 UDHS show a more sizable decline is puzzling. It is important to remember that fertility rates are subject to relatively high sampling errors, so it is best not to make strong conclusions based on them.

Table 3.4 compares TFRs by region from the 1991 Census and the 1995 UDHS. Both the adjusted and reported TFRs are given for the Census. According to the adjusted 1991 Census findings, the highest TFR was in the Western Region, while the UDHS data rank the Eastern Region as having the highest TFR. This switch in ranking may be partially attributed to sampling variability in the survey (see Appendix B) or to the use of indirect techniques in adjusting the census data. The unadjusted (reported) TFRs from the 1991 Census are more consistent with those from the UDHS; they imply that there has been little change, if any, in all regions except Central, where fertility appears to have declined.

Table 3.4 Trends in fertility by region

Total fertility rates by region, selected sources, Uganda 1991-1995

Region	1991 Census[1]		1995 UDHS
	Reported	Adjusted	
Central	7.0	6.9	6.3
Eastern	7.2	6.8	7.4
Northern	6.8	6.8	6.8
Western	7.3	7.9	7.0
Total	7.1	7.1	6.9

Note: Rates from the census refer to approximately one year before the census, i.e., 1990, while those from the 1995 UDHS refer to the three years preceding the survey.
[1] Source: Statistics Department, 1995b: Table A.4.28

Table 3.5 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by women's age at the time, Uganda 1995

Women's age	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
15-19	198	188	201	214
20-24	315	330	327	318
25-29	307	331	319	317
30-34	252	284	290	[269]
35-39	180	212	[259]	-
40-44	93	[150]	-	-
45-49	[34]	-	-	-
TFR 15-34	5.4	5.7	5.7	5.6

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

Yet another way to examine trends in fertility is to examine age-specific fertility rates from the 1995 UDHS for successive five-year periods preceding the survey, as given in Table 3.5. Because 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. The results show that, except for age 15-19, fertility declines marginally between the period 5-9 and 0-4 years prior to the survey. Teenage fertility gradually declines in the 5-9 years prior

to the survey, and then rises in the most recent five-year period. The cumulative fertility for women age 15-34 years is fairly constant (about 5.7 births per woman) for the periods 5-19 years prior to the survey and then reduces slightly to 5.4 births per woman in the five years preceding the survey.

Table 3.6 gives fertility rates for ever-married women by duration since first marriage. Like the rates by age, these are also truncated as the duration and period before the survey increase. The data show that fertility rates among women married less than five years have not changed significantly over time, perhaps because newly married couples tend to start their families. There is somewhat more evidence of a decline in fertility rates among women at higher marital durations, although at some durations, the pattern is inconsistent.

Table 3.6 Trends in fertility by marital duration

Fertility rates for ever-married women by duration (years) since first marriage for five-year periods preceding the survey, Uganda 1995

Marriage duration	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
0-4	359	368	363	367
5-9	328	339	347	349
10-14	270	318	330	299
15-19	235	272	263	[252]
20-24	155	190	[226]	-
25-29	78	[128]	-	-

Note: Duration-specific fertility rates are per 1,000 women. Estimates in brackets are truncated.

3.4 Retrospective Fertility

Measures of lifetime fertility reflect the accumulation of births over the past 30 years or so, and therefore have limited relevance to current fertility levels, especially if the country has experienced a decline in fertility. In Uganda's case, as discussed earlier, there is no evidence of a significant decline. Information on lifetime fertility is useful for examining average family size across age groups as well as estimating levels of primary infertility. Lifetime fertility is also useful in understanding changes that have taken place in the age pattern of current fertility.

The percent distribution of women by age and number of children ever born (CEB) is given in Table 3.7 for all women as well as for women currently in a marital union (who constitute 73 percent of all women). The results for currently married women differ somewhat from those of all women due to the high number of women in the younger ages who have neither married nor had a birth; differences at the older ages are minimal.

The mean number of children ever born is lowest among women age 15-19 (0.5 live births per woman). It increases by at least one birth at each five-year age group among women under age 40, so that women have given birth to more than three children by their late 20s and to more than six children by their late 30s. Thereafter, the mean number of children ever born continues increasing at a slower rate, reaching the highest level of 7.7 births for women at the end of the reproductive period (45-49 years). Women currently married show a similar pattern, although the figures are slightly higher.

It is notable that one-third of women age 15-19 have already given birth. The high levels of fertility prevailing in Uganda are further reflected in the fact that almost one-third of women age 45-49 have borne 10 or more children.

The percent childless among women 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. Since voluntary childlessness is rare in Uganda, it is likely that most married women with no births are unable to bear children. Table 3.7 shows that primary sterility is low, less than 2 percent. The incidence of primary sterility seems to have declined from about 4-5 percent in the 1988-89 UDHS to 2 percent in the 1995 UDHS.

Table 3.7 Children ever born and living

Percent distribution of all women and of currently married women age 15-49 by number of children ever born (CEB) and mean number ever born and living, according to five-year age groups, Uganda 1995

Age group	Number of children ever born (CEB)											Total	Number of women	Mean no. of CEB	Mean no. of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	65.9	25.3	6.9	1.8	0.0	0.1	0.0	0.0	0.0	0.0	0.0	100.0	1,606	0.45	0.39
20-24	15.3	25.8	31.0	19.3	5.8	2.2	0.6	0.0	0.0	0.0	0.0	100.0	1,555	1.83	1.58
25-29	7.0	9.7	15.7	20.0	20.4	16.4	7.2	2.3	1.1	0.2	0.0	100.0	1,270	3.34	2.85
30-34	4.6	4.3	5.5	8.5	13.3	18.5	16.9	14.8	8.8	3.7	0.9	100.0	976	5.06	4.22
35-39	3.4	3.1	5.3	5.3	7.2	10.4	13.2	16.6	14.3	10.4	10.8	100.0	783	6.29	5.19
40-44	2.2	4.2	4.5	4.4	7.4	6.9	10.4	13.4	14.6	9.8	22.3	100.0	499	6.97	5.55
45-49	2.2	4.0	3.0	3.1	3.9	7.6	8.3	9.1	13.3	14.0	31.5	100.0	380	7.69	6.15
Total	20.9	14.6	13.0	10.5	8.3	8.0	6.4	5.7	4.7	3.1	4.6	100.0	7,070	3.40	2.83
CURRENTLY MARRIED WOMEN															
15-19	39.3	44.1	12.7	3.7	0.0	0.1	0.0	0.0	0.0	0.0	0.0	100.0	756	0.81	0.70
20-24	8.9	24.8	34.2	21.7	7.0	2.7	0.7	0.0	0.0	0.0	0.0	100.0	1,212	2.04	1.77
25-29	5.2	7.5	14.7	21.1	21.9	17.9	8.0	2.4	1.2	0.2	0.0	100.0	1,067	3.53	3.01
30-34	3.6	3.9	5.0	6.7	12.4	19.0	18.8	16.0	9.5	4.1	1.1	100.0	810	5.28	4.42
35-39	3.0	2.5	4.1	3.5	6.4	10.2	13.6	17.5	15.8	11.4	12.0	100.0	656	6.58	5.43
40-44	1.9	2.9	4.7	2.4	7.1	5.1	10.6	13.5	15.9	11.5	24.4	100.0	367	7.33	5.85
45-49	1.6	4.8	2.1	2.1	3.4	8.0	4.7	6.6	13.6	15.9	37.1	100.0	266	8.07	6.50
Total	10.1	15.3	14.8	11.8	9.6	9.5	7.5	6.6	5.6	3.8	5.4	100.0	5,134	3.95	3.29

3.5 Birth Intervals

Previous research has shown that short birth intervals are closely associated with poor health of children, especially during infancy. This is particularly true for babies born at intervals of less than 24 months. Thus the study of birth intervals is important in understanding the health status of young children. Table 3.8 gives the distribution of births of second and higher order that occurred in the five years preceding the survey by the number of months since the previous birth, according to background characteristics; also presented is the median number of months since last birth.

The table shows that the majority of Ugandan children (72 percent) are born after a "safe" birth interval (24 or more months apart), with 30 percent born at least 36 months after a prior birth. Nevertheless, 28 percent of non-first births occur less than 24 months after the preceding birth, with 10 percent occurring less than 18 months since the previous birth. The overall median birth interval is 29 months.

Younger women tend to have shorter birth intervals than older women. The proportion of births with intervals less than 24 months declines steeply from 47 percent among women age 15-19 to a low of 20 percent among those age 40 and above. The median birth interval length increases with age from 25 to 35 months from the youngest to the oldest age groups, respectively. On the other hand, there is no significant differential in median birth interval by either birth order or sex of the previous child. In both cases, the differences are less than one month.

The survival status of the previous birth has an impact on the length of the birth interval. Median birth intervals for births that follow a child who died are three months shorter than those for births following a surviving child. The percentage of births occurring after a very short interval (less than 18 months) is more

Table 3.8 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since previous birth, according to demographic and socioeconomic characteristics, Uganda 1995

Characteristic	Number of months since previous birth					Total	Median number of months since previous birth	Number of births
	7-17	18-23	24-35	36-47	48+			
Age of mother								
15-19	23.5	23.9	39.7	7.9	5.0	100.0	24.6	172
20-29	10.7	19.5	44.3	15.3	10.1	100.0	28.3	3,105
30-39	9.3	15.2	40.4	19.3	15.8	100.0	30.7	2,189
40 +	7.3	12.9	32.2	20.3	27.3	100.0	35.0	471
Birth order								
2-3	10.7	18.3	42.0	17.0	12.1	100.0	29.0	2,387
4-6	9.5	17.2	42.7	16.2	14.5	100.0	29.3	2,151
7 +	10.8	17.0	40.0	18.0	14.2	100.0	29.7	1,398
Sex of prior birth								
Male	9.4	17.2	41.9	17.8	13.7	100.0	29.4	2,881
Female	11.1	17.9	41.7	16.1	13.3	100.0	29.2	3,056
Survival of prior birth								
Living	8.4	17.5	43.5	17.3	13.4	100.0	29.7	5,034
Dead	20.9	18.1	32.4	14.9	13.7	100.0	26.5	903
Residence								
Urban	13.8	21.1	34.5	14.8	15.8	100.0	27.9	651
Rural	9.8	17.1	42.7	17.2	13.2	100.0	29.4	5,286
Region								
Central	11.3	19.5	39.6	16.7	12.9	100.0	28.7	1,519
Eastern	11.2	18.1	44.8	15.6	10.4	100.0	28.6	1,617
Northern	9.0	14.5	38.8	19.3	18.5	100.0	31.8	1,143
Western	9.3	17.5	42.9	16.9	13.5	100.0	29.3	1,657
Education								
No education	9.4	15.3	39.0	19.4	16.8	100.0	31.1	2,054
Primary	10.4	18.2	43.8	16.1	11.5	100.0	28.8	3,297
Secondary+	12.1	21.8	40.0	13.0	13.0	100.0	27.8	585
Total	10.3	17.6	41.8	16.9	13.5	100.0	29.3	5,937

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.

than twice as high 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.

The median birth interval in urban areas is only slightly shorter than that in the rural areas, with a difference of one and a half months. Thirty-five percent of the births in urban areas occur at intervals which are "too short" (less than 24 months), compared to 27 percent for the rural areas. Surprisingly, the percentage of births with an interval of four years or more is slightly higher for urban than rural births.

Births in the Northern Region exhibit a relatively higher median birth interval (32 months) than the other regions, all of which cluster around 29 months. The median length of the birth interval decreases gradually as the level of education of the mother increases, from 31 months among those with no education to 28 months among those with secondary education.

3.6 Age at First Birth

The age at which childbearing starts has important consequences for the overall level of fertility as well as the health and welfare of the mother and the child. Today, teenage pregnancy and motherhood is a major health and social concern. In some societies, postponement of first births due to an increase in age at marriage has contributed to overall fertility decline. However, in many societies, it is common for women to have children before getting married. Table 3.9 gives the distribution of all women by age at first birth according to age at the time of the survey.

The data show that just under half (39 to 46 percent) of women become mothers by the time they reach age 18 and two-thirds have had a child before they reach age 20. Although the proportion of women who had their first birth before age 15 has declined steadily from 14 percent among women age 45-49 to 4 percent among women age 15-19, the proportion who have their first birth at ages 15-17 has remained roughly constant at about 32-35, excluding the youngest age group. The result is that the median age at first birth falls between 18 and 19 years for all age groups and shows no clear trend over the past three decades. Although the data from the 1988-89 UDHS are not strictly comparable since the survey covered only about 80 percent of the national population, the range of median ages at first birth was similar to the data presented in Table 3.9, strengthening the conclusion that there has been no real trend in age at first birth in Uganda.

Table 3.9 Age at first birth

Percent distribution of women 15-49 by age at first birth, according to current age, Uganda 1995

Current age	Women with no births	Age at first birth						Total	Number of women	Median age at first birth
		<15	15-17	18-19	20-21	22-24	25+			
15-19	65.9	4.2	23.1	6.9	NA	NA	NA	100.0	1,606	a
20-24	15.3	7.2	31.9	27.3	14.2	4.1	NA	100.0	1,555	18.7
25-29	7.0	8.6	31.6	23.1	17.5	9.6	2.5	100.0	1,270	18.9
30-34	4.6	10.5	35.0	20.4	15.1	8.8	5.5	100.0	976	18.4
35-39	3.4	13.6	31.8	23.0	11.9	10.4	5.9	100.0	783	18.4
40-44	2.2	10.6	33.8	21.0	14.3	9.8	8.3	100.0	499	18.5
45-49	2.2	13.9	32.0	19.1	15.4	10.4	7.0	100.0	380	18.4

NA = Not applicable
[a] Omitted because less than 50 percent of the women in the age group x to $x+4$ have had a birth by age x

In order to study differentials in age at first birth, Table 3.10 gives the median age at first birth for different subgroups of the population. The age group 15-19 is eliminated because less than half of these women have had a birth before age 15.

The median age at first birth is slightly higher in urban areas than in rural areas, with a difference of 0.8 years among women 20-49 years old. Among the regions, the median ages are quite close, with the Western and Northern Regions having medians a few months higher than the Central and Eastern Regions. The median age at first birth shows an inverse relationship with educational attainment of the mother, being as low as 18 years for women with no education and increasing to 20 years for women with secondary education.

Table 3.10 Median age at first birth

Median age at first birth among women age 20-49 years, by current age and selected background characteristics, Uganda 1995

Background characteristic	Current age						Age 20-49	Age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49		
Residence								
Urban	19.7	19.4	19.1	18.7	18.9	18.2	19.3	19.1
Rural	18.6	18.8	18.3	18.4	18.5	18.4	18.5	18.5
Region								
Central	18.7	18.4	18.6	18.2	18.3	18.0	18.5	18.4
Eastern	18.2	18.7	18.4	17.8	18.0	19.1	18.3	18.4
Northern	18.6	19.1	18.5	19.0	19.3	18.1	18.8	18.9
Western	19.3	19.3	18.1	18.6	18.5	18.6	19.0	18.8
Education								
No education	18.2	18.1	17.8	18.3	18.4	17.7	18.1	18.0
Primary	18.5	18.8	18.5	18.2	18.4	18.9	18.5	18.6
Secondary+	a	20.3	19.8	19.6	19.7	*	a	20.0
Total	18.7	18.9	18.4	18.4	18.5	18.4	18.6	18.6

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[a] Omitted because less than 50 percent of the women in the age group x to $x+4$ have had a birth by age x

Urban areas have shown a steady increase in the median age at first birth from 18 to 20 years over the 30 years prior to the survey, while the median age at first birth in the Central Region seems to have increased slightly from 18 to about 19 years. All the other population subgroups show no clear pattern over time. These time series should be interpreted with care, due to the small numbers of women in some subgroups.

3.7 Teenage Pregnancy and Motherhood

As already mentioned, teenage pregnancy is important because of its association with higher morbidity and mortality for both the mother and child. In addition, teenage pregnancy has been associated with termination of education of the mothers, which in itself has a spiral effect on the socioeconomic status of the individual, and hence, the child. Table 3.11 and Figure 3.3 give the proportion of women age 15-19 years who have begun childbearing, separating those who are already mothers from those who are pregnant with their first child.

Overall, 43 percent of teenagers have begun childbearing, with 34 percent having had a child already and 9 percent carrying their first child. As expected, the percentage who have started the reproductive process increases with age due to longer exposure, from 8 percent among the 15-year-old teenagers to 71 percent—more than nine times higher—by the age of 19.

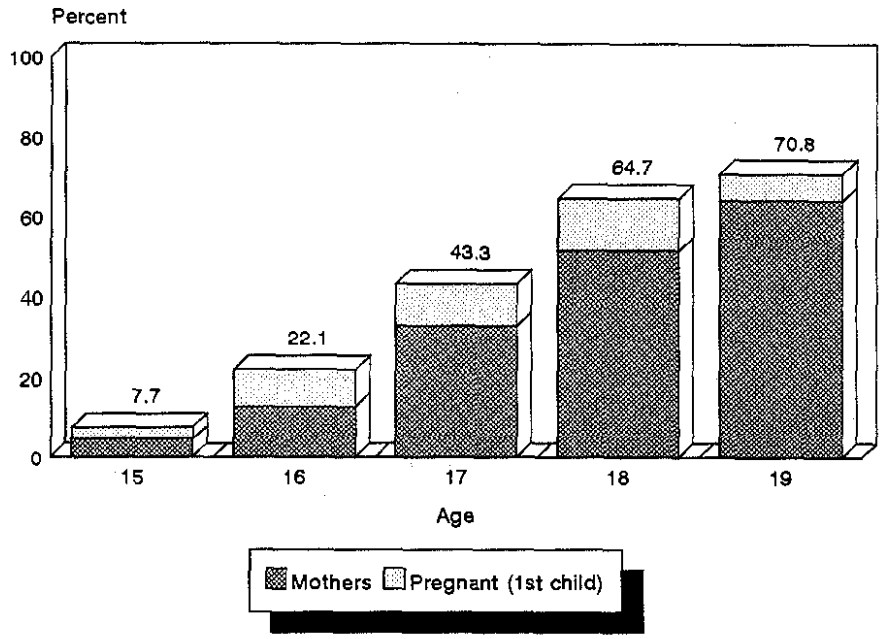
Table 3.11 further shows that overall teenage parenthood is higher among rural women (45 percent) than their urban counterparts (31 percent). This is true for both the proportion who are already mothers as well as the proportion who are pregnant with their first child. Higher school attendance among urban adolescents, which tends to discourage early childbearing, may account for the lower levels of motherhood and pregnancy among urban teenagers; however, it is also possible that higher school attendance is due to the avoidance of early parenthood.

Table 3.11 Adolescent pregnancy and motherhood

Percentage of women 15-19 who are mothers or pregnant with their first child, by selected background characteristics, Uganda 1995

Background characteristic	Percentage who are: Mothers	Pregnant with first child	Percentage who have begun child-bearing	Number of women
Age				
15	4.6	3.1	7.7	290
16	12.9	9.2	22.1	340
17	33.1	10.2	43.3	281
18	51.6	13.1	64.7	392
19	64.3	6.5	70.8	304
Residence				
Urban	25.5	5.0	30.6	277
Rural	35.9	9.5	45.4	1,329
Region				
Central	35.0	7.7	42.7	502
Eastern	39.7	11.4	51.1	350
Northern	34.0	7.5	41.4	344
Western	28.4	8.8	37.2	411
Education				
No education	38.9	9.5	48.5	266
Primary	37.5	9.8	47.3	1,080
Secondary+	15.1	3.6	18.7	261
Total	34.1	8.7	42.9	1,606

Figure 3.3
Adolescent Childbearing



UDHS 1995

On a regional basis, the Western Region has the lowest prevalence of teenage childbearing (37 percent), while the Eastern Region has the highest level (51 percent). The level of teenage childbearing is strongly associated with the level of education. Only 19 percent of teenagers who have secondary education have begun childbearing, compared to 49 percent for those with no education and 47 percent for those with primary education. This relationship is partially due to regulations that dictate the automatic discontinuation of schooling for pregnant women.

Table 3.12 shows the distribution of teenagers by age and number of children ever born. The table shows that about two-thirds of the teenagers have never given birth. Most of the teenagers who have given birth have had one child; only 9 percent of teenagers have had more than one birth. The likelihood that a teenager will have had more than one birth increases with age, reaching a level of 24 percent among 19-year-olds. The mean number of children ever born to teenagers also increases with age from less than 0.1 children for women age 15 years to almost one child by age 19.

Table 3.12 Children born to adolescent women

Percent distribution of women 15-19 by number of children ever born (CEB), according to single years of age, Uganda 1995

Age	Number of children ever born			Total	Mean number of CEB	Number of women
	0	1	2+			
15	95.4	4.6	0.0	100.0	0.05	290
16	87.1	11.8	1.2	100.0	0.14	340
17	66.9	29.4	3.7	100.0	0.37	281
18	48.4	37.7	13.9	100.0	0.70	392
19	35.7	40.6	23.8	100.0	0.93	304
Total	65.9	25.3	8.8	100.0	0.45	1,606

CHAPTER 4

FERTILITY REGULATION

Knowledge of family planning methods and sources to obtain them are crucial elements in the decision of whether to adopt a contraceptive method and the choice of which method to use. A positive attitude towards family planning is an additional prerequisite for use. Data collected in the 1995 UDHS on contraceptive knowledge, attitudes, behaviour, and sources are presented in this chapter. While the focus is placed on women, some results from the men's survey will also be presented, since men play an important role in the realisation of reproductive goals.

4.1 Knowledge of Family Planning Methods

The level of knowledge of family planning methods was measured in two ways in the UDHS. Respondents were first asked to name ways or methods by which a couple could delay or avoid pregnancy. When a respondent failed to mention a particular method spontaneously, the interviewer described the method and asked if the respondent knew it. For each method recognised, respondents were asked if they had ever used it. Information was collected for eight modern methods: the pill, IUD, injectables, Norplant, vaginal methods (foam, jelly, cream, sponge, or diaphragm), condom, and female and male sterilisation; and three traditional methods: the rhythm method, natural family planning method, and withdrawal. In addition, provision was made in the questionnaire to record any other methods named spontaneously by respondents. Both prompted and unprompted knowledge are combined in the report.

Table 4.1 shows the percentage of all women and men, currently married women and men, and sexually active unmarried women and men who have heard about specific contraceptive methods. Knowledge of contraceptive methods is nearly universal, with 92 percent of all women age 15-49 and 96 percent of all men age 15-54 knowing at least one method of family planning. Over 90 percent of women and men have heard about a modern method. Women know about slightly more methods on average than men do (4.9 vs. 4.6); however, men are more likely to know about male methods such as condoms and male sterilisation, though oddly men are less likely than women to know about withdrawal.

For currently married women, the pill (83 percent) and condom (78 percent) are the most widely known modern methods, followed by female sterilisation (72 percent), injectables (71 percent), and the IUD (31 percent). The least recognised modern methods are male sterilisation (19 percent) and vaginal methods (14 percent). The proportion of women who recognise Norplant is very low (6 percent), presumably because Norplant was only introduced in 1993 on a trial basis at Mulago hospital and only three sites (Mulago, Jinja and Mbarara hospitals) were providing the service at the time of the survey.

Among currently married men, the most widely recognised method is the condom (90 percent), followed by the pill (85 percent), female sterilisation (71 percent), injectables (65 percent), male sterilisation (28 percent), and the IUD (23 percent). Vaginal methods and Norplant are not widely recognised.

Traditional methods are less widely recognised than modern methods by both women and men, although men's knowledge of traditional methods was relatively higher. Three-fifths of married women and four-fifths of married men say they know of at least one traditional method. The most widely known traditional method is periodic abstinence, which is recognised by 54 percent of married women and 79 percent of married men. Although withdrawal is considered to be a "male method," it is known by a larger proportion of married women than men (34 vs. 12 percent).

Table 4.1 Knowledge of contraceptive methods

Percentage of all women 15-49, of currently married women, of sexually active unmarried women, and of women with no sexual experience, and the percentage of all men 15-54, of currently married men, and of sexually active unmarried men who know specific contraceptive methods, by specific methods, Uganda 1995

Contraceptive method	Women who know method				Men who know method		
	All women	Currently married women	Sexually active unmarried women	No sexual experience	All men	Currently married men	Sexually active unmarried men
Any method	92.0	93.4	98.2	76.8	96.2	98.2	97.9
Any modern method	90.4	91.6	98.2	74.9	93.9	95.2	97.0
Pill	82.1	83.0	95.5	62.4	83.1	84.5	90.3
IUD	30.4	30.9	42.7	15.3	19.5	22.5	23.0
Injectables	69.2	70.8	82.8	44.0	60.5	65.3	69.6
Diaphragm/foam/jelly	14.3	14.3	20.7	9.7	17.9	17.9	21.5
Condom	78.0	77.9	93.8	66.2	88.4	89.5	94.1
Female sterilisation	69.5	71.7	79.8	43.0	67.7	71.4	80.9
Male sterilisation	17.7	18.5	16.4	10.1	25.7	27.9	31.0
Norplant	5.4	5.6	4.1	2.9	7.9	8.4	11.7
Any traditional method	60.3	61.6	69.0	39.0	72.5	81.4	71.6
Periodic abstinence	53.8	54.1	61.3	37.3	69.5	78.5	66.2
Withdrawal	31.8	33.6	41.7	12.0	10.0	11.5	12.9
Natural family planning	11.4	12.1	12.0	5.3	13.4	14.8	13.6
Folk method	24.2	26.2	27.9	9.2	1.3	1.2	2.0
Any traditional/folk method	67.5	69.7	74.3	42.3	72.5	81.5	71.6
Number of women/men	7,070	5,134	200	685	1,996	1,252	140
Mean number of methods	4.9	5.0	5.8	3.2	4.6	4.9	5.2

Table 4.2 shows the correspondence between the contraceptive knowledge of husbands and wives (1,109 couples) in the UDHS sample. Knowledge of at least one method by both spouses is high (92 percent). For couples where only one partner knows of a method, husbands are more likely to know the method than their wives; exceptions are the IUD, injectables, withdrawal and folk methods, which wives are more likely than their husbands to know.

Table 4.2 Knowledge of contraceptive methods among couples

Percent distribution of couples by contraceptive knowledge, according to specific methods, Uganda 1995

Contraceptive method	Both know method	Only husband knows method	Only wife knows method	Neither knows method	Total
Any method	91.9	6.2	1.4	0.5	100.0
Any modern method	89.1	6.3	2.3	2.3	100.0
Pill	74.6	10.5	7.5	7.4	100.0
IUD	10.8	12.4	16.6	60.1	100.0
Injectables	51.7	14.6	19.7	14.0	100.0
Diaphragm/Foam/Jelly	4.9	13.4	9.0	72.7	100.0
Condom	73.4	16.3	4.4	5.9	100.0
Female sterilisation	55.2	16.7	16.4	11.8	100.0
Male sterilisation	8.3	20.0	9.1	62.6	100.0
Norplant	1.3	7.3	4.0	87.4	100.0
Any traditional method	48.4	32.8	10.4	8.3	100.0
Periodic abstinence	41.8	36.6	10.7	10.9	100.0
Withdrawal	4.2	7.3	26.2	62.3	100.0
Natural family planning	3.2	11.3	8.7	76.8	100.0
Folk method	0.4	0.8	27.3	71.4	100.0
Any traditional/folk method	55.8	25.5	11.4	7.3	100.0

Table 4.3 presents the percentage of currently married respondents who know of at least one modern method of contraception according to background characteristics. The data reveal that in general there are no large differences in knowledge of methods by background characteristics of currently married respondents. Differentials by region show that knowledge of methods among currently married respondents is highest in the Central Region, while those in the Northern Region are least likely to know of a method, especially a modern method. Respondents from the DISH districts are slightly more likely to know of contraceptive methods than respondents from non-DISH districts. The level of education is positively associated with knowledge of contraceptives. Knowledge of at least one method is universal among respondents with secondary or higher education.

Table 4.3 Knowledge of contraceptive methods by background characteristics

Percentage of currently married respondents who know at least one contraceptive method and at least one modern contraceptive method by selected background characteristics, Uganda 1995

	Women			Men		
Contraceptive method	Know any method	Know modern method	Number of women	Know any method	Know modern method	Number of men
Age						
15-19	93.0	91.4	756	(100.0)	(89.7)	38
20-24	94.6	93.3	1,212	96.0	92.4	180
25-29	93.7	92.4	1,067	99.5	98.5	262
30-34	94.6	92.6	810	98.5	95.0	230
35-39	91.6	89.5	656	99.4	99.4	219
40-44	93.8	91.4	367	97.2	92.8	144
45-49	88.0	82.8	266	99.0	92.1	96
50-54	NA	NA	NA	95.3	90.9	83
Residence						
Urban	97.9	96.7	612	99.4	99.2	156
Rural	92.8	90.9	4,522	98.1	94.6	1,095
Region						
Central	99.3	98.4	1,242	99.4	99.0	317
Eastern	93.9	92.1	1,399	99.2	98.0	318
Northern	84.5	79.4	1,115	97.5	86.5	274
Western	94.7	94.6	1,378	96.8	96.0	343
DISH area						
Kasese/Mbarara (I)	92.3	92.0	402	97.9	97.0	113
Masaka/Rakai (II)	99.6	99.6	298	98.6	98.6	71
Luwero/Masindi (III)	97.8	97.1	167	(100.0)	(94.4)	44
Kamuli/Jinja (IV)	98.2	97.6	274	100.0	100.0	60
Kampala (V)	98.4	96.7	282	98.7	98.7	71
Total DISH	96.8	96.2	1,423	98.8	97.8	359
Total non-DISH	92.1	89.8	3,711	98.0	94.2	893
Education						
No education	86.2	82.8	1,792	96.4	85.6	150
Primary	96.7	95.6	2,823	98.0	95.4	825
Secondary+	100.0	100.0	520	100.0	100.0	277
Total	93.4	91.6	5,134	98.2	95.2	1,252

Note: Figures in parentheses are based on 25-49 unweighted cases.
NA = Not applicable

4.2 Trends in Contraceptive Knowledge

Knowledge of contraceptive methods has increased considerably since the 1988-89 UDHS. In 1988-89, only 82 percent of all women had heard of at least one family planning method, compared with 93 percent[1] in 1995. There has also been a large increase over the last six years in the proportion of women who know specific family planning methods. For example, the proportion of women who have heard of condoms has increased from 33 percent in 1988-89 to 79 percent in 1995 and the proportion who have heard of injectables increased from 40 percent to 72 percent during the same period (Table 4.4).

Table 4.4 Trends in knowledge of family planning methods

Percentage of all women who know specific contraceptive methods, Uganda, 1988-89 and 1995

Contraceptive method	1988-89 UDHS	1995 UDHS[a]
Any method	81.9	92.6
Any modern method	76.5	90.9
Pill	66.4	84.5
IUD	20.2	33.3
Injectables	39.7	72.4
Condom	32.5	78.8
Diaphragm/foam/jelly	11.3	14.8
Female sterilisation	59.1	68.9
Male sterilisation	8.2	19.6
Norplant	NA	5.8
Any traditional method	58.6	59.1
Periodic abstinence	42.6	52.0
Withdrawal	20.5	32.6
Other methods[b]	31.1	25.3
Any traditional/folk method	NA	67.1
Number of women	4,730	5,946

[a] Analysis is restricted to 1988-89 UDHS areas.
[b] Includes herbs and other folk methods.
NA = Not applicable

4.3 Ever Use of Family Planning Methods

All women and men interviewed in the 1995 UDHS who said that they had heard of a method of family planning were asked if they had ever used it. Ever use of family planning methods thus refers to use of a method at any time with no distinction between past and current use. Table 4.5 shows the percentage of women who have ever used family planning, according to method and age. One-third of currently married women reported having used a method of family planning at some time; 16 percent have used a modern method, 19 percent have used a traditional method, and 8 percent have used a folk method.

Among currently married women, the pill is the modern method that has been most frequently ever used (10 percent), followed by injectables (5 percent) and condoms (4 percent). Sexually active unmarried respondents are more likely to report ever use of modern methods (37 percent) than married respondents (16 percent); this difference is explained by much greater use of condoms and to a lesser extent the pill, among unmarried women. Ever use of traditional methods, mainly periodic abstinence, is high among all groups of women, and among currently married women, exceeds the level of ever use of modern methods.

[1] Because the 1988-89 survey did not cover the entire country, the data from 1995 have been tabulated for only the areas that were covered in the 1988-89 UDHS.

Table 4.5 Ever use of contraception

Percentage of all women, currently married women, and sexually active unmarried women who have ever used any contraceptive method, by specific method and age, Uganda 1995

Age	Any method	Modern method							Traditional method						Number of women
		Any modern method	Pill	IUD	Injectables	Diaphragm/ Foam/ Jelly	Condom	Female sterili-sation	Any traditional method	Periodic abstinence	With-drawal	Natural family planning	Folk method	Any tradi-tional/folk method	
ALL WOMEN															
15-19	16.5	7.2	2.5	0.1	0.5	0.0	4.9	0.0	10.0	8.9	1.4	0.8	1.6	11.3	1,606
20-24	33.4	16.3	9.1	0.2	2.1	0.4	7.8	0.0	20.2	17.4	6.0	1.5	5.1	24.0	1,555
25-29	37.2	20.8	15.1	1.0	5.2	0.5	7.3	0.6	20.4	17.5	4.8	1.0	6.1	24.3	1,270
30-34	40.6	21.0	13.7	1.3	6.9	1.0	5.5	1.4	20.6	16.5	5.7	1.6	8.8	26.2	976
35-39	36.8	18.6	10.8	1.7	8.8	0.7	3.0	3.2	17.0	13.4	6.1	1.1	10.3	24.0	783
40-44	36.6	17.0	9.7	1.3	7.2	0.7	2.8	4.3	19.7	16.3	4.8	2.1	10.2	26.9	499
45-49	33.7	11.4	4.5	0.8	3.8	0.7	0.5	5.1	15.7	13.4	3.2	0.9	13.7	26.0	380
Total	31.9	15.7	9.3	0.7	4.1	0.5	5.5	1.2	17.3	14.6	4.5	1.2	6.4	21.8	7,070
CURRENTLY MARRIED WOMEN															
15-19	24.2	8.6	3.9	0.1	0.7	0.0	4.6	0.0	14.8	12.9	2.1	1.4	3.4	17.4	756
20-24	32.1	14.4	9.3	0.3	2.4	0.4	4.9	0.0	19.7	16.6	6.2	1.6	5.7	23.8	1,212
25-29	34.5	18.1	13.7	0.9	5.3	0.5	5.1	0.5	19.2	16.0	4.9	1.1	6.2	23.3	1,067
30-34	40.0	19.7	13.3	1.2	6.5	1.1	4.2	1.5	20.7	16.4	5.9	1.8	9.2	26.4	810
35-39	37.1	17.7	9.8	1.7	8.3	0.6	2.6	3.4	17.8	14.4	6.0	1.3	11.2	25.5	656
40-44	37.9	17.3	9.2	1.4	7.1	0.8	1.9	5.3	19.2	15.3	5.4	2.1	12.6	28.2	367
45-49	34.7	9.6	3.9	0.6	3.2	0.1	0.7	4.9	15.9	13.6	2.8	0.7	16.3	28.4	266
Total	33.9	15.5	9.8	0.8	4.5	0.5	4.1	1.4	18.6	15.4	5.0	1.5	7.8	23.9	5,134
SEXUALLY ACTIVE UNMARRIED WOMEN															
Total	51.5	37.0	17.3	0.6	3.8	1.4	26.3	0.8	24.9	21.2	6.3	1.2	3.1	27.4	200

4.4 Current Use of Family Planning

The level of current use of family planning is one of the indicators most frequently used to assess the success of family planning programme activities. It is also widely used as a measure in the analysis of the determinants of fertility. This section focuses on the levels and differentials in family planning use among population sub-groups with particular emphasis on the method mix among users. Trends in family planning use in Uganda are also described. Information on the service providers from which users obtained methods is also presented.

The contraceptive prevalence rate (CPR)--the percentage of currently married women who are using a method of family planning--is 15 percent (Table 4.6.1). Just over half of the current users are using a modern method. The CPR for modern methods is 8 percent, while 4 percent and 3 percent of currently married women were using traditional and folk methods, respectively (Figure 4.1).

The most popular methods are periodic abstinence, the pill and injectables, which are each currently used by about 3 percent of married women. One percent of currently married women have been sterilised. Modern method use rises with age from 4 percent among married women age 15-19 to a peak of 12 percent among those age 30-34, after which it falls to 6 percent among women 45-49 years.

Table 4.6.1 also shows that current use of modern methods is more than three times higher among sexually active unmarried women (27 percent) than among currently married women (8 percent). The difference is largely attributable to the much greater use of condoms among unmarried women (15 percent) than currently married women (1 percent). This suggests that the intention for extramarital contraceptive use involves more than pregnancy prevention and probably indicates motivation to avoid sexually transmitted diseases, espccially human immunodeficiency virus (HIV).

Data on current use of contraception by male respondents are presented in Table 4.6.2. The use of family planning method by men is higher than that by women. The CPR for any method for currently married men age 15-54 is 25 percent, and for modern methods the CPR is 10 percent. About one-third of sexually active unmarried men are using a modern method. Like sexually active unmarried women, sexually active unmarried men reported much higher levels of condom use (32 percent) than their married counterparts (3 percent). In fact, they seem to use condoms almost exclusively, reporting less reliance on the pill, periodic abstinence, and folk methods than married men. Such heavy reliance on the condom may represent differing reproductive and health (disease prevention) strategies among the unmarried and married.

The fact that sexually active unmarried women are reporting higher levels of pill use (7 percent) than their male counterparts (less than 1 percent) could mean that these men are not aware of their partners' pill use. Another discrepancy is apparent in the reported level of use of periodic abstinence, which is considerably higher among married men than married women. Higher levels of use of traditional methods among men than women is common, especially in East Africa (Ezeh, et al., 1996:19, 20) and may be due to misreporting by men of other method types for sexual abstinence, such as periodic abstinence. Of course, there is no reason to expect complete correspondence in contraceptive use between samples of married men and married women, since respondents are not confined to reporting about contraceptive use only with their spouses.

Table 4.6.1 Current use of contraception: women

Percent distribution of all women, currently married women, and sexually active unmarried women who are currently using a contraceptive method by specific method, according to age, Uganda 1995

Age	Any method	Modern method						Traditional method				Folk method	Not currently using	Total	Number of women
		Any modern method	Pill	IUD	Injectables	Condom	Female sterili-sation	Any traditional method	Periodic abstinence	With-drawal	Natural family planning				
						ALL WOMEN									
15-19	7.2	3.4	1.3	0.0	0.4	1.6	0.0	2.9	2.4	0.2	0.3	0.9	92.8	100.0	1,606
20-24	13.0	6.3	2.5	0.1	1.1	2.4	0.0	5.0	4.7	0.3	0.0	1.7	87.0	100.0	1,555
25-29	14.3	9.0	3.3	0.4	2.6	1.9	0.6	3.4	2.7	0.7	0.1	1.9	85.7	100.0	1,270
30-34	19.6	11.5	3.9	0.7	4.1	1.2	1.4	4.8	3.7	1.0	0.1	3.3	80.4	100.0	976
35-39	17.2	10.4	1.5	0.5	4.6	0.5	3.2	3.2	2.4	0.6	0.2	3.6	82.8	100.0	783
40-44	14.0	8.6	1.8	0.0	1.9	0.3	4.3	3.9	3.1	0.5	0.3	1.6	86.0	100.0	499
45-49	13.3	5.7	0.4	0.0	0.2	0.1	5.1	3.5	3.5	0.0	0.0	4.0	86.7	100.0	380
Total	13.4	7.4	2.3	0.3	2.0	1.5	1.2	3.9	3.2	0.5	0.2	2.1	86.6	100.0	7,070
						CURRENTLY MARRIED WOMEN									
15-19	9.9	3.8	2.4	0.0	0.7	0.7	0.0	4.3	3.2	0.3	0.7	1.8	90.1	100.0	756
20-24	12.2	5.3	2.9	0.1	1.2	0.9	0.0	5.0	4.7	0.3	0.0	1.9	87.8	100.0	1,212
25-29	13.4	8.0	3.0	0.5	2.9	1.1	0.5	3.1	2.2	0.8	0.1	2.3	86.6	100.0	1,067
30-34	20.7	11.8	4.0	0.9	4.3	0.9	1.5	5.1	3.7	1.2	0.1	3.8	79.3	100.0	810
35-39	18.6	10.9	1.4	0.6	4.9	0.6	3.4	3.5	2.6	0.7	0.2	4.2	81.4	100.0	656
40-44	17.6	10.6	2.0	0.1	2.5	0.4	5.3	5.2	4.1	0.6	0.5	1.7	82.4	100.0	367
45-49	16.0	5.8	0.5	0.0	0.3	0.1	4.9	4.5	4.5	0.0	0.0	5.6	84.0	100.0	266
Total	14.8	7.8	2.6	0.4	2.5	0.8	1.4	4.3	3.5	0.6	0.2	2.7	85.2	100.0	5,134
						SEXUALLY ACTIVE UNMARRIED WOMEN									
Total	35.6	26.5	7.2	0.3	2.9	15.4	0.8	7.7	7.7	0.0	0.0	1.4	64.4	100.0	200

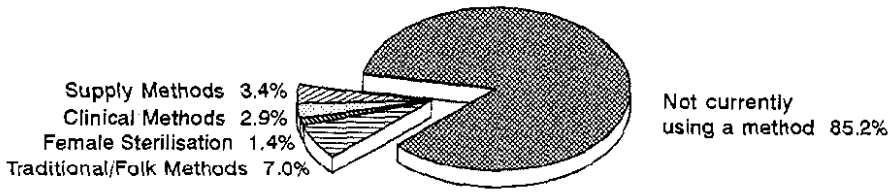
Table 4.6.2 Current use of contraception: men

Percent distribution of all men, currently married men, and sexually active unmarried men who are currently using a contraceptive method by specific method, according to age, Uganda 1995

Age	Any method	Modern method						Traditional method				Folk method	Not currently using	Total	Number of men
		Any modern method	Pill	IUD	Injectables	Condom	Female sterilisation	Any traditional method	Periodic abstinence	Withdrawal	Natural family planning				
ALL MEN															
15-19	7.8	5.0	0.8	0.0	0.0	4.2	0.0	2.7	2.6	0.1	0.0	0.1	92.2	100.0	387
20-24	24.5	15.0	1.1	0.2	0.5	13.2	0.1	7.9	6.8	0.7	0.4	1.7	75.5	100.0	367
25-29	19.7	9.7	3.6	0.0	0.9	5.2	0.0	8.7	8.0	0.7	0.0	1.3	80.3	100.0	359
30-34	28.8	10.8	3.5	0.7	1.4	4.6	0.6	17.0	16.2	0.8	0.0	1.0	71.2	100.0	259
35-39	27.0	13.6	2.9	0.3	3.6	3.6	2.9	9.6	8.7	0.5	0.4	3.8	73.0	100.0	250
40-44	20.3	11.2	3.3	0.0	4.2	2.2	1.5	5.9	4.1	1.8	0.0	3.2	79.7	100.0	162
45-49	21.1	7.9	0.1	0.0	2.5	2.0	3.3	8.1	6.7	0.0	1.4	5.0	78.9	100.0	118
50-54	13.7	9.6	0.6	0.0	6.3	0.0	2.5	3.8	3.2	0.3	0.3	0.3	86.3	100.0	95
Total	20.2	10.4	2.1	0.2	1.7	5.5	0.9	8.1	7.3	0.6	0.2	1.7	79.8	100.0	1,996
CURRENTLY MARRIED MEN															
15-19	(28.8)	(10.5)	(7.6)	(0.0)	(0.0)	(2.9)	(0.0)	(18.3)	(18.3)	(0.0)	(0.0)	(0.0)	(71.2)	100.0	38
20-24	25.0	7.8	2.2	0.3	1.0	4.3	0.0	14.4	13.0	0.6	0.8	2.8	75.0	100.0	180
25-29	22.5	8.8	5.0	0.1	1.2	2.6	0.0	11.9	10.9	0.9	0.0	1.8	77.5	100.0	262
30-34	29.8	10.1	3.9	0.8	1.6	3.2	0.7	19.0	18.1	0.9	0.0	0.6	70.2	100.0	230
35-39	29.8	14.5	3.3	0.3	4.1	3.1	3.3	10.9	10.0	0.5	0.5	4.4	70.2	100.0	219
40-44	21.0	10.8	3.7	0.0	4.7	0.6	1.7	6.6	4.6	2.1	0.0	3.6	79.0	100.0	144
45-49	24.4	8.3	0.2	0.0	3.0	1.0	4.1	10.0	8.2	0.0	1.8	6.2	75.6	100.0	96
50-54	15.3	10.9	0.7	0.0	7.1	0.0	2.9	4.0	3.6	0.4	0.0	0.4	84.7	100.0	83
Total	25.2	10.3	3.4	0.3	2.6	2.5	1.4	12.3	11.2	0.8	0.3	2.6	74.8	100.0	1,252
SEXUALLY ACTIVE UNMARRIED MEN															
Total	34.5	32.4	0.3	0.0	0.0	32.1	0.0	2.1	1.5	0.4	0.2	0.0	65.5	100.0	140

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

Figure 4.1
Current Use of Specific Contraceptive Methods among Currently Married Women



Note: Supply Methods include the Pill (2.6%) and the Condom (0.8%); Clinical Methods include Injectables (2.5%) and the IUD (0.4%).

UDHS 1995

Some women are much more likely to be using contraception than others (see Table 4.7.1 and Figure 4.2). Urban women are much more likely to be using contraceptive methods (35 percent) than rural women (12 percent). The difference is most pronounced for modern method use (28 vs. 5 percent, respectively), while urban and rural women are almost equally likely to use traditional and folk methods (6-7 percent).

There are large differences in levels of contraceptive use by region. One-quarter of currently married women in the Central Region are current users, compared to less than 14 percent of currently married in other regions. Modern method use is highest in the Central Region (16 percent) and lowest in the Northern Region (3 percent), where use of traditional methods is the highest (8 percent). Over 40 percent of married women living in Kampala District (Group V of DISH areas) are using contraceptive methods, compared with only 7 percent in Group I (Kasese and Mbarara Districts). Overall, twice the proportion of women living in DISH districts are using modern methods as women living in non-DISH districts.

There are large differentials in current use by level of education. Eight percent of currently married women with no formal education are currently using a method, compared with 15 percent with some primary education, and 38 percent of those with some secondary education. The differentials are similar for modern method use.

Contraceptive use rises with the number of living children. It is expected that once individuals or couples achieve their reproductive goals, they would be sufficiently motivated to use a family planning method. The percentage of currently married women using any method increases rapidly from 5 percent among women with no children to 20 percent among those with four or more children. The results confirm that few women in Uganda begin to adopt contraception seriously until after they have had several children, perhaps so as to be sure of their survival.

Table 4.7.1 Current use of contraception by background characteristics: women

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, Uganda 1995

Background characteristic	Any method	Modern method						Traditional method				Folk method	Not currently using	Total	Number of women
		Any modern method	Pill	IUD	Injectables	Condom	Female sterilisation	Any traditional method	Periodic abstinence	Withdrawal	Natural family planning				
Residence															
Urban	34.5	28.1	10.5	2.2	6.9	3.6	4.3	4.5	3.2	1.0	0.3	1.9	65.5	100.0	612
Rural	12.2	5.1	1.6	0.1	1.9	0.4	1.0	4.3	3.5	0.6	0.2	2.8	87.8	100.0	4,522
Region															
Central	25.0	16.2	5.7	0.9	4.9	1.8	2.6	4.7	3.6	0.9	0.1	4.0	75.0	100.0	1,242
Eastern	11.4	5.5	1.4	0.3	1.7	0.7	1.4	2.5	2.0	0.5	0.0	3.4	88.6	100.0	1,399
Northern	13.6	2.5	0.5	0.1	1.2	0.3	0.3	8.2	7.1	0.3	0.8	2.9	86.4	100.0	1,115
Western	10.3	6.9	2.9	0.2	2.2	0.3	1.3	2.6	1.9	0.7	0.0	0.8	89.7	100.0	1,378
DISH area															
Kasese/Mbarara (I)	7.4	5.7	1.5	0.2	2.3	0.6	1.1	0.7	0.6	0.1	0.0	1.0	92.6	100.0	402
Masaka/Rakai (II)	14.5	5.6	0.4	0.4	2.7	1.7	0.3	3.9	3.2	0.8	0.0	5.1	85.5	100.0	298
Luwero/Masindi (III)	15.9	9.3	5.0	0.0	4.3	0.0	0.0	4.6	3.9	0.7	0.0	2.1	84.1	100.0	167
Kamuli/Jinja (IV)	16.7	9.0	3.7	0.8	2.6	0.5	1.4	2.5	2.2	0.3	0.0	5.2	83.3	100.0	274
Kampala (V)	40.5	34.9	13.5	2.9	8.2	4.3	4.9	3.6	2.0	1.0	0.7	2.0	59.5	100.0	282
Total DISH	18.2	12.5	4.5	0.9	3.9	1.5	1.6	2.8	2.1	0.5	0.1	3.0	81.8	100.0	1,423
Total non-DISH	13.5	6.0	1.9	0.2	2.0	0.5	1.3	4.9	4.0	0.7	0.2	2.6	86.5	100.0	3,711
Education															
No education	8.3	2.6	0.9	0.0	1.0	0.2	0.5	3.1	2.4	0.3	0.4	2.5	91.7	100.0	1,792
Primary	14.8	7.8	2.4	0.3	2.9	0.7	1.5	4.2	3.5	0.7	0.0	2.8	85.2	100.0	2,823
Secondary+	37.6	25.5	10.1	1.9	5.6	3.7	3.9	9.0	7.2	1.2	0.7	3.0	62.4	100.0	520
Number of living children															
0	5.0	1.9	0.7	0.0	0.2	1.0	0.0	3.1	2.0	0.2	0.9	0.0	95.0	100.0	627
1	9.7	4.6	2.6	0.0	0.8	0.7	0.3	4.3	3.8	0.4	0.1	0.9	90.3	100.0	901
2	15.6	7.2	3.2	0.4	2.2	1.0	0.3	5.0	4.5	0.4	0.0	3.4	84.4	100.0	834
3	13.7	7.0	3.0	0.6	1.6	0.9	0.8	4.4	3.9	0.6	0.0	2.3	86.3	100.0	690
4+	20.1	11.5	2.9	0.5	4.3	0.7	3.0	4.4	3.3	0.9	0.2	4.3	79.9	100.0	2,081
Total	14.8	7.8	2.6	0.4	2.5	0.8	1.4	4.3	3.5	0.6	0.2	2.7	85.2	100.0	5,134

Table 4.7.2 Current use of contraception by background characteristics: men

Percent distribution of currently married men by contraceptive method currently used, according to selected background characteristics, Uganda 1995

Background characteristic	Any method	Modern method						Traditional method				Folk method	Not currently using	Total	Number of men
		Any modern method	Pill	IUD	Injectables	Condom	Female sterilisation	Any traditional method	Periodic abstinence	Withdrawal	Natural family planning				
Residence															
Urban	42.0	31.7	12.1	1.3	6.3	8.3	2.9	8.7	7.3	1.2	0.2	1.7	58.0	100.0	156
Rural	22.7	7.2	2.1	0.1	2.1	1.7	1.2	12.8	11.7	0.7	0.4	2.7	77.3	100.0	1,095
Region															
Central	26.7	19.4	5.9	0.5	5.3	6.0	1.4	4.8	3.3	1.0	0.4	2.6	73.3	100.0	317
Eastern	25.0	10.2	3.2	0.5	1.6	1.9	3.0	11.2	10.2	1.1	0.0	3.5	75.0	100.0	318
Northern	34.1	3.8	1.7	0.0	0.5	1.6	0.1	26.5	25.4	0.5	0.5	3.8	65.9	100.0	274
Western	16.7	7.0	2.6	0.0	2.9	0.6	0.9	9.0	8.1	0.5	0.4	0.7	83.3	100.0	343
DISH area															
Kasese/Mbarara (I)	12.7	6.5	1.5	0.0	3.6	1.2	0.0	5.2	5.0	0.2	0.0	1.0	87.3	100.0	113
Masaka/Rakai (II)	20.7	8.6	0.4	0.0	2.1	4.0	2.1	8.8	3.5	3.4	1.8	3.3	79.3	100.0	71
Luwero/Masindi (III)	(13.9)	(11.4)	(3.8)	(0.0)	(5.1)	(2.5)	(0.0)	(2.5)	(2.5)	(0.0)	(0.0)	(0.0)	(86.1)	100.0	44
Kamuli/Jinja (IV)	19.2	8.4	4.8	2.1	0.3	0.6	0.6	10.8	10.5	0.3	0.0	0.0	80.8	100.0	60
Kampala (V)	41.0	37.2	14.1	1.3	10.2	9.0	1.3	3.9	2.6	1.3	0.0	0.0	59.0	100.0	71
Total DISH	21.1	13.9	4.6	0.6	4.3	3.3	0.8	6.3	4.9	1.0	0.4	0.9	78.9	100.0	359
Total non-DISH	26.8	8.8	2.9	0.1	2.0	2.2	1.6	14.7	13.7	0.7	0.3	3.2	73.2	100.0	893
Education															
No education	10.6	2.1	0.0	0.0	0.6	0.0	1.5	6.3	6.3	0.0	0.0	2.2	89.4	100.0	150
Primary	22.3	6.5	2.3	0.1	1.8	1.3	1.1	13.0	11.5	0.9	0.5	2.8	77.7	100.0	825
Secondary+	41.6	25.9	8.4	0.9	6.3	7.5	2.3	13.7	12.7	1.0	0.0	2.1	58.4	100.0	277
Number of living children															
0	7.6	3.2	0.0	0.0	0.0	2.3	0.9	4.4	3.5	0.9	0.0	0.0	92.4	100.0	121
1	28.4	9.8	4.8	0.0	0.5	4.0	0.5	17.1	16.3	0.0	0.8	1.5	71.6	100.0	185
2	25.0	9.5	3.2	0.8	2.7	2.8	0.0	11.6	10.2	1.4	0.0	3.9	75.0	100.0	176
3	23.2	6.1	2.0	0.4	0.1	2.1	1.4	13.5	13.2	0.3	0.0	3.6	76.8	100.0	147
4+	28.1	13.0	4.0	0.2	4.4	2.2	2.1	12.3	10.9	1.0	0.4	2.8	71.9	100.0	622
Total	25.2	10.3	3.4	0.3	2.6	2.5	1.4	12.3	11.2	0.8	0.3	2.6	74.8	100.0	1,252

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

Figure 4.2
Contraceptive Use of Currently Married Women 15-49 by Background Characteristics

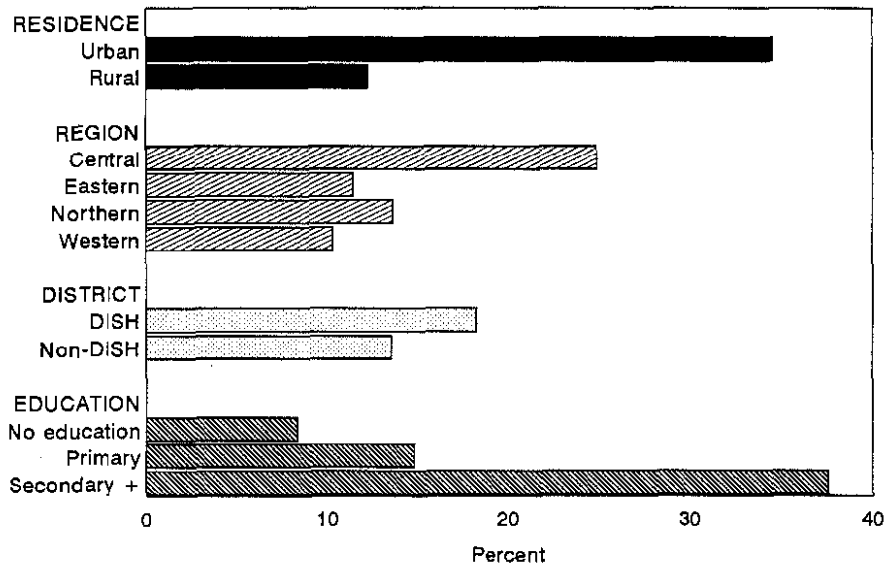


Table 4.7.2 shows the percent distribution of married men age 15-54 by the contraceptive method currently used, according to background characteristics. The differentials in contraceptive use by men resemble those among women. Men in urban areas are more likely to use contraceptive methods, especially modern methods, than their counterparts in rural areas. Conversely, use of traditional methods is more common in rural areas than in urban areas. There are quite large differences in the prevalence of current contraceptive use among men in the various regions. For example, 19 percent of married men in the Central Region are using modern family planning methods, compared with only 4 percent in the Northern Region; 7 percent of married men in the Western Region and 10 percent of those in the Eastern Region are using modern contraception. Men living in the DISH districts are more likely to use any method but less likely to use modern methods than those living in non-DISH districts. Modern contraceptive use increases with increasing educational attainment, from 2 percent of married men with no formal education, to 7 percent of those with some primary education, and to 26 percent of those with at least some secondary education.

The contraceptive prevalence rate in Uganda has tripled over a six-year period, rising from 5 percent in the areas of the country covered by the 1988-89 UDHS to 16 percent in 1995 for these same areas (see Table 4.8 and Figure 4.3).[2] The results not only show the overall increase, but also document the changes that have occurred with the method mix. Use of modern methods has increased faster than overall use, from 3 percent in 1988-89 to 9 percent in 1995. Use of traditional methods increased from 2 percent to 4 percent. Methods which have increased the fastest are the pill, injectables, and periodic abstinence.

[2] The rate of 16 percent is calculated from the 1995 UDHS data for only those areas of the country that were covered in the 1988-89 UDHS and is slightly higher than the national-level contraceptive prevalence rate of 14.8 (see Table 4.6.1).

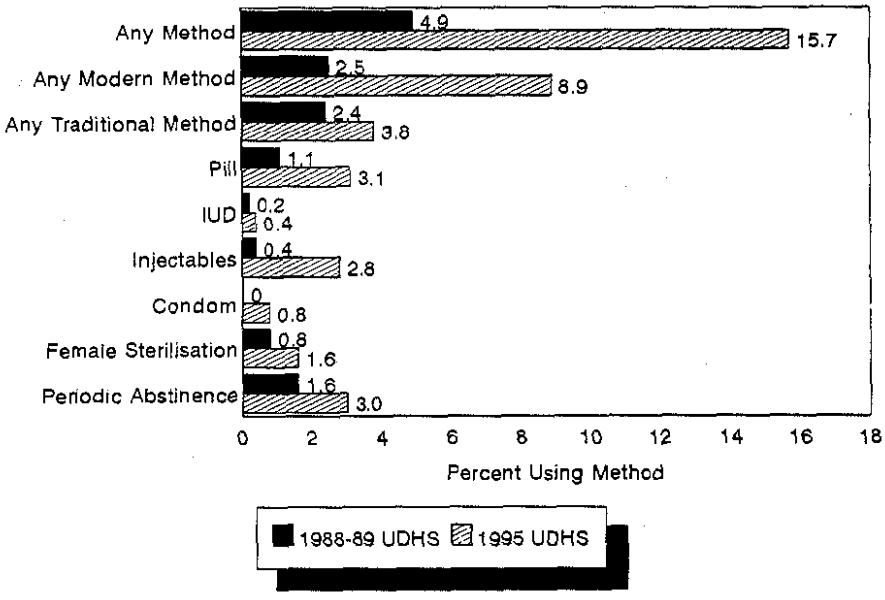
Table 4.8 Trends in current use of contraception

Percentage of currently married women who were using specific contraceptive methods at the time of the survey, Uganda, 1988-89 and 1995

Contraceptive method	1988-89 UDHS	1995 UDHS[1]
Any method	4.9	15.7
Any modern method	2.5	8.9
Pill	1.1	3.1
IUD	0.2	0.4
Injectables	0.4	2.8
Condom	0.0	0.8
Female sterilisation	0.8	1.6
Any traditional method	2.4	3.8
Periodic abstinence	1.6	3.0
Withdrawal	0.3	0.7
Natural family planning	NA	0.2
Other methods	0.4	3.0
Number of women	3,180	4,238

[1] The 1995 UDHS figures are calculated for 1988-89 UDHS areas.
NA = Not applicable
Source: Kaijuka et al., 1989:33

Figure 4.3
Trends in Current Contraceptive Use
Among Currently Married Women 15-49



Note: 1995 UDHS data were adjusted for 1988-89 UDHS areas.

4.5 Number of Children at First Use of Family Planning

Family planning methods may be used for either spacing births or limiting family size. The 1995 UDHS included questions on the number of children the woman had when she first used contraception. These data enable an examination of the cohort changes in the timing of adopting contraceptive use. Table 4.9 shows the distribution of ever-married women by age group and the number of children the women had when they first used contraception.

The results indicate that Ugandan women are increasingly adopting family planning at an earlier stage of the family building process. Younger cohorts of women reported first use at lower parities than older cohorts of women. For example, the oldest cohorts (age 45-49) of ever-married women reported first using contraception after having a median of 4.6 births, compared with 1-2 births among the youngest cohorts (under age 30). From another perspective, 15 percent of ever-married women age 15-19 started contracepting before the birth of their first child, compared with only 3 percent of the 45-49 cohort. This pattern may also be a reflection of a recent increase in availability of family planning services.

Table 4.9 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, and median number of children at first use, according to current age, Uganda 1995

Current age	Never used contra-ception	Number of living children at time of first use of contraception						Total	Number of women	Median number of children at first use
		0	1	2	3	4+	Missing			
15-19	76.0	15.0	6.8	1.9	0.1	0.0	0.2	100.0	801	0.8
20-24	67.7	9.2	12.8	7.4	2.2	0.5	0.1	100.0	1,365	1.5
25-29	64.0	8.2	10.4	7.3	4.9	5.2	0.1	100.0	1,196	1.9
30-34	59.8	3.5	8.9	5.6	6.6	15.4	0.3	100.0	957	3.3
35-39	63.2	2.6	7.6	3.9	5.0	17.7	0.0	100.0	772	3.9
40-44	63.3	2.7	5.6	5.4	4.6	18.4	0.0	100.0	498	4.0
45-49	66.4	3.4	8.1	2.3	1.8	18.0	0.0	100.0	370	4.6
Total	65.8	7.1	9.3	5.4	3.7	8.5	0.1	100.0	5,959	2.1

4.6 Effect of Breastfeeding on Conception

Information on knowledge of the contraceptive effect of breastfeeding as perceived by women is shown in Table 4.10. Over half of currently married Ugandan women believe that breastfeeding does not affect the chance of a woman becoming pregnant. Twenty percent correctly report that breastfeeding can reduce the risk of pregnancy, while 15 percent say that it depends. Differentials in knowledge of the contraceptive effect of breastfeeding by age group, place of residence and region are not large.

Only 18 percent of currently married women have used breastfeeding in the past to avoid pregnancy and 8 percent are currently relying on breastfeeding as contraception. Seven percent of women meet the criteria for use of the lactational amenorrhoeic method (LAM)[3] of family planning.

[3] LAM users are women who are breastfeeding a child under six months of age, are still postpartum amenorrhoeic, and are not feeding the child anything but breastmilk and plain water.

Table 4.10 Perceived contraceptive effect of breastfeeding

Percent distribution of currently married women by perceived risk of pregnancy associated with breastfeeding, percentage who rely on breastfeeding to avoid pregnancy, and percentage who meet lactational amenorrhoeic method (LAM) criteria, according to selected background characteristics, Uganda 1995

Background characteristic	Perceived risk of pregnancy associated with breastfeeding						Reliance on breastfeeding to avoid pregnancy		Meet LAM criteria	Number of women
	Un-changed	In-creased	De-creased	Depends	Don't know/ Missing	Total	Previ-ously	Cur-rently		
Age										
15-19	55.5	2.2	18.5	11.6	12.4	100.0	7.8	4.8	10.0	756
20-24	55.5	2.0	20.1	15.1	7.3	100.0	16.0	8.8	8.2	1,212
25-29	55.8	2.3	21.1	16.5	4.4	100.0	19.5	9.9	8.1	1,067
30-34	51.7	2.7	22.6	16.6	6.5	100.0	24.0	11.0	6.3	810
35-39	61.0	1.7	18.0	16.0	3.2	100.0	17.2	7.6	4.2	656
40-44	53.9	1.6	24.3	16.7	3.5	100.0	22.6	4.9	4.9	367
45-49	59.8	1.8	18.0	15.7	4.7	100.0	20.6	2.3	0.0	266
Residence										
Urban	49.3	2.4	20.0	21.0	7.3	100.0	17.9	6.8	4.7	612
Rural	56.6	2.1	20.4	14.6	6.3	100.0	17.6	8.2	7.3	4,522
Region										
Central	54.0	1.6	17.8	22.7	3.9	100.0	19.7	7.5	6.3	1,246
Eastern	42.3	4.1	22.1	25.3	6.2	100.0	20.9	8.7	6.1	1,400
Northern	66.8	1.4	20.3	4.4	7.1	100.0	13.4	7.7	9.2	1,112
Western	62.2	1.2	20.9	7.6	8.1	100.0	15.8	8.1	6.6	1,376
Education										
No education	55.5	2.4	21.4	12.8	7.9	100.0	17.7	7.9	7.4	1,792
Primary	57.8	2.0	19.1	15.4	5.8	100.0	16.8	8.1	7.2	2,823
Secondary+	45.8	1.7	23.8	24.4	4.4	100.0	21.7	7.8	4.5	520
Total	55.8	2.1	20.4	15.4	6.4	100.0	17.6	8.0	7.0	5,134

4.7 Source of Family Planning Methods

Information on the source of modern contraceptives currently used is useful for family planning managers and implementers. In the 1995 UDHS, women who reported using a modern method of contraception at the time of survey were asked where they obtained the method the last time. Table 4.11 and Figure 4.4 show that about half of current users (47 percent) obtain their methods from public sources. Private medical sources are reported by 42 percent of current users, and other private sources account for the remaining 11 percent. Government hospitals (30 percent) and private hospitals and clinics (30 percent) are the most common sources of contraceptive methods.

The source of family planning methods varies according to the type of method used. For example, more than half the pill users (55 percent) obtain their method from private medical sources, 38 percent from private hospitals and clinics, 10 percent from pharmacies, and 7 percent from other private medical sources. Over 60 percent of users of injectables and female sterilisation use public sources, compared to only 24 percent of condom users. Most condom users obtain their method from private sources, either shops (19 percent), private hospitals or clinics (14 percent), or pharmacies (14 percent).

Table 4.11 Source of supply for modern contraceptive methods

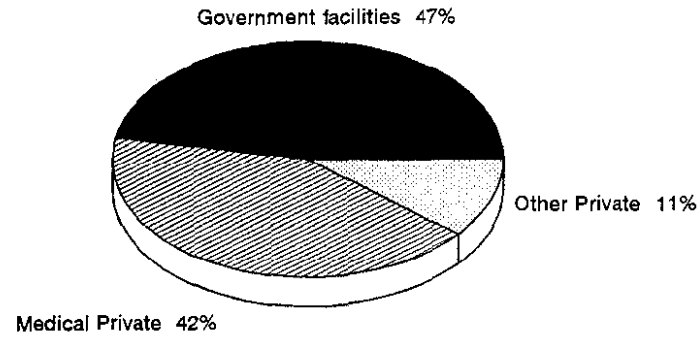
Percent distribution of women currently using modern contraceptive methods by most recent source of supply, according to specific methods, Uganda 1995

Source of supply	Contraceptive method				
	Pill	Inject-ables	Con-dom	Female sterili-sation	All modern methods
Public	39.4	61.1	23.9	63.3	47.4
Government hospital	22.8	30.6	12.0	60.7	30.0
Government health centre	8.3	12.3	6.5	2.6	8.1
Government dispensary/ health unit	6.9	17.1	2.9	0.0	7.6
Government mobile clinic	0.7	0.0	0.9	0.0	0.5
Government field worker	0.7	0.0	1.6	0.0	0.6
Other public	0.0	1.1	0.0	0.0	0.5
Medical private	54.6	37.0	34.2	34.9	41.5
Private hospital/clinic	37.8	32.0	14.3	31.8	30.1
Pharmacy	9.6	0.7	13.5	0.0	5.9
Private doctor	2.4	0.3	0.5	1.1	1.2
Private mobile clinic	1.1	0.2	0.9	0.0	0.6
Private field worker	0.0	0.3	3.5	0.0	1.0
Other private	3.8	3.6	1.5	2.1	2.8
Other private	5.7	1.8	40.2	1.8	10.8
Shop	2.2	0.0	18.9	0.0	4.5
Church	0.0	1.2	1.7	0.0	0.7
Friend/relative	2.7	0.7	9.7	0.0	3.0
Other	0.8	0.0	9.9	1.8	2.6
Missing	0.2	0.0	1.7	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0
Number of users	162	143	106	88	524

Note: The total includes 19 IUD users, four users of diaphragm/foam/jelly, and one Norplant user.

Women who are currently using a modern method of contraception were asked why they went to the place where they got their method instead of some other source. The reasons women give for choosing particular sources can provide the family planning programme with important insights into the process of adoption of contraception. Table 4.12 summarises the reasons users gave for choosing their current method source. Forty percent of women say they use their current source because it is closest to home, while one-third of women say that they know of no other source for their method. The competence and friendliness of staff was the main reason why 10 percent of users chose their source. Users of medical private sources are more likely to use these sources because they are closer to home, while public source users are equally likely to say they use their source because they do not know of any other source.

Figure 4.4
Distribution of Current Users of Modern Contraceptive Methods by Source of Supply



UDHS 1995

Table 4.12 Reason for selecting current sources of supply for contraceptive methods

Percent distribution of current users of modern contraceptive methods by reason for selecting most recent source of supply, according to source of method, Uganda 1995

Source of supply	Know no other source	Closer to home	Closer to market/ work	Transport available	Staff compe-tent, friendly	Cleaner facility	Offers more privacy	Shorter waiting time	Longer hours of operation	Use other services there	Low cost, cheaper	Wanted anonymity	Other	Don't know/ Missing	Total	Number of users
Public	34.8	36.6	2.4	1.6	9.2	0.3	1.0	1.2	0.4	1.6	4.7	1.2	4.8	0.1	100.0	205
Government hospital	40.8	30.0	2.1	2.8	8.7	0.6	1.1	1.1	0.8	1.5	4.0	1.2	5.1	0.2	100.0	115
Government health centre	(34.0)	(44.5)	(0.0)	(0.0)	(9.9)	(0.0)	(0.7)	(0.0)	(0.0)	(3.6)	(0.0)	(2.8)	(4.6)	(0.0)	100.0	41
Government dispensary/ health unit	(23.3)	(47.3)	(4.5)	(0.0	(9.5)	(0.0)	(0.6)	(0.4)	(0.0)	(0.0)	(11.2)	(0.0)	(3.1)	(0.0)	100.0	40
Medical private	26.6	45.6	2.7	0.3	11.9	0.3	2.3	2.3	0.0	1.3	1.3	1.5	3.7	0.2	100.0	192
Private hospital/clinic	22.4	45.8	1.6	0.2	13.9	0.4	2.5	2.6	0.0	1.9	1.8	2.2	4.4	0.2	100.0	134
Pharmacy	(23.5)	(59.8)	(9.0)	(0.6)	(7.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	100.0	31
Other private	47.5	35.9	0.0	0.0	3.5	0.5	0.4	0.3	0.0	2.2	0.6	2.4	5.2	1.4	100.0	55
Total	33.0	40.2	2.2	0.8	9.6	0.3	1.5	1.5	0.2	1.5	2.7	1.5	4.4	0.5	100.0	453

Note: Table excludes IUD and female sterilisation users who obtained these methods more than two years prior to the survey. Total includes sources for which there are too few users to show separately. Figures in parentheses are based on 25-49 unweighted cases.

4.8 Intention to Use Family Planning Among Non-users

An important indicator of the changing demand for family planning is the extent to which non-users of contraception plan to use family planning in the future. Currently married respondents who were not using contraception at the time of survey were asked if they intended to use family planning methods in future. The results are presented in Table 4.13 for women and men.

More than half (55 percent) of currently married female non-users say they intend to use family planning at some time in the future, with 39 percent saying they intend to use in the next 12 months and 16 percent saying they intend to use later. Another 38 percent do not intend to use, while 7 percent are unsure about either the timing of use or their intention to use. For currently married male respondents, 61 percent say they intend to use family planning in the future, 30 percent of them within 12 months, while 29 percent do not intend to use and 10 percent are not sure about either the timing or possible use.

The proportion intending to use, and especially the timing of use, varies with the number of living children. For example, the proportion of women who intend to use within the next 12 months is much lower among childless women (17 percent) than among those with two children (41 percent), and the proportion who do not intend to use at all is lower among women with four or more children (36 percent) than among childless women (55 percent).

Table 4.13 Future use of contraception

Percent distribution of currently married women and men who are not currently using a contraceptive method, by past experience with contraception and intention to use in the future, according to number of living children, Uganda 1995

Past experience with contraception and future intentions	Number of living children[1]					Total for women	Total for men
	0	1	2	3	4+		
Never used contraception							
Intend to use in next 12 months	13.0	28.4	27.0	21.7	30.8	26.8	19.8
Intend to use later	16.3	14.5	13.1	14.4	7.9	11.7	23.9
Unsure as to timing	0.4	0.8	0.8	1.8	1.1	1.0	0.3
Unsure as to intention	7.7	4.7	4.3	5.2	4.6	5.0	5.5
Do not intend to use	51.0	33.5	30.8	31.6	30.5	33.1	24.3
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Previously used contraception							
Intend to use in next 12 months	4.1	8.8	14.3	13.5	15.2	12.6	9.6
Intend to use later	3.4	3.5	3.9	4.8	3.5	3.8	7.5
Unsure as to timing	0.0	0.1	0.2	1.1	0.1	0.3	0.1
Unsure as to intention	0.5	0.2	0.7	0.5	0.3	0.4	3.7
Do not intend to use	3.5	5.4	4.1	5.5	5.8	5.2	4.5
Missing	0.1	0.1	0.7	0.0	0.1	0.2	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
All currently married non-users							
Intend to use in next 12 months	17.1	37.2	41.3	35.1	46.0	39.4	29.5
Intend to use later	19.6	18.0	17.0	19.2	11.4	15.5	31.4
Unsure as to timing	0.4	0.9	1.0	2.9	1.2	1.3	0.5
Unsure as to intention	8.2	4.9	5.1	5.7	4.9	5.4	9.2
Do not intend to use	54.5	38.9	34.8	37.1	36.3	38.3	28.8
Missing	0.1	0.1	0.7	0.0	0.1	0.2	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	388	852	720	646	1,766	4,372	937

[1] Includes current pregnancy

Most of the women and men who intend to use in the future have never used contraception. For example, of the 39 percent of women who intend to use in the next 12 months, 27 percent have never used and 13 percent have used previously. Similar patterns are also observed among the men.

4.9 Reasons for Non-use

Table 4.14 presents the main reasons for not using family planning given by currently married non-users who do not intend to use contraception in the future. Among women, the desire for more children was the most common reason for non-use (37 percent), followed by infecundity or menopause (20 percent), and opposition to family planning by either the woman or her husband (12 percent). Eight percent of female non-users who do not intend to use say they do not know of any method, while 6 percent say they do not know a source for obtaining methods. Younger women are more likely than older women to cite desire for more children and lack of knowledge of methods as the main reasons for not intending to use.

While desire for more children was also the most important reason for not using family planning among older women, other important reasons cited by non-users 30 years and over are related to infecundity and menopause. The majority of men cited wanting more children as the most important reason.

Table 4.14 Reasons for not using contraception

Percent distribution of currently married women and men who are not using a contraceptive method and who do not intend to use in the future, by main reason for not using, according to age, Uganda 1995

Reason for not using contraception	Women			Men		
	Age			Age		
	<30	30-49	Total	<30	30-54	Total
Want children	50.7	23.1	37.0	61.4	39.8	46.7
Side effects	4.6	4.5	4.5	1.3	1.3	1.3
Health concerns	1.0	1.6	1.3	1.6	0.3	0.7
Interferes with body	0.6	0.9	0.7	0.0	0.0	0.0
Knows no method	9.6	6.9	8.3	6.9	5.6	6.0
Knows no source	5.4	5.8	5.6	0.0	0.8	0.5
Hard to get	0.5	0.0	0.3	0.0	1.0	0.7
Cost	1.3	1.5	1.4	2.9	0.0	0.9
Religion	2.9	3.4	3.1	3.4	4.6	4.2
Respondent opposed	5.5	5.6	5.6	9.0	13.7	12.2
Partner opposed	8.6	4.6	6.6	3.1	2.5	2.7
Others opposed	0.2	0.2	0.2	0.0	1.0	0.7
Infrequent sex	0.9	2.8	1.8	0.0	1.5	1.0
Menopausal/hysterectomy	0.0	14.5	7.2	0.0	8.7	5.9
Subfecund/infecund	4.3	20.6	12.4	1.1	9.9	7.1
Inconvenient	0.3	0.1	0.2	0.0	1.6	1.1
Other	3.2	2.6	2.9	9.4	6.2	7.2
Don't know/Missing	0.3	1.3	0.8	0.0	0.8	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women/men	842	831	1,674	87	183	270

4.10 Preferred Method of Contraception for Future Use

Non-users who indicated their intention to use family planning methods in the future were asked which method they would prefer to use. About one-third of women say they prefer to use the pill, and just under one-third say they prefer injectables (Table 4.15). One in five women do not know which method they prefer to use. Women who intend to use in the next 12 months have similar method preferences as women who intend to use after 12 months.

Table 4.15 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 timing of intended use, Uganda 1995

Preferred method of contraception	Intend to use: In next 12 months	Intend to use: After 12 months	Total
Pill	32.1	33.3	32.4
IUD	1.3	1.0	1.2
Injectables	32.2	26.2	30.5
Diaphragm/Foam/Jelly	0.6	1.0	0.7
Condom	2.7	2.3	2.6
Female sterilisation	6.3	4.1	5.8
Periodic abstinence	2.7	3.4	2.9
Withdrawal	0.2	0.3	0.3
Folk method	3.1	3.1	3.1
Norplant	0.7	1.5	0.9
Natural family planning	0.0	0.3	0.1
Don't know/Missing	18.0	23.6	19.5
Total	100.0	100.0	100.0
Number of women	1,721	677	2,398

4.11 Exposure to Family Planning Messages

Radio and television are the major potential sources of information about family planning in the media. To assess the effectiveness of such media for the dissemination of family planning information, all female and male respondents in the survey were asked if they had heard or seen messages about family planning on the radio or on television during the six months preceding the interview.

Table 4.16 shows that more men than women are exposed to family planning messages on the major electronic media. More than half of the men and one-third of the women report that they have heard or seen a family planning message on radio or television in the previous six months. Radio is by far the more prominent of the two media; only 3 percent of women and 6 percent of men had seen a family planning message on television.

A sharp contrast in access to family planning messages is observed between urban and rural residents; 70 percent of rural women and 53 percent of rural men have not been reached through the electronic media in the past six months, compared to 41 percent of urban women and 23 percent of urban men. The proportion of respondents who have been exposed to family planning messages on radio or television varies across regions. Forty-one percent of women and 39 percent of men in the Central Region had not seen or heard family planning messages on either the television or radio, compared to 86 percent of women and 59 percent

Table 4.16 Exposure to family planning messages through the media

Percent distribution of women and men by whether they have heard a radio or television message about family planning in the six months prior to the interview, according to selected background characteristics, Uganda 1995

Background characteristic	Heard about family planning on radio or television											
	Women						Men					
	Heard on neither	Radio only	Tele-vision only	Heard on both	Total	Number of women	Heard on neither	Radio only	Tele-vision only	Heard on both	Total	Number of men
Residence												
Urban	40.6	44.0	1.2	14.2	100.0	1,055	22.9	50.1	1.8	25.1	100.0	281
Rural	70.0	28.7	0.1	1.2	100.0	6,015	52.8	44.1	0.3	2.7	100.0	1,715
Region												
Central	41.0	50.0	0.6	8.4	100.0	1,967	38.7	49.2	1.0	11.0	100.0	568
Eastern	67.7	29.9	0.2	2.2	100.0	1,738	50.3	41.1	0.4	8.0	100.0	497
Northern	86.4	13.3	0.0	0.3	100.0	1,398	59.1	39.8	0.1	1.0	100.0	419
Western	73.7	25.4	0.1	0.8	100.0	1,968	49.2	48.3	0.5	1.9	100.0	511
Education												
No education	83.9	16.0	0.0	0.1	100.0	2,161	74.5	22.6	0.6	1.6	100.0	232
Primary	63.4	34.3	0.2	2.0	100.0	3,956	53.6	43.9	0.2	2.2	100.0	1,259
Secondary+	33.2	51.1	1.1	14.6	100.0	952	24.1	57.9	1.2	16.8	100.0	504
Total	65.6	31.0	0.2	3.1	100.0	7,070	48.6	45.0	0.5	5.9	100.0	1,996

Note: Figures may not add to 100.0 due to rounding.

of men in the Northern Region. Education of respondents is closely correlated with media exposure. Eighty-four percent of women and 75 percent of men with no formal education have not heard or seen a family planning message on the radio or television. This proportion is 33 percent for women and 24 percent for men with some secondary or higher education.

4.12 Acceptability of Electronic Media to Disseminate Family Planning Messages

To determine the level of acceptability of the dissemination of family planning information through the media, women and men interviewed in the 1995 UDHS were asked whether they thought it was acceptable for family planning information to be provided on radio or television. Overall 84 percent of the women and 91 percent of men report that it is acceptable to them to use radio or television for family planning information (Table 4.17).

Urban respondents are more likely than rural respondents to view family planning in the media as acceptable. Women in the Central Region and men in the Western Region are most likely to accept media messages, while both men and women from the Northern Region are least likely to accept the use of radio and television for family planning messages. Women and men who have attained higher levels of education are much more likely to accept family planning messages on radio or television than those with no education.

Table 4.17 Acceptability of media messages on family planning

Percentage of women and men who believe that it is acceptable to have messages about family planning on the radio or television, by selected background characteristics, Uganda 1995

Background characteristic	Acceptability of family planning messages on radio or television									
	Women					Men				
	Not acceptable	Acceptable	Unsure	Total	Number of women	Not acceptable	Acceptable	Unsure	Total	Number of men
Age										
15-19	7.3	82.0	10.8	100.0	1,606	3.8	91.4	4.8	100.0	387
20-24	7.7	87.0	5.3	100.0	1,555	3.1	95.3	1.6	100.0	367
25-29	7.5	85.3	7.1	100.0	1,270	5.4	89.0	5.6	100.0	359
30-34	7.0	86.0	7.0	100.0	976	8.0	90.9	1.1	100.0	259
35-39	8.2	83.1	8.7	100.0	783	7.1	90.7	2.2	100.0	250
40-44	11.1	79.7	9.2	100.0	499	5.1	91.8	3.1	100.0	162
45-49	12.2	76.2	11.6	100.0	380	8.2	89.7	2.2	100.0	118
50-54	NA	NA	NA	NA	NA	20.0	70.2	9.8	100.0	95
Residence										
Urban	3.6	93.3	3.0	100.0	1,055	4.1	95.5	0.3	100.0	281
Rural	8.8	82.2	9.0	100.0	6,015	6.4	89.6	4.0	100.0	1,715
Region										
Central	3.3	94.3	2.4	100.0	1,966	8.1	90.7	1.2	100.0	569
Eastern	6.1	86.9	7.0	100.0	1,737	5.2	91.6	3.2	100.0	497
Northern	19.9	60.6	19.5	100.0	1,397	9.3	85.0	5.6	100.0	419
Western	5.9	87.4	6.7	100.0	1,967	1.8	93.6	4.6	100.0	511
Education										
No education	13.6	71.2	15.2	100.0	2,161	11.5	84.3	4.2	100.0	232
Primary	6.4	87.6	5.9	100.0	3,956	6.1	89.4	4.6	100.0	1,259
Secondary+	1.8	97.0	1.1	100.0	952	3.5	96.0	0.5	100.0	504
Total	8.0	83.9	8.1	100.0	7,070	6.0	90.5	3.5	100.0	1,996

NA = Not applicable

4.13 Exposure to Family Planning Messages Through the Print Media

Female respondents were asked if they had been exposed to a family planning message through a newspaper or magazine article, a poster or a leaflet during the six months prior to the interview. The results are presented in Table 4.18. Only 14 percent of the women reported that they had been exposed to family planning information through print media. The most commonly reported source of a family planning message in the print media was posters (12 percent), followed by newspapers/magazines (5 percent) and leaflets (3 percent).

Women in rural areas were less likely to have been exposed to family planning messages through the print media than their urban counterparts (11 percent vs. 31 percent). Women living in the Central Region are more likely to have seen a family planning message in the print media than women in other regions. The proportion of women exposed to messages in any print media increases directly with educational level, from 5 percent among women with no formal education to 38 percent among women with at least some secondary education.

Table 4.18 Family planning messages in print

Percentage of women who received a message about family planning through the print media in the six months prior to the interview, according to selected background characteristics, Uganda 1995

Background characteristic	Type of print media containing family planning message				Number of women
	Any source	Newspaper/ magazine	Poster	Leaflet/ brochure	
Residence					
Urban	31.4	17.2	25.4	11.3	1,055
Rural	10.8	3.2	9.5	1.3	6,015
Region					
Central	27.8	9.9	24.2	5.9	1,967
Eastern	8.8	4.6	7.3	2.2	1,738
Northern	6.0	2.3	5.3	1.7	1,398
Western	10.0	3.5	8.2	1.1	1,968
Education					
No education	4.5	0.2	4.4	0.2	2,161
Primary	13.0	3.4	11.7	1.8	3,956
Secondary+	38.3	25.0	29.4	13.0	952
Total	13.9	5.3	11.8	2.8	7,070

4.14 Contact of Non-users with Family Planning Providers

Community-based distribution agents (CBDAs), who are largely based in rural areas are expected to visit women and men of reproductive age who are non-users of modern family planning methods to discuss the options and when indicated, motivate them to adopt a method of family planning. Health facility and extension workers are also expected to visit or discuss and motivate families for family planning while providing other health services. To get an indication of the frequency of such visits or discussions, women were asked whether they had been visited by a CBDA within the previous 12 months and whether a health worker had discussed family planning with her. Table 4.19 shows that only 5 percent (i.e., sum of first three columns) of non-users were visited by a CBDA during the 12 months preceding the survey. Non-users in rural areas were less likely to be visited by CBDAs than their urban counterparts.

To get an insight into the level of "missed opportunities"—i.e., contacts between non-users and health workers which were not utilised to motivate non-users to adopt family planning—non-users were also asked whether they had visited a health facility in the past 12 months and whether anyone at the health facility had discussed family planning with them during their visit. Of the 48 percent of women who visited a health facility in the previous 12 months, one-fourth (13 percent of all women) said that someone at the facility spoke to them about family planning.

Overall, 84 percent of non-users were neither visited by a family planning worker nor discussed family planning with a health facility staff in the 12 months preceding the survey. This represents a large pool of potential users of family planning that could be targeted for family planning counselling. To reach these women, a vigorous outreach program is needed and all health workers should be sensitised to discuss the issues of fertility preferences and the option of family planning whenever the opportunity arises.

Table 4.19 Contact of non-users with family planning providers

Percent distribution of non-users of family planning by whether they were visited by a family planning fieldworker (CBDA) or spoke with a health facility staff member about family planning (FP) methods during the 12 months prior to interview, according to selected background characteristics, Uganda 1995

	Non-users of family planning								
	Visited by CBDA			Not visited by CBDA					
	Visited health facility		Did not visit health facility	Visited health facility		Did not visit health facility	No FP services or information provided	Total	Number of non-users
Background characteristic	Dis-cussed FP	Did not discuss FP		Dis-cussed FP	Did not discuss FP				
Residence									
Urban	1.9	2.0	2.0	11.2	37.5	45.5	82.9	100.0	771
Rural	2.0	1.3	1.5	10.7	33.5	51.0	84.5	100.0	5,352
Region									
Central	1.4	1.7	2.6	8.9	37.1	48.3	85.4	100.0	1,552
Eastern	2.6	2.3	1.2	12.6	36.1	45.2	81.3	100.0	1,544
Northern	1.1	0.5	0.6	11.5	35.8	50.5	86.2	100.0	1,233
Western	2.6	0.9	1.5	10.3	28.4	56.3	84.7	100.0	1,795
Education									
No education	1.4	0.9	0.9	7.9	33.6	55.1	88.8	100.0	2,004
Primary	2.3	1.3	1.8	12.2	33.7	48.8	82.4	100.0	3,443
Secondary+	2.1	3.2	2.0	11.9	36.8	43.9	80.7	100.0	677
Total	2.0	1.4	1.5	10.7	34.0	50.3	84.3	100.0	6,124

4.15 Attitudes Towards Family Planning

Use of effective contraceptive methods is facilitated when couples have a positive attitude towards family planning. Attitudinal data were collected by asking currently married women whether they approve of couples using family planning and what they perceive as their husband's attitude towards family planning. This information is useful in the formation of family planning policies, since it indicates the extent to which further education and publicity are needed to gain or increase acceptance of family planning. Widespread disapproval of contraception acts as a barrier to adoption of methods.

Table 4.20 shows the level of approval of family planning among currently married persons who know at least one contraceptive method. Data indicate that almost 80 percent of married women approve of family planning. However, only 46 percent of married women say that their husbands approve of family planning. Only 43 percent of women reported that both they and their husbands approve of family planning, while 9 percent say that both they and their husbands disapprove and 15 percent did not know their husband's opinion. Among the couples in which the wife reports a difference of opinion, the husbands and not the wives were more likely to disapprove. In 23 percent of the cases, the husbands disapprove (while the wives approve), compared with 1.4 percent when the husbands approve and the wives are not agreeable.

The likelihood that a woman will report that both she and her husband approve of family planning is highest (46 percent) among women age 30-34 years and declines with age to 34 percent among women age 45-49 years. The level of approval varies between urban and rural areas; couples in urban areas are more likely to approve of family planning than those in rural areas (62 and 40 percent respectively). Approval by both husband and wife was highest (54 percent) in the Central Region and lowest (27 percent) in the Northern Region. Less educated women are more likely to disapprove of family planning themselves and are also likely to say that their spouses disapprove or that they do not know their spouse's views.

Table 4.20 Wives' perceptions of their husbands' attitudes toward family planning

Percent distribution of currently married women who know of a contraceptive method by wife's attitude toward family planning and wife's perception of her husband's attitude toward family planning, according to selected background characteristics, Uganda 1995

Background characteristic	Both approve	Wife approves, husband disap-proves	Wife approves, husband's attitude unknown	Wife disap-proves, husband approves	Both disap-prove	Wife disapproves, husband's attitude unknown	Wife unsure	Missing	Total	Wife approves	Husband approves[1]	Number of women
Age												
15-19	39.3	21.8	17.5	1.0	8.3	2.1	9.5	0.5	100.0	79.1	41.4	703
20-24	42.5	23.9	15.4	1.3	8.8	1.9	6.3	0.0	100.0	81.8	44.7	1,146
25-29	45.1	22.4	11.9	1.1	9.1	1.8	8.7	0.0	100.0	79.4	47.9	1,000
30-34	45.6	24.0	12.0	1.5	6.7	1.2	8.9	0.0	100.0	81.7	48.3	765
35-39	45.0	22.9	9.2	3.6	8.4	1.8	8.9	0.2	100.0	77.4	49.7	600
40-44	42.8	19.8	12.3	0.0	13.8	1.3	9.6	0.4	100.0	75.3	44.0	344
45-49	34.4	22.1	16.5	1.5	10.2	3.3	12.1	0.0	100.0	72.9	36.6	234
Residence												
Urban	61.6	20.0	8.6	0.8	3.2	1.3	4.2	0.3	100.0	90.4	63.2	599
Rural	40.3	23.2	14.2	1.5	9.6	1.9	9.1	0.1	100.0	77.8	43.1	4,195
Region												
Central	54.3	24.2	11.3	1.6	3.9	1.0	3.6	0.1	100.0	89.9	56.5	1,233
Eastern	40.6	22.0	17.8	1.6	6.5	1.7	9.6	0.2	100.0	80.5	43.6	1,314
Northern	27.3	23.0	9.3	1.5	19.8	2.5	16.4	0.2	100.0	59.9	31.7	942
Western	46.1	22.1	14.3	1.0	7.9	2.1	6.5	0.1	100.0	82.5	47.5	1,305
Education												
No education	29.4	23.2	14.9	1.5	12.8	2.7	15.3	0.1	100.0	67.6	32.4	1,545
Primary	45.2	23.2	14.4	1.5	7.9	1.6	6.1	0.2	100.0	82.9	47.9	2,729
Secondary+	71.7	19.5	4.6	0.7	1.6	0.3	1.2	0.3	100.0	96.0	73.0	519
Total	43.0	22.8	13.5	1.4	8.8	1.8	8.5	0.1	100.0	79.4	45.6	4,794

[1] Includes cases in which the wife is unsure about her own attitude, but knows her husband's.

The fact that both men and women in the same household were interviewed provided an opportunity to link responses obtained from currently married women with those obtained from their husbands. A total of 1,109 couples were linked in this way. Table 4.21 shows the percent distribution of these couples by attitude towards family planning, according to age and educational differences between spouses.

For 65 percent of couples, both spouses report that they approve of family planning, while for only 4 percent of the couples, both disapprove. When only one spouse disapproves, it is just as likely to be the wife as the husband (8 vs. 7 percent). Generally, there is no real change in attitudes as difference between the husband and the wife increases. Couples are more likely to approve of family planning when both spouses are educated.

Because both men and women interviewed in the 1995 UDHS were asked whether they approved of family planning and, if married, whether they thought their spouses approved of family planning, it is possible to examine the extent to which husbands and wives report accurately on their spouses' attitudes. Table 4.22 shows the percent distribution of couples by husband's and wife's actual attitude toward family planning, according to their spouse's perception of their attitude.

Table 4.21 Attitudes of couples toward family planning

Percent distribution of couples by approval of family planning, according to age difference between spouses and level of education, Uganda 1995

Age difference/ education	Both approve	Both disap-prove	Wife approves, husband dis-approves	Husband approves, wife dis-approves	Don't know/ Missing	Percent in agree-ment	Total	Number
Wife older	60.3	1.4	6.7	7.9	23.6	61.8	100.0	89
Husband older by:								
0-4 years	61.9	2.9	7.9	7.5	19.8	64.8	100.0	371
5-9 years	66.8	4.3	5.9	9.2	13.8	71.0	100.0	411
10-14 years	68.4	4.0	7.5	6.7	13.4	72.4	100.0	171
15+ years	64.8	4.1	5.9	5.7	19.5	68.9	100.0	67
Education								
One or both spouses uneducated	36.1	5.2	7.5	6.6	44.6	41.3	100.0	82
Wife educated, husband not	(46.5)	(5.2)	(13.8)	(6.8)	(27.7)	51.7	100.0	46
Husband educated, wife not	50.8	4.5	9.9	9.9	24.9	55.3	100.0	315
Both educated	76.2	2.8	4.9	7.3	8.9	78.9	100.0	666
Total	64.7	3.5	6.9	8.0	16.9	68.3	100.0	1,109

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

Table 4.22 Spouse's perception of spouse's approval of family planning

Percent distribution of couples by husband's and wife's actual attitude towards family planning according to their spouse's perception of their attitude, Uganda 1995

	Spouse's actual attitude				
Perception	Approves	Disap-proves	Unsure	Total	Number
Wife's perception of husband's attitude					
Approves	86.1	7.5	6.4	100.0	495
Disapproves	72.5	19.8	7.6	100.0	362
Don't know	74.1	9.2	16.7	100.0	252
Total	78.9	11.9	9.1	100.0	1,109
Husband's perception of wife's attitude					
Approves	83.5	9.4	7.0	100.0	643
Disapproves	65.5	23.5	11.0	100.0	260
Don't know	69.0	11.1	19.9	100.0	207
Total	76.6	13.0	10.4	100.0	1,109

The data indicate that when husbands and wives report that their spouses approve of family planning, they are generally accurate. For example, in 86 percent of the cases in which wives reported that their husbands approved of family planning, the husbands also said they approved. Similarly, for 84 percent of the couples in which the husband said his wife approved of family planning, she also said she approved. However, when husbands and wives report that their spouses disapprove of family planning, in 66-73 percent of cases, the opposite is true, that is, the spouse actually approves of family planning. A conclusion from these data that there is a considerable lack of communication between spouses about attitudes towards family planning should be taken with caution. It is also likely that at least some respondents report more favourable attitudes towards family planning than they in fact hold, perhaps in an attempt to please the interviewer or to appear more sophisticated.

Another indicator of the level of acceptance of family planning is the extent to which couples discuss the topic. In the 1995 UDHS, all currently married women who had heard of a contraceptive method were asked if they had discussed the practice of family planning with friends or relatives in the few months before the survey. Almost half (48 percent) of the women said they had discussed family planning with their husbands (data not shown). The proportion varies only slightly by age of the woman, from 44 percent of women age 15-19, to a high of 52 percent of women age 20-24, and then dropping gradually to a low of 35 percent among women age 45-49.

4.16 Problems with Contraceptive Methods

Actual and perceived problems with contraceptive methods can hamper adoption of these methods, as well as reduce effectiveness of use among those who do adopt the method. In order to elicit information on possible rumors about or actual problems with specific methods, women who have heard of either the pill, IUD, or injectables were asked what they thought were the problems or disadvantages of each of these methods. The results are shown in Table 4.23 for currently married women.

Table 4.23 Disadvantages of the pill/IUD/injectables

Percentage of currently married women who have heard of the pill, IUD or injectables, and who report specific problems or disadvantages with using the method, by contraceptive use status, Uganda 1995

	Pill				IUD			Injectables			
Disadvantage of method	Using pill	Using another method	Not using any method	Total	Using another method	Not using any method	Total	Using injec-tables	Using another method	Not using any method	Total
Blood pressure/nausea	47.9	23.7	12.1	14.8	3.2	2.6	2.9	21.5	10.4	6.2	7.3
Gain/lose weight	20.4	16.9	11.0	12.1	5.5	4.9	5.0	19.5	20.8	14.1	15.3
Breast milk decrease	2.3	2.0	1.1	1.3	0.9	0.5	0.6	0.2	1.5	1.1	1.1
Menstrual problems/ bleeding	35.9	31.6	17.4	19.8	12.2	9.2	10.3	54.3	29.5	15.2	18.7
Unreliable	5.2	13.8	10.3	10.6	11.1	8.0	8.9	0.0	4.8	3.5	3.6
Decreased fertility	3.4	10.9	11.6	11.3	2.7	3.0	2.9	5.0	17.2	12.4	12.8
Destroys uterus/cancer	9.9	15.1	12.5	12.8	24.1	16.4	18.6	4.0	6.7	5.6	5.7
Problems during sex	1.5	1.2	0.7	0.7	12.1	9.0	9.9	1.0	1.4	0.4	0.5
Abnormal delivery/ malformed	10.4	17.3	17.1	16.9	1.6	2.1	1.9	0.2	4.4	3.6	3.6
Other	19.8	12.5	7.7	8.7	12.6	6.7	8.3	18.5	4.9	3.8	4.4
No problems	15.9	5.7	5.7	6.1	5.1	6.7	6.5	23.1	7.7	8.2	8.6
Don't know	2.6	13.1	31.8	28.4	39.2	50.9	47.2	3.8	27.9	47.0	42.7
Number of women	136	560	3,566	4,261	440	1,128	1,586	128	536	2,971	3,635

Note: There were too few cases to show IUD users separately.

More than one-quarter of married women say they do not know of any problem with the pill. The most common problem or disadvantage of the pill is that it is perceived to cause menstrual problems and/or bleeding; one-fifth of women cited this as a problem. Other commonly cited problems are that the pill causes either abnormal deliveries, blood pressure or nausea, destruction of the uterus, weight gain or loss, decreased fertility, or that it is unreliable. Those who are using the pill are much more likely to cite blood pressure, nausea, and menstrual problems as disadvantages than are those who are either using another method or not using any method. It is discouraging to note that more than 10 percent of women who are not using the pill think that the pill causes major problems resulting in abnormal deliveries or malformed children, that it destoys the uterus or causes cancer, or that it is unreliable. Such misunderstandings may result in lower levels of pill use.

Almost half of women who know the IUD report that they do not know of any problems or disadvantages with it. The most commonly stated disadvantage is that the IUD destroys the uterus or causes cancer, followed by menstrual problems or bleeding, and problems during sexual intercourse.

As for injectables, 43 percent of women who know about injectables say that they do not know of any problem with the method, while 19 percent believe that injectables cause menstrual problems or bleeding, 15 percent say that injectables result in weight changes, and 13 percent believe that injectables result in decreased fertility. As with the pill, women who are currently using injectables are much more likely to cite menstrual problems or bleeding, and blood pressure or nausea as problems with injectables when compared to non-users. They are also more likely to say there are no problems with injectables.

4.17 Knowledge of Family Planning Logo

As a further measure of exposure to family planning information, women and men respondents were asked whether they had seen or heard of the yellow family planning flower, the logo that was recently adopted as the nationwide symbol identifying sources of family planning services. Results are presented in Table 4.24 for currently married respondents. Twenty percent of women and 28 percent of men say they are aware of the yellow flower. This knowledge varies significantly by place of residence and education. Urban women and men are more than twice as likely as rural residents to have seen or heard of the yellow flower. Similarly, residents of the Central Region and those from Kampala are more likely to have been exposed to the family planning logo as are those who live in areas covered by the DISH project. Education is also related to knowledge of the logo; over half of women and men with secondary or more education have seen or heard of the yellow flower, compared with less than 10 percent of those with no education.

Respondents who know about the yellow flower were asked to describe it and to explain what it means. Among women, 32 percent accurately describe it as a yellow flower in a circle, while 18 percent say that it is a small family inside a flower, and 23 percent say it shows a man, woman and children (data not shown). Among men, 19 percent say it is a yellow flower in a circle, while 17 percent say that it is a small family inside a flower and 16 percent say it shows a man, woman and children. Since all of these responses are correct, it means that almost three-quarters of women and only one-third of men who say they have seen the logo can accurately describe it.

About half of married women and men who know of the yellow flower report that it means that family planning services are available at that location (data not shown). Around 40 percent of respondents say that they do not know what the logo means, implying that their knowledge is very superficial.

Table 4.24 Knowledge of family planning logo

Percentage of currently married women and men who have seen or heard about the yellow family planning flower logo, by selected background characteristics, Uganda 1995

Background characteristic	Women		Men	
	Knows yellow flower	All women	Knows yellow flower	All men
Residence				
Urban	44.2	612	55.6	157
Rural	17.0	4,522	24.3	1,095
Region				
Central	34.3	1,246	42.2	318
Eastern	12.3	1,400	27.5	318
Northern	25.2	1,112	22.3	273
Western	11.6	1,376	20.5	343
DISH area				
Kasese/Mbarara (I)	10.0	402	29.5	113
Masaka/Rakai (II)	25.3	298	33.1	71
Luwero/Masindi (III)	14.4	167	18.9	44
Kamuli/Jinja (IV)	22.1	274	59.9	60
Kampala (V)	50.0	282	60.3	71
Total DISH	24.0	1,423	40.1	359
Total non-DISH	18.8	3,711	23.4	893
Education				
No education	9.6	1,792	9.6	150
Primary	21.4	2,823	22.3	825
Secondary+	51.0	520	55.7	277
Number of living children				
None	18.1	627	27.7	121
1	19.4	901	22.7	185
2	22.5	834	30.2	176
3	17.6	690	17.2	147
4+	21.3	2,081	31.9	622
Total	20.3	5,134	28.2	1,252

4.18 Knowledge of Protector Condoms

Women and men respondents in the UDHS were asked if they had ever heard of a condom called Protector, the brand that is sold through the social marketing programme. Results in Table 4.25 show that men are more likely than women to have heard of "Protector" condoms—27 percent of married men and 11 percent of married women have heard of this brand. As expected, knowledge of Protector condoms is higher among urban women and men, those who live in the Central Region or in Kampala, and those with secondary or more education. Knowledge of Protector condoms is also higher among women and men who live in areas covered by the DISH project than those in areas not covered by the project. There is no consistent pattern between knowledge of Protector condoms and number of living children.

Table 4.25 Knowledge of "Protector" condom

Percentage of currently married women and men who have heard of "Protector" condom, by selected background characteristics, Uganda 1995

Background characteristic	Women		Men	
	Percentage	Number of women	Percentage	Number of men
Residence				
Urban	39.6	612	67.1	157
Rural	6.8	4,522	21.3	1,095
Region				
Central	23.7	1,246	42.6	318
Eastern	5.7	1,400	27.0	318
Northern	7.2	1,112	21.7	273
Western	6.8	1,376	17.0	343
DISH area				
Kasese/Mbarara (I)	6.5	402	21.3	113
Masaka/Rakai (II)	9.8	298	23.1	71
Luwero/Masindi (III)	8.1	167	23.3	44
Kamuli/Jinja (IV)	12.9	274	53.6	60
Kampala (V)	51.3	282	75.7	71
Total DISH	17.5	1,423	38.1	359
Total non-DISH	8.1	3,711	22.6	893
Education				
No education	2.1	1,792	3.9	150
Primary	9.8	2,823	18.6	825
Secondary+	45.1	520	65.0	277
Number of living children				
None	13.3	627	25.2	121
1	14.2	901	31.4	185
2	13.5	834	26.9	176
3	10.6	690	27.2	147
4+	7.2	2,081	26.2	622
Total	10.7	5,134	27.1	1,252

CHAPTER 5

PROXIMATE DETERMINANTS OF FERTILITY

This chapter addresses the principal factors other than contraception which affect a woman's chances of becoming pregnant. These factors are marriage (including consensual unions), postpartum amenorrhoea, abstinence from sexual relations, and secondary infertility. The chapter also looks at other more direct measures of the timing and level of exposure to the risk of pregnancy, that is, the age at first sexual intercourse and the frequency of intercourse. Other measures are postpartum amenorrhoea and postpartum abstinence that result in insusceptibility to the risk of pregnancy during the months immediately following a birth.

Marriage is a primary indicator of exposure of women to the risk of pregnancy and is therefore important for the understanding of fertility. Marriage is seen as the beginning of regular exposure to the risk of pregnancy. Populations in which the age at first marriage is low also tend to experience early childbearing and high fertility.

5.1 Current Marital Status

Data on the marital status of respondents at the time of survey are shown in Table 5.1. In this report, the term "marriage" includes both formal and informal unions. Informal unions are those in which a man and woman stay together intending to have a lasting relationship, even if a formal civil or religious ceremony has not yet occurred. Although shown separately in Table 5.1, the categories of "married" and "living together" are combined in subsequent tables and referred to as "currently married."

Table 5.1 Current marital status

Percent distribution of women and men by current marital status, according to age, Uganda 1995

Age	Current marital status							Total	Number
	Never married	Married	Living together	Widowed	Divorced	Not living together	Missing		
					WOMEN				
15-19	50.2	38.9	8.1	0.3	0.3	2.3	0.0	100.0	1,606
20-24	12.3	68.6	9.4	2.3	1.4	6.1	0.0	100.0	1,555
25-29	5.8	73.8	10.3	2.0	2.4	5.8	0.0	100.0	1,270
30-34	1.9	73.4	9.5	5.4	1.9	7.8	0.0	100.0	976
35-39	1.4	74.8	9.0	6.5	2.6	5.8	0.0	100.0	783
40-44	0.4	65.0	8.5	13.3	3.5	9.3	0.0	100.0	499
45-49	1.4	62.3	7.7	16.0	3.6	7.8	1.2	100.0	380
Total	15.7	63.5	9.1	4.2	1.8	5.7	0.1	100.0	7,070
					MEN				
15-19	88.6	7.1	2.9	0.0	0.7	0.7	0.0	100.0	387
20-24	44.9	46.4	2.6	0.0	1.3	4.7	0.0	100.0	367
25-29	17.4	68.7	4.3	1.0	1.7	7.0	0.0	100.0	359
30-34	3.3	86.0	2.9	1.8	1.1	5.0	0.0	100.0	259
35-39	2.9	83.1	4.5	3.1	1.9	4.4	0.0	100.0	250
40-44	1.2	84.9	3.5	1.7	0.6	8.0	0.0	100.0	162
45-49	3.1	81.2	0.0	5.4	5.0	5.3	0.0	100.0	118
50-54	1.0	86.4	1.6	1.4	0.0	9.6	0.0	100.0	95
Total	29.7	59.6	3.1	1.3	1.4	4.9	0.0	100.0	1,996

Note: Figures may not add to 100.0 due to rounding.

The upper panel of Table 5.1 shows that 73 percent of women in childbearing ages are either currently married or living in some union with a man, 16 percent have never married, and 12 percent are widowed, divorced, or no longer living together. The proportion of women who have never married falls sharply with age, from 50 percent among teenagers to less than two percent of women age 30 and over. This universality of marriage among women was also observed in the 1991 Population Census. The proportion of women who are currently married increases with age until age group 35-39 and thereafter declines because of the increasing levels of widowhood with age. The proportions widowed and divorced increase with age, while the proportions who are no longer living with a man show no clear age pattern.

Most marital disruption among women appears to be due to the death of the husband. For example, among teenagers, the proportion divorced is equal to the proportion widowed (0.3 percent). However, among women age 45-49, the proportion widowed is 16 percent, compared to only 4 percent divorced.

The lower panel of Table 5.1 shows that about 63 percent of the men age 15-54 years are currently married, while 30 percent have never married. Men tend to marry at older ages than females. The proportion never married among teenage males is 89 percent, but decreases to 1 percent at ages 50-54 years.

5.2 Polygyny

The extent of polygyny was measured in the 1995 Uganda DHS by asking married women how many other wives (if any) their husbands had. The proportion of currently married respondents who were in polygynous unions are given in Table 5.2 according to age and background characteristics and are shown in Figure 5.1.

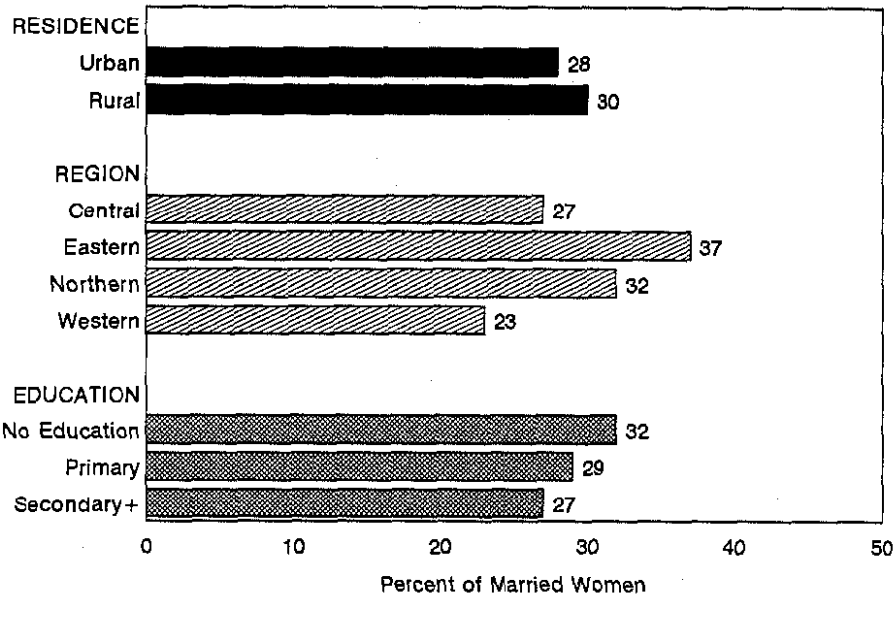
Table 5.2 Polygyny

Percentage of currently married women and percentage of currently married men in a polygynous union, by age and selected background characteristics, Uganda 1995

Background characteristic	Current age (women)								All women	All men
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+		
Residence										
Urban	19.5	17.9	29.8	37.3	42.5	31.1	29.7	NA	27.7	15.5
Rural	16.9	24.0	32.3	35.5	41.3	33.7	38.2	NA	30.2	15.0
Region										
Central	15.6	17.5	29.0	37.0	38.2	30.7	38.7	NA	26.9	11.1
Eastern	24.3	35.4	40.4	38.9	45.6	42.4	33.9	NA	37.0	22.3
Northern	18.1	24.1	39.0	40.8	49.1	25.6	(34.3)	NA	32.3	12.3
Western	9.0	14.0	22.3	27.6	33.7	33.1	41.9	NA	23.4	14.2
Education										
No education	15.8	23.1	33.1	36.0	38.9	31.9	36.2	NA	31.5	12.8
Primary	16.7	24.2	33.9	36.7	42.7	34.2	37.3	NA	29.4	15.2
Secondary+	27.1	18.1	21.6	30.5	46.8	(39.3)	*	NA	27.1	15.7
All women	17.2	23.2	31.9	35.7	41.4	33.4	37.7	NA	29.9	NA
All men	*	3.1	12.5	17.6	11.9	22.8	25.6	30.1	NA	15.1

Note: Figures in parentheses are based on 25-49 unweighted cases; an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
NA = Not applicable

Figure 5.1
Percent of Married Women in Polygynous Unions by Background Characteristics



UDHS 1995

Overall, 30 percent of married women and 15 percent of men are in polygynous unions. The practise of polygyny increases with age among women from 17 percent among teenagers to 41 percent among those age 35-39 years. A similar rise with age occurs among men. At any given age group, the proportion of married women in a polygynous marriage is considerably higher than that of men.

The proportion of rural women and men in polygynous unions is not significantly different from that for urban women and men. There are regional variations in polygyny levels, with the Eastern region having the highest proportion of women and men in polygynous unions (37 and 22 percent, respectively). For the other three regions, the polygynous proportions among women vary between 23 percent in the Western region and 32 percent in the Northern region, while for men, the proportions are quite close (11 to 14 percent).

There is a slight inverse relationship between female education and polygyny. The proportion of currently married women in a polygynous union decreases from 32 percent among women with no formal education to 27 percent among those with secondary or more education. On the contrary, among men, the level of polygyny increases with education from 13 percent among men with no education to 16 percent among those with secondary or more education. The cause of this pattern among men is not clear, although it may be due to small sample sizes.

Of the 30 percent of women who are in polygynous unions, the majority have only one co-wife (17 percent of all currently married women), while 12 percent report having two or more co-wives (data not shown). The proportion of men in polygynous unions is much lower than that for women, with 13 percent having two wives and 2 percent having three or more wives.

The practise of polygyny may have declined slightly over time, since the proportion of women in polygynous unions fell from 33 percent in 1988-89 (Kaijuka, et al., 1989:13) to 30 percent in 1995, with the

decline being faster among young women. However, some of the difference may be due to the fact that the earlier survey did not cover the entire country.

5.3 Age at First Marriage

Marriage is highly associated with the level of fertility especially in the case of low levels of contraceptive use. Women who marry early will, on average, have longer exposure to reproductive risk. Therefore, early marriage tends to lead to early childbearing and subsequently high fertility levels. The percentage of women ever-married by specific ages and the median age at first marriage according to current age is shown in Table 5.3.

Table 5.3 Age at first marriage

Percentage of women and men who were first married by specific exact age and median age at first marriage, according to current age, Uganda 1995

WOMEN

Current age	Percentage who were first married by exact age: 15	18	20	22	25	Percentage who have never married	Number of women	Median age at first marriage
15-19	14.2	NA	NA	NA	NA	50.2	1,606	a
20-24	15.1	54.1	74.7	NA	NA	12.3	1,555	17.7
25-29	18.0	52.8	72.1	83.4	91.0	5.8	1,270	17.8
30-34	19.7	57.1	74.9	85.9	93.1	1.9	976	17.3
35-39	24.7	58.8	75.9	85.6	93.7	1.4	783	17.1
40-44	23.4	60.7	77.8	87.1	91.3	0.4	499	17.0
45-49	27.1	55.6	73.5	82.4	90.5	1.4	380	17.3
Women 20-49	19.6	55.7	74.5	85.0	90.8	5.5	5,464	17.5
Women 25-49	21.3	56.4	74.5	84.9	92.1	2.8	3,908	17.4

MEN

Current age	Percentage who were first married by exact age: 20	22	25	28	30	Percentage who have never married	Number of men	Median age at first marriage
20-24	27.9	NA	NA	NA	NA	44.9	367	a
25-29	20.9	45.1	68.7	NA	NA	17.4	359	22.6
30-34	20.8	44.1	70.1	86.4	93.7	3.3	259	22.6
35-39	25.7	42.9	60.5	76.2	84.2	2.9	250	23.2
40-44	20.0	32.5	52.4	73.1	83.1	1.2	162	24.7
45-49	25.8	40.7	67.4	79.1	83.6	3.1	118	22.8
50-54	18.8	30.5	49.1	72.1	77.4	1.0	95	25.1
Men 25-54	22.0	41.3	63.6	79.4	85.0	6.8	1,242	23.1

NA = Not applicable
[a] Omitted because less than 50 percent of the women or men in the age group *x* to *x+4* were first married by age *x*.

The table shows that most (56 percent) of Ugandan women age 20-49 marry before they reach age 18. The median age at first marriage is 17.5 years. There has been a sharp decline in the proportion of women marrying in their early teens; the percentage who marry before reaching age 15 has fallen from 27 percent among women 45-49 to 14 percent among women 15-19 years. However, the median age at first marriage shows no clear trend over the age groups of women, implying that while very early marriage may have declined, the majority still marry before 18.

Comparison with data from the men's survey shows that men enter into first union at a much later age than women; the median age at first marriage for men age 25-54 is 23 years, compared with 17.5 years for women. Only 22 percent of men are married by age 20, compared with 75 percent of women.

Table 5.4 shows median age at first marriage for women age 20-49 by current age and selected background characteristics; summary data are also given for men age 25-54. It can be seen that in each age group, urban women marry later than their rural counterparts, with an overall difference of one and a half years in the median age at marriage. The median age at first marriage among women age 20-49 years in the various regions is very close, ranging between 17.1 years (Eastern Region) and 18.0 years (Central Region). Large differences are observed in the age at first marriage by educational level. The median age at first marriage for women 25-49 years old with no formal education is 16.6 years, compared with 20.5 years for those with secondary or higher education. Median age at first marriage among men generally follows the same pattern as that for women, except that there is no clear relationship with educational attainment.

Table 5.4 Median age at first marriage

Median age at first marriage among women age 20-49 years, by selected age groups, and selected background characteristics, and among men age 25-54 by background characteristics, Uganda 1995

Background characteristic	Current age						Women age 20-49	Women age 25-49	Men age 25-54
	20-24	25-29	30-34	35-39	40-44	45-49			
Residence									
Urban	19.3	19.4	18.3	18.2	18.3	17.6	18.9	18.7	24.6
Rural	17.5	17.5	17.2	17.0	16.9	17.2	17.3	17.2	22.8
Region									
Central	18.4	18.2	18.0	17.5	17.1	17.2	18.0	17.8	23.3
Eastern	17.4	17.6	16.7	16.6	16.3	17.7	17.1	17.0	22.9
Northern	16.8	17.2	17.3	18.0	18.0	17.4	17.2	17.4	22.3
Western	18.2	18.0	17.4	17.0	17.1	16.9	17.6	17.4	23.7
Education									
No education	16.8	16.6	16.5	17.0	16.7	16.5	16.7	16.6	24.3
Primary	17.5	17.7	17.4	16.8	17.0	17.9	17.4	17.4	22.3
Secondary+	a	21.0	20.3	20.2	19.7	*	a	20.5	24.9
All women/men	17.7	17.8	17.3	17.1	17.0	17.3	17.5	17.4	23.1

Note: The median age for women 15-19 could not be determined because some women may still get married before reaching age 20. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[a] Omitted because less than 50 percent of the women in the age group x to $x+4$ were first married by age x

5.4 Age at First Sexual Intercourse

Though age at first marriage is widely used as a proxy for onset of women's exposure to sexual intercourse, it is less useful in Uganda, where some women are sexually active before marriage. The 1995 UDHS collected data on the age at which men and women had their first sexual encounters. As the upper panel of Table 5.5 shows, the median age at first intercourse of Ugandan women age 20-49 is 16, about one and a half years lower than the median age at first marriage (17.5 years, Table 5.3). By age 15, 30 percent of women have had sexual intercourse and by age 18, 72 percent of women have had sexual intercourse, whereas only 56 percent have married by this age. As with age at first marriage, the median age at first intercourse has not changed over the various age groups of women.

About two-fifths of teenage women have never had sexual intercourse. However, this proportion falls dramatically to only three percent among women age 20-24 and by age group 40-44, all women have been sexually active.

Table 5.5 Age at first sexual intercourse

Percentage of women and men who had first sexual intercourse by exact age 15, 18, 20, 22, and 25, and median age at first intercourse, according to current age, Uganda 1995

Current age	Percentage who had first intercourse by exact age: 15	18	20	22	25	Percentage who never had intercourse	Number of women/ men	Median age at first intercourse
				WOMEN				
15-19	23.8	NA	NA	NA	NA	38.4	1,606	a
20-24	26.0	70.3	87.1	NA	NA	3.2	1,555	16.5
25-29	29.3	73.6	88.5	92.2	93.6	1.1	1,270	16.0
30-34	30.5	71.1	82.5	87.3	88.9	0.3	976	16.1
35-39	35.7	73.0	84.1	89.1	91.8	0.2	783	15.8
40-44	34.7	71.2	85.7	90.4	92.2	0.0	499	15.9
45-49	35.8	70.1	81.8	87.1	90.2	0.0	380	15.9
Women 20-49	30.4	71.7	85.7	90.0	91.6	1.3	5,464	16.1
Women 25-49	32.2	72.2	85.1	89.6	91.6	0.5	3,908	16.0
				MEN				
15-19	19.2	NA	NA	NA	NA	52.4	387	a
20-24	19.4	58.1	80.5	NA	NA	11.2	367	17.3
25-29	17.6	54.5	74.6	87.9	93.8	2.5	359	17.5
30-34	20.2	60.8	82.0	90.4	97.0	0.0	259	17.1
35-39	15.6	55.8	81.1	93.8	94.9	0.6	250	17.5
40-44	14.1	48.9	73.5	84.0	87.7	0.3	162	18.1
45-49	20.3	50.8	78.7	89.1	94.1	2.1	118	17.9
50-54	18.8	44.9	71.0	88.1	91.4	0.0	95	18.3
Men 25-54	17.6	54.3	77.4	89.2	93.7	1.1	1,242	17.6

NA = Not applicable
[a] Omitted because less than 50 percent in the age group x to $x+4$ had had intercourse by age x

In general, women become sexually active earlier than men. The median age at first sex for men age 25-54 is 17.6 years, compared with 16 years for women. Although men enter into marriage six years later than women on average, they start sexual relations only one and half years later than women. Unlike women,

the median age at first intercourse among men seems to be declining slightly over time, from 18.3 years among those age 50-54 to 17.3 years among those age 20-24.

Table 5.6 shows differentials in the median age at first sexual intercourse by background characteristics for women age 20-49 years and men age 25-54. The median age at first sexual intercourse is slightly lower in rural than urban areas among females, but not among males. There is also little variation by regions for women, however, the median age at first intercourse for men in the Eastern region is two years earlier than for men in the Western region. Women with secondary or more education initiate sexual relations two years later, on average, than those with no formal education.

Table 5.6 Median age at first intercourse

Median age at first intercourse among women age 20-49 years, by selected age groups and selected background characteristics, and among men age 25-54 by background characteristics, Uganda 1995

Background characteristic	Current age						Women age 20-49	Women age 25-49	Men age 25-54
	20-24	25-29	30-34	35-39	40-44	45-49			
Residence									
Urban	16.6	16.2	16.4	16.1	16.0	16.4	16.4	16.3	17.2
Rural	16.4	16.0	16.0	15.8	15.9	15.8	16.1	15.9	17.6
Region									
Central	16.3	15.9	16.0	15.7	15.8	15.9	16.0	15.9	17.3
Eastern	16.0	15.6	15.3	15.3	15.3	14.8	15.5	15.4	16.5
Northern	16.4	16.3	16.5	16.3	16.8	16.5	16.4	16.4	17.8
Western	17.3	16.5	16.6	16.4	16.5	16.5	16.7	16.5	18.3
Education									
No education	15.9	15.6	15.8	15.7	15.9	15.7	15.8	15.7	18.1
Primary	16.3	16.0	16.0	15.7	15.7	15.9	16.0	15.9	17.4
Secondary+	18.0	17.4	17.4	18.5	18.2	*	17.8	17.7	17.5
All women/men	16.5	16.0	16.1	15.8	15.9	15.9	16.1	16.0	17.5

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

5.5 Recent Sexual Activity

In societies in which little deliberate contraception is being practised, the chance of becoming pregnant is closely related to the frequency of sexual intercourse. Thus, information on recent sexual activity further refines the measure of exposure to pregnancy. Tables 5.7.1 and 5.7.2 give data on levels of sexual activity in the four weeks prior to the survey by background characteristics for women and men respectively.

Table 5.7.1 shows that three out of five women were sexually active in the four weeks prior to the survey, while 10 percent had never had sexual intercourse, 9 percent were practising postpartum abstinence and 15 percent were abstaining for reasons other than recent delivery. Seven percent of women were missing information about recent sexual activity.

The likelihood of a woman being sexually active in the four weeks prior to the survey is highest in the age group 25-29 years, while it declines with duration of marriage as well as with increasing level of education. The proportion of women who are sexually active falls from 65 percent among women with no education to 48 percent of those with secondary or more education; most probably, this pattern is due to the

Table 5.7.1 Recent sexual activity: women

Percent distribution of women by sexual activity in the four weeks preceding the survey, and among those not sexually active, the length of time they have been abstaining and whether postpartum or not postpartum, according to selected background characteristics and contraceptive method currently used, Uganda 1995

Background characteristic/ contraceptive method	Sexually active in last 4 weeks	Not sexually active in last 4 weeks: Abstaining (postpartum) 0-1 years	Abstaining (postpartum) 2+ years	Abstaining (not postpartum) 0-1 years	Abstaining (not postpartum) 2+ years	Never had sex	Missing[1]	Total	Number of women
Age									
15-19	40.9	6.5	0.1	10.8	1.5	38.4	1.8	100.0	1,606
20-24	65.5	10.7	1.1	12.3	1.7	3.2	5.6	100.0	1,555
25-29	70.2	8.8	0.4	13.4	1.0	1.1	5.1	100.0	1,270
30-34	69.2	8.8	1.0	11.5	1.0	0.3	8.2	100.0	976
35-39	66.9	5.7	1.0	14.3	2.8	0.2	9.2	100.0	783
40-44	55.4	6.2	1.4	13.1	4.1	0.0	19.9	100.0	499
45-49	54.1	1.0	0.3	15.6	8.0	0.0	20.9	100.0	380
Duration of union (years)									
Never married	9.2	5.8	1.1	13.8	6.1	61.9	2.0	100.0	1,107
0-4	74.4	10.1	0.3	11.1	0.0	0.0	4.1	100.0	1,571
5-9	72.3	9.5	0.8	11.1	0.2	0.0	6.2	100.0	1,327
10-14	71.6	9.2	0.2	11.5	0.7	0.0	6.7	100.0	1,001
15-19	68.6	6.9	0.8	13.0	1.3	0.0	9.4	100.0	826
20-24	63.2	4.6	0.8	16.4	2.4	0.0	12.5	100.0	626
25-29	57.2	5.0	1.3	12.7	5.8	0.0	18.0	100.0	393
30+	51.4	0.7	0.6	15.8	8.9	0.0	22.6	100.0	219
Residence									
Urban	52.9	6.0	0.7	13.8	4.5	12.3	9.7	100.0	1,055
Rural	61.3	8.1	0.7	12.3	1.6	9.2	6.8	100.0	6,015
Region									
Central	55.6	6.2	0.6	14.0	3.7	9.9	9.9	100.0	1,967
Eastern	63.6	8.7	0.3	14.4	1.5	6.8	4.8	100.0	1,738
Northern	59.0	12.6	1.0	11.5	1.0	9.7	5.3	100.0	1,398
Western	62.2	5.1	0.9	10.0	1.7	12.1	8.0	100.0	1,968
Education									
No education	64.5	8.6	0.8	12.1	1.7	4.5	7.8	100.0	2,161
Primary	60.5	7.9	0.6	12.0	1.7	10.2	7.1	100.0	3,956
Secondary+	48.3	5.3	0.7	15.4	4.3	19.6	6.4	100.0	952
Contraceptive method[2]									
No method	57.9	8.3	0.7	12.0	2.1	11.2	7.8	100.0	6,124
Pill	86.8	1.6	0.0	10.3	0.6	0.0	0.8	100.0	162
Sterilisation	65.5	2.8	0.0	17.7	2.7	0.0	11.3	100.0	88
Condom	65.4	7.2	0.6	18.7	5.1	0.6	2.4	100.0	230
Other	74.5	4.3	0.6	16.2	1.2	0.0	3.1	100.0	447
Total	60.1	7.8	0.7	12.5	2.1	9.7	7.2	100.0	7,070

[1] In the UDHS questionnaire, formerly married women whose last sexual intercourse was with their husbands were not asked when they last had sex.
[2] Excludes 19 IUD users.

Table 5.7.2 Recent sexual activity: men

Percent distribution of men by sexual activity in the four weeks preceding the survey, according to selected background characteristics, Uganda 1995

Background characteristic	Sexually active in last 4 weeks	Not sexually active in last 4 weeks	Never had sex	Total	Number of men
Age					
15-19	18.9	28.7	52.4	100.0	387
20-24	52.5	36.3	11.2	100.0	367
25-29	68.8	28.7	2.5	100.0	359
30-34	79.9	20.1	0.0	100.0	259
35-39	69.1	30.3	0.6	100.0	250
40-44	76.4	23.3	0.3	100.0	162
45-49	69.7	28.2	2.1	100.0	118
50-54	71.2	28.8	0.0	100.0	95
Marital status					
Never married	13.3	43.3	43.4	100.0	592
Polygynous union	95.9	4.1	0.0	100.0	188
Monogamous union	82.2	17.8	0.0	100.0	1,063
Formerly married	20.8	79.2	0.0	100.0	152
Residence					
Urban	57.6	32.8	9.6	100.0	281
Rural	58.5	28.1	13.4	100.0	1,715
Education					
No education	56.6	32.9	10.5	100.0	232
Primary	60.8	26.8	12.4	100.0	1,259
Secondary+	53.2	31.6	15.2	100.0	504
Total	58.4	28.7	12.9	100.0	1,996

fact that uneducated women tend to be older, while those with secondary schooling are likely to be younger and still unmarried. Nine percent of unmarried women have had sexual intercourse in the four weeks before the survey. The proportion sexually active is higher in rural areas than urban areas, while among the regions it varies between 56 percent (Central Region) and 64 percent (Eastern Region). Not surprisingly, women who are using a contraceptive method are more likely to be sexually active than those who are not.

Fifty-eight percent of the men interviewed were sexually active in the four weeks preceding the survey, while 13 percent had never had sex and the remaining 29 percent had had sex, but not recently (Table 5.7.2). The likelihood of sexual activity increases with age to 80 percent among men age 30-34 and declines only slightly thereafter. As expected, sexual activity is higher among men in polygynous unions (96 percent) than among men in monogamous unions (82 percent). Only 21 percent of formerly married men and 13 percent of unmarried men were sexually active in the four weeks preceding the survey. There is no significant difference in current sexual activity between urban and rural men.

5.6 Postpartum Amenorrhoea, Abstinence, and Insusceptibility

For women who are not using contraceptives, exposure to the risk of pregnancy in the period following a birth is influenced by two factors: breastfeeding and sexual abstinence. Postpartum protection from conception can be prolonged by breastfeeding through its effect on the length of amenorrhoea (the period after birth prior to the return of menstruation). Protection can also be prolonged by delaying the

resumption of sexual relations. Women are considered as insusceptible if they are not exposed to the risk of pregnancy, either because they are amenorrhoeic or still abstaining from sex following a birth. The percentages of women who gave birth in the three years before the survey and who are still amenorrhoeic, abstaining, and insusceptible are presented in Table 5.8. The data are grouped in intervals of two months to minimise fluctuations in the estimates. The estimates of median and mean duration are also shown.

Table 5.8 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 1995

Months since birth	Amenor-rhoeic	Abstaining	Insus-ceptible	Number of births
< 2	96.5	78.6	99.5	184
2-3	92.4	39.4	93.2	238
4-5	78.7	25.2	82.3	275
6-7	73.6	17.0	77.7	259
8-9	60.1	18.9	66.6	258
10-11	56.8	13.2	61.1	323
12-13	48.5	15.0	53.8	299
14-15	44.7	10.0	46.5	286
16-17	30.5	5.0	32.6	278
18-19	24.6	4.6	26.8	297
20-21	16.0	6.3	19.0	295
22-23	12.4	6.5	17.7	262
24-25	8.3	5.2	11.3	240
26-27	6.8	3.2	9.8	217
28-29	4.7	1.9	6.6	182
30-31	1.5	2.2	3.2	218
32-33	0.9	0.3	1.3	264
34-35	1.2	2.0	3.1	211
Total	37.2	13.4	40.2	4,587
Median	12.6	2.2	13.4	-
Mean	13.4	5.5	14.5	-
Prevalence/ Incidence mean[1]	13.2	4.7	14.3	-

[1]The prevalence-incidence mean is borrowed from epidemiology and is defined as the number of children whose mothers are amenorrhoeic (prevalence) divided by the average number of births per month (incidence).

Within the first two months after a birth, nearly all women are insusceptible to the risk of pregnancy. The period of postpartum amenorrhoea is considerably longer than the period of postpartum abstinence and is the major determinant of postpartum insusceptibility to pregnancy. By 6-7 months following birth, three-quarters of the women are still insusceptible, however, only 17 percent are still abstaining from sexual relations. The table shows that Ugandan women are insusceptible to the risk of pregnancy--either due to amenorrhoea or to abstinence--for a median period of 13 months. The proportion of women experiencing postpartum insusceptibility falls from nearly 100 percent in the period less than 2 months prior to the survey to as low as 61 percent under one year and to 18 percent among women who had a birth 22-23 months prior to the survey.

The median durations of postpartum amenorrhoea, abstinence, and insusceptibility are presented in Table 5.9 by various background characteristics. Women age 30 or older have a longer median duration of postpartum amenorrhoea of 16 months compared to 11 months for women under 30 years of age. Similarly, rural mothers wait considerably longer than urban mothers for their menstrual periods to return after birth (13 vs. 7 months). Women in the Northern and Western Regions have the longest duration of amenorrhoea (15 months), while women in the Central Region have the shortest (9 months) duration. Postpartum amenorrhoea is inversely related to mother's education, varying from 15 months for women with no education to 12 and 6 months for those with primary and secondary or more education, respectively. Women with no education have a median period of insusceptibility of 16 months, compared with 13 and 9 months for those with primary and secondary or more education, respectively.

Table 5.9 Median duration of postpartum insusceptibility by background characteristics

Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility, by selected background characteristics, Uganda 1995

Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insuscep-tibility	Number of women
Age				
<30	10.9	2.2	12.3	3,127
30+	15.7	2.2	16.0	1,460
Residence				
Urban	6.5	2.2	8.7	524
Rural	13.2	2.2	13.7	4,063
Region				
Central	9.1	2.0	10.3	1,186
Eastern	11.4	2.5	12.4	1,219
Northern	14.6	4.1	15.6	921
Western	14.5	1.3	15.0	1,262
Education				
No education	15.2	2.6	15.6	1,406
Primary	11.9	2.1	13.1	2,700
Secondary+	5.9	2.1	9.2	481
Total	12.6	2.2	13.4	4,587

Note: Medians are based on current status.

5.7 Termination of Exposure to Pregnancy

The onset of infertility with increasing age reduces the proportion of women who are exposed to the risk of pregnancy. Although the onset of infecundity is difficult to determine, there are ways of estimating its effects for a population. Table 5.10 presents data on two indicators of decreasing exposure to the risk of pregnancy for women age 30 years and over: menopause and abstinence.

Table 5.10 Termination of exposure to the risk of pregnancy

Indicators of menopause and long-term abstinence among currently married women age 30-49, Uganda 1995

	Menopause[1]		Long-term abstinence[2]	
Age	Percent	Number	Percent	Number
30-34	1.4	419	0.3	810
35-39	3.6	402	0.3	656
40-41	8.0	136	1.5	191
42-43	13.5	102	5.4	126
44-45	22.9	131	4.6	150
46-47	30.2	62	1.8	73
48-49	39.1	94	6.0	94
Total	9.7	1,347	1.3	2,099

[1] Percentage of non-pregnant, non-amenorrhoeic currently married women whose last menstrual period occurred six or more months preceding the survey or who report that they are menopausal.
[2] Percentage of currently married women who did not have intercourse in the three years preceding the survey.

A woman is considered to be menopausal if she is not pregnant, not amenorrhoeic, and either declared herself as being menopausal or did not have a menstrual period for six or more months before the survey. As expected, the proportion of menopausal women rises rapidly with age, particularly among women age 40 years or more. It rises from 8 percent among those age 40-41 years to almost 40 percent in the age group 48-49 years.

A woman falls into the long-term abstinence category if she was currently married and did not have sexual intercourse for three years prior to the survey. Long-term abstinence assumes much less importance than menopause but exhibits a similar direct relationship with age, increasing from less than 1 percent among women age 30-34 to 6 percent for the oldest women of 48-49 years. Overall, 10 percent of the women in the reproductive age are menopausal, while only 1 percent are long-term abstainers.

CHAPTER 6

FERTILITY PREFERENCES

The 1995 UDHS included a number of questions to ascertain fertility preferences. Women who were either not pregnant or unsure about their status were asked the question, *"Would you like to have (a/another) child or would you prefer not to have any (more) children?"* On the other hand pregnant women were asked the question, *"After the child you are expecting, would you like to have another child or would you prefer not to have any more children?"* Those who said that they did want another child were asked how long they would like to wait before the birth of the next child. Finally, women were asked how many children they would want in total if they could start afresh. The male questionnaire also included questions on fertility preferences, since men's preferences presumably affect fertility as well. Women may not always be able to act on their preferences due to other pressures, particularly the preferences of their husbands.

The data on fertility preferences produce an indication of the direction that future fertility will take, as well as an assessment of the need for family planning. It is assumed that individuals and couples will act in such a way as to achieve their preferred family sizes if the necessary family planning services are available, accessible, and affordable.

6.1 Desire for More Children

Table 6.1 shows future reproductive preferences among currently married women and men according to the number of living children. Although well over half of the women and men interviewed say that they

Table 6.1 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 1995

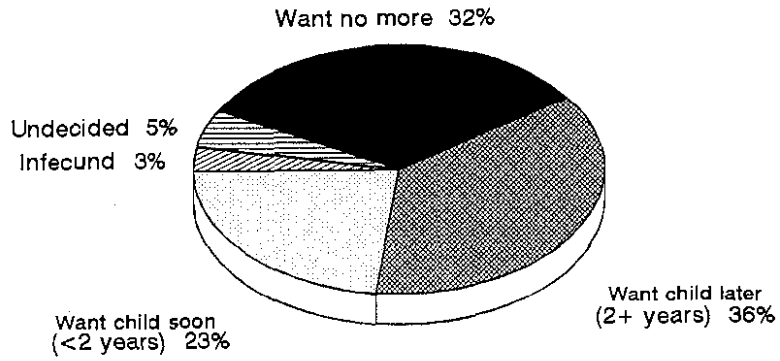
Desire for children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
WOMEN								
Have another soon[2]	77.6	33.2	23.3	18.8	17.1	12.4	5.5	23.3
Have another later[3]	10.2	54.9	57.2	48.7	34.6	26.0	12.0	36.3
Have another, undecided when	1.7	0.9	2.1	0.5	2.2	1.3	0.4	1.2
Undecided	1.4	1.2	2.8	4.6	5.5	5.3	4.4	3.6
Want no more	1.6	6.0	12.5	24.2	35.3	50.8	70.2	30.9
Sterilised	0.0	0.3	0.3	0.8	1.9	1.4	4.0	1.4
Declared infecund	7.5	3.5	1.8	2.5	3.5	2.9	3.4	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	419	940	850	741	554	528	1,103	5,134
MEN								
Have another soon[2]	90.7	56.6	44.0	48.0	34.4	33.4	27.6	44.1
Have another later[3]	5.0	39.5	44.6	40.9	40.7	24.7	18.2	29.8
Have another, undecided when	2.4	0.8	1.5	1.8	0.7	0.9	1.8	1.4
Undecided	1.1	0.0	0.2	0.0	0.0	1.8	2.3	0.9
Want no more	0.0	2.6	8.3	6.9	22.8	32.8	47.1	21.4
Sterilised	0.9	0.5	0.0	1.4	0.2	3.4	2.5	1.2
Declared infecund	0.0	0.0	1.5	1.0	0.2	2.9	0.5	0.8
Missing	0.0	0.0	0.0	0.0	1.0	0.0	0.1	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	121	185	176	147	146	137	339	1,252

[1] Includes current pregnancy
[2] Want next birth within two years
[3] Want to delay next birth for two or more years

want to have more children, 36 percent of women and 30 percent of men say they want to wait for two or more years before having their next child and can thus be considered potential users of contraception for the purpose of spacing births (Figure 6.1). Twenty-three percent of women and 44 percent of men say they want to have another child soon, while 5 percent of the women and 2 percent of the men are either unsure about whether they want another child or want another but are undecided on the timing of the next birth. A small proportion (3 percent of married women and less than 1 percent of married men) believe they cannot have any more children. Almost one-third of married women (31 percent) and over one-fifth of married men (21 percent) say they want no more children and can be considered potential users of contraception for the purpose of limiting their family size.

Women's desire for additional children has declined noticeably over the past six years. In 1988-89, 39 percent of married women wanted another child within the next two years, compared with only 23 percent of women in 1995. The proportion of women who want no more children increased from 19 percent in 1988-89 to 31 percent in 1995.

Figure 6.1
Fertility Preferences of
Currently Married Women 15-49



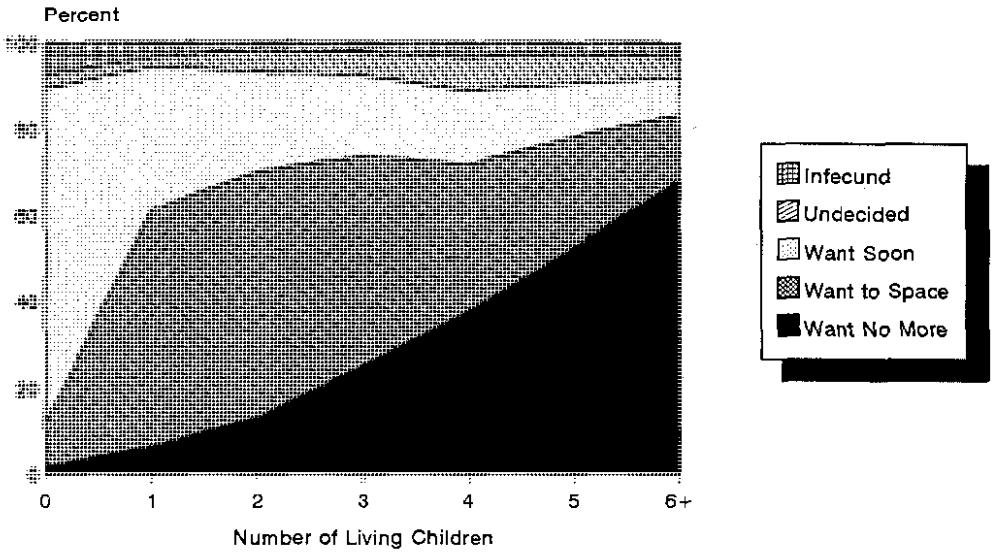
Note: "Want no more" includes sterilised women.
Figures may not add to 100% due to rounding.

UDHS 1995

As expected, the proportion of currently married women who want to stop childbearing rises with the number of living children, from less than 2 percent of childless women to about two-thirds of women with six or more children (Figure 6.2). Among married men, the proportion who want to stop childbearing similarly rises with the number of living children, from 0 percent for men without children to more than one-third of men with six or more children.

For those who want to space (i.e. those who want another child later), the pattern is different. Ten percent of childless women want to postpone having a child, compared to 57 percent of those with two children. Thereafter, the proportion of women who want to space their next child declines steadily to a low of 12 percent among women with six or more children. A similar pattern is displayed by married men. Five

Figure 6.2
Fertility Preferences of Married Women by Number of Living Children



Note: "Want no more" includes sterilised women

UDHS 1995

percent of childless men want to postpone having a child, compared to 45 percent of those with two children. Thereafter, the proportion of men who want to space declines steadily to a low of 18 percent. This pattern confirms that most individuals want to space their children, and at higher parities, prefer to stop childbearing altogether.

As expected, the desire to have a child soon, that is, within two years of the time of the interview, also declines as the number of children increases. While 78 percent of childless women want to have a child soon, the proportion decreases to 6 percent for women with six or more children. A similar pattern is observed for the male population. Over 90 percent of childless men want to have a child within the next two years. This proportion decreases steadily to 28 percent for those with six or more children.

The findings presented in Table 6.1 indicate that there is a strong desire for children and a preference for large families in Ugandan society. They also indicate that men are considerably more pronatalist than women. Among those with six or more children, 18 percent of married women want to have more children, compared to 48 percent of married men. A comparison with data from the 1988-89 UDHS indicates that there has been a downward trend in the desire for more children. For example, among women with six or more children, the proportion who want to have another child declined from 34 percent in 1988-89 to 18 percent in 1995.

Table 6.2 presents the percent distribution of currently married women by reproductive preferences according to age. As expected, the desire for more children declines with age. While 33 percent of women age 15-19 want to have another child soon, the proportion drops to 9 percent for ages 45-49 years. Correspondingly, the proportion of women who express a desire to cease childbearing increases as the age of the woman increases. The proportion of women who declare themselves infecund is less than one percent at the youngest two age groups; however, it increases to 25 percent among women age 45-49 years.

Table 6.2 Fertility preferences by age

Percent distribution of currently married women by desire for more children, according to age, Uganda 1995

Desire for children	Age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Have another soon[1]	33.0	28.1	24.4	20.0	15.6	15.8	8.8	23.3
Have another later[2]	57.2	57.0	39.6	25.0	13.8	5.7	1.8	36.3
Have another, undecided when	1.9	0.5	1.2	2.3	1.0	0.8	0.0	1.2
Undecided	1.7	2.1	4.3	3.8	8.1	2.0	2.3	3.6
Want no more	6.0	12.0	28.8	44.8	53.8	59.6	57.5	30.9
Sterilised	0.0	0.0	0.5	1.5	3.4	5.3	4.9	1.4
Declared infecund	0.1	0.3	1.1	2.5	4.3	10.9	24.6	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	756	1,212	1,067	810	656	367	266	5,134

[1] Want next birth within two years
[2] Want to delay next birth for two or more years

Table 6.3 shows the extent to which couples agree on the desire for more children. Generally speaking, there is substantial agreement between couples. In 56 percent of couples, both spouses want more children, and in 15 percent of couples, neither wants more children; only 21 percent of couples disagree in their fertility desires. Agreement among couples is highest when they have between one and three children, with only 15 percent expressing different desires; disagreement is highest among couples with 4-6 children, 40 percent of whom are discordant. It is noteworthy that regardless of the number of children the couple already has, the proportion of couples in which the husband wants more children and his wife does not strongly outnumbers the proportion in which the wife wants more and her husband does not. For example, among couples with seven or more children, 21 percent of the husbands want more children while their wives do not, compared to only 6 percent in which the wives want more children and their husbands do not. Not surprisingly, as the number of living children increases, the proportion of couples who want more children declines and the proportion who want no more children increases.

Table 6.3 Desire for more children among monogamous couples

Percent distribution of monogamously married couples by desire for more children, according to number of living children, Uganda 1995

Number of living children	Both want more	Husband more/ wife no more	Wife more/ husband no more	Both want no more	Husband/ wife infecund	Other[1]	Total	Number of couples
Same number								
0	94.5	1.7	0.0	0.0	3.9	0.0	100.0	78
1-3	80.7	12.5	2.0	0.9	0.0	3.9	100.0	266
4-6	28.2	27.6	12.2	20.5	5.8	5.7	100.0	151
7+	(10.4)	(21.4)	(6.1)	(59.1)	(0.0)	(2.9)	100.0	43
Different number								
Husband > wife	45.4	12.5	8.7	18.8	7.0	7.7	100.0	218
Wife > husband	44.6	21.9	2.2	27.4	1.3	2.6	100.0	98
Total	55.9	15.7	5.6	14.9	3.3	4.6	100.0	853

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Undecided or missing

Table 6.4 shows the percentage of currently married women who want no more children according to the number of children they already have and according to selected background characteristics.[1] A difference can be observed in the reproductive intentions of urban and rural women; 38 percent of urban women do not want to have another child, compared to 32 percent among their rural counterparts. The desire for smaller families among urban women can be seen by the fact that among those with four children, 54 percent want no more children, compared to 35 percent of rural women (Figure 6.3). These results corroborate the findings of higher fertility in rural than in urban areas (Chapter 3).

Table 6.4 Desire to limit childbearing

Percentage of currently married women who want no more children, by number of living children and selected background characteristics, Uganda 1995

Background characteristic	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	1.4	7.9	22.1	42.6	54.3	72.8	93.6	38.0
Rural	1.6	6.0	11.2	22.2	34.9	50.1	72.6	31.5
Region								
Central	1.0	6.4	18.1	34.0	54.4	76.0	89.6	42.2
Eastern	0.9	5.9	14.8	23.1	33.9	46.8	74.9	31.6
Northern	2.5	9.1	9.6	19.2	25.8	34.9	51.1	20.5
Western	2.2	3.6	8.3	24.2	32.6	50.1	72.8	33.6
Education								
No education	2.0	8.3	8.8	22.4	26.7	45.5	64.3	31.6
Primary	1.6	5.1	12.0	24.2	40.9	53.3	80.7	31.4
Secondary+	0.0	8.2	24.9	36.2	53.9	74.7	89.8	39.7
Total	1.6	6.2	12.8	24.9	37.2	52.1	74.2	32.3

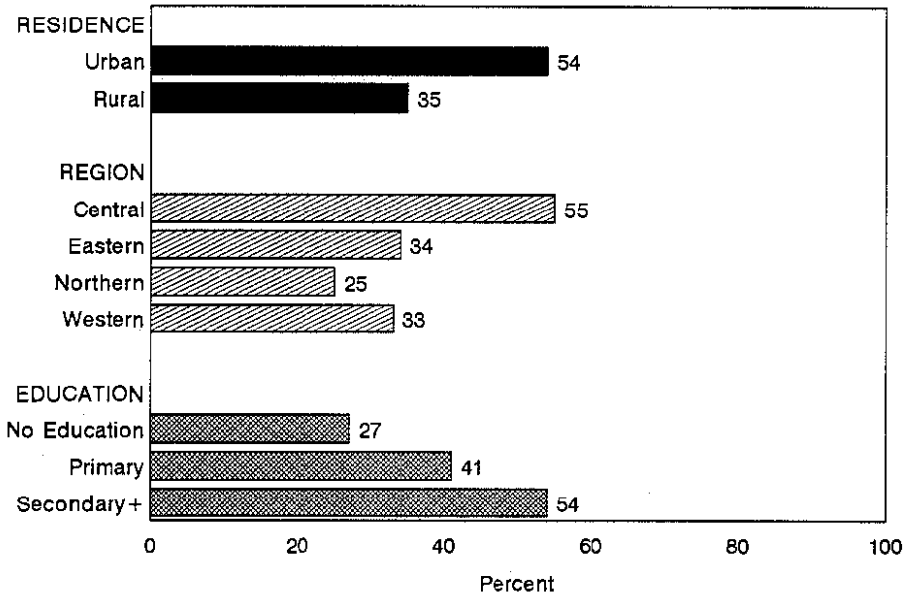
Note: Women who have been sterilised are considered to want no more children.
[1] Includes current pregnancy

An examination of regional differences reveals that the percentage of women who want no more children is highest in the Central Region (42 percent) and lowest in the Northern Region (21 percent). This pattern generally holds true regardless of the number of children a woman has. For example, among women with four children, more than half of those in the Central Region want to stop childbearing, compared to only one-quarter of those in the Northern Region (Figure 6.3).

Overall, there is no significant difference in the proportion wanting no more children between women with no education and those who attended primary level only (about 31 percent each). This agrees with the finding that there is little difference in fertility levels between women with no education and those with primary schooling (Chapter 3) as well as results from the 1991 Population and Housing Census which concluded that the effect of education on fertility becomes marked only after the primary level of education (Statistics Department, 1995b:99). However, among women with a given number of children, the data in Table 6.4 do show a generally positive relationship between education and the proportion who want to stop childbearing. For example, among women with four children, 27 percent of those with no education want no more children, compared to 41 percent of those with primary education and 54 percent of those with secondary or more education.

[1] Data for men could not be disaggregated due to small sample sizes in some cells.

Figure 6.3
Percent of Married Women with Four Children Who Want No More Children by Background Characteristics



UDHS 1995

6.2 Need for Family Planning Services

The data in this section address the extent of need for family planning services. *Unmet need* for family planning refers to the category of fecund women who either wish to postpone the next birth (spacers) or wish to stop childbearing altogether (limiters) but are not using a contraceptive method. Pregnant women are considered to have an unmet need for spacing or limiting if their pregnancy was mistimed or unwanted, respectively. Similarly, amenorrhoeic women are classified as having unmet need if their last birth was mistimed or unwanted. Women who are currently using a family planning method are said to have a *met need* for family planning. The total demand for family planning comprises those who fall in the met need and unmet need categories.

Table 6.5 presents estimates for unmet need, met need and total demand for family planning services for unmarried women, married women, and all women, and presents data by selected background characteristics for married women only. Overall, 29 percent of currently married women have an unmet need for family planning services—18 percent for spacing births and 11 percent for limiting births. On the other hand, 15 percent of married women are using a method (met need for family planning), 7 percent for spacing and 8 percent for limiting births. If all unmet needs were satisfied, 44 percent of married women would be using a contraceptive method. Among unmarried women, both unmet and met need are lower and a higher proportion of the demand for family planning is satisfied, perhaps because unmarried women have higher motivation to use family planning.

Concentrating on currently married women, the highest level of unmet need for family planning is among women age 35-39. Generally, unmet need for spacing births is higher among younger women, while unmet need for limiting childbirth is higher among older women.

Table 6.5 Need for family planning services

Percentage of women with unmet need for family planning, met need for family planning, and the total demand for family planning services, by selected background characteristics, Uganda 1995

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	24.3	0.6	24.9	9.1	0.8	9.9	33.4	1.4	34.8	28.4	756
20-24	25.7	3.3	29.0	10.2	2.0	12.2	35.9	5.3	41.2	29.6	1,212
25-29	22.4	8.3	30.7	7.6	5.8	13.4	30.0	14.1	44.0	30.4	1,067
30-34	15.1	16.4	31.5	7.3	13.4	20.7	22.4	29.8	52.2	39.7	810
35-39	9.2	23.6	32.8	2.7	15.9	18.6	12.0	39.5	51.4	36.2	656
40-44	5.5	22.9	28.4	0.4	17.2	17.6	5.8	40.1	45.9	38.2	367
45-49	1.1	17.5	18.6	1.1	14.8	16.0	2.2	32.4	34.6	46.1	266
Residence											
Urban	19.0	8.2	27.2	15.4	19.0	34.5	34.4	27.2	61.7	55.9	612
Rural	18.2	11.1	29.3	5.8	6.4	12.2	24.0	17.5	41.5	29.4	4,522
Region											
Central	20.9	13.5	34.4	9.8	15.1	25.0	30.7	28.6	59.3	42.1	1,242
Eastern	19.5	11.3	30.8	5.6	5.7	11.4	25.1	17.0	42.1	27.0	1,399
Northern	16.2	6.8	23.1	9.3	4.2	13.6	25.6	11.1	36.6	37.1	1,115
Western	16.4	10.9	27.3	3.6	6.7	10.3	20.0	17.6	37.6	27.3	1,378
Education											
No education	14.4	11.8	26.2	3.9	4.4	8.3	18.3	16.2	34.5	24.0	1,792
Primary	20.6	10.1	30.7	6.8	8.0	14.8	27.4	18.1	45.5	32.6	2,823
Secondary+	19.5	10.4	29.9	18.0	19.6	37.6	37.4	30.0	67.4	55.7	520
Currently married women	18.3	10.7	29.0	6.9	7.9	14.8	25.2	18.7	43.9	33.8	5,134
Unmarried women	2.2	0.8	3.0	6.0	3.5	9.5	8.2	4.3	12.6	75.9	1,936
All women	13.9	8.0	21.9	6.7	6.7	13.4	20.6	14.7	35.3	37.9	7,070

[1] Unmet need for *spacing* includes pregnant women whose pregnancy was mistimed, amenorrhoeic women whose last birth was mistimed, and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning but 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 but want no more children. Excluded from the unmet need category are menopausal or infecund women and unmarried women who have not had sexual intercourse in the four weeks prior to the interview.

[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.

An examination of unmet need by type of residence indicates that rural women present the highest level due to their greater need for limiting births; urban women have a greater unmet need for spacing births than rural women. Currently married women in the Central Region showed the greatest unmet need (34 percent), while those in the Northern Region have the lowest unmet need. There is little difference in unmet need by education level, although because contraceptive use is greater among more educated women, the percentage of demand satisfied increases with educational level.

It is important to note that the apparently large decline in the level of unmet need, from 54 percent of married women in 1988-89 to 29 percent in 1995, is to some extent due to changes in the calculation of unmet need and to some extent due to changes in the parts of the country that were surveyed.

6.3 Ideal Number of Children

In order to obtain insight into fertility preferences, the 1995 UDHS included a question asked of all women age 15-49 and men age 15-54: *"(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?"* Respondents with children were asked the entire question, while those with no children were asked the question excluding the part in parentheses.

Table 6.6 presents the distribution of respondents by ideal number of children, according to the actual number of living children (including the current pregnancy). It should be noted that respondents were not

Table 6.6 Ideal and actual 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 men and for currently married women and men, according to number of living children, Uganda 1995

Ideal number of children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
WOMEN								
0	0.9	0.1	0.1	0.0	0.2	0.0	0.1	0.3
1	1.2	1.1	0.0	0.4	0.2	0.0	0.1	0.5
2	10.9	10.1	5.8	2.6	1.9	1.3	1.6	5.6
3	11.3	11.1	5.9	6.0	1.9	2.7	3.2	6.7
4	38.4	34.9	39.7	28.5	23.9	17.9	19.6	30.2
5	11.1	13.4	13.5	15.8	13.1	14.8	8.6	12.5
6+	20.2	23.3	29.6	40.3	53.5	54.5	57.3	37.4
Non-numeric response	5.9	6.1	5.3	6.3	5.3	8.9	9.5	6.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,389	1,236	1,017	889	638	624	1,278	7,070
Mean ideal number for:								
All women	4.4	4.6	4.9	5.4	5.9	6.2	6.5	5.3
Number of women	1,307	1,161	963	833	604	569	1,157	6,593
Currently married women	4.8	4.8	5.0	5.5	5.9	6.2	6.6	5.6
Number of women	389	885	803	691	526	479	997	4,770
MEN								
0	0.7	0.0	0.0	0.0	0.0	1.0	0.0	0.3
1	0.4	0.1	0.5	0.1	0.0	0.9	0.1	0.3
2	8.2	5.0	2.4	0.6	3.2	2.3	2.2	4.7
3	10.1	10.2	5.7	1.1	2.0	3.1	2.9	6.5
4	38.3	32.5	32.6	22.2	19.1	11.8	14.1	28.1
5	11.9	10.5	15.6	21.9	15.9	11.2	9.1	12.7
6+	27.1	40.0	40.1	53.2	55.0	67.2	67.0	44.1
Non-numeric response	3.3	1.6	3.0	1.0	4.9	2.5	4.7	3.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	748	228	208	162	159	143	347	1,996
Mean ideal number for:								
All men	4.8	5.1	5.4	6.2	6.2	7.0	7.9	5.8
Number of men	724	224	202	160	151	140	331	1,932
Currently married men	4.9	5.2	5.4	6.3	6.0	6.8	7.8	6.3
Number of men	116	181	171	145	140	133	323	1,210

Note: The means exclude respondents who gave non-numeric responses.
[1] Includes current pregnancy

forced to give an exact number and 7 percent of women and 3 percent of men gave a non-numeric response to the question on ideal family size. This failure to specify an ideal family size is perhaps due to the absence of a strong feeling for a particular family size.

Those who gave numeric responses generally want to have large families. Half of all women report five or more children as ideal and another 30 percent want to have four children. Only 6 percent of women report a two-child family as ideal. Men are even more pronatalist than women. Overall, women report a mean ideal number of children of 5.3, compared to 5.8 for men.

Despite the high fertility preferences, the data indicate that there has been a significant decline in ideal family size among women in Uganda. The 1988-89 UDHS revealed 6.5 as the average ideal number of children for all women, compared to 5.3 in 1995 (Kaijuka et al., 1989:50). Among currently married women, the mean ideal family size declined from 6.8 to 5.6. Although the figures are not strictly comparable given the fact that the 1988-89 UDHS did not cover the entire country, the differences are large enough to imply that preferences for large families are waning.

The ideal number of children tends to increase with the number of living children. This pattern may reflect the fact that people who want more children actually end up having them. Alternatively, women and men with larger families may find it difficult to admit that they would ideally like fewer children than they already have.

The mean ideal number of children by age and selected background characteristics is given in Table 6.7 for all women; only aggregated data are presented for men due to small sample sizes for many cells. Ideal family size increases substantially with age, from 4.4 for women age 15-19 to 7.0 for women 45-49; the pattern is similar for men (Figure 6.4). It should be noted that urban women want one child fewer on average than rural women (4.2 vs. 5.5); this holds true for each age group. Similarly, the mean ideal family size for urban men is one child less than that of rural men (4.9 vs. 6.0).

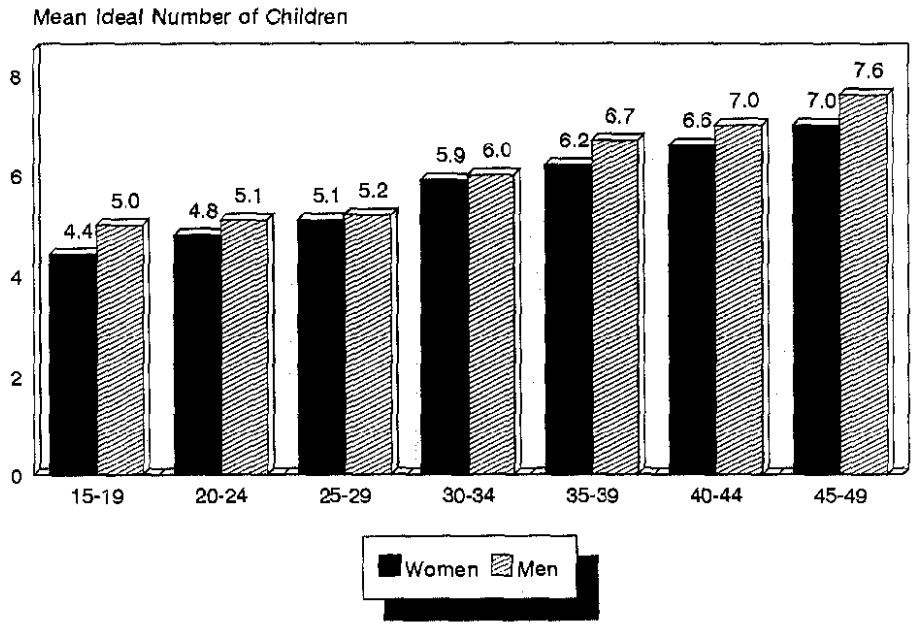
Table 6.7 Mean ideal number of children by background characteristics

Mean ideal number of children for all women by age and selected background characteristics and for all men by age, Uganda 1995

Background characteristic	Age							All women	All men
	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
Residence									
Urban	3.6	3.9	4.1	5.0	5.2	5.8	(6.4)	4.2	4.9
Rural	4.6	5.0	5.3	6.0	6.4	6.7	7.1	5.5	6.0
Region									
Central	3.9	4.3	4.5	5.2	5.7	6.0	6.6	4.7	5.6
Eastern	4.7	5.0	5.3	6.2	6.4	6.0	6.8	5.5	5.9
Northern	4.9	5.4	5.3	6.8	6.3	7.0	(6.8)	5.7	6.0
Western	4.5	4.6	5.4	5.7	6.5	7.4	7.6	5.5	5.8
Education									
No education	5.4	5.3	5.9	6.7	6.8	7.3	7.1	6.3	6.1
Primary	4.4	4.9	5.1	5.6	6.2	6.1	7.0	5.1	6.1
Secondary+	3.6	3.8	3.9	4.5	4.5	(4.9)	*	4.0	4.9
Total women	4.4	4.8	5.1	5.9	6.2	6.6	7.0	5.3	NA
Total men	5.0	5.1	5.2	6.0	6.7	7.0	7.6	NA	5.8

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. Men age 50-54 have been omitted.
NA = Not applicable

Figure 6.4
Ideal Family Size
Among Women and Men by Age



UDHS 1995

Regional variations reveal that women in the Central Region have the lowest mean ideal family size (4.7), while those in the Northern Region have the highest (5.7). The low figure observed in the Central Region may be due to the influence of Kampala. There is little variation between the three regions of Eastern, Northern and Western. Highly educated women exhibit a lower mean ideal number of children (4.0), while those with no education suggest a higher mean of 6.3 children. Among men, little variation is observed between the four regions, while men with no education and those who have completed up to primary indicate the same mean ideal number of children (6.1).

6.4 Fertility Planning

Measuring the level of unwanted fertility using 1995 UDHS data is based on the questions asked about each child born in the five years preceding the survey and any current pregnancy to determine whether the pregnancy was planned (wanted then), wanted but at a later time, (mistimed) or unwanted (wanted no more children). The answers to these questions provide some insight into the degree to which couples can control fertility. The validity of the answers depend on the extent to which respondents were conscious of what took place and how honestly they report. The limitation to such measures is that mistimed or unwanted pregnancies may turn out to be wanted children after birth and lead to rationalisation. Therefore the proportion of births that are unwanted at the time of conception is likely to be underestimated.

Table 6.8 shows the percent distribution of births in the five years preceding the survey by fertility planning status, according to birth order and mother's age at birth. Seventy percent of the births in the last five years were wanted at the time of conception, while 22 percent were mistimed, and 8 percent were not wanted at the time they were conceived. First, second- and third-order births are more likely to have been planned than fourth or higher births. One in seven births of fourth or higher order are unwanted. The percentage of births that are planned and mistimed declines with mother's age, while the proportion unwanted increases with age.

Table 6.8 Fertility planning status

Percent distribution of births in the three years preceding the survey and current pregnancies, by fertility planning status, according to birth order and mother's age, Uganda 1995

Birth order and mother's age	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Not wanted	Missing		
Birth order						
1	78.9	19.6	1.4	0.2	100.0	1,424
2	74.6	23.6	1.1	0.7	100.0	1,291
3	72.4	25.1	2.3	0.1	100.0	994
4+	63.4	21.3	15.0	0.3	100.0	3,326
Age at birth						
<20	73.2	25.0	1.5	0.3	100.0	1,541
20-24	73.1	24.9	1.5	0.4	100.0	2,113
25-29	69.8	22.2	7.7	0.3	100.0	1,604
30-34	66.0	18.8	14.9	0.3	100.0	1,015
35-39	61.6	10.7	27.7	0.0	100.0	561
40-44	52.5	11.9	34.8	0.8	100.0	174
45-49	(49.8)	(7.2)	(43.0)	(0.0)	100.0	27
Total	69.8	21.9	7.9	0.3	100.0	7,035

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

Table 6.9 shows the total wanted fertility rates and the actual total fertility rates for the three years preceding the survey, by selected background characteristics. The total wanted fertility rate is calculated in the same manner as the total fertility rate, but unwanted births are excluded from the numerator. For this purpose, unwanted births are defined as those which exceed the number considered ideal by the respondent.[2] A comparision of the two rates suggests the potential impact of the elimination of unwanted births.

Table 6.9 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by selected background characteristics, Uganda 1995

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	3.8	5.0
Rural	5.9	7.2
Region		
Central	4.8	6.3
Eastern	5.9	7.4
Northern	6.0	6.8
Western	5.9	7.0
Education		
No education	6.1	7.0
Primary	5.7	7.1
Secondary+	4.0	5.2
Total	5.6	6.9

Note: Rates are based on births to women 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 3.2.

Overall, the wanted total fertility rate is 19 percent lower than the actual total fertility rate. If all unwanted births were to be eliminated, the total fertility rate in Uganda would be 5.6 children born to every woman. The difference between wanted and actual fertility rates is similar for urban and rural women. By region, women in the Northern Region presented the highest total wanted fertility rate (6.0), while those of the Eastern Region showed the highest total fertility rate (7.4). The gap between the wanted and actual total fertility rates is somewhat larger among women in the Central and Eastern Regions than among those in the Northern and Western Regions. The gap is also larger for women with some education than for those with no education.

[2] Women who did not report a numeric ideal family size are assumed to have wanted all their births.

CHAPTER 7

INFANT AND CHILD MORTALITY

This chapter presents estimates of levels, trends and differentials of neonatal, postneonatal, infant and childhood mortality in Uganda. In addition, information is presented on high-risk fertility behaviour among Ugandan women. The data presented here are important not only in the understanding of the demographic profile, but also in the design of policies and programmes aimed at the reduction of infant and child mortality and the high risk to mothers arising out of childbirth. The reduction of both infant and childhood mortality, and the incidence of high risk pregnancies are major objectives of the National Population Policy in Uganda.

7.1 Assessment of Data Quality

The rates[1] of childhood mortality presented in this chapter are defined as follows:

- **Neonatal mortality (NN):** the probability of dying within the first month of life,
- **Postneonatal mortality (PNN):** the arithmetic difference between infant and neonatal mortality,
- **Infant mortality** (${}_1q_0$)**:** the probability of dying between birth and the first birthday,
- **Child mortality** (${}_4q_1$)**:** the probability of dying between exact age one and the fifth birthday,
- **Under-five mortality** (${}_5q_0$)**:** 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.

The information presented here is based on direct estimates obtained from the birth histories of women. Women were asked questions about each live birth they had ever had. Questions covered date of birth, sex of child, current age, survival status, and, if dead, age at death. From this information, it is possible to construct a life tables estimates of mortality for the Ugandan population broken down into different age segments.

In theory, information from birth histories gives the most robust estimates of infant and child mortality, short of an actual birth and death registration. However, in practice, this information may suffer from a number of problems. Prominent among these are the omission of some births and deaths, especially infants that died shortly after birth, and the misstatement of date of birth and age at death. Omission of infant deaths is usually most severe for deaths which occur early in infancy. If early neonatal deaths are selectively underreported, the result would be an abnormally low ratio of deaths under seven days to all neonatal deaths and an abnormally low ratio of neonatal to infant mortality. Underreporting of early infant deaths is usually more common for births that occurred further back in time; hence, it is useful to examine the ratios over time. Misreporting of the age at death may distort the age pattern of mortality.

[1] All rates in this chapter are calculated using direct techniques, unless otherwise mentioned.

It does not appear that early infant deaths have been severely underreported in the 1995 UDHS. First, the proportion of neonatal deaths that occur in the first week of life is quite high at 73 percent[2] (Appendix Table C.5). Furthermore, the proportion is roughly constant over 20 years before the survey (between 64 and 73 percent) which further supports the evidence that early infant deaths have not been grossly underreported. Second, the proportions of infant deaths that occur during the first month of life are plausible (37-47 percent—see Appendix Table C.6).

The quality of reporting of age at death is also important. Misreporting of age at death will bias estimates of the age pattern of mortality if the net result of the misreporting is transference of deaths between age segments for which rates are calculated; for example, an overestimate of child mortality relative to infant mortality may result if children who died during the first year of life are reported as having died at age one year or older. In an effort to minimise error in the reporting of age at death, the 1995 UDHS interviewers were instructed to record the age at death in days for deaths under one month, and in months for deaths under two years. They were specifically asked to probe for deaths reported at one year of age to ensure that they had actually occurred at 12 months. Nevertheless, there is evidence of some "heaping" on age 12 months in the reporting of age at death; however, this heaping is more significant for deaths that occurred five or more years before the survey but not in recent years (see Appendix Table C.6). From this standpoint, it is not necessary to adjust for underreporting of deaths below age one. It is also gratifying to note that there was far less heaping on age at death 12 months than in the 1988-89 UDHS, indicating a substantial improvement in data quality (Kaijuka, et al., 1989:54).

7.2 Levels and Trends in Infant and Child Mortality

In Table 7.1, neonatal, postneonatal, infant, child and under-five mortality rates for the 15 years preceding the survey are presented in 5-year periods. Looking at the most recent period (0-4 years before the survey or mid-1990 to mid-1995), under-five mortality in Uganda stands at 147 per 1,000 live births. This is quite a high level of mortality such that one in every seven Ugandan children does not live to celebrate the fifth birthday.

Table 7.1 Infant and child mortality

Infant and child mortality rates by five-year periods preceding the survey, Uganda 1995

Years preceding survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)	**Infant mortality ($_1q_0$)**	Child mortality ($_4q_1$)	**Under-five mortality ($_5q_0$)**
0-4	27.0	54.3	81.3	71.9	147.3
5-9	37.7	54.3	92.0	82.9	167.2
10-14	43.4	53.7	97.1	87.7	176.3

The infant mortality rate stands at 81 per 1,000 births, meaning that one in every twelve babies born in Uganda does not survive to celebrate the first birthday. Of the children who survive their first year of life, one in 14 does not reach the fifth birthday. The neonatal mortality rate (mortality in the first month of life) is much lower, 27 per 1,000 live births, while postneonatal mortality stands at about 54 deaths per 1,000 births. This means that when Ugandan babies survive their first month of life their risk of dying in the next 11 months is actually doubled.

[2] There are no model mortality patterns for the neonatal period. However, one review of data from several developing countries concludes that, at levels of neonatal mortality of 20 per 1,000 or higher, approximately 70 percent of neonatal deaths occur within the first six days of life (Boerma, 1988, cited in Sullivan et al., 1990).

The 1995 UDHS suggests a marked decline in child mortality over the years. All the mortality rates in Table 7.1 with the exception of postneonatal mortality have declined steadily over the 15 years prior to the survey, with a 16-18 percent decline in under-five, child, and infant mortality. However, the biggest improvement was made in neonatal mortality with a decline of almost 40 percent.

Another way to examine the mortality trends is to compare the data from the 1995 UDHS with those from other data sources, although analytic methods, time references, and sample coverage complicate comparisons. Since there has never been a complete or reliable vital registration system, all reports of infant and child mortality historically were collected using indirect techniques. The infant mortality estimates from the indirect method are generally higher than the mortality estimated from the birth history, since the indirect techniques are usually based on births to young mothers which have a disproportionately higher probability of dying.[3] Moreover, they use models of mortality which may or may not apply to the country, giving an overestimate of infant mortality in relation to child mortality. Furthermore, the indirect estimates apply to a time further into the past than do the most recent direct estimates. However, both estimates (direct and indirect) are affected by omission of births.

The indirect estimate of infant mortality derived from the 1969 census was based on the record of children ever born and children surviving to women in the age groups 20-24, 25-29, and 30-34 years at the date of inquiry. This estimate, and subsequent indirect estimates, refer to a period approximately five years prior to the date of data collection. This estimation procedure generated an infant mortality rate of 120 deaths per 1,000 live births.

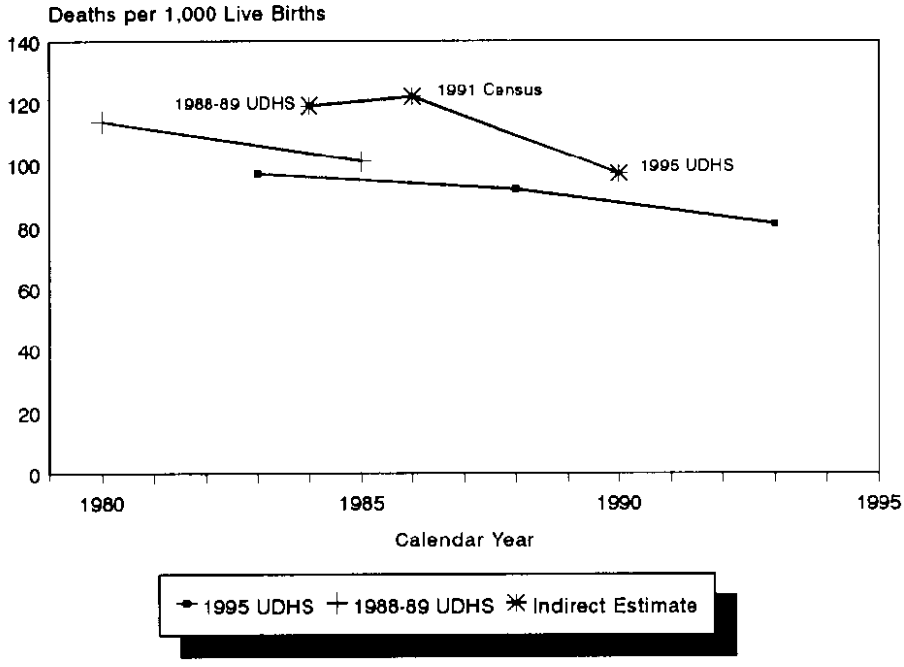
The 1988-89 UDHS was the first attempt at computation of direct estimates of infant mortality, using birth histories. The infant mortality rate calculated from the 1988-89 UDHS was 101 deaths per 1000 births. However, the infant mortality rate from the survey did not cover the Northern Region which has the highest infant mortality rate in Uganda, and showed evidence of considerable heaping of deaths at age 12 months (Kaijuka et al., 1989:54; Kyakulaga et al., 1993:6). Adjusting for the sample coverage and reporting error would have the effect of increasing the rate by several points. For comparison purposes, indirect techniques were also applied to the 1988-89 UDHS, yielding an infant mortality rate of 119.

An infant mortality rate of 122 was estimated based on the 1991 Census using indirect techniques. (This estimate refers to the period around 1986.) Taking account of the probable underestimation of infant mortality at the national level based on the 1988-89 UDHS, it appears that there was little decline in the infant mortality rate in Uganda until the early to mid-1980s. This is most likely due to the fact that in the 1970s and early 1980s the country suffered a prolonged civil strife which led to a decline in the standard of living and also affected the health infrastructure.

The observed fall in the infant mortality rate as estimated from the 1995 UDHS is consistent with efforts put in place since the mid-1980s to revive the level of living and restore the health infrastructure. The indirect estimate of infant mortality derived from the 1995 UDHS is 97. (In order to be consistent with previous official estimates, this estimate will be used for official purposes). It is worth noting that after adjusting for coverage the magnitude of decline in infant mortality is 20-25 absolute points, regardless of whether the direct or indirect estimates are used (Figure 7.1). Further studies of mortality trends in Uganda should be undertaken.

[3] In addition, there is evidence that the model life tables used to derive the indirect estimates do not adequately capture the mortality pattern that is most prevalent in sub-Saharan Africa (i.e., a high concentration of deaths in the 1-4 year age group) (Sullivan et al., 1994; Bicego and Ahmad, 1996).

Figure 7.1
Trends in Infant Mortality



7.3 Socio-economic Differentials in Childhood Mortality

Socio-economic differentials in childhood mortality in Uganda are presented in Table 7.2. The mortality estimates are calculated for a 10-year period before the survey so that the rates are based on sufficient number of cases in each category to ensure statistically reliable estimates. It can be observed from this table that mortality in urban areas is consistently lower than in rural areas. Neonatal mortality in urban areas is about 22 percent lower than in rural areas, while urban postneonatal mortality is 11 percent lower. The overall mortality picture shows that of all children born in rural Uganda, one in six dies before reaching the fifth birthday, compared to one in seven of those born in urban areas.

Regional differences are also prominent. The Northern Region has the highest mortality rates followed by the Eastern Region. Of all infants born in the Northern and Eastern Regions, one in 10 dies before the first birthday compared to one in 13 in the Western and Central Regions. Of those who survive until their first birthday, one in 10 children in the Northern Region dies before the fifth birthday. The corresponding ratios are one in 12 in the Eastern Region, one in 14 in the Central Region, and one in 17 in the Western Region.

Equally interesting is the fact that the Western Region has overtaken the Central as the region of lowest mortality. It is possible that the insurgency of the past decade in the Central Region which destroyed some of the health infrastructure may have given rise to higher mortality. On the other hand, the Western Region is the only region in Uganda which has not been affected to any significant degree by political unrest. Consequently, the health infrastructure has not only remained intact, but improving on it has generally been a much easier task.

Table 7.2 Infant and child mortality by background characteristics

Infant and child mortality rates for the 10-year period preceding the survey, by selected socioeconomic characteristics, Uganda 1995

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)	**Infant mortality** ($_1q_0$)	Child mortality ($_4q_1$)	**Under-five mortality** ($_5q_0$)
Residence					
Urban	25.4	48.9	74.4	63.8	133.5
Rural	32.7	55.0	87.6	78.4	159.1
Region					
Central	29.6	47.0	76.6	70.1	141.3
Eastern	38.4	59.7	98.1	86.0	175.7
Northern	33.6	65.8	99.3	100.6	190.0
Western	26.8	48.3	75.1	60.1	130.7
Education					
No education	34.2	59.8	94.0	90.5	176.0
Primary	32.5	55.4	87.9	72.3	153.8
Secondary+	19.5	28.5	48.0	48.2	93.9
Medical maternity care[1]					
No antenatal or delivery care	39.4	79.2	118.6	NA	NA
Either antenatal or delivery care	23.2	59.9	83.2	NA	NA
Both antenatal and delivery care	21.7	42.7	64.4	NA	NA
Total	31.8	54.3	86.1	76.7	156.2

[1] Refers to births in the four years before the survey
NA = Not applicable

As expected, education of the mother displays a strong negative relationship with infant and child mortality. It is quite clear that children born to mothers with no education, by far, suffer the highest mortality. Educating mothers up to primary level reduces the overall under-five mortality by 13 percent and child mortality by as much as 20 percent over that for women with no education. At higher levels of education the effect is even more dramatic. It can be observed that educating women up to secondary level reduces most mortality rates by nearly half.

It is also quite obvious from Table 7.2 that the type of maternity care women receive is crucial in infant and child survival. Mothers who receive neither antenatal nor delivery care experience the highest neonatal and infant mortality. Receiving any medical care whether antenatal or delivery care reduces mortality substantially. The information suggests that if all Ugandan women today were to receive medical care either during pregnancy or at delivery, neonatal mortality would be reduced by as much as 41 percent, while postneonatal mortality would be reduced by 24 percent and infant mortality by 30 percent. On the other hand, if Ugandan mothers received medical care both during the antenatal period and during delivery, neonatal, postneonatal, and infant mortality would all be cut almost in half.

7.4 Demographic Differentials in Mortality

Besides the socioeconomic differentials, there are some demographic factors both of mother and child that have been found to influence infant and child mortality to a great extent. These are given in Table 7.3 and Figure 7.2. They include sex of child, age of mother, birth order, birth interval, and size at birth.

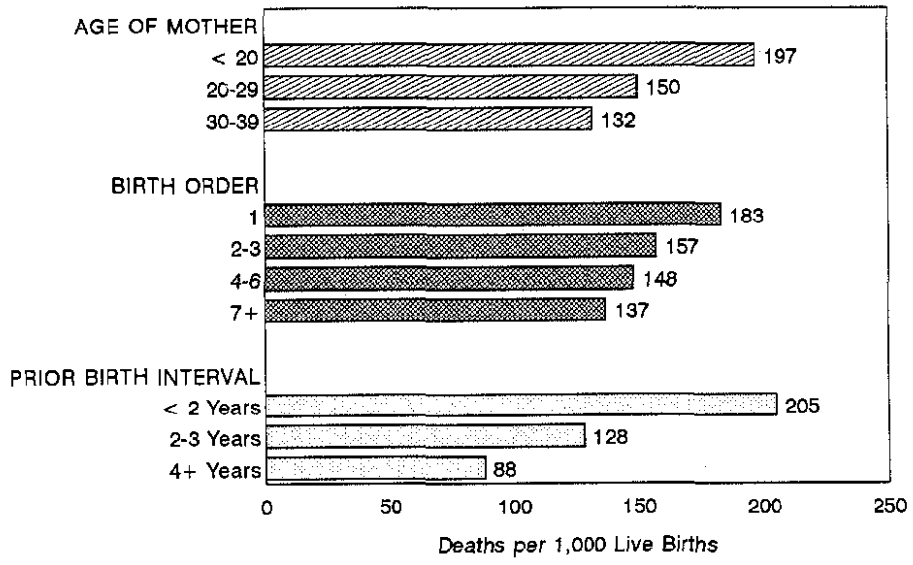
Table 7.3 Infant and child mortality by demographic characteristics

Infant and child mortality rates for the 10-year period preceding the survey, by selected demographic characteristics, Uganda 1995

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)	**Infant mortality** ($_1q_0$)	Child mortality ($_4q_1$)	**Under-five mortality** ($_5q_0$)
Sex of child					
Male	31.0	56.3	87.4	81.6	161.9
Female	32.6	52.3	84.9	72.0	150.8
Age of mother at birth					
< 20	44.0	65.2	109.2	98.1	196.5
20-29	30.0	53.4	83.4	72.3	149.7
30-39	23.5	46.6	70.1	66.2	131.7
40-49	(32.1)	39.0	71.2	69.3	135.5
Birth order					
1	42.1	64.9	107.0	85.0	182.9
2-3	28.9	54.9	83.8	79.9	157.0
4-6	29.6	49.3	78.9	75.4	148.3
7+	28.9	49.6	78.5	63.8	137.3
Previous birth interval					
< 2 yrs	52.7	69.3	122.0	94.4	204.9
2-3 yrs	19.2	44.3	63.5	69.0	128.1
4 yrs +	12.3	34.7	47.0	42.6	87.6
Size at birth[1]					
Small/very small	36.9	53.5	90.4	NA	NA
Average or larger	20.2	54.1	74.3	NA	NA

Figures in parentheses are based on 250-499 births.
[1] Refers to births in the four years before the survey
NA = Not applicable

Figure 7.2
Under-Five Mortality by Selected Demographic Characteristics



Note: Rates are for the 10-year period preceding the survey.

1995 UDHS

In general, mortality among male children is slightly higher than that for female children. The only exception to this is in the case of neonatal mortality where the rates are very similar. These slight differences in mortality by sex could probably be attributed to biological differences, since no Ugandan culture is known to have such strong sex preference norms that would lead to neglect of male babies.

The mortality picture portrayed by mother's age at birth is consistent with previous evidence that having children too early or too late increases the risk of death. Children born to mothers below age 20 experience the highest mortality across the board. There is a sharp decline as one moves to the children born to mothers age 20-29. For example, one in nine babies born to mothers below age 20 dies before the first birthday, compared to only one out of 12 of those born to mothers age 20-29. Babies born to mothers age 30-39 enjoy the best survival probability.

The information on birth order shows an expected relationship that the lower the birth order, the higher the risk of mortality. The most striking feature is that first order mortality rates are all far higher than the rates for subsequent birth orders. Examining the first order under-five mortality rate, about one-fifth of all first births die before celebrating their fifth birthday.

The most consistent findings can be observed in the relationship between the length of the preceding birth interval and risk of early childhood mortality. The 1995 UDHS data show that short birth intervals significantly reduce a child's chance of survival. Ugandan children born less than two years after a preceding sibling are about twice as likely to die in infancy as those born two to three years after a preceding sibling (122 vs. 64 per 1,000). During ages 1-4 years, children born after a short interval are more than twice as likely to die as their counterparts born after an interval of 4 or more years (94 vs. 43 per 1,000). This relationship persists in all the age groups examined. It suggests the need to reduce mortality risks for Ugandan children by promoting family planning use and traditional practises such as breastfeeding, so as to space births more widely.

A child's size at birth is an important determinant of its survival during infancy. In the 1995 UDHS, mothers were asked whether their young children were very small, small, average size, large, or very large at birth. This type of subjective assessment has been shown to correlate closely with actual birth weight. Neonates perceived by their mothers to be small or very small are much more likely to die in the first month of life than those perceived as average or larger in size.

7.5 High-Risk Fertility Behaviour

This section examines the relative importance of under-five mortality risk factors. 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 parity. 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 4 or higher). Children can be further cross-classified by combinations of these characteristics. Column one of Table 7.4 shows the percentage of births occurring in the five years before the survey that fall into these various risk categories.

Table 7.4 shows that the overwhelming majority of Ugandan births are categorised as risky. Two-thirds of the children born in the five years before the survey fall into at least one risk category; 22 percent of births are characterised by two or more risk factors. Risk ratios are presented in column two; the risk ratio is the ratio of the proportion in a category who have died to the proportion of those not in any high-risk category who have died. Table 7.4 shows that high birth order is not by itself associated with higher mortality

Table 7.4 High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality, and the percent distribution of currently married women at risk of conceiving a child with an elevated risk of mortality, by category of increased risk, Uganda 1995

Risk category	Births in 5 years preceding the survey		Percentage of currently married women[a]
	Percentage of births	Risk ratio	
Not in any high-risk category	34.1	1.00	24.2[b]
Single high-risk category			
Mother's age < 18	9.0	1.85	2.7
Mother's age > 34	0.1	0.68	2.4
Birth interval < 24 months	8.2	1.41	11.4
Birth order > 3	26.2	0.84	18.6
Subtotal	43.5	1.16	35.1
Multiple high-risk category			
Age <18 & birth interval <24[c] mo	1.0	1.40	0.8
Age >34 & birth interval <24 mo	0.0	0.00	0.1
Age >34 & birth order >3	8.4	0.65	18.4
Age >34 & birth interval <24 & birth order >3	2.0	1.82	4.6
Birth interval <24 & birth order >3	10.9	1.64	16.8
Subtotal	22.4	1.27	40.7
In any high-risk category	65.9	1.19	75.8
Total	100.0	-	100.0
Number	7,396	-	5,134

Note: Risk ratio is the ratio of the proportion dead of births in a specific high-risk category to the proportion dead of births *not in any high-risk category.*
[a]Women were assigned to risk categories according to the status they would have at the birth of a child, if the child were conceived at the time of the survey: age less than 17 years and 3 months, age older than 34 years and 2 months, latest birth less than 15 months ago, and latest birth of order 3 or higher.
[b]Includes sterilised women
[c]Includes the combined categories *Age < 18 and birth order >3*

risk in Uganda unless coupled with a short birth interval. Since almost half of births in Uganda are of high birth order, this operates to diminish the associated risk ratio in the overall single-high risk category.

The most serious mortality risk is being born to mothers below 18 years of age. In all, 10 percent of births occur to mothers below age 18. These births suffer a mortality risk of 85 percent higher than children who fall in the "not in any risk" category; children who fall in a multiple-risk category that includes younger mothers also suffer greater risks.

Short birth intervals, those less than two years, constitute yet another mortality risk. More than 22 percent of births occur less than two years after a previous birth. It can be seen from Table 7.4 that producing children at intervals of less than two years increases their risk of mortality by more than 40 percent.

Another risky combination is having birth intervals of less than two years and a birth order greater than three. This combination affects about 11 percent of all births. Despite the fact that higher birth orders do not constitute any increased mortality risk for children (described earlier), it is important to note that when this phenomenon is combined with short birth intervals, the risk of mortality is raised by over 60 percent.

CHAPTER 8

MATERNAL AND CHILD HEALTH

This chapter presents the 1995 UDHS findings in three areas of importance to maternal and child health: maternal care and characteristics of the newborn, childhood vaccinations, and common childhood illnesses and their treatment. One of the priorities of the Ministry of Health in Uganda is the provision of medical care during pregnancy and at delivery which is essential for the survival of both the mother and infant. The 1995 UDHS results provide an evaluation of utilisation of these health services as well as information with which to assess the need for additional services. This information can be used to identify women whose babies are at risk because of non-use of maternal health services. The information will assist policymakers in the planning of appropriate strategies to improve maternal and child care.

8.1 Antenatal Care

Table 8.1 shows the percent distribution of live births in the four years preceding the survey by source of antenatal care received during pregnancy, according to maternal and background characteristics. Inter-

Table 8.1 Antenatal care

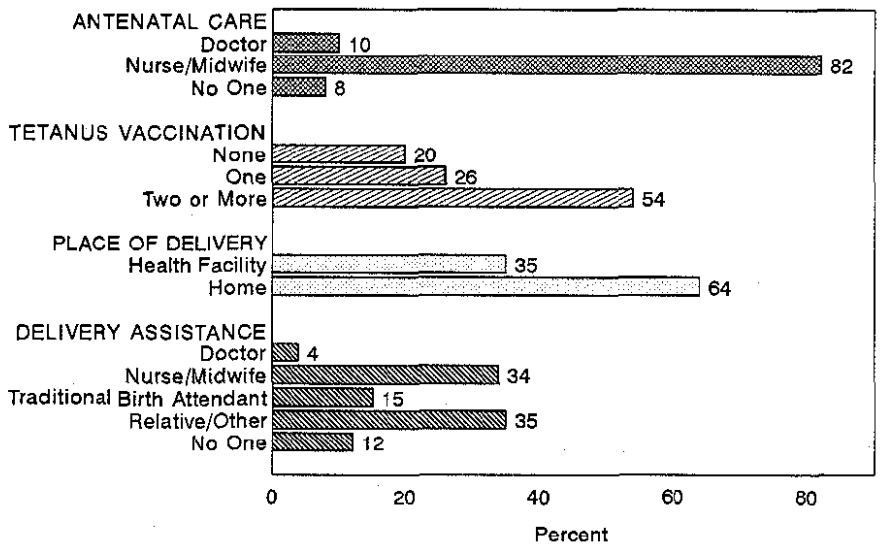
Percent distribution of live births in the four years preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, Uganda 1995

Background characteristic	Antenatal care provider[1]					Total	Number of births
	Doctor	Nurse/ Trained midwife	Birth attendant[2]	No one	Missing		
Mother's age at birth							
< 20	9.7	83.0	0.7	6.6	0.1	100.0	1,343
20-34	9.8	81.4	1.0	7.3	0.4	100.0	4,044
35+	8.9	79.1	0.9	11.1	0.0	100.0	640
Birth order							
1	10.1	82.8	1.0	5.7	0.1	100.0	1,228
2-3	10.8	81.6	0.8	6.3	0.5	100.0	1,965
4-5	10.1	81.6	0.9	7.1	0.2	100.0	1,245
6+	7.6	80.3	1.1	10.8	0.2	100.0	1,589
Residence							
Urban	26.1	68.9	0.6	4.2	0.2	100.0	706
Rural	7.5	83.2	1.0	8.0	0.3	100.0	5,321
Region							
Central	16.7	77.7	1.1	4.3	0.2	100.0	1,565
Eastern	5.8	86.8	0.9	6.3	0.2	100.0	1,638
Northern	3.5	86.4	0.9	9.1	0.1	100.0	1,164
Western	11.2	76.4	0.8	10.7	0.8	100.0	1,661
Mother's education							
No education	5.7	80.1	1.5	12.5	0.2	100.0	1,879
Primary	9.6	83.1	0.8	6.1	0.4	100.0	3,501
Secondary+	21.3	77.3	0.2	1.2	0.0	100.0	648
Total	9.7	81.5	0.9	7.5	0.3	100.0	6,027

Note: Figures are for births in the period 0-47 months preceding the survey.
[1] If the respondent mentioned more than one provider, only the most qualified provider is considered.
[2] Traditional midwife

viewers recorded all persons a woman may have seen for care, but in the table, only the provider with the highest qualification is considered (if more than one person was seen). The data indicate that a great number of pregnant women in Uganda receive antenatal care either from doctors (10 percent) or trained nurses or midwives (82 percent), while a small fraction (less than one percent) receive care from traditional birth attendants, and 8 percent do not receive any such care (Figure 8.1).

Figure 8.1
Percent Distribution of Births by Antenatal Care and Delivery Characteristics



Note: Based on births in the four years preceding the survey. UDHS 1995

The mother's age at birth and the child's birth order appear to have little effect on who the woman is likely to seek for antenatal care. There is a difference in antenatal care coverage for births in urban and rural areas. In urban areas, 26 percent of pregnant women see a doctor, compared with 8 percent in rural areas. However, in rural areas, a higher percentage (83 percent) see trained nurses or midwives compared to urban women (69 percent). Women in the Central Region are more likely to receive antenatal care from a doctor than women in other parts of the country. The proportion of women who do not receive any care during pregnancy is highest (11 percent) in the Western Region. The use of antenatal care is strongly associated with the mother's education. The proportion of women who obtain antenatal care from a doctor increases from 6 percent among uneducated women to 21 percent of women with higher education.

Pregnancy monitoring and detection of complications are main objectives of antenatal care. Obstetricians generally recommend that antenatal visits be made monthly for the first seven months, fortnightly in the eighth month, and then weekly until birth. If the first visit is made during the third month of pregnancy, this schedule translates to a total of about 12 to 13 visits.

Data on the number of antenatal care visits made and stage of pregnancy at the first visit are given in Table 8.2. For almost half (47 percent) of the births in the four years before the survey, mothers made four or more antenatal care visits, while 37 percent made between two and three visits. Eight percent of the women did not make any visits to health facilities for antenatal care during their pregnancy. The median

number of antenatal care visits was 4.1, far fewer than the recommended number of 12. About half (49 percent) of births in Uganda benefit from antenatal care before the sixth month of gestation. However, 38 percent of pregnant women do not receive antenatal care until the sixth or seventh month of pregnancy. The median time at which mothers start antenatal visits is 5.9 months.

In order to investigate trends in antenatal care coverage, the 1995 UDHS data were retabulated to reflect only those areas covered in the 1988-89 UDHS areas. For these areas, the proportion of births for which the mother received antenatal care from a doctor remained constant at 11 percent, while the proportion whose mothers obtained care from a trained nurse or midwife increased slightly from 76 percent in 1988-89 (Kaijuka, et al., 1989:59) to 80 percent in 1995 (data not shown).

Table 8.2 Number of antenatal care visits and stage of pregnancy

Percent distribution of live births in the four years preceding the survey by number of antenatal care visits, and by the stage of pregnancy at the time of the first visit, Uganda 1995

Characteristic	Percent
Number of visits	
0	7.5
1	6.3
2-3	37.2
4+	47.2
Don't know/missing	1.8
Total	100.0
Median	4.1
Number of months pregnant at time of first visit	
No antenatal care	7.5
<6 months	48.6
6-7 months	37.4
8+ months	6.0
Don't know/missing	0.4
Total	100.0
Median	5.9
Number of births	6,027

Note: Figures are for births in the period 0-47 months preceding the survey.

8.2 Tetanus Toxoid Vaccination

Tetanus toxoid injections are given during pregnancy for the prevention of neonatal tetanus, a common cause of death among infants in many settings around the world. For full protection, a pregnant woman needs two doses of the toxoid. However, if a woman has been vaccinated during a previous pregnancy, she may only require one dose for a current pregnancy. Five doses are considered adequate to provide lifetime protection. In order to estimate the extent of tetanus toxoid coverage during pregnancy, the 1995 UDHS collected data for each of the births that occurred in the four years before the survey as to whether the mother had received tetanus toxoid vaccinations during the pregnancy, and if so, how many. The results are presented in Table 8.3.

Results show that for more than half of the births, mothers receive two or more doses of tetanus toxoid injections during pregnancy, while 26 percent receive one dose and 20 percent of births do not benefit from any tetanus toxoid vaccination during pregnancy. Younger women and women with low parity are more likely to have received two or more doses of tetanus toxoid. Compared with rural births, births occurring in urban areas are slightly more likely to have received two or more doses of tetanus toxoid and less likely to have received no tetanus toxoid. Regional differentials show that the proportion of births to mothers who received two or more tetanus toxoid doses during pregnancy is highest in the Eastern and Northern Regions (58 percent) and lowest in the Western Region (47 percent). There is a positive relationship between mother's education and tetanus toxoid coverage. The proportion of births whose mothers received two or more doses of tetanus toxoid during pregnancy increases from 51 percent among women with no education to 59 percent among those with secondary or higher education. Also, the proportion of births to women who did not receive any tetanus toxoid vaccine during pregnancy decreases as the level of education increases. This pattern may reflect greater access to modern medical care by educated women, their being better informed of the benefits of vaccination, and their taking advantage of available services.

Table 8.3 Tetanus toxoid vaccinations

Percent distribution of live births in the four years preceding the survey by number of tetanus toxoid injections during pregnancy, according to background characteristics, Uganda 1995

Background characteristic	Number of tetanus toxoid injections				Total	Number of births
	None	One dose	Two doses or more	Don't know/ Missing		
Mother's age at birth						
< 20	17.0	26.3	56.2	0.5	100.0	1,343
20-34	19.2	26.2	54.0	0.6	100.0	4,044
35+	26.1	26.8	47.1	0.0	100.0	640
Birth order						
1	14.7	25.7	58.7	0.9	100.0	1,228
2-3	16.9	26.8	55.7	0.6	100.0	1,965
4-5	21.2	25.3	53.3	0.2	100.0	1,245
6+	25.0	26.8	47.8	0.6	100.0	1,589
Residence						
Urban	14.6	26.4	58.6	0.4	100.0	706
Rural	20.1	26.2	53.1	0.6	100.0	5,321
Region						
Central	20.8	25.1	53.6	0.5	100.0	1,565
Eastern	15.8	26.1	58.0	0.2	100.0	1,638
Northern	15.1	26.8	57.8	0.4	100.0	1,164
Western	24.9	27.2	46.9	1.1	100.0	1,161
Mother's education						
No education	26.0	23.3	50.4	0.3	100.0	1,879
Primary	17.3	27.4	54.6	0.7	100.0	3,501
Secondary+	12.4	28.4	58.8	0.3	100.0	648
Total	19.5	26.3	53.7	0.5	100.0	6,027

Note: Figures are for births in the period 0-47 months preceding the survey.

8.3 Assistance and Medical Care at Delivery

An important element in reducing health risks for mothers and children is increasing the proportion of babies that are delivered in medical facilities. Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that can cause death or serious illness to either the mother or the baby. In the 1995 UDHS, women were asked the type of place where they delivered each of the children they had given birth to in the four years preceding the survey (Table 8.4).

Almost two out of three births (64 percent) in Uganda are delivered at home and 35 percent are delivered in health facilities. Births to older women and births of higher birth order are more likely to occur at home. A child born in a rural area is three times more likely to have been delivered at home than an urban child. A much greater proportion of births in the Central Region (57 percent) are delivered at health facilities than those in the Northern and Western Regions (21 to 22 percent). Mother's education is strongly related to place of delivery. The proportion of births delivered at health facilities increases from 19 percent among mothers with no education to 70 percent among mothers with secondary or higher education. Women who

Table 8.4 Place of delivery

Percent distribution of births in the four years preceding the survey by place of delivery, according to selected background characteristics, Uganda 1995

Background characteristic	Place of delivery			Total	Number of births
	Health facility	At home	Don't know/ Missing		
Mother's age at birth					
< 20	42.0	56.9	1.1	100.0	1,343
20-34	34.2	64.8	1.1	100.0	4,044
35+	29.4	70.1	0.5	100.0	640
Birth order					
1	47.6	51.1	1.3	100.0	1,228
2-3	35.4	63.5	1.1	100.0	1,965
4-5	31.2	67.9	0.8	100.0	1,245
6+	29.2	69.9	0.9	100.0	1,589
Residence					
Urban	76.2	23.3	0.6	100.0	706
Rural	30.0	68.9	1.1	100.0	5,321
Region					
Central	57.3	41.4	1.3	100.0	1,565
Eastern	38.6	60.8	0.6	100.0	1,638
Northern	20.6	78.9	0.5	100.0	1,164
Western	22.0	76.4	1.5	100.0	1,661
Mother's education					
No education	18.6	80.3	1.0	100.0	1,879
Primary	38.1	60.9	1.0	100.0	3,501
Secondary+	69.6	29.6	0.8	100.0	648
Antenatal care visits					
None	8.6	91.1	0.3	100.0	455
1-3 visits	25.0	74.2	0.7	100.0	2,622
4 or more visits	48.8	50.4	0.7	100.0	2,842
Don't know/Missing	48.7	34.9	17.4	100.0	108
Total	35.4	63.6	1.0	100.0	6,027

Note: Figures are for births in the period 0-47 months preceding the survey.

visited health professionals during pregnancy are much more likely to deliver in a health facility than women who have had no such contact. About half of the women who make four or more antenatal visits deliver at health facilities, compared to 9 percent of those who do not obtain any antenatal care.

The type of assistance a woman receives during the birth of her child has important health consequences for both mother and child. Table 8.5 shows the percent distribution of live births in the four years before the survey by type of assistance during delivery, according to background characteristics. Data indicate that assistance at delivery varies by characteristics of the mother. Maternal age and child's birth order are associated with type of assistance at delivery; births to older women and those of higher order are more likely to occur with no assistance, whereas, first births and births to younger women tend to receive better care during delivery. This is encouraging, since first births pose greater risks than subsequent births.

As might be expected, births in urban areas are more likely to be assisted by medical personnel (doctor, or trained nurse or midwife) than rural births. Regional differences in types of assistance at delivery are also prominent. Medical persons assisted with the highest proportion of births (60 percent) in the Central

Table 8.5 Assistance during delivery

Percent distribution of births in the four years preceding the survey by type of assistance during delivery, according to selected background characteristics, Uganda 1995

Background characteristic	Assistance during delivery						Total	Number of births
	Doctor	Nurse/ Trained midwife	Traditional birth attendant[1]	Relative/ Other	No one	Don't know/ Missing		
Mother's age at birth								
< 20	4.4	39.7	16.2	33.4	6.1	0.3	100.0	1,343
20-34	4.1	32.7	15.3	35.2	12.3	0.5	100.0	4,044
35+	2.6	28.1	12.6	36.2	20.6	0.0	100.0	640
Birth order								
1	6.4	43.0	16.0	30.3	4.0	0.4	100.0	1,228
2-3	4.2	34.2	15.0	37.2	8.9	0.5	100.0	1,965
4-5	3.0	30.5	16.0	36.4	13.9	0.2	100.0	1,245
6+	2.6	28.7	14.3	34.3	19.8	0.2	100.0	1,589
Residence								
Urban	15.1	63.8	5.9	10.8	4.3	0.2	100.0	706
Rural	2.5	29.8	16.5	38.1	12.8	0.4	100.0	5,321
Region								
Central	8.5	51.4	11.6	22.0	6.3	0.2	100.0	1,565
Eastern	2.7	38.7	9.1	36.8	12.7	0.1	100.0	1,638
Northern	1.6	21.0	35.5	28.9	12.8	0.3	100.0	1,164
Western	2.7	21.3	10.4	49.3	15.4	0.9	100.0	1,661
Mother's education								
No education	2.0	18.7	17.4	43.2	18.4	0.3	100.0	1,879
Primary	4.0	36.4	15.4	34.3	9.4	0.4	100.0	3,501
Secondary+	10.0	63.3	7.8	13.6	5.3	0.0	100.0	648
Antenatal care visits								
None	0.8	8.5	18.0	47.8	24.8	0.0	100.0	455
1-3 visits	1.8	25.4	16.9	42.1	13.7	0.0	100.0	2,622
4 or more visits	6.4	45.3	13.4	26.7	8.1	0.2	100.0	2,842
Don't know/Missing	7.6	40.1	10.2	19.9	7.2	13.5	100.0	108
Total	4.0	33.8	15.2	34.9	11.8	0.3	100.0	6,027

Note: Figures are for births in the period 0-47 months preceding the survey. If the respondent mentioned more than one attendant, only the most qualified attendant was considered in this table.
[1] Traditional midwife

Region and lowest in the Northern (23 percent) and Western Regions (24 percent). Maternal education is closely related to better supervision at delivery. The proportion of births assisted by doctors, nurses, and midwives increases from 21 percent of births to women with no education to 73 percent of births to women with secondary or higher education. Not surprisingly, women who receive antenatal care during pregnancy are more likely to deliver with medical assistance than women who receive no antenatal care. Only 9 percent of births whose mothers had no antenatal visits were assisted by doctors, nurses, or midwives, compared with over half of the births whose mothers had four or more antenatal visits.

8.4 Characteristics of Delivery

The 1995 UDHS collected information on several other aspects relating to the delivery of births. Questions on birth weight and size of the baby at birth were included to estimate the proportion of low birth weight infants. Low birth weight infants generally face higher risks of infant mortality and the prevalence of such births is a good indicator of the nutritional status of the mother.

Based on the reports of mothers, 3 percent of babies born in Uganda are delivered by Caesarean section (Table 8.6). Caesarean sections (C-sections) are less common amongst older women, women with more children, rural women, and those with little or no education. Prevalence of Caesarean deliveries varies from 2 percent in the Northern and Western Regions to 4 percent in the Central Region.

Birth weights are not available for three-quarters of the births. Among the 25 percent for which data are available, 3 percent weighed less than 2.5 kilograms and thus can be classified as low birth weight infants. According to the respondent's own assessment of her infant's size, 19 percent of births are smaller than average or very small in size and 79 percent are average.

Table 8.6 Delivery characteristics: caesarean section, birth weight and size

Among live births in the four years preceding the survey, the percentage of deliveries by caesarean section, and the percent distribution by birth weight and the mother's estimate of baby's size at birth, according to selected background characteristics, Uganda 1995

Background characteristic	Delivery by C-section	Birth weight			Size of child at birth				Total	Number of births
		Less than 2.5 kg	2.5 kg or more	Don't know/ Missing	Very small	Smaller than average	Average or larger	Don't know/ Missing		
Age										
<20	3.0	4.1	25.8	70.2	6.2	16.9	75.3	1.7	100.0	1,343
20-34	2.8	2.6	22.6	74.8	4.5	14.1	80.0	1.4	100.0	4,044
35+	1.0	1.8	17.6	80.6	4.8	11.9	81.2	2.1	100.0	640
Birth order										
1	4.1	4.8	30.2	65.0	6.2	17.6	74.9	1.3	100.0	1,228
2-3	2.5	3.1	23.0	73.9	4.6	15.1	78.6	1.6	100.0	1,965
4-5	2.1	1.8	21.3	76.8	5.1	12.1	81.3	1.5	100.0	1,245
6+	2.1	2.0	17.8	80.2	4.3	13.0	81.1	1.6	100.0	1,589
Residence										
Urban	6.6	6.2	59.7	34.1	3.4	13.1	82.2	1.3	100.0	706
Rural	2.1	2.4	17.8	79.7	5.1	14.6	78.7	1.6	100.0	5,321
Region										
Central	4.4	4.5	38.9	56.6	3.6	12.4	83.6	0.4	100.0	1,565
Eastern	2.5	2.9	23.8	73.3	6.5	14.6	76.6	2.3	100.0	1,638
Northern	1.6	2.3	15.9	81.7	6.6	22.6	68.7	2.1	100.0	1,164
Western	1.9	1.7	11.3	87.1	3.4	10.5	84.5	1.5	100.0	1,661
Mother's education										
No education	1.3	2.0	10.2	87.8	6.6	16.1	75.6	1.7	100.0	1,879
Primary	2.9	2.9	23.7	73.4	4.3	14.0	80.1	1.5	100.0	3,501
Secondary+	5.0	5.2	53.9	40.8	3.3	12.0	83.3	1.4	100.0	648
Total	2.6	2.9	22.8	74.4	4.9	14.5	79.1	1.5	100.0	6,027

Note: Figures are for births in the period 0-47 months preceding the survey.

8.5 Childhood Immunisation

In order to assist the Uganda National Expanded Programme on Immunisation (UNEPI) of the Ministry of Health, the 1995 UDHS collected information on vaccination coverage for all children born in the four years preceding the survey; the data presented here are restricted to children who were alive at the time of the survey.

The UNEPI recommends the following schedule of childhood vaccinations: polio and BCG at birth; polio and DPT at 6, 10, and 14 weeks; and measles at 9 months of age. BCG confers protection against tuberculosis and DPT protects against diphtheria, pertussis, and tetanus. A child is considered fully vaccinated if he or she has received: a BCG vaccination; three doses of DPT vaccine; at least three doses of polio vaccine; and one dose of measles vaccine.

Information on vaccination coverage was collected in two ways in the UDHS--from vaccination cards shown to the interviewer and from mothers' verbal reports. In Uganda, most health facilities, including hospitals, health centres, and outreach centres for immunisation, provide cards on which vaccinations are recorded. If a mother was able to present such a card to the interviewer, this was used as the source of information, with the interviewer recording the vaccination dates directly from the card. The mother was then asked if the child had received other vaccinations that were not recorded on the card, and if so, they too were noted on the questionnaire. If the mother was not able to provide a card for the child, she was asked to recall whether or not the child had received BCG, polio (including the number of doses for each), DPT, and measles vaccinations.

Information on vaccination coverage is presented in Table 8.7, according to the source of information used to determine coverage, i.e., the vaccination card or mother's report. Data are presented for children age 12-23 months, thereby including only those children who have reached the age by which they should be fully vaccinated.

Table 8.7 Vaccinations by source of information

Percentage of children 12-23 months who had received specific vaccines at any time before the survey, by whether the information was from a vaccination card or from the mother, and the percentage vaccinated by 12 months of age, Uganda 1995

Background characteristic	Percentage of children who received:											Percentage with a card	Number of children
	BCG	DPT1	DPT2	DPT3	Polio0[a]	Polio1	Polio2	Polio3	Measles	All[1]	None		
Vaccinated at any time before the survey													
Vaccination card	59.2	58.7	53.2	46.1	15.1	58.4	53.3	46.1	44.3	38.6	0.0	60.5	960
Mother's report	24.4	23.0	20.3	15.0	7.8	23.8	19.7	12.9	15.3	8.9	14.4	39.5	628
Either source	83.6	81.7	73.5	61.1	22.9	82.2	73.0	59.0	59.6	47.4	14.4	100.0	1,588
Vaccinated by 12 months of age	79.4	76.8	68.7	54.5	22.3	77.4	68.1	52.6	45.2	35.6	18.9	U	1,588

Note: 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.
[1] Children who are fully vaccinated (i.e., those who have received BCG, measles, and three doses of DPT and polio)
U = Unknown
[a] Polio 0 is given at birth.

According to information from both the vaccination cards and mothers' recall, 84 percent of children age 12-23 months have received a BCG vaccination. Coverage of the polio vaccine at birth is low, with only 23 percent of children given vaccinations at birth against polio. Eighty-two percent have received the first doses of DPT and polio. There is a steep drop-off between the first and third doses of DPT and polio, from 82 percent of children receiving the first doses of the DPT and polio vaccines (not polio at birth), to only

about 74 percent who receive the second doses, and roughly 60 percent who receive the third doses. This yields a dropout rate[1] of 25 percent for DPT and 28 percent for polio. Sixty percent of children age 12-23 months have been vaccinated against measles; 45 percent having received it before their first birthday.

Based on both the health card and the mother's report, 47 percent of children age 12-23 months have received all of the recommended vaccinations; only 14 percent have not received any vaccinations. Information for most children (61 percent) was available from their vaccination cards, while for 40 percent of the children age 12-23 months, no card was available and the information was taken from the mother's recall.

8.6 Immunisation by Background Characteristics

Table 8.8 presents vaccination coverage (according to card information and mother's report) among children age 12-23 months by selected background characteristics. The differentials in coverage are similar for the various types of vaccine. The data indicate that children of high birth order (six or more) are less

Table 8.8 Vaccinations by background characteristics

Percentage of children 12-23 months who had received specific vaccines by the time of the survey (according to the vaccination card or the mother's report), and the percentage with a vaccination card, Uganda 1995

Background characteristic	Percentage of children who received:											Percentage with a card	Number of children
	BCG	DPT1	DPT2	DPT3	Polio0[a]	Polio1	Polio2	Polio3	Measles	All[1]	None		
Sex of child													
Male	85.0	84.0	75.7	63.0	22.7	83.8	75.5	60.2	60.4	48.3	13.1	63.5	771
Female	82.4	79.5	71.5	59.4	23.0	80.7	70.8	57.9	58.9	46.6	15.6	57.6	817
Birth order													
1	86.2	83.6	75.3	63.5	28.8	84.3	75.0	59.7	64.0	46.3	12.6	59.2	307
2-3	86.3	86.1	76.9	66.0	27.2	85.0	76.2	63.1	62.2	50.9	12.1	60.8	533
4-5	83.3	80.3	74.3	58.6	20.2	84.3	74.3	57.5	57.0	46.7	14.1	59.9	329
6+	78.6	75.9	67.4	55.2	15.1	75.4	66.5	54.6	55.2	44.3	18.7	61.3	419
Residence													
Urban	93.7	91.7	87.2	75.3	49.7	92.8	86.9	67.4	74.2	56.1	5.3	55.1	173
Rural	82.4	80.5	71.9	59.4	19.6	80.9	71.3	58.0	57.8	46.3	15.5	61.1	1,414
Region													
Central	85.8	86.3	82.1	70.8	24.5	86.1	81.8	67.2	65.8	53.4	12.4	63.4	397
Eastern	80.8	77.5	65.4	49.1	31.2	78.7	65.0	46.9	48.0	34.4	15.1	57.6	431
Northern	82.7	77.2	64.3	47.7	19.8	79.2	62.7	43.4	51.5	34.7	16.1	52.7	335
Western	85.3	85.2	81.1	74.9	15.3	84.6	81.2	76.0	72.0	65.1	14.0	66.7	425
Mother's education													
No education	75.9	72.5	62.0	47.4	15.6	74.3	62.0	48.7	49.1	38.3	21.4	56.8	486
Primary	85.6	83.7	76.0	64.4	22.8	83.7	75.3	61.2	60.8	48.4	12.9	61.5	935
Secondary +	95.3	97.5	93.3	82.7	44.5	96.6	92.4	77.0	83.3	68.1	2.2	65.4	167
Total	83.6	81.7	73.5	61.1	22.9	82.2	73.0	59.0	59.6	47.4	14.4	60.5	1,588

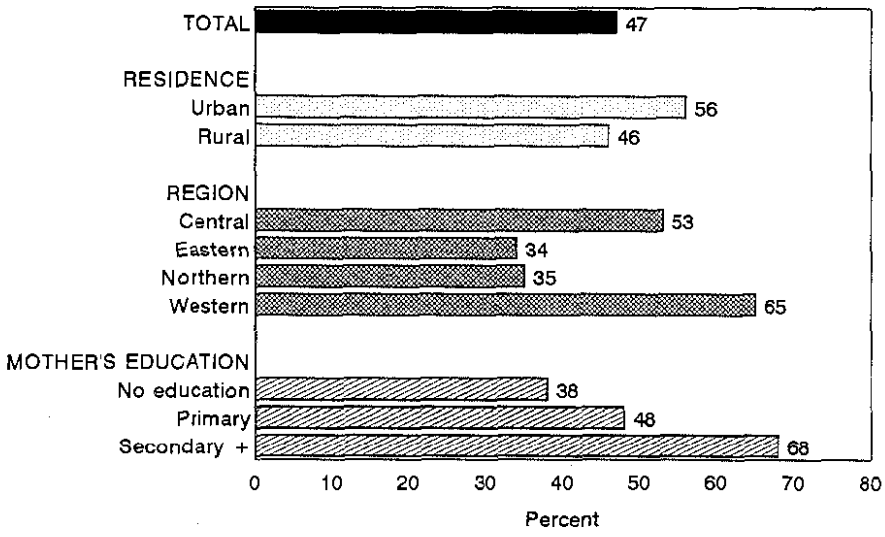
[1] Children who are fully vaccinated (i.e., those who have received BCG, measles, and three doses of DPT and polio)
[a] Polio 0 is given at birth

[1] The dropout rate is defined as the percentage of children receiving the first dose who do not subsequently receive the third dose of DPT or polio vaccine. The formula is as follows:

Dropout rate for DPT = [(DPT3 - DPT1)/DPT1]*100.
Dropout rate for polio = [(polio1 - polio3)/polio1]*100.

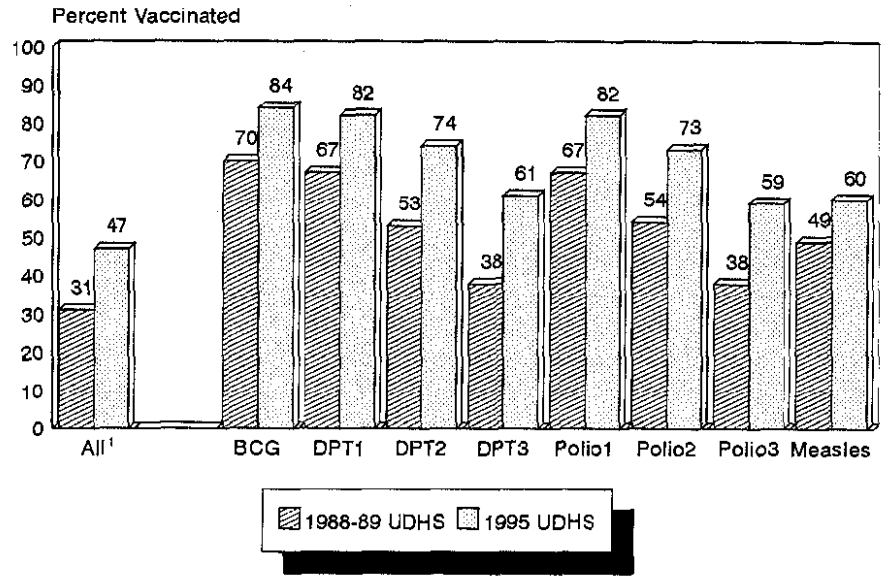
likely than children of lower birth orders (except first births) to receive the basic childhood immunisations. The vaccination program is more successful in urban areas, although almost half of children in rural areas have been fully immunised (Figure 8.2). Children in the Western Region are more likely to be immunised than children in other regions, whereas those in the Eastern and Northern Regions lag behind the national average. Coverage of children of women with no education is 38 percent, compared with 68 percent for children whose mothers have attended secondary school.

Figure 8.2
Percentage of Children Age 12-23 Months Who Have Received All Vaccinations by Background Characteristics



There are two ways to assess trends in vaccination coverage. One is to compare the data from the 1995 and 1988-89 surveys. This is made difficult by the fact that the questions were substantially altered between the two surveys. In the 1988-89 UDHS, if mothers could not produce a vaccination card for their children, they were merely asked if the child had ever been vaccinated, while in the 1995 survey, they were asked about specific vaccinations the child might have received. Rough estimates of what coverage rates would be if mothers interviewed in the 1988-89 UDHS had been asked to report on specific vaccinations have been produced indirectly. They indicate that approximately 31 percent of children age 12-23 months in 1988-89 were fully immunised (Boerma et al., 1990:10). However, there was also a problem in that the 1988-89 UDHS did not cover the northern part of the country (20 percent of the population). For comparison purposes, the 1995 UDHS analysis has been redone based on the areas that were covered in the 1988-89 UDHS. This calculation shows that in 1995, 49 percent of children age 12-23 months living in the areas covered by the 1988-89 UDHS have been fully immunised. This implies that coverage has increased substantially between 1988-89 and 1995 (from 31 to 49 percent) (Figure 8.3). Although this increase is gratifying, still less than half of the children in Uganda are fully immunised.

Figure 8.3
Trends in Vaccination Coverage Among Children Age 12-23 Months



Note: 1988-89 UDHS data refer to roughly 80 percent of Uganda's population.
[1]Includes BCG, Measles, and three doses each of DPT and Polio

8.7 Immunisations by First Year of Life

In addition to data from multiple surveys, coverage trends can be assessed with the 1995 UDHS data. Data on vaccination status of children age 12-47 months allow for an evaluation of coverage in the first year of life among different age groups. Table 8.9 shows the percentage of children by age group who had been vaccinated by 12 months of age (in order to maintain comparability). Data are derived from either vaccination cards or the mothers' reports. For children whose information was based on the mother's recall, the distribution of vaccinations during the first year of life was assumed to be the same as that for children for whom a vaccination record was available.

The coverage estimates, based on the card and mother's recall for each age group refer to a specific period of time before the survey. For instance, coverage by 12 months among children 12-23 months roughly refers to the programme performance the year before the survey (i.e., 1994, since the fieldwork for the 1995 UDHS was carried out during March-September 1995), data on children 24-35 months refer roughly to 1993, and data on children 36-47 months refer roughly to 1992. Hence these results may be used to assess the immunisation coverage during the first year of life for the period 1992-1994.

Several points emerge from Table 8.9. Vaccination cards were less likely to be shown for older children, making those coverage estimates somewhat less accurate. Overall, vaccination cards were produced for 54 percent of the children. The percentage of children for whom a vaccination card was seen decreases with age, from 61 percent of children 12-23 months to 46 percent of those age 37-47 months. This decline is most likely due to a tendency to misplace or lose the cards once children have been fully vaccinated.

Table 8.9 Vaccinations in first year of life

Percentage of children one to four years of age for whom a vaccination card was shown to the interviewer and the percentage vaccinated for BCG, DPT, polio, and measles during the first year of life, by current age of the child, Uganda 1995

Vaccine	Current age of child in months			All children 12-47 months
	12-23	24-35	36-47	
Vaccination card shown to interviewer	60.5	52.1	45.7	53.5
Percent vaccinated at 0-11 months[a]				
BCG	79.4	73.9	70.3	75.0
DPT 1	76.8	72.5	66.9	72.5
DPT 2	68.7	63.0	58.2	63.8
DPT 3	54.5	52.0	47.1	51.5
Polio 0	22.3	23.9	21.7	22.6
Polio 1	77.4	72.5	67.4	72.9
Polio 2	68.1	63.7	57.0	63.4
Polio 3	52.6	50.6	43.7	49.3
Measles	45.2	44.7	38.9	43.2
All vaccinations[b]	35.6	33.9	29.6	33.3
No vaccinations	18.9	24.4	28.9	23.6
Number of children	1,588	1,174	1,203	3,965

[a] Information was obtained either from a vaccination card or from the mother if there was no written record. 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 that for children with a written vaccination record.
[b] Children who have received BCG, measles, and three doses each of DPT and polio vaccines

The proportion of children who were fully immunised by their first birthday rose from 30 percent of those who were age 36-47 months at the time of the survey to 36 percent for those age 12-23 months. Over the same time, the proportion of children not receiving any vaccination decreased from 29 percent of children age 36-47 months to 19 percent of children age 12-23 months.

8.8 Childhood Illness and Treatment

Three illnesses that are of major importance for infant and child survival in Uganda are discussed in this section. They are acute respiratory infection, fever, and diarrhoea.

Acute Respiratory Infection

Acute respiratory infection (ARI) is one of the major causes of morbidity and mortality among children in Uganda. Common symptoms associated with severe respiratory infection include fever, cough, and difficult or rapid breathing. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths from respiratory infection, especially pneumonia.

The prevalence of symptoms of ARI is estimated in the 1995 UDHS by asking mothers if their children under age four had been ill with coughing accompanied by short, rapid breathing during the two

weeks before the survey. Mothers whose children had experienced these symptoms were asked what they had done to treat the illness. Information on disease prevalence is highly dependent on correct reporting and interpretation of symptoms, while information on treatment practices depends on how much mothers know about the medicines their children receive. Mothers may not know whether the tablets or syrups their children receive contain antibiotics or not. Thus, the reporting may vary widely within the country due to differences in reporting. Information on the prevalence and treatment of ARI and of fever is presented in Table 8.10.

Table 8.10 Prevalence and treatment of acute respiratory infection and prevalence of fever

Percentage of children under four years who were ill with a cough accompanied by short, rapid breathing (acute respiratory infection) during the two weeks preceding the survey, the percentage of ill children who were taken to a health facility, and the percentage of children with fever during the two weeks preceding the survey, by selected background characteristics, Uganda 1995

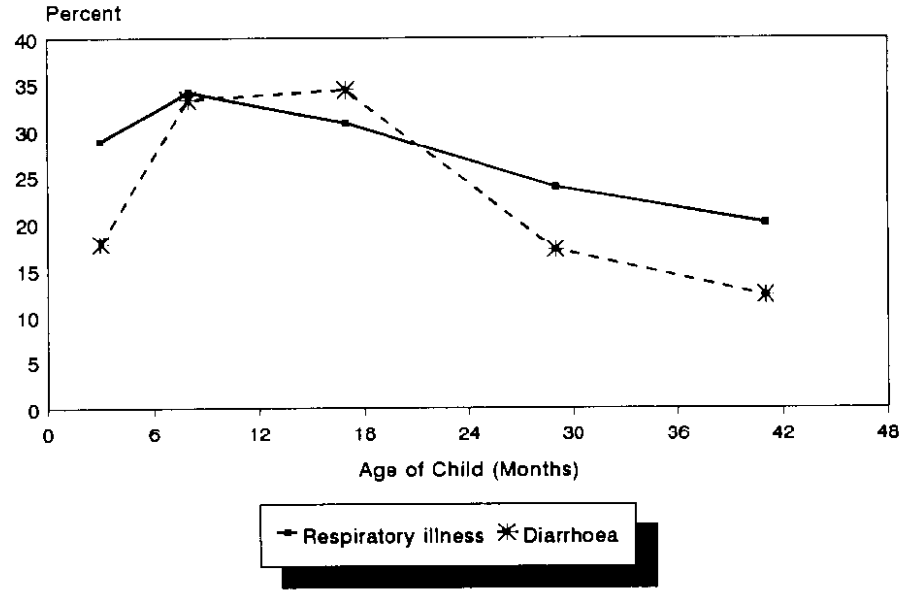
Background characteristic	Percentage of children with cough and rapid breathing	Percentage of children with cough and rapid breathing who were taken to a health facility or provider[1]	Percentage of children with a fever	Number of children
Child's age				
< 6 months	28.8	56.4	36.4	684
6-11 months	34.1	67.6	56.4	798
12-23 months	30.8	65.2	55.5	1,588
24-35 months	23.8	55.7	42.1	1,174
36-47 months	20.0	57.1	37.2	1,203
Sex				
Male	28.1	60.1	48.0	2,659
Female	26.2	62.6	44.7	2,788
Birth order				
1	28.2	60.9	44.7	1,077
2-3	25.4	60.7	45.8	1,778
4-5	26.2	63.3	46.2	1,132
6+	29.1	61.0	48.2	1,460
Residence				
Urban	19.0	76.3	35.2	635
Rural	28.2	60.0	47.8	4,812
Region				
Central	21.4	74.4	39.3	1,410
Eastern	23.0	65.7	58.8	1,454
Northern	30.8	53.0	58.2	1,057
Western	33.7	56.2	32.6	1,525
Mother's education				
No education	27.8	52.2	48.5	1,694
Primary	28.6	65.3	46.2	3,154
Secondary+	17.7	69.0	40.6	599
Total	27.1	61.4	46.3	5,447

Note: Figures are for children born in the period 0-47 months preceding the survey.
[1] Includes health centre, hospital, clinic, and private doctor

Results from the 1995 UDHS indicate that 27 percent of children under four years of age had a cough and fast breathing in the two weeks before the survey. Prevalence of respiratory illness varies by age of the child, rising to a peak at 6-11 months of age (one-third of whom had a cough with rapid breathing) then falling slowly to a low at 36-47 months of age (Figure 8.4). There is no significant difference in ARI prevalence by sex or birth order, but rural children are more likely than urban children to have ARI symptoms. The prevalence of ARI was the highest (34 percent) among children in the Western Region and lowest in the Central Region. Education of the mother appears to have an impact on whether or not her children have respiratory illness. Seventeen percent of children whose mothers had secondary education had ARI during the two weeks preceding the survey, compared to 28 and 29 percent of those whose mothers had no education or primary education, respectively.

Overall, 61 percent of children who have symptoms of ARI are taken to a health facility. Children of educated mothers, from the Central Region, and from urban areas are more likely to be taken to a health facility, compared to those whose mothers are less educated, from the other regions and from rural areas.

Figure 8.4
Prevalence of Respiratory Illness and Diarrhoea in the Last Two Weeks by Age of the Child



UDHS 1995

Fever

Malaria is endemic in much of Uganda and accounts for a significant proportion of morbidity and mortality in certain areas. Since the major manifestation of malaria is fever, mothers were asked whether their children under age four have had fever in the two weeks preceding the survey.

Table 8.10 shows that 46 percent of children under four years of age were reported to have had fever in the two weeks prior to the survey. Fever is more prevalent among children age 6-23 months, those who live in rural areas, and those in the Eastern and Northern Regions. No pronounced differences were observed in the prevalence of fever by either sex, birth order, or maternal education.

Diarrhoea

Dehydration due to severe diarrhoea is a major cause of morbidity and mortality among Ugandan children. A simple and effective response to a child's dehydration is a prompt increase in fluid intake, i.e., oral rehydration therapy (ORT). ORT consists of providing either a solution made by mixing a commercially-produced packet of oral rehydration salts (ORS) with water or a recommended home-made solution consisting of sugar, salt, and water. ORS packets are distributed through hospitals, health centres, and pharmacies in Uganda.

In the 1995 UDHS, mothers were asked whether their children under age four had had diarrhoea in the two weeks preceding the survey. Table 8.11 presents data about the prevalence of diarrhoea in children under four years of age. Twenty-four percent of children experienced diarrhoea at some time in the two weeks preceding the survey; 5 percent of children experienced bloody diarrhoea, often a symptom of dysentery. As with fever and respiratory infection, diarrhoea is more common among children age 6 to 23 months than among older or younger children (Figure 8.4). Diarrhoea prevalence is slightly higher among rural than urban children. It is also higher among children in the Northern and Eastern Regions and lowest among children in the Central Region. The children of women with more education are less likely to have been sick with diarrhoea and bloody diarrhoea than children whose mothers have less education.

Table 8.11 Prevalence of diarrhoea

Percentage of children under four years who had diarrhoea and diarrhoea with blood in the two weeks preceding the survey, by selected background characteristics, Uganda 1995

Background characteristic	Diarrhoea in the preceding 2 weeks		Number of children
	All diarrhoea	Diarrhoea with blood	
Child's age			
< 6 months	17.7	2.0	684
6-11 months	33.3	5.5	798
12-23 months	34.3	7.3	1,588
24-35 months	17.1	4.4	1,174
36-47 months	12.2	3.5	1,203
Sex			
Male	25.1	5.3	2,659
Female	21.9	4.5	2,788
Birth order			
1	23.6	4.7	1,078
2-3	23.8	4.9	1,778
4-5	23.7	5.0	1,132
6+	22.7	5.1	1,460
Residence			
Urban	19.4	2.5	635
Rural	24.0	5.2	4,812
Region			
Central	16.3	2.8	1,410
Eastern	26.2	6.4	1,454
Northern	34.3	7.6	1,057
Western	20.0	3.6	1,525
Mother's education			
No education	26.5	6.0	1,694
Primary	23.1	4.8	3,154
Secondary+	16.5	2.5	599
Total	23.5	4.9	5,447

Note: Figures are for children born in the period 0-47 months preceding the survey.

Women interviewed in the UDHS who had had a birth in the four years preceding the survey were asked questions regarding their knowledge of sugar-salt-water solution and treatment of diarrhoea in general. Almost three out of four mothers know about the use of sugar-salt-water-solutions; yet when asked about specific eating and drinking regimes for sick children, the findings are less encouraging (Table 8.12). Among women with children under four, only two-thirds say that a child who is sick with diarrhoea should get more to drink, and more than half say a child with diarrhoea should be given less to eat than usual. Urban women, those living in the Central Region, and those who are more educated tend to be more knowledgeable about the use of sugar-salt-water solutions and about appropriate feeding and drinking practices for children with diarrhoea.

Table 8.12 Knowledge of diarrhoea care

Percentage of mothers with births in the last four years who know about the use of sugar-salt-water solution for treatment of diarrhoea (oral rehydration therapy) and the percent distribution by knowledge of appropriate feeding during diarrhoea, according to background characteristics, Uganda 1995

Background characteristic	Know about sugar-salt-water solution for treatment of diarrhoea	Quantities that should be given during diarrhoea: Liquids				Solid foods				Total	Number of mothers
		Less	Same	More	Don't know/ Missing	Less	Same	More	Don't know/ Missing		
Age											
15-19	68.3	25.6	8.4	64.5	1.5	57.6	20.3	20.2	1.9	100.0	525
20-24	73.4	22.1	8.1	67.1	2.6	54.7	19.8	22.7	2.8	100.0	1,179
25-29	76.3	20.0	8.8	69.1	2.0	51.3	21.5	24.7	2.5	100.0	916
30-34	71.6	22.7	9.5	67.1	0.7	51.8	26.1	20.5	1.6	100.0	661
35+	69.9	20.7	6.6	71.6	1.2	53.9	19.3	25.4	1.4	100.0	602
Residence											
Urban	89.2	9.8	6.3	83.4	0.5	50.2	24.8	23.2	1.7	100.0	442
Rural	70.4	23.5	8.6	65.9	1.9	54.1	20.8	22.8	2.2	100.0	3,441
Region											
Central	84.7	6.0	3.9	90.0	0.1	45.1	17.8	35.6	1.4	100.0	987
Eastern	69.5	27.0	9.3	62.0	1.6	60.9	20.3	17.1	1.6	100.0	1,030
Northern	59.6	43.8	12.0	41.4	2.7	60.3	19.9	16.5	3.4	100.0	797
Western	73.8	15.6	8.7	73.0	2.8	49.7	26.4	21.4	2.5	100.0	1,068
Mother's education											
No education	61.5	31.5	11.3	54.7	2.5	56.0	23.4	18.0	2.6	100.0	1,210
Primary	75.4	19.2	7.3	71.9	1.6	53.7	19.4	24.8	2.0	100.0	2,265
Secondary+	89.3	9.2	5.2	85.1	0.4	46.6	25.1	26.6	1.7	100.0	408
Total	72.5	22.0	8.3	67.9	1.8	53.7	21.3	22.9	2.2	100.0	3,883

Table 8.13 presents information regarding treatment of recent episodes of diarrhoea among children under age four. Data indicate that 55 percent of children under four whose mothers report that they had diarrhoea in the two weeks before the survey were taken to a health facility for consultation. Of all children with diarrhoea, 48 percent were given ORS fluid, 5 percent received recommended home fluids (RHF), while 49 percent received either ORS or RHF. Almost half (49 percent) of mothers reported that they increased the amount of fluids given to their children with diarrhoea, while 9 percent of mothers reported giving injections, and 66 percent provided home remedies. About one-third were given neither ORT nor increased fluids to treat their diarrhoea.

The proportion of children with diarrhoea who were taken to a health facility was more or less the same regardless of age, sex, and birth order. The data indicate that urban children with diarrhoea are more likely to be taken to a health facility and are also more likely to receive ORS fluid and increased fluids of any kind. The proportion of children with diarrhoea who are taken to health facilities is highest in the Eastern Region and lowest in the Western Region. Children in the Northern Region are more likely to be given fluid made from ORS packets; injections are more commonly administered for diarrhoea in the Eastern Region,

Table 8.13 Treatment of diarrhoea

Among children under four years who had diarrhoea in the two weeks preceding the survey, the percentage taken for treatment to a health facility or provider, the percentage who received oral rehydration therapy (either solution prepared from ORS packets or recommended home fluids) and increased fluids, the percentage who received neither oral rehydration therapy nor increased fluids, and the percentage receiving other treatments, by background characteristics, Uganda 1995

Background characteristic	Percentage taken to a health facility or provider[1]	Oral rehydration therapy (ORT)			Increased fluids	Neither ORT nor increased fluids	Other treatments		No treatment	Missing	Number of children
		ORS packets	RHF	ORS or RHF			Injection	Home remedy/ Other			
Child's age											
< 6 months	50.6	35.0	3.7	35.9	35.3	50.3	6.9	56.3	23.0	0.0	121
6-11 months	53.4	50.8	4.8	51.3	50.1	34.6	8.8	65.3	10.2	0.1	266
12-23 months	58.8	51.0	5.1	51.9	49.0	28.3	9.6	68.2	11.9	0.0	544
24-35 months	50.2	43.5	5.9	46.2	52.9	32.3	11.2	69.0	12.4	0.2	201
36-47 months	55.1	50.2	3.6	50.2	49.3	27.6	8.7	61.6	9.8	0.9	146
Sex											
Male	54.6	45.5	4.9	46.6	50.0	33.3	8.0	65.3	13.3	0.1	669
Female	55.6	51.1	4.9	52.0	47.0	31.0	10.7	66.5	11.5	0.2	610
Birth order											
1	49.6	44.0	5.4	45.3	48.3	32.7	9.4	61.7	13.9	0.0	254
2-3	54.5	48.6	4.6	49.4	47.1	32.7	10.3	66.7	12.1	0.0	424
4-5	58.0	52.9	6.6	53.9	49.3	30.6	9.3	68.7	13.6	0.0	269
6+	57.7	46.9	3.5	48.0	50.1	32.5	8.1	65.6	10.9	0.6	332
Residence											
Urban	62.6	55.0	5.5	56.4	65.0	20.6	9.5	64.4	7.6	0.6	123
Rural	54.3	47.4	4.8	48.4	46.8	33.5	9.3	66.0	13.0	0.1	1,155
Region											
Central	57.9	44.3	2.2	45.2	72.1	23.8	10.4	64.9	11.7	0.0	230
Eastern	60.1	46.2	7.1	46.6	42.7	38.3	13.7	71.4	15.8	0.1	381
Northern	56.6	57.2	3.3	58.0	32.2	33.1	9.8	67.3	9.6	0.4	362
Western	45.0	42.7	5.9	45.1	57.6	30.0	2.3	57.7	12.3	0.1	305
Mother's education											
No education	50.3	49.4	3.5	50.6	42.3	35.4	7.0	61.4	15.6	0.1	449
Primary	56.9	46.5	5.5	47.6	49.7	32.3	10.5	67.8	11.9	0.2	730
Secondary+	64.2	54.5	6.7	54.5	69.3	17.6	10.9	71.5	2.7	0.0	99
Total	55.1	48.2	4.9	49.2	48.6	32.2	9.3	65.8	12.5	0.2	1,278

ORS = Oral rehydration salts
RHF = Recommended home fluid
[1] Includes health centre, hospital, and private doctor

while home remedies are more common in the Eastern Region and least common in the Western Region. As expected, children of mothers with secondary or more education are more likely to be taken to a health facility when they have diarrhoea than are children whose mothers are less educated. A notable difference is that educated women are more likely than those with less education to give increased fluids to their children with diarrhoea.

In the 1995 UDHS, all mothers who had a child with diarrhoea were also asked whether they had changed the amount that the child was given to drink during the diarrhoeal episode. Table 8.14 shows that about 60 percent of children sick with diarrhoea were given less food during the illness, while 30 percent received less to drink. These results suggest that, although the benefits of increasing fluid intake during a diarrhoeal episode is quite widely understood in Uganda, still a good proportion of mothers reduce fluid intake when their children have diarrhoea.

Table 8.14 Feeding practices during diarrhoea

Percent distribution of children under four who had diarrhoea in the past two weeks by amount of solid foods given and amount of fluids given, Uganda 1995

Feeding practices	Total
Amount of solid foods	
Same	24.1
Increase	12.6
Decrease	60.5
Don't know/missing	2.9
Amount of fluids	
Same	20.4
Increase	48.6
Decrease	29.7
Don't know/missing	1.4
Total	100.0
Number of children	1,278

Note: Figures are for children born in the period 0-47 months preceding the survey.

CHAPTER 9

MATERNAL AND CHILD NUTRITION

The findings presented in this chapter relate to infant feeding, including breastfeeding practices, introduction of complementary foods, and the use of feeding bottles; and the nutritional status of young children and their mothers. The 1995 UDHS collected data from mothers regarding the feeding patterns of all of their children under four years of age. As a part of the survey, the heights and weights of all children under four and their mothers were also measured.

9.1 Breastfeeding and Supplementation

Early childhood feeding practices and patterns are important determinants of the nutritional status of children which in turn influence their health status. The mother's nutritional well-being before and during conception influences the health of the baby at birth, her own ability to breastfeed successfully, as well as her general health. The health benefits of breastfeeding for both mother and baby are undisputed and they are influenced by both the duration and intensity of breastfeeding and by the age at which the child receives supplementary foods and other liquids.

Prevalence of Breastfeeding

The data presented in Table 9.1 confirm that breastfeeding in Uganda is almost universal, with 98 percent of the children born in the four years preceding the survey having been breastfed at some time. The proportion of children ever breastfed was high across all regions and did not vary significantly by other background characteristics.

Early initiation of breastfeeding is beneficial for mother and child. From the mother's perspective, early suckling stimulates the release of a hormone that helps her uterus to maintain a contracted state. From the child's perspective, the first breast milk (colostrum) is important, since it is rich in antibodies. Data show that about half the children in Uganda are put to the breast within one hour of birth. Babies in the Western and Eastern Regions are more likely to start breastfeeding within one hour of birth than their counterparts in the Central and Northern Regions.

Timing of Introduction of Supplementary Foods

The timing of introduction of supplementary foods in addition to breast milk has important implications for the child and the mother. Early supplementation, especially under unhygienic conditions, can result in infection with foreign organisms and lower immunity to disease. The timing of introduction of food supplements also has an impact on the length of the mother's postpartum amenorrhoea. Early initiation of supplementation results in earlier resumption of the mother's menstrual periods, since supplementation diminishes infants' dependence on breast milk and reduces the frequency of suckling.

Table 9.2 shows data concerning breastfeeding practices from birth until the child's third birthday. During the first three months of life, 70 percent of children are exclusively breastfed, that is, they are given nothing but breast milk. By the time infants are age 4-6 months, however, only 34 percent are still being exclusively breastfed. By age 22-23 months, only 32 percent are still receiving any breast milk, and by the time they reach 34-35 months of age, 97 percent of all children have been completely weaned.

Table 9.1 Initial breastfeeding

Percentage of children born in the four years preceding the survey who were ever breastfed, and the percentage who started breastfeeding within one hour of birth and within one day of birth, by selected background characteristics, Uganda 1995

Background characteristic	Percentage ever breastfed	Percentage who started breastfeeding: Within 1 hour of birth	Within 1 day of birth	Number of children
Sex				
Male	98.0	50.2	86.0	2,941
Female	98.3	51.4	87.6	3,086
Residence				
Urban	98.0	50.3	86.6	706
Rural	98.1	50.9	86.9	5,321
Region				
Central	97.7	48.2	84.7	1,565
Eastern	98.0	53.8	88.1	1,638
Northern	98.4	45.7	88.2	1,164
Western	98.4	53.9	86.6	1,661
Mother's education				
No education	98.6	53.3	87.0	1,879
Primary	97.9	49.5	86.5	3,501
Secondary+	97.9	50.2	87.9	648
Assistance at delivery				
Health professional	97.5	53.2	89.1	2,277
Traditional midwife	97.8	55.3	89.0	918
Other or none	98.8	47.8	85.0	2,811
Place of delivery				
Health facility	97.5	53.0	88.9	2,134
At home	98.5	50.0	86.1	3,832
All children	98.1	50.8	86.8	6,027

Note: Total includes 22 children for whom data on assistance at delivery are missing and 61 children for whom place of delivery is missing.

Supplementation of breast milk starts relatively late in Uganda. In the first two months, only 17 percent of children have received supplements other than water and breast milk. However, by 4-5 months, 57 percent of children are given some form of food supplementation, and by 10-11 months, 87 percent of children have received supplementations.

Table 9.2 Breastfeeding status

Percent distribution of living children by current breastfeeding status, according to child's current age in months, Uganda 1995

Age in months	Percentage of living children who are:					Number of living children
			Breastfeeding and:			
	Not breast-feeding	Exclusively breast-fed	Plain water only	Supple-ments	Total	
<2	0.6	76.9	5.2	17.2	100.0	180
2-3	0.6	64.8	3.3	31.4	100.0	233
4-5	2.5	36.2	4.6	56.7	100.0	271
6-7	1.0	18.5	5.2	75.4	100.0	251
8-9	4.0	8.3	3.4	84.2	100.0	247
10-11	5.7	5.6	1.5	87.3	100.0	300
12-13	10.0	1.8	0.3	87.9	100.0	278
14-15	13.7	2.7	1.5	82.1	100.0	259
16-17	24.7	1.8	0.1	73.3	100.0	251
18-19	36.7	1.0	0.0	62.3	100.0	279
20-21	53.5	1.2	0.0	45.3	100.0	280
22-23	67.8	0.2	0.0	32.0	100.0	241
24-25	77.7	0.0	0.6	21.7	100.0	221
26-27	84.8	0.2	0.0	15.1	100.0	191
28-29	92.9	0.0	1.0	6.1	100.0	154
30-31	97.3	0.0	0.0	2.7	100.0	193
32-33	95.6	0.0	0.0	4.4	100.0	234
34-35	96.9	0.0	0.0	3.1	100.0	181
0-3 months	0.6	70.1	4.1	25.2	100.0	412
4-6 months	2.3	34.1	5.8	57.8	100.0	387
7-9 months	2.7	8.7	3.0	85.6	100.0	382

Note: Breastfeeding status refers to preceding 24 hours. Children classified as *breastfeeding and plain water only* receive no supplements.

Table 9.3 shows the differentials in duration and frequency of breastfeeding by background characteristics of the child and mother. At the national level, the median duration of any breastfeeding is just under 20 months. The median duration of exclusive breastfeeding and full breastfeeding (breastfeeding plus plain water only) are both about 3 months.

There is very little variation between the breastfeeding duration of male and female children. Rural children are breastfed longer (20 months) than urban children (17 months). Breastfeeding duration is the longest in the Northern Region (25 months) and the shortest in the Central Region (17 months). The most striking feature, however, is the decrease in breastfeeding duration with increasing level of education of mothers.

Frequent breastfeeding must be practised in order for mothers to reap all the benefits of breastfeeding. The data in Table 9.3 indicate that 86 percent of children under six months of age were breastfed six or more times in the 24 hours preceding the interview.

Table 9.3 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and full breastfeeding among children under three years of age, and the percentage of children under six months of age who were breastfed six or more times in the 24 hours preceding the interview, according to background characteristics, Uganda 1995

Background characteristic	Median duration in months[1]			Number of children under 3 years of age	Children under 6 months	
	Any breast-feeding	Exclusive breast-feeding	Full breast-feeding[2]		Breastfed 6+ times in preceding 24 hours	Number of children
Sex						
Male	19.4	3.1	3.8	2,279	87.9	329
Female	19.7	3.0	3.4	2,380	83.9	354
Residence						
Urban	16.9	1.8	1.9	532	82.8	82
Rural	19.9	3.3	3.8	4,127	86.2	602
Region						
Central	17.4	2.2	2.3	1,201	76.2	172
Eastern	19.0	2.3	3.0	1,245	88.1	173
Northern	24.8	5.7	6.6	925	86.8	150
Western	20.1	3.1	3.6	1,289	91.7	189
Education						
No education	22.6	4.3	4.7	1,432	87.9	214
Primary	18.6	2.7	3.2	2,735	84.9	399
Secondary+	17.7	2.0	2.0	491	84.6	71
Assistance at delivery						
Health professional	17.8	2.2	2.4	1,722	82.3	248
Traditional midwife	22.0	4.2	4.9	746	89.8	124
Other or none	20.5	3.5	3.8	2,183	87.0	312
Total	19.5	3.0	3.5	4,659	85.8	684
Mean	19.5	4.6	5.1	98.3	-	-
Prevalence/Incidence[3]	19.8	3.8	4.3	-	-	-

Note: Total includes seven children for whom data on assistance at delivery are missing.
[1] Medians and means are based on current status
[2] Either exclusive breastfeeding or breastfeeding and plain water only
[3] Prevalence-incidence mean

Types of Supplemental Foods

Table 9.4 presents information on the types of food received by children under age three in the 24 hours prior to the survey interview, according to whether or not the child is still being breastfed. The results indicate negligible use of infant formula. Mothers seem to prefer giving other milks and liquids to giving infant formula. Meat, poultry, fish, and eggs contain protein and other nutrients that are important for growth, recovery from illness, and mental development. The proportion of children receiving these foods rises from 5 percent at age 4-5 months to more than 30 percent at age 10-11 months. Foods made from grains, flour, or cereals (such as porridge), and tubers and plantains are common foods for children starting age 6-7 months. By age 7-9 months, more than one-third of children are getting these foods on a daily basis.

Table 9.4 Types of food received by children in preceding 24 hours

Percentage of children under 36 months of age who received specific types of food in the 24 hours before the interview, and the percentage using a bottle with a nipple, by breastfeeding status and child's age in months, Uganda 1995

Age (in months)	Breast milk only	Infant formula	Other milk	Other liquid	Meat/ poultry/ fish/ eggs	Grain/ flour/ cereal	Tubers/ plantains	Other	Using bottle with a nipple	Number of children
BREASTFEEDING CHILDREN										
0-1	77.4	1.4	14.1	2.9	0.0	0.7	0.0	0.0	3.3	179
2-3	65.2	2.1	18.4	10.6	0.1	3.4	0.6	3.4	7.1	231
4-5	37.2	1.9	29.4	29.5	5.4	8.3	5.1	12.2	9.6	265
6-7	18.6	2.0	32.0	43.7	17.5	22.9	24.0	30.2	5.1	249
8-9	8.7	3.4	37.7	44.2	23.7	34.9	45.9	42.7	10.8	237
10-11	5.9	1.5	30.5	50.7	30.6	40.4	48.7	46.2	8.9	283
12-13	2.0	3.9	30.3	50.7	32.5	44.5	65.8	50.1	8.8	250
14-15	3.1	0.2	31.9	53.7	32.7	47.4	66.6	46.2	7.5	223
16-17	2.4	1.2	21.8	56.8	26.9	50.1	67.5	51.5	4.6	189
18-23	1.8	0.8	22.2	49.3	28.2	57.5	66.8	51.5	6.6	384
24-29	0.3	0.0	20.0	42.8	27.1	62.9	67.8	45.8	2.3	89
30-35	*	*	*	*	*	*	*	*	*	21
0-3 months	70.5	1.8	16.5	7.2	0.1	2.2	0.3	1.9	5.5	410
4-6 months	34.9	1.8	28.9	31.0	7.1	9.6	9.1	16.7	8.7	379
7-9 months	8.9	3.0	36.9	46.9	23.5	33.7	39.7	39.1	8.3	372
NON-BREASTFEEDING CHILDREN										
12-13	NA	(9.6)	(46.7)	(54.0)	(49.3)	(49.3)	(51.5)	(53.9)	(16.4)	28
14-15	NA	(6.7)	(56.2)	(61.1)	(31.2)	(58.0)	(61.9)	(28.3)	(10.3)	35
16-17	NA	5.6	40.0	46.0	25.0	41.2	77.0	48.9	10.8	62
18-23	NA	2.0	42.2	56.4	42.0	53.3	68.9	43.6	2.0	416
24-29	NA	0.9	33.6	59.8	38.0	53.9	71.7	53.2	1.9	477
30-35	NA	1.0	26.2	55.7	29.7	48.8	69.4	48.7	3.4	587

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

Bottlefeeding is not commonly practised in Uganda. Only 3 percent of breastfed children under two months were given a bottle with a nipple. Among children still breastfeeding, bottlefeeding peaks at age 8-9 months (11 percent).

Frequency of Food Supplementation

A balanced diet is achieved by regularly eating a nutritious variety of foods in sufficient quantities. Young children are more likely to consume an adequate diet if given small but frequent meals each day (4-5 times). In the 1995 UDHS, interviewers read from a list of specific types of food, asking the mother to report the number of days over the last seven days that the child received each of these foods.

Table 9.5 presents the percentage of children who received specific types of food in the seven days preceding the survey. As expected, the very youngest children tend to be given little other than breast milk, water, and other milk. As children get older, more of them are given foods such as poultry, fish,

Table 9.5 Types of food received by children in preceding week

Percentage of children under 36 months of age who received specific types of food in the week before the interview among children fed these foods, by breastfeeding status and child's age in months, Uganda 1995

Age (in months)	Plain water	Milk	Other liquids	Poultry/ Eggs/ Fish	Meat	Grain/ Flour	Tubers/ Plantains	Other	Number of children
BREASTFEEDING CHILDREN									
0-1	10.5	18.3	5.2	0.0	0.0	0.7	0.0	0.0	179
2-3	18.1	23.0	17.5	3.8	2.9	4.2	0.6	1.8	231
4-5	31.1	36.0	34.4	9.3	4.6	13.8	8.1	16.5	265
6-7	60.2	39.0	55.9	32.8	13.7	39.9	36.4	41.7	249
8-9	67.5	48.0	62.3	44.3	26.4	49.7	63.4	54.2	237
10-11	74.2	43.3	66.8	50.2	29.2	60.7	73.9	56.0	283
12-13	83.5	41.6	68.3	55.8	34.8	65.2	80.9	60.5	250
14-15	88.1	45.4	61.6	62.4	42.1	70.0	82.8	58.1	223
16-17	87.6	36.8	65.1	51.5	33.6	72.2	86.5	64.9	189
18-23	91.8	33.5	62.8	56.3	36.3	71.2	84.1	64.9	384
24-29	88.6	28.3	55.2	63.6	39.2	85.2	85.3	59.9	89
30-35	*	*	*	*	*	*	*	*	21
0-3 months	14.8	20.9	12.1	2.1	1.6	2.7	0.3	1.0	410
4-6 months	38.5	34.5	37.7	11.7	5.7	18.1	12.8	20.4	379
7-9 months	66.3	47.1	63.2	44.9	23.4	49.8	57.5	53.4	372
NON-BREASTFEEDING CHILDREN									
12-13	(90.7)	(64.6)	(57.0)	(70.8)	(38.9)	(61.7)	(77.6)	(63.5)	28
14-15	(72.8)	(71.9)	(76.5)	(60.8)	(53.7)	(74.4)	(83.3)	(49.0)	35
16-17	81.2	46.2	53.7	53.3	29.3	60.9	84.0	49.1	62
18-23	83.7	54.5	68.1	63.8	44.3	70.9	88.5	54.6	416
24-29	87.0	45.6	67.2	61.4	50.1	74.1	88.4	63.3	477
30-35	84.6	38.6	63.7	53.7	43.8	68.5	84.4	57.9	587

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.

eggs, grains, and especially tubers (root crops like potatoes and cassava). For example, the proportion of children receiving eggs, poultry, or fish increases with age from 2 percent of breastfed children age 0-3 months, to almost half of children at age 7-9 months. Meat is less commonly given to young children; the proportion of children who were given meat in the seven days before the survey increases from about 2 percent of children age 0-3 months to 23 percent at age 7-9 months.

Differentials in Food Supplementation

Table 9.6 shows information on the types of supplemental food given to children under age four in the seven days before the survey, according to selected background variables. The table also shows the mean number of days that children were fed each type of food. Urban children are more likely to be fed poultry, eggs, and fish (63 percent) and meat (51 percent) than rural children (47 and 32 percent, respectively). This could be a reflection of the lower socio-economic status of rural parents as well as the higher cost of these foods which may not be within the means of parents in rural areas.

Generally, tubers seem to be more popularly used as a supplemental food than cereals. This is true in all regions, except in the Eastern Region where grains and cereal-based foods are just as common. Since the mother's level of education is closely related to the economic status of the household, it is not

Table 9.6 Types of food received by children by background characteristics

Percentage of children under 48 months of age who were fed selected types of food in the last week and mean number of days fed in the last week, according to selected background characteristics, Uganda 1995

Age (in months)	Water only		Milk only		Other liquids		Poultry/ Eggs/ fish		Meat		Grains/ flour		Tubers/ Plantains		Other		Number of children
	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	
Sex of child																	
Male	75.5	6.0	39.9	4.9	58.9	5.1	48.8	2.8	34.3	1.7	60.6	4.9	70.4	5.3	51.2	4.8	2,659
Female	74.5	6.0	39.8	5.0	58.4	5.1	49.1	2.7	35.0	1.7	59.3	4.8	71.0	5.3	51.7	4.9	2,788
Residence																	
Urban	70.4	5.9	65.3	5.5	65.7	5.3	62.6	3.3	51.3	2.3	58.0	4.7	65.4	4.7	55.5	4.9	635
Rural	75.6	6.0	36.5	4.8	57.7	5.0	47.2	2.7	32.4	1.6	60.2	4.9	71.4	5.4	50.9	4.9	4,812
Region																	
Central	64.8	5.8	53.8	5.4	66.0	5.4	57.2	3.1	39.8	2.0	46.3	4.6	69.0	5.5	50.1	5.1	1,410
Eastern	84.6	6.6	41.6	4.6	62.3	5.3	51.0	3.2	31.0	1.9	72.1	5.5	70.4	5.0	57.0	4.8	1,454
Northern	81.6	6.9	16.2	4.5	39.2	4.9	52.5	2.5	25.9	1.5	58.6	5.1	66.8	5.4	42.7	5.0	1,057
Western	70.7	4.8	41.9	4.9	61.9	4.6	36.9	2.1	39.4	1.4	61.8	4.1	75.3	5.3	53.4	4.7	1,525
Education																	
No education	76.4	6.1	27.1	4.5	52.9	5.0	42.4	2.5	30.6	1.5	63.0	5.0	70.8	5.4	50.9	4.9	1,694
Primary	74.3	5.9	41.6	4.9	59.1	5.0	49.7	2.8	33.5	1.7	57.7	4.8	70.4	5.3	50.2	4.8	3,154
Secondary+	74.8	6.1	67.1	5.6	72.7	5.4	63.5	3.3	51.9	2.1	63.0	4.8	72.0	4.9	59.4	5.2	599
Total	75.0	6.0	39.9	5.0	58.7	5.1	49.0	2.8	34.6	1.7	59.9	4.8	70.7	5.3	51.4	4.9	5,447

surprising that the children of educated mothers have greater access to a wide variety of foods. For example, 31 percent of children of women with no formal education were given some meat in the week prior to the survey, compared with 52 percent of children of women with secondary or more education.

9.2 Nutritional Status of Children

The nutritional status of children is an outcome of many interrelated factors. These include environmental, economic, political, biological, educational, cultural, and food security factors. Of these factors, however, feeding practices and infections have the most direct effect on nutritional status. The nutritional status of children can thus be used as an indicator of the socio-economic development of a community or nation.

Measures of Nutritional Status

Evaluation of nutritional status is based on the rationale that in a well-nourished population, one observes a statistically predictable distribution of children of a given age with respect to height and weight. In the 1995 UDHS, the nutritional status of children is analysed and evaluated in comparison with the commonly used U.S. National Centre for Health Statistics (NCHS) standard, which is recommended by World Health Organisation (WHO). The use of this reference population is based on the finding that well-nourished young children of all population groups follow very similar growth patterns. Although variations in height and weight exist, these approximate a normal distribution when the population under study is large.

In the 1995 UDHS, all children whose mothers were interviewed and who had been born since January 1991 were weighed using a digital scale with an accuracy of 100 grams. Their standing height (for children age 24 months and older) or recumbent length (for children under age 24 months) was also measured using the Shorr height board. Height and weight data as well as information on the child's age in months was 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 minus 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 of time 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 the season of data collection.

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 which 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 fed, only 2.3 percent of children are expected to fall below -2 SD for each of the three indices, whereas less than 1 percent are expected to fall below -3 SD.

Levels of Childhood Undernutrition

Table 9.7 shows the percentage of children under age four classified as undernourished according to height-for-age, weight-for-height, and weight-for-age indices, and by background characteristics. Overall, 38 percent of Ugandan children are classified as stunted and 15 percent are severely stunted. The

Table 9.7 Nutritional status of children by background characteristics

Percentage of children under 48 months of age who are classified as undernourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Uganda 1995

Background characteristic	Height-for-age		Weight-for-height		Weight-for-age		Number of children
	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage below -3 SD	Percentage below - 2 SD[1]	
Age							
<6 months	1.9	6.8	0.1	2.0	0.3	3.9	603
6-11 months	6.0	26.5	1.4	7.3	9.4	28.6	752
12-23 months	18.0	45.4	1.4	9.0	9.4	35.3	1,451
24-35 months	20.1	44.9	0.6	2.7	7.2	26.6	1,010
36-47 months	20.5	49.8	0.7	2.9	3.8	20.9	959
Sex							
Male	16.0	40.0	1.1	6.1	7.6	27.1	2,334
Female	14.1	36.7	0.7	4.6	5.8	24.1	2,442
Birth order							
1	14.7	37.7	0.9	4.9	6.5	24.9	903
2-3	14.0	38.6	1.1	5.1	6.0	24.1	1,548
4-5	15.3	37.6	0.4	4.6	7.0	25.7	1,028
6+	16.3	39.1	1.2	6.4	7.3	27.6	1,297
Birth interval[2]							
< 24 months	16.7	40.7	0.7	5.2	5.6	26.7	966
24-47 months	14.6	37.7	1.1	5.6	7.1	25.3	2,351
48+ months	14.4	37.5	0.6	5.2	6.9	25.5	551
Residence							
Urban	7.9	22.5	1.2	4.9	3.0	15.3	537
Rural	15.9	40.3	0.9	5.4	7.1	26.8	4,239
Region							
Central	11.1	33.5	0.7	3.5	4.8	21.1	1,224
Eastern	14.3	35.6	0.5	6.6	7.1	27.3	1,268
Northern	17.8	41.9	1.4	7.6	9.1	31.6	930
Western	17.4	42.8	1.1	4.1	6.3	23.8	1,354
Education							
No education	18.4	43.1	1.7	7.2	8.5	29.7	1,484
Primary	14.1	38.2	0.7	4.9	6.5	25.0	2,764
Secondary+	10.1	25.7	0.0	2.4	2.6	16.6	527
Total	15.0	38.3	0.9	5.3	6.7	25.5	4,775

Note: Figures are for children born in the period 0-47 months preceding the survey. Each index is expressed in terms of the number of standard deviation (SD) units from the median of the NCHS/CDC/WHO international reference population. Children are classified as undernourished if their z-scores are below minus two or minus three standard deviations (-2 SD or -3 SD) from the median of the reference population.

[1] Includes children who are below -3 SD

[2] Excludes first births

prevalence of stunting is low among children below six months, but increases with age. There is little relationship between stunting and either sex, birth order, or birth interval of the child.

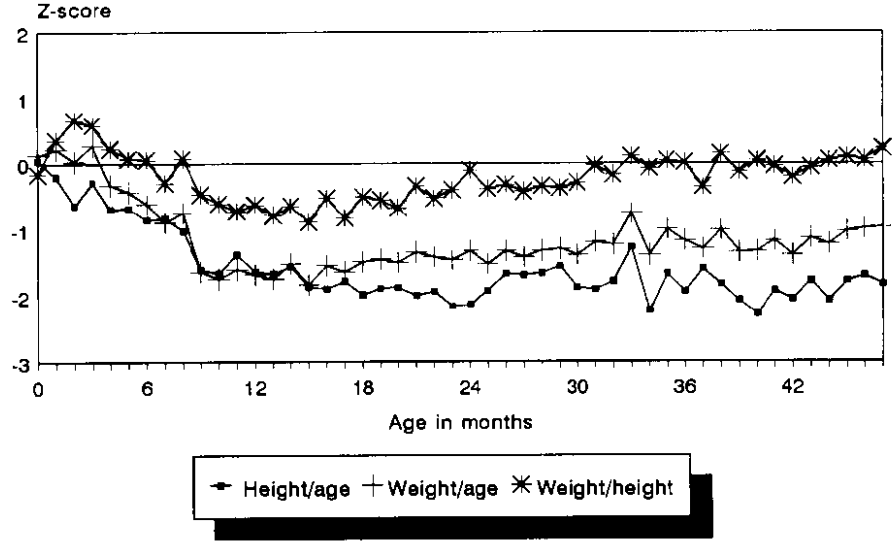
Stunting is more prevalent among rural children than urban children. Sixteen percent of rural children are severely stunted, compared to 8 percent of urban children. The proportion of stunted children is highest in the Western (43 percent) and Northern (42 percent) Regions and lowest in the Central Region (34 percent). The level of mother's education is associated with her children's nutritional status. The proportion of stunted children ranges from 43 percent among children whose mothers have no education to 26 percent among those whose mothers have secondary or higher education.

About 5 percent of children under four in Uganda are wasted; 1 percent are severely wasted. Variations in the level of wasting by background characteristics show that it is high among children in the 6-23 month age group, indicating that food supplementation during the weaning period may be inadequate. Differences in the prevalence of acute undernutrition between rural and urban children are not as marked as they are for chronic undernutrition. The highest prevalence of wasting is reported in the Northern Region (8 percent) and the lowest in the Central Region (4 percent). Prevalence of wasting among children is inversely related to the educational level of their mothers.

More than a quarter of Ugandan children under four are underweight for their age, which may reflect stunting, wasting, or both. Low weight-for-age is most common during the second year of life (ages 12-23 months). The prevalence of low weight-for-age is higher among children living in rural than in urban areas (27 vs. 15 percent). Children from the Northern Region are much more likely to be underweight than children in other regions, and underweight children are more common among those whose mothers have less education.

Figure 9.1 shows the distribution of children by age and by the extent to which they deviate from the reference population in terms of the Z-scores for three anthropometric indices. This demonstrates the

Figure 9.1
Nutritional Status of Children Under Four Years, Mean Z-scores by Age in Months



Note: Compared to the median of the International Reference Population

UDHS 1995

remarkable deterioration in nutritional status that begins shortly after birth, continuing through the first year and a half, and then levelling off or improving slightly thereafter to the third birthday.

Trends in Undernutrition in Uganda

The anthropometric data collected in the 1995 UDHS are very similar to those obtained during the 1988-89 UDHS, except that the age range of eligibility for collecting data changed from under five years in the earlier survey to under four years in the present survey. In addition, the 1988-89 UDHS was not representative of the entire country. To allow comparisons, results from both surveys were re-analysed using only children that fall into the shared age range 0-47 months and that live in the same areas covered in the 1988-89 UDHS. The results are presented in Table 9.8. One factor that could not be controlled was the difference in the timing of the surveys—the 1988-89 UDHS fieldwork took place from September 1988 to February 1989, while the 1995 survey was conducted from late March to mid-August 1995. Nutritional status is known to be subject to seasonal variations, often deteriorating just prior to the peak harvest time and improving after harvest; it also varies with fluctuations in disease prevalence. However, it is difficult to assess what effect, if any, the different timing of the data collection in the two surveys might have on the results concerning nutritional status of children.

Results show that the proportion of children under age four who have chronic undernutrition or stunting (low height-for-age) decreased from 43 percent in 1988-89 to 39 percent in 1995, while acute undernutrition or wasting (low weight-for-height) rose from 2 to 5 percent. Since the change in wasting refers to conditions immediately preceding the two surveys, the overall trend in nutrition using this measure may be misleading. The percentage of children who are underweight (low weight-for-age) has increased slightly from 23 to 25 percent.

Table 9.8 Trends in nutritional status of children

Among children under four years of age, the percentage classified as undernourished according to height-for-age, weight-for-height, and weight-for-age, 1988-89 UDHS and 1995 UDHS

	All Uganda	Areas covered by 1988-89 UDHS	
Index	1995 UDHS	1995 UDHS	1988-89 UDHS
Height-for-age			
< -2 SD	38.3	38.8	43.0
< -3 SD	15.0	14.9	17.0
Weight-for-height			
< -2 SD	5.3	5.1	1.9
< -3 SD	0.9	1.0	0.1
Weight-for-age			
< -2 SD	25.5	25.0	23.0
< -3 SD	6.7	6.5	5.1
Number of children	4,775	3,991	3,185

9.3 Maternal Nutritional Status

All mothers of children born since January 1991 were eligible to be weighed and measured[1] in the 1995 UDHS. The objective was to obtain a picture of the nutritional status of women of reproductive age, but in considering the cost and length of the survey, a decision was made to limit the anthropometric section to women with young children who would be measured anyway.[2] In reviewing the results of the maternal anthropometric data collection, it is important to remember that the sample of women is not representative of all women 15-49 and will overrepresent high fertility age groups, for example, women 25-34 years.

[1] The measuring boards and scales used to measure the mothers were the same as those used to collect anthropometric measurements of children.

[2] Interviewers were instructed to weigh and measure all women who had had a birth since January 1991, regardless of whether or not the child was still living.

Several measures must be used to assess the nutritional status of women (Krasovec and Anderson, 1991). In this report, two indices are presented: height, and body mass index (BMI). Maternal height is associated with past socio-economic status and nutritional status in childhood and adolescence. It is related to the risk of difficult delivery, since small stature is often associated with small pelvic size. Short women also often stand the risk of bearing infants with low birth weight. The cut-off point below which a woman can be identified as at risk is in the range of 140-150 centimetres (cm).

Table 9.9 shows that the mean height of mothers measured in the 1995 UDHS is 158 cm. Those whose height is less than 145 cm accounts for less than 2 percent.

Table 9.9 Nutritional status of mothers by background characteristics

Among mothers of children under four years, mean height and percentage of women shorter than 145 centimetres, mean body mass index (BMI) and the percentage of women whose BMI is less than 18.5 (kg/m^2), by selected background characteristics, Uganda 1995

Background characteristic	Height			BMI		
	Mean	Percent <145 cm	Number	Mean	Percent <18.5 (kg/m^2)	Number
Age						
15-19	156.7	2.7	522	21.2	10.6	409
20-24	158.0	1.5	1,216	21.2	9.6	954
25-29	158.7	1.3	949	21.5	9.0	714
30-34	159.1	1.0	713	21.7	10.2	547
35-49	158.5	1.9	690	21.7	10.8	583
Residence						
Urban	158.8	0.8	476	22.8	5.2	396
Rural	158.2	1.7	3,615	21.3	10.6	2,811
Region						
Central	157.2	1.8	1,067	22.2	5.4	830
Eastern	159.0	0.6	1,078	20.7	14.1	792
Northern	160.9	0.2	830	20.6	14.0	674
Western	156.6	3.4	1,116	22.1	7.3	911
Education						
No education	158.3	1.4	1,274	21.2	10.4	997
Primary	158.1	1.8	2,380	21.4	10.1	1,863
Secondary+	159.1	0.9	438	22.3	7.4	347
Total	158.3	1.6	4,091	21.5	9.9	3,207

Note: Table includes only women who had a birth in the four years preceding the survey. The BMI index excludes pregnant women and those who are less than three months postpartum.

Another commonly used index is the body mass index (BMI), that is derived by dividing the weight in kilograms (kg) by the square height in metres (m^2). This indicator is used to assess thinness or obesity. A cut-off point of 18.5 kg/m^2 has been recommended for defining chronic undemutrition, while a level below 16 classifies severe undernutrition (James et al., 1988) which is associated with increased mortality. The results of the 1995 UDHS show that the mean BMI among non-pregnant mothers was 21.5; 10 percent of mothers had a BMI below the 18.5 cut-off point, reflecting chronic nutritional deficit.

Examining the maternal nutritional status indicators by background characteristics in Table 9.9, the data indicate that a greater proportion of the mothers in the 15-19 age group, those in rural areas, and those from the Central and Western Regions fall below 145 cm in height. In addition, there are more mothers who are thin among those in the Eastern and Northern Regions and in rural areas. Mothers with lower levels of education have a mean BMI that is indicative of nutritional risk.

CHAPTER 10

MATERNAL MORTALITY

Although maternal mortality is an important issue in Uganda, no national survey has been carried out for the purpose of estimating maternal mortality. Matemal mortality in Uganda is currently estimated at 600 maternal deaths per 100,000 live births (Ministry of Health, 1993). However, this estimate is based on small-scale studies, most of which are hospital-based. Such studies are likely to underestimate maternal mortality to the extent that those who experience higher rates of mortality (e.g., the poor, those in remote areas) are less likely to deliver babies in hospitals. On the other hand, hospital-based studies are likely to overstate the true maternal mortality rate to the extent that women who develop complications during pregnancy or delivery are more likely to deliver in hospitals.

The estimates presented in this chapter are therefore of unique importance; they fill a vacuum for reliable, national estimates of maternal mortality. These estimates have no parallel against which they can be compared. Therefore, there is need for further national-level investigation of this problem.

The maternal mortality estimates presented in this chapter are based on information about the survivorship of respondents' sisters. Estimates are made using both direct and indirect estimation techniques. The direct technique utilises data on the ages of surviving siblings and, in the case of those who died, age at death, as well as number of years since their death. This allows data to be aggregated to determine the number of person-years of exposure to mortality risk and the number of sibling deaths occurring in defined calendar periods. Rates of maternal and adult mortality are obtained by dividing maternal (or all female or male adult) deaths by person-years of exposure (Rutenberg and Sullivan, 1991).

The indirect technique of estimation essentially consists of what has been termed the "sisterhood method" (Graham et al. 1989). In this case, the data obtained from respondents about their sisters are used to estimate the lifetime risk of maternal mortality. Such an estimate would naturally run into the problem of reference period, since it combines the mortality experience of the previous 50 years. However, as Graham et al. (1989) point out, combining data from respondents age 15-49 into a single estimate narrows the reference period to about 12 years prior to the survey. Nevertheless, the biggest drawback in using this method is the uncertainty as to how much it estimates current maternal mortality, unless one assumes that mortality has been relatively constant over the years.

10.1 Assessment of Data Completeness

In the 1995 UDHS, both female and male respondents were asked to list all their siblings, that is, all the children born to their mother, starting with the first-born, and whether or not each of these siblings was still alive at the survey date. For those who were alive, current age was collected, while for the deceased siblings, information was sought on the year of death and age at death. In order to establish deaths that were maternity-related, respondents were further asked four questions for all sisters who died at age 12 years or older: "Was [NAME OF SISTER] pregnant when she died?"; and if not, "Did she die during childbirth?"; and if not, "Did she die within two months after the end of a pregnancy or childbirth?"; and if so, "Was her death due to complications of pregnancy or childbirth?" It can be seen that this information will not only give an estimate of maternal risk but a complete profile of person-years of exposure to the risk of mortality for the adult population.

Utilisation of the techniques presented here presupposes the existence of both accurate and complete data regarding the number of siblings, their survival status, and the circumstances surrounding their deaths. It is therefore important to see at the outset how well the present data meet this assumption.

Table 10.1 shows the number of siblings reported by UDHS female respondents[1] and the level of completeness of the data on survivorship status, current age, age at death, and years since death of siblings. The sex ratio of reported siblings (the ratio of brothers to sisters) was a little low (1.01), possibly indicating slight underreporting of brothers. Respondents were highly knowledgeable about their siblings' survival status; in only 0.1 percent of the cases were respondents unable to report the survival status of their siblings, with only negligible differences in reporting for sisters and brothers. In 1 percent of the cases, the respondents could not tell the ages of their surviving siblings. Again, the difference between female and male siblings was negligible. As expected, information regarding deceased siblings is less complete than for living siblings. For 15 percent of deceased siblings, either the age at death or the year of death or both were not reported by the respondents. Rather than exclude the siblings with missing data from the analysis, information on the birth order of siblings in conjunction with other information was used to impute the missing data.[2]

Table 10.1 Data on siblings

Number of siblings reported by female survey respondents and completeness of reported data on sibling age, age at death (AD) and years since death (YSD), Uganda 1995

	Sisters		Brothers		All siblings	
	Number	Percentage	Number	Percentage	Number	Percentage
All siblings	21,762	100.0	22,084	100.0	43,846	100.0
Living	17,262	79.3	17,016	77.1	34,278	78.2
Dead	4,481	20.6	5,030	22.8	9,511	21.7
Missing survival information	19	0.1	38	0.2	56	0.1
Living siblings	17,262	100.0	17,016	100.0	34,278	100.0
Age reported	17,070	98.9	16,839	99.0	33,909	98.9
Age missing	192	1.1	177	1.0	369	1.1
Dead siblings	4,481	100.0	5,030	100.0	9,511	100.0
AD and YSD reported	3,787	84.5	4,269	84.9	8,056	84.7
AD OR YSD or both missing	694	15.5	761	15.1	1,455	15.3

[1] Although data were collected from male respondents, the analysis here is restricted to female respondents, because techniques for merging the two datasets have not yet been established.

[2] The imputation procedure is based on the assumption that the reported birth ordering of siblings in the birth history is correct. The first step is to calculate birth dates. For each living sibling with a reported age and for 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 age at death or years since death was reported, that information was combined with the birth date to produce the missing information. If both pieces of information were missing, the distribution of the ages at death for siblings for whom the years since death was unreported, but age at death was reported, was used as a basis for imputing the age at death.

10.2 Direct Estimates of Adult Mortality

It is useful to begin by estimating overall adult mortality on the theory that if the overall mortality estimates display a generally stable and plausible pattern, this lends greater credence to the maternal mortality estimates derived thereafter. Table 10.2 presents age-specific mortality estimates for males and females for the period 0-9 years before the survey.

Table 10.2 Adult mortality rates

Estimates of female and male adult mortality rates for the period 0-9 years before the survey, and model life table rates, Uganda 1995

WOMEN

Age	Deaths	Exposure	UDHS mortality rates	Model Life Table Rates[1]	
				Coale-Demeny NORTH (54 yrs)	Uganda Census 1991
15-19	109	29,619	3.68	4.03	4.31
20-24	193	29,640	6.52	4.83	5.13
25-29	196	24,468	7.99	5.59	5.32
30-34	179	16,686	10.75	6.43	6.12
35-39	105	9,929	10.59	7.38	7.03
40-44	53	5,499	9.70	8.48	8.12
45-49	42	2,703	15.46	9.46	9.11
15-49	877	118,545	7.88[a]	-	-

MEN

Age	Deaths	Exposure	UDHS mortality rates	Model Life Table Rates[1]	
				Coale-Demeny NORTH (51 yrs)	Uganda Census 1991
15-19	87	29,545	2.94	4.16	5.14
20-24	155	29,521	5.26	5.96	7.35
25-29	248	23,609	10.50	6.24	7.72
30-34	236	16,132	14.61	6.67	8.10
35-39	130	9,834	13.25	7.54	9.17
40-44	95	5,246	18.15	9.12	11.03
45-49	52	2,691	19.45	11.19	13.36
15-49	1,003	116,578	9.52[a]	-	-

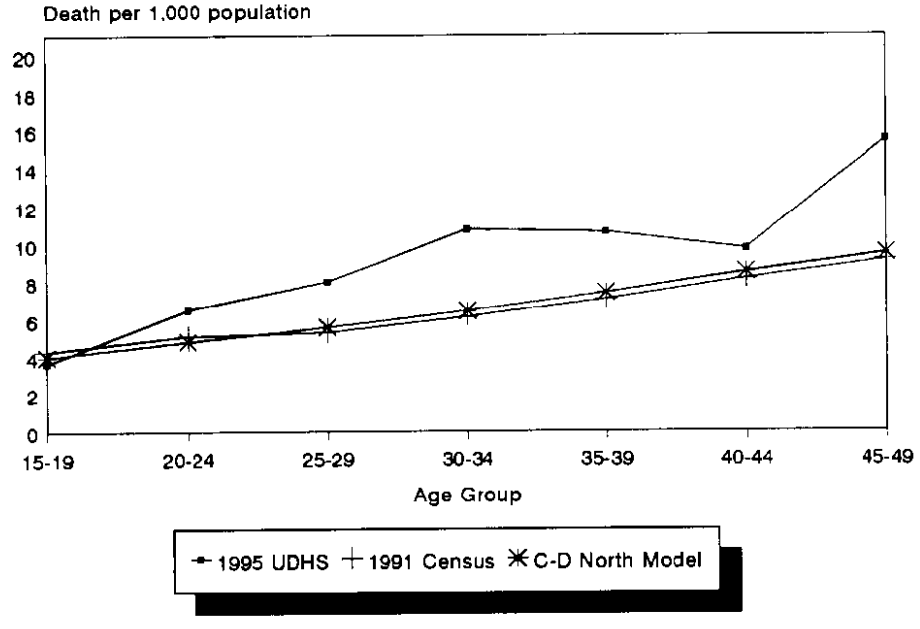
[1] Model life tables were selected at a level of mortality approximately corresponding to a sex-specific probability of dying between birth and age 5 for the period 0-9 years before the survey (i.e., 162 per 1,000 for males, 151 per 1,000 for females). Mortality rates are expressed per 1,000 population. Life expectancies are given in parentheses.
[a] Age-adjusted rates

Source: Statistics Department, 1995b: 317-318

The number of reported female and male deaths in the age range 15-49 were 877 and 1003, respectively. Generally, male mortality is higher than female mortality with the exception of the ages below 25. The age patterns also differ somewhat. For females, mortality rates increase with age until a plateau is reached at ages 30-44. Thereafter, there is a sharp increase to reach the peak mortality level in the 45-49 age group. For the males, the age pattern of mortality displays a steady increase from the youngest ages, 15-19, to the oldest, 45-49. The only slight fluctuation is observed in the age group 35-39.

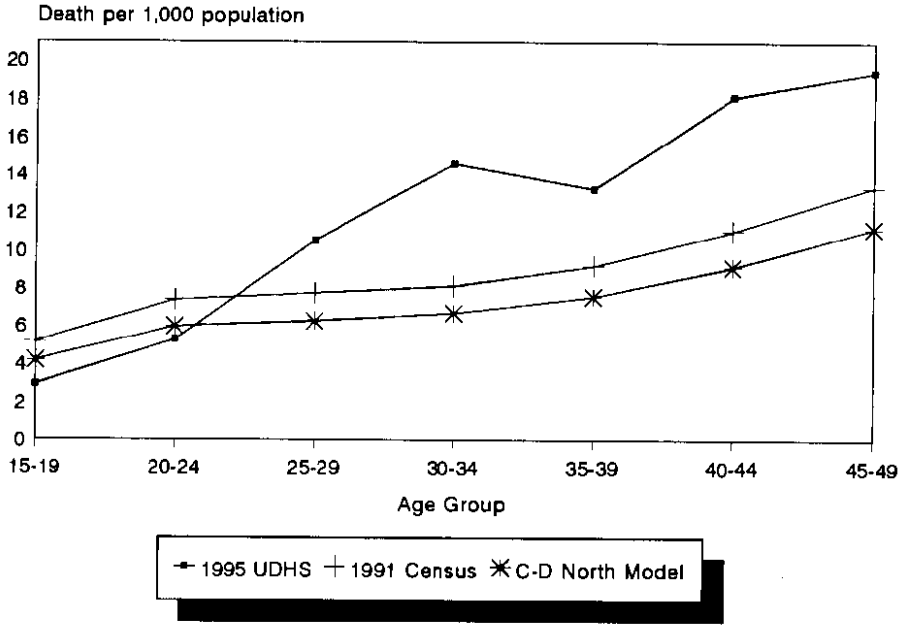
These rates can be taken to be reasonably stable. However, their plausibility, and hence reliability, can be established by comparing them to measures from other sources as well as to schedules of mortality rates from relevant model life tables. It can be seen in Table 10.2 and Figures 10.1 and 10.2 that the adult mortality rates calculated from the 1995 UDHS data are generally similar at the younger age groups and then considerably higher than those observed from two other sources, namely, the Coale and Demeny "North" model life table[3] and the 1991 census (Statistics Department, 1995b:317-318). The recent upsurge in adult deaths due to the AIDS epidemic may explain why the rates from the survey are higher than those from the other two sources, especially those from the model life table which are based on pre-AIDS mortality patterns. In any case, these findings indicate that underreporting of deceased siblings is unlikely to be a serious problem in the UDHS data.

Figure 10.1
Female Adult Mortality for the Period 0-9 Years Before the Survey, by Age, from Various Sources



[3] The life table was selected by finding the level that corresponds to the under five mortality rates of 162 per 1,000 for males and 151 per 1,000 for females estimated from UDHS data for the period 0-9 years before the survey (see Table 7.3).

Figure 10.2
Male Adult Mortality for the Period 0-9 Years Before the Survey, by Age, from Various Sources



10.3 Direct Estimates of Maternal Mortality

The direct age specific estimates of maternal mortality are presented in Table 10.3. These are derived by filtering through the reported survivorship of sisters. In all, the number of maternal deaths for the period 1986-1995 is 149. The age pattern of the estimated rates is somewhat erratic. The general pattern, however, is of high maternal mortality over all the age groups. Nevertheless, there is a slight tendency toward higher rates at the younger ages peaking in the 30-34 age group. Taking the entire childbearing period (15-49), the rate of mortality due to causes related to pregnancy and child bearing is 1.260 maternal deaths per 1,000 woman-years of exposure. Maternal deaths represent 17 percent of all deaths to women ages 15-49.

The maternal mortality rate is conventionally converted to a maternal mortality ratio and expressed per 100,000 live births by dividing the mortality rate by the general fertility rate of 0.249 for the same reference period. The advantage of this type of conversion is that it highlights the obstetric risk, which has a high programmatic significance. Thus for Uganda between 1986-1995, the maternal mortality ratio is estimated as 506. In other words, for every 100,000 live births in Uganda during this period, 506 women died of pregnancy-related causes.

Table 10.3 Direct estimates of maternal mortality

Direct estimates of maternal mortality for the period 0-9 years before the survey, Uganda 1995

Age	Deaths	Exposure	Mortality rates[1]
15-19	24.0	29,619	0.811
20-24	30.7	29,640	1.034
25-29	34.6	24,468	1.415
30-34	36.6	16,686	2.196
35-39	17.7	9,929	1.779
40-44	3.1	5,499	0.567
45-49	2.7	2,703	1.001
15-49	149.4	118,545	1.260
General Fertility Rate (GFR)			0.249
Maternal Mortality Ratio (MMR)[2]			506

[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.

10.4 Indirect Estimates of Maternal Mortality

Maternal mortality can also be generated by an indirect technique, i.e., the sisterhood method. In this method, the data are aggregated by five-year age groups of respondents. For each age group, information on the number of maternal deaths among all sisters of respondents and on the number of "sister units" of risk is used to estimate the lifetime risk of dying from maternal causes. The method also provides an overall estimate of maternal mortality for sisters of all respondents combined which refers to a period in time centred 12-13 years prior to the survey.

The indirect maternal mortality estimates from the sisterhood method are presented in Table 10.4. The estimates of the lifetime risk of maternal mortality vary by age group and are somewhat erratic. When the data are aggregated across all age groups, the overall lifetime risk of maternal mortality is 0.039, implying a risk of dying from pregnancy-related causes of about 1 in 26 women. Converting the lifetime maternal mortality risks to a maternal mortality ratio produces an estimate of 498 maternal deaths per 100,000 live births. This figure is only slightly lower than the one arrived at through the direct approach and is applicable to the mid-1980s.

Table 10.4 Indirect estimates of maternal mortality

Estimates of maternal mortality using the indirect method, Uganda 1995

Age group	Number of respondents (a)	Number of sisters 15+ (b)	Number of maternal deaths (c)	Adjustment factor (d)	Sister units of exposure to risk (e)=(b)x(d)	Lifetime risk of maternal death (f)=(c)/(e)
15-19	1,606	3,894	15.4	0.107	417	0.037
20-24	1,555	3,770	34.6	0.206	777	0.045
25-29	1,270	3,078	38.5	0.343	1,056	0.036
30-34	976	2,443	50.1	0.503	1,229	0.041
35-39	783	2,016	66.5	0.664	1,339	0.050
40-44	499	1,160	27.9	0.802	930	0.030
45-49	380	855	19.9	0.900	769	0.026
Total (15-49)	7,070	17,214	252.2		6,515	0.039
TFR 1981-85	7.9 children per woman					
MMR	498 per 100,000 live births					

TFR = Total fertility rate
MMR = Maternal Mortality Ratio = $(1 - [(1 - \text{Lifetime risk}]^{1/TFR})$ x 100,000, where TFR represents the total fertility rate 10-14 years preceding the survey.
Note: Figures in column (b) are adjusted for age distribution of respondents' sisters (see Graham et al., 1989)

10.5 Conclusion

The maternal mortality ratios arrived at whether through direct or indirect techniques are very similar (506 deaths per 100,000 live births by direct method, applicable to approximately 1986-1995 and 498 deaths per 100,000 live births by the indirect method referring to the mid-1980s). Although the estimates given here are lower than the currently cited figure, it might be misleading to conclude that there has been a decline. This is because the latter estimate is based on small-scale studies whose generalisability may be questionable. This therefore calls for more national surveys in order to arrive at not only more reliable estimates of maternal mortality, but also the important components and differentials thereof in order to guide policy formulation in this area.

CHAPTER 11

AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

11.1 Introduction

AIDS and HIV infection have been identified as serious health and socio-economic problems in Uganda. The AIDS virus was probably introduced in Uganda in the late 1970s or early 1980s. The first cases of AIDS were recognised among traders and prostitutes along the trans-Africa highway in Rakai in 1983. These were the high risk groups at the time. Due to its spread among the heterosexual population, the control of AIDS has become a top government priority. In 1986, the government set up the AIDS Control Programme (ACP) under the Ministry of Health. Together with non-governmental organisations, the ACP has been responsible for the dissemination of information on AIDS.

On realising that HIV/AIDS is no longer purely a health/medical issue, the government of Uganda adopted a multi-sectoral approach to control AIDS. This approach ensures the contribution of other players who are involved in dealing with the effects of HIV/AIDS in a co-ordinated and planned manner. The Uganda AIDS Commission was thus established to redefine roles of the different players, co-ordinate activities, plan, develop policies, monitor and evaluate activities, mobilise resources and advocate for AIDS control. With the multi-sectoral approach in place, other ministries like Education, Agriculture, Information, Labour, Justice, Defense, and Internal Affairs are working with the ACP in the Ministry of Health under the overall co-ordination of the Uganda AIDS Commission.

Other sexually-transmitted diseases (STDs) apart from AIDS have been identified as co-factors in HIV transmission. In 1993, the STD Control Unit was merged with the AIDS Control Programme to form the STD/ACP which is now charged with control of all STDs. It is estimated that about 1.5 million Ugandans are infected with HIV, while about 350,000 have already developed AIDS (WHO, 1995). Data on the actual number of AIDS cases is usually obtained from hospitals, while information on HIV prevalence is gathered twice a year from 20 sentinel surveillance sites throughout the country.

Although all districts and regions are affected, the Central Region has the highest number of AIDS cases and prevalence rates. Data obtained from sentinel surveillance sites show HIV infection rates ranging from 5 to 30 percent among pregnant women attending antenatal clinics (STD/ACP 1995).

Though there has been a stabilisation and in some cases a decline in infection rates among pregnant women in the urban sites, these sites report particularly high rates compared with the rural ones. For example, at one site in Kampala, the largest city of Uganda, the HIV prevalence rates recorded were 25, 25, 28, 30, 27, 22, and 20 percent for the years 1989 through 1995, compared with a site in Bundibugyo District, where the rates were 5, 3, 4 and 7 percent for 1991, 1992, 1993, and 1994, respectively (STD/ACP 1995). These data show that the rural prevalence rates are still lower than the urban ones.

By December 1995, 48,312 AIDS cases had been reported to the STD/ACP. This is thought to be only about one-sixth of the actual number of cases, due to under-reporting and under-diagnosing. The overall mean age (of all AIDS cases reported to STD/ACP) for adults is 32.5 years, with a statistically significant difference in the mean age by sex (34.3 for males and 30.4 for females). The sex ratio of cases differs by age group. For example, the total number of AIDS cases in the age group 15-19 years was 2,949. Of those who had both sex and age recorded, 341 (12 percent) were male and 2,231 (88 percent) were female for a male to female ratio of 1:7 (STD/ACP 1996).

Data on other STDs are collected at selected sentinel sites. The frequencies of STDs at a site in Mbale showed 45 percent (of clinic attendees) with genital ulcer disease, 20 percent with urethral discharge, and 21 percent with vaginal discharge. Data from other sites also show similar patterns of genital ulcer disease, with syphilis recorded most frequently.

The 1995 UDHS included questions on STDs to assess the level of knowledge of STDs, the proportion of respondents who have had a STD, whether they sought advice or treatment for the disease, and whether they took measures to protect their sexual partners. The UDHS also included a section of questions on AIDS in order to assess the knowledge and attitudes of respondents regarding transmission mechanisms and prevention of infection with the AIDS virus. Female and male respondents were asked if they had heard of AIDS and if so, the source from which they had received the most information. To assess the level of awareness, respondents were asked to name the modes of transmission of the AIDS virus. They were also asked if they thought it was possible to prevent AIDS and if so, how, and whether they had changed their sexual behaviour to prevent getting AIDS and if so, how.

11.2 Awareness of Sexually Transmitted Diseases

Tables 11.1.1 and 11.1.2 show the percentage of women and men who spontaneously mentioned knowing about specific STDs, by various background characteristics. Among both women and men, AIDS is by far the most widely known STD. Without probing, over 90 percent of respondents cited AIDS. The next most commonly reported STD was gonorrhoea, with 75 percent of women and 88 percent of men spontaneously reporting knowledge of the disease. However, this gender-related pattern also occurs regarding knowledge of syphilis, with men more likely (58 percent) than women (53 percent) to mention this disease. Only 6 percent of women and 2 percent of men could not cite a single STD.

Both women and men are less likely to be informed about STDs if they lack formal education, if they live in rural areas, and if they are younger (15-19 years). Differences by region are not large, except that 16 percent of women from the Northern Region could not cite a single STD. Having had sexual intercourse and being married or formerly married significantly contributes to having knowledge of STDs. Among women who have never married, 10 percent of those who never had sexual intercourse do not know any STD, compared with 2 percent among those who have had sex.

Table 11.1.1 Knowledge of sexually transmitted diseases: women

Percentage of women who know of specific sexually transmitted diseases, by background characteristics, Uganda 1995

Background characteristic	Syphilis	Gonorrhoea	HIV/ AIDS[1]	Genital warts	Other	Don't know any	Number of women
Age							
15-19	40.8	60.4	89.4	1.7	1.9	9.5	1,606
20-24	54.5	77.9	92.6	4.1	1.9	5.5	1,555
25-29	54.7	78.1	93.1	5.2	2.6	5.0	1,270
30-39	57.0	80.5	93.5	6.7	2.1	5.0	1,759
40-49	59.9	83.8	93.3	7.0	2.9	4.4	880
Current marital status							
Never married	45.3	63.7	92.1	2.2	2.1	6.7	1,107
Never married, no sex[2]	37.8	54.0	89.5	0.9	2.5	9.5	685
Never married, had sex[2]	57.4	79.4	96.3	4.2	1.4	2.0	421
Currently in union	53.4	76.8	92.1	5.2	1.9	6.1	5,134
Formerly in union	58.0	81.5	93.8	5.7	4.1	4.8	825
Residence							
Urban	63.8	80.5	95.2	6.6	2.7	1.8	1,055
Rural	50.8	74.4	91.8	4.4	2.1	6.8	6,015
Region							
Central	52.3	74.7	93.0	5.3	5.7	4.0	1,967
Eastern	62.0	73.7	94.7	1.3	0.9	3.7	1,738
Northern	46.3	66.4	82.7	3.1	1.3	16.2	1,398
Western	49.5	83.7	96.1	8.5	0.5	2.9	1,968
DISH project region							
Kasese, Mbarara (I)	40.6	82.0	95.2	12.3	1.1	3.2	564
Masaka, Rakai (II)	29.8	69.5	92.0	4.6	10.8	6.5	476
Luwero, Masindi (III)	58.2	72.3	93.9	1.7	3.0	3.3	222
Kamuli, Jinja (IV)	72.9	77.4	96.3	2.5	1.5	2.0	341
Kampala (V)	66.8	81.5	95.7	8.2	1.7	1.3	502
DISH district	51.5	77.3	94.6	6.9	3.7	3.3	2,106
Non-DISH district	53.2	74.5	91.3	3.9	1.6	7.2	4,964
Education							
No education	44.7	69.9	86.9	4.1	1.7	11.7	2,161
Primary	51.5	75.3	94.1	4.9	2.3	4.3	3,956
Secondary+	75.9	87.7	97.0	5.5	2.6	0.4	952
Total	52.7	75.3	92.3	4.8	2.2	6.0	7,070

Note: Figures are based on *spontaneous* knowledge of sexually transmitted diseases (i.e., without probing).

[1] See Table 11.4.1 for level of knowledge of HIV/AIDS *after probing.*

[2] Sub-group of never married.

Table 11.1.2 Knowledge of sexually transmitted diseases: men

Percentage of men who know of specific sexually transmitted diseases, by background characteristics, Uganda 1995

Background characteristic	Syphilis	Gonorrhoea	HIV/ AIDS[1]	Other	Don't know any	Number of men
Age						
15-19	45.1	77.1	95.8	4.7	3.5	387
20-24	57.2	88.2	95.3	5.1	3.7	367
25-29	61.8	89.8	95.9	8.2	0.9	359
30-39	62.0	89.5	96.2	8.1	0.8	509
40-49	63.4	92.8	94.2	8.7	2.1	280
50-54	67.5	91.0	97.6	12.3	0.0	95
Current marital status						
Never married	51.9	78.8	95.8	5.6	3.4	592
Never married, no sex[2]	37.7	71.1	94.7	3.9	5.3	257
Never married, had sex[2]	62.8	84.8	96.6	7.0	2.0	335
Currently in union	60.5	91.4	95.9	7.6	1.2	1,252
Formerly in union	64.4	88.5	93.2	10.0	2.9	152
Residence						
Urban	76.4	91.2	95.8	11.5	1.0	281
Rural	55.3	86.8	95.6	6.5	2.2	1,715
Region						
Central	65.6	87.3	94.0	21.3	1.7	568
Eastern	50.7	81.0	93.1	2.2	4.4	497
Northern	53.2	86.9	96.9	1.0	1.1	419
Western	61.7	94.4	98.9	1.5	0.8	511
DISH project region						
Kasese, Mbarara (I)	53.9	96.1	99.7	2.9	0.1	159
Masaka, Rakai (II)	42.0	83.3	93.5	33.2	1.7	138
Luwero, Masindi (III)	59.2	81.9	99.6	9.3	0.4	72
Kamuli, Jinja (IV)	72.8	84.3	99.1	1.3	0.2	85
Kampala (V)	80.0	91.6	96.1	13.5	1.3	141
Non-DISH district	57.3	86.9	95.0	4.7	2.5	1,401
DISH district	60.6	88.7	97.3	13.0	0.8	595
Education						
No education	48.7	80.2	93.7	6.8	4.1	232
Primary	50.4	86.7	95.6	7.1	2.3	1,259
Secondary+	82.3	92.8	96.8	7.6	0.3	504
Total	58.3	87.5	95.7	7.2	2.0	1,996

Note: Figures are based on *spontaneous* knowledge of sexually transmitted diseases (i.e., without probing).

[1] See Table 11.4.2 for level of knowledge of HIV/AIDS *after probing.*

[2] Sub-group of never married

11.3 Prevalence of Sexually Transmitted Diseases

Tables 11.2.1 and 11.2.2 show that about 4 percent of women and 6 percent of men report having had an STD in the year prior to the survey. These levels are likely to be underestimates of the true prevalence of STDs for two reasons. First, many STD cases will be unrecognised because: (a) no obvious, prolonged symptoms were experienced, (b) no health care was sought, or (c) the problem was misdiagnosed or misunderstood by the respondent when diagnosed. Perhaps more importantly, many women and men will fail to report a recent STD because of the social stigma. As mentioned earlier, the prevalence of STDs reported from some selected sentinel sites are considerably higher than the levels reported in the survey.

Table 11.2.1 Self-reporting of sexually transmitted diseases in the last year: women

Percentage of women who report having sexually transmitted diseases (STDs) during the 12 months preceding the survey, by specific STDs and background characteristics, Uganda 1995

Background characteristic	Any STD	Syphilis	Gonorrhoea	HIV/ AIDS	Genital warts	Other	Number of women
Age							
15-19	2.0	1.3	0.3	0.1	0.1	0.3	1,606
20-24	4.5	3.1	0.7	0.1	0.4	0.2	1,555
25-29	4.5	2.9	0.8	0.1	0.3	0.2	1,270
30-39	3.0	2.1	0.3	0.3	0.0	0.1	1,759
40-49	4.4	2.9	1.3	0.1	0.0	0.0	880
Current marital status							
Never married	1.2	0.9	0.0	0.0	0.1	0.1	1,107
Currently in union	3.6	2.4	0.7	0.1	0.2	0.2	5,134
Formerly in union	6.5	4.2	1.0	0.7	0.2	0.2	825
Residence							
Urban	5.9	4.2	0.4	0.3	0.1	0.6	1,055
Rural	3.1	2.1	0.6	0.1	0.2	0.1	6,015
Region							
Central	7.6	6.1	0.3	0.3	0.5	0.5	1,967
Eastern	2.0	1.3	0.6	0.1	0.1	0.0	1,738
Northern	1.6	0.3	1.0	0.0	0.0	0.1	1,398
Western	2.2	1.1	0.6	0.1	0.1	0.1	1,968
Education							
No education	2.4	1.7	0.4	0.0	0.0	0.1	2,161
Primary	4.2	2.8	0.7	0.2	0.3	0.2	3,956
Secondary+	3.4	2.1	0.4	0.3	0.2	0.5	952
Total	3.5	2.4	0.6	0.1	0.2	0.2	7,070

Those who report having had an STD are more likely to be in the more sexually active age groups (20-39 years) and are more likely to have been formerly married than currently married or never married. Urban respondents are more likely to have had a STD than their rural counterparts. Both women and men from the Central Region are much more likely to have had an STD than respondents from other regions; 8 percent of women in the Central Region vs. 2 percent each in all other regions report having had an STD, while for men the figures are 14 percent in Central vs. 2 percent in Westem and Eastern. Data obtained from STD/ACP also show a higher prevalence of STDs in the Central Region than in other regions (STD/ACP, 1995: 6).

Table 11.2.2 Self-reporting of sexually transmitted diseases in the last year: men

Percentage of men who report having sexually transmitted diseases (STDs) during the 12 months preceding the survey, by specific STDs and background characteristics, Uganda 1995

Background characteristic	Any STD	Syphilis	Gonorrhoea	HIV/ AIDS	Discharge from penis	Sore/ ulcer on penis	Other	Number of men
Age								
15-19	3.9	0.6	0.8	0.0	1.8	2.5	0.0	387
20-24	6.7	2.3	1.4	0.0	2.0	5.1	0.2	367
25-29	7.4	2.8	1.2	0.0	3.1	5.2	0.0	359
30-39	7.6	3.1	1.1	0.7	1.7	5.3	0.7	509
40-49	6.0	2.0	1.2	0.9	2.1	4.4	0.3	280
50-54	3.9	1.2	0.0	0.0	0.3	2.1	0.3	95
Current marital status								
Never married	4.2	1.1	1.0	0.0	1.6	3.1	0.0	592
Currently married	6.5	2.7	0.9	0.3	1.5	4.7	0.4	1,252
Formerly married	12.4	1.8	3.0	1.6	8.0	7.5	0.2	152
Residence								
Urban	9.0	2.7	0.9	0.0	3.1	6.4	0.6	281
Rural	5.8	2.1	1.1	0.3	1.9	4.1	0.2	1,715
Region								
Central	13.9	5.9	1.1	0.6	2.8	9.5	0.6	568
Eastern	2.1	0.4	0.3	0.3	1.0	1.6	0.4	497
Northern	6.2	0.7	1.9	0.0	3.5	4.7	0.0	419
Western	1.9	0.9	1.0	0.2	1.0	1.2	0.0	511
Education								
No education	4.0	1.1	1.0	0.0	1.9	2.6	0.2	232
Primary	6.5	2.1	1.1	0.2	2.0	4.6	0.1	1,259
Secondary+	6.8	2.8	1.1	0.6	2.1	4.8	0.8	504
Total	6.3	2.2	1.1	0.3	2.0	4.4	0.3	1,996

Table 11.3 presents information on the 251 women and 125 men who report having had an STD in the 12 months preceding the survey. A large majority of respondents (78 percent of women and 68 percent of men) sought treatment for their STDs, but a smaller proportion of men (58 percent) than women (74 percent) informed their partners of the infection. When asked what, if anything, was done to prevent infecting the respondent's partner, one-third of the respondents said that they did nothing, while about one in five respondents mentioned that their partners were already infected. Seventeen percent of women who had an STD reported that they avoided sex, while 23 percent said that they took medication and only 3 percent used condoms. Among men who reported having had an STD, 25 percent said that they either avoided sex or took medicine and only 5 percent used condoms.

Table 11.3 Action taken by respondents who reported a sexually transmitted disease in the last year

Among respondents who reported a sexually transmitted disease (STD) during the 12 months prior to the survey, the percentage who sought advice or treatment, the percentage who informed their partner(s) and the percentage who took measures to avoid infecting their partner(s), according to sex of the respondent, Uganda 1995

Sex of respondent	Among respondents who had an STD: Percent who sought treatment	Among respondents who had an STD: Percent who informed partners	Percentage who took action to avoid infecting partner: Avoid sex	Used condoms	Took medicine	Other	Partner infected/ no measure taken	No measure taken	Number of women/ men
Women (15-49)	78.1	74.0	17.2	2.5	22.9	2.7	20.0	33.1	251
Men (15-54)	67.8	57.6	24.9	4.6	24.9	4.6	18.8	31.5	125

11.4 AIDS Knowledge and Awareness

Dissemination of AIDS information is a joint effort between government agencies like the ACP, the Uganda AIDS Commission, non-governmental organisations, and donor agencies. The messages channelled to the public include information about basic transmission modes and prevention strategies. Respondents in the 1995 UDHS were asked if they had heard of AIDS and if so, they were asked about sources of information from which they had learned most about AIDS.

Tables 11.4.1 and 11.4.2 show that virtually all women (99 percent) and men (100 percent) in Uganda know of AIDS.[1] The widest single source of information mentioned is friends and relatives, with

Table 11.4.1 Knowledge of AIDS and sources of AIDS information: women

Percentage of women who have ever heard of AIDS, percentage who have received information about AIDS from specific sources, and mean number of sources of information about AIDS, by background characteristics, Uganda 1995

		Sources of AIDS information												
Background characteristic	Ever heard of AIDS	Radio	TV	News-paper	Pam-phlet	Health worker	Mosque/ church	School	Com-munity meet-ing	Friend/ Rela-tive	Work place	Other source	Num-ber	Mean number of sources[1]
Age														
15-19	98.7	38.1	3.1	3.8	2.2	10.7	13.5	22.2	11.5	77.2	1.2	3.9	1,606	1.9
20-24	98.6	44.8	3.5	4.7	1.9	16.5	15.6	8.8	15.9	82.9	2.1	3.6	1,555	2.0
25-29	99.1	42.0	3.1	4.3	2.6	17.9	17.3	3.9	18.8	81.1	3.4	3.1	1,270	2.0
30-39	99.4	41.9	2.1	3.8	1.8	16.0	16.4	2.6	19.5	83.5	3.3	4.1	1,759	2.0
40-49	98.6	37.5	2.0	2.6	1.6	14.4	17.2	1.7	25.0	85.8	2.4	3.7	880	2.0
Marital status														
Never married	98.9	39.6	6.6	8.7	2.4	11.1	14.6	32.6	12.0	72.5	1.3	4.6	1,107	2.1
Currently in union	99.0	41.7	2.1	2.8	2.0	16.1	16.4	4.3	17.8	83.5	2.5	3.6	5,134	1.9
Formerly in union	98.5	40.0	2.2	4.6	1.6	13.6	14.2	2.5	21.7	83.8	4.0	2.9	825	1.9
Residence														
Urban	99.8	58.7	11.1	12.1	3.7	15.8	11.0	15.6	15.3	73.8	5.8	3.7	1,055	2.3
Rural	98.7	38.1	1.3	2.5	1.8	14.9	16.7	7.3	17.8	83.2	1.9	3.7	6,015	1.9
Region														
Central	99.9	51.9	6.2	5.4	2.8	8.0	5.9	11.2	14.9	74.9	3.0	2.7	1,967	1.9
Eastern	99.5	47.4	2.4	2.8	1.5	11.9	13.4	8.4	9.7	87.5	3.0	2.0	1,738	1.9
Northern	95.5	21.5	0.7	3.2	2.9	28.2	21.1	8.4	14.9	83.9	2.6	6.6	1,398	2.0
Western	99.7	38.9	1.2	4.0	1.2	15.5	24.2	6.0	28.5	82.2	1.4	4.1	1,968	2.1
DISH project region														
Kasese, Mbarara (I)	99.6	39.7	2.3	5.0	0.3	6.9	26.7	5.0	22.0	82.9	1.3	3.1	564	2.0
Masaka, Rakai (II)	100.0	29.3	3.2	1.8	1.9	6.0	2.7	7.1	19.2	71.0	1.1	2.6	476	1.5
Luwero, Masindi (III)	99.5	48.4	0.5	1.0	0.8	21.4	5.8	7.0	26.0	75.9	4.2	1.2	222	1.9
Kamuli, Jinja (IV)	99.7	59.7	5.0	4.6	3.3	12.5	8.8	10.0	13.2	80.0	8.1	1.0	341	2.1
Kampala (V)	100.0	63.0	13.5	13.1	2.8	15.4	9.6	14.2	16.8	72.5	4.2	3.5	502	2.3
Non-DISH district	98.5	38.6	1.7	3.2	2.2	16.7	17.4	8.4	16.7	84.1	2.1	4.2	4,964	2.0
DISH district	99.8	47.0	5.4	5.7	1.8	11.2	12.1	8.7	19.1	76.5	3.4	2.5	2,106	1.9
Education														
No education	97.5	25.5	0.2	0.1	0.8	11.9	17.9	0.9	17.7	84.9	2.0	4.0	2,161	1.7
Primary	99.4	43.2	1.6	2.0	1.5	15.5	15.3	7.3	17.5	83.0	2.2	3.4	3,956	1.9
Secondary+	100.0	68.3	13.6	20.7	7.0	20.4	13.4	30.8	16.4	69.9	4.8	4.3	952	2.7
Total	98.9	41.1	2.8	3.9	2.1	15.0	15.8	8.5	17.4	81.8	2.5	3.7	7,070	2.0

[1] Mean number of sources is based on respondents who have heard of AIDS.

[1] As mentioned earlier, the proportion who reported knowing about AIDS without probing was 92 percent among women and 96 percent among men.

Table 11.4.2 Knowledge of AIDS and sources of AIDS information: men

Percentage of men who have ever heard of AIDS, percentage who have received information about AIDS from specific sources, and mean number of sources of information about AIDS, by background characteristics, Uganda 1995

Background characteristic	Ever heard of AIDS	Sources of AIDS information												
		Radio	TV	Newspaper	Pamphlet	Health worker	Mosque/ church	School	Community meeting	Friend/ Relative	Work place	Other source	Number	Mean number of sources[1]
Age														
15-19	99.7	57.9	7.8	10.1	5.8	14.2	9.9	38.5	14.6	68.5	0.9	7.6	387	2.4
20-24	100.0	65.9	9.6	15.3	5.3	22.3	10.0	22.2	28.8	70.3	3.5	8.3	367	2.6
25-29	100.0	57.8	7.1	16.0	7.9	21.1	10.3	9.1	28.3	68.0	4.3	11.7	359	2.4
30-39	100.0	68.3	5.9	15.5	10.1	21.4	12.6	5.3	32.1	73.2	6.1	10.6	509	2.6
40-49	99.6	67.0	5.0	16.0	5.8	19.9	14.2	1.4	37.2	67.4	5.8	9.5	280	2.5
50-54	100.0	43.3	2.8	8.2	3.6	21.8	16.5	0.5	32.4	68.2	5.9	6.5	95	2.1
Marital status														
Never married	99.6	58.8	11.4	17.0	7.8	17.8	9.8	34.2	18.8	66.5	2.0	9.5	592	2.5
Currently in union	100.0	64.9	5.3	13.3	6.7	20.5	12.5	6.6	32.8	70.8	4.9	9.7	1,252	2.5
Formerly in union	100.0	58.1	1.9	11.4	7.4	23.9	10.7	6.5	26.2	73.8	7.7	7.7	152	2.4
Residence														
Urban	100.0	73.2	27.7	38.0	16.7	24.5	12.0	17.9	26.6	67.3	10.3	13.1	281	3.3
Rural	99.9	60.8	3.5	10.4	5.5	19.2	11.5	14.2	28.4	70.1	3.2	8.9	1,715	2.4
Region														
Central	99.8	59.8	12.5	18.5	8.2	30.0	7.1	14.1	20.4	64.2	4.8	26.2	568	2.7
Eastern	99.7	65.3	8.5	12.4	5.6	9.3	1.4	12.3	22.4	73.0	6.0	2.0	497	2.2
Northern	100.0	58.9	3.3	16.5	8.2	24.6	8.9	23.4	31.3	77.6	4.0	3.8	419	2.6
Western	100.0	66.1	1.9	9.4	6.3	15.3	28.7	10.8	39.8	66.3	2.0	2.8	511	2.5
DISH project region														
Kasese, Mbarara (I)	100.0	78.1	2.5	11.3	9.9	12.8	41.3	11.0	45.0	73.8	2.5	1.0	159	2.9
Masaka, Rakai (II)	100.0	46.3	2.8	6.0	5.8	32.6	2.9	17.7	18.5	68.0	1.1	25.1	138	2.3
Luwero, Masindi (III)	100.0	48.3	0.4	3.5	6.9	26.0	11.3	5.1	25.2	50.2	3.9	26.1	72	2.1
Kamuli, Jinja (IV)	100.0	56.0	10.7	10.3	7.2	17.8	3.0	13.8	47.5	82.9	27.5	4.3	85	2.8
Kampala (V)	100.0	76.2	38.1	45.8	19.4	23.9	14.9	20.0	28.4	67.8	12.3	9.0	141	3.6
Non-DISH district	99.8	62.2	4.7	13.0	5.6	18.9	9.3	14.9	26.1	69.9	2.6	8.4	1,401	2.4
DISH district	100.0	63.5	11.9	17.2	10.4	22.3	17.0	14.4	32.9	69.5	8.2	12.0	595	2.8
Education														
No education	99.5	48.9	0.2	0.2	0.0	16.1	8.4	1.2	30.9	80.9	3.5	6.6	232	2.0
Primary	99.9	61.1	2.6	6.9	4.2	16.7	12.6	9.6	27.3	72.4	3.1	8.7	1,259	2.3
Secondary+	100.0	72.6	20.6	39.1	17.5	29.8	10.6	33.9	29.0	58.0	7.4	12.5	504	3.3
Total	99.9	62.6	6.9	14.2	7.1	19.9	11.6	14.8	28.2	69.7	4.2	9.5	1,996	2.5

[1] Mean number of sources is based on respondents who have heard of AIDS.

82 percent of women and 70 percent of men citing them as a source. More men (63 percent) than women (41 percent) obtain information on AIDS from the radio. One in seven men has read about AIDS in a newspaper, compared with one in 25 women.

Fifteen percent of women and 20 percent of men say they have heard about AIDS from a health worker. Men are more likely to receive information about AIDS from community meetings than women (28 vs. 17 percent). Religious institutions such as churches and mosques are also sources of information on AIDS, as are schools. Sixteen percent of women and 12 percent of men have received information from religious institutions, while 9 percent of women and 15 percent of men have heard about AIDS from schools.

Urban respondents tend to receive more information about AIDS from radio, television, newspapers, and pamphlets than rural dwellers. These media are also more widely cited as sources of AIDS information for the more educated women and men. Schools are more common sources of information among the younger respondents and among those who have never married.

Tables 11.5.1 and 11.5.2 show the percentage of women and men who know of specific ways to avoid getting HIV/AIDS. About 10 percent of women and 6 percent of men report that there is no way to avoid getting AIDS. Of the remainder, all but 14 percent of women and 9 percent of men could cite

Table 11.5.1 Knowledge of ways to avoid HIV/AIDS: women

Percentage of women who have heard of AIDS and who know of specific ways to avoid HIV/AIDS and percentage with misinformation, by background characteristics, Uganda 1995

Background characteristic	Ways to avoid AIDS: No way to avoid AIDS	Abstain from sex	Use condoms	Have only one sexual partner	Avoid sex with prostitutes	Avoid transfusions	Avoid injections	Other ways	Don't know any way	Percentage with any misinformation[1]	Number of women
Age											
15-19	9.2	38.7	24.8	51.9	3.8	10.8	29.5	6.2	14.4	0.6	1,585
20-24	9.6	31.6	24.3	64.9	3.9	10.4	32.3	5.6	13.4	0.4	1,533
25-29	10.5	32.2	22.2	66.3	4.0	10.8	32.9	5.7	13.8	0.8	1,258
30-39	9.7	31.8	19.6	66.4	4.4	8.9	30.9	5.8	13.1	0.3	1,749
40-49	8.9	37.9	12.8	62.1	3.6	7.4	27.7	6.2	13.5	1.2	867
Marital status											
Never married	6.3	49.3	30.8	46.5	3.6	15.4	37.8	7.7	10.6	0.9	1,095
Currently in union	10.5	28.8	18.6	67.4	4.3	8.8	29.4	5.4	14.5	0.5	5,081
Formerly in union	8.6	47.0	26.4	51.1	2.2	8.8	30.8	6.2	12.0	0.8	813
Residence											
Urban	3.7	38.4	44.5	57.8	4.9	18.9	37.6	6.0	5.4	0.5	1,053
Rural	10.7	33.4	17.3	63.0	3.8	8.2	29.6	5.8	15.1	0.6	5,939
Region											
Central	2.4	39.8	37.6	59.4	3.6	9.8	29.5	4.5	4.7	0.5	1,965
Eastern	8.0	34.7	18.3	69.2	4.5	7.2	26.3	4.3	11.7	0.2	1,730
Northern	29.6	6.6	11.0	50.6	8.1	5.4	28.5	7.0	37.1	1.4	1,336
Western	4.7	46.9	15.1	66.8	1.0	15.1	37.8	7.9	8.3	0.5	1,962
DISH project region											
Kasese, Mbarara (I)	6.1	49.1	11.5	64.5	0.6	12.1	30.6	6.0	9.7	0.0	562
Masaka, Rakai (II)	3.4	40.4	21.5	55.1	4.7	2.5	21.0	5.1	7.7	0.3	476
Luwero, Masindi (III)	8.0	40.0	22.9	66.6	0.1	8.6	26.9	3.9	10.9	1.9	221
Kamuli, Jinja (IV)	4.0	57.2	27.7	69.2	3.8	12.3	43.5	1.6	5.5	0.1	340
Kampala (V)	0.7	38.1	51.1	54.0	5.7	22.7	36.6	6.7	2.2	0.2	502
Non-DISH district	12.0	29.6	19.0	62.9	4.3	8.8	30.5	6.2	16.5	0.7	4,891
DISH district	4.1	44.8	27.0	60.8	3.2	12.2	31.6	5.0	6.9	0.3	2,102
Education											
No education	14.7	28.6	8.4	58.6	4.1	4.1	20.2	3.9	22.3	0.5	2,108
Primary	8.8	34.9	21.8	63.8	3.8	9.3	31.6	6.2	11.8	0.6	3,932
Secondary+	1.6	43.3	48.8	63.7	4.3	24.4	51.1	8.9	1.8	0.7	952
Total	9.6	34.2	21.4	62.2	4.0	9.8	30.8	5.9	13.6	0.6	6,993

[1] Includes avoiding mosquito bites, kissing, and seeking protection from a traditional healer.

Table 11.5.2 Knowledge of ways to avoid HIV/AIDS: men

Percentage of men who have heard of AIDS and who know of specific ways to avoid HIV/AIDS and percentage with misinformation, by background characteristics, Uganda 1995

Background characteristic	Ways to avoid AIDS										
	No way to avoid AIDS	Abstain from sex	Use condoms	Have only one sexual partner	Avoid sex with prostitutes	Avoid transfusions	Avoid injections	Other ways	Don't know any way	Percentage with any misinformation[1]	Number of men
Age											
15-19	6.7	49.5	35.9	45.6	9.0	10.2	35.3	4.8	10.4	0.4	385
20-24	7.1	37.3	44.9	53.0	11.2	8.4	34.3	3.0	10.7	1.3	367
25-29	4.5	34.2	33.8	62.1	10.7	10.5	37.2	4.1	6.0	2.8	359
30-39	4.6	30.7	28.6	66.0	18.1	11.1	32.2	1.6	6.1	1.1	509
40-49	5.5	32.7	18.8	64.4	12.2	8.8	32.6	3.3	9.5	1.2	279
50-54	12.4	32.3	16.4	59.6	9.5	6.1	16.6	3.2	15.4	0.3	95
Marital status											
Never married	6.5	49.0	39.7	44.1	7.4	10.3	35.2	4.4	10.5	1.7	590
Currently in union	5.5	30.9	28.1	66.3	14.2	9.2	33.5	2.4	7.6	0.9	1,252
Formerly in union	7.2	34.5	34.0	48.9	18.6	12.1	25.5	5.2	10.0	3.7	152
Residence											
Urban	1.5	44.5	57.6	55.5	8.7	13.5	36.9	5.4	1.8	2.1	281
Rural	6.7	35.2	27.8	58.9	13.1	9.1	32.8	2.9	9.8	1.2	1,713
Region											
Central	1.6	33.9	46.8	65.3	20.2	7.6	27.2	7.9	3.3	1.6	567
Eastern	6.4	38.8	33.0	47.4	6.2	2.9	22.0	1.6	11.5	0.2	496
Northern	14.3	29.2	25.6	66.6	14.8	6.9	37.4	1.0	17.8	2.4	419
Western	3.4	43.3	19.7	54.9	8.2	21.1	48.1	1.5	4.4	1.2	511
DISH project region											
Kasese, Mbarara (I)	2.6	48.8	18.8	52.7	6.3	27.0	57.0	2.4	2.6	1.0	159
Masaka, Rakai (II)	3.3	24.4	40.0	65.1	35.1	4.4	19.1	11.0	8.5	0.9	138
Luwero, Masindi (III)	5.3	52.1	20.4	68.7	12.8	6.9	24.1	4.6	5.3	1.9	72
Kamuli, Jinja (IV)	4.1	51.8	52.2	44.1	3.0	4.2	16.5	0.0	5.0	0.0	85
Kampala (V)	0.6	47.1	66.5	55.5	7.1	12.3	37.5	5.8	0.6	2.6	141
Non-DISH district	7.3	33.6	28.6	59.1	12.1	8.6	33.2	2.4	10.6	1.3	1,399
DISH district	2.8	43.5	40.0	57.0	13.5	12.6	33.8	5.1	4.2	1.3	595
Education											
No education	12.5	30.8	14.5	49.5	12.3	3.1	17.8	1.8	20.4	0.0	231
Primary	6.7	37.2	26.7	58.4	12.3	8.3	31.1	2.5	9.5	1.2	1,258
Secondary+	1.1	37.6	53.0	62.6	13.1	16.3	46.2	5.8	1.2	2.2	504
Total	5.9	36.5	32.0	58.4	12.5	9.8	33.4	3.2	8.7	1.3	1,994

[1] Includes avoiding mosquito bites, kissing, and seeking protection from a traditional healer.

at least one way to avoid HIV/AIDS. About 60 percent of respondents say that limiting the number of sexual partners or having only one partner can help prevent the spread of the disease and more than one-third of respondents report that abstaining from sex can prevent getting the disease. Surprisingly, only 21 percent of women and 32 percent of men cite use of condoms as a way to avoid AIDS and about one in three respondents mentioned avoiding unsterilised needles. Only one in 10 respondents mentioned that avoiding blood transfusions is a means of avoiding HIV/AIDS. Only 1 percent of women and men report

a way to avoid AIDS that reflected misinformation such as mosquito bites, kissing, or seeking protection from a traditional healer.

Knowledge of ways to avoid HIV/AIDS follows expected patterns by level of education. For both women and men, safe patterns of sexual behaviour (i.e., abstinence, use of condoms, limiting the number of sexual partners) are less commonly reported by respondents who have little or no education than by those with more education. Although urban respondents are more likely to report condom use as a way to avoid AIDS than their rural counterparts, rural women and men are slightly more likely than urban respondents to mention restricting the number of sexual partners as a way to avoid AIDS. It is also notable that women and men in the Northern Region are more likely to say that there is no way to avoid AIDS or that they do not know of any ways to avoid AIDS.

Tables 11.6.1 and 11.6.2 show the percentage of women and men who are aware of certain AIDS-related health issues, by background characteristics. Results show that over 80 percent of women and men

Table 11.6.1 Awareness of AIDS health issues: women

Percentage of women who are aware of certain AIDS-related health issues, by background characteristics, Uganda 1995

Background characteristic	Can a healthy-looking person have the AIDS virus?			Is AIDS fatal?			Can AIDS be transmitted from mother to child?			Can AIDS be transmitted through breastfeeding?		Number of women
	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know	Yes	No	
Age												
15-19	78.5	13.7	7.8	90.8	6.5	2.6	84.5	8.3	7.1	0.5	99.5	1,585
20-24	87.0	7.3	5.7	92.3	5.5	2.1	88.5	6.0	5.6	0.4	99.6	1,533
25-29	85.5	8.9	5.6	89.9	6.9	3.3	86.8	6.5	6.6	1.1	98.9	1,258
30-39	83.0	8.4	8.7	89.5	7.1	3.3	85.2	7.0	7.7	0.6	99.4	1,749
40-49	82.2	7.3	10.2	89.6	5.7	4.4	83.4	7.1	9.5	0.3	99.7	867
Current marital status												
Never married	81.8	12.3	5.8	90.3	7.4	2.3	85.7	7.1	7.1	0.6	99.4	1,095
Currently in union	82.9	9.1	7.9	90.6	6.1	3.2	85.2	7.5	7.2	0.6	99.4	5,081
Formerly in union	87.3	6.6	6.1	90.2	7.1	2.4	90.0	4.1	5.8	0.3	99.7	813
Residence												
Urban	91.4	6.1	2.4	89.7	8.4	1.7	89.4	5.7	4.8	0.6	99.4	1,053
Rural	81.8	9.9	8.3	90.6	6.0	3.2	85.2	7.2	7.5	0.6	99.4	5,939
Region												
Central	90.3	6.1	3.6	92.9	4.5	2.5	90.7	4.3	5.0	0.7	99.3	1,965
Eastern	83.3	9.1	7.6	84.4	10.9	4.7	84.0	8.9	7.1	0.8	99.2	1,730
Northern	70.8	16.7	12.5	90.9	5.9	2.9	86.2	7.2	6.7	0.7	99.3	1,336
Western	84.4	7.7	7.8	93.2	4.6	2.0	82.3	7.9	9.6	0.2	99.8	1,962
Education												
No education	72.6	13.4	13.9	88.8	6.2	4.9	78.9	9.2	11.8	0.3	99.7	2,108
Primary	86.0	8.5	5.5	91.5	5.9	2.5	87.8	6.1	6.0	0.7	99.3	3,932
Secondary+	95.1	3.6	1.2	90.1	8.9	0.9	92.7	5.8	1.4	0.9	99.1	952
Total	83.2	9.3	7.4	90.5	6.4	3.0	85.8	7.0	7.1	0.6	99.4	6,993

Note: Total includes some missing values

Table 11.6.2 Awareness of AIDS health issues: men

Percentage of men who are aware of certain AIDS-related health issues, by background characteristics, Uganda 1995

Background characteristic	Can a healthy-looking person have the AIDS virus?			Is AIDS fatal?			Can AIDS be transmitted from mother to child?			Can AIDS be transmitted through breastfeeding?		Number of men
	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know	Yes	No	
Age												
15-19	81.2	15.0	3.8	94.6	4.9	0.5	85.1	9.0	5.3	0.0	100.0	385
20-24	91.0	6.9	2.2	92.4	6.6	1.0	84.3	10.5	4.8	0.0	100.0	367
25-29	91.8	5.3	2.9	94.3	5.7	0.0	83.7	8.5	7.8	2.0	98.0	359
30-39	90.3	7.2	2.5	95.4	4.0	0.6	86.5	8.1	5.4	0.6	99.4	509
40-49	86.1	6.6	7.3	96.9	2.7	0.4	84.5	5.8	9.3	0.0	100.0	279
50-54	81.1	13.3	5.6	91.0	4.8	4.3	73.6	13.3	13.1	0.0	100.0	95
Current marital status												
Never married	86.2	10.6	3.2	93.6	5.2	1.2	85.2	8.7	5.8	0.2	99.8	590
Currently in union	88.3	8.1	3.6	95.1	4.5	0.4	84.5	8.4	7.0	0.8	99.2	1,252
Formerly in union	91.6	3.8	4.6	93.1	6.1	0.8	81.3	11.2	6.5	0.0	100.0	152
Residence												
Urban	93.4	4.6	2.0	94.2	5.2	0.5	91.5	4.7	3.8	0.5	99.5	281
Rural	87.0	9.1	3.8	94.5	4.8	0.7	83.3	9.4	7.1	0.5	99.5	1,713
Region												
Central	92.9	4.6	2.5	96.3	3.0	0.7	88.8	4.5	6.7	0.2	99.8	567
Eastern	81.1	12.1	6.8	89.2	9.2	1.6	84.7	8.2	6.8	0.0	100.0	496
Northern	91.1	7.5	1.4	92.4	7.3	0.4	89.3	6.1	3.8	1.3	98.7	419
Western	86.4	10.1	3.5	99.3	0.7	0.0	75.4	16.0	8.6	0.7	99.3	511
Education												
No education	80.7	10.7	8.6	93.7	4.0	2.3	75.2	11.1	13.7	0.1	99.9	231
Primary	85.7	10.5	3.8	95.1	4.3	0.6	84.1	9.1	6.5	0.6	99.4	1,258
Secondary+	96.6	2.5	0.9	93.3	6.5	0.2	89.6	6.7	3.7	0.4	99.6	504
Total	87.9	8.5	3.6	94.5	4.8	0.7	84.4	8.7	6.6	0.5	99.5	1,994

Note: Total includes some missing values

realise that it is possible for a healthy-looking person to have the AIDS virus, while well over 90 percent know that AIDS is a fatal disease for which there is no cure at this time. About 85 percent of respondents know that the AIDS virus can be transmitted from mother to child during pregnancy or child birth, while almost all women and men say that the AIDS virus cannot be transmitted through breastfeeding. Women and men who live in rural areas and those who have no formal education are slightly more likely to be misinformed on these issues.

The 1995 UDHS included a question on whether respondents personally knew somebody who has AIDS or who has died of AIDS. Table 11.7 presents the distribution of respondents by their responses to this question, according to selected background characteristics. Overall, 86 percent of women and 92 percent of men report that they know someone who has AIDS or has died from AIDS. Respondents living in urban areas are more likely than rural respondents to know someone with AIDS. This slight residential

Table 11.7 Personal acquaintance with AIDS

Percent distribution of women and men by whether they know someone with AIDS or someone who died of AIDS, according to background characteristics, Uganda 1995

Background characteristic	Women					Men				
	Knows someone with AIDS or who died from AIDS				Number of women	Knows someone with AIDS or who died from AIDS				Number of men
	Yes	No	Don't know	Total[1]		Yes	No	Don't know	Total[1]	
Age										
15-19	85.5	13.7	0.8	100.0	1,585	89.5	9.8	0.7	100.0	385
20-24	87.2	12.2	0.2	100.0	1,533	91.1	8.5	0.3	100.0	367
25-29	87.5	11.7	0.6	100.0	1,258	93.1	5.9	0.7	100.0	359
30-39	86.2	13.6	0.2	100.0	1,749	91.6	7.8	0.3	100.0	509
40-49	85.7	13.3	0.8	100.0	867	94.4	5.6	0.0	100.0	279
50-54	NA	NA	NA	NA	NA	85.2	13.0	1.8	100.0	95
Marital status										
Never married	88.1	11.1	0.8	100.0	1,095	90.0	9.3	0.7	100.0	590
Currently in union	85.7	13.7	0.4	100.0	5,081	91.8	7.6	0.4	100.0	1,252
Formerly in union	88.7	10.6	0.7	100.0	813	94.5	5.5	0.0	100.0	152
Residence										
Urban	93.9	4.6	0.6	100.0	1,053	95.7	2.9	0.5	100.0	281
Rural	85.1	14.4	0.5	100.0	5,939	90.8	8.7	0.5	100.0	1,713
Region										
Central	93.2	6.0	0.4	100.0	1,965	97.8	1.3	0.4	100.0	567
Eastern	85.2	14.5	0.3	100.0	1,730	86.8	12.0	1.2	100.0	496
Northern	76.0	23.4	0.6	100.0	1,336	86.2	13.8	0.0	100.0	419
Western	87.9	11.5	0.6	100.0	1,962	93.2	6.6	0.3	100.0	511
Education										
No education	77.1	21.8	0.9	100.0	2,108	86.2	12.5	1.3	100.0	231
Primary	89.1	10.5	0.3	100.0	3,932	91.2	8.4	0.3	100.0	1,258
Secondary+	95.9	3.2	0.4	100.0	952	94.6	4.6	0.5	100.0	504
Total	86.4	12.9	0.5	100.0	6,993	91.5	7.9	0.5	100.0	1,994

NA = Not applicable
[1] Total includes some missing values

difference supports STD/ACP figures that AIDS is more prevalent in urban areas. It should be noted that personal acquaintance with AIDS in both urban and rural settings is very high. The data show that 93 percent of women and 98 percent of men in the Central Region know someone with AIDS, compared with 76 percent and 86 percent, respectively, in the Northern Region. These patterns reflect the fact that HIV prevalence is higher in the Central Region than in other regions (STD/ACP, 1995). The higher the educational level, the higher the chances that an Ugandan knows someone with AIDS, though for all educational levels the probability of knowing someone with AIDS is high.

11.5 Perception of the Risk of Getting HIV/AIDS

Female and male respondents who have heard of AIDS were asked whether they thought that their chances of getting the AIDS virus were great, moderate, small, or nil. Interviewers then asked respondents why they thought their chances were great/moderate or small/nil. Tables 11.8.1 and 11.8.2 show that 65 percent of women and 84 percent of men say that they have little or no chance of being infected. Women are more likely than men to report that their chances of getting AIDS are great (13 vs. 6 percent).

Table 11.8.1 Perception of the risk of getting AIDS: women

Percent distribution of women who have heard of AIDS by their perception of the risk of getting AIDS, according to background characteristics, Uganda 1995

Background characteristic	Chances of getting AIDS					Total	Number of women
	No risk at all	Small	Moderate	Great	Don't know		
Age							
15-19	31.6	47.2	12.8	8.1	0.2	100.0	1,585
20-24	16.5	47.3	23.3	12.4	0.5	100.0	1,533
25-29	15.1	42.1	25.2	17.3	0.3	100.0	1,258
30-39	17.2	41.1	25.1	16.2	0.3	100.0	1,749
40-49	23.6	46.2	18.1	11.9	0.2	100.0	867
Marital status							
Never married	34.6	47.7	10.0	7.4	0.2	100.0	1,095
Currently in union	18.0	43.8	23.9	14.0	0.4	100.0	5,081
Formerly in union	18.8	46.0	18.6	16.3	0.2	100.0	813
No. of sexual partners other than husband in last 12 months							
0	21.1	44.8	20.9	12.9	0.3	100.0	6,815
1	6.4	43.5	27.4	22.7	0.0	100.0	134
2-3	*	*	*	*	*	*	23
4+	*	*	*	*	*	*	4
Residence							
Urban	12.6	47.1	20.8	18.5	1.0	100.0	1,053
Rural	22.2	44.2	21.1	12.3	0.2	100.0	5,939
Region							
Central	10.8	50.4	21.4	16.6	0.6	100.0	1,965
Eastern	18.8	48.7	19.3	13.1	0.2	100.0	1,730
Northern	37.8	32.2	19.0	10.7	0.5	100.0	1,336
Western	20.9	43.8	23.8	11.6	0.0	100.0	1,962
Education							
No education	26.7	41.9	19.4	11.7	0.3	100.0	2,108
Primary	19.1	45.6	21.7	13.3	0.3	100.0	3,932
Secondary+	14.4	46.9	22.0	16.2	0.6	100.0	952
Total	20.7	44.7	21.1	13.2	0.3	100.0	6,993

Note: Total includes 17 women who reported "don't know" to number of sexual partners in last 12 months. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 11.8.2 Perception of the risk of getting AIDS: men

Percent distribution of men who have heard of AIDS by their perception of the risk of getting AIDS, according to background characteristics, Uganda 1995

Background characteristic	Chances of getting AIDS					Total	Number of men
	No risk at all	Small	Moderate	Great	Don't know		
Age							
15-19	56.9	32.1	6.0	4.9	0.1	100.0	385
20-24	31.6	46.4	12.9	9.1	0.0	100.0	367
25-29	28.3	52.7	12.4	6.3	0.3	100.0	359
30-39	36.3	46.8	11.3	5.3	0.4	100.0	509
40-49	41.6	46.2	7.9	4.3	0.0	100.0	279
50-54	40.4	46.8	10.0	2.8	0.0	100.0	95
Marital status							
Never married	48.8	36.2	9.4	5.5	0.1	100.0	590
Currently in union	35.9	49.5	9.7	4.7	0.2	100.0	1,252
Formerly in union	25.0	40.8	17.6	16.5	0.0	100.0	152
No. of sexual partners other than wife in last 12 months							
0	42.8	44.0	8.2	4.9	0.1	100.0	1,726
1	13.6	58.2	21.2	7.0	0.0	100.0	169
2-3	15.3	30.7	33.6	20.5	0.0	100.0	63
4+	*	*	*	*	*	100.0	8
Residence							
Urban	22.0	56.7	15.7	4.5	1.1	100.0	281
Rural	41.7	42.9	9.3	6.1	0.0	100.0	1,713
Region							
Central	35.0	48.9	9.5	6.1	0.5	100.0	567
Eastern	39.5	36.6	15.4	8.5	0.0	100.0	496
Northern	49.4	35.4	9.4	5.8	0.0	100.0	419
Western	34.1	56.2	6.7	3.0	0.0	100.0	511
Education							
No education	45.2	38.1	9.6	7.2	0.0	100.0	231
Primary	41.3	43.7	9.1	5.7	0.1	100.0	1,258
Secondary+	30.0	50.8	13.2	5.6	0.4	100.0	504
Total	38.9	44.9	10.2	5.8	0.2	100.0	1,994

Note: Total includes 27 men who reported "don't know" to number of sexual partners in last 12 months. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

As might be expected, the proportion who feel that they have no chance of getting AIDS is higher among younger women and men, among those who have never married, and among those who had no sexual partners other than their spouses in the preceding 12 months. The proportion reporting no risk is also higher among rural than urban residents and among those in the Northern Region. Women and men with no education are more likely than educated respondents to feel they are not at risk of getting AIDS.

The 1995 UDHS made use of the fact that in some households, both women and men were interviewed, making it possible to link data on currently married men and their wives living in the same household and look at couples in Uganda as units of study. Data regarding couples' perception of their risk of getting AIDS are presented in Table 11.9.

Table 11.9 Perception of the risk of getting HIV/AIDS among couples

Percent distribution of couples who know about AIDS by husband's and wife's perceptions of risk of getting AIDS, Uganda 1995

Perception of risk of AIDS	Chances of getting AIDS: husband				Total	Number of couples
	No risk at all	Small	Moderate	Great		
Chances of getting AIDS: wife						
No risk at all	10.2	9.1	0.9	0.3	20.6	226
Small	15.6	22.8	4.7	1.5	44.7	491
Moderate	7.0	10.6	2.3	1.1	21.1	232
Great	3.4	6.4	1.8	1.8	13.3	146
Total	36.3	48.9	9.9	4.7	100.0	1,099
Number	399	538	109	51	1,099	1,099

Note: Total includes two couples with missing information.

The results show that there is a considerable difference of opinion between married couples as to their risk of getting AIDS. For only 37 percent of the couples do both spouses report the same level of risk; in 10 percent, both say they have no risk at all, while for 23 percent of couples, both say they have a small risk of getting AIDS, and for 2 percent, both say they have either a moderate or great risk of getting AIDS. For couples in which there is disagreement between spouses in the assessment of risk, the cases in which the wives feel at greater risk of getting AIDS than their husbands outnumber the cases in which the reverse is true (45 vs. 18 percent). For example, in 16 percent of the couples, the husbands believe they have no risk of getting AIDS, while their wives say they have a small risk and in 10 percent of couples, the husbands believe they have no risk, while their wives believe they have a moderate or great risk of getting AIDS.

Table 11.10 shows information on reasons why individual women and men perceive their risk of getting the AIDS virus as low or nil. Roughly equal proportions of women and men state that their risk is low or nil because they were abstaining from sex altogether (23 and 25 percent, respectively). Seventy

Table 11.10 Reasons for perception of small/no risk of getting HIV/AIDS

Percentage of women and men who think they have a small or no risk of getting AIDS, by reasons for that perception of risk, Uganda 1995

Marital status	Abstain from sex	Use condom	One sex partner/ Limit partners	No homosexual contact	No blood transfusion	No injections	Other	Number of women/ men
				WOMEN				
Never in union	69.4	8.5	15.4	0.6	5.6	7.7	9.1	901
Currently in union	1.6	1.1	94.1	0.3	3.3	3.8	6.5	3,141
Formerly in union	68.2	5.5	22.4	0.6	3.8	6.9	7.3	527
All women	22.7	3.1	70.3	0.4	3.8	4.9	7.1	4,574
				MEN				
Never in union	64.3	12.4	21.7	0.0	2.9	2.7	10.3	501
Currently in union	2.6	4.1	96.5	0.1	1.4	2.3	2.9	1,069
Formerly in union	59.8	17.8	27.4	0.0	7.2	1.4	6.6	100
All men	24.5	7.4	69.9	0.0	2.2	2.4	5.3	1,670

percent of women and men report that sticking to one sexual partner or limiting the number of partners is the reason for their low risk. Although low, men (7 percent) are more likely than women (3 percent) to report that condom use is the reason for their low risk of getting AIDS.

Table 11.11 presents the percentage of women and men who think they have a moderate or great risk of getting AIDS, by the stated reason for their perceptions. Eleven percent of women and 35 percent of men believe that they are at moderate or great risk because they do not use condoms. Nine percent of women and 35 percent of men report that they are at moderate or great risk because they have more than one sexual partner. More than half of women, but only 10 percent of men believe they are at risk because their spouse has multiple partners. Twelve percent of respondents (both women and men) say they are at moderate or great risk because they have had injections.

Table 11.11 Reasons for perception of moderate/great risk of getting HIV/AIDS

Percentage of women and men who think they have a moderate or great risk of getting AIDS, by reasons for that perception of risk, Uganda 1995

Marital status	Don't use condom	Multiple sex partners	Spouse has multiple partners	Had injections	Had blood transfusion	Other	Number of women/ men
			WOMEN				
Never in union	15.5	9.3	15.1	29.7	7.9	29.1	191
Currently in union	10.0	8.0	57.5	8.9	2.6	6.4	1,922
Formerly in union	14.6	13.0	32.3	17.6	2.6	26.1	284
All women	11.0	8.7	51.1	11.6	3.0	10.5	2,397
			MEN				
Never in union	31.4	33.7	4.9	9.1	0.2	37.2	88
Currently in union	33.3	38.4	12.4	14.6	0.4	17.8	180
Formerly in union	44.7	25.5	12.4	9.1	0.0	45.7	52
All men	34.6	35.0	10.3	12.2	0.3	27.6	320

Respondents were asked if they had changed their sexual behaviour in order to try to prevent getting AIDS and if so, in what way. Tables 11.12.1 and 11.12.2 show the percentages of women and men who have adopted various ways to avoid AIDS, according to selected background characteristics. Results show that 36 percent of women and 11 percent of men say that they have not changed their behaviour (Figure 11.1). Only 2 percent of women and 11 percent of men say they began using condoms to avoid AIDS, while 53 percent of women and 55 percent of men began restricting sexual activity to one partner, and 7 percent of women and 10 percent of men stopped having sex altogether.

Respondents living in rural areas and those with no education are more likely not to have changed their sexual behaviour in response to the perceived risk of AIDS than respondents living in urban areas and those who are more educated. Thirty-eight percent of women in rural areas have not changed their sexual behaviour, compared with 21 percent in nrban areas; 12 percent of men in rural areas, compared with 5 percent in urban areas, have not changed their sexual behaviour in order to avoid AIDS. While it is perhaps not surprising that those who perceive their risk of getting AIDS to be small or who do not know that AIDS is a fatal disease have not changed their sexual behaviour, it is disturbing that almost one-

Table 11.12.1 AIDS prevention behaviour: women

Percentage of women who have heard of AIDS and have ever had sex, by specific changes in behaviour in order to avoid AIDS, perception of AIDS risk, and background characteristics, Uganda 1995

Background characteristic	No change in sexual behaviour	Change in behaviour to avoid AIDS					Number of women
		Stopped sex	Began using condom	Restricted to one partner	Fewer partners	Other sexual behaviour	
Perception of AIDS risk							
Among those who believe AIDS always fatal							
No/small risk	37.4	8.9	2.2	49.9	2.7	2.0	3,588
Moderate/great risk	30.7	4.3	1.6	59.5	5.2	2.6	2,122
Among those who do not believe AIDS always fatal, or don't know							
No/small risk	44.5	8.3	3.6	41.8	2.3	2.9	364
Moderate/great risk	33.2	4.7	2.7	55.0	5.7	3.1	224
Age							
15-19	34.2	5.5	3.7	53.4	4.0	2.4	980
20-24	34.6	5.4	2.7	54.4	4.6	1.6	1,483
25-29	33.3	3.8	2.6	58.2	3.5	2.6	1,245
30-39	37.8	6.7	1.1	52.2	3.1	2.2	1,744
40-49	36.9	17.4	0.6	42.5	2.6	3.0	867
Marital status							
Never married	38.2	0.6	1.0	57.6	3.0	2.4	5,081
Currently in union	26.8	38.4	3.1	28.6	5.7	1.9	813
Formerly in union	19.9	24.6	14.1	42.0	6.5	1.7	420
Residence							
Urban	20.9	12.8	8.7	56.8	6.2	2.3	924
Rural	38.0	6.1	1.0	52.1	3.2	2.3	5,395
Region							
Central	28.7	11.7	5.0	53.5	5.2	1.6	1,771
Eastern	33.4	4.7	1.5	56.4	4.7	1.2	1,613
Northern	41.8	4.7	0.4	50.1	3.3	2.3	1,210
Western	39.9	6.3	0.9	50.6	1.1	4.0	1,725
Education							
No education	42.6	6.1	0.1	48.6	2.9	1.4	2,016
Primary	33.9	6.9	2.1	54.1	3.9	2.8	3,537
Secondary+	24.2	10.6	7.6	57.7	4.5	2.4	766
Total	35.5	7.1	2.1	52.8	3.6	2.3	6,319

Note: "No change" category includes those who say "don't know."

third of women who believe their risk of getting AIDS is moderate or great and who are aware that AIDS is a fatal disease have not modified their sexual behaviour in order to lower their risk.

The behavioural changes reported by survey respondents are in line with the AIDS prevention messages channelled to the general public. Although results of the survey show some behavioural change, there is still a need to intensify the behavioural change campaign.

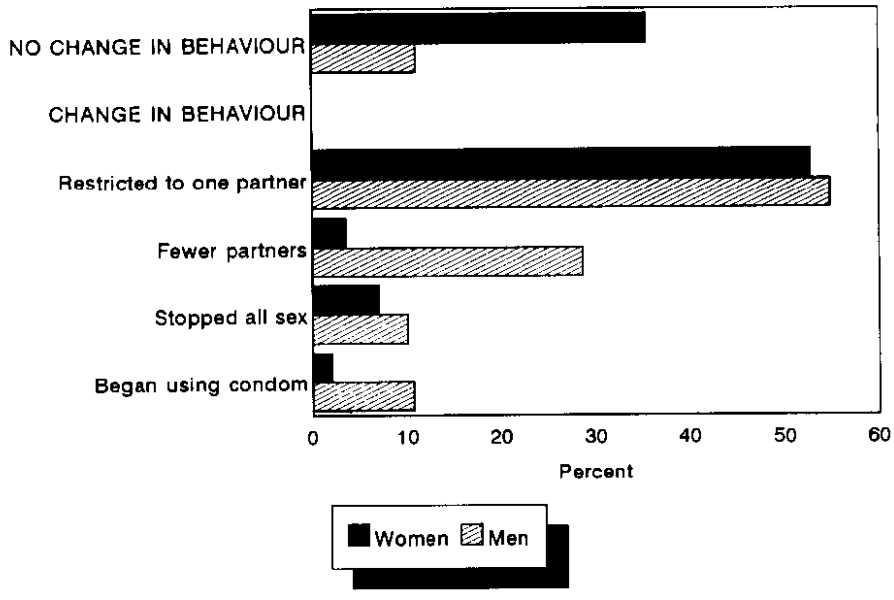
Table 11.12.2 AIDS prevention behaviour: men

Percentage of men who have heard of AIDS and have ever had sex, by specific changes in behaviour in order to avoid AIDS, perception of AIDS risk, and background characteristics, Uganda 1995

Background characteristic	No change in sexual behaviour	Change in behaviour to avoid AIDS						Number of men
		Stopped sex	Began using condom	Restricted to one partner	Fewer partners	Avoid sex with prostitutes	Other sexual behaviour	
Perception of AIDS risk								
Among those who believe AIDS always fatal								
No/small risk	10.3	10.8	9.8	58.7	26.0	12.6	1.4	1,353
Moderate/great risk	15.1	7.2	13.1	36.0	42.1	15.4	1.9	292
Among those who do not believe AIDS always fatal, or don't know								
No/small risk	7.0	10.9	17.7	62.5	24.8	13.5	0.4	72
Moderate/great risk	0.0	7.0	13.7	51.7	32.5	0.0	7.2	19
Age								
15-19	12.8	31.6	18.6	33.9	16.3	8.5	0.7	184
20-24	8.9	10.1	21.6	54.2	26.3	11.6	1.5	326
25-29	7.3	9.4	11.4	59.9	30.7	10.6	1.8	350
30-39	11.0	4.7	5.8	61.4	31.7	18.2	2.0	507
40-49	12.6	7.3	3.9	55.2	30.7	12.3	0.8	277
50-54	24.3	8.7	1.8	44.1	31.6	9.5	1.4	95
Marital status								
Never married	11.0	0.8	5.4	65.8	31.6	14.2	1.5	1,252
Currently in union	15.0	29.1	16.6	27.4	21.7	18.6	2.0	152
Formerly in union	9.3	36.4	27.8	26.6	20.9	6.0	1.2	336
Residence								
Urban	5.4	12.1	26.3	50.0	34.6	9.0	3.0	254
Rural	12.0	9.8	8.0	55.7	27.7	13.7	1.2	1,485
Region								
Central	11.1	13.9	20.1	47.5	36.0	19.9	2.6	497
Eastern	4.4	7.7	8.2	58.2	38.5	6.8	0.9	431
Northern	13.2	8.5	8.4	57.6	20.7	15.6	2.1	364
Western	15.6	9.6	4.6	57.7	17.7	9.1	0.3	447
Education								
No education	18.0	14.6	3.4	51.7	18.4	13.6	0.1	208
Primary	11.4	8.6	7.2	57.0	28.2	12.9	1.1	1,104
Secondary+	6.6	12.0	23.2	50.9	35.0	12.8	3.2	428
Total	11.0	10.1	10.7	54.9	28.7	13.0	1.5	1,739

Note: "No change" category includes those who say "don't know."

Figure 11.1
Changes in Behaviour after Learning about HIV/AIDS, among Men and Women



1995 UDHS

CHAPTER 12

AVAILABILITY OF FAMILY PLANNING AND HEALTH SERVICES

Use of family planning and health services is determined by supply as well as demand. As part of the 1995 UDHS, a separate team of interviewers conducted a Service Availability (SA) survey to assess the availability, or supply, of family planning and health services in the community. The questionnaire was applied at the community level, that is, one questionnaire was filled out for each Local Council (LC1) (see Chapter 1) in the selected cluster. Information was gathered by the supervisors of the household listing teams. The supervisors were instructed to gather information by first contacting the local LC1 leaders and asking them to assemble a group of knowledgeable residents to include at least one nurse or health worker, and a woman. The supervisor would then ask the appropriate questions of this group, facilitating a discussion and encouraging a consensus in indentfying the facilities. Besides, respondents were asked about distance, time, and services offered by the facilities.

The number of independent data points is greater than the number of clusters[1] (sample points) for which the information was collected; 121 points for the Central Region, 97 points for the Eastern Region, 68 for the Northern and 131 data points for the Western region. Due to the small number of data points, the service availability estimates are subject to larger sampling errors than the estimates based on data from the individual women in the main survey. This analysis focuses on urban and rural residence as well as the four regions. Moreover, the results are presented for women, which are actually the results of 417 interviews at the LC1 level.

12.1 Service Availability Questionnaire

The Service Availability Questionnaire was designed to provide a picture of the family planning and health service environments available to Ugandan women. There are two mechanisms for providing family planning and health services: (1) via outreach programmes which carry the services to the community, and (2) via stationary facilities which require men and women to come to them. Outreach services can consist of a person based in a community (community-based distribution), a person who periodically visits a community (a family planning or health worker), or a vehicle that periodically visits the community (a mobile clinic).

Many types of stationary facilities exist. Community informants were asked to identify the facilities from the following types:

1) private doctor;
2) pharmacy/drug shop;
3) dispensary, sub-dispensary, or delivery maternity unit;
4) health centre; and
5) hospital.

[1] 210 clusters have one LC1, 61 clusters have two, 16 clusters have three, eight clusters have four and one cluster has five LC1s: therefore, a total of 417 community questionnaires were completed in 296 clusters.

12.2 Availability of Family Planning Services

Outreach Services

Sixteen percent of women live in a community served by a community-based distribution (CBD) worker who provides family planning services at least three times a year (Table 12.1). CBD workers are available to provide family planning services to 26 percent of urban women and 14 percent of rural women. The highest coverage (28 percent) of CBD workers is in the Central Region and the lowest (5 percent) is in the Northern Region. One in nine women in Uganda are served by a family planning fieldworker and only 1 percent of women have family planning services available from a mobile clinic.

Stationary Family Planning Facilities

Table 12.1 shows that about one-fifth of women live within 1 kilometre of a facility that provides family planning services and nearly half of them live within 5 kilometres of such a facility. Urban women are generally closer to a source of family planning than rural women. The median distance to a stationary family planning outlet is about 1 kilometre in urban areas compared to 6 kilometres in rural areas. Women living in the Central and Eastern regions are generally closer to a source of family planning than women in the other two regions. Sixty-four percent of women in the Central Region live within 5 kilometres of a family planning outlet, compared to only about 30 percent of women in the Northern and Western regions.

Table 12.1 Distance to nearest family planning services

Percentage of currently married women with community level family planning (FP) resources and percent distribution of married women by distance (kilometres) to the nearest family planning services, according to residence and region, Uganda 1995

Resources/Distance to nearest facility	Residence		Region				Total
	Urban	Rural	Central	Eastern	Northern	Western	
Community based distribution	25.5	14.1	28.1	17.9	5.2	10.0	15.5
FP fieldworker[1]	15.7	10.4	11.8	14.3	0.4	15.7	11.1
FP mobile clinic[1]	2.9	1.1	2.0	2.6	0.0	0.4	1.3
Health mobile clinic[1]	4.0	3.5	3.9	6.9	3.4	0.0	3.6
Distance to nearest facility							
<1 km	52.7	14.8	32.9	20.4	17.5	7.4	19.3
1-4 km	45.5	24.4	31.4	38.7	11.5	23.3	26.9
5-9 km	0.8	23.9	16.2	14.9	32.7	22.6	21.2
10-14 km	0.0	13.6	10.0	9.8	17.2	11.7	12.0
15-29 km	0.0	10.4	6.5	12.7	4.1	12.1	9.2
30+ km	0.0	8.3	2.9	0.0	2.0	22.9	7.3
Distance unknown	0.0	0.7	0.0	2.1	0.0	0.0	0.6
No services known	1.0	4.0	0.0	1.3	15.1	0.0	3.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	612	4,522	1,242	1,399	1,115	1,378	5,134
Median distance	0.9	6.0	3.2	4.4	6.6	8.8	5.2

[1] Visit community at least three times a year.

Availability of Family Planning by Type of Facility

Tables 12.2.1 and 12.2.2 present the distribution of currently married women by distance and one-way travel time to the nearest facility providing family planning services. Overall, the median distance (of

Table 12.2.1 Distance to family planning services by type of facility

Percent distribution of currently married women by distance (kilometres) to the nearest facility providing family planning services/supplies, according to facility type and urban-rural residence, Uganda 1995

	Type of facility					
Distance to nearest facility	Private doctor	Pharmacy	Dispensary/ Sub-dispensary/ Delivery maternity unit (DMU)	Health centre	Hospital	Any facility
Urban						
<1 km	27.2	41.4	9.9	6.0	8.9	52.7
1-4 km	24.6	40.2	36.0	32.3	61.9	45.5
5-14 km	0.0	0.0	3.1	7.3	14.2	0.8
15+ km	2.4	1.1	0.0	1.7	8.7	0.0
Distance unknown	5.3	0.8	2.2	6.6	4.3	0.0
No known facility	4.4	1.6	38.3	34.9	0.0	0.6
No facility with family planning services	36.1	15.0	10.6	11.1	2.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	612	612	612	612	612	612
Median distance	1.0	1.0	1.9	3.3	3.2	0.9
Rural						
<1 km	1.2	8.1	5.2	2.6	2.6	14.8
1-4 km	3.2	13.7	16.4	9.3	6.4	24.4
5-14 km	8.2	14.9	19.4	22.1	20.7	37.5
15+ km	11.1	8.2	8.4	21.1	62.0	18.7
Distance unknown	2.1	2.0	3.7	5.2	3.2	0.7
No known facility	39.1	22.7	12.9	19.7	2.1	4.0
No facility with family planning services	35.1	30.4	34.0	20.0	3.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	4,522	4,522	4,522	4,522	4,522	4,522
Median distance	14.3	5.1	5.6	10.3	20.7	6.0
Total						
<1 km	4.3	12.1	5.8	3.0	3.4	19.3
1-4 km	5.8	16.9	18.8	12.0	13.0	26.9
5-14 km	7.2	13.1	17.4	20.3	19.9	33.1
15+ km	10.1	7.4	7.4	18.7	55.7	16.4
Distance unknown	2.5	1.8	3.5	5.4	3.4	0.6
No known facility	34.9	20.1	15.9	21.5	1.8	3.6
No facility with family planning services	35.2	28.5	31.2	19.0	2.9	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	5,134	5,134	5,134	5,134	5,134	5,134
Median distance	7.5	3.5	5.0	8.8	18.8	5.2

Table 12.2.2 Time to family planning services by type of facility

Percent distribution of currently married women by one-way travel time (minutes) to nearest facility providing family planning services/supplies, according to facility type and urban-rural residence, Uganda 1995

Time to nearest facility	Type of facility					
	Private doctor	Pharmacy	Dispensary/ Sub-dispensary/ Delivery maternity unit (DMU)	Health centre	Hospital	Any facility
Urban						
<15 min	35.1	51.3	19.8	18.9	27.6	65.6
15-29 min	10.9	15.4	14.4	16.1	27.6	23.4
30-59 min	4.2	10.5	10.6	5.6	33.5	9.0
60-119 min	2.4	3.0	0.5	4.8	3.1	0.5
120+ min	1.1	1.6	2.9	5.2	4.1	0.5
Time unknown	5.8	1.7	2.8	3.3	2.0	0.0
No known facility	4.4	1.6	38.3	34.9	0.0	0.6
No facility with family planning services	36.1	15.0	10.6	11.1	2.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	612	612	612	612	612	612
Rural						
<15 min	0.5	5.2	3.4	4.1	3.2	12.6
15-29 min	1.4	8.4	6.2	5.2	6.7	12.5
30-59 min	8.8	12.8	10.6	6.2	14.6	17.6
60-119 min	2.7	7.8	10.4	18.3	20.0	23.4
120+ min	10.8	11.3	18.9	22.5	48.7	29.3
Time unknown	1.6	1.4	3.7	4.1	1.8	0.7
No known facility	39.1	22.7	12.9	19.7	2.1	4.0
No facility with family planning services	35.1	30.4	34.0	20.0	3.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	4,522	4,522	4,522	4,522	4,522	4,522
Total						
<15 min	4.6	10.7	5.3	5.8	6.1	18.9
15-29 min	2.5	9.3	7.2	6.5	9.2	13.8
30-59 min	8.3	12.6	10.6	6.1	16.9	16.6
60-119 min	2.7	7.2	9.2	16.7	18.0	20.7
120+ min	9.6	10.1	17.0	20.4	43.3	25.8
Time unknown	2.1	1.4	3.6	4.0	1.8	0.6
No known facility	34.9	20.1	15.9	21.5	1.8	3.6
No facility with family planning services	35.2	28.5	31.2	19.0	2.9	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	5,134	5,134	5,134	5,134	5,134	5,134

those reporting a distance) to any facility providing family planning is 5 kilometres.[2] Dispensaries are closer than hospitals. The median distance for women 15-49 (for known facility) is 5 kilometres for dispensaries compared to 19 kilometres for hospital. As expected, women living in urban areas are closer to all types of stationary family planning outlets than women living in rural areas. The median distance for rural women to a hospital providing family planning services is seven times longer than for women living in urban areas (21 km vs. 3 km).

About half of Ugandan women live within one hour's travel time to a source of family planning; one-third live within 30 minutes of a family planning outlet. Two-thirds of urban women live within 15 minutes of a facility compared to only 13 percent of rural women (Table 12.2.2).

Availability of Specific Methods

Tabulations on distance to the nearest source of specific modern methods show that not all methods are equally accessible (Table 12.3). Twenty-two percent of Ugandan women live within 1 kilometre of a modern method provider. As might be expected, supply methods such as the pill and condom are generally more readily available to women than are clinical methods such as injectables, IUD, and sterilisation. More than half of women live within 5 kilometres of a source of a supply method compared with only 16-17 percent for a source of clinical methods or sterilisation. The median distance to a source of supply method is 5 kilometres, compared with 19 kilometres to a source for any clinical method and 20 kilometres for sterilisation. However, urban women live closer to a source of modern methods than their rural counterparts.

Table 12.3 Distance to family planning services by type of method

Percent distribution of currently married women by distance (kilometres) to the nearest facility providing family planning services/supplies by method offered, according to urban-rural residence, Uganda 1995

Distance to nearest facility	Type of method			Any method
	Sterilisation	Clinical	Supply	
Urban				
<1 km	13.8	14.7	59.2	59.2
1-4 km	63.2	65.1	40.8	40.8
5-14 km	12.0	11.1	0.0	0.0
15+ km	9.2	8.8	0.0	0.0
No known facility	1.8	0.4	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of women	612	612	612	612
Median distance	3.0	2.9	0.8	0.8
Rural				
<1 km	1.9	2.0	16.8	16.8
1-4 km	5.2	6.5	27.2	27.2
5-14 km	19.7	23.6	37.0	37.0
15+ km	65.8	62.8	17.2	17.2
Distance unknown	0.0	0.0	1.9	1.9
No known facility	7.3	5.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of women	4,522	4,522	4,522	4,522
Median distance	24.2	20.5	5.7	5.7
Total				
<1 km	3.3	3.5	21.9	21.9
1-4 km	12.2	13.5	28.8	28.8
5-14 km	18.8	22.1	32.6	32.6
15+ km	59.1	56.4	15.1	15.1
Distance unknown	0.0	0.0	1.6	1.6
No known facility	6.7	4.5	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of women	5,134	5,134	5,134	5,134
Median distance	20.1	18.5	4.8	4.8

[2] About 30 percent of women living in a community with community informants mention unavailability of family planning services from the dispensaries. However, hospitals are well-known for family planning services by the informants.

Availability of Family Planning by User Status

This section examines the relationship between physical access to a family planning provider and actual contraceptive use: Do contraceptive users live in communities with better access? This information can be used as a very rough test of the assumption that wider availability of family planning services leads to higher levels of contraceptive use.

Table 12.4 shows the percent distribution of all currently married women in terms of users of clinical and supply methods and non-users by presence of outreach services and by distance to the nearest stationary facility providing family planning services. Results show that users are slightly more likely than non-users to live in areas that are covered by CBD workers (18 percent vs. 15 percent). However, there is virtually no difference between the proportion of users and non-users who live in areas covered by family planning fieldworkers. Somewhat larger proportions of women who are using clinical or supply methods (22 percent) live in areas covered by CBD workers compared to non-users.

Table 12.4 Distance to nearest family planning services by use of family planning

Percentage of currently married women with community level family planning (FP) resources and percent distribution of married women by distance (kilometres) to the nearest family planning services, according to use of family planning and type of method, Uganda 1995

Resources/Distance to nearest facility	Non-users	Type of method		All users	Total
		Clinical	Supply		
Community based distribution	15.0	21.5	21.5	18.3	15.5
FP fieldworker[1]	11.0	16.6	18.7	11.7	11.1
FP mobile clinic[1]	1.2	2.2	3.1	1.8	1.3
Health mobile clinic[1]	3.8	1.7	3.9	2.2	3.6
Distance to nearest facility					
<1 km	18.4	37.1	31.7	24.6	19.3
1-4 km	26.1	35.0	38.9	31.6	26.9
5-9 km	21.2	12.1	15.2	20.8	21.2
10-14 km	11.8	12.3	8.4	13.1	12.0
15-29 km	9.9	0.0	3.6	4.9	9.2
30+ km	8.0	3.4	1.4	3.0	7.3
Distance unknown	0.6	0.0	0.0	0.5	0.6
No services known	4.0	0.2	0.7	1.7	3.6
Total	100.0	100.0	100.0	100.0	100.0
Number of women	4,372	148	180	762	5,134
Median distance	5.4	1.9	2.4	4.1	5.2

[1] Visit community at least three times a year

Fifty-six percent of all users live within 5 kilometres of fixed facilities offering family planning services, compared to 45 percent of non-users. The median distance to a stationary facility providing family planning is 4 kilometres for users compared to 5 kilometres for non-users. It should be noted that differences in contraceptive users status by distance from contraceptive source are small and subject to high levels of sampling errors.

Table 12.5 analyses distance and contraceptive status for Ugandan women; it contrasts current contraceptive users with women who have an unmet need for family planning. The data suggest that women who live closer to family planning providers are more likely to use a method than women who may be similarly motivated but live farther from a facility. There is a general tendency for women with an unmet need for family planning to be farther away from a provider than current users.

Table 12.5 Distance to family planning services by type of method and need for family planning

Percent distribution of currently married women by distance (kilometres) to the nearest facility providing family planning services/supplies according to method offered and need for family planning, Uganda 1995

Distance to nearest facility	Unmet need to space				Unmet need to limit				Met need (users)				Wants another soon			
	Sterili-sation	Clinical	Supply	Any method	Sterili-sation	Clinical	Supply	Any method	Sterili-sation	Clinical	Supply	Any method	Sterili-sation	Clinical	Supply	Any method
<1 km	3.4	3.4	24.5	24.5	3.7	3.5	21.1	21.1	4.9	5.3	28.4	28.4	2.8	3.0	19.5	19.5
1-4 km	13.5	15.6	28.4	28.4	11.4	12.6	32.8	32.8	24.6	26.5	32.5	32.5	8.6	9.6	27.1	27.1
5-14 km	19.6	22.3	32.8	32.8	18.7	22.2	32.3	32.3	22.9	23.7	30.2	30.2	17.4	22.2	32.9	32.9
15+ km	58.2	55.1	13.6	13.6	58.9	57.4	12.5	12.5	43.2	41.1	7.8	7.8	63.4	60.3	18.2	18.2
Distance unknown	0.0	0.0	0.7	0.7	0.0	0.0	1.3	1.3	0.0	0.0	1.1	1.1	0.0	0.0	2.4	2.4
No known facility	5.2	3.6	0.0	0.0	7.3	4.4	0.0	0.0	4.4	3.4	0.0	0.0	7.8	4.9	0.0	0.0
Number of women	940	940	940	940	551	551	551	551	762	762	762	762	2,243	2,243	2,243	2,243
Median distance	19.5	18.3	4.6	4.6	18.6	18.3	4.2	4.2	11.0	10.7	3.0	3.0	24.1	20.1	5.3	5.3

12.3 Availability of Health Services to Women and Children

Antenatal Care

Table 12.6 shows the percent distribution of currently married women by distance and time to the nearest facility providing antenatal care, according to type of facility, residence, and region. The data indicate that nearly half (48 percent) of women in Uganda live within 5 kilometres of a facility providing antenatal care (column 5). Moreover, 32 percent of women live within 5 kilometres of a known dispensaries with antenatal services, compared to only 17 percent who live within 5 kilometres of a hospital with these services. The accessibility of health centre for health services are in between the dispensaries and hospitals.

Table 12.6 Distance and time to nearest facility providing antenatal care according to type of facility, residence and region

Percent distribution of currently married women by distance (kilometres) and time (minutes) to the nearest facility providing antenatal care services according to type of facilities, residence and region, Uganda 1995

	Type of facility					Residence		Region			
Distance/Time	Private doctor	Dispensary/ Sub-dispensary/ Delivery maternity unit (DMU)	Health centre	Hospital	Any facility	Urban	Rural	Central	Eastern	Northern	Western
				DISTANCE TO NEAREST FACILITY							
Distance											
<1 km	3.5	7.9	3.7	3.4	12.9	37.2	9.6	28.4	10.1	5.8	7.4
1-4 km	8.0	24.0	14.9	13.6	34.9	59.9	31.5	31.3	39.3	34.8	33.9
5-9 km	6.9	20.1	18.2	8.7	27.3	2.2	30.7	23.6	23.6	41.1	23.1
10-14 km	4.6	8.8	9.4	12.0	12.0	0.0	13.6	12.7	13.3	7.2	13.9
15-29 km	7.2	4.4	21.1	24.6	8.3	0.0	9.4	3.9	9.7	2.3	15.5
30+ km	5.2	1.7	5.0	34.1	2.8	0.0	3.1	0.0	4.0	0.0	6.3
Distance unknown	0.7	0.0	1.6	1.8	0.1	0.8	0.0	0.0	0.0	0.4	0.0
No services known	34.9	15.9	21.5	1.8	1.8	0.0	2.1	0.0	0.0	8.4	0.0
No facility with services	29.0	17.3	4.6	0.1	0.0	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	100.0	100.0
Number of women	5,134	5,134	5,134	5,134	5,134	612	4,522	1,242	1,399	1,115	1,378
Median distance	9.0	5.2	8.9	18.9	5.2	1.4	5.8	4.0	5.0	6.1	6.0
				TIME TO NEAREST FACILITY							
Time											
<15 min	5.5	7.1	6.9	6.9	17.1	58.5	11.5	28.8	21.2	2.0	14.7
15-29 min	3.0	9.8	7.9	9.9	15.9	26.4	14.4	12.8	26.5	15.0	8.5
30-59 min	4.5	12.3	10.9	16.9	20.5	14.7	21.2	17.0	16.9	16.7	30.2
60-119 min	9.2	17.3	22.2	18.6	25.9	0.5	29.3	27.2	21.5	28.2	27.3
120+ min	13.9	20.2	25.6	45.5	18.8	0.0	21.4	14.2	13.9	29.7	19.3
Time unknown	0.0	0.1	0.2	0.3	1.8	0.0	2.1	0.0	0.0	8.4	0.0
No known facility	34.9	15.9	21.5	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0
No facility with services	29.0	17.3	4.6	0.1	0.0	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	100.0	100.0
Number of women	5,134	5,134	5,134	5,134	5,134	612	4,522	1,242	1,399	1,115	1,378

Women in urban areas are closer to antenatal services than women in rural areas. Nearly all (97 percent) urban women in Uganda live within 5 kilometres of a health facility that offers antenatal services, compared to 41 percent of women in rural areas. Antenatal care services are more widely available for women living in the Central Region, compared with women living in other regions. More than half (54

percent) of Ugandan women live within one hour's travel time to antenatal services; one-third live within 30 minutes to antenatal services.

Delivery care

According to Table 12.7, 43 percent of women live in communities where delivery care is available within 5 kilometres, and 70 percent within 10 kilometres. Although hospitals are farther from communities than dispensaries and health centres, more community informants mention hospitals as a known source of delivery care compared to other facilities. The median distance for urban women for delivery care is 2 kilometres and 6 kilometres for rural women. Women in the Central Region are nearer to delivery care services (median distance is 4 kilometres) than women in other regions; the median distance for women in the Northern Region is 6 kilometres and 10 kilometres for the Western Region.

Table 12.7 Distance and time to nearest facility providing delivery care according to type of facility, residence, and region

Percent distribution of currently married women by distance (kilometres) and time (minutes) to the nearest facility providing delivery care services according to type of facilities, residence and region, Uganda 1995

Distance/ Time	Type of facility					Residence		Region			
	Private doctor	Dispensary/ Sub-dispensary/ Delivery maternity unit (DMU)	Health centre	Hospital	Any facility	Urban	Rural	Central	Eastern	Northern	Western
DISTANCE TO NEAREST FACILITY											
Distance											
<1 km	1.6	6.3	3.7	3.4	11.7	31.6	9.0	26.1	10.1	5.8	5.1
1-4 km	4.5	19.6	12.5	13.6	31.5	66.3	26.8	34.0	38.8	30.2	23.0
5-9 km	4.1	18.6	17.0	8.5	27.2	1.4	30.7	23.2	25.7	42.5	20.1
10-14 km	3.1	7.2	9.1	12.0	12.2	0.0	13.8	12.7	11.8	10.4	13.5
15-29 km	2.7	3.7	20.1	24.6	9.2	0.0	10.4	3.9	9.7	2.4	18.9
30+ km	1.6	1.2	5.0	34.1	5.8	0.0	6.6	0.0	4.0	0.0	17.5
Distance unknown	0.4	0.0	0.8	1.8	0.6	0.8	0.6	0.0	0.0	0.4	1.9
No services known	34.9	15.9	21.5	1.8	1.8	0.0	2.1	0.0	0.0	8.4	0.0
No facility with services	46.9	27.4	10.3	0.2	0.0	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	100.0	100.0
Number of women	5,134	5,134	5,134	5,134	5,134	612	4,522	1,242	1,399	1,115	1,378
Median distance	7.0	5.4	10.1	19.0	5.7	1.5	6.3	3.9	5.1	6.2	10.1
TIME TO NEAREST FACILITY											
Time											
<15 min	3.2	6.7	6.4	6.9	16.0	56.7	10.5	28.2	21.2	2.0	11.1
15-29 min	1.0	8.9	6.4	9.8	15.2	25.0	13.8	12.4	26.5	15.0	6.1
30-59 min	2.4	8.4	10.1	16.9	19.2	17.8	19.3	18.0	15.6	12.2	29.5
60-119 min	3.7	13.8	20.0	18.6	26.1	0.5	29.5	25.5	21.5	29.6	28.4
120+ min	7.8	18.8	25.3	45.5	21.8	0.0	24.7	15.8	15.2	32.8	24.9
Time unknown	0.0	0.1	0.0	0.3	1.8	0.0	2.1	0.0	0.0	8.4	0.0
No known facility	34.9	15.9	21.5	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0
No facility with services	46.9	27.4	10.3	0.2	0.0	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	100.0	100.0
Number of women	5,134	5,134	5,134	5,134	5,134	612	4,522	1,242	1,399	1,115	1,378

Twenty-four percent of women live within one hour's travel time from a known dispensary with delivery care, compared to 34 percent of women with a hospital within one hour's travel. Notably, 43 percent of the women live in communities where either there is no dispensary known to the informants or the dispensary does not provide delivery care; about one-third of women live in communities where delivery care is not available from the health centre or no health centre is known.

Immunisation

Table 12.8 shows the distribution of currently married women by distance and one-way travel time to the nearest facility providing immunisation services. Fifty-three percent of married women live within 5 kilometres of a source of immunisation services. About one-third of women live within one hour of a dispensary and hospital providing immunisations.

Table 12.8 Distance and time to nearest facility providing immunisation services according to type of facility, residence, and region

Percent distribution of currently married women by distance (kilometres) and time (minutes) to the nearest facility providing child immunisation services, according to type of facilities, residence, and region, Uganda 1995

Distance (km)/ Time (minutes)	Type of facility					Residence		Region			
	Private doctor	Dispensary/ Sub-dispensary/ Delivery maternity unit (DMU)	Health centre	Hospital	Any facility	Urban	Rural	Central	Eastern	Northern	Western
DISTANCE TO NEAREST FACILITY											
Distance											
<1 km	1.0	6.8	4.1	3.4	11.6	24.3	9.8	20.7	13.5	5.8	6.1
1-4 km	2.1	27.1	15.8	13.6	41.5	71.9	37.3	40.8	47.9	34.8	40.9
5-9 km	3.1	22.1	19.4	8.7	26.0	2.2	29.2	19.9	19.9	45.1	22.3
10-14 km	2.0	8.6	9.2	12.0	10.5	0.9	11.8	12.9	10.4	5.0	12.9
15-29 km	1.1	5.1	20.7	24.6	5.7	0.0	6.5	3.8	6.1	0.5	11.1
30+ km	1.1	2.3	5.0	34.1	2.9	0.0	3.2	2.0	2.1	0.0	6.7
Distance unknown	0.4	0.0	1.6	1.8	0.1	0.8	0.0	0.0	0.0	0.4	0.0
No services known	34.9	15.9	21.5	1.8	1.8	0.0	2.1	0.0	0.0	8.4	0.0
No facility with services	54.2	12.1	2.7	0.1	0.0	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	100.0	100.0
Number of women	5,134	5,134	5,134	5,134	5,134	612	4,522	1,242	1,399	1,115	1,378
Median distance	8.1	5.3	8.7	18.9	4.7	1.7	5.2	4.0	4.5	6.1	5.3
TIME TO NEAREST FACILITY											
Time											
<15 min	2.0	4.9	7.8	6.9	14.7	49.5	10.0	20.7	22.7	2.0	11.3
15-29 min	0.4	11.2	7.9	9.9	17.4	27.7	16.0	19.3	26.3	15.6	8.5
30-59 min	1.8	14.1	10.9	16.9	22.1	20.9	22.2	20.9	16.7	16.7	32.8
60-119 min	1.7	18.8	22.8	18.6	26.5	0.5	30.0	24.9	23.6	30.7	27.5
120+ min	5.0	22.9	26.1	45.5	17.6	1.4	19.8	14.2	10.7	27.1	19.9
Time unknown	0.0	0.1	0.2	0.3	1.8	0.0	2.1	0.0	0.0	8.4	0.0
No known facility	34.9	15.9	21.5	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0
No facility with services	54.2	12.1	2.7	0.1	0.0	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	100.0	100.0
Number of women	5,134	5,134	5,134	5,134	5,134	612	4,522	1,242	1,399	1,115	1,378

Availability of selected health services

Table 12.9 indicates that only 17 percent of married women live within 5 kilometres of a facility where screening for AIDS can be done. About 62 percent of women in Uganda live within 5 kilometres of a source of ORS packets. More than two-fifths of women live within 5 kilometres of a place where their children can be treated for respiratory diseases.

Table 12.9 Distance to nearest selected health sources

Percent distribution of currently married women 15-49 by distance (kilometres) to nearest sources of health services, by type of services, Uganda 1995

Distance to nearest facility	Type of services		
	AIDS screening	ORS packet	Respiratory disease treatment
<1 km	3.6	22.5	13.8
1-4 km	13.7	39.8	31.5
5-9 km	8.0	25.5	23.7
10-14 km	6.4	6.6	9.8
15-29 km	21.8	4.4	12.8
30+ km	41.6	0.5	7.2
No known facility	4.9	0.7	1.3
Total	100.0	100.0	100.0
Number of women	5,134	5,134	5,134
Median distance	25.2	3.9	6.0

It is of interest to see if those who use maternal and child health (MCH) services are more likely to live closer to these services than those who do not use them. Table 12.10 shows the percent distribution of births in the four years preceding the survey by distance to the nearest facility providing MCH services, according to whether the mothers received antenatal and/or delivery care. This table also shows the percentage of children age 1-4 by distance to MCH services according to whether they themselves received all vaccinations against childhood diseases. The data show that children whose mothers received both antenatal and delivery care are more likely to live within 5 kilometres of a facility providing MCH services (70 percent) than either those whose mothers received only one of these services (46 percent) or those whose mothers received neither antenatal or delivery care (39 percent). The median distance to MCH services is only 3 kilometres for children whose mothers received both antenatal and delivery care compared with 6 kilometres for children whose mothers did not receive any of these services. Children who are fully vaccinated are slightly more likely than those not fully vaccinated to live within 5 kilometres of a facility providing MCH services (60 percent vs. 55 percent).

Table 12.10 Distance to nearest maternal and child health services for children

Percent distribution by distance (kilometres) to nearest maternal and child health services for children under age four according to type of maternity care their mothers received, and for children age 1-4 years according to immunisation status, Uganda 1995

Mobile clinic/ Distance to nearest facility	Maternity care received for mothers of children under age four				Received all vaccinations		Total 1-4 years old
	ANC & DA	ANC or DA	Neither	Total	Yes	No	
Health mobile clinic	5.1	6.6	6.3	6.0	4.4	6.0	5.6
Distance to facility							
<1 km	25.0	9.0	7.8	14.9	19.5	14.0	15.2
1-4 km	44.9	37.3	30.9	39.6	40.4	40.7	40.7
5-9 km	20.7	31.1	30.6	27.2	20.8	27.4	26.0
10-14 km	6.8	12.2	14.8	10.4	11.8	9.8	10.2
15-29 km	1.5	5.8	8.0	4.3	5.0	4.2	4.4
30+ km	0.5	1.8	6.3	1.7	0.4	2.0	1.7
Distance unknown	0.2	0.0	0.0	0.1	0.2	0.1	0.1
No services known	0.3	2.8	1.6	1.8	1.8	1.8	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of children	2,256	3,287	483	6,025	868	3,097	3,965
Median distance	3.1	5.2	5.9	4.6	4.0	4.6	4.4

ANC = Antenatal care
DA = Delivery assistance

REFERENCES

Arnold, Fred. 1990. Assessment of the quality of birth history data in the Demographic and Health Surveys. In *An assessment of DHS-I data quality*. DHS Methodological Reports No.1. Columbia, Maryland: Institute for Resource Development/Macro Systems Inc.

Bicego, George T. and Omar B. Ahmad. 1996. *Infant and child mortality*. DHS Comparative Studies No. 20. Calverton, Maryland: Macro International Inc.

Boerma, J. Ties, A. Elisabeth Sommerfelt, Shea O. Rutstein, and Guillermo Rojas. 1990. *Immunization: Levels, trends, and differentials.* DHS Comparative Studies No. 1. Columbia, Maryland: Institute for Resource Development/Macro Systems Inc.

Ezeh, Alex C., Michka Seroussi and Hendrik Raggers. 1996. *Men's fertility, contraceptive use, and reproductive preferences.* DHS Comparative Studies No. 18. Calverton, Maryland: Macro International Inc.

Graham, Wendy, William Brass, and Robert W. Snow. 1989. Estimating maternal mortality: The sisterhood method. *Studies in Family Planning* 20(3):125-135.

James, W.P.T., A. Ferro-Luzzi, and J.C. Waterlow. 1988. Definition of chronic energy deficiency in adults. *European Journal of Clinical Nutrition* 42(12):969-981.

Kaijuka, Emmanuel M., Edward Z.A. Kaija, Anne R. Cross, and Edilberto Loaiza. 1989. *Uganda Demographic and Health Survey 1988/1989.* Columbia, Maryland: Ministry of Health [Uganda] and Institute for Resource Development/Macro Systems, Inc.

Krasovec, Katherine and Mary Ann Anderson. 1991. *Maternal nutrition and pregnancy outcomes: Anthropometric assessment.* Washington, D.C.: Pan American Health Organisation.

Kyakulaga, J., G. Turyasingura, N. Ayiga, D. Serwadda, A. Mukulu, I. Makumbi. 1993. *A review of current knowledge on the infant mortality rate and its trends in Uganda.* Kampala: UNICEF/Uganda.

Ministry of Health. 1993. *Evaluation of maternal morbidity and mortality in 12 selected districts in Uganda.* Entebbe, Uganda: Ministry of Health.

Population Secretariat, Ministry of Finance and Economic Planning. 1995. *National Population Policy for sustainable development.* Kampala, Uganda: Population Secretariat.

Rutenberg, Naomi and Jeremiah M. Sullivan. 1991. Direct and indirect estimates of maternal mortality from the sisterhood method. In *Proceedings of the Demographic and Health Surveys World Conference, Vol.3.* Columbia, Maryland: IRD/Macro International Inc. 1669-1696.

Rutstein, Shea O. and George T. Bicego. 1990. Assessment of the quality of data used to ascertain eligibility and age in the Demographic and Health Surveys. In *An assessment of DHS-I data quality.* DHS Methodological Reports No.1. Columbia, Maryland: Institute for Resource Development/Macro Systems Inc.

Statistics Department, Ministry of Finance and Economic Planning. 1991. *Report on Uganda National Household Budget Survey 1989-90.* Entebbe, Uganda: Statistics Department.

Statistics Department, Ministry of Finance and Economic Planning. 1994. *Report on the Uganda National Integrated Household Survey 1992-93*. Entebbe, Uganda: Statistics Department.

Statistics Department, Ministry of Finance and Economic Planning. 1995a. *The 1991 Population and Housing Census Final Results (Main Release)*. Entebbe, Uganda: Statistics Department.

Statistics Department, Ministry of Finance and Economic Planning. 1995b. *The 1991 Population and Housing Census Analytical Report, Vol.1: Demographic characteristics*. Entebbe, Uganda: Statistics Department.

Statistics Department, Ministry of Finance and Economic Planning. 1995c. *The 1991 Population and Housing Census Analytical Report, Vol.3: Household and housing characteristics*. Entebbe, Uganda: Statistics Department.

Statistics Department, Ministry of Finance and Economic Planning. 1995d. *Background to the budget 1995-1996*. Entebbe, Uganda: Statistics Department.

STD/AIDS Control Programme (ACP), Ministry of Health. 1995. *HIV/AIDS surveillance report*. Entebbe, Uganda: Ministry of Health.

STD/AIDS Control Programme (ACP), Ministry of Health. 1996. *HIV/AIDS surveillance report*. Entebbe, Uganda: Ministry of Health.

Sullivan, Jeremiah M., George T. Bicego, and Shea Oscar Rutstein. 1990. Assessment of the quality of data used for the direct estimation of infant and child mortality in the Demographic and Health Surveys. In *An assessment of DHS-I data quality*. DHS Methodological Reports No. 1. Columbia, Maryland: Institute for Resource Development/Macro Systems Inc.

Sullivan, Jeremiah M., Shea Oscar Rutstein, and George T. Bicego. 1994. *Infant and child mortality*. DHS Comparative Studies No. 15. Calverton, Maryland: Macro International Inc.

World Health Organisation. 1995. *Global programmes on AIDS (WHO/GPA)*. Geneva, Switzerland: World Health Organisation.

APPENDIX A

SAMPLE IMPLEMENTATION

Table A.1 Sample implementation: women

Percent distribution of households and eligible women in the DHS sample by results of the interviews and household, eligible women, and overall response rates, according to region and residence, Uganda 1995

Result	Region				Residence		Total
	Central	Eastern	Northern	Western	Urban	Rural	
Selected households							
Completed (C)	91.5	93.3	92.4	96.0	89.9	95.0	93.3
Household present but no competent respondent at home (HP)	2.3	1.3	1.0	0.7	2.6	0.9	1.4
Refused (R)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Dwelling not found (DNF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Household absent (HA)	1.1	1.4	2.4	0.6	1.7	1.0	1.2
Dwelling vacant (DV)	3.7	3.3	3.6	2.2	4.7	2.5	3.2
Dwelling destroyed (DD)	1.3	0.6	0.5	0.4	1.0	0.6	0.8
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,700	2,133	1,152	2,108	2,682	5,411	8,093
Household response rate (HRR)[1]	97.4	98.6	99.0	99.2	97.1	99.1	98.4
Eligible women							
Completed (EWC)	95.8	96.3	95.7	95.6	94.8	96.4	95.8
Not at home (EWNH)	2.9	3.0	2.7	3.5	4.0	2.6	3.1
Refused (EWR)	0.2	0.2	0.1	0.3	0.2	0.2	0.2
Partly completed (EWPC)	0.5	0.1	0.2	0.1	0.4	0.1	0.2
Incapacitated (EWI)	0.4	0.5	1.0	0.6	0.4	0.7	0.6
Other (EWO)	0.3	0.1	0.3	0.0	0.2	0.1	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,336	1,985	1,168	1,888	2,573	4,804	7,377
Eligible woman response rate (EWRR)[2]	95.8	96.3	95.7	95.6	94.8	96.4	95.8
Overall response rate (ORR)[3]	93.3	94.9	94.7	94.8	92.0	95.5	94.3

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, 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:

$$\frac{C}{C + HP + R + DNF}$$

[2] Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

[3] The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR$$

Table A.2 Sample implementation: men

Percent distribution of households and eligible men in the DHS sample by results of the interviews and household, eligible men, and overall response rates, according to region and residence, Uganda 1995

Result	Region				Residence		Total
	Central	Eastern	Northern	Western	Urban	Rural	
Selected households							
Completed (C)	91.2	93.9	93.3	95.9	88.8	95.7	93.4
Household present but no competent respondent at home (HP)	2.1	1.7	1.3	0.7	3.1	0.7	1.5
Refused (R)	0.1	0.0	0.0	0.0	0.1	0.0	0.0
Household absent (HA)	1.7	0.6	1.8	0.6	1.8	0.8	1.1
Dwelling vacant (DV)	3.7	3.2	3.1	2.6	5.0	2.3	3.2
Dwelling destroyed (DD)	1.2	0.6	0.5	0.3	1.1	0.5	0.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	902	708	389	703	894	1,808	2,702
Household response rate (HRR)[1]	97.6	98.2	98.6	99.3	96.5	99.3	98.4
Eligible men							
Completed (EMC)	87.7	90.1	88.0	93.5	85.8	91.8	89.7
Not at home (EMNH)	9.5	8.9	10.1	4.9	12.3	6.3	8.4
Postponed (EMP)	0.7	0.2	0.0	0.0	0.8	0.0	0.3
Refused (EMR)	0.5	0.2	1.1	0.6	0.5	0.5	0.5
Partly completed (EMPC)	0.5	0.0	0.3	0.0	0.4	0.1	0.2
Incapacitated (EMI)	0.9	0.5	0.5	1.0	0.1	1.1	0.8
Other (EMO)	0.1	0.2	0.0	0.0	0.1	0.1	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	740	606	367	511	766	1,458	2,224
Eligible man response rate (EMRR)[2]	87.7	90.1	88.0	93.5	85.8	91.8	89.7
Overall response rate (ORR)[3]	85.6	88.5	86.8	92.9	82.7	91.2	88.3

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, 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:

$$\frac{C}{C + HP + R + DNF}$$

[2] Using the number of eligible men falling into specific response categories, the eligible man response rate (EMRR) is calculated as:

$$\frac{EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO}$$

[3] The overall response rate (ORR) is calculated as:

$$ORR = HRR * EMRR$$

APPENDIX B

ESTIMATES OF SAMPLING ERRORS

APPENDIX B

ESTIMATES OF SAMPLING ERRORS

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the UDHS to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the UDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the UDHS sample is the result of a two-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the UDHS is the ISSA Sampling Error Module (ISSAS). This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jacknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$var(r) = \frac{1-f}{x^2} \sum_{h=1}^{H} \left[\frac{m_h}{m_h - 1} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - r.x_{hi} \text{ , and } z_h = y_h - r.x_h$$

where h represents the stratum which varies from 1 to H,
m_h is the total number of enumeration areas selected in the h^{th} stratum,
y_{hi} is the sum of the values of variable y in EA i in the h^{th} stratum,
x_{hi} is the sum of the number of cases in EA i in the h^{th} stratum, and
f is the overall sampling fraction, which is so small that it is ignored.

The Jacknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the UDHS, there were 295 non-empty clusters. Hence, 295 replications were created. The variance of a rate r is calculated as follows:

$$var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 295 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 294 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, ISSAS 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. ISSAS also computes the relative error and confidence limits for the estimates.

Sampling errors for the UDHS are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the 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±2SE), for each variable. The DEFT is considered undefined when the standard error considering simple ramdom sample is zero (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 sub-populations. For example, for the variable *contraceptive use for currently married women age 15-49*, the relative standard errors as a percent of the estimated mean for the whole country, for urban areas, and for rural areas are 5.2 percent, 5.0 percent, and 6.2 percent, respectively.

The confidence interval (e.g., as calculated for *contraceptive use for currently married women age 15-49)* can be interpreted as follows: the overall national sample proportion is 0.148 and its standard error is .008. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e. 0.148±2(.008). There is a high probability (95 percent) that the *true* average proportion of contraceptive use for currently married women age 15 to 49 is between 0.132 and 0.164.

Table B.1 List of selected variables for sampling errors, Uganda, 1995

Variable		Description	Base population
	WOMEN		
URBAN	Urban residence	Proportion	All women 15-49
NOEDUC	No education	Proportion	All women 15-49
EDUC	With secondary education or higher	Proportion	All women 15-49
NEVMAR	Never married (in union)	Proportion	All women 15-49
CURMAR	Currently married (in union)	Proportion	All women 15-49
AGEM20	Married before age 20	Proportion	Women 20-49
SEX18	Had first sexual intercourse before 18	Proportion	Women 20-49
EVBORN	Children ever born	Mean	All women 15-49
EVB40	Children ever born to women over 40	Mean	Women age 40-49
SURVIV	Chidren surviving	Mean	All women 15-49
KMETHO	Knowing any contraceptive method	Proportion	Currently married women 15-49
KMODME	Knowing any modern contraceptive method	Proportion	Currently married women 15-49
EVUSE	Ever used any contraceptive method	Proportion	Currently married women 15-49
CUSE	Currently using any method	Proportion	Currently married women 15-49
CUMODE	Currently using a modern method	Proportion	Currently married women 15-49
CUPILL	Currently using pill	Proportion	Currently married women 15-49
CUIUD	Currently using IUD	Proportion	Currently married women 15-49
CUINJ	Currently using injectables	Proportion	Currently married women 15-49
CUCOND	Currently using condom	Proportion	Currently married women 15-49
CUFSTER	Currently using female sterilisation	Proportion	Currently married women 15-49
CUPABS	Currently using periodic abstinence	Proportion	Currently married women 15-49
PSOURC	Using public sector source	Proportion	Current users of modern method
NOMORE	Want no more children	Proportion	Currently married women 15-49
DELAY	Want to delay at least 2 years	Proportion	Currently married women 15-49
IDEAL	Ideal number of children	Mean	All women 15-49
TETANU	Mothers received tetanus injection	Proportion	Births in last 4 years
MEDELI	Mothers received medical care at birth	Proportion	Births in last 4 years
DIAR2W	Had diarrhoea in the last 2 weeks	Proportion	Children 0-47 months
ORSTRE	Treated with sugar-salt-water solution	Proportion	Children under 4 with diarrhoea in last 2 weeks
MEDTRE	Sought medical treatment	Proportion	Children under 4 with diarrhoea in last 2 weeks
HCARD	Having health card, seen	Proportion	Children 12-23 months
BCG	Received BCG vaccination	Proportion	Children 12-23 months
DPT	Received DPT vaccination (3 doses)	Proportion	Children 12-23 months
POLIO	Received polio vaccination (3 doses)	Proportion	Children 12-23 months
MEASLE	Received measles vaccination	Proportion	Children 12-23 months
FULLIM	Fully immunised	Proportion	Children 12-23 months
WGTHGT	Weight-for-height (below -2SD)	Proportion	Children 0-47 months
HGTAGE	Height-for-age (below -2SD)	Proportion	Children 0-47 months
WGTAGE	Weight-for-age (below -2SD)	Proportion	Children 0-47 months
TFR	Total fertility rate (3 years before survey)	Rate	All women
NMORT	Neonatal mortality rate (0 -9 years)[1]	Rate	Number of births
PNMORT	Postneonatal mortality rate (0-9 years)[1]	Rate	Number of births
INMORT	Infant mortality rate (0-9 years)[1]	Rate	Number of births
CMORT	Child mortality rate (0-9 years)[1]	Rate	Number of births
U5MORT	Under-five mortality rate (0-9 years)[1]	Rate	Number of births
	MEN		
URBAN	Urban residence	Proportion	All men 15-54
NOEDUC	No education	Proportion	All men 15-54
EDUC	With secondary education or higher	Proportion	All men 15-54
NEVMAR	Never married (in union)	Proportion	All men 15-54
CURMAR	Currently married (in union)	Proportion	All men 15-54
AGEM20	Married before age 20	Proportion	Men 20-54
SEX18	Had first sexual intercourse before 18	Proportion	Men 20-54
KMETHO	Knowing any contraceptive method	Proportion	Currently married men 15-54
KMODME	Knowing any modern contraceptive method	Proportion	Currently married men 15-54
EVUSE	Ever used any contraceptive method	Proportion	Currently married men 15-54
CUSE	Currently using any method	Proportion	Currently married men 15-54
CUMODE	Currently using a modern method	Proportion	Currently married men 15-54
CUPILL	Currently using pill	Proportion	Currently married men 15-54
CUIUD	Currently using IUD	Proportion	Currently married men 15-54
CUINJ	Currently using injectables	Proportion	Currently married men 15-54
CUCOND	Currently using condom	Proportion	Currently married men 15-54
CUFSTER	Currently using female sterilisation	Proportion	Currently married men 15-54
CUPABS	Currently using periodic abstinence	Proportion	Currently married men 15-54
NOMORE	Want no more children	Proportion	Currently married men 15-54
DELAY	Want to delay at least 2 years	Proportion	Currently married men 15-54
IDEAL	Ideal number of children	Mean	All men 15-54

[1] For total (0-4 years)

Table B.2.1 Sampling errors - National sample: women, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
URBAN	0.149	.010	7070	7070	2.369	.067	0.129	0.169
NOEDUC	0.306	.015	7070	7070	2.661	.048	0.277	0.335
EDUC	0.135	.008	7070	7070	1.969	.059	0.119	0.151
NEVMAR	0.157	.006	7070	7070	1.352	.037	0.145	0.168
CURMAR	0.726	.008	7070	7070	1.520	.011	0.710	0.742
AGEM20	0.746	.008	5446	5464	1.427	.011	0.729	0.763
SEX18	0.717	.008	5446	5464	1.370	.012	0.700	0.733
EVBORN	3.407	.040	7070	7070	1.094	.012	3.326	3.488
EVB40	7.282	.123	826	880	1.091	.017	7.036	7.528
SURVIV	2.827	.035	7070	7070	1.131	.012	2.757	2.898
KMETHO	0.934	.009	4898	5134	2.586	.010	0.915	0.952
KMODME	0.916	.011	4898	5134	2.659	.012	0.894	0.937
EVUSE	0.339	.012	4898	5134	1.714	.034	0.315	0.362
CUSE	0.148	.008	4898	5134	1.505	.052	0.133	0.164
CUMODE	0.078	.006	4898	5134	1.476	.073	0.067	0.089
CUPILL	0.026	.003	4898	5134	1.386	.120	0.020	0.033
CUIUD	0.004	.001	4898	5134	0.932	.223	0.002	0.005
CUINJ	0.025	.003	4898	5134	1.270	.114	0.019	0.031
CUCOND	0.008	.001	4898	5134	1.022	.163	0.005	0.011
CUFSTER	0.014	.002	4898	5134	1.166	.139	0.010	0.018
CUPABS	0.035	.003	4898	5134	1.150	.087	0.029	0.041
PSOURC	0.474	.027	726	524	1.442	.056	0.420	0.527
NOMORE	0.309	.010	4898	5134	1.443	.031	0.290	0.328
DELAY	0.363	.010	4898	5134	1.396	.026	0.344	0.382
IDEAL	5.300	.051	6692	6593	1.807	.010	5.198	5.402
TETANU	0.802	.009	5756	6027	1.621	.012	0.783	0.820
MEDELI	0.378	.014	5756	6027	1.874	.037	0.350	0.406
DIAR2W	0.235	.010	5188	5447	1.620	.042	0.215	0.254
ORSTRE	0.482	.016	1172	1278	1.094	.034	0.449	0.514
MEDTRE	0.551	.021	1172	1278	1.445	.039	0.509	0.594
HCARD	0.605	.016	1475	1588	1.315	.027	0.572	0.637
BCG	0.836	.013	1475	1588	1.330	.015	0.811	0.862
DPT	0.611	.019	1475	1588	1.510	.031	0.574	0.649
POLIO	0.590	.018	1475	1588	1.425	.030	0.554	0.626
MEASLE	0.596	.018	1475	1588	1.460	.031	0.560	0.633
FULLIM	0.474	.019	1475	1588	1.480	.040	0.437	0.512
WGTHGT	0.053	.004	4520	4776	1.187	.074	0.045	0.061
HGTAGE	0.383	.009	4520	4776	1.273	.024	0.365	0.402
WGTAGE	0.255	.009	4520	4776	1.350	.035	0.238	0.273
TFR	6.858	.124	7070	7070	1.379	.018	6.610	7.106
NMORT	26.989	2.458	7346	7681	1.212	.091	22.072	31.906
PNMORT	54.283	3.636	7379	7717	1.367	.067	47.012	61.555
INMORT	81.272	4.573	7381	7719	1.375	.056	72.125	90.419
CMORT	71.879	4.157	7487	7834	1.183	.058	63.566	80.192
U5MORT	147.309	6.086	7524	7875	1.358	.041	135.138	159.481

Table B.2.2 Sampling errors - National sample: men, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
URBAN	0.141	.010	1996	1996	1.306	0.072	0.120	0.161
NOEDUC	0.116	.010	1996	1996	1.349	0.083	0.097	0.136
EDUC	0.253	.014	1996	1996	1.450	0.056	0.225	0.281
NEVMAR	0.297	.015	1996	1996	1.497	0.052	0.266	0.327
CURMAR	0.627	.016	1996	1996	1.444	0.025	0.596	0.658
AGEM20	0.234	.013	1621	1609	1.268	0.057	0.207	0.260
SEX18	0.585	.016	1621	1609	1.271	0.027	0.554	0.616
KMETHO	0.982	.004	1241	1252	1.181	0.005	0.973	0.991
KMODME	0.952	.013	1241	1252	2.171	0.014	0.926	0.979
EVUSE	0.430	.017	1241	1252	1.233	0.040	0.396	0.465
CUSE	0.252	.015	1241	1252	1.240	0.061	0.221	0.282
CUMODE	0.103	.010	1241	1252	1.104	0.093	0.084	0.122
CUPILL	0.034	.005	1241	1252	0.939	0.143	0.024	0.043
CUIUD	0.003	.001	1241	1252	0.753	0.425	0.000	0.005
CUINJ	0.026	.005	1241	1252	1.082	0.187	0.016	0.036
CUCOND	0.025	.004	1241	1252	0.994	0.175	0.016	0.034
CUFSTER	0.014	.004	1241	1252	1.055	0.252	0.007	0.021
CUPABS	0.112	.012	1241	1252	1.395	0.112	0.087	0.137
NOMORE	0.239	.018	1243	1253	1.039	0.076	0.202	0.275
DELAY	0.322	.021	1243	1253	1.144	0.065	0.280	0.364
IDEAL	5.801	.090	1939	1932	1.288	0.015	5.622	5.981

Table B.3.1 Sampling errors - Urban sample: women, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
URBAN	1.000	0.000	2439	1055	NA	.000	1.000	1.000
NOEDUC	0.106	0.012	2439	1055	1.935	.114	0.082	0.130
EDUC	0.397	0.019	2439	1055	1.940	.048	0.358	0.435
NEVMAR	0.263	0.011	2439	1055	1.261	.043	0.241	0.286
CURMAR	0.580	0.013	2439	1055	1.318	.023	0.554	0.607
AGEM20	0.608	0.017	1820	778	1.478	.028	0.574	0.641
SEX18	0.688	0.018	1820	778	1.640	.026	0.653	0.724
EVBORN	2.473	0.070	2439	1055	1.298	.028	2.334	2.612
EVB40	6.372	0.265	214	84	1.158	.042	5.843	6.902
SURVIV	2.148	0.057	2439	1055	1.209	.026	2.035	2.262
KMETHO	0.979	0.006	1430	612	1.622	.006	0.966	0.991
KMODME	0.967	0.008	1430	612	1.736	.008	0.951	0.984
EVUSE	0.638	0.019	1430	612	1.489	.030	0.601	0.676
CUSE	0.345	0.017	1430	612	1.362	.050	0.310	0.379
CUMODE	0.281	0.017	1430	612	1.452	.062	0.246	0.315
CUPILL	0.105	0.010	1430	612	1.170	.090	0.086	0.125
CUIUD	0.022	0.005	1430	612	1.298	.232	0.012	0.031
CUINJ	0.069	0.010	1430	612	1.429	.139	0.050	0.088
CUCOND	0.036	0.007	1430	612	1.434	.197	0.022	0.050
CUFSTER	0.043	0.008	1430	612	1.526	.191	0.026	0.059
CUPABS	0.032	0.004	1430	612	0.935	.137	0.023	0.040
PSOURC	0.390	0.030	493	233	1.360	.077	0.330	0.450
NOMORE	0.337	0.016	1430	612	1.303	.048	0.304	0.369
DELAY	0.350	0.015	1430	612	1.155	.042	0.321	0.379
IDEAL	4.249	0.058	2383	1033	1.536	.014	4.133	4.364
TETANU	0.852	0.014	1630	706	1.490	.017	0.823	0.881
MEDELI	0.788	0.018	1630	706	1.555	.023	0.751	0.825
DIAR2W	0.194	0.014	1473	635	1.368	.074	0.165	0.222
ORSTRE	0.550	0.030	292	123	1.003	.055	0.490	0.611
MEDTRE	0.626	0.039	292	123	1.309	.062	0.548	0.704
HCARD	0.551	0.030	389	173	1.182	.054	0.492	0.610
BCG	0.937	0.016	389	173	1.245	.017	0.906	0.968
DPT	0.753	0.034	389	173	1.555	.045	0.684	0.821
POLIO	0.674	0.026	389	173	1.113	.039	0.621	0.727
MEASLE	0.742	0.032	389	173	1.441	.043	0.677	0.806
FULLIM	0.561	0.038	389	173	1.522	.068	0.485	0.637
WGTHGT	0.049	0.009	1257	537	1.405	.179	0.032	0.067
HGTAGE	0.225	0.012	1257	537	1.000	.055	0.200	0.249
WGTAGE	0.153	0.011	1257	537	1.100	.075	0.130	0.176
TFR	4.072	0.192	2439	1055	1.199	.039	4.588	5.356
NMORT	25.437	3.704	3681	1596	1.303	.146	18.018	32.846
PNMORT	48.935	5.874	3689	1598	1.532	.120	37.186	60.683
INMORT	74.372	7.512	3690	1599	1.613	.101	59.347	89.397
CMORT	63.826	5.701	3711	1609	1.212	.089	52.423	75.228
U5MORT	133.451	9.725	3721	1613	1.533	.073	114.000	152.901

NA = Not available

Table B.3.2 Sampling errors - Urban sample: men, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
URBAN	1.000	.000	657	281	NA	.000	1.000	1.000
NOEDUC	0.054	.014	657	281	1.536	.252	0.027	0.081
EDUC	0.572	.026	657	281	1.345	.045	0.520	0.623
NEVMAR	0.377	.027	657	281	1.437	.072	0.323	0.431
CURMAR	0.557	.026	657	281	1.337	.047	0.505	0.609
AGEM20	0.157	.019	534	228	1.197	.120	0.119	0.195
SEX18	0.662	.022	534	228	1.065	.033	0.618	0.705
KMETHO	0.994	.006	378	157	1.450	.006	0.983	1.000
KMODME	0.992	.006	378	157	1.324	.006	0.980	1.000
EVUSE	0.629	.030	378	157	1.219	.048	0.568	0.690
CUSE	0.420	.031	378	157	1.238	.075	0.358	0.483
CUMODE	0.317	.029	378	157	1.226	.093	0.258	0.376
CUPILL	0.121	.019	378	157	1.108	.154	0.084	0.158
CUIUD	0.013	.007	378	157	1.220	.545	0.000	0.027
CUINJ	0.063	.017	378	157	1.326	.263	0.030	0.096
CUCOND	0.083	.021	378	157	1.454	.248	0.042	0.125
CUFSTER	0.029	.010	378	157	1.115	.330	0.010	0.049
CUPABS	0.073	.014	378	157	1.066	.196	0.044	0.101
NOMORE	0.288	.055	379	157	1.257	.191	0.178	0.398
DELAY	0.405	.061	379	157	1.371	.152	0.282	0.528
IDEAL	4.860	.107	647	276	1.057	.022	4.646	5.075

NA = Not applicable

Table B.4.1 Sampling errors - Rural sample: women, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
URBAN	0.000	0.000	4631	6015	NA	NA	0.000	0.000
NOEDUC	0.341	0.016	4631	6015	2.356	.048	0.308	0.374
EDUC	0.089	0.008	4631	6015	1.926	.091	0.073	0.105
NEVMAR	0.138	0.006	4631	6015	1.251	.046	0.125	0.151
CURMAR	0.752	0.009	4631	6015	1.403	.012	0.734	0.770
AGEM20	0.769	0.009	3626	4686	1.303	.012	0.751	0.787
SEX18	0.721	0.009	3626	4686	1.247	.013	0.703	0.740
EVBORN	3.571	0.046	4631	6015	0.993	.013	3.479	3.663
EVB40	7.378	0.134	612	796	1.033	.018	7.109	7.646
SURVIV	2.947	0.041	4631	6015	1.048	.014	2.865	3.028
KMETHO	0.928	0.010	3468	4522	2.345	.011	0.907	0.948
KMODME	0.909	0.012	3468	4522	2.420	.013	0.885	0.932
EVUSE	0.298	0.012	3468	4522	1.535	.040	0.274	0.322
CUSE	0.122	0.008	3468	4522	1.369	.062	0.107	0.137
CUMODE	0.051	0.005	3468	4522	1.337	.098	0.041	0.061
CUPILL	0.016	0.003	3468	4522	1.463	.197	0.010	0.022
CUIUD	0.001	0.000	3468	4522	0.813	.408	0.000	0.002
CUINJ	0.019	0.003	3468	4522	1.217	.149	0.013	0.025
CUCOND	0.004	0.001	3468	4522	1.053	.275	0.002	0.007
CUFSTER	0.010	0.002	3468	4522	1.080	.180	0.007	0.014
CUPABS	0.035	0.003	3468	4522	1.075	.096	0.029	0.042
PSOURC	0.540	0.041	233	291	1.239	.075	0.459	0.621
NOMORE	0.305	0.011	3468	4522	1.353	.035	0.284	0.326
DELAY	0.365	0.011	3468	4522	1.310	.029	0.344	0.386
IDEAL	5.495	0.059	4309	5560	1.653	.011	5.377	5.612
TETANU	0.795	0.010	4126	5321	1.462	.013	0.774	0.816
MEDELI	0.323	0.014	4126	5321	1.681	.045	0.294	0.352
DIAR2W	0.240	0.011	3715	4812	1.466	.045	0.218	0.262
ORSTRE	0.474	0.018	880	1155	0.994	.038	0.439	0.510
MEDTRE	0.543	0.023	880	1155	1.297	.042	0.497	0.589
HCARD	0.611	0.018	1086	1414	1.202	.029	0.575	0.647
BCG	0.824	0.014	1086	1414	1.192	.017	0.796	0.852
DPT	0.594	0.021	1086	1414	1.364	.035	0.553	0.635
POLIO	0.580	0.020	1086	1414	1.305	.034	0.540	0.620
MEASLE	0.578	0.020	1086	1414	1.314	.034	0.539	0.618
FULLIM	0.463	0.020	1086	1414	1.340	.044	0.423	0.504
WGTHGT	0.054	0.004	3263	4239	1.067	.080	0.045	0.062
HGTAGE	0.403	0.010	3263	4239	1.155	.025	0.383	0.424
WGTAGE	0.268	0.010	3263	4239	1.217	.036	0.249	0.288
TFR	7.166	0.134	4631	6015	1.251	.019	6.899	7.434
NMORT	32.659	2.079	9511	12280	1.018	.064	28.501	36.817
PNMORT	54.973	3.103	9526	12295	1.216	.056	48.766	61.180
INMORT	87.632	4.027	9527	12297	1.238	.046	79.578	95.686
CMORT	78.380	4.613	9613	12418	1.371	.059	69.155	87.606
U5MORT	159.144	6.004	9630	12436	1.346	.038	147.135	171.152

NA = Not available

Table B.4.2 Sampling errors - Rural sample: men, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
URBAN	0.000	.000	1339	1715	NA	NA	0.000	0.000
NOEDUC	0.126	.011	1339	1715	1.212	.087	0.104	0.149
EDUC	0.201	.015	1339	1715	1.377	.075	0.170	0.231
NEVMAR	0.284	.017	1339	1715	1.409	.061	0.249	0.318
CURMAR	0.639	.018	1339	1715	1.362	.028	0.603	0.674
AGEM20	0.247	.015	1087	1381	1.162	.062	0.216	0.277
SEX18	0.573	.018	1087	1381	1.180	.031	0.537	0.608
KMETHO	0.981	.005	863	1095	1.062	.005	0.971	0.991
KMODME	0.946	.015	863	1095	1.945	.016	0.917	0.976
EVUSE	0.402	.019	863	1095	1.142	.047	0.364	0.440
CUSE	0.227	.017	863	1095	1.172	.074	0.194	0.261
CUMODE	0.072	.009	863	1095	1.054	.129	0.054	0.091
CUPILL	0.021	.005	863	1095	0.915	.211	0.012	0.030
CUIUD	0.001	.001	863	1095	0.663	.708	0.000	0.002
CUINJ	0.021	.005	863	1095	1.023	.238	0.011	0.031
CUCOND	0.017	.004	863	1095	0.901	.234	0.009	0.025
CUFSTER	0.012	.004	863	1095	1.030	.322	0.004	0.019
CUPABS	0.117	.014	863	1095	1.280	.120	0.089	0.145
NOMORE	0.231	.019	864	1096	0.985	.083	0.193	0.270
DELAY	0.311	.022	864	1096	1.084	.072	0.266	0.355
IDEAL	5.958	.103	1292	1656	1.191	.017	5.752	6.165

NA = Not available

Table B.5.1 Sampling errors - Central region sample: women, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
URBAN	0.351	0.027	2218	1967	2.651	.077	0.297	0.405
NOEDUC	0.144	0.013	2218	1967	1.683	.087	0.119	0.169
EDUC	0.236	0.017	2218	1967	1.935	.074	0.201	0.271
NEVMAR	0.207	0.010	2218	1967	1.218	.051	0.186	0.228
CURMAR	0.632	0.013	2218	1967	1.308	.021	0.605	0.659
AGEM20	0.696	0.018	1656	1465	1.563	.025	0.661	0.732
SEX18	0.741	0.015	1656	1465	1.347	.020	0.712	0.770
EVBORN	3.205	0.071	2218	1967	1.076	.022	3.064	3.347
EVB40	7.304	0.231	235	227	1.084	.032	6.842	7.767
SURVIV	2.695	0.061	2218	1967	1.094	.023	2.573	2.817
KMETHO	0.993	0.003	1357	1242	1.190	.003	0.987	0.998
KMODME	0.984	0.005	1357	1242	1.458	.005	0.975	0.994
EVUSE	0.508	0.022	1357	1242	1.647	.044	0.463	0.553
CUSE	0.250	0.019	1357	1242	1.575	.074	0.213	0.287
CUMODE	0.162	0.015	1357	1242	1.502	.093	0.132	0.192
CUPILL	0.057	0.009	1357	1242	1.348	.149	0.040	0.074
CUIUD	0.009	0.003	1357	1242	1.035	.300	0.003	0.014
CUINJ	0.049	0.008	1357	1242	1.339	.159	0.034	0.065
CUCOND	0.018	0.004	1357	1242	1.149	.229	0.010	0.027
CUFSTER	0.026	0.005	1357	1242	1.120	.186	0.016	0.036
CUPABS	0.036	0.005	1357	1242	1.022	.143	0.026	0.047
PSOURC	0.408	0.034	370	287	1.316	.083	0.340	0.475
NOMORE	0.396	0.016	1357	1242	1.212	.041	0.364	0.428
DELAY	0.336	0.014	1357	1242	1.064	.041	0.309	0.363
IDEAL	4.727	0.067	2182	1933	1.506	.014	4.593	4.861
TETANU	0.790	0.015	1679	1565	1.373	.019	0.759	0.820
MEDELI	0.599	0.024	1679	1565	1.716	.040	0.551	0.647
DIAR2W	0.163	0.014	1515	1410	1.451	.086	0.135	0.191
ORSTRE	0.443	0.032	256	231	0.978	.071	0.380	0.506
MEDTRE	0.579	0.034	256	231	1.065	.059	0.511	0.647
HCARD	0.635	0.023	421	397	0.981	.035	0.590	0.680
BCG	0.858	0.019	421	397	1.164	.022	0.820	0.897
DPT	0.708	0.025	421	397	1.175	.036	0.658	0.759
POLIO	0.672	0.022	421	397	0.991	.033	0.628	0.716
MEASLE	0.658	0.028	421	397	1.243	.042	0.602	0.714
FULLIM	0.534	0.030	421	397	1.275	.057	0.474	0.594
WGTHGT	0.035	0.006	1312	1224	1.105	.159	0.024	0.046
HGTAGE	0.335	0.015	1312	1224	1.096	.043	0.306	0.364
WGTAGE	0.211	0.013	1312	1224	1.096	.059	0.186	0.236
TFR	6.277	0.230	2218	1967	1.191	.037	5.818	6.736
NMORT	29.558	3.817	3871	3579	1.266	.129	21.923	37.192
PNMORT	47.044	4.709	3878	3585	1.298	.100	37.627	58.461
INMORT	76.602	6.348	3879	3586	1.392	.083	63.905	89.298
CMORT	70.098	6.129	3907	3612	1.261	.087	57.841	82.356
U5MORT	141.330	9.575	3916	3621	1.561	.068	122.179	160.481

Table B.5.2 Sampling errors - Central region sample: men, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
URBAN	0.329	.026	641	569	1.419	.080	0.276	0.382
NOEDUC	0.097	.012	641	569	1.064	.128	0.072	0.122
EDUC	0.380	.023	641	569	1.223	.062	0.333	0.427
NEVMAR	0.338	.026	641	569	1.388	.077	0.286	0.390
CURMAR	0.557	.025	641	569	1.261	.044	0.508	0.607
AGEM20	0.232	.020	526	463	1.081	.086	0.192	0.271
SEX18	0.605	.023	526	463	1.066	.038	0.559	0.650
KMETHO	0.994	.004	364	317	1.055	.004	0.985	1.000
KMODME	0.990	.006	364	317	1.097	.006	0.979	1.000
EVUSE	0.446	.032	364	317	1.236	.072	0.381	0.510
CUSE	0.265	.027	364	317	1.187	.104	0.210	0.320
CUMODE	0.195	.027	364	317	1.280	.137	0.142	0.248
CUPILL	0.059	.012	364	317	0.965	.202	0.035	0.083
CUIUD	0.005	.003	364	317	0.886	.674	0.000	0.011
CUINJ	0.053	.014	364	317	1.157	.257	0.026	0.080
CUCOND	0.061	.015	364	317	1.170	.241	0.031	0.090
CUFSTER	0.014	.007	364	317	1.066	.462	0.001	0.028
CUPABS	0.030	.008	364	317	0.914	.274	0.013	0.046
NOMORE	0.279	.037	365	318	1.026	.133	0.205	0.353
DELAY	0.337	.035	365	318	0.960	.105	0.267	0.408
IDEAL	5.558	.171	632	560	1.368	.031	5.216	5.901

Table B.6.1 Sampling errors - Eastern region sample: women, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
URBAN	0.093	0.007	1911	1738	1.113	.080	0.078	0.107
NOEDUC	0.295	0.017	1911	1738	1.607	.057	0.261	0.328
EDUC	0.121	0.012	1911	1738	1.639	.101	0.096	0.145
NEVMAR	0.105	0.008	1911	1738	1.201	.080	0.089	0.122
CURMAR	0.805	0.012	1911	1738	1.343	.015	0.780	0.829
AGEM20	0.780	0.015	1518	1388	1.402	.019	0.751	0.810
SEX18	0.792	0.015	1518	1388	1.412	.019	0.762	0.821
EVBORN	3.568	0.091	1911	1738	1.284	.025	3.386	3.750
EVB40	7.237	0.261	231	225	1.155	.036	6.715	7.759
SURVIV	2.926	0.070	1911	1738	1.175	.024	2.787	3.066
KMETHO	0.939	0.008	1450	1399	1.346	.009	0.922	0.956
KMODME	0.921	0.010	1450	1399	1.361	.010	0.902	0.940
EVUSE	0.290	0.019	1450	1399	1.567	.064	0.252	0.327
CUSE	0.114	0.013	1450	1399	1.533	.113	0.088	0.139
CUMODE	0.055	0.008	1450	1399	1.365	.149	0.039	0.071
CUPILL	0.014	0.005	1450	1399	1.458	.319	0.005	0.023
CUIUD	0.003	0.001	1450	1399	0.660	.332	0.001	0.005
CUINJ	0.017	0.005	1450	1399	1.453	.290	0.007	0.027
CUCOND	0.007	0.002	1450	1399	0.991	.300	0.003	0.012
CUFSTER	0.014	0.003	1450	1399	1.111	.249	0.007	0.020
CUPABS	0.020	0.003	1450	1399	0.866	.159	0.014	0.026
PSOURC	0.541	0.051	151	92	1.256	.095	0.438	0.643
NOMORE	0.303	0.016	1450	1399	1.298	.052	0.271	0.334
DELAY	0.350	0.021	1450	1399	1.699	.061	0.308	0.393
IDEAL	5.511	0.070	1863	1693	1.362	.013	5.371	5.650
TETANU	0.841	0.018	1698	1638	1.788	.021	0.805	0.876
MEDELI	0.413	0.023	1698	1638	1.679	.056	0.367	0.460
DIAR2W	0.262	0.018	1506	1454	1.556	.069	0.226	0.298
ORSTRE	0.462	0.024	394	381	0.923	.052	0.414	0.510
MEDTRE	0.601	0.032	394	381	1.283	.054	0.537	0.666
HCARD	0.576	0.027	443	431	1.196	.048	0.521	0.631
BCG	0.808	0.024	443	431	1.307	.029	0.760	0.855
DPT	0.491	0.030	443	431	1.291	.061	0.431	0.551
POLIO	0.469	0.032	443	431	1.381	.068	0.405	0.533
MEASLE	0.480	0.028	443	431	1.227	.059	0.423	0.537
FULLIM	0.344	0.029	443	431	1.309	.084	0.286	0.401
WGTHGT	0.066	0.009	1299	1268	1.272	.131	0.049	0.084
HGTAGE	0.356	0.020	1299	1268	1.553	.057	0.316	0.396
WGTAGE	0.273	0.021	1299	1268	1.679	.077	0.231	0.315
TFR	7.381	0.223	1911	1738	1.443	.030	6.934	7.828
NMORT	38.383	3.694	3724	3615	1.072	.095	31.076	45.691
PNMORT	59.715	4.878	3737	3623	1.251	.082	49.958	69.472
INMORT	98.098	6.587	3737	3623	1.271	.067	84.925	111.271
CMORT	86.012	7.192	3773	3665	1.311	.084	71.629	100.396
U5MORT	175.673	9.593	3786	3672	1.426	.055	156.487	194.859

Table B.6.2 Sampling errors - Eastern region sample: men, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
URBAN	0.086	.007	546	497	0.615	.086	0.071	0.101
NOEDUC	0.122	.022	546	497	1.559	.179	0.079	0.166
EDUC	0.227	.027	546	497	1.520	.120	0.172	0.282
NEVMAR	0.294	.028	546	497	1.426	.095	0.239	0.350
CURMAR	0.641	.026	546	497	1.256	.040	0.589	0.692
AGEM20	0.227	.023	442	403	1.164	.102	0.181	0.273
SEX18	0.689	.026	442	403	1.179	.038	0.637	0.741
KMETHO	0.992	.006	350	318	1.182	.006	0.981	1.000
KMODME	0.980	.009	350	318	1.189	.009	0.963	0.998
EVUSE	0.454	.033	350	318	1.255	.074	0.387	0.521
CUSE	0.250	.030	350	318	1.308	.121	0.189	0.311
CUMODE	0.102	.017	350	318	1.025	.163	0.069	0.135
CUPILL	0.032	.009	350	318	0.912	.269	0.015	0.049
CUIUD	0.005	.003	350	318	0.726	.536	0.000	0.011
CUINJ	0.016	.005	350	318	0.698	.297	0.006	0.025
CUCOND	0.019	.008	350	318	1.140	.434	0.003	0.036
CUFSTER	0.030	.010	350	318	1.064	.322	0.011	0.050
CUPABS	0.102	.022	350	318	1.388	.221	0.057	0.146
NOMORE	0.221	.031	351	319	1.071	.142	0.158	0.283
DELAY	0.266	.037	351	319	1.221	.139	0.192	0.340
IDEAL	5.915	.186	541	492	1.304	.031	5.543	6.287

Table B.7.1 Sampling errors - Northern region sample: women, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
URBAN	0.070	0.009	1136	1398	1.233	.134	0.051	0.088
NOEDUC	0.476	0.054	1136	1398	3.621	.113	0.368	0.583
EDUC	0.065	0.013	1136	1398	1.781	.201	0.039	0.091
NEVMAR	0.119	0.013	1136	1398	1.353	.109	0.093	0.145
CURMAR	0.798	0.017	1136	1398	1.410	.021	0.764	0.832
AGEM20	0.787	0.014	850	1054	0.990	.018	0.760	0.815
SEX18	0.691	0.020	850	1054	1.273	.029	0.651	0.731
EVBORN	3.171	0.068	1136	1398	0.800	.022	3.035	3.308
EVB40	6.551	0.286	125	159	1.076	.044	5.978	7.124
SURVIV	2.520	0.069	1136	1398	1.014	.027	2.382	2.657
KMETHO	0.845	0.036	863	1115	2.916	.043	0.773	0.917
KMODME	0.794	0.041	863	1115	2.955	.051	0.713	0.876
EVUSE	0.358	0.029	863	1115	1.800	.082	0.299	0.416
CUSE	0.136	0.013	863	1115	1.140	.098	0.109	0.162
CUMODE	0.025	0.005	863	1115	0.921	.197	0.015	0.034
CUPILL	0.005	0.002	863	1115	0.858	.427	0.001	0.009
CUIUD	0.001	0.000	863	1115	0.482	.717	0.000	0.001
CUINJ	0.012	0.004	863	1115	1.140	.357	0.003	0.020
CUCOND	0.003	0.001	863	1115	0.800	.499	0.000	0.006
CUFSTER	0.003	0.002	863	1115	0.898	.544	0.000	0.007
CUPABS	0.071	0.010	863	1115	1.174	.144	0.051	0.092
PSOURC	0.740	0.102	45	31	1.539	.138	0.536	0.944
NOMORE	0.202	0.027	863	1115	1.982	.134	0.148	0.256
DELAY	0.397	0.022	863	1115	1.302	.055	0.353	0.440
IDEAL	5.695	0.171	966	1152	2.244	.030	5.354	6.037
TETANU	0.848	0.019	908	1164	1.562	.023	0.809	0.886
MEDELI	0.226	0.027	908	1164	1.731	.118	0.173	0.279
DIAR2W	0.343	0.029	810	1057	1.641	.083	0.285	0.400
ORSTRE	0.572	0.033	252	362	1.072	.057	0.506	0.637
MEDTRE	0.566	0.056	252	362	1.838	.100	0.453	0.678
HCARD	0.527	0.038	248	335	1.251	.073	0.451	0.604
BCG	0.827	0.033	248	335	1.392	.039	0.762	0.892
DPT	0.479	0.062	248	335	2.021	.129	0.355	0.603
POLIO	0.434	0.054	248	335	1.769	.124	0.327	0.541
MEASLE	0.515	0.052	248	335	1.682	.100	0.412	0.619
FULLIM	0.347	0.054	248	335	1.853	.155	0.240	0.455
WGTHGT	0.076	0.011	711	930	1.118	.141	0.054	0.097
HGTAGE	0.419	0.018	711	930	0.984	.043	0.383	0.455
WGTAGE	0.316	0.019	711	930	1.086	.059	0.278	0.353
TFR	6.823	0.306	1136	1398	1.453	.045	6.210	7.436
NMORT	33.588	4.885	2059	2653	1.116	.145	23.817	43.359
PNMORT	65.754	8.266	2060	2655	1.397	.126	49.222	82.286
INMORT	99.342	10.306	2060	2655	1.391	.104	78.730	119.955
CMORT	100.607	13.760	2081	2693	1.786	.137	73.087	128.127
U5MORT	189.955	13.665	2082	2965	1.246	.072	162.625	217.284

Table B.7.2 Sampling errors - Northern region sample: men, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
URBAN	0.055	.014	331	419	1.083	0.248	0.028	0.082
NOEDUC	0.098	.023	331	419	1.414	0.237	0.051	0.144
EDUC	0.209	.037	331	419	1.659	0.178	0.135	0.283
NEVMAR	0.283	.043	331	419	1.741	0.153	0.196	0.369
CURMAR	0.654	.049	331	419	1.879	0.075	0.555	0.752
AGEM20	0.313	.042	262	326	1.450	0.133	0.230	0.396
SEX18	0.554	.041	262	326	1.336	0.074	0.472	0.637
KMETHO	0.976	.008	217	274	0.741	0.008	0.960	0.991
KMODME	0.865	.051	217	274	2.179	0.059	0.764	0.966
EVUSE	0.590	.042	217	274	1.263	0.072	0.505	0.674
CUSE	0.343	.040	217	274	1.246	0.117	0.263	0.424
CUMODE	0.038	.011	217	274	0.883	0.303	0.015	0.061
CUPILL	0.016	.009	217	274	1.034	0.543	0.000	0.034
CUIUD	0.000	.000	217	274	NA	NA	0.000	0.000
CUINJ	0.005	.005	217	274	1.074	1.063	0.000	0.015
CUCOND	0.016	.002	217	274	0.224	0.121	0.012	0.019
CUFSTER	0.001	.001	217	274	0.474	0.994	0.000	0.003
CUPABS	0.257	.038	217	274	1.264	0.146	0.181	0.332
NOMORE	0.210	.051	217	274	1.009	0.244	0.107	0.313
DELAY	0.388	.066	217	274	1.228	0.171	0.255	0.520
IDEAL	5.993	.187	310	395	1.148	0.031	5.619	6.366

Table B.8.1 Sampling errors - Western region sample: women, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
URBAN	0.054	0.007	1805	1968	1.246	.123	0.041	0.067
NOEDUC	0.357	0.021	1805	1968	1.890	.060	0.314	0.399
EDUC	0.095	0.013	1805	1968	1.943	.141	0.068	0.122
NEVMAR	0.178	0.012	1805	1968	1.301	.066	0.155	0.202
CURMAR	0.700	0.017	1805	1968	1.540	.024	0.667	0.733
AGEM20	0.734	0.017	1422	1557	1.461	.023	0.700	0.768
SEX18	0.644	0.019	1422	1557	1.481	.029	0.606	0.682
EVBORN	3.633	0.075	1805	1968	0.981	.021	3.483	3.783
EVB40	7.731	0.207	235	269	1.015	.027	7.317	8.145
SURVIV	3.091	0.067	1805	1968	1.031	.022	2.957	3.226
KMETHO	0.947	0.006	1228	1378	1.005	.007	0.934	0.960
KMODME	0.946	0.007	1228	1378	1.053	.007	0.933	0.960
EVUSE	0.220	0.018	1228	1378	1.525	.082	0.184	0.256
CUSE	0.103	0.013	1228	1378	1.456	.123	0.078	0.128
CUMODE	0.069	0.010	1228	1378	1.331	.140	0.050	0.088
CUPILL	0.029	0.006	1228	1378	1.305	.218	0.016	0.041
CUIUD	0.002	0.001	1228	1378	0.977	.582	0.000	0.005
CUINJ	0.021	0.005	1228	1378	1.129	.218	0.012	0.031
CUCOND	0.003	0.001	1228	1378	0.893	.444	0.000	0.006
CUFSTER	0.013	0.004	1228	1378	1.338	.331	0.004	0.022
CUPABS	0.019	0.005	1228	1378	1.329	.275	0.008	0.029
PSOURC	0.512	0.066	160	114	1.676	.130	0.379	0.645
NOMORE	0.323	0.018	1228	1378	1.346	.056	0.287	0.359
DELAY	0.374	0.018	1228	1378	1.339	.049	0.337	0.411
IDEAL	5.461	0.111	1681	1815	1.836	.020	5.240	5.683
TETANU	0.742	0.020	1471	1661	1.594	.027	0.701	0.782
MEDELI	0.241	0.026	1471	1661	1.995	.107	0.189	0.292
DIAR2W	0.200	0.011	1357	1525	1.034	.057	0.177	0.223
ORSTRE	0.427	0.039	270	305	1.227	.090	0.350	0.505
MEDTRE	0.450	0.037	270	305	1.166	.081	0.376	0.523
HCARD	0.667	0.037	363	425	1.522	.056	0.593	0.741
BCG	0.853	0.026	363	425	1.353	.030	0.801	0.904
DPT	0.747	0.035	363	425	1.543	.047	0.676	0.817
POLIO	0.760	0.033	363	425	1.474	.044	0.693	0.826
MEASLE	0.720	0.035	363	425	1.504	.049	0.649	0.790
FULLIM	0.651	0.035	363	425	1.414	.054	0.580	0.721
WGTHGT	0.041	0.007	1198	1354	1.171	.166	0.028	0.055
HGTAGE	0.428	0.018	1198	1354	1.249	.043	0.391	0.464
WGTAGE	0.238	0.015	1198	1354	1.188	.062	0.208	0.267
TFR	6.985	0.248	1805	1968	1.384	.035	6.489	7.481
NMORT	26.785	3.050	3538	4029	1.058	.114	20.686	32.885
PNMORT	48.336	5.558	3540	4030	1.419	.115	37.220	59.452
INMORT	75.121	6.927	3541	4032	1.435	.092	61.267	88.976
CMORT	60.065	6.347	3563	4057	1.321	.106	47.372	72.759
U5MORT	130.674	9.996	3567	4061	1.520	.076	110.682	150.666

Table B.8.2 Sampling errors - Western region sample: men, Uganda 1995

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
URBAN	0.054	.007	478	511	0.657	.125	0.041	0.068
NOEDUC	0.147	.020	478	511	1.221	.135	0.107	0.186
EDUC	0.172	.025	478	511	1.449	.145	0.122	0.222
NEVMAR	0.265	.028	478	511	1.372	.105	0.210	0.320
CURMAR	0.670	.029	478	511	1.364	.044	0.611	0.729
AGEM20	0.181	.025	391	418	1.281	.138	0.131	0.231
SEX18	0.487	.036	391	418	1.434	.075	0.414	0.560
KMETHO	0.968	.013	310	343	1.302	.014	0.941	0.994
KMODME	0.960	.014	310	343	1.246	.014	0.933	0.988
EVUSE	0.267	.023	310	343	0.912	.086	0.221	0.312
CUSE	0.167	.022	310	343	1.044	.133	0.123	0.212
CUMODE	0.070	.015	310	343	1.047	.217	0.040	0.100
CUPILL	0.026	.008	310	343	0.901	.312	0.010	0.043
CUIUD	0.000	.000	310	343	NA	NA	0.000	0.000
CUINJ	0.029	.011	310	343	1.110	.366	0.008	0.050
CUCOND	0.006	.003	310	343	0.814	.620	0.000	0.012
CUFSTER	0.009	.006	310	343	1.177	.719	0.000	0.021
CUPABS	0.081	.017	310	343	1.099	.211	0.047	0.115
NOMORE	0.241	.027	310	343	0.976	.110	0.188	0.294
DELAY	0.309	.028	310	343	0.962	.090	0.253	0.364
IDEAL	5.811	.177	456	486	1.319	.030	5.458	6.164

NA = Not available

APPENDIX C

DATA QUALITY TABULATIONS

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Uganda 1995

	Males		Females			Males		Females	
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
<1	766	4.4	771	4.2	37	123	0.7	102	0.6
1	690	4.0	764	4.2	38	170	1.0	184	1.0
2	619	3.6	658	3.6	39	95	0.5	90	0.5
3	690	4.0	684	3.7	40	243	1.4	222	1.2
4	683	4.0	708	3.9	41	50	0.3	62	0.3
5	682	4.0	715	3.9	42	122	0.7	77	0.4
6	659	3.8	696	3.8	43	86	0.5	63	0.3
7	580	3.4	589	3.2	44	54	0.3	46	0.3
8	597	3.5	647	3.5	45	147	0.9	125	0.7
9	533	3.1	518	2.8	46	54	0.3	39	0.2
10	616	3.6	610	3.3	47	69	0.4	48	0.3
11	364	2.1	413	2.3	48	74	0.4	67	0.4
12	567	3.3	562	3.1	49	46	0.3	39	0.2
13	488	2.8	530	2.9	50	136	0.8	139	0.8
14	492	2.9	424	2.3	51	42	0.2	115	0.6
15	375	2.2	273	1.5	52	85	0.5	141	0.8
16	340	2.0	353	1.9	53	53	0.3	77	0.4
17	293	1.7	268	1.5	54	54	0.3	87	0.5
18	350	2.0	468	2.6	55	72	0.4	99	0.5
19	223	1.3	324	1.8	56	84	0.5	78	0.4
20	374	2.2	478	2.6	57	60	0.3	40	0.2
21	166	1.0	239	1.3	58	67	0.4	95	0.5
22	232	1.3	319	1.7	59	36	0.2	25	0.1
23	255	1.5	286	1.6	60	135	0.8	178	1.0
24	232	1.3	303	1.7	61	25	0.1	32	0.2
25	331	1.9	368	2.0	62	52	0.3	43	0.2
26	222	1.3	234	1.3	63	44	0.3	43	0.2
27	190	1.1	218	1.2	64	23	0.1	25	0.1
28	273	1.6	329	1.8	65	113	0.7	105	0.6
29	145	0.8	179	1.0	66	24	0.1	18	0.1
30	285	1.7	420	2.3	67	40	0.2	25	0.1
31	140	0.8	94	0.5	68	42	0.2	31	0.2
32	204	1.2	238	1.3	69	18	0.1	24	0.1
33	128	0.7	139	0.8	70+	370	2.1	351	1.9
34	116	0.7	121	0.7	Don't know/				
35	262	1.5	278	1.5	Missing	45	0.3	20	0.1
36	128	0.7	148	0.8					
					Total	17,240	100.0	18,323	100.0

Note: The de facto population includes all residents and nonresidents who slept in the household the night before the interview.

Table C.2 Age distribution of eligible and interviewed women and men

Percent distribution of the de facto household population of women age 10-54 and men age 10-69, and of interviewed women age 15-49 and men age 15-54, and the percentage of eligible women and men who were interviewed (weighted) by five-year age groups, Uganda 1995

Age	Household population		Persons interviewed		Percent interviewed (weighted)
	Number	Percent	Number	Percent	
			WOMEN		
10-14	2,539	-	-	-	-
15-19	1,685	23.3	1,609	23.1	95.4
20-24	1,626	22.5	1,568	22.6	96.5
25-29	1,328	18.3	1,289	18.5	97.1
30-34	1,011	14.0	970	14.0	95.9
35-39	803	11.1	766	11.0	95.4
40-44	471	6.5	445	6.4	94.6
45-49	318	4.4	302	4.3	94.9
50-54	559	-		-	-
15-49	7,243	-	6,949	-	95.9
			MEN		
10-14	950	-	-	-	-
15-19	454	20.6	394	19.8	86.8
20-24	405	18.4	362	18.1	89.2
25-29	390	17.7	353	17.7	90.6
30-34	281	12.8	257	12.9	91.4
35-39	256	11.6	244	12.3	95.3
40-44	202	9.2	183	9.2	90.7
45-49	121	5.5	107	5.4	88.9
50-54	96	4.3	92	4.6	95.7
55-59	113	0.0	0	0.0	0.0
60-64	113	-		-	-
65-69	75	-		-	-
15-54	2,206	-	1,993	-	90.4

Note: The de facto population includes all residents and nonresidents who slept in the household the night before the interview.

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Uganda 1995

Subject	Reference group	Percentage missing information	Number of cases
Birth date	Births in last 15 years		
Month only		5.97	18,266
Month and year		0.06	18,266
Age at death	Deaths to births in last 15 years	0.09	2,716
Age/date at first union[1]	Ever-married women	0.99	5,963
Respondent's education	All women	0.00	7,070
Child's size at birth	Births in last 35 months	5.04	1,627
Anthropometry[2]	Living children age 0-35 months		
Height missing		7.07	5,447
Weight missing		6.97	5,447
Height or weight missing		7.20	5,447
Diarrhoea in last 2 weeks	Living children age 0-35 months	3.66	5,447

[1] Both year and age missing
[2] Child not measured

Table C.4 Births by calendar years

Distribution of births by calendar years for living (L), dead (D), and all (T) children, according to reporting completeness, sex ratio at birth, and ratio of births by calendar year, Uganda 1995

	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar ratio[3]			Male			Female		
Year	L	D	T	L	D	T	L	D	T	L	D	T	L	D	T	L	D	T
94	1,627	143	1,769	99.5	95.6	99.2	95.6	150.5	99.1	-	-	-	795	86	881	832	57	889
93	1,389	156	1,544	98.8	94.0	98.3	89.9	87.7	89.7	95.8	100.2	96.3	657	73	730	731	83	814
92	1,271	168	1,438	97.1	91.5	96.4	102.8	89.8	101.2	104.5	107.2	104.9	644	79	723	627	88	715
91	1,043	157	1,200	97.3	88.6	96.2	94.5	60.8	89.3	78.9	69.6	77.6	506	59	566	536	98	634
90	1,371	284	1,655	95.1	85.1	93.4	94.0	100.3	95.1	128.9	150.5	132.1	664	142	807	707	142	848
89	1,085	220	1,305	94.4	85.7	92.9	90.0	105.9	92.5	89.6	87.5	89.3	514	113	627	571	107	678
88	1,050	219	1,270	93.5	85.0	92.1	90.4	112.6	93.9	100.8	103.2	101.2	499	116	615	551	103	655
87	998	205	1,202	93.4	82.9	91.6	88.1	100.8	90.1	97.5	99.7	97.9	467	103	570	530	102	632
86	997	191	1,188	93.5	82.4	91.8	103.7	153.5	110.4	103.8	95.4	102.3	507	116	623	489	75	565
85	923	196	1,119	92.6	84.1	91.1	94.4	103.1	95.9	-	-	-	448	100	548	475	97	571
90-94	6,700	907	7,607	97.6	90.1	96.7	95.2	93.9	95.0	-	-	-	3,267	439	3,707	3,432	468	3,900
85-89	5,053	1,032	6,085	93.5	84.1	91.9	93.1	113.1	96.2	-	-	-	2,436	548	2,983	2,617	484	3,101
80-84	3,507	843	4,350	92.0	85.8	90.8	95.2	118.9	99.4	-	-	-	1,710	458	2,168	1,797	385	2,182
75-79	2,195	650	2,844	90.4	82.5	88.6	102.5	105.1	103.1	-	-	-	1,111	333	1,444	1,084	317	1,400
<75	1,946	644	2,589	91.1	82.9	89.1	102.7	106.8	103.7	-	-	-	986	332	1,318	960	311	1,271
All	19,400	4,075	23,475	94.1	85.3	92.5	96.2	107.4	98.0	-	-	-	9,510	2,110	11,620	9,890	1,965	11,855

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 one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods preceding the survey, Uganda 1995

Age at death (in days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	69	82	62	48	261
1	26	32	28	24	110
2	18	16	13	9	55
3	12	18	10	2	42
4	8	11	6	5	31
5	6	3	4	2	15
6	8	6	2	2	18
7	27	26	24	19	97
8	2	7	12	2	23
9	4	3	4	2	14
10	0	4	1	1	7
11	0	1	0	0	1
12	1	0	2	0	4
13	3	1	2	0	6
14	6	9	16	13	44
15	1	0	2	0	3
16	2	2	3	1	8
20	1	0	2	0	3
21	1	5	0	0	7
22	0	1	0	0	1
24	2	1	0	0	3
25	0	0	0	1	2
26	0	1	1	0	2
28	1	3	0	0	3
29	0	1	0	0	1
30	3	1	0	0	4
31+	0	0	0	1	1
Total 0-30	202	235	194	133	765
Percent early neonatal[1]	72.9	71.2	64.3	69.2	69.6

[1] (0-6 days/0-30 days) * 100

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at ages under one month, for five-year periods preceding the survey, Uganda 1995

Age at death (in months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1[a]	202	235	196	133	766
1	36	35	25	19	115
2	48	49	22	16	135
3	37	45	26	20	128
4	27	29	17	23	96
5	27	19	14	16	76
6	30	42	29	19	120
7	43	41	20	15	118
8	25	34	31	35	125
9	38	42	19	15	113
10	19	5	9	2	35
11	18	10	11	12	51
12	19	39	28	24	111
13	4	23	13	8	48
14	23	19	18	6	66
15	15	14	6	4	39
16	7	4	7	4	22
17	5	7	14	4	30
18	17	32	22	17	88
19	7	6	10	3	25
20	7	12	3	0	23
21	2	3	5	2	12
22	3	6	1	3	13
23	6	6	7	3	22
24+	0	0	1	0	1
1 year	34	27	21	16	97
Total 0-11	551	586	417	326	1,879
Percent neonatal[b]	36.7	40.2	47.0	40.8	40.8

[a] Includes deaths under 1 month reported in days
[b] (Under 1 month/under 1 year) * 100

APPENDIX D

PERSONS INVOLVED IN THE 1995 UGANDA DEMOGRAPHIC AND HEALTH SURVEY

APPENDIX D

PERSONS INVOLVED IN THE 1995 UGANDA DEMOGRAPHIC AND HEALTH SURVEY

Administrative

Dr. E.S.K. Muwanga-Zake, Commissioner for Statistics
Dr. J. Musinguzi, Director, Population Secretariat/Chairman, Technical Committee
Mr. M.N. Kiwesi, Deputy Commissioner for Statistics

Statistics Department

Mr. S.K. Gupta, Consultant
Mr. Z.E.A. Kaija, Project Director
Mr. J.L. Kagugube, Statistician/Demographer
Ms. I.N. Nviiri (Late), Statistician/Demographer
Mr. J. Muwonge, Statistician
Mr. P.K. Das, Administration and Finance Management Officer

Macro International Staff

Dr. Tulshi Saha, Country Monitor
Ms. Anne R. Cross, Regional Coordinator
Dr. Alfredo Aliaga, Senior Sampling Specialist
Mr. Keith Purvis, Data Processing Specialist
Dr. Ann Blanc, Demographic Analysis Coordinator
Dr. Jacob Adetunji, Fellow
Ms. Trina Yannicos, Editor
Ms. Kaye Mitchell, Document Production Specialist
Mr. Jonathan Dammons, Graphics Specialist

Authors

Chapters	1, 2	Mr. Z.E.A. Kaija
	3, 5	Mr. Andrew Mukulu
	4	Dr. Florence Ebanyat
	6	Mr. J.L. Kagugube
	7, 10	Dr. John Ssekamatte Ssebuliba
	8	Dr. Kiboneka Katunze
	9	Ms. Ursula Wangwe
	11	Dr. N. Bakyaita
	12	Dr. Tulshi Saha

Steering Committee/Technical Committee

J. Musinguzi
E.S.K. Muwanga-Zake
J. Kabera
J. Bazirake
I. Tumwesigire
Francois Farah
E. Sekatawa
Ssekamatte Ssebuliba
Z.E.A.Kaija
I. Nabulya Nviiri (Late)
David Kigongo
I.O. Lojwero
Joseph Atiku
L. Sserunjogi
Andrew Mukulu
Odongkara Fred
G. Rutaremwa
Tony Kakuba

H. Burunde
F. Ebanyat
J. Kafuko
Robert Jenkins
Jessica Jitta
Evas Kansiime
Muwonge James
J.L. Kagugube
Mbonye Kabanza
J.P.M. Ntozi
S.K. Gupta
Tulshi Saha
M.L. Srivastava
G.W. Lutaya-Kamya
Henry Kalule
Sebastian O. Baine
Grace Ekudu
Victoria Matovu
R. Sempebwa

Training

Dr. Tulshi Saha
Mr. Irwin Shorr
Dr. Pav Govindasamy
Ms. M. Omara
Dr. Kiboneka Katunze

Dr. N. Bakyaita
Ms. Ursula Wangwe
Mr. Z.E.A. Kaija
Mr. James Muwonge
Ms. Irene Nabulya Nviiri (Late)
Mr. Johnson L. Kagugube

Translation

Luganda - J. Mubiru
Runyoro/Rutoro - G.W. Kasigwa,
Sabiiti Winyi, Justine Biingi

Runyankole/Rukiga - F. Mugisha
Luo - Betty Amono, Ochieng William
Ateso - Atim Allen, Elidat George William
Lugbara - Deboru Grace, Enzama Wilson

Field Staff

Field Officers

Matsiko Geradine
Ojaku Matua
Mpatswe Aloysious

Supervisors

Sentamu David
Kizza Charles
Mulyagonja Norah
Kifuko Freda
Nabende Stephen
Epalitai William
Ochieng William
Enzama Wilson
Turyaheebwa Hannington
Turyamureeba John Baptist
Sabiiti Winyi

Editors

Mukiibi Julliet
Namata Stella
Kiguli Lillian
Kintu Margaret
Atim Allen
Angulo-Atim Santa
Avua Nelda
Musekura Ruth
Tumwebaze Jenifer
Biingi Justine

Interviewers

Lwanga W.W.
Nalule Rose
Nambalirwa Norah
Nabuuma Diana
Musoke Lydia
Kyasikane Livingstone
Nantongo Jane
Zalwango Rehanah
Kaweesa Hadijah
Namata Jane Francis
Wandera Naftali
Kaigula Joan
Nankwalu Monica
Kansiime Evas
Namanya Emilly
Wandwasi Isreal
Kibooli Grace
Kharunda Lydia
Meya Eunice
Namutebi Rosemary
Eyagu Francis
Nakirya Rosette
Araakit Jaquiline
Ecweikin Angella
Ajore Ane
Onywarong Albon
Akech Lillian
Ekwau Hellen
Olwoch Josephine
Adongakulu Robert
Alonzi Francis
Viko Hadija
Deboru Grace
Aluma Christine
Tiakoru Julliet
Mugisha Albert
Tuhairwe Proscovia
Kyalimpa Caroline
Bigirwenkya Jenifer
Kiiza Alfred
Mugisha Jimmy
Atwine Naome
Kyalimpa Diana
Agasha Juliet
Kamugisha Richard
Baguma Fred
Tibamwenda Julliet
Kiiza Phoebe
Ayesiza Rosemary

Data Processing

Edumu Martin
Tamusuza Anthony
Maedero Samuel
Nabuyobo Anna
Babirye Prosvia
Okecha Alice
Mutangana Grace
Angolikin Winnifred
Kaitesi Cossy
Munduru Irene

UDHS Office/Transport/Finance

Lukwago Aloysious
Kityamuweesi Moses
Masembe Josephine
Inenu Rose
Ochola Francis
Shaban Abdalla

APPENDIX E

QUESTIONNAIRES

UGANDA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE

IDENTIFICATION

REGION _____

DISTRICT _____

COUNTY _____

SUB-COUNTY/TOWN _____

PARISH/RC2 NAME _____

EA NAME _____

UDHS NUMBER.....

URBAN/RURAL (Urban=1, Rural=2).....

CITY/MUNICIPALITY/TOWN/COUNTRYSIDE.....
(City=1, municipality=2, town=3, countryside=4)

HOUSEHOLD NUMBER.....

NAME OF HOUSEHOLD HEAD _____

HOUSEHOLD SELECTED FOR MALE SURVEY? (YES=1, NO=2) =

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE / TIME				TOTAL NUMBER 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
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL IN HOUSEHOLD

TOTAL WOMEN 15-49

MEN 15-54

LINE NO. OF RESP. OF HOUSE-HOLD SCHEDULE

LANGUAGE OF QUESTIONNAIRE: ENGLISH 7 =

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*	RESIDENCE		SEX	AGE	EDUCATION (IF AGE 6 YEARS OR OLDER)			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY WOMEN	HUSBAND LINE NUMBER	ELIGIBILITY MEN
	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.	What is the relationship of (NAME) to the head of the household?	Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old is (NAME)?	Has (NAME) ever been to school?	IF ATTENDED SCHOOL: What is the highest level of school (NAME) attended? / What is the highest grade (NAME) completed at that level?**	IF AGE LESS THAN 25 YEARS: Is (NAME) still in school?	Is (NAME)'s natural mother alive?	IF 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?	IF ALIVE: Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	CIRCLE LINE NUMBER OF ALL WOMEN AGED 15-49	WRITE LINE NUMBER OF THE HUSBAND OF EACH ELIGIBLE WOMAN. WRITE 00 IF NOT MARRIED OR IF HUSBAND NOT IN HOUSEHOLD	CIRCLE LINE NUMBER OF ALL MEN AGED 15-54 (IF HOUSEHOLD FALLS IN MAN SAMPLE)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL GRADE	YES NO	YES NO DK		YES NO DK				
01			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		01		01
02			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		02		02
03			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		03		03
04			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		04		04
05			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		05		05
06			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		06		06
07			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		07		07
08			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		08		08
09			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		09		09
10			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		10		10

HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL GRADE	YES NO	YES NO DK		YES NO DK				
11			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		11		11
12			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		12		12
13			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		13		13
14			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		14		14
15			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		15		15
16			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		16		16
17			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		17		17
18			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		18		18
19			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		19		19
20			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		20		20

TICK HERE IF CONTINUATION SHEET USED ☐ TOTAL NUMBER OF ELIGIBLE WOMEN ☐☐ TOTAL NUMBER OF ELIGIBLE MEN ☐☐

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ☐ → ENTER EACH IN TABLE NO ☐

2) 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 ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed? YES ☐ → ENTER EACH IN TABLE NO ☐

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:

01= HEAD	05= GRANDCHILD	09= CO-WIFE
02= SPOUSE	06= PARENT	10= OTHER RELATIVE
03= SON OR DAUGHTER	07= PARENT-IN-LAW	11= ADOPTED/FOSTER CHILD/STEP CHILD
04= SON-IN-LAW OR DAUGHTER-IN-LAW	08= BROTHER OR SISTER	12= NOT RELATED
		98= DOES NOT KNOW

** CODES FOR Q.9

LEVEL OF EDUCATION	GRADE:
1= PRIMARY	1-7
2= JUNIOR	1-3
3= SECONDARY	1-6
4= UNIVERSITY	1-5
8= DOES NOT KNOW	8= DOES NOT KNOW

*** These questions refer to the biological parents of the child. Record 00 if parent not member

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
18A	What is the main source of drinking water for members of your household?	PIPED INTO RESIDENCE/YARD/PLOT....11 PUBLIC TAP....12 WELL IN RESIDENCE/YARD/PLOT....21 PUBLIC WELL....22 BOREHOLE....23 SPRING....31 RIVER/STREAM....32 POND/LAKE/DAM....33 GRAVITY FLOW SCHEME....34 RAINWATER....41 BOTTLED WATER....51 OTHER_____ 96	→20 →20 →20 →20
18B	Where do you store the drinking water?	POT....1 JERRY CAN....2 PAN....3 KALABASH....4 OTHER_____ 6	
18C	How much water is used in this household every day?	LITRES.... |__|__|__|	
19	How long does it take to go there, get water, and come back?	MINUTES.... |__|__|__| ON PREMISES....996	
20	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET....11 SHARED FLUSH TOILET....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET....21 IMPROVED PIT LATRINE....22 NO FACILITY/BUSH/FIELD....31 OTHER_____ 96	
21	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? A Video An Electric cooker	YES NO ELECTRICITY....1 2 RADIO....1 2 TELEVISION....1 2 TELEPHONE....1 2 REFRIGERATOR....1 2 VIDEO....1 2 ELECTRIC COOKER....1 2	
22	How many rooms in your household are used for sleeping?	ROOMS.... |__|__|	
23	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	EARTH/SAND....11 COW DUNG....12 PARQUET OR POLISHED WOOD....21 VINYL OR ASPHALT STRIPS....22 CERAMIC TILES....23 CEMENT....24 OTHER_____ 96 (SPECIFY)	
24	Does any member of your household own: A bicycle? A motorcycle? A Motor vehicle (CAR, BUS, LORRY, TRACTOR)	YES NO BICYCLE....1 2 MOTORCYCLE....1 2 MOTOR VEHICLE....1 2	
25	What type of salt is usually used for cooking in your household? (ASK TO SEE SALT PACKAGE)	LOCAL SALT....1 PACKAGED SALT (IODIZED)....2 PACKAGED SALT (NOT IODIZED)....3 SALT FOR ANIMALS....4 OTHER SALT 6	
25A	TEST THE SALT AND WRITE THE RESULT.	IODINE READING (PPM)..... |__|__|__|	
26	How many meals did the household have yesterday? (MEALS: OTHER THAN TEA AND SNACKS)	NUMBER OF MEALS |__|	
27	In terms of household consumption, do you think that your household is: Surplus household Neither surplus nor deficit Occasionally deficit Always deficit	SURPLUS....1 NEITHER SURPLUS NOR DEFICIT....2 OCCASIONALLY DEFICIT....3 ALWAYS DEFICIT....4 DOES NOT KNOW....8	

UGANDA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

IDENTIFICATION

REGION _____

DISTRICT _____

COUNTY _____

SUB-COUNTY/TOWN _____

PARISH/RC2 NAME _____

EA NAME _____

UDHS NUMBER.....

URBAN/RURAL (Urban=1, Rural=2).....

CITY/MUNICIPALITY/TOWN/COUNTRYSIDE.....
(City=1, municipality=2, town=3, countryside=4)

HOUSEHOLD NUMBER.....

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF WOMAN _____

RESIDENTIAL STATUS OF WOMAN (Resident =1, Visitor=2).

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE / TIME				TOTAL NUMBER OF VISIT

*RESULT CODES: 1 COMPLETED, 2 NOT AT HOME, 3 POSTPONED, 4 REFUSED, 5 PARTLY COMPLETED, 6 INCAPACITATED, 7 OTHER _____ (SPECIFY)

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, 2 LUGANDA, 3 LUGBARA, 4 LUO, 5 RUNYANKOLE-RUKIGA, 6 RUNYORO-RUTORO, 7 ENGLISH, 8 OTHER

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1: RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... ☐☐ MINUTES..... ☐☐	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a municipality, in a town or in the countryside?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ☐☐ ALWAYS.....95 VISITOR.....96 → 105	
104	Just before you moved here, did you live in a city, in a municipality, in a town, or in the countryside?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	
105	In what month and year were you born?	MONTH..... ☐☐ DOES NOT KNOW MONTH.....98 YEAR..... ☐☐ DOES NOT KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... ☐☐	
107	Have you ever attended school?	YES.....1 NO.....2 → 114	
108	What is the highest level of school you attended: primary, junior, secondary or university?	PRIMARY.....1 JUNIOR.....2 SECONDARY.....3 UNIVERSITY.....4	
109	What is the highest grade you completed at that level?	GRADE..... ☐	
110	CHECK 106: AGE 24 OR BELOW ☐ AGE 25 OR ABOVE ☐ → 113		
111	Are you currently attending school?	YES.....1 → 113 NO.....2	
112	What was the main reason you stopped attending school?	GOT PREGNANT.....01 GOT MARRIED.....02 HAD TO CARE FOR YOUNGER CHILDREN..03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES.....05 NEEDED TO EARN MONEY.....06 GRADUATED/HAD ENOUGH SCHOOLING....07 FAILED.....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR.....10 OTHER_____ 96 (SPECIFY) DOES NOT KNOW.....98	

ENG WMN 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 108: PRIMARY ☐ JUNIOR OR HIGHER ☐		→115
114	Would you please read this sentence? SHOW SENTENCE TO RESPONDENT AND CIRCLE CORRECT CODE.	READ EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→116A
115	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
116A	How often do you listen to the radio?	EVERY DAY/ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 HARDLY/VIRTUALLY NEVER.....5 DOES NOT KNOW.....8	→117A →117A
116B	What times do you usually listen to the radio? CIRCLE ALL TIMES MENTIONED.	EARLY MORNING (6.00-8.00).....A MID MORNING (8.00-10.00).....B LATE MORNING (10.00-12.00).....C LUNCH TIME (12.00-14.00).....D AFTERNOON (14.00-16.00).....E LATE AFTERNOON (16.00-18.00).....F EARLY EVENING (18.00-20.00).....G LATE EVENING (20.00-STATION CLOSE).H DOES NOT KNOW.....Z	
116C	What day of the week do you usually like to listen to the radio? CIRCLE ALL DAYS MENTIONED.	MONDAY.....A TUESDAY.....B WEDNESDAY.....C THURSDAY.....D FRIDAY.....E SATURDAY.....F SUNDAY.....G DOES NOT KNOW.....Z	
117A	How often do you watch television (TV)?	EVERY DAY/ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 HARDLY/VIRTUALLY NEVER.....5 DOES NOT KNOW.....8	→118 →118
117B	What times do you usually watch TV? CIRCLE ALL TIMES MENTIONED.	EARLY MORNING (6.00-8.00).....A MID MORNING (8.00-10.00).....B LATE MORNING (10.00-12.00).....C LUNCH TIME (12.00-14.00).....D AFTERNOON (14.00-16.00).....E LATE AFTERNOON (16.00-18.00).....F EARLY EVENING (18.00-20.00).....G LATE EVENING (20.00-STATION CLOSE).H DOES NOT KNOW.....Z	
117C	What day of the week do you usually like to watch television? CIRCLE ALL DAYS MENTIONED.	MONDAY.....A TUESDAY.....B WEDNESDAY.....C THURSDAY.....D FRIDAY.....E SATURDAY.....F SUNDAY.....G DOES NOT KNOW.....Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	What is your religion?	CATHOLIC.....1 PROTESTANT.....2 MUSLIM.....3 SEVENTH DAY ADVENTIST.....4 OTHER_____6 (SPECIFY)	
119	What is your tribe?	ACHOLI.....01 ALUR.....02 BAAMBA.....03 BACHOPE.....04 BADAMA.....05 BAFUMBIRA.....06 BAGANDA.....07 BAGISU.....08 BAGWE.....09 BAGWERE.....10 BAHORORO.....11 BAKIGA.....12 BAKONJO.....13 BANYANKOLE....14 BANYARWANDA...15 BANYOLE.....16 BANYORO.....17 BARULLI.....18 BARUNDI.....19 BASOGA.....20 BATORO.....21 BATWA.....22 ITESO.....23 KAKWA.....24 KARIMOJONG.....25 KUMAM.....26 LANGI.....27 LENDU.....28 LUGBARA.....29 MADI.....30 NUBIAM.....31 SAMIA.....32 SEBEI.....33 OTHER_____96 (SPECIFY)	
120	CHECK RESIDENTIAL STATUS OF THE WOMAN AT COVER PAGE: THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT (VISITOR) ☐ THE WOMAN INTERVIEWED IS A USUAL RESIDENT ☐		→201
121	Now I would like to ask about the place in which you usually live. Do you usaully live in a city, in a municipality, in a town or in the countryside?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	
122	In which (DISTRICT) is that located?	_____ ☐☐ (NAME OF THE DISTRICT)	
123	Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 →125 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT.....21 →125 PUBLIC WELL.....22 BORE HOLE.....23 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE/DAM.....33 GRAVITY FLOW SCHEME.....34 RAINWATER.....41 →125 BOTTLED WATER.....51 →125 OTHER_____ 96 (SPECIFY)	
123A	Where do you store the drinking water?	POT.....1 JERRY CAN.....2 PAN.....3 KALABASH.....4 OTHER_____ 6 (SPECIFY)	
124	How long does it take to go there, get water, and come back?	MINUTES..... ☐☐☐ ON PREMISES.....996	

ENG UMN 4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 IMPROVED PIT LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER_____ 96 (SPECIFY)	
126	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? A video? An electric cooker?	YES NO ELECTRICITY.....1 2 RADIO.....1 2 TELEVISION.....1 2 TELEPHONE.....1 2 REFRIGERATOR.....1 2 VIDEO.....1 2 ELECTRIC COOKER.....1 2	
127	Could you describe the main material of the floor of your home?	NATURAL FLOOR EARTH/SAND.....11 DUNG.....12 FINISHED FLOOR PARQUET OR POLISHED WOOD.....21 VINYL OR ASPHALT STRIPS.....22 CERAMIC TILES.....23 CEMENT.....24 OTHER_____ 96 (SPECIFY)	
128	Does any member of your household own: A bicycle? A motorcycle? A motor vehicle (CAR, BUS, LORRY, TRACTOR)	YES NO BICYCLE.....1 2 MOTORCYCLE.....1 2 MOTOR VEHICLE.....1 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
206	Sometimes it happens that God takes a child away too soon. This happens to many mothers here in Uganda. 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..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES ☐ ☐ PROBE AND CORRECT 201-208 AS NECESSARY		
210	CHECK 208: ONE OR MORE BIRTHS ☐ NO BIRTHS ☐		→226

ENG WMN 6

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 What name was given to your (first/next) baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE Is (NAME) living with you?	219 IF DEAD: How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	220 FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	221 Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH?)
01	SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3		
02	SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2
03	SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2
04	SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2
05	SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2
06	SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2
07	SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2

ENG WMN 7

	212 What name was given to your next baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE Is (NAME) living with you?	219 IF DEAD: How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	220 FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	221 Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH?)
08		SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2
09		SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2
10		SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2
11		SING.1 MULT.2	BOY..1 GIRL.2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2

222	FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 4 YEARS OR MORE?	YES → GO TO 223 NO → GO TO 224
223	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES.....1 NO.....2
224	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME → CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. NUMBERS ARE DIFFERENT → (PROBE AND RECONCILE)	
225	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1991. IF NONE, RECORD '0'.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→231
227	How many months pregnant are you?	MONTHS..... ☐☐	
228	Did you see anyone for a check on 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 NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER_____X (SPECIFY) NO ONE.....Y	
229	Since you have been pregnant, have you been given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 DOES NOT KNOW.....8	
230	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, did you not want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	→301
231	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO.....1 ☐☐ WEEKS AGO.....2 ☐☐ MONTHS AGO.....3 ☐☐ YEARS AGO.....4 ☐☐ IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	

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 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNISED, AND CODE 3 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301 Which ways or methods have you heard about?	SPONTANEOUS YES	302 Have you ever heard of(METHOD)? PROBED YES	NO	303 Have you ever used (METHOD)?
01 PILL Women can take a pill every day.	1	2	3	YES.....1 NO.....2
02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3	YES.....1 NO.....2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3	YES.....1 NO.....2
04 IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	3	YES.....1 NO.....2
05 DIAPHRAGM,FOAM,JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3	YES.....1 NO.....2
06 CONDOM Men can use a rubber sheath during sexual intercourse.	1	2	3	YES.....1 NO.....2
07 FEMALE STERILISATION Women can have an operation to avoid having eny more children.	1	2	3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
08 MALE STERILISATION Men can have operation to avoid having any more children.	1	2	3	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2
09 RHYTHM, COUNTING DAYS Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	3	YES.....1 NO.....2
10 NATURAL FAMILY PLANNING A women can take her temperature every day or check her vaginal mucus to tell which days to avoid having sexual intercourse.	1	2	3	YES.....1 NO.....2
11 WITHDRAWAL Men can be careful and pull out before climax.	1	2	3	YES.....1 NO.....2
12 Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1 (SPECIFY) (SPECIFY)		3	YES.....1 NO.....2 YES.....1 NO.....2

304 CHECK 303:
NOT A SINGLE "YES" (NEVER USED) → ▼
AT LEAST ONE "YES" (EVER USED) → SKIP TO 309

ENG WMN 10

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→332
307	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
309	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..... ☐☐	
310	CHECK 303: WOMAN NOT STERILIZED ☐	WOMAN STERILIZED ☐	→313A
311	CHECK 226: NOT PREGNANT OR UNSURE ☐	PREGNANT ☐	→333
312	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→332
313 313A	Which method are you using? CIRCLE '07' FOR FEMALE STERILIZATION.	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 RHYTHM, COUNTING DAYS.....09 NATURAL FP, MUCUS, TEMPERATURE....10 WITHDRAWAL.....11 OTHER_____ 96 (SPECIFY)	→325 →317 →322 →325
314	May I see the package of pills you are now using? RECORD NAME OF BRAND IF PACKAGE IS SEEN.	PACKAGE SEEN.....1 BRAND NAME_____ ☐☐ PACKAGE NOT SEEN.....2	→316
315	Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND	BRAND NAME_____ ☐☐ DOES NOT KNOW.....98	
316	If a woman is using the pill for family planning, how many times a day is she supposed to take it?	TIMES A DAY..... ☐ DOES NOT KNOW.....8	→325

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	Where did the sterilisation take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. MISSION/CHURCH FACILITIES ARE CONSIDERED "PRIVATE". _____ (NAME OF THE PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTRE.....12 GOVERNMENT MOBILE CLINIC.....14 OTHER PUBLIC_____16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PRIVATE DOCTOR.....23 PRIVATE MOBILE CLINIC.....24 OTHER PRIVATE MEDICAL_____26 (SPECIFY) OTHER_____ 96 (SPECIFY) DOES NOT KNOW.....98	
320	In what month and year was the sterilisation performed?	MONTH..... ☐☐ YEAR..... ☐☐	→326
322	Between the first day of a woman's period and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DOES NOT KNOW.....8	→325
323	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS.....4 OTHER_____6 (SPECIFY) DOES NOT KNOW.....8	
324	How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR.....1 BASED ON BODY TEMPERATURE.....2 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....3 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....4 NO SPECIFIC SYSTEM.....5 OTHER_____6 (SPECIFY)	
325	For how many months have you been using (METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... ☐☐ 8 YEARS OR LONGER.....96	
326	Some people use family planning because they have talked to their husband or friend, heard something on the radio or TV, or read something that encouraged them to use family planning. What motivated you to use family planning? RECORD ALL MENTIONED	TALKED TO HUSBAND.....A TALKED TO A FRIEND.....B TALKED TO A HEALTH WORKER.....C HEARD FP DRAMA ON RADIO.....D HEARD ADVERTISEMENT ON RADIO.....E HEARD SOMETHING ELSE ON RADIO.....F SAW SOMETHING ON TV.....G SAW THE YELLOW FP FLOWER (FP LOGO).H READ A POSTER.....I READ A LEAFLET/FLYER/BROCHURE.....J ATTENDED A HEALTH TALK ON FP.....K SELF MOTIVATED.....L OTHER_____X (SPECIFY) DOES NOT KNOW/NO REASON.....Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328	CHECK 313: CIRCLE METHOD CODE:	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 RHYTHM, COUNTING DAYS.....09 NATURAL FP, MUCUS, TEMPERATURE....10 WITHDRAWAL.....11 OTHER.....96	→330A →333
329	Where did you obtain (METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. MISSION/CHURCH FACILITIES ARE CONSIDERED "PRIVATE". _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTRE.....12 GOV'T.DISPENSARY/HEALTH UNIT....13 GOVERNMENT MOBILE CLINIC.....14 GOVERNMENT FIELD WORKER.....15 OTHER PUBLIC_____16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY/DRUG STORE.....22 PRIVATE DOCTOR.....23 PRIVATE MOBILE CLINIC.....24 PRIVATE FIELD WORKER.....25 OTHER PRIVATE MEDICAL_____26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER_____ 96 (SPECIFY)	
330	Do you know another place where you could have obtained (METHOD) the last time?	YES.....1 NO.....2	→335
330A	At the time of the sterilisation operation, did you know another place where you could have received the operation?		
331	People select the place where they get family planning service for various reasons. What was the main reason you went to (NAME OF PLACE IN Q.329 OR Q.317) instead of the other place you know about? RECORD RESPONSE AND CIRCLE CODE.	ACCESS-RELATED REASONS CLOSER TO HOME.....11 CLOSER TO MARKET/WORK.....12 AVAILABILITY OF TRANSPORT.....13 SERVICE-RELATED REASONS STAFF MORE COMPETENT/ FRIENDLY.....21 CLEANER FACILITY.....22 OFFERS MORE PRIVACY.....23 SHORTER WAITING TIME.....24 LONGER HRS. OF OPERATION.....25 USE OTHER SERVICES AT THE FACILITY.....26 LOWER COST/CHEAPER.....31 WANTED ANONYMITY.....41 OTHER_____96 (SPECIFY) DOES NOT KNOW.....98	→335

ENG WMN 13

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED.....11 FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND 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) DOES NOT KNOW.....98	
333	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→335
334	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. MISSION/CHURCH FACILITIES ARE CONSIDERED "PRIVATE". _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 GOV'T.DISPENSARY/HEALTH UNIT....13 GOVERNMENT MOBILE CLINIC.....14 GOVERNMENT FIELD WORKER.....15 OTHER PUBLIC_____16 (SPECIFY) PRIVATE/NGO MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY/CHEMISTS.....22 PRIVATE DOCTOR.....23 PRIVATE MOBILE CLINIC.....24 PRIVATE FIELD WORKER.....25 OTHER PRIVATE MEDICAL_____26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER_____ 96 (SPECIFY)	
335	Were you visited by a family planning program worker in the last 12 months?	YES.....1 NO.....2	
336	Have you visited a health facility in the last 12 months for any reason?	YES.....1 NO.....2	→338

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
337	Did anyone at the health facility speak to you about family planning methods?	YES.....1 NO.....2	
338	Do you think that breastfeeding can affect a woman's chance of becoming pregnant?	YES.....1 NO.....2 DOES NOT KNOW.....8	→343
339	Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	INCREASED.....1 DECREASED.....2 DEPENDS.....3 DOES NOT KNOW.....8	→343
340	CHECK 210: ONE OR MORE BIRTHS NO BIRTHS		→343
341	Have you ever relied on breastfeeding to avoid pregnancy?	YES.....1 NO.....2	→343
342	Are you currently relying on breastfeeding to avoid pregnancy?	YES.....1 NO.....2	
343	CHECK 302 (1) HAS HEARD OF PILL (CODE 1 OR 2) NEVER HEARD OF PILLS		→345
344	You told me that you know the pill. What problems or disadvantages are there with using the pill? RECORD ALL MENTIONED	BLOOD PRESS/NAUSEA/DIZZINESS.....A GAIN/LOSS WEIGHT.....B BREAST MILK DECREASES.....C MENST. PROBLEMS/BLEEDING.....D CAN GET PREGNANT/UNRELIABLE.....E DECREASED FERTILITY.....F DESTROYS UTERUS / CANCER.....G PROBLEM DURING SEX.....H ABNORMAL DELIVERY/MALFORMED CHILD..I OTHER_____X (SPECIFY) NO PROBLEMS.....Y DOES NOT KNOW.....Z	
345	CHECK 302 (2) HAS HEARD OF IUD (CODE 1 OR 2) NEVER HEARD OF IUD		→347
346	You told me that you know the IUD. What problems or disadvantages are there with using the IUD? RECORD ALL MENTIONED	BLOOD PRESS/NAUSEA/DIZZINESS.....A GAIN/LOSS WEIGHT.....B BREAST MILK DECREASES.....C MENST. PROBLEMS/BLEEDING.....D CAN GET PREGNANT/UNRELIABLE.....E DECREASED FERTILITY.....F DESTROYS UTERUS / CANCER.....G PROBLEM DURING SEX.....H ABNORMAL DELIVERY/MALFORMED CHILD..I OTHER_____X (SPECIFY) NO PROBLEMS.....Y DOES NOT KNOW.....Z	
347	CHECK 302 (3) HAS HEARD OF INJECTION (CODE 1 OR 2) NEVER HEARD OF INJECTION		→401
348	You told me that you know the injection. What problems or disadvantages are there with using the injection? RECORD ALL MENTIONED	BLOOD PRESS/NAUSEA/DIZZINESS.....A GAIN/LOSS WEIGHT.....B BREAST MILK DECREASES.....C MENST. PROBLEMS/BLEEDING.....D CAN GET PREGNANT/UNRELIABLE.....E DECREASED FERTILITY.....F DESTROYS UTERUS / CANCER.....G PROBLEM DURING SEX.....H ABNORMAL DELIVERY/MALFORMED CHILD..I OTHER_____X (SPECIFY) NO PROBLEMS.....Y DOES NOT KNOW.....Z	

SECTION 4A. PREGNANCY AND BREASTFEEDING

401 CHECK 225:
ONE OR MORE BIRTHS SINCE JAN. 1991 → (continue)
NO BIRTHS SINCE JAN. 1991 → (SKIP TO 468)

402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN.1991 IN THE TABLE. ASK QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF MORE THAN 2 BIRTHS, USE ADDITIONAL FORMS).

Now I would like to ask you some more questions about the health of all your children born in the past three years. (We will talk about one child at a time.)

		LAST BIRTH	NEXT-TO-LAST BIRTH
403	LINE NUMBER FROM Q212	LINE NUMBER..... ☐☐	LINE NUMBER..... ☐☐
404	FROM Q212 AND Q216	NAME _____ ALIVE ☐ DEAD ☐	NAME _____ ALIVE ☐ DEAD ☐
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	THEN.....1 (SKIP TO 407) LATER.....2 NO MORE.....3 (SKIP TO 407)	THEN.....1 (SKIP TO 407) LATER.....2 NO MORE.....3 (SKIP TO 407)
406	How much longer would you like to have waited?	MONTHS.....1 ☐☐ YEARS.....2 DOES NOT KNOW.....998	MONTHS.....1 ☐☐ YEARS.....2 DOES NOT KNOW.....998
407	When you were pregnant with (NAME), 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 NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER _____ (SPECIFY) X NO ONE.....Y (SKIP TO 410)	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER _____ (SPECIFY) X NO ONE.....Y (SKIP TO 410)
408	How many months pregnant were you when you first received antenatal care?	MONTHS..... ☐☐ DOES NOT KNOW.....98	MONTHS..... ☐☐ DOES NOT KNOW.....98
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... ☐☐ DOES NOT KNOW.....98	NO. OF TIMES..... ☐☐ DOES NOT KNOW.....98
410	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 411A) DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 411A) DOES NOT KNOW.....8
411	During this pregnancy, how many times did you get this injection?	TIMES..... ☐ DOES NOT KNOW.....8	TIMES..... ☐ DOES NOT KNOW.....8
411A	Did you eat special diet during this pregnancy? (DIET MEANS OTHER THAN NORMAL FOOD)	YES.....1 NO.....2	YES.....1 NO.....2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
412	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. HEALTH UNIT.....23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER_____ 96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. HEALTH UNIT.....23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER_____ 96 (SPECIFY)
413	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER_____ X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER_____ X (SPECIFY) NO ONE.....Y
414	At the time of the birth of (NAME), did you have any of the following problems: Long labour, that is, did the strong and regular contractions last more than 12 hours? Excessive bleeding that so much that you feared it was life threatening? A high fever with bad smelling vaginal discharge? Convulsions not caused by fever?	YES NO LABOUR MORE THAN 12 HOURS.....1 2 EXCESSIVE BLEEDING.....1 2 HIGH FEVER WITH BAD VAG. DISCHARGE.....1 2 CONVULSIONS.....1 2	YES NO LABOUR MORE THAN 12 HOURS.....1 2 EXCESSIVE BLEEDING.....1 2 HIGH FEVER WITH BAD VAG. DISCHARGE.....1 2 CONVULSIONS.....1 2
415	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2
416	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DOES NOT KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DOES NOT KNOW.....8
417	Was (NAME) weighed at birth?	YES.....1 NO.....2 → (SKIP TO 419)	YES.....1 NO.....2 → (SKIP TO 420)
418	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD.....1 ☐☐☐☐ GRAMS FROM RECALL.....2 ☐☐☐☐ DOES NOT KNOW.....99998	GRAMS FROM CARD.....1 ☐☐☐☐ GRAMS FROM RECALL.....2 ☐☐☐☐ DOES NOT KNOW.....99998

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
419	Has your period returned since the birth of (NAME)?	YES.....1 → (SKIP TO 421) NO.....2 → (SKIP TO 422)	
420	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 → (SKIP TO 424)
421	For how many months after the birth of (NAME) did you not have a period?	MONTHS..... ☐☐ DOES NOT KNOW.....98	MONTHS..... ☐☐ DOES NOT KNOW.....98
422	CHECK 226: RESPONDENT PREGNANT?	NOT PREGNANT ☐ PREGNANT OR UNSURE ☐ (SKIP TO 424)	
423	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 → (SKIP TO 425)	
424	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS..... ☐☐ DOES NOT KNOW.....98	MONTHS..... ☐☐ DOES NOT KNOW.....98
425	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 → (SKIP TO 432)	YES.....1 NO.....2 → (SKIP TO 432)
426	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.....000 HOURS.....1 ☐☐ DAYS.....2 ☐☐	IMMEDIATELY.....000 HOURS.....1 ☐☐ DAYS.....2 ☐☐
427	Soon after birth, was (NAME) given any of the following? Plain water? Sugar water Juice? Baby formula? Fresh milk? Tinned or powdered milk? Any other liquids?	YES NO DK PLAIN WATER.....1 2 8 SUGAR WATER.....1 2 8 JUICE.....1 2 8 BABY FORMULA.....1 2 8 FRESH MILK.....1 2 8 TINNED/POWDR'D MLK..1 2 8 OTHER LIQUIDS.....1 2 8	YES NO DK PLAIN WATER.....1 2 8 SUGAR WATER.....1 2 8 JUICE.....1 2 8 BABY FORMULA.....1 2 8 FRESH MILK.....1 2 8 TINNED/POWDR'D MLK..1 2 8 OTHER LIQUIDS.....1 2 8
428	CHECK 404: CHILD ALIVE?	ALIVE ☐ DEAD ☐ (SKIP TO 430)	ALIVE ☐ DEAD ☐ (SKIP TO 430)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
429	Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 433) NO.....2	YES.....1 (SKIP TO 433) NO.....2
430	For how many months did you breastfeed (NAME)?	MONTHS..... ☐☐ DOES NOT KNOW.....98	MONTHS..... ☐☐ DOES NOT KNOW.....98
431	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD STOPPED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER_____ 96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD STOPPED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER_____ 96 (SPECIFY)
432	CHECK 404: CHILD ALIVE?	ALIVE ☐ DEAD ☐ (SKIP TO 435) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 443)	ALIVE ☐ DEAD ☐ (SKIP TO 435) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 443)
433	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS..... ☐☐	NUMBER OF NIGHTTIME FEEDINGS..... ☐☐
434	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS..... ☐☐	NUMBER OF DAYLIGHT FEEDINGS..... ☐☐
435	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
436	At any time yesterday or last night, was (NAME) given any of the following: Plain water? Juice? Baby formula? Any milk? Any other liquids? Food made from millet/sorghum/maize? Food made from potato/cassava/yam/matooke? Eggs, fish, or poultry? Meat? Any other solid or semi-solid foods?	YES NO DK PLAIN WATER.....1 2 8 JUICE.....1 2 8 BABY FORMULA.....1 2 8 ANY MILK.....1 2 8 OTHER LIQUIDS.....1 2 8 FOOD MADE FROM MILLET/SORGAM.....1 2 8 FOOD MADE FROM POTATO/CASSAVA....1 2 8 EGGS/FISH/POULTRY...1 2 8 MEAT.....1 2 8 OTHER SOLID/ SEMI-SOLID FOODS..1 2 8	YES NO DK PLAIN WATER.....1 2 8 JUICE.....1 2 8 BABY FORMULA.....1 2 8 ANY MILK.....1 2 8 OTHER LIQUIDS.....1 2 8 FOOD MADE FROM MILLET/SORGAM.....1 2 8 FOOD MADE FROM POTATO/CASSAVA....1 2 8 EGGS/FISH/POULTRY...1 2 8 MEAT.....1 2 8 OTHER SOLID/ SEMI-SOLID FOODS..1 2 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
437	CHECK 436: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE → ; "NO/DK" TO ALL → (SKIP TO 441)	"YES" TO ONE OR MORE → ; "NO/DK" TO ALL → (SKIP TO 441)
440	(Aside from breastfeeding,) how many times did (NAME) eat yesterday? MEALS ONLY IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES..... ☐ DOES NOT KNOW.....8	NUMBER OF TIMES..... ☐ DOES NOT KNOW.....8
441	On how many days during the last seven days was (NAME) given any of the following:	RECORD THE NUMBER OF DAYS.	RECORD THE NUMBER OF DAYS.
	Plain water?	PLAIN WATER..... ☐	PLAIN WATER..... ☐
	Any kind of milk (other than breast milk)?	MILK..... ☐	MILK..... ☐
	Any other liquids?	OTHER LIQUIDS..... ☐	OTHER LIQUIDS..... ☐
	Food made from millet/sorghum/maize?	FOOD MADE FROM MILLET/SORGAM/MAIZE.. ☐	FOOD MADE FROM MILLET/SORGAM/MAIZE.. ☐
	Food made from potato/cassava/yam/matooke?	FOOD MADE FROM POTATO/CASSAVA..... ☐	FOOD MADE FROM POTATO/CASSAVA..... ☐
	Eggs, fish, or poultry?	EGGS/FISH/POULTRY..... ☐	EGGS/FISH/POULTRY..... ☐
	Meat?	MEAT..... ☐	MEAT..... ☐
	Any other solid or semi-solid foods? IF DON'T KNOW, RECORD '8'	OTHER SOLID/SEMI-SOLID FOODS..... ☐	OTHER SOLID/SEMI-SOLID FOODS..... ☐
442		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 443.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 443.

443 ENTER LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL FORMS.)

		LAST BIRTH	NEXT-TO-LAST BIRTH
444	LINE NUMBER FROM Q212	LINE..... ☐☐	LINE..... ☐☐
445	FROM Q212 AND Q216	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 444 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 468.)	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 444 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 468.)
446	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN.....1 (SKIP TO 448) YES, NOT SEEN.....2 (SKIP TO 450) NO CARD.....3	YES, SEEN.....1 (SKIP TO 448) YES, NOT SEEN.....2 (SKIP TO 450) NO CARD.....3
447	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 450) NO.....2	YES.....1 (SKIP TO 450) NO.....2
448	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	DAY MO YR	DAY MO YR
	BCG	BCG....	BCG....
	Polio 0 (at birth)	P0.....	P0.....
	Polio 1	P1.....	P1.....
	Polio 2	P2.....	P2.....
	Polio 3	P3.....	P3.....
	DPT 1	DPT1...	DPT1...
	DPT 2	DPT2...	DPT2...
	DPT 3	DPT3...	DPT3...
	Measles	MEA....	MEA....
449	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 448) NO.....2 DOES NOT KNOW.....8 (SKIP TO 452)	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 448) NO.....2 DOES NOT KNOW.....8 (SKIP TO 452)
450	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 452) DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 452) DOES NOT KNOW.....8

ENG WMN 21

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
451	Please tell me if (NAME) received any of the following vaccinations		
451A	A BCG vaccination against tuberculosis, that is an injection in the arm or shoulder that left a scar?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
451B	Polio vaccine, that is, drops in in the mouth?	YES.....1 NO.....2 → (SKIP TO 451E) DOES NOT KNOW.....8	YES.....1 NO.....2 → (SKIP TO 451E) DOES NOT KNOW.....8
451C	How many times?	NUMBER OF TIMES..... ☐	NUMBER OF TIMES..... ☐
451D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
451E	DPT vaccination, that is, an injection, usually given at the same time as polio drops?	YES.....1 NO.....2 → (SKIP TO 451G) DOES NOT KNOW.....8	YES.....1 NO.....2 → (SKIP TO 451G) DOES NOT KNOW.....8
451F	How many times?	NUMBER OF TIMES..... ☐	NUMBER OF TIMES..... ☐
451G	An injection to prevent measles?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
452	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
453	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 → (SKIP TO 457) DOES NOT KNOW.....8	YES.....1 NO.....2 → (SKIP TO 457) DOES NOT KNOW.....8
454	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, fast breaths?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
455	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 → (SKIP TO 457)	YES.....1 NO.....2 → (SKIP TO 457)
456	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER....B GOVT. HEALTH UNIT.....C GOV'T.MOBILE CLINIC....D COMM. HEALTH WORKER....E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC..J COMM. HEALTH WORKER....K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M TRAD. PRACTITIONER.....N OTHER_____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER....B GOVT. HEALTH UNIT.....C GOV'T.MOBILE CLINIC....D COMM. HEALTH WORKER....E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC..J COMM. HEALTH WORKER....K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M TRAD. PRACTITIONER.....N OTHER_____ X (SPECIFY)

ENG WMN 22

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
457	Has (NAME) had diarrhoea in the last two weeks?	YES.....1 NO.....2 (SKIP TO 467) DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 467) DOES NOT KNOW.....8
458	Was there any blood in the stools?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
459	On the worst day of the diarrhoea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS..... [ ][ ] DOES NOT KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... [ ][ ] DOES NOT KNOW.....98
460	Was he/she given the same amount to drink as before the diarrhoea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8
461	Was he/she given the same amount of food to eat as before the diarrhoea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8
462	Was (NAME) given a fluid made from a special packet called dalozi to drink?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
463	Was anything (else) given to treat the diarrhoea?	YES.....1 NO.....2 (SKIP TO 465) DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 465) DOES NOT KNOW.....8
464	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER_____ X (SPECIFY)	RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER_____ X (SPECIFY)
465	Did you seek advice or treatment for the diarrhoea?	YES.....1 NO.....2 (SKIP TO 467)	YES.....1 NO.....2 (SKIP TO 467)
466	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 GOV'T.MOBILE CLINIC....D COMM. HEALTH WORKER....E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC..J COMM. HEALTH WORKER....K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M TRAD. PRACTITIONER.....N OTHER_____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER....B GOVT. HEALTH POST.....C GOV'T.MOBILE CLINIC....D COMM. HEALTH WORKER....E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC..J COMM. HEALTH WORKER....K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M TRAD. PRACTITIONER.....N OTHER_____ X (SPECIFY)
467		GO BACK TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468.	GO BACK TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468.

ENG WMN 23

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
468	When a child has diarrhoea, should he/she be given less fluids than usual, about the same amount, or more than usual.	LESS FLUIDS.....1 ABOUT SAME AMOUNT OF FLUIDS.....2 MORE FLUIDS.....3 DOES NOT KNOW.....8	
469	When a child has diarrhoea, should he/she be given less food than usual about the same amount, or more than usual?	LESS FOOD.....1 ABOUT SAME AMOUNT OF FOOD.....2 MORE FOOD.....3 DOES NOT KNOW.....8	
470	When should a child who is sick with diarrhoea be taken to a health worker or health facility? RECORD ALL 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 GETTING SICKER/VERY SICK.....I NOT GETTING BETTER.....J OTHER_____ X (SPECIFY) DOES NOT KNOW.....Z	
471	When should a child who is sick with a cough be taken to a health worker or health facility? RECORD ALL MENTIONED.	FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL.....F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H OTHER_____ X (SPECIFY) DOES NOT KNOW.....Z	
472	CHECK 462, ALL COLUMNS: NO CHILD RECEIVED ORS ☐ ANY CHILD RECEIVED ORS ☐		→475
473	Have you ever heard of a special product called dalozi you can get for the treatment of diarrhea?	YES.....1 NO.....2	→475
474	Have you ever seen a packet like this before? (SHOW PACKET).	YES.....1 NO.....2	
475	How many times in your whole life did you receive an injection in the arm to prevent tetanus?	NUMBER OF TIMES..... ☐☐ NEVER.....00	→501
476	In what month and year was your last tetanus injection given?	MONTH.....1 ☐☐ YEAR.....2 ☐☐	

ENG WMN 24

SECTION 5. MARRIAGE AND SEXUAL BEHAVIOUR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10.....1 2 HUSBAND/PARTNER.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	
502	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
503	Have you ever been married or lived with a man?	YES.....1 NO.....2	→512
504	What is your marital status now: are you separated, divorced or widowed?	SEPARATED.....1 DIVORCED.....2 WIDOWED.....3	→509
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVES WITH HER.....1 STAYING ELSEWHERE.....2	
506	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	→509
507	How many other wives does he have?	NUMBER..... DOES NOT KNOW.....98	→509
508	Are you the first, second,.....wife?	RANK.....	
509	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
510	CHECK 509: MARRIED/LIVED WITH A MAN ONLY ONCE → In what month and year did you start living with your husband/partner? MARRIED/LIVED WITH A MAN MORE THAN ONCE → Now we will talk about your first husband/partner. In what month and year did you start living with him?	MONTH..... DOES NOT KNOW MONTH.....98 YEAR..... DOES NOT KNOW YEAR.....98	→512
511	How old were you when you started living with him?	AGE.....	
512	Do you have a regular partner (apart from your husband)? I mean someone with whom you have been having sex for about a year or more?	YES.....1 NO.....2	→514
513	How many regular partners do you have (aside from your husband)?	NUMBER.....	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514	CHECK 502 AND 512 MARRIED OR LIVING WITH A MAN OR HAS A REGULAR PARTNER ☐ NOT MARRIED AND NO REGULAR PARTNER ☐		→517
515	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse with your (husband/regular partner)? IF RESPONDENT HAS BOTH HUSBAND AND REGULAR PARTNER, ASK WHEN SHE LAST HAD SEX WITH EITHER.	NEVER.....000 DAYS AGO.....1 ☐☐ WEEKS AGO.....2 ☐☐ MONTHS AGO.....3 ☐☐ YEARS AGO.....4 ☐☐ BEFORE LAST BIRTH.....996	→517
516	For that sexual intercourse, was a condom used?	YES.....1 NO.....2	
517	Have you had sexual intercourse with anyone (else) in the last 6 months? (I mean, with someone other than your husband or regular partner that you mentioned earlier)	YES.....1 NO.....2	→520
518	With how many different people have you had sexual intercourse in the last 6 months (apart from your husband or regular partners)?	NUMBER..... ☐☐	
519	Was a condom used with any of these men?	YES, EACH PERSON.....1 YES, SOME PERSON.....2 NO, WITH NO ONE.....3	
520	When was the last time you had sexual intercourse (apart from your husband/regular partner)?	NEVER.....000 DAYS AGO.....1 ☐☐ WEEKS AGO.....2 ☐☐ MONTHS AGO.....3 ☐☐ YEARS AGO.....4 ☐☐ BEFORE LAST BIRTH.....996	→527
521	For that last sexual intercourse, did you receive money, gifts or favours in return for sex?	CASH/MONEY.....1 GIFT.....2 BOTH CASH AND GIFT.....3 NONE.....4	
522	Was this person someone you had met before or someone you met for the first time?	MET BEFORE.....1 MET FOR FIRST TIME.....2	
523	Was a condom used for that last sexual intercourse?	YES.....1 NO.....2	→524A
524	What was the main reason that you did not use a condom that time?	NO KNOWLEDGE ABOUT CONDOM.....01 CONDOMS NOT AVAILABLE.....02 CONDOM TOO COSTLY.....03 WANTED MORE CHILDREN.....04 TRUST EACH OTHER.....05 PARTNER DOES NOT APPROVE.....06 CONDOM USE IS CUMBERSOME.....07 OTHER_____ 96 (SPECIFY) DOES NOT KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
524A	CHECK 515 AND 520: HAD SEX IN LAST 4 WEEKS ☐	NO SEX IN LAST 4 WEEKS ☐	→527
525	In the last four weeks, how many times have you had sexual intercourse?	NUMBER OF TIMES..... ☐☐ DOES NOT KNOW.....98	
526	Was a condom used on any of these occasions? IF YES: Was it each time or sometimes?	YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3	
527	Who did you have sex with the last time you had sexual intercourse? Was it with (your husband / the man you are living with) or was it with someone else?	HUSBAND.....1 REGULAR PARTNER.....2 SOMEONE ELSE.....3 NO ONE/NEVER HAD SEX.....4	
528	CHECK 303: DID NOT USE CONDOM AS CONTRACEPTIVE METHOD ☐	USED CONDOM AS CONTRACEPTIVE METHOD ☐	→531
529	Do you know where you can get condoms?	YES.....1 NO.....2	→532
530	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)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 DISPENSARY/HEALTH UNIT.....13 MOBILE CLINIC.....14 FIELD WORKER.....15 OTHER PUBLIC_____16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY/DRUG STORE.....22 PRIVATE DOCTOR.....23 MOBILE CLINIC.....24 FIELD WORKER.....25 OTHER PRIVATE MEDICAL_____26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER_____ 96 (SPECIFY)	
531	Have you heard of a condom called 'Protector'?	YES.....1 NO.....2	
532	In general, do you think that most women like men to use condoms, they don't like men to use condoms, or it does not matter?	LIKE MEN TO USE CONDOMS.....1 DON'T LIKE MEN TO USE CONDOMS.....2 DOES NOT MATTER.....3 OTHER_____6 (SPECIFY) DOES NOT KNOW.....8	
533	Now think back to the past. How old were you when you had sexual intercourse for the first time?	AGE..... ☐☐ NEVER HAD SEX.....95 FIRST TIME WHEN MARRIED.....96	

ENG WMN 27

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 313: NEITHER STERILISED ☐ — HE OR SHE STERILISED ☐		→613
602	CHECK 226: NOT PREGNANT OR UNSURE ☐ Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? PREGNANT ☐ Now I have some questions about the future. After the child you are expecting, 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/DOES NOT KNOW.....8	→606 →604
603	CHECK 226: NOT PREGNANT OR UNSURE ☐ How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ How long would you like to wait after the birth of the child you are expecting before the birth of another child?	MONTHS.....1 ☐☐ YEARS.....2 ☐☐ SOON/NOW.....993 SAYS SHE CAN'T GET PREGNANT.....994 AFTER MARRIAGE.....995 OTHER _____ (SPECIFY) 996 DOES NOT KNOW.....998	→606
604	CHECK 226: NOT PREGNANT OR UNSURE ☐ — PREGNANT ☐		→607
605	If you became pregnant in the next few weeks, would you be happy, unhappy, or would it not matter very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	
606	CHECK 312: USING A METHOD? NOT ASKED ☐ — NOT CURRENTLY USING ☐ — CURRENTLY USING ☐		→613
607	Do you think you will use a family planning method in the next 12 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	→609
608	Do you think you will use a method of family planning at any time in the future?	YES.....1 NO.....2 DOES NOT KNOW.....8	→610
609	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 RHYTHM/COUNTING DAYS.....09 NATURAL FP, MUCUS, TEMPERATURE....10 WITHDRAWAL.....11 OTHER _____ (SPECIFY) 96 UNSURE.....98	→613

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	What is the main reason that you think you will never use a method?	NOT HAVING SEX.....11 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND 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) DOES NOT KNOW.....98	
613	CHECK 216: HAS LIVING CHILDREN ☐ → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ → If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER..... ☐☐ OTHER_____ 96 →615 (SPECIFY)	
614	How many of these children would you like to be boys and how many would you like to be girls?	BOYS GIRLS EITHER NUMBER.... ☐☐ ☐☐ ☐☐ OTHER_____ 969696 (SPECIFY)	
615	Would you say that you approve of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3 →617	
616	Have you ever recommended family planning to a friend, relative or anyone else?	YES.....1 NO.....2	
617	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	ACCEPTABLE / NOT ACCEPTABLE / DOES NOT KNOW RADIO.....1 2 8 TELEVISION.....1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
618	In the last six months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2	
618A	CHECK 618: YES, HEARD FAMILY PLANNING PROGRAM ON THE RADIO ☐ DID NOT HEAR PROGRAM ON RADIO ☐		→620
619	Which program or message have you heard? Any others? ON THE RADIO AND TELEVISION.	KONOWEEKA.....A ADVERTISEMENT FOR CONDOM/PILL.....B OTHER_____X (SPECIFY)	
620	In the last few months have you discussed the practice of family planning with your friends or relatives?	YES.....1 NO.....2	→622
621	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS.....H OTHER_____X (SPECIFY)	
622	Do you think most, some, or none of the women you know use some kind of family planning?	MOST.....1 SOME.....2 NONE.....3 DOES NOT KNOW.....8	
623	CHECK 502: YES, CURRENTLY MARRIED ☐ YES, LIVING WITH A MAN ☐ NO, NOT IN UNION ☐		→626A
624	Spouses/partners do not always agree on everything. 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 DOES NOT KNOW.....8	
625	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2	
626	Do you think your husband/partner wants the same number of children that you want, or does he want more fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DOES NOT KNOW.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
626A	Do you think that using family planning will make a woman more promiscuous?	YES.....1 NO.....2 DOES NOT KNOW.....8	
626B	Do you think that using family planning will make a man more promiscuous?	YES.....1 NO.....2 DOES NOT KNOW.....8	
626C	What do you understand by the term "family planning"? RECORD ALL MENTIONED	ADVICE ON PRODUCING CHILDREN.....A NOT TO HAVE MANY CHILDREN.....B SPACING CHILDREN TO HAVE A MANAGEABLE FAMILY.....C PLANING A BRIGHT FUTURE.....D PRODUCE FEW CHILDREN, EDUCATE AND FEED THEM.....E OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
626D	In a relationship, who do you think should have the major role using family planning?	MAN.....1 WOMAN.....2 BOTH.....3 IT DEPENDS.....4 FAMILY PLANNING SHOULD NOT BE USED.....5 DOES NOT KNOW.....8	
626E	Who should be responsible in getting information about family planning?	MAN.....1 WOMAN.....2 BOTH.....3 IT DEPENDS.....4 FAMILY PLANNING SHOULD NOT BE USED.....5 DOES NOT KNOW.....8	
626F	Have you seen or heard about the Yellow Family Planning Flower?	YES.....1 NO.....2 DOES NOT KNOW.....8	→627
626G	Can you describe it?	YELLOW FLOWER IN A CIRCLE.....1 SMALL FAMILY INSIDE THE FLOWER.....2 A MAN, WOMAN, AND TWO CHILDREN.....3 OTHER_____6 (SPECIFY) DOES NOT KNOW.....8	
626H	What does it mean?	FP SERVICES ARE AVAILABLE.....1 HIGH QUALITY SERVICES ARE AVAILABL.2 OTHER_____6 (SPECIFY) DOES NOT KNOW.....8	
627	CHECK 527: HAD SEXUAL INTERCOURSE ☐ NEVER HAD SEXUAL INTERCOURSE ☐		→701
628	Sometimes a woman becomes pregnant when she does not want to be. Have you ever become pregnant when you did not want to be?	YES.....1 NO.....2	→701
629	How long ago was the last time that you became pregnant when you did not want to be?	YEARS AGO..... ☐☐	
630	When that happened to you, what did you do about it?	STOPPED THE PREGNANCY.....01 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED.....02 HAD A MISCARRIAGE.....03 NOTHING/CONTINUED THE PREGNANCY...04 OTHER_____ 96 (SPECIFY) DOES NOT KNOW.....98	→633 →637

ENG WMN 31

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
631	What was done to stop the pregnancy?	BITTER DRINKS (HERBS).....01 TABLETS.....02 HARD MASSAGE/SQUEEZING ABDOMEN....03 CATHETER/OBJECT IN WOMB.....04 INJECTION.....05 SUCTION.....06 CURRETAGE.....07 STRENUOUS WORK.....08 SCRUBBING FLOORS.....09 OTHER_____ 96 (SPECIFY) DOES NOT KNOW.....98	
632	Who provided the methods for you? Anyone else?	DOCTOR.....A TRAINED NURSE/MIDWIFE.....B TRADITIONAL HEALER.....C TRAINED BIRTH ATTENDANT.....D UNTRAINED BIRTH ATTENDANT.....E PHARMACIST.....F RELATIVE/FRIEND.....G OTHER_____X (SPECIFY) NO ONE.....Y	→634
633	What do you think caused you to have a miscarriage?	BITTER DRINKS (HERBS).....01 TABLETS.....02 HARD MASSAGE/SQUEEZING ABDOMEN....03 CATHETER/OBJECT IN WOMB.....04 INJECTION.....05 SUCTION.....06 CURRETAGE.....07 STRENUOUS WORK.....08 SCRUBBING FLOORS.....09 SOMETHING WRONG WITH BABY.....10 HAD A FIGHT.....11 HAD AN ACCIDENT.....12 WAS SICK.....13 OTHER_____ 96 (SPECIFY) DOES NOT KNOW.....98	
634	Did you have any health problems as a result?	YES.....1 NO.....2	→637
635	Was it necessary for you to be hospitalized?	YES.....1 NO.....2	→637
636	How many nights did you spend in the hospital? IF NO NIGHTS, RECORD '00'.	NIGHTS IN HOSPITAL..... ☐☐	
637	Did you ever have an earlier unwanted pregnancy that you or someone else stopped?	YES.....1 NO.....2	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 503: NOT ASKED ☐ → ASK QUESTIONS ABOUT CURRENT HUSBAND/PARTNER YES ☐ → ASK QUESTIONS ABOUT MOST RECENT HUSBAND/PARTNER NO ☐		→708
702	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	→705
703	What was the highest level of school he attended: primary, junior, secondary or university?	PRIMARY.....1 JUNIOR.....2 SECONDARY.....3 UNIVERSITY.....4 DOES NOT KNOW.....8	→705
704	What was the highest grade he completed at that level?	GRADE..... ☐☐ DOES NOT KNOW.....8	
705	What is (was) your (last) husband/partner's main occupation? That is, what kind of work does (did) he mainly do?	_____ ☐☐ _____ _____	
706	CHECK 705: WORKS (WORKED) IN AGRICULTURE ☐ DOES (DID) NOT WORK IN AGRICULTURE ☐		→708
707	(Does/did) your husband/partner work mainly on his own land or on family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4 LABOR ON SOMEONE ELSE'S FARM LAND..5 PUBLIC LAND.....6	
708	Aside from your own housework, are you currently working?	YES.....1 NO.....2	→711
709	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?	YES.....1 NO.....2	→711
710	Have you done any work in the last 12 months?	YES.....1 NO.....2	→801
711	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____	
712	CHECK 711: WORKS IN AGRICULTURE ☐ DOES NOT WORK IN AGRICULTURE ☐		→714
713	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4 LABOR ON SOMEONE ELSE'S FARM LAND..5 PUBLIC LAND.....6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 →717 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3 →718	
716	During the last 12 months, how many months did you work?	NUMBER OF MONTHS..... ☐☐	
717	(In the months you worked,) How many days a week did you usually work?	NUMBER OF DAYS..... ☐	→719
718	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS..... ☐☐☐	
719	On a typical working day, how many hours do you spend working?	NUMBER OF HOURS..... ☐☐ DOES NOT KNOW.....98	
720	Do you earn cash for your work? PROBE: Do you make money for working?	YES.....1 NO.....2 →723	
721	How much do you usually earn for this work? PROBE: Is this by the day, by the week, or by the month?	PER HOUR....1 ☐☐☐☐☐☐☐ PER DAY.....2 ☐☐☐☐☐☐☐ PER WEEK....3 ☐☐☐☐☐☐☐ PER MONTH...4 ☐☐☐☐☐☐☐ PER YEAR....5 ☐☐☐☐☐☐☐ OTHER_____ 99999996 (SPECIFY)	
722	CHECK 502: YES, CURRENTLY MARRIED YES, LIVING WITH A MAN ☐ ▼ Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, someone else? NO, NOT IN UNION ☐ ▼ Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES.....1 HUSBAND/PARTNER DECIDES.....2 JOINTLY WITH HUSBAND/PARTNER.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	
723	Do you usually work at home or away from home?	HOME.....1 AWAY.....2	
724	CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES ☐ ▼ NO ☐		→801
725	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT.....01 HUSBAND/PARTNER.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD.....04 OTHER RELATIVES.....05 NEIGHBORS.....06 FRIENDS.....07 SERVANTS/HIRED HELP.....08 CHILD IS IN SCHOOL.....09 INSTITUTIONAL CHILDCARE.....10 HAS NOT WORKED SINCE LAST BIRTH...11 OTHER_____ 96 (SPECIFY)	

ENG WMN 34

SECTION 8. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you heard about disease that can be transmitted through sex?	YES.....1 NO.....2	→806
802	Which diseases do you know? RECORD ALL RESPONSES	SYPHILIS/KABOTONGO.....A GONORRHEA/NZIKO.....B AIDS/SLIM DISEASE.....C GENITAL WARTS/CONDYLOMATA.....D OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
803	CHECK 527 HAS HAD SEX ▼ HAS NEVER HAD SEX		→806
804	During the last 12 months, did you have any of these diseases?	YES.....1 NO.....2 DOES NOT KNOW.....8	→806
805	Which? RECORD ALL RESPONSES	SYPHILIS/KABOTONGO.....A GONORRHEA/NZIKO.....B AIDS/SLIM DISEASE.....C GENITAL WARTS/CONDYLOMATA.....D OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
806	During the last 12 months, did you have a vaginal discharge?	YES.....1 NO.....2 DON'T KNOW.....8	
807	During the last 12 months, did you have a sore or ulcer on your genitals?	YES.....1 NO.....2 DON'T KNOW.....8	
808	CHECK 805, 806, AND 807 HAD ONE OR MORE DISEASES ▼ NONE OF THE DISEASES		→814
809	When you had this disease (DISEASE FROM 805, 806 AND 807) did you take advice or treatment?	ADVICE/TREATMENT.....1 SELF TREATMENT.....2 DID NOT DO ANYTHING.....8	→810A
810	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/HEALTH UNIT.....C GOVERNMENT MOBILE CLINIC.....D GOVERNMENT FIELD WORKER.....E OTHER PUBLIC_____F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY/DRUG STORE.....H PRIVATE DOCTOR.....I PRIVATE MOBILE CLINIC.....J PRIVATE FIELD WORKER.....K OTHER PRIVATE MEDICAL_____L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O TRADITIONAL HEALER.....P OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	→810B

ENG UMN 35

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810A	Why did not you seek advice or treatment?	EMBARRASSED.....1 TOO EXPENSIVE/COSTLY.....2 TREATMENT IS NOT AVAILABLE.....3 DOES NOT KNOW WHERE TO GO.....4 OTHER_____6 (SPECIFY)	
810B	CHECK 527 HAS HAD SEX ☐ HAS NEVER HAD SEX ☐	→814	
811	When you had this disease (DISEASE FROM 805, 806 AND 807) did you inform your partner?	YES.....1 NO.....2	
812	When you had (DISEASE FROM 805A AND 805B) did you do something so as not to infect your partner?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3 →814	
813	What did you do?	NO SEXUAL INTERCOURSE.....A USED CONDOM.....B TOOK MEDICINES.....C OTHER_____X (SPECIFY)	
814	CHECK 802: DID NOT MENTION 'AIDS' ☐ MENTIONED 'AIDS' ☐	→816	
815	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2 →901	
816	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER_____X (SPECIFY)	
817	How can a person get AIDS? Any other ways? RECORD ALL RESPONSES	SEXUAL INTERCOURSE.....A SEX WITH PROSTITUTES.....B HOMOSEXUAL CONTACT.....C SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....D BLOOD TRANSFUSION.....E UNSTERILISED EQUIPMENT.....F MOTHER TO CHILD (AT BIRTH).....G BREASTFEEDING.....H KISSING.....I MOSQUITO BITES.....J OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
818	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8 →820	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	What can a person do to avoid getting AIDS or the virus that causes AIDS? Any other ways? RECORD ALL MENTIONED	DO NOT HAVE SEX AT ALL.....A USE CONDOMS DURING SEX.....B DON'T HAVE SEX WITH PROSTITUTES....C DON'T HAVE SEX WITH HOMOSEXUALS.....D DO NOT HAVE MANY SEX PARTNERS.....E HAVE ONE FAITHFUL PARTNER (ZERO GRAZING).....F AVOID BLOOD TRANSFUSIONS.....G AVOID UNSTERILISED EQUIPMENT.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM TRADITIONAL HEALER.....K DO NOT DRINK TOO MUCH ALCOHOL.....L OTHER_____ W (SPECIFY) OTHER_____ X (SPECIFY) DOES NOT KNOW.....Z	
820	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW.....8	
821	Is AIDS a fatal disease, that is, do all people with AIDS die from the disease?	YES.....1 NO.....2 DOES NOT KNOW.....8	
822	Can AIDS be transmitted from mother to child?	YES.....1 NO.....2 DOES NOT KNOW.....8	
823	Can AIDS be transmitted through breastfeeding?	YES.....1 NO.....2 DOES NOT KNOW.....8	
824	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→825
824A	What relationship to you?	SPOUSE.....A SIBLINGS.....B FRIENDS/RELATIVES.....C NEIGHBOURS.....D OTHERS_____X (SPECIFY)	
825	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4	→827
826	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	ABSTAIN FROM SEX.....A USE CONDOMS DURING SEX.....B HAVE ONLY ONE SEX PARTNER.....C LIMITED NUMBER OF PARTNERS.....D NO HOMOSEXUAL CONTACT.....E NO BLOOD TRANSFUSIONS.....F NO INJECTIONS.....G OTHER_____ X (SPECIFY) DOES NOT KNOW.....Z	→828
827	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	DO NOT USE CONDOMS.....A MULTIPLE SEX PARTNERS.....B SPOUSE HAS MULTIPLE PARTNERS.....C HOMOSEXUAL CONTACT.....D HAD BLOOD TRANSFUSION.....E HAD INJECTIONS.....F OTHER_____ X (SPECIFY) DOES NOT KNOW.....Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
828	Since you heard of AIDS, have you changed your sexual behaviour to prevent getting AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→830
829	What did you do? Anything else? RECORD ALL MENTIONED	RESTRICTED SEX TO ONE PARTNER.....A STARTED USING CONDOMS.....B REDUCED NUMBER OF PARTNERS.....C STOPPED ALL SEX.....D OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
830	Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases. Have you ever heard of this?	YES.....1 NO.....2	→832
830A	CHECK 527: HAS HAD SEX ☐ HAS NEVER HAD SEX ☐		→832
831	Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES.....1 NO.....2	
832	Have you ever been tested to see if you have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	→836
833	Would you like to be tested for the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	
834	Do you know a place where you could go to get an AIDS test?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	→836
835	Where could you go?	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/HEALTH UNIT.....C MOBILE CLINIC.....D FIELD WORKER.....E OTHER PUBLIC_____F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY/DRUG STORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J FIELD WORKER.....K OTHER PRIVATE MEDICAL_____L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
836	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE MEDICAL TREATMENT.....1 HELP RELATIVES PROVIDE CARE.....2 ISOLATE/QUARANTINE/JAIL PEOPLE.....3 NOT BE INVOLVED.....4 OTHER_____6 (SPECIFY)	
837	If a member of your family is suffering from AIDS would you be willing to care for him or her at home?	YES.....1 NO.....2 DEPENDS.....3 OTHER_____6 (SPECIFY) NOT SURE/DOES NOT KNOW.....8	

ENG WMN 38

SECTION 9. MATERNAL MORTALITY

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..... ☐☐
902	CHECK 901: TWO OR MORE BIRTHS ☐ ↓	ONLY ONE BIRTH (RESPONDENT ONLY) ☐→ SKIP TO 916
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS..... ☐☐

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)?	GO TO [2]	GO TO [3]	GO TO [4]	GO TO [5]	GO TO [6]	GO TO [7]
908 In what year did (NAME) die?	19 GO TO 910 DK.....98	19 GO TO 910 DK.....98	19 GO TO 910 DK.....98	19 GO TO 910 DK.....98	19 GO TO 910 DK.....98	19 GO TO 910 DK.....98
909 How many years ago did (NAME) die?						
910 How old was (NAME) when she/he died?	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]
911 Was (NAME) pregnant when she died?	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 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 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915
914 Was her death due to complications of 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?						

904 What was the 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)?	GO TO [8]	GO TO [9]	GO TO [10]	GO TO [11]	GO TO [12]	GO TO [13]
908 In what year did (NAME) die?	19 GO TO 910 DK.....98	19 GO TO 910 DK.....98	19 GO TO 910 DK.....98	19 GO TO 910 DK.....98	19 GO TO 910 DK.....98	19 GO TO 910 DK.....98
909 How many years ago did (NAME) die?						
910 How old was (NAME) when she/he died?	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
911 Was (NAME) pregnant when she died?	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 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 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915
914 Was her death due to complications of 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?						

916	RECORD THE TIME.	HOUR..... MINUTES.....

ENG WMN 41

SECTION 10. HEIGHT AND WEIGHT

1001	CHECK 215:			
	ONE OR MORE BIRTHS SINCE JAN. 1991	☐ ↓	NO BIRTHS SINCE JAN. 1991	☐ → END

INTERVIEWER: IN 1002 (COLUMNS 2-3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1991 AND STILL ALIVE. IN 1003 AND 1004 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1991. IN 1006 AND 1008 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1991 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE JANUARY 1991, USE ADDITIONAL FORMS).

		[1] RESPONDENT	[2] YOUNGEST LIVING CHILD	[3] NEXT-TO-YOUNGEST LIVING CHILD
1002	LINE NO. FROM Q.212		☐☐	☐☐
1003	NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____
1004	DATE OF BIRTH FROM Q.215, AND ASK FOR DAY OF BIRTH		DAY..... ☐☐ MONTH..... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH..... ☐☐ YEAR..... ☐☐
1005	BCG SCAR ON TOP OF LEFT SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
1006	HEIGHT (in centimeters)	☐☐☐.☐	☐☐☐.☐	☐☐☐.☐
1007	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
1008	WEIGHT (in kilograms)	☐☐☐.☐	0☐☐.☐	0☐☐.☐
1009	DATE WEIGHED AND MEASURED	DAY..... ☐☐ MONTH..... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH..... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH..... ☐☐ YEAR..... ☐☐
1010	RESULT	MEASURED.....1 NOT PRESENT.....3 REFUSED.....4 OTHER.....6 (SPECIFY)	CHILD MEASURED....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED.....4 MOTHER REFUSED....5 OTHER.....6 (SPECIFY)	CHILD MEASURED....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED.....4 MOTHER REFUSED....5 OTHER.....6 (SPECIFY)
1011	NAME OF MEASURER: _____ ☐☐		NAME OF ASSISTANT: _____ ☐☐	

ENG WMN 42

INTERVIEWER'S OBSERVATIONS

To be filled in after completing interview

Comments about Respondent: _____

_____

_____

Comments on Specific Questions: _____

_____

_____

Any Other Comments: _____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

_____

_____

_____

Name of Editor: _____ Date: _____

UGANDA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

IDENTIFICATION

REGION _____
DISTRICT _____
COUNTY _____
SUB-COUNTY/TOWN _____
PARISH/RC2 NAME _____
EA NAME _____
UDHS NUMBER.....
URBAN/RURAL (Urban=1, Rural=2).....
CITY/MUNICIPALITY/TOWN/COUNTRYSIDE.....
(City=1, municipality=2, town=3, countryside=4)
HOUSEHOLD NUMBER.....
NAME OF HOUSEHOLD HEAD _____
NAME AND LINE NUMBER OF MAN _____
NAME AND LINE NUMBER OF FIRST WIFE _____
NAME AND LINE NUMBER OF SECOND WIFE _____
NAME AND LINE NUMBER OF THIRD WIFE _____
NAME AND LINE NUMBER OF FOURTH WIFE _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE / TIME				TOTAL NUMBER OF VISIT

*RESULT CODES: 1 COMPLETED; 2 NOT AT HOME; 3 POSTPONED; 4 REFUSED; 5 PARTLY COMPLETED; 6 INCAPACITATED; 7 OTHER _____ (SPECIFY)

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; 2 LUGANDA; 3 LUGBARA; 4 LUO; 5 RUNYANKOLE-RUKIGA; 6 RUNYORO-RUTORO; 7 ENGLISH; 8 OTHER

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... ☐☐ MINUTES..... ☐☐	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a municipality, in a town or in the countryside?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ☐☐ ALWAYS.....95 VISITOR.....96 →105	
104	Just before you moved here, did you live in a city, in a municipality, in a town, or in the countryside?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	
105	In what month and year were you born?	MONTH..... ☐☐ DK MONTH.....98 YEAR..... ☐☐ DOES NOT KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... ☐☐	
107	Have you ever attended school?	YES.....1 NO.....2 →111	
108	What is the highest level of school you attended: primary, junior, secondary or university?	PRIMARY.....1 JUNIOR.....2 SECONDARY.....3 UNIVERSITY.....4	
109	What is the highest grade you completed at that level?	GRADE..... ☐	
110	CHECK 108: PRIMARY ☐ JUNIOR OR HIGHER ☐ →112		
111	Would you please read this sentence? SHOW SENTENCE TO RESPONDENT AND CIRCLE CORRECT CODE.	READ EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3 →113A	
112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
113A	How often do you listen to the radio?	EVERY DAY/ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 HARDLY/VIRTUALLY NEVER.....5 →114A DOES NOT KNOW.....8 →114A	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113B	What times do you usually listen to the radio? (CIRCLE ALL TIMES MENTIONED)	EARLY MORNING (6.00-8.00).....A MID MORNING (8.00-10.00).....B LATE MORNING (10.00-12.00).....C LUNCH TIME (12.00-14.00).....D AFTERNOON (14.00-16.00).....E LATE AFTERNOON (16.00-18.00).....F EARLY EVENING (18.00-20.00).....G LATE EVENING (20.00-STATION CLOSE).H DOES NOT KNOW.....Z	
113C	What day of the week do you usually like to listen to the radio? (CIRCLE ALL DAYS MENTIONED)	MONDAY.....A TUESDAY.....B WEDNESDAY.....C THURSDAY.....D FRIDAY.....E SATURDAY.....F SUNDAY.....G DOES NOT KNOW.....Z	
114A	How often do you watch television (TV)?	EVERY DAY/ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 HARDLY/VIRTUALLY NEVER.....5 DOES NOT KNOW.....8	→115 →115
114B	What times do you usually watch TV? (CIRCLE ALL TIMES MENTIONED)	EARLY MORNING (6.00-8.00).....A MID MORNING (8.00-10.00).....B LATE MORNING (10.00-12.00).....C LUNCH TIME (12.00-14.00).....D AFTERNOON (14.00-16.00).....E LATE AFTERNOON (16.00-18.00).....F EARLY EVENING (18.00-20.00).....G LATE EVENING (20.00-STATION CLOSE).H DOES NOT KNOW.....Z	
114C	What day of the week do you usually watch TV? (CIRCLE ALL DAYS MENTIONED)	MONDAY.....A TUESDAY.....B WEDNESDAY.....C THURSDAY.....D FRIDAY.....E SATURDAY.....F SUNDAY.....G DOES NOT KNOW.....Z	
115	What is your occupation, that is, what kind of work do you mainly do?	☐☐ _____ _____ _____	
116	CHECK 115: WORKS IN AGRICULTURE ☐ DOES NOT WORK IN AGRICULTURE ☐		→118
117	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4 LABOR ON SOMEONE ELSE'S FARM LAND..5 PUBLIC LAND.....6	

ENG MEN 3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	Do you earn cash for this work?	YES.....1 NO.....2	
119	What is your religion?	CATHOLIC.....1 PROTESTANT.....2 MUSLIM.....3 SEVENTH DAY ADVENTIST.....4 OTHER_____6 (SPECIFY)	
120	What is your nationality?	UGANDAN.....01 RWANDESE.....02 SUDANESE.....03 KENYAN.....04 ZAIRIAN.....05 TANZANIAN.....06 OTHER_____96 (SPECIFY)	
121	What is your tribe?	ACHOLI.....01 ALUR.....02 BAAMBA.....03 BACHOPE.....04 BADAMA.....05 BAFUMBIRA.....06 BAGANDA.....07 BAGISU.....08 BAGWE.....09 BAGWERE.....10 BAHORORO.....11 BAKIGA.....12 BAKONJO.....13 BANYANKOLE.....14 BANYARWANDA...15 BANYOLE.....16 BANYORO.....17 BARULLI.....18 BARUNDI.....19 BASOGA.....20 BATORO.....21 BATWA.....22 ITESO.....23 KAKWA.....24 KARIMOJONG.....25 KUMAM.....26 LANGI.....27 LENDU.....28 LUGBARA.....29 MADI.....30 NUBIAM.....31 SAMIA.....32 SEBEI.....33 OTHER_____96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the children you have had during your life. I mean your own children, not ones you may have adopted or care for as a father but whose real father is someone else. Do you have children?	YES.....1 NO.....2	→206
202	Do you have any sons or daughters who are now living with you?	YES.....1 NO.....2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters who are alive but do not live with you?	YES.....1 NO.....2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
206	Have you ever had a son or daughter who was born alive but later died? IF NO, ASK: 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..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ___children during your life. Is that correct? YES ☐ NO ☐→ PROBE AND CORRECT 201-208 AS NEEDED		

ENG MEN 5

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 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNISED, AND CODE 3 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301 Which ways or methods have you heard about?	SPONTANEOUS YES	302 Have you ever heard of (METHOD)? PROBED YES	NO	303 Have you ever used (METHOD)?
01 PILL Women can take a pill every day.	1	2	3	YES.....1 NO.....2
02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3	YES.....1 NO.....2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3	YES.....1 NO.....2
04 IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	3	YES.....1 NO.....2
05 DIAPHRAGM,FOAM,JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3	YES.....1 NO.....2
06 CONDOM Men can use a rubber sheath during sexual intercourse.	1	2	3	YES.....1 NO.....2
07 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2	3	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2
08 MALE STERILIZATION Men can have operation to avoid having any more children.	1	2	3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
09 RHYTHM, COUNTING DAYS Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	3	YES.....1 NO.....2
10 NATURAL FAMILY PLANNING A woman can take her temperature every day or check her vaginal mucus to tell which days to avoid having sexual intercourse.	1	2	3	YES.....1 NO.....2
11 WITHDRAWAL Men can be careful and pull out before climax.	1	2	3	YES.....1 NO.....2
12 Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1 _____ (SPECIFY) _____ (SPECIFY)		3	YES.....1 NO.....2 YES.....1 NO.....2

304 CHECK 303:
NOT A SINGLE "YES" (NEVER USED) → AT LEAST ONE "YES" (EVER USED) → SKIP TO 307

ENG MEW 6

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried anything in any way to delay or avoid having a child?	YES.....1 NO.....2	→401
306	What have you used or done? CORRECT 303-304 (AND 302 IF NECESSARY)		
307	Are you currently doing something or using any method to delay or avoid having a child?	YES.....1 NO.....2	→401
308	Which method are you using? Anything else? RECORD FIRST, SECOND, THIRD AND FOURTH PARTNER IN SEPARATE COLUMNS	1ST WIFE / 2ND WIFE / 3RD WIFE / 4TH WIFE PILL.....01 / 01 / 01 / 01 IUD.....02 / 02 / 02 / 02 INJECTIONS.....03 / 03 / 03 / 03 IMPLANTS/NORPLANT...04 / 04 / 04 / 04 DIAPHRAGM/FOAM/JELL.05 / 05 / 05 / 05 CONDOM..... 06 / 06 / 06 / 06 FEMALE STERILIZATI..07 / 07 / 07 / 07 MALE STERILIZATION..08 / 08 / 08 / 08 RHYTHM,COUNTING DAY.09 / 09 / 09 / 09 NATURAL FP,MUCUS....10 / 10 / 10 / 10 WITHDRAWAL.....11 / 11 / 11 / 11 NO (OTHER) METHOD...95 / 95 / 95 / 95 OTHER_____96 (SPECIFY) OTHER_____96 (SPECIFY) OTHER_____96 (SPECIFY) OTHER_____96 (SPECIFY)	

SECTION 4. MARRIAGE AND SEXUAL BEHAVIOUR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10.....1 2 WIFE/PARTNER.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	
402	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A WOMAN.....2 NO, NOT IN UNION.....3	→405
403	Have you ever been married or lived with a woman?	YES.....1 NO.....2	→409
404	What is your marital status now: are you separated, divorced or widowed?	SEPARATED.....1 DIVORCED.....2 WIDOWED.....3	→407
405	How many wives do you have?	NUMBER.....	
407	In what month and year did you start living with your (first) wife/partner?	MONTH..... DOES NOT KNOW MONTH.....98 YEAR..... DOES NOT KNOW YEAR.....98	→409
408	How old were you when you started living with her?	AGE.....	
409	Do you have a regular partner (apart from your wife/wives)? I mean someone with whom you have been having sex for about a year or more?	YES.....1 NO.....2	→411
410	How many regular partners do you have (aside from your wife/wives)?	NUMBER.....	
411	CHECK 402 AND 409 MARRIED OR LIVING WITH A WOMAN OR HAS A REGULAR PARTNER ☐ NOT MARRIED AND NO REGULAR PARTNER ☐		→414
412	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse with your (wife/regular partner)? IF RESPONDENT HAS BOTH WIFE AND REGULAR PARTNER, ASK WHEN HE LAST HAD SEX WITH EITHER.	NEVER.....000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4	→414
413	For that sexual intercourse, was a condom used?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	Have you had sexual intercourse with anyone (else) in the last 6 months? (I mean, with someone other than your wife or regular partner that you mentioned earlier)	YES.....1 NO.....2	→417
415	With how many different people have you had sexual intercourse in the last 6 months (apart from your wife or regular partners)?	NUMBER..... ☐☐	
416	Was a condom used with any of these women?	YES, EACH PERSON.....1 YES, SOME PERSON.....2 NO, WITH NO ONE.....3	
417	When was the last time you had sexual intercourse (apart from your wife/regular partner)?	NEVER.....000	→424
		DAYS AGO.....1 ☐☐ WEEKS AGO.....2 ☐☐ MONTHS AGO.....3 ☐☐ YEARS AGO.....4 ☐☐	
418	For that last sexual intercourse, did you give money, gifts or favours in return for sex?	CASH.....1 GIFT.....2 BOTH CASH AND GIFT.....3 NONE.....4	
419	Was this person someone you had met before or someone you met for the first time?	MET BEFORE.....1 MET FOR FIRST TIME.....2	
420	Was a condom used for that last sexual intercourse?	YES.....1 NO.....2	→421A
421	What was the main reason that you did not use a condom that time?	NO KNOWLEDGE ABOUT CONDOM.....01 CONDOMS NOT AVAILABLE.....02 CONDOM TOO COSTLY.....03 WANTED MORE CHILDREN.....04 TRUST EACH OTHER.....05 PARTNER DOES NOT APPROVE.....06 CONDOM USE IS CUMBERSOME.....07 OTHER_____96 (SPECIFY) DOES NOT KNOW.....98	
421A	CHECK 412 AND 417 HAD SEX IN LAST 4 WEEKS ☐	NO SEX IN LAST 4 WEEKS ☐	→424
422	In the last four weeks, how many times have you had sexual intercourse?	NUMBER OF TIMES..... ☐☐ DOES NOT KNOW.....98	
423	Was a condom used on any of these occasion? IF YES: Was it each time or sometimes?	YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3	
424	Who did you have sex with the last time you had sexual intercourse? Was it with (your wife / the woman are living with) or was it with someone else?	SPOUSE.....1 REGULAR PARTNER.....2 SOMEONE ELSE.....3 NO ONE / NEVER HAD SEX.....4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	CHECK 303: DID NOT USE CONDOM AS CONTRACEPTIVE METHOD ☐ ↓ USED CONDOM AS CONTRACEPTIVE METHOD ☐		→428
426	Do you know where you can get condoms?	YES.....1 NO.....2	→429
427	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)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 DISPENSARY/HEALTH UNIT.....13 MOBILE CLINIC.....14 FIELD WORKER.....15 OTHER PUBLIC_____16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY/DRUG STORE.....22 PRIVATE DOCTOR.....23 MOBILE CLINIC.....24 FIELD WORKER.....25 OTHER PRIVATE MEDICAL_____26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER_____ 96 (SPECIFY)	
428	Have you heard of a condom called 'Protector'?	YES.....1 NO.....2	
429	In general, do you think that most women like men to use condoms, they don't like men to use condoms, or it does not matter?	LIKE MEN TO USE CONDOM.....1 DON'T LIKE MEN TO USE CONDOM.....2 DOES NOT MATTER.....3 OTHER_____6 (SPECIFY) DOES NOT KNOW.....8	
430	Now think back to the past. How old were you when you had sexual intercourse for the first time?	AGE..... ☐☐ NEVER HAD SEX.....95 FIRST TIME WHEN MARRIED.....96	

SECTION 5: FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 402 AND 409: CURRENTLY IN UNION OR HAVING A REGULAR PARTNER ☐	NOT CURRENTLY IN UNION NOR HAVING A REGULAR PARTNER ☐	→504A
502	Spouses/partners do not always agree on everything. Now I want to ask you about your wife's/partner's views on family planning. Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?	WIFE 1 / WIFE 2 / WIFE 3 / WIFE 4 APPROVES.....1 — 1 / 1 / 1 / 1 DISAPPROVES.....2 — 2 / 2 / 2 / 2 DOES NOT KNOW...8 — 8 / 8 / 8 / 8	
503	Do you think your wives/partners wants the same number of children that you want, or does she want more or fewer than you want?	WIFE 1 / WIFE 2 / WIFE 3 / WIFE 4 SAME NUMBER.....1 — 1 / 1 / 1 / 1 MORE CHILDREN...2 — 2 / 2 / 2 / 2 FEWER CHILDREN..3 — 3 / 3 / 3 / 3 DOES NOT KNOW...8 — 8 / 8 / 8 / 8	
504A	CHECK 308 NEITHER STERILISED ☐	HE OR SHE STERILISED ☐	→511
504B	Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 HIS WIFE CAN'T GET PREGNANT.....3 HE CAN'T HAVE CHILDREN ANYMORE.....4 UNDECIDED OR DOES NOT KNOW.....8	→506
505	How long would you like to wait before the birth of (a/another) child?	MONTHS.....1 ☐☐ YEARS.....2 ☐☐ SOON/NOW.....993 SHE OR HE CAN'T HAVE CHILDREN....994 AFTER MARRIAGE.....995 OTHER _____ 996 (SPECIFY) DOES NOT KNOW.....998	
506	CHECK 307: USING A METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐	CURRENTLY USING ☐	→511
507	Do you intend to use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	→509
508	Do you intend to use a method at any time in the future?	YES.....1 NO.....2 DOES NOT KNOW.....8	→510

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	Which method would you prefer to use?	PILL....01 IUD....02 INJECTIONS....03 IMPLANTS....04 DIAPHRAGM/FOAM/JELLY....05 CONDOM....06 FEMALE STERILIZATION....07 MALE STERILIZATION....08 PERIODIC ABSTINENCE....09 WITHDRAWAL....10 OTHER_____ 96 (SPECIFY) UNSURE....98	→511
510	What is the main reason that you think you will never use a method?	NOT MARRIED....11 FERTILITY-RELATED REASONS INFREQUENT SEX....22 WIFE MENOPAUSAL/HYSTER....23 SUBFECUND/INFECUND....24 WANTS MORE CHILDREN....26 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 COSTS TOO MUCH....54 INCONVENIENT TO USE....55 INTERFERES WITH BODY'S NORMAL PROCESSES....56 OTHER_____ 96 (SPECIFY) DOES NOT KNOW....98	
511	CHECK 203 AND 205: ☐ HAS LIVING CHILDREN → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? ☐ NO LIVING CHILDREN → If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER....☐☐ OTHER_____ 96 (SPECIFY)	→513
512	How many of these children would you like to be boys and how many would you like to be girls?	BOYS GIRLS EITHER NUMBER....☐☐ ☐☐ ☐☐ OTHER_____ 969696 (SPECIFY)	
513	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVE....1 DISAPPROVE....2 NO OPINION....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	ACCEPT-ABLE / NOT ACCEPT-ABLE / DOES NOT KNOW RADIO.....1 2 8 TELEVISION.....1 2 8	
515	In the last six months have you heard or learned about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2	
516	CHECK 515: YES, HEARD FAMILY PLANNING PROGRAM ON THE RADIO ☐ NO, DID NOT HEAR ☐		→518
517	Which program or message have you heard? Any others? ON THE RADIO AND TELEVISION.	KONOWEEKA.....A ADVERTISEMENT FOR CONDOM/PILL.....B OTHER_____X (SPECIFY)	
518	Do you think that the using of family planning will make a woman more promiscuous?	YES.....1 NO.....2 DOES NOT KNOW.....8	
519	Do you think that the using of family planning will make a man more promiscuous?	YES.....1 NO.....2 DOES NOT KNOW.....8	
520	What do you understand by the term "family planning"? RECORD ALL MENTIONED	ADVICE ON PRODUCING CHILDREN.....A NOT TO HAVE MANY CHILDREN.....B SPACING CHILDREN TO HAVE A MANAGEABLE FAMILY.....C PLANING A BRIGHT FUTURE.....D PRODUCE FEW CHILDREN, EDUCATE AND FEED THEM.....E OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
521	In a relationship, who do you think should have the major role using family planning?	MAN.....1 WOMAN.....2 BOTH.....3 IT DEPENDS.....4 FAMILY PLANNING SHOULD NOT BE USED.....5 DOES NOT KNOW.....8	
522	Who should be responsible in getting information about family planning?	MAN.....1 WOMAN.....2 BOTH.....3 IT DEPENDS.....4 FAMILY PLANNING SHOULD NOT BE USED.....5 DOES NOT KNOW.....8	
523	Have you seen/heard about the Yellow Family Planning Flower?	YES.....1 NO.....2 DOES NOT KNOW.....8	→601
524	Can you describe it?	YELLOW FLOWER IN A CIRCLE.....1 SMALL FAMILY INSIDE THE FLOWER.....2 A MAN, WOMAN, AND TWO CHILDREN.....3 OTHER_____6 (SPECIFY) DOES NOT KNOW.....8	
525	What does it mean?	FP SERVICES ARE AVAILABLE.....1 HIGH QUALITY SERVICES ARE AVAILABL.2 OTHER_____6 (SPECIFY) DOES NOT KNOW.....8	

SECTION 6. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you heard about disease that can be transmitted through sex?	YES.....1 NO.....2	→606
602	Which diseases do you know? RECORD ALL RESPONSES	SYPHILIS/KABOTONGO.....A GONORRHEA/NZIKO.....B AIDS/SLIM DISEASE.....C OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
603	CHECK 424: HAS HAD SEX ☐ HAS NEVER HAD SEX ☐		→606
604	During the last 12 months, did you have any of these diseases?	YES.....1 NO.....2 DON'T KNOW.....8	→606
605	Which? RECORD ALL RESPONSES	SYPHILIS/KABOTONGO.....A GONORRHEA/NZIKO.....B AIDS/SLIM DISEASE.....C OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DON'T KNOW.....Z	
606	During the last 12 months, did you have a discharge from your penis?	YES.....1 NO.....2 DON'T KNOW.....8	
607	During the last 12 months, did you have a sore or ulcer on your penis?	YES.....1 NO.....2 DON'T KNOW.....8	
608	CHECK 605, 606 AND 607: HAD ONE OR MORE DISEASES ☐ NONE OF THE DISEASES ☐		→614
609	When you had the most recent episode of (DISEASE FROM 605, 606, AND 607) did you seek advice or treatment?	ADVICE/TREATMENT.....1 SELF TREATMENT.....2 DID NOT DO ANYTHING.....8	→610A
610	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/HEALTH UNIT.....C MOBILE CLINIC.....D FIELD WORKER.....E OTHER PUBLIC_____F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY/DRUG STORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J FIELD WORKER.....K OTHER PRIVATE MEDICAL_____L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O TRADITIONAL HEALER.....P OTHER_____X (SPECIFY) DON'T KNOW.....Z	→610B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610A	Why did not you seek advice or treatment?	EMBARRASSED.....1 TOO EXPENSIVE/COSTLY.....2 TREATMENT IS NOT AVAILABLE.....3 DOES NOT KNOW WHERE TO GO.....4 OTHER_____6 (SPECIFY)	
610B	CHECK 424: HAS HAD SEX ☐ ▼ HAS NEVER HAD SEX ☐		→614
611	When you had the most recent episode of (DISEASE FROM 605, 606, AND 607) did you inform your partner?	YES.....1 NO.....2	
612	When you had the most recent episode of (DISEASE FROM 605, 606, AND 607) did you do something not to infect your partner?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	→614
613	What did you do?	NO SEXUAL INTERCOURSE.....A USED CONDOM.....B TOOK MEDICINES.....C OTHER_____X (SPECIFY)	
614	CHECK 602: DID NOT MENTION 'AIDS' ☐ ▼ MENTIONED 'AIDS' ☐		→616
615	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	→701
616	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER_____X (SPECIFY)	
617	How can a person get AIDS? Any other ways? RECORD ALL RESPONSES	SEXUAL INTERCOURSE.....A PAY FOR SEX (PROSTITUTES).....B HOMOSEXUAL CONTACT.....C SEXUAL INTERCOURSE WITH MULTIPLE PARNTERS.....D BLOOD TRANSFUSION.....E UNSTERILISED EQUIPMENT.....F MOTHER TO CHILD (AT BIRTH).....G BREASTFEEDING.....H KISSING.....I MOSQUITO BITES.....J OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DON'T KNOW.....Z	
618	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→620

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	What can a person do to avoid getting AIDS or the virus that causes AIDS? Any other ways? RECORD ALL MENTIONED	DO NOT HAVE SEX AT ALL.....A USE CONDOMS DURING SEX.....B DON'T HAVE SEX WITH PROSTITUTES....C DON'T HAVE SEX WITH HOMOSEXUALS.....D DO NOT HAVE MANY SEX PARNTERS.....E HAVE ONE FAITHFUL PARTNER (ZERO GRAZING).....F AVOID BLOOD TRANSFUSIONS.....G AVOID UNSTERILISED EQUIPMENT.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM TRADITIONAL HEALER.....K DO NOT DRINK TOO MUCH ALCOHOL.....L OTHER_____ W (SPECIFY) OTHER_____ X (SPECIFY) DOES NOT KNOW.....Z	
620	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW.....8	
621	Is AIDS a fatal disease, that is, do all people with AIDS die from the disease?	YES.....1 NO.....2 DOES NOT KNOW.....8	
622	Can AIDS be transmitted from mother to child?	YES.....1 NO.....2 DOES NOT KNOW.....8	
623	Can AIDS be transmitted through breastfeeding?	YES.....1 NO.....2 DOES NOT KNOW.....8	
624	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	625
624A	What relationship to you?	SPOUSE.....A SIBLINGS.....B FRIENDS/RELATIVES.....C NEIGHBOURS.....D OTHERS_____X (SPECIFY)	
625	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4	627
626	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	ABSTAIN FROM SEX.....A USE CONDOMS DURING SEX.....B HAVE ONLY ONE SEX PARTNER.....C LIMITED NUMBER OF PARTNERS.....D NO HOMOSEXUAL CONTACT.....E NO BLOOD TRANSFUSIONS.....F NO INJECTIONS.....G OTHER_____ X (SPECIFY) DOES NOT KNOW.....Z	628
627	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	DO NOT USE CONDOMS.....A MULTIPLE SEX PARTNERS.....B SPOUSE HAS MULTIPLE PARTNERS.....C HOMOSEXUAL CONTACT.....D HAD BLOOD TRANSFUSION.....E HAD INJECTIONS.....F OTHER_____ X (SPECIFY) DOES NOT KNOW.....Z	

ENG MEN 16

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
628	Since you heard of AIDS, have you changed your sexual behaviour to prevent getting AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→630
629	What did you do? Anything else? RECORD ALL MENTIONED	RESTRICTED SEX TO ONE PARTNER.....A STARTED USING CONDOMS.....B REDUCED NUMBER OF PARTNERS.....C STOPPED ALL SEX.....D NO MORE HOMOSEXUAL CONTACT.....E STOPPED SEX WITH PROSTITUTE.....F OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
630	Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases? Have you ever heard of this?	YES.....1 NO.....2	→632
630A	CHECK 424: HAS HAD SEX ☐ HAS NEVER HAD SEX ☐		→632
631	Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES.....1 NO.....2	
632	Have you ever been tested to see if you have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	→636
633	Would you like to be tested for the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	
634	Do you know a place where you could go to get an AIDS test?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	→636
635	Where could you go?	GOVERNMENT AND PARASTATAL PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/HEALTH UNIT.....C MOBILE CLINIC.....D FIELD WORKER.....E OTHER PUBLIC_____F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY/DRUG STORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J FIELD WORKER.....K OTHER PRIVATE MEDICAL_____L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
636	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE MEDICAL TREATMENT.....1 HELP RELATIVES PROVIDE CARE.....2 ISOLATE/QUARANTINE/JAIL PEOPLE.....3 NOT BE INVOLVED.....4 OTHER_____6 (SPECIFY)	
637	If a member of your family is suffering from AIDS would you be willing to care for him or her at home?	YES.....1 NO.....2 DEPENDS.....3 OTHER_____6 (SPECIFY) NOT SURE/DOES NOT KNOW.....8	

SECTION 7. MATERNAL MORTALITY

701	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..... ☐☐
702	CHECK 701: TWO OR MORE BIRTHS ☐ ↓	ONLY ONE BIRTH (RESPONDENT ONLY) ☐ → SKIP TO 716
703	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS..... ☐☐

	[1]	[2]	[3]	[4]	[5]	[6]
704 What was the name given to your oldest (next oldest) brother or sister?						
705 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
706 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [2]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [3]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [4]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [5]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [6]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [7]
707 How old is (NAME)?	GO TO [2]	GO TO [3]	GO TO [4]	GO TO [5]	GO TO [6]	GO TO [7]
708 In what year did (NAME) die?	19 GO TO 710 DK.....98	19 GO TO 710 DK.....98	19 GO TO 710 DK.....98	19 GO TO 710 DK.....98	19 GO TO 710 DK.....98	19 GO TO 710 DK.....98
709 How many years ago did (NAME) die?						
710 How old was (NAME) when she/he died?	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]
711 Was (NAME) pregnant when she died?	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2
712 Did (NAME) die during childbirth?	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2
713 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715
714 Was her death due to complications of 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
715 How many children did (NAME) give birth to during her lifetime?						

704 What was the name given to your oldest (next oldest) brother or sister?	[7]	[8]	[9]	[10]	[11]	[12]
705 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
706 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [8]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [9]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [10]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [11]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [12]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [13]
707 How old is (NAME)?	GO TO [8]	GO TO [9]	GO TO [10]	GO TO [11]	GO TO [12]	GO TO [13]
708 In what year did (NAME) die?	19 GO TO 710 DK.....98	19 GO TO 710 DK.....98	19 GO TO 710 DK.....98	19 GO TO 710 DK.....98	19 GO TO 710 DK.....98	19 GO TO 710 DK.....98
709 How many years ago did (NAME) die?						
710 How old was (NAME) when she/he died?	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
711 Was (NAME) pregnant when she died?	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2
712 Did (NAME) die during childbirth?	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2
713 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715
714 Was her death due to complications of 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
715 How many children did (NAME) give birth to during her lifetime?						

716	RECORD THE TIME.	HOUR..... MINUTES.....

ENG MEN 20

INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments about Respondent: _____

_____

_____

Comments on
Specific Questions: _____

_____

_____

Any Other Comments: _____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

_____

_____

_____

Name of Editor: _____ Date: _____

SERVICE AVAILABILITY QUESTIONNAIRE
UGANDA DEMOGRAPHIC AND HEALTH SURVEY

IDENTIFICATION

PLACE NAME _____

REGION _____

DISTRICT _____

COUNTY _____

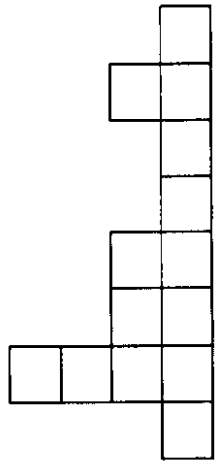
SUB-COUNTY/TOWN _____

PARISH/RC2 NUMBER.....

CENSUS/EA.....

DHS/CLUSTER.....

URBAN/RURAL (urban=1, rural=2).....

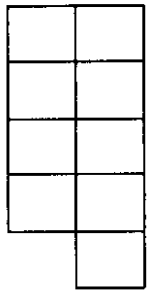


DATE OF VISIT _____ DAY MONTH YEAR

INTERVIEWER NAME _____ NAME

RESULT..... RESULT

COMPLETED.....1
UNABLE TO COMPLETE....2
(PLS SPECIFY)



	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
NAME	_____	_____	_____	
DATE	_____	_____	_____	

SECTION 1A. COMMUNITY CHARACTERISTICS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
	QUESTIONS 101 IS TO BE ANSWERED BY THE INTERVIEWER UPON ARRIVAL AT THE CLUSTER.		
101	TYPE OF LOCALITY (in which cluster is found)	CITY.....1 → 106 MUNICIPALITY.....2 → 106 TOWN.....3 → 106 COUNTRYSIDE.....4	
	THE REMAINING QUESTIONS ARE TO BE ANSWERED BY KNOWLEDGEABLE INFORMANTS FROM THE CLUSTER.		
102	What is the name of the nearest urban center?	_____ ☐☐	
103	How far is it in kilometers to the nearest urban center?	KM. TO NEAREST URBAN CENTER..... ☐☐☐	
104	What are the most commonly used types of transportation to go to the nearest urban center? (CIRCLE ALL APPLICABLE)	MOTORIZED.....A CANOE.....B WALKING.....C CYCLING.....D OTHER_____...E	
105	What is the main access route to this (LOCALITY)?	ALL WEATHER ROAD.....1 SEASONAL ROAD.....2 WATER.....3 PATH.....4	
106	What are the major economic activities of the (LOCALITY) inhabitants? RECORD THREE MAJOR ACTIVITIES	AGRICULTURE.....A LIVESTOCK.....B FISHING.....C TRADING/MARKETING.....D SERVICE SECTOR.....E MANUFACTURING.....F MINING/QUERRY.....G OTHER_____X (SPECIFY)	
107	Is there telephone service in the (LOCALITY ?)	YES.....1 NO.....2	
108	Sometimes children who play normally in the day have difficulty seeing and moving around in the twilight after the sun goes down. In the evening these children may sit alone, hold onto their mother's clothes, be unable to find their toys, or see to eat. Are you familiar with this condition?	YES.....1 NO.....2 →	111
109	What do you call this condition? TRY TO GET THE LOCAL NAME OF THIS DISEASE	_____ ☐☐ _____	
110	Do you know of any children in the community who have (this condition) in the past month?	YES.....1 NO.....2	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
111	Please tell me if the following things are in the (LOCALITY)	KILOMETERS	
	Is there a primary school here?	PRIMARY SCHOOL.....	
	Is there a secondary school here?	SECONDARY SCHOOL.....	
	Is there a post office here?	POST OFFICE.....	
	Is there a local market here?	LOCAL MARKET.....	
	Is there a cinema/video hall here?	CINEMA/VIDEO HALL.....	
	Is there any protected well/borehole here/spring water?	PROTECTED WELL/BOREHOLE../SPRING WATER	
	Is there any traditioner healer here?	TRADITIONER HEALER.....	
	Is there a bank here?	BANK.....	
	Is there a public transportation here?	PUBLIC TRANSPORTATION....	

NOTE: FOR EACH, IF IN LOCALITY, WRITE "00".
IF NOT IN LOCALITY, ASK HOW FAR. WRITE IN KILOMETER
IF DO NOT KNOW, WRITE "98". IF MORE THAN 97, WRITE "97".

SECTION 18. HEALTH AND FAMILY PLANNING PROGRAMS IN THE COMMUNITY

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
112	Does a community based family planning distribution program cover this (LOCALITY)?	YES.....1 NO.....2	→ 114
113	Are the following methods available from the community based distribution program? a: Pill? b: Condom? c: Vaginals (Diaphragm, Foam, Jelly)?	PILL: YES.....1 NO.....2 CONDOM: YES.....1 NO.....2 VAGINALS: YES.....1 NO.....2	
114	Does a family planning field worker visit this (LOCALITY)?	YES.....1 NO.....2	→ 119
115	How often does the family planning field worker visit?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	
116	Does a family planning field worker provide family planning counselling/advice?	YES.....1 NO.....2	
117	Are the following methods available from the family planning field worker? a: Pill? b: Condom? c: Vaginals (Diaphragm, Foam, Jelly)?	PILL: YES.....1 NO.....2 CONDOM: YES.....1 NO.....2 VAGINALS: YES.....1 NO.....2	
118	How many family planning field workers work in this area? How many of them are government workers ? How many of them are non-government workers ?	TOTAL NO. OF FP WORKERS..... [ ][ ] NO. OF GOVT WORKERS [ ][ ] NO. OF NON-GOVT WORKER [ ][ ]	
119	Is this area visited regularly by a mobile family planning clinic?	YES.....1 NO.....2	→ 122
120	How often does the mobile family planning clinic visit?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	
121	Are the following methods available from the mobile family planning clinic? a: Pill? b: IUD? c: Female /Male Sterilisation? d: Injection?	PILL: YES.....1 NO.....2 IUD: YES.....1 NO.....2 FEMALE /MALE STERILIZATION: YES.....1 NO.....2 INJECTION: YES.....1 NO.....2	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
122	Have there been any family planning information program in the (LOCALITY) in the last year?	YES.....1 NO.....2	→ 124
123	What specifically was this information promoting? (CIRCLE ALL APPLICABLE)	CHILD SPACING.....A BENEFITS OF BIRTH CONTROL.....B USE OF FAMILY PLANNING.....C BREAST FEEDING.....D SPECIFIC METHOD(S) PROMOTION....E WHERE METHODS AVAILABLE.....F OTHER (SPECIFY)_____X	
124	Is this area visited regularly by a mobile health clinic?	YES.....1 NO.....2	→ 127
125	How often does the mobile health clinic visit?	NO. OF TIMES ☐☐ PER MONTH..1 YEAR...2	
126	Does the mobile health clinic provide: a: Basic medications?	BASIC MEDICATIONS: YES.....1 NO.....2	
	b: ORT instruction or ORS packets?	ORT/ORS: YES.....1 NO.....2	
	c: Vitamin A capsules?	VITAMIN A: YES.....1 NO.....2	
	d: Growth promotion?	GROWTH PROMOTION: YES.....1 NO.....2	
	e: Iron tablets?	IRON TABELTS: YES.....1 NO.....2	
	f: Iodized oil capsules/injections?	IODIZED OIL: YES.....1 NO.....2	
	g: Antenatal care?	ANTENATAL CARE: YES.....1 NO.....2	
	h: Immunizations?	IMMUNIZATIONS: YES.....1 NO.....2	
	i: Curative health care service?	CURATIVE HEALTH SERVICE: YES.....1 NO.....2	
	j: AIDS screening/testing?	AIDS SCREENING/TESTING YES.....1 NO.....2	
	k: Family planning services?	FAMILY PLANNING: YES.....1 NO.....2	
127	Where do most women give birth?	AT HOME.....1 AT TRADTIONAL BIRTH ATND HOME...2 AT HEALTH CENTER/HOSPITAL.....3	
128	Is there a traditional birth attendant available to women here who regularly assists during delivery?	YES.....1 NO.....2	→ 131
129	Does the traditional birth attendant provide iron supplements?	YES.....1 NO.....2	
130	Has the traditional birth attendant had any special training from the government or Ministry of Health or other organization?	YES.....1 NO.....2 DON'T KNOW.....8	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
131	Is the area covered by a trained midwife?	YES.....1 NO.....2	→ 133
132	Does the trained midwife provide iron supplements?	YES.....1 NO.....2	
133	Is the area covered by a health worker?	YES.....1 NO.....2	→ 136
134	How often does the health worker visit?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	
135	Does the health worker provide: a: Basic medications?	BASIC MEDICATIONS: YES.....1 NO.....2	
	b: ORT instruction or ORS packets?	ORT/ORS: YES.....1 NO.....2	
	c: Vitamin A capsules?	VITAMIN A: YES.....1 NO.....2	
	d: Growth promotion?	GROWTH PROMOTION: YES.....1 NO.....2	
	e: Iron tablets?	IRON TABELTS: YES.....1 NO.....2	
	f: Iodized oil capsules/injections?	IODIZED OIL: YES.....1 NO.....2	
	g: Antenatal care?	ANTENATAL CARE: YES.....1 NO.....2	
	h: Immunizations?	IMMUNIZATIONS: YES.....1 NO.....2	
	i: Curative health care service?	CURATIVE HEALTH SERVICE: YES.....1 NO.....2	
	j: AIDS screening?	AIDS SCREENING: YES.....1 NO.....2	
	k: Family planning services?	FAMILY PLANNING: YES.....1 NO.....2	
136	Have there been any health information programs in this (LOCALITY) in last year?	YES.....1 NO.....2	→ A201
137	What was the health information program? (CIRCLE ALL APPLICABLE)	BENEFITS OF BREASTFEEDING.....A IMMUNIZATION.....B DIARREAL DISEASE CONTROL.....C AIDS.....D DRUG ABUSE.....E GROWTH PROMOTION/NUTRITION.....F VITAMIN A.....G IODINE DEFICIENCY.....H SANITATION.....I FAMILY HYGIENE.....J OTHER (SPECIFY)_____X	

SECTION 2. FACILITY IDENTIFICATION SECTION

A. What is the name of the nearest doctor with a private practice to this community?

_____

B. What is the name of the nearest pharmacy /drug shop to this community?

_____

C. What is the name of the nearest Sub-dispensary/dispensary /Delivery Maternity Unit (DMU) to this community?

_____

D. What is the name of the nearest health centre to this community?

_____

E. What is the name of the nearest hospital to this community?

_____

SAQ 7

A. PRIVATE DOCTOR

No.	QUESTIONS	CODING CATEEGOE	SKIP TO
A201	NAME OF PRIVATE DOCTOR (COPY FROM SECTION 2 COVER PAGEE).	PRIVATE DOCTOR'S NAME_____ _____ NOT APPLICABLE.....97	→ B201
A202	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
A203	What is the most common type of transport to the doctor's place?	MOTORIZED.....1 CANOE.....2 WALKING.....3 CYCLING.....4 OTHER_____...5	
A204	How long does it take to get from here to (PRIVATE DOCTOR'S NAME) using most common type of transport?	HOURS..... ☐ MINUTES..... ☐☐	
A205	Does this private doctor provide : antenatal care? delivery care? child immunization? family planning services?	YES NO DK ANTINATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 CHILD IMMUNIZATION...1 2 8 FAMILY PLANNING.....1 2 8 → A210	
A206	Who is the nearest doctor with a private practice who provides family planning services to this community?	PRIVATE DOCTOR'S NAME_____ _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→ A210 → A210
A207	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
A208	What is the most common type of transport to this doctor's place?	MOTORIZED.....1 CANOE.....2 WALKING.....3 CYCLING.....4 OTHER_____...5	
A209	How long does it take to get from here to (PRIVATE DOCTOR'S NAME) using most common type of transport?	HOURS..... ☐ MINUTES..... ☐☐	
A210	How many private doctor practices in total are here within 30 kilometers?	NO. PRIVATE DOCTORS WITHIN 30 KM..... ☐☐	

B. PHARMACY/DRUG SHOP

No.	QUESTIONS	CODING CATEGORS	SKIP TO
B201	NAME OF PHARMACY/DRUG STORE. (COPY FROM SECTION 2 COVER PAGE)	PHARMACY/DRUG STORE NAME_____ NOT APPLICABLE.....97	→ C201
B202	Is that a government pharmacy or is it operated by a non-government organization ?	GOVERNMENT .....1 NON-GOVERNMENT.....2	
B203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
B204	What is the most common type of transport to the pharmacy/drug store?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER_____5	
B205	How long does it take to get from here to (PHARMACY NAME) using most common type of transport?	HOURS..... ☐ MINUTES..... ☐☐	
B206	Does this pharmacy /drug store sell family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....8	→ B212
B207	What is the name of the nearest pharmacy /drug store which sells family planning supplies to this community?	PHARMACY/DRUG STORE NAME_____ NOT APPLICABLE.....97 DON'T KNOW.....98	→ B212 → B212
B208	Is that a government pharmacy/drug store or is it operated by a non-government organization?	GOVERNMENT .....1 NON-GOVERNMENT.....2	
B209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
B210	What is the most common type of transport to the pharmacy/drug store?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER_____5	
B211	How long does it take to get from here to (PHARMACY /DRUG STORE NAME) using most common type of transport?	HOURS..... ☐ MINUTES..... ☐☐	
B212	How many pharmacies/drug stores in total are there within 30 kilometers?	NO. PHARMACIES/D. STORES WITHIN 30 KM..... ☐☐	

C. SUB DISPENSARY/ DISPENSARY /DELIVERY MATERNITY UNIT

No.	QUESTIONS	CODING CATEGORS	SKIP TO
C201	NAME OF DISPENSARY (COPY FROM SECTION 2 COVER PAGE).	DISPENSARY NAME_____ NOT APPLICABLE.....97 →	D201
C202	Is that a government dispensary or is it operated by a non-government organization ?	GOVERNMENT .....1 NON-GOVERNMENT.....2	
C203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS.....	
C204	What is the most common type of transport to the dispensary?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER_____5	
C205	How long does it take to get from here to (DISPENSARY NAME) using most common type of transport?	HOURS..... MINUTES.....	
C206	Does this dispensary provide: antenatal care? delivery care? growth promotion? child immunization? AIDS screening? Family Planning?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNIZATION...1 2 8 AIDS SCREENING.....1 2 8 FAMILY PLANNING.....1 2 8 →	C213
C207	What is the name of the nearest dispensary providing family planning services to this community?	DISPENSARY NAME _____ NOT APPLICABLE.....97 → DON'T KNOW.....98 →	C213 C213
C208	Is that a government dispensary or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2	
C209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS.....	
C210	What is the most common type of transport to the dispensary?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER_____5	
C211	How long does it take to get from here to (DISPENSARY NAME) using most common type of transport?	HOURS..... MINUTES.....	
C212	Does this dispensary provide: antenatal care? delivery care? growth promotion? child immunization? AIDS screening?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNIZATION...1 2 8 AIDS SCREENING.....1 2 8	
C213	How many dispensaries in total are there within 30 kilometers?	NO. DISPENSARIES WITHIN 30 KM.....	

D. HEALTH CENTER

No.	QUESTIONS	CODING CATEGORS	SKIP TO
D201	NAME OF HEALTH CENTER (COPY FROM SECTION 2 COVER PAGE).	HEALTH CENTER NAME_____ NOT APPLICABLE.....97	→ E201
D202	Is that a government health center or is it operated by a non-government organization ?	GOVERNMENT .....1 NON-GOVERNMENT.....2	
D203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
D204	What is the most common type of transport to the health center?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER_____5	
D205	How long does it take to get from here to (HEALTH CENTER NAME) using most common type of transport?	HOURS..... ☐ MINUTES..... ☐☐	
D206	Does this health center provide: antenatal care? delivery care? growth promotion? child immunization? AIDS screening? Family Planning?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNIZATION...1 2 8 AIDS SCREENING.....1 2 8 FAMILY PLANNING.....1 2 8	→ D213
D207	What is the name of the nearest health center providing family planning services to this community?	HEALTH CENTER NAME _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→ D213 → D213
D208	Is that a government health center or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2	
D209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
D210	What is the most common type of transport to the health center?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER_____5	
D211	How long does it take to get from here to (HEALTH CENTER NAME) using most common type of transport?	HOURS..... ☐ MINUTES..... ☐☐	
D212	Does this health center provide: antenatal care? delivery care? growth promotion? child immunization? AIDS screening?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNIZATION...1 2 8 AIDS SCREENING.....1 2 8	
D213	How many health centers in total are there within 30 kilometers?	NO. HEALTH CENTERS WITHIN 30 KM..... ☐☐	

E. HOSPITAL

No.	QUESTIONS	CODING CATEGORS	SKIP TO
E201	NAME OF HOSPITAL (COPY FROM SECTION 2 COVER PAGE).	HOSPITAL NAME_____ NOT APPLICABLE.....97	→ 301
E202	Is that a government hospital or is it operated by a non-government organization ?	GOVERNMENT .....1 NON-GOVERNMENT.....2	
E203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
E204	What is the most common type of transport to the hospital?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER_____5	
E205	How long does it take to get from here to (HOSPITAL NAME) using most common type of transport?	HOURS..... ☐ MINUTES..... ☐☐	
E206	Does this hospital provide: antenatal care? delivery care? growth promotion? child immunization? AIDS screening? Family Planning?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNIZATION...1 2 8 AIDS SCREENING.....1 2 8 FAMILY PLANNING.....1 2 8	→ E213
E207	What is the name of the nearest hospital providing family planning services to this community?	HOSPITAL NAME _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→ E213 → E213
E208	Is that a government hospital or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2	
E209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
E210	What is the most common type of transport to the hospital?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER_____5	
E211	How long does it take to get from here to (HOSPITAL NAME) using most common type of transport?	HOURS..... ☐ MINUTES..... ☐☐	
E212	Does this hospital provide: antenatal care? delivery care? growth promotion? child immunization? AIDS screening?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNIZATION...1 2 8 AIDS SCREENING.....1 2 8	
E213	How many hospitals in total are there within 30 kilometers?	NO. HOSPITALS WITHIN 30 KM..... ☐☐	

SAQ 12

SECTION 3: CONTRACEPTIVE METHOD AND HEALTH SERVICES IDENTIFICATION

No.	QUESTIONS	CODING CAGORIES	SKIP TO
301	What is the name of the nearest place where birth control pill can be obtained?	NEAREST PILL PROVIDER NAME _____	
301D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
302	What is the name of the nearest place or provider to this community where condoms can be obtained?	NEAREST CONDOM PROVIDER NAME _____	
302D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
303	What is the name of the nearest place to this community where family planning injection can be obtained?	NEAREST INJECTION PROVIDER NAME _____	
303D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
304	What is the name of the nearest facility or provider to this community where IUDs can be inserted?	NEAREST IUD PROVIDER NAME _____	
304D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
305	What is the name of the nearest facility or provider to this community where sterilization can be obtained?	NEAREST STERILIZATION PROVIDER NAME _____	
305D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
306	What is the name of the nearest facility or provider to this community where AIDS treatment/screening can be obtained?	NEAREST AIDS TREATMENT PLACE NAME _____	
306D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
307	What is name of the nearest place to this community where immunizations for children can be obtained?	NEAREST IMMUNIZATION PROVIDER NAME _____	
307D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
308	What is the name of the nearest place to this community where oral rehydration solution (ORS) packets can be obtained?	NEAREST ORS PLACE NAME _____	
308D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	

SAQ 13

No.	QUESTIONS	CODING CAGORIES	SKIP TO
309	If child is sick with cough (respiratory disease), what is name of the nearest place where treatment can be obtained?	NEAREST RESP. DISEASE TREATMNT PLACE _____	
309D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
310	What is the name of the nearest place to this community where antenatal care can be obtained?	NEAREST ANTENATAL PROVIDER NAME _____	
310D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	
311	If a women has a complication in delivery, what is the name of the nearest place where she can be treated	NEAREST DELIVERY PLACE NAME _____	
311D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐	

312. CLUSTER INFORMANTS

	NAME	POSITION/TITLE/OCCUPATION
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

313. TOTAL NUMBER OF INFORMANTS IN THE CLUSTER..... ☐☐

END OF CLUSTER INTERVIEW.