



# Uganda

Key Findings from the 2006 UDHS  
*A Gender Perspective*



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

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## Introduction

The 2006 Uganda Demographic and Health Survey (UDHS) sheds new light on the differences between women and men in health, education, employment and other important indicators of status, empowerment and well-being. Women in Uganda have a lower standard of health, less schooling, and fewer opportunities than men. In short, the 2006 UDHS tells a story of inequality between women and men. While biology may help to explain some differences between women and men, it is gender norms that explain women's unequal status in society. In Uganda, as in many countries, women historically have been made subordinate to men. These conditions continue today.

Gender differences between men and women threaten women's health and even their survival. Gender norms that put women at a disadvantage reduce women's choices, including choices about marriage, sex, contraception, and childbearing. Gender norms restrict women's ability to obtain schooling, health care, and employment. Gender norms condone domestic and sexual violence against women. In all, prevailing gender norms assign lower status to women than men and prevent women from gaining the resources, knowledge, and freedom that could empower them to achieve equality with men in society.

Because the UDHS is representative of Uganda's population and households, the gender differences identified by the survey reflect major social concerns. The Government of Uganda is committed to achieving gender equality in society. Because gender norms are embedded within society, however, they can be difficult to change. The UDHS data can help to identify critical gender differences, therefore providing policymakers with vital facts needed to understand the obstacles that women face and point the way to overcoming them. The differences revealed by the 2006 UDHS call out for change, so that women can have better control over their own lives, improve their health and well-being, and participate more fully in society.

This report is based on the 2006 UDHS and is intended to supplement the larger report, which was published in August 2007. It summarizes the key differences between women and men reported in the UDHS and contains additional data tables extracted from information contained in the larger report. This report is intended to accompany the full 2006 UDHS, although it can be understood on its own. It is recommended that readers also consult the full report, if possible, for more complete information on the demographic, health, and family planning status of women and men in Uganda.





# About the Survey

The 2006 UDHS collected information on fertility and fertility preferences, marriage, sexual activity, awareness and use of family planning methods and breastfeeding practices. In addition, data were collected on the nutritional status of mothers and young children; infant, child, adult and maternal mortality; maternal and child health; knowledge and behaviour regarding HIV/AIDS and other sexually transmitted infections; levels of anaemia and vitamin A deficiency; and gender-based violence. A nationally representative sample of 8,531 women age 15-49 and 2,503 men age 15-54 were interviewed. This sample provides representative estimates of health and demographic indicators for women and men at the national and regional levels and for rural and urban areas.

Findings on HIV prevalence in the report are taken from the 2004-05 Uganda HIV/AIDS Sero-Behavioural Survey (UHSBS), published in March 2006. The UHSBS interviewed 10,826 women and 8,830 men age 15-59. The UHSBS provided the first national level estimates of HIV prevalence. Blood samples were taken from eligible men and women age 15-49 to test for HIV. Overall, 89% of eligible women and 83% of eligible men were tested.





# 1. Education, Employment, and Household Decisionmaking

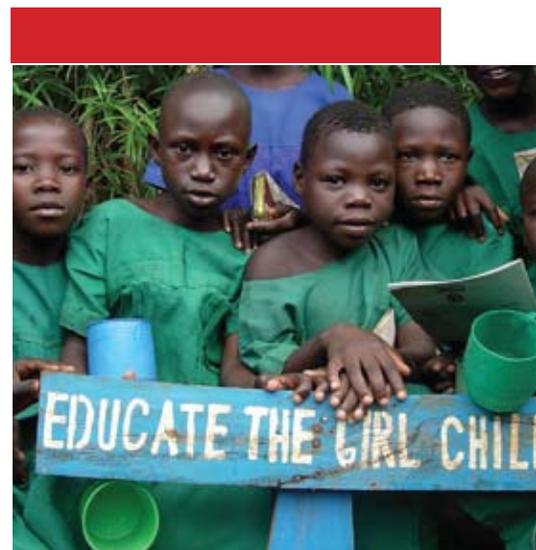
Women in Uganda are at an educational disadvantage compared to men. Women's comparative lack of schooling limits their opportunities and constrains their choices. Education is crucial to gaining the knowledge, skills, and confidence that women need to improve their status and health. Studies show that a woman's educational level is strongly associated with health status, contraceptive use, fertility rates, and health of her children.

## Educational Attainment

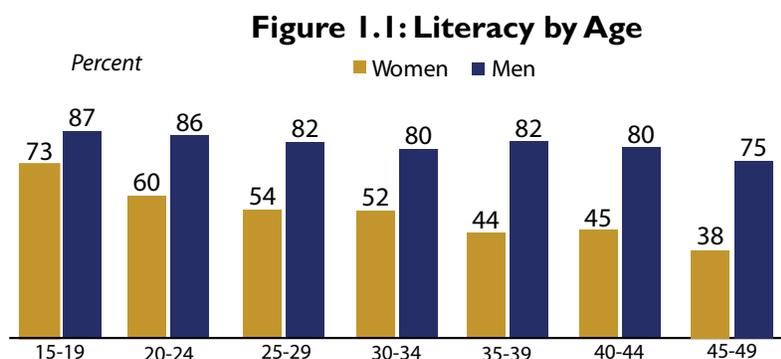
Several indicators from the 2006 UDHS show a large gender gap in education:

- ◇ 39% of Ugandan women age 15-49 cannot read at all, compared to 16% of men.
- ◇ About one-fifth of women (19%) have no formal education, compared to just 5% of men.
- ◇ Three in ten men (30%) have some secondary or higher education, compared to one in five women (21%).

The good news is that the gender gap in educational attainment appears to be narrowing as the proportion of girls with at least some secondary education has increased. Additionally, younger women are more likely than older women to have some education and to be literate. For example, literacy is twice as high among young women age 15-19 (73%) as among women age 45-49 (38%).



**Almost four in ten Ugandan women cannot read compared to less than two in ten men.**





## Exposure to Mass Media

Most Ugandan women and men have some exposure to mass media—radio, television, and newspapers. Women have less exposure than men, however. This puts women at a disadvantage in receiving information, such as employment opportunities, health campaign messages and civil society announcements.

- ◇ According to the 2006 UDHS, 25% of women age 15-49 do not have any exposure to mass media, compared to only 11% of men. Few women or men age 15-49 are exposed to all three types of media on a weekly basis—6% of women and 9% of men.
- ◇ Women have less exposure than men to radio, the most popular media source for all Ugandans. About three-fourths (74%) of women listen to the radio at least once a week, compared to nearly nine in ten men (87%).

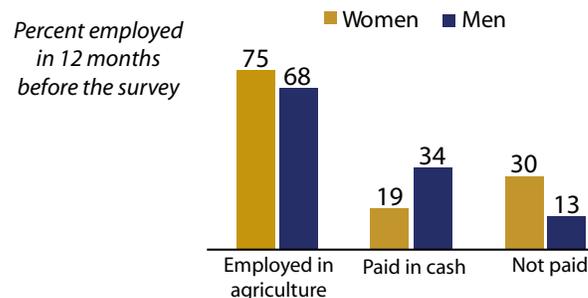
## Employment and Earnings

Employment is a powerful source of empowerment for women as well as men, but social norms and lack of education limit women's employment opportunities and earnings.

Responses to the 2006 UDHS indicate that among all Ugandan adults:

- ◇ About eight in ten women (81%) are currently employed, compared to over nine in ten men (94%).
- ◇ Three-quarters of women employed in the past 12 months (75%) work in agriculture, compared to about two-thirds of men (68%).

**Figure 1.2: Women and Men's Employment**



The UDHS also shows that married women earn much less than married men. Among married Ugandans:

- ◇ Employed women are less likely to be paid in cash for their work (19%) than men (34%). Only 5% of women who work in agriculture are paid in cash.
- ◇ 30% of employed women receive no payment for their work, compared to just 13% of men.
- ◇ 76% of wives who receive cash for their work earn less than their husbands; only about 9% earn more.

## Household Decisionmaking

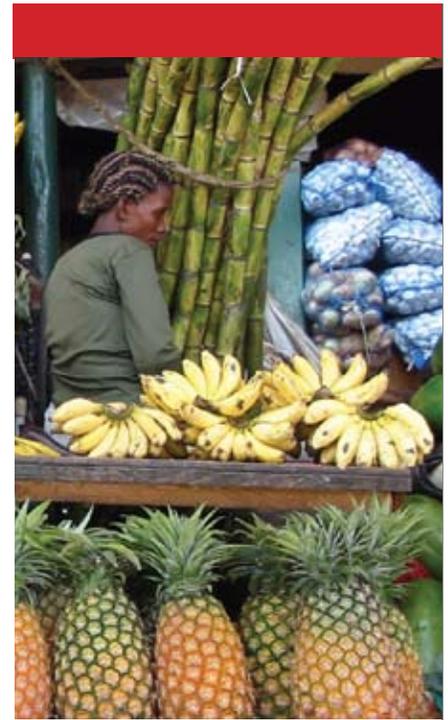
Women's participation in household decisionmaking can be used as a measure, along with education and employment, of women's status. According to the 2006 UDHS, most Ugandan married women are subordinate roles to their husbands.

- ◇ 61% of women report personally making decisions about their own health care or jointly making them with their husbands.
- ◇ Similarly, 64% of women report making decisions about visits to family or relatives on their own or jointly with their husband.
- ◇ While 65% of women report making purchases for daily household needs on their own or jointly with their husband, only 51% of women report participating in making major household purchases.
- ◇ Overall, one in four married women (37%) participate in all four, either on her own or jointly with her husband. One in five (19%) do not participate in any of them.

The UDHS also collected data on men's attitudes towards a wife's participation in decisionmaking. Overall, men say that a husband should play the major role in making most household decisions. According to the UDHS, only 40% of men think a wife should decide about her visits to family members or relatives, and 29% of men think a wife should make decisions about major household purchases. On the other hand, 73% say a wife should make the decisions about purchasing daily household needs, and 70% say a wife should decide what to do with the money she earns.

Women's participation in household decisionmaking does vary by background characteristics:

- ◇ Decisionmaking increases with age. Among married women age 15-19, only about one-quarter (26%) participate in all four types of household decisions compared with about half (52%) of women age 45-49.
- ◇ Employed women are more likely than unemployed women to participate in household decisions.
- ◇ Surprisingly, women with no schooling are more likely than women with secondary or higher education to participate in all four types of household decisions (44% and 38%, respectively).
- ◇ Men with secondary or higher education, however, are more likely than men with a primary education or no schooling to think that wives should be involved in household decisionmaking.



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**Only 40% of men think that a wife should decide when to visit her family or relatives.**

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## 2. Marriage and Parenthood

Many Ugandan women marry young and begin childbearing soon after marriage, and it is not uncommon to have children before getting married. Early marriage and childbearing often cut short a woman's schooling and limit her options for employment. Also, the sooner a woman begins childbearing the more children she is likely to have. Childbearing among teenagers is more dangerous for both mother and child.

### Age at First Sexual Intercourse

Many Ugandans become sexually active before they marry. On average, women become sexually active and get married younger than men. Early sexual activity exposes women to unintended pregnancies, as well as HIV and other sexually transmitted infections (STIs). Gender differences in age at first sexual intercourse may be narrowing, in part due to higher education among women. According to the UDHS:

- ◇ 71% of women age 25-49 were sexually active by age 18 compared to 49% of men age 25-49.
- ◇ The median age at first sexual intercourse\* is 16.4 years among women age 25-49, compared with 18.1 years among men in the same age group—a gender gap of 1.7 years.
- ◇ Women with at least some secondary education start having sex nearly two years later than women with less than secondary education.

**71% of women were sexually active by age 18 compared to 48% of men.**

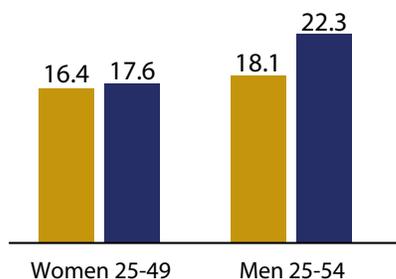
### Age at First Marriage

Women in Uganda marry much younger than men. More than half (55%) of women 25-49 were married by age 18. By age 20, almost three-quarters (74%) of women have married, compared to only about one-quarter (26%) of men 25-54.

- ◇ The median age at first marriage is 17.6 years among women age 25-49. In contrast, among men age 25-54, the median age at first marriage is 22.3 years—a gender gap of nearly five years.
- ◇ Younger women are waiting longer to marry than older women did. Only 3% of women age 15-19 married before age 15 compared to 18% of women age 45-49.
- ◇ Women with more education also wait longer to marry. Among women age 25-49 with at least some secondary education, the median age at first marriage is 20.6 years—four years later than the median age of 17.1 years among women with primary education or no education.
- ◇ Even among Ugandans with secondary education, women marry younger than men. Among men age 25-54 with at least some secondary education, the median age at first marriage is 24.4 years, almost four years later than among educated women age 25-49.

**Figure 2.1: Age at First Marriage and First Sexual Intercourse**

■ Median age at first sex ■ Median age at first marriage



\* The median age at first sexual intercourse is the age at which half of the population has had sex for the first time.

- ◇ The gap between median age at first sex and age at first marriage is far shorter for women than for men—at 1.2 years for women compared to 4.2 years for men age 25-49. Men are waiting much longer to marry after becoming sexually active.

## Age at First Birth

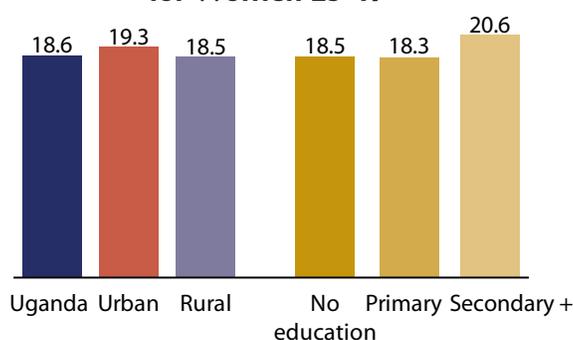
The age at marriage has increased remarkably in Uganda from 17.4 years among women age 45-49 to 18.3 years among women age 20-24, an increase of almost one year. On the other hand, the median age at first birth among women age 20-24 (19.1 years) is only a few months older than that of women age 45-49 (18.5 years). It seems that while women are waiting longer to marry, once married women are not delaying births.

Ugandan women with at least some secondary education are substantially more likely to delay childbearing than women with less schooling. Women age 25-49 with secondary education started having children at a median age of 20.6 years, more than two years later than women with less schooling. Among young women age 25-29, the difference by education is even greater. Among this age group, women with secondary education have their first birth at a median age of 21.0 years compared to 18.4 years for women with no education.

Education, as well as residence and household wealth, have substantial effects on levels of teenage pregnancy and childbearing. Half of women age 15-19 with no education have begun childbearing, compared to only 15% of women age 15-19 with at least some secondary education. Women in rural areas are more likely than their urban counterparts to have begun childbearing as teenagers.

These data from the UDHS suggest that ensuring young women’s ability to attend school and remain in school on an equal basis with young men will carry benefits beyond achieving a more educated society.

**Figure 2.2: Median Age at First Birth for Women 25-49**





### 3. Fertility and Family Planning

Gender differences are among the many influences on childbearing patterns, contraceptive use, and fertility levels. Decisions about family size and contraceptive use affect women’s health, economic opportunities, and household and social status.

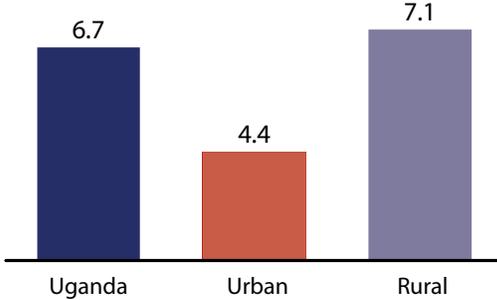
#### Fertility Levels

Fertility levels in Uganda are among the highest in the world. On average, a Ugandan woman will have 6.7 children in her lifetime. High fertility rates can make it more difficult for a society to provide housing, education, services, health care, and jobs and to achieve development goals.

- ◇ Fertility in urban areas is considerably lower than in rural areas. The total fertility rate (TFR) in urban areas is 4.4 children per woman compared to 7.1 in rural areas.
- ◇ Fertility decreases dramatically with education, from 7.7 children among women with no education to 4.4 among women with secondary education.
- ◇ Women in the poorest households have 8.0 children per woman compared to 4.3 children among women in the wealthiest households.

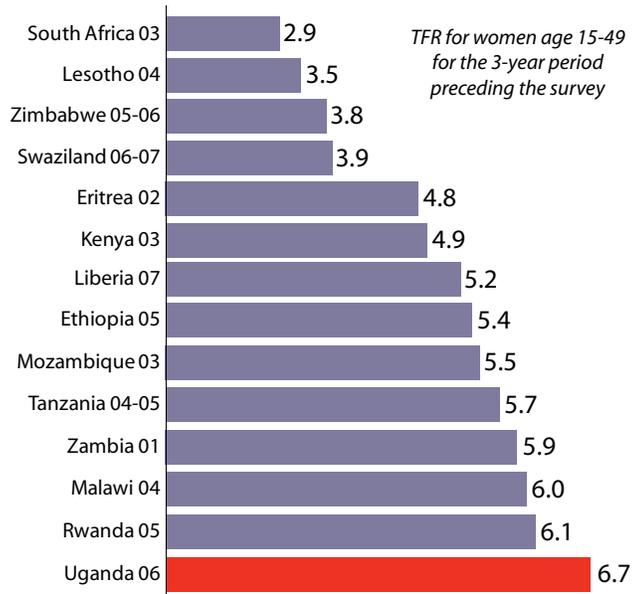
**Figure 3.1: Fertility Differentials**

Total Fertility Rate for women age 15-49 for the 3-year period preceding the survey



**Women with no education have, on average, 7.7 children, compared to 4.4 children among women with secondary education.**

**Figure 3.2: How does Uganda Compare to Countries in the Region?**



## Fertility Preferences

Overall, women want smaller families than men. On average, married women age 15-49 say that the ideal number of children is 5.3, while married men say 6.4 children.

The UDHS also asks currently married women and men if they want to have more children and when.

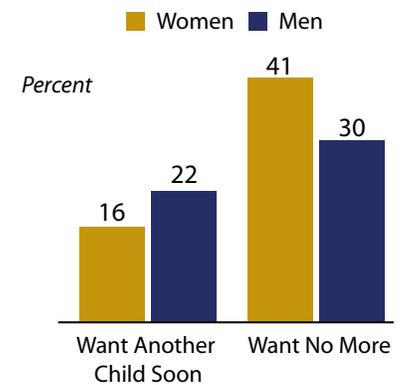
- ◇ In general, 16% of women versus 22% of men say they want another child in less than 2 years.
- ◇ Women are much more likely than men to say that they want no more children, at 41% of women compared to 30% of men; this includes women and men who have been sterilised, or whose partners have been sterilised.
- ◇ About 4 in 10 urban and rural women want to end childbearing. Urban men are more likely than rural men to want no more children.

## Contraceptive Use

Modern contraceptive use is low in Uganda, especially considering the high levels of contraceptive awareness. Almost all Ugandan women and men age 15-49 know about at least one modern contraceptive method. Additionally, 59% of women and 74% of men have heard a family planning message on the radio.

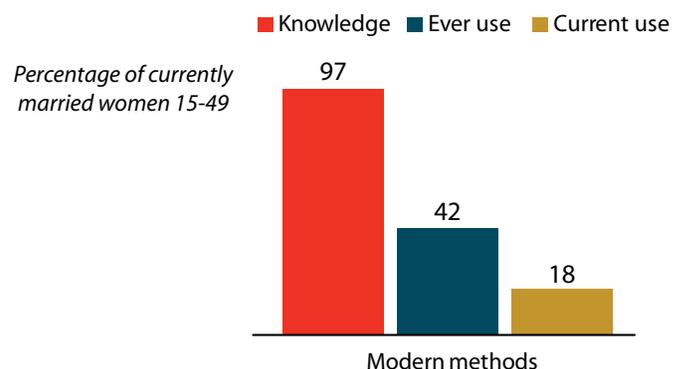
- ◇ Only 18% of married women currently use a modern method of family planning; 6% use a traditional method.
- ◇ Injectables are the most common method, used by 10% of married women.
- ◇ Sexually active unmarried women are more likely than married women to use a modern contraceptive method (47%). Among sexually active unmarried women, more than one-quarter (27%) rely on the male condom, while 13% use injectables.
- ◇ Urban married women are more than twice as likely to use modern contraception as rural women (37% versus 15%).
- ◇ Additionally, modern contraceptive use is two times higher among married women with secondary education than among women with only primary education (35% and 17% respectively). Only 9% of women with no education use a modern method of family planning.

**Figure 3.3: Fertility Preferences**



**Only 18% of married women currently use a modern method of family planning.**

**Figure 3.4: The Gap Between Knowledge and Use**

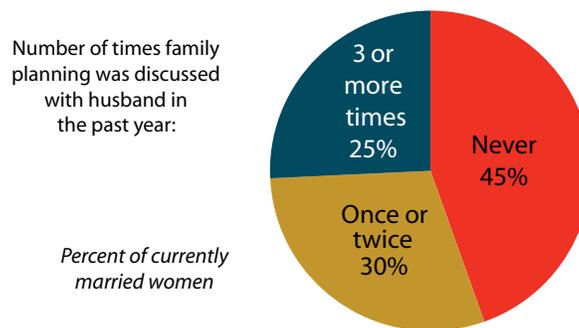


## Couple Communication

Communication between husbands and wives makes contraceptive use much easier and can lead to more agreement on childbearing and family size.

- ◇ 45% of married women did not discuss family planning with their husbands at all in the year preceding the survey, while another 30% have discussed it just once or twice.
- ◇ About one in five (17%) married women who use a method uses contraception without her husband's knowledge.
- ◇ According to additional analyses of DHS data (see Appendix Table 1), women who currently use family planning are two times more likely to often discuss family planning with their husbands (41%) than women who don't use family planning (21%).

**Figure 3.5: Family Planning Discussions Among Couples**



## Unmet Need and Unwanted Childbearing

Women who indicate that they either want no more children or want to wait for two or more years before having another child, but are not using contraception, are considered to have an unmet need for family planning. In Uganda, levels of unmet need are among the highest in the world, revealing that many women are not matching their reproductive preferences with the contraceptive use that would enable them to have their desired number of children.

- ◇ Overall, 41% of currently married women in Uganda have an unmet need for family planning.
- ◇ 25% of women have an unmet need for spacing births and 16% for limiting.
- ◇ As might be expected, younger women are more likely than older women to have an unmet need for spacing, while older women have more unmet need for limiting births.

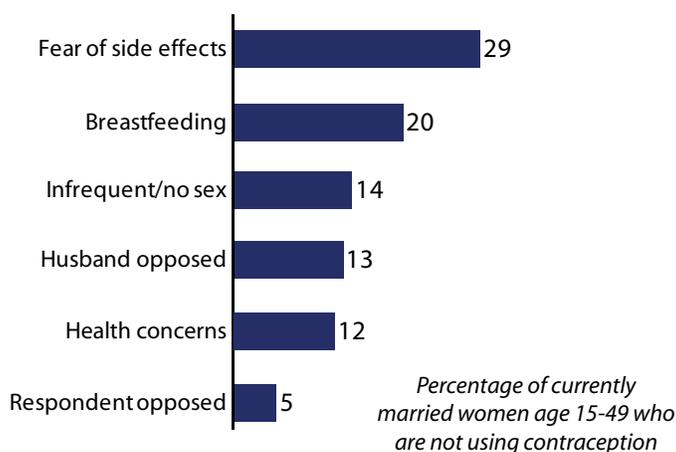
The level of unmet need for family planning (41%) is much higher than the contraceptive prevalence rate of 24% (met need). In other words, only about one-third of the total potential demand for family planning is being satisfied.



The percentage of potential demand for family planning satisfied is almost twice as high in urban areas (62%) as in rural areas (33%). Similarly, the percentage satisfied is much higher for women with secondary education (63%) than for women with primary education (35%) or no education (23%). High levels of unmet need for family planning are a sign of substantial unwanted childbearing. The UDHS also asks women directly whether their recent births were wanted, mistimed, or unwanted. According to women's responses, 13% of births in the past five years were unwanted at the time of conception, while 33% were mistimed—a total of nearly half of all births (46%).

To understand unmet need from a gender perspective, it is important to know whether partner's opposition may prevent women from using contraception. The 2006 UDHS shows that the leading reason given for not using family planning by women with unmet need is fear of side effects (29%).\* Husband's opposition to use is cited as a reason for not using family planning by 13% of women, while 5% that they themselves are opposed. One in five non-users give breastfeeding as their reason for not using. So while husband's opposition to using family planning does play some role in the high levels of unmet need observed in Uganda, fear of side effects and a poor understanding of the risks of pregnancy while breastfeeding are also major contributors.

**Figure 3.6: Reasons for Not Using Contraception**



\* Kahn, Shane, Sarah E.K. Bradley, Joy Fishel, and Vinod Mishra. 2008. *Unmet Need and the Demand for Family Planning in Uganda: Further Analysis of the Uganda Demographic and Health Surveys 1995-2006*. Calverton, Maryland, USA: Macro International Inc.

**41% of currently married women have an unmet need for family planning. This is a sign of substantial unplanned and unwanted childbearing.**





## 4. Maternal and Child Health

Good health care during pregnancy, proper medical assistance during childbirth, and prompt medical checkups after delivery substantially reduce risks to mother and infant. A lot still needs to be done to deliver better maternal health care in Uganda. Levels of antenatal, delivery, and postpartum care fall well below recommended standards. Moreover, many women say they have serious problems obtaining health care when they are sick.

These health issues are also issues of gender equity. Men do not bear the health risks of pregnancy and childbirth. Thus, society has an obligation to protect the health of women and newborns during pregnancy and the postpartum period, when health risks often are highest.

### Antenatal Care

The World Health Organization (WHO) recommends that a pregnant woman should visit a trained health care provider at least four times before she gives birth, starting before the fourth month of pregnancy. According to the UDHS, 94% of pregnant women received antenatal care from a skilled provider for their most recent birth. Only 17%, however, received antenatal care before the fourth month of pregnancy. Less than half of mothers (47%) had at least four visits.

Among those who do receive the recommended number of visits, many do not receive key information regarding their health during pregnancy. The Uganda Ministry of Health's Sexual and Reproductive Health Policy Guideline specifies the level of services that health care providers should offer during antenatal care, but many women do not receive the minimum package specified. For example, only 35% receive information on how to recognise signs of pregnancy complications.

There is a strong link between better antenatal care and safer childbirth: births to women who make four or more antenatal visits are almost four times more likely to occur in a health facility than births to women who do not receive any antenatal care (56% versus 16%).

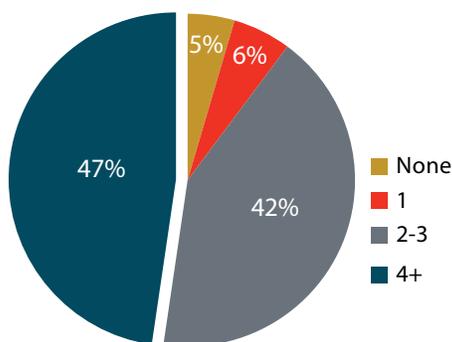
### Care During Childbirth

The UDHS data show that most Ugandan women are giving birth under unsafe conditions.

- ◇ Only 42% of births in Uganda are assisted by a skilled provider.\*\* One possible explanation for this low percentage is that many more births occur at home (58%) than in a health facility (41%).
- ◇ 63% of women in rural areas gave birth at home, compared to only 20% of women in urban areas.
- ◇ 10% of all births were completely unassisted.
- ◇ Women with secondary or more education are three times more likely than women with no education to give birth in a health facility.

\*\* Skilled provider includes doctor, nurse/midwife, and medical assistant/clinical officer.

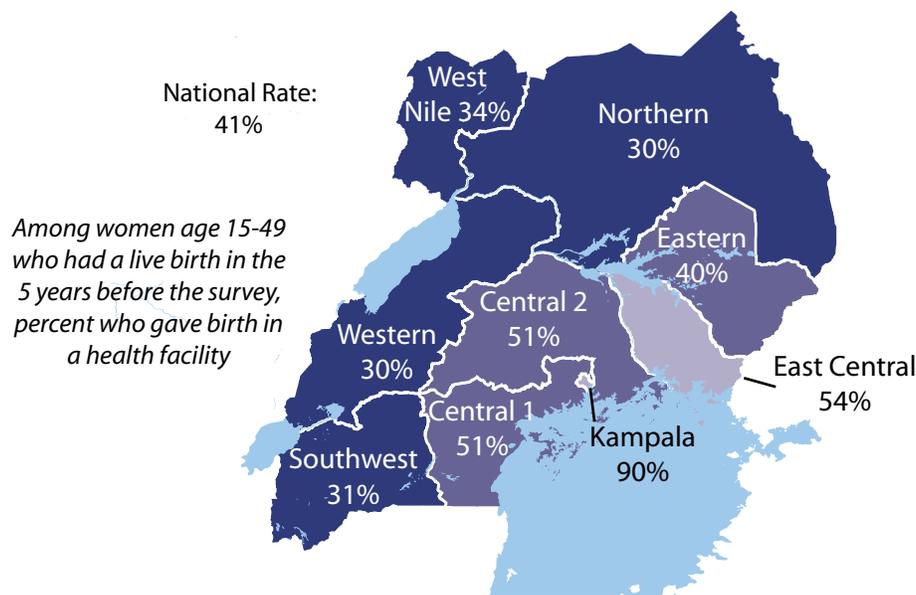
**Figure 4.1: Number of ANC Visits**



Among women age 15-49 who had a live birth in the 5 years before the survey, percent who sought ANC care

- ◇ Deliveries in a health facility also vary by region. Only 30% of women in Western and Northern regions gave birth in a health facility compared to 90% of women in Kampala.

**Figure 4.2: Deliveries in a Health Facility**



In 93% of births delivered in a health facility, someone accompanies the woman to the facility. The person who accompanies the woman—whether husband, other family member or relative, or someone else—is a measure of the support the mother receives. It is also an indicator of male involvement in safe motherhood.

According to the UDHS, the woman’s husband or partner accompanies her to the health facility in only 41% of facility births. Husband’s participation varies little by the wife’s education or wealth, but it is least likely for births among women under age 20, who often need the most assistance. This indicator shows that men’s involvement needs much improvement.

## Postpartum Care

Postpartum care is important to treat complications and to provide the mother with information to safeguard her health and care for her infant properly. The postpartum period extends for six weeks after childbirth. Receiving care in the first two days after delivery is particularly important, since most maternal and neonatal deaths occur in this period.

Ugandan health policy guidelines recommend postpartum care for all mothers. According to the 2006 UDHS, however, 74% of mothers do not receive a postpartum medical checkup. Only 23% receive a checkup within the first two days. As expected, women who deliver in a health facility are more likely to receive a postpartum checkup than those who give birth at home (41% compared to 13%).



**74% of Ugandan mothers do not receive any postpartum care.**



## Problems in Accessing Health Care

Most women in Uganda say that they face serious problems in accessing health care for themselves when they are sick. Overall, 86% of women say they encounter at least one serious problem in gaining access. The most common problems mentioned are getting money for treatment (65%), living too far from a health facility (55%), and obtaining transportation (49%).

Other problems are mentioned less frequently but some of these problems appear closely related to gender. Notably, 17% of women express concern that no female health provider is available, while 8% say they face problems getting permission to go for treatment.

## Child Health and Nutrition

While the UDHS shows significant gender gaps between men and women and deficits in women's access to health care, it is interesting to note that boys and girls typically have the same health status and parents seek health care equally for both sexes.

Results from the 2006 UDHS show that boys and girls under the age of five are equally likely to have suffered from acute respiratory infection (ARI), fever, and diarrhoea in the two weeks before the survey. When boys and girls get sick, they are taken for treatment in roughly equal proportions. In addition, boys and girls are equally likely to sleep under a mosquito net and to be fully immunized.

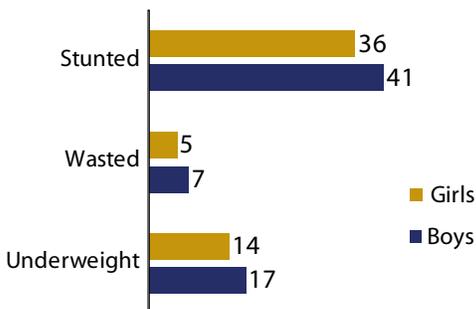
Among young children, there appear to be few gender differences in nutritional status. In fact, girls under age five are slightly better nourished than boys, according to the three measurements used by the UDHS.<sup>\*\*\*</sup>

Similarly, among children age 6-59 months, there is little gender difference in vitamin A deficiency and anaemia status. According to the 2006 UDHS, 19% of girls have vitamin A deficiency compared with 22% of boys. Both boys and girls have extremely high rates of anaemia, with boys being slightly more at risk: 70% of girls are anaemic compared with 75% of boys.

Nonetheless, among adults age 15-49, there are substantial gender differences in anaemia. About half of all women (49%) are anaemic compared to 28% of men. As these data suggest, anaemia is a serious health problem for Ugandan women who for biological reasons are at higher risk of anaemia than men.

Almost two-thirds (64%) of pregnant women in Uganda are anaemic. Anaemia can be an underlying cause of maternal deaths and illnesses and may contribute to premature births and low birth weight. Among the important measures to reduce anaemia among women are iron and folic acid supplementation, preventive treatment of malaria, and use of insecticide-treated mosquito nets during pregnancy.

**Figure 4.3: Nutrition**



*Percentage of children under five classified as malnourished*

<sup>\*\*\*</sup> The UDHS measures malnutrition in terms of: (1) stunting (short-for-age), reflecting long-term (chronic) malnutrition; (2) wasting (weight-for-height), reflecting short-term (acute) malnutrition in the period just before the survey; and (3) weight-for-age, a composite index that accounts for both acute and chronic malnutrition.

## 5. HIV/AIDS Knowledge, Attitudes, and Behaviour

In Uganda, as in most sub-Saharan countries, prevalence of HIV infection is higher among women than men. Among Ugandan women, HIV prevalence is 7.5% compared to 5.0% among men, according to the 2004-05 Uganda HIV/AIDS Sero-Behavioural Survey (UHSBS). More women are infected at younger ages than men.

The Uganda Government has adopted a national strategy to contain the HIV/AIDS epidemic, primarily by promoting sexual abstinence, mutual faithfulness among married or cohabiting partners, and condom use, especially in higher-risk sex. (This strategy is often known as the “ABC” approach, for “Abstaining, Being faithful, and Condom use). Uganda’s strategy also includes voluntary testing and counselling (VCT), prevention of mother-to-child transmission of HIV, antiretroviral treatment, and care and support services for people living with HIV and AIDS.

The success of HIV prevention strategies in Uganda and elsewhere depends to a large extent on raising levels of individual knowledge about how to avoid HIV infection and on promoting adoption of safer-sex behaviours. While women are less likely to engage in risky sexual behaviour, they have less individual choice in sexual relationships and lack the knowledge to protect themselves.

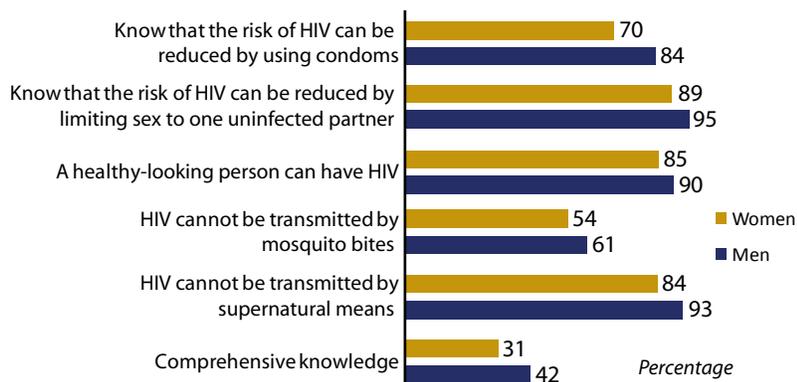
### Knowledge of HIV and AIDS

The 2006 UDHS asked women and men if a person can reduce the risk of getting HIV by adopting the three safer-sex “ABC” behaviours. While the vast majority of women and men know about these, men are more informed than women.

Women also are less likely to have comprehensive knowledge of HIV and AIDS. In the UDHS, comprehensive knowledge is defined as: knowing that consistent condom use during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV; knowing that a healthy-looking person can have HIV; and rejecting the two most common local misconceptions that HIV can be transmitted by mosquito bites or by supernatural means. Among women, 31% have comprehensive knowledge versus 42% of men.



**Figure 5.1: Knowledge and Beliefs about HIV and AIDS**





## Higher-Risk Sexual Behaviour

Men are much more likely than women to engage in risky sexual behaviour, such as sex with someone who is not a spouse or sex with multiple partners.

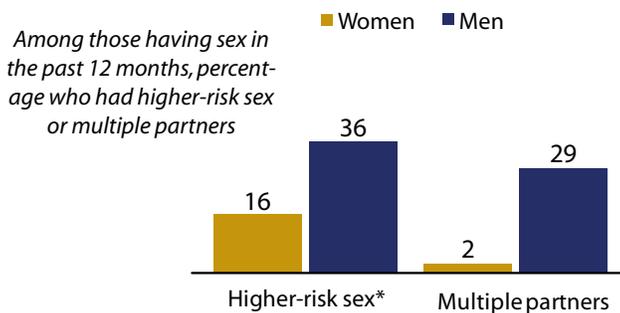
- ◇ Among Ugandans age 15-49 who were sexually active in the 12 months before the survey, more than twice as many men (36%) as women (16%) report having had higher-risk sex in the past year. Among married men, 19% report having had higher-risk sex compared to just 1% of married women. Higher-risk sex is defined as sex with a partner who is not a spouse nor who lives with the respondent.
- ◇ Among men who were sexually active in the 12 months preceding the survey, 29% had more than one sexual partner during this time period, compared to just 2% of women. Differences are especially striking among married respondents. 30% of married men report having multiple partners compared to just 1% of married women.
- ◇ Men who have ever had sex have nearly three times more sexual partners during their lifetime than women. Men report 6.4 partners, on average, versus 2.2 among women.
- ◇ Correct and consistent condom use is essential to reducing the risk of contracting HIV and other STIs. Men are much more likely than women to use condoms during higher-risk sex (57% of men versus 35% of women). Men and women who have multiple sexual partners report similar low levels of condom use at last sex (20% among men and 24% among women).

Because many married men have multiple partners and engage in higher-risk sex, married women often may not be able to avoid risk of exposure to HIV and other STIs. In the 2006 UDHS, 80% of women and 87% of men say that if a husband has a sexually transmitted infection, his wife is justified in refusing to have sex with him. Nevertheless, many married women say that in fact they cannot refuse sex with their husbands and many say that they cannot ask their husbands to use

a condom. Additional analysis of UDHS data (Appendix Table 2) found that one in five (21%) married women say they cannot refuse sex, while nearly half (46%) of married women say they cannot ask their husbands to use a condom.

The UDHS clearly indicates that relatively high levels of awareness of AIDS and knowledge of how to prevent HIV infection are not matched by high levels of condom use or fidelity to a single partner. Men's sexual behaviour puts many women at risk. These problems are especially critical among young women who have not yet married and who often face the pressures of premarital sex and the challenges of being abstinent.

**Figure 5.2: Higher-risk Sexual Behaviour**



\*Higher-risk sex is defined as sex with a partner who is neither a spouse nor who lives with the respondent

## Sexual Behaviour of Young Women and Men

The ABC approach to preventing HIV/AIDS is particularly appropriate for young adults age 15-24. The 2006 UDHS shows that never-married women age 15-24 are more likely to practice sexual abstinence than young men. One-third of never-married women 15-24 have had sex, compared to slightly less than half of men 15-24. Only about a quarter of these young women and men, however, had sex in the past year.

HIV infection can and does occur with the first sexual experience. Risks for HIV infection, as well as unintended pregnancies, are greatest among never-married young people who are currently sexually active (defined as having sex in the 12 months preceding the survey).

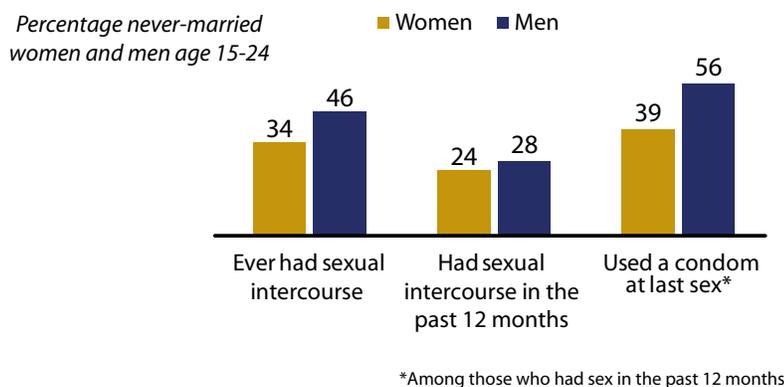
Despite the risks of premarital sex, many sexually active unmarried young people do not use condoms. Young women are less likely than men to protect themselves with condom use. Just 39% of never-married currently sexually active women age 15-24 used a condom at their last sexual intercourse compared to 56% of young men. Among young women and men, the likelihood of using a condom is greater in urban areas and among youth with more education and in wealthiest households.

These statistics suggest an urgent need to reach young unmarried women, especially with effective information about HIV prevention and with improved access to condoms. Sometimes young women are forced to have sex and other times they are persuaded to have sex in exchange for gifts. Thus, they need the tools to avoid unwanted sex, negotiate safe sex, or remain abstinent.



**Only 39% of women 15-24 used a condom the last time they had sex, compared to 56% of men 15-24.**

**Figure 5.3: Sexual Behaviour of Young Adults**



## 6. Experience of Violence

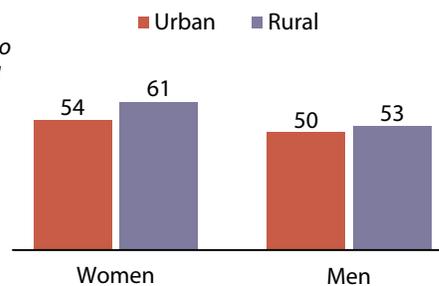
Most Ugandans have experienced interpersonal violence in their lives, whether physical, sexual, or emotional. Violence can be gender-based and is commonly directed against women. Gender-based violence is an obvious violation of human rights, with serious consequences for women's health and well-being. Although both women and men experience violence in Uganda, women are more likely to suffer every form of violence examined in the UDHS and to experience it more frequently.

### Experience of Physical Violence

According to the 2006 UDHS, 6 in 10 Ugandan women have experienced physical violence at least once since they were 15 years old. One-third of women (34%) have experienced it in the past 12 months. Women in rural areas are slightly more likely to experience violence than women in urban areas. Men are somewhat less likely than women to have ever experienced physical violence (53%) and much less likely to have experienced it in the past 12 months (20%).

**Figure 6.1: Physical Violence from Any Source**

*Percentage of women and men age 15-49 who have ever experienced physical violence*



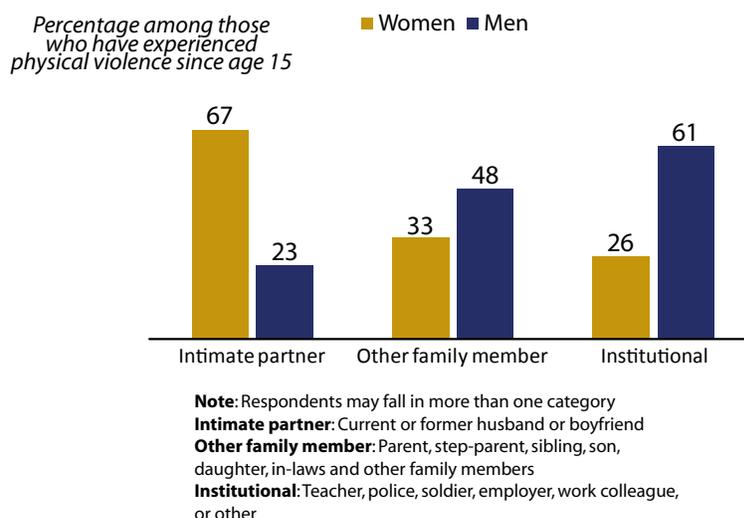
Men and women experience violence perpetrated by different people (see Appendix Tables 3 and 4).

- ◇ The vast majority of violence against women is committed by an intimate partner. In contrast, most violence against men occurs outside the family. In fact, two-thirds of all women who have ever experienced physical violence since age 15 say that an intimate partner committed violence against them. Conversely, only about one in four men (23%) give this response.
- ◇ Men are much more likely than women to cite violence from unrelated individuals, such as from teachers, police, or people in the workplace. More than two in five men (61%) report this source of violence, compared to only 26% of women.

Among women, marriage appears to be a risk factor for violence. Never married women are less likely than ever-married women to have ever experienced physical

**The vast majority of violence against women is committed by an intimate partner.**

**Figure 6.2: Perpetrators of Physical Violence**



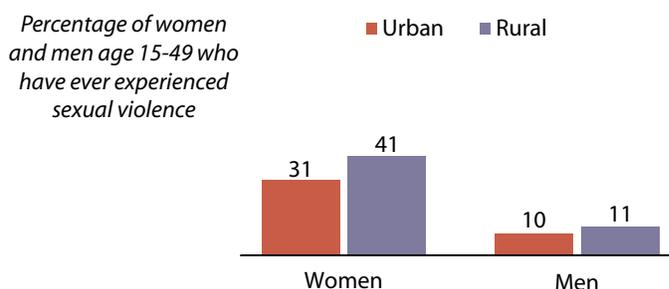
violence and also less likely to have experienced it in the past 12 months. In contrast, men who have never married are more likely than ever-married men to have experienced physical violence. In addition, pregnant women are at risk of physical violence. Sixteen percent of women reported having experienced physical violence during pregnancy. Women in rural areas are almost three times more likely than women in urban areas to experience physical violence during pregnancy.

## Experience of Sexual Violence

Sexual violence is common among Ugandan women and happens much more frequently to women than men.

- ◇ Almost four in ten women (39%) age 15-49 have ever experienced sexual violence, compared to one in ten men (11%).
- ◇ Women in rural areas are much more likely than women in urban areas to have experienced sexual violence.
- ◇ Sexual violence against women is most common among women who are divorced, separated, or widowed (55%), followed by women currently married or living together (43%) and never-married women (18%).
- ◇ Overall, 44% of women who have experienced sexual violence say their current husband or partner was responsible, while another 22% cite a former husband or partner.
- ◇ Sexual violence often begins the first time a woman has sexual intercourse (see Appendix Table 3). One-quarter of women age 15-49 (24%) say their first sexual intercourse was forced against their will. As might be expected,

**Figure 6.3: Sexual Violence from Any Source**





this percentage is highest among women whose first sexual experience was before marriage and among women whose first sexual experience occurred before the age of 15.

### Attitudes toward Wife Beating

The 2006 UDHS asked both women and men whether they thought that wife beating was justified under any of these five circumstances: neglecting the children; going out without telling the husband; refusing to have sex; arguing with the husband; and burning the food.

- ◇ Seven in ten women agree that at least one of the five circumstances is sufficient justification for wife beating.
- ◇ The most widely accepted reasons that women mention are neglecting the children (56%) and going out without informing the husband (52%).
- ◇ Among men, 6 in 10 respond that at least one of these reasons justifies wife beating.

These responses suggest that Ugandans generally accept violence as part of male-female relationships. Traditional norms may teach women to accept, tolerate, and even rationalize violence at the hands of their intimate partners or family members and also may teach men that violence is acceptable. This does not mean that violence against women is acceptable. On the contrary, these findings reveal that many women are not aware of their human rights. There is a critical need to expand and enhance programs that address knowledge and attitudes on spousal violence.

### Marital Control Behaviours

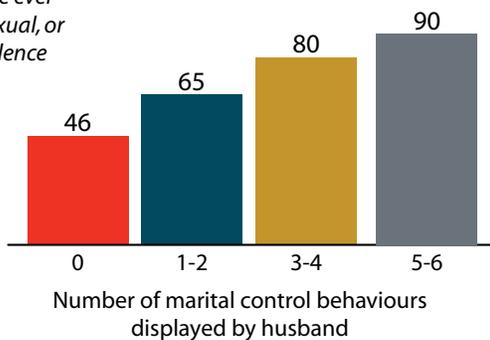
Like physical and sexual violence, marital controlling behaviours subdue and overpower women. The 2006 UDHS asked ever-married women whether their husband or partner may have manifested one or more of the following six marital control behaviours: becoming jealous or angry if she talks to other

men; frequently accusing her of being unfaithful; not permitting her to meet her female friends; trying to limit her contacts with her family; insisting on knowing where she is at all times; and not trusting her with money. Degree of marital control by background characteristic is shown in Appendix Tables 6 and 7.

- ◇ The most common marital control behaviours that women report are jealousy (58%) and insistence on knowing where the wife is at all times (51%).
- ◇ Four in ten women (41%) report that their husband exhibits at least three of the six marital control behaviours.
- ◇ Only 25% of women say that their intimate partner does not display any of these marital control behaviours.

**Figure 6.4: Marital Control Behaviours and Violence**

Percentage of currently married women 15-49 who have ever experienced physical, sexual, or emotional spousal violence



- ◇ Additionally, men report that their wives also act in controlling ways, though to a lesser extent. One-third of men say their partner displays at least three of the marital control behaviours, while 28% say their partner displays none.

Wives whose husbands are controlling are much more likely than other women to suffer physical, sexual, or emotional violence. According to the UDHS, 90% of women whose partner displays five or six of the marital control behaviours have suffered violence from their partner. This level is about twice that among women who say that their partner does not display any controlling behaviours (46%).

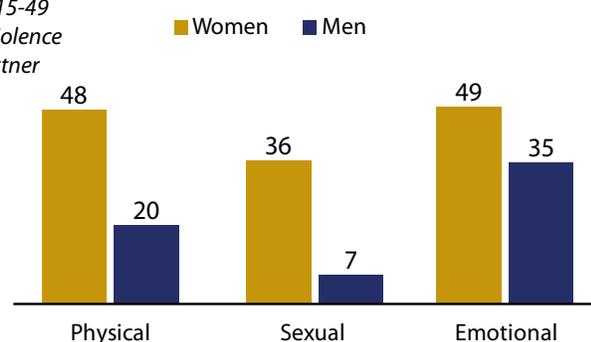
## Spousal Violence

As shown by the information already presented, women are disproportionately affected by spousal violence. In order to investigate this topic, the UDHS asked women and men who had ever been married or lived with a partner a detailed set of questions about violence that their spouse or partner may have committed against them. The UDHS measures physical and sexual violence by asking respondents whether their intimate partners ever pushed, punched, kicked, or beat them, threatened them with a weapon, or physically forced them to have sex. The UDHS also measures emotional violence by asking whether the respondent has been humiliated by a partner in front of other people, threatened with violence, or insulted or demeaned.

- ◇ Overall, more than two-thirds (68%) of ever-married women age 15-49 have experienced physical, sexual, or emotional violence by a husband or other intimate partner.
- ◇ Almost half of women (48%) have experienced physical violence—most often being slapped, punched, pushed, or kicked.
- ◇ Over one-third of women (36%) have experienced sexual violence, most often being forced to have sexual intercourse.
- ◇ Nearly half (49%) of women have experienced emotional violence by their partner, such as being insulted, humiliated, or threatened.
- ◇ Women who are divorced or separated are more likely than currently married women to have experienced each type of violence.
- ◇ Wives of husbands who often get drunk and women who saw their father beat their mother are especially prone to physical, sexual, and emotional abuse.
- ◇ Men are less likely than women to experience spousal violence. Twenty percent of ever-married men age 15-49 report having experienced physical violence, fewer than one in ten have experienced sexual violence, and 35% have experienced emotional violence by their wife or partner.

*Percentage of ever-married women and men age 15-49 who ever experienced violence by their spouse or partner*

**Figure 6.5: Intimate Partner Violence**



**About one-third of men and women sought help when they experienced sexual or physical violence.**

The UDHS also asked about physical injuries suffered as a result of spousal violence. Physical injuries are one of many adverse consequences that may result from violence. Among respondents who have experienced spousal physical violence, 32% of women and 20% of men had cuts, bruises, or aches. Eleven percent of women and 7% of men who have ever experienced spousal violence had deep wounds, broken bones, or other serious injuries.

The 2006 UDHS does not provide much information on the context of spousal violence. However, the survey does provide some data about who tends to initiate violence within a couple. Only 7% of ever-married women report that they have ever initiated physical violence against their current or most recent husband, while 41% of men report that they personally have initiated violence against their wife, a figure close to the proportion of women who report ever having experienced physical violence by their husbands (48%).

### **Seeking Help for Violence**

Adults do not often seek help for domestic violence. Only 35% of women and 34% of men who have experienced physical or sexual violence sought any help. Most frequently, women sought help from their own family or from in-laws as a result of experiencing violence. Only 23% of women sought help from a social service organization and 6% from the police. Although their own family is also the predominant source of help for men, men are more likely than women to seek help from social service organizations (35%) and the police (12%).

### **An Incomplete Picture**

The results on spousal violence from the UDHS leave many questions unanswered. While the data describe the prevalence and frequency of violence, little information is available on the severity of violence, the context in which violence occurs, or the consequences of violence. It cannot be assumed that men and women who suffer violence have to contend with the same consequences, or that men and women who leave violent relationships face the same risks. Further investigation is needed to gain a more comprehensive understanding of the impact that spousal violence has on both partners and on the well-being of their children.



## 7. Conclusion and Recommendations

The government of Uganda emphasizes gender equality in all of its initiatives to improve the living conditions of the Ugandan people and to raise the status of women. Unequal status is a vicious circle: because women have less status in the society, they lack the resources and services to improve their status. A first step to breaking this circle is to identify and publicize gender inequalities, which measure how far the society must go to achieve the goal of gender equality. This document and the 2006 UDHS provide the information needed to begin identifying and publicizing these differences and setting a path for improvements in the future.

### Education and Employment

Ugandan women are at a substantial educational disadvantage to men. This disadvantage contributes to economic disadvantages, earlier marriages, and roles centred on fertility, despite what women themselves might prefer.

- ◇ 19% of women have no formal schooling versus 5% of men.
- ◇ 34% of girls are still in school at age 18 versus 52% of boys.
- ◇ 19% of employed women are paid in cash versus 34% of men.
- ◇ 30% of employed women receive no payment for their work versus 13% of men.

**WHAT CAN BE DONE?** Education is essential to human development and to gender equality. Providing more educational opportunities for young women can do much to improve women's status in Uganda and to improve the health of their families. The fact that younger women are attaining more education than older generations of women is encouraging. This achievement reflects the government's Universal Primary Education (UPE) programme. Nonetheless, women still lag behind men in education and in employment; more needs to be done to ensure that young women are able to complete school and find employment after school.

### Sexual Initiation and Marriage

On average, Ugandan women become sexually active and marry at younger ages than men. Most begin childbearing soon after marriage, or even before. Early marriage and childbearing often cut short a woman's schooling and limit her other options.

- ◇ 71% of women 25-49 are sexually active by age 18 versus 49% of men age 25-54.
- ◇ 72% of women 25-49 marry by age 20 versus 26% of men 25-54.
- ◇ The median age at first marriage among women 25-49 is 17.6 years versus 22.3 years among men 25-54.
- ◇ The gap between median age at sexual initiation and age at first marriage for women is 1.2 years versus 4.2 years for men.

**WHAT CAN BE DONE?** Although the minimum legal age for a woman to marry is 18 years in Uganda, younger marriage remains common for girls. More needs to be done to assure better compliance with the marriage law. In addition, encouraging and enabling more girls to remain in school longer can contribute to later marriage and childbearing. Also, providing information and counselling to young girls about the health risks of early sexual activity can help avoid unintended pregnancies and risk of HIV infection.

### **Fertility Preferences and Family Planning Needs**

Many Ugandan women are having more children than they would prefer. Women and men often differ sharply in fertility preferences. Levels of unmet need for family planning are among the highest in the world.

- ◇ Married women consider 5.3 children to be the ideal number of children versus 6.4 children among married men.
- ◇ 41% of married women do not want to have any more children versus 30% of married men.
- ◇ 45% of married women did not discuss family planning with their husbands at all in the past year.
- ◇ 41% of married women have an unmet need for family planning, while only 19% use a modern method of contraception.

**WHAT CAN BE DONE?** The fact that unmet need for family planning is higher than contraceptive prevalence clearly demonstrates a need for more access to family planning information and services and for better quality of care. Identifying and overcoming barriers to women's use of family planning could help to reduce unmet need and to increase contraceptive use. Because men play a key role in reproductive decisionmaking, involving men in family planning and reproductive health is crucial.

### **Maternal Health**

Many women have serious problems obtaining health care. In particular, levels of antenatal, delivery, and postpartum care fall well below recommended standards.

- ◇ 86% of women say they encounter at least one serious problem in gaining access to health care.
- ◇ While 94% of Ugandan mothers receive antenatal care from a skilled provider, only 17% receive care before the fourth month of pregnancy, as recommended, and only 47% have the recommended four visits.
- ◇ Many more births occur at home than in a health facility. In all, only 42% of births are attended by a skilled provider during delivery.
- ◇ Only 23% of mothers receive a postpartum care within the critical first two days after delivery; 74% do not receive any postpartum care.

**WHAT CAN BE DONE?** Emphasis needs to be placed on delivering better maternal health care services. The health care system at all levels must ensure

better access for women, especially in rural areas, and should train and equip providers to deliver effective antenatal care. Efforts should be made to enable women to give birth in health facilities instead of at home.

## HIV and AIDS

Whether married or not, women generally have less individual choice than men in a sexual relationship. Many women are at a disadvantage in protecting themselves against HIV and AIDS because they cannot refuse unwanted sex or are unable to insist on condom use.

- ◇ HIV prevalence among Ugandan women is 7.5% compared to 5.0% among men.
- ◇ Among those who had sex in the 12 months preceding the survey, 16% of women report having higher-risk sex in the 12 months before the survey versus 36% of men.
- ◇ Just 2% of women had more than one sexual partner in the 12 months before the survey versus 29% of men (among those who had sex in the 12 months preceding the survey).
- ◇ 46% of married women say they cannot ask their husbands to use a condom, even if he has an STI.
- ◇ 39% of young women age 15-24 used a condom at last sex versus 56% of never-married young men.

**WHAT CAN BE DONE?** The success of HIV prevention strategies in Uganda depends on raising levels of individual knowledge about HIV and AIDS, prevention methods, and adoption of safe-sex behaviours. These goals can be problematic for women, who often have less access to information and less ability to avoid unprotected sex.

HIV/AIDS prevention efforts need to actively promote behaviour change, especially among married and unmarried men. Programmes can emphasize greater male involvement and responsibility for safer sex—including always using condoms outside of marriage and remaining faithful within marriage or cohabitation. In the era of AIDS, social norms sanctioning risky sexual behaviours must give way to new norms that protect women and men alike from this dangerous epidemic.

## Violence

Most Ugandan women face interpersonal violence, and more often than not, violence against women is by an intimate partner.

- ◇ 68% of ever-married women have experienced physical, sexual, or emotional violence by a husband or other intimate partner.
- ◇ 48% of women have experienced physical violence—most often being slapped, punched, pushed, or kicked.
- ◇ 36% of women have experienced sexual violence, most often being forced to have sexual intercourse when she did not want to.



- ◇ 49% of ever-married women have experienced emotional violence by their partner, such as being insulted, humiliated, or threatened.
- ◇ 43% of women who experienced physical violence at the hands of a husband or partner suffered injuries, most frequently cuts and bruises, while 13% had broken bones or other serious harm.

**WHAT CAN BE DONE?** A culture of silence surrounds the topic of gender-based violence. A woman who suffers at the hands of her husband or partner is understandably reluctant to seek help or even to talk about her experience because she is afraid or ashamed. Health programmes, including family planning programmes, should become better aware of the widespread problem of violence against women and sensitively encourage clients to discuss their experience in order to provide them with counselling and support. Government should provide protection for women in situations of domestic violence. Ultimately, society must lift the veil of silence and no longer condone gender-based violence or excuse abusive men from responsibility for their actions.



Appendix Table 1: Discussion of family planning with husband

Percent distribution of currently married women who know a contraceptive method by the number of times family planning was discussed with their husband in the past year, according to current age, Uganda DHS 2006

Age	Number of times			Total	Number
	Never	Once or twice	More often		
<b>CURRENTLY USING FAMILY PLANNING</b>					
15-19	23.4	36.3	40.3	100.0	43
20-24	14.5	43.2	42.3	100.0	249
25-29	21.1	36.8	42.1	100.0	270
30-34	22.4	38.7	39.0	100.0	270
35-39	20.2	30.4	49.4	100.0	185
40-44	34.7	28.7	36.6	100.0	154
45-49	39.4	28.6	32.0	100.0	93
Total	23.0	35.9	41.1	100.0	1,263
<b>ALL NOT CURRENTLY USING FAMILY PLANNING</b>					
15-19	57.7	31.8	10.5	100.0	331
20-24	49.6	29.2	21.1	100.0	881
25-29	44.7	33.8	21.3	100.0	834
30-34	43.2	29.8	27.0	100.0	701
35-39	49.2	23.9	26.7	100.0	525
40-44	62.2	22.4	15.4	100.0	373
45-49	79.4	12.0	8.2	100.0	291
Total	51.5	27.9	20.5	100.0	3,936
<b>NOT USING FAMILY PLANNING AND CURRENTLY PREGNANT OR AMENORRHEIC</b>					
15-19	59.1	30.1	10.9	100.0	210
20-24	47.8	30.9	21.1	100.0	587
25-29	42.7	34.3	22.8	100.0	579
30-34	38.1	30.1	31.8	100.0	450
35-39	35.0	30.1	34.7	100.0	248
40-44	44.8	29.2	26.0	100.0	107
45-49	50.7	17.1	32.2	100.0	24
Total	44.0	31.2	24.6	100.0	2,204
<b>NOT CURRENTLY USING FAMILY PLANNING AND NOT PREGNANT OR AMENORRHEIC</b>					
15-19	55.4	34.8	9.8	100.0	121
20-24	53.2	25.8	20.9	100.0	294
25-29	49.3	32.6	18.1	100.0	255
30-34	52.3	29.4	18.2	100.0	251
35-39	62.0	18.3	19.7	100.0	277
40-44	69.2	19.7	11.1	100.0	266
45-49	82.0	11.5	6.0	100.0	267
Total	61.0	23.6	15.3	100.0	1,731
<b>CURRENTLY MARRIED TOTAL</b>					
15-19	53.8	32.3	13.9	100.0	374
20-24	41.9	32.3	25.7	100.0	1,130
25-29	39.0	34.5	26.4	100.0	1,104
30-34	37.4	32.3	30.3	100.0	971
35-39	41.7	25.6	32.6	100.0	709
40-44	54.2	24.3	21.6	100.0	527
45-49	69.7	16.0	14.0	100.0	384
Total	44.6	29.8	25.5	100.0	5,199

Appendix Table 2: Women's ability to negotiate sexual intercourse

Percentage of currently married women who can refuse sexual intercourse with husband and who can ask husband to use a condom, Uganda DHS 2006

Background characteristic	Woman says she can say to her husband if she does not want to have sex				Woman says she could ask her husband to use a condom if she wanted him to				Number of women
	Yes	No	Don't know / depends	Total	Yes	No	Don't know / depends	Total	
<b>Residence</b>									
Urban	82.0	16.6	1.4	100.0	60.8	33.3	5.9	100.0	696
Rural	76.2	21.5	2.3	100.0	44.9	47.6	7.5	100.0	4,641
<b>Region</b>									
Central 1	93.1	5.5	1.4	100.0	69.7	25.3	5.0	100.0	505
Central 2	87.6	10.4	1.9	100.0	63.0	30.4	6.6	100.0	470
Kampala	86.8	12.1	1.1	100.0	69.4	26.7	3.9	100.0	309
East Central	81.6	18.1	0.3	100.0	53.2	43.2	3.5	100.0	552
Eastern	73.1	24.6	2.2	100.0	40.4	56.4	3.1	100.0	824
North	73.1	23.7	3.1	100.0	39.1	52.1	8.9	100.0	915
West Nile	88.5	8.0	3.5	100.0	40.6	47.6	11.8	100.0	308
Western	72.0	25.4	2.6	100.0	40.9	48.5	10.6	100.0	799
Southwest	59.3	38.3	2.4	100.0	31.9	57.1	11.0	100.0	656
<b>North Sub-regions</b>									
IDP	83.5	14.3	2.2	100.0	47.6	42.6	9.8	100.0	368
Karamoja	46.5	44.8	8.8	100.0	2.8	91.3	5.9	100.0	210
<b>Education</b>									
No education	68.8	27.9	3.3	100.0	30.0	61.6	8.4	100.0	1,315
Primary	77.8	20.1	2.1	100.0	48.0	44.4	7.5	100.0	3,211
Secondary +	87.1	12.3	0.6	100.0	70.4	25.2	4.3	100.0	811
<b>Wealth quintile</b>									
Lowest	71.5	24.7	3.8	100.0	32.5	58.4	9.1	100.0	1,094
Second	76.8	21.2	1.9	100.0	42.0	51.5	6.5	100.0	1,144
Middle	71.2	27.0	1.8	100.0	41.0	51.1	7.9	100.0	1,038
Fourth	80.2	18.7	1.1	100.0	54.6	39.1	6.3	100.0	1,024
Highest	85.4	12.4	2.2	100.0	66.3	27.2	6.5	100.0	1,036
Total	77.0	20.9	2.2	100.0	47.0	45.7	7.3	100.0	5,337

Appendix Table 3: Force at sexual initiation

Percentage of women and men age 15–49 who have ever had sexual intercourse who say that their first experience of sexual intercourse was forced against their will, by age at first sexual intercourse and whether the first sexual intercourse was at the time of first marriage or before, Uganda DHS 2006

	Percentage whose first sexual intercourse was forced against their will	Number who have ever had sex
<b>Women</b>		
<b>Age at first sexual intercourse</b>		
<15	30.6	441
15–19	22.3	1,152
20–49	16.5	108
<b>First sexual intercourse was:</b>		
At the time of first marriage/first cohabitation	19.7	831
Before first marriage/first cohabitation <sup>1</sup>	28.3	871
Total 15–49	24.0	1,765
<b>Men</b>		
<b>Age at first sexual intercourse</b>		
<15	0.6	198
15–19	0.7	965
20–49	0.8	261
<b>First sexual intercourse was:</b>		
At the time of first marriage/first cohabitation	0.2	223
Before first marriage/first cohabitation <sup>1</sup>	0.8	1,201
Total 15–49	0.7	1,431
50–54	1.2	80
Total men 15–54	0.7	1,511

Note: Total includes 64 women and 7 men with information missing on age at first sexual intercourse.

<sup>1</sup> Includes never married women/men

Appendix Table 4: Persons committing physical violence

Among women and men age 15–49 who have experienced physical violence since age 15, percentage who report specific persons who committed the violence, according to the respondent's marital status, Uganda DHS 2006

Person	Marital status		Total
	Ever married	Never married	
<b>Women</b>			
Intimate partner <sup>1</sup>	83.5	1.4	66.7
Family member or relative <sup>2</sup>	27.1	53.7	32.6
Institutional <sup>3</sup>	15.5	68.9	26.4
Number of respondents	993	256	1,249
<b>Men</b>			
Intimate partner <sup>1</sup>	38.8	0.3	23.4
Family member or relative <sup>2</sup>	46.0	50.7	47.9
Institutional <sup>3</sup>	52.5	74.8	61.4
Number of respondents	558	371	930

1 Current husband/partner or former husband/partner or current boyfriend of former boyfriend  
 2 Father/step-father or mother/step-mother or sister/brother or daughter/son or other relative or mother-in-law or other-in-law  
 3 Teacher or employer/someone at work or police/soldier or other

Appendix Table 5: Persons committing physical violence

Among women and men age 15–49 who have experienced physical violence since age 15, percentage who report specific persons who committed the violence, Uganda DHS 2006

	Perpetrator						Total	Number of respondents	
	Intimate partner <sup>1</sup> only	Other family <sup>2</sup> only	Intimate partner and family only	Institutional <sup>3</sup> only	Intimate partner and institutional only	Other family and institutional only			Physical violence from all three
Women	49.5	13.4	10.6	13.6	4.3	6.2	2.3	100.0	1,249
Men	11.4	22.6	4.6	36.3	4.5	17.7	3.0	100.0	930

1 Current husband/partner or former husband/partner or current boyfriend of former boyfriend

2 Father/step-father or mother/step-mother or sister/brother or daughter/son or other relative or mother-in-law or other-in-law

3 Teacher or employer/someone at work or police/soldier or other



Appendix Table 6: Degree of marital control exercised by husbands

Percentage of ever married women age 15–49 whose husband/partner ever demonstrates specific types of controlling behaviors, according to background characteristics, Uganda DHS 2006

Background characteristic	Percentage of women whose husband:								Number of women
	Is jealous or angry if she talks to other men	Frequently accuses her of being unfaithful	Does not permit her to meet her female friends	Tries to limit her contact with her family	Insists on knowing where she is at all times	Does not trust her with any money	Displays 3 or more of the specific behaviors	Displays none of the specific behaviors	
<b>Current age</b>									
15–19	55.9	33.2	25.7	22.2	45.4	15.9	35.5	20.3	100
20–24	62.4	40.3	34.9	22.1	58.8	24.0	45.5	21.4	327
25–29	58.9	35.0	29.8	20.4	54.0	30.8	44.0	25.8	313
30–39	56.5	38.1	27.2	21.9	47.0	27.3	39.4	25.4	537
40–49	53.3	33.2	24.8	17.0	48.3	28.1	36.5	30.6	321
<b>Employment</b>									
Not employed	54.5	27.4	28.0	14.3	48.1	19.6	34.0	30.2	99
Employed for cash	56.1	37.0	29.9	22.2	48.2	27.6	40.9	25.9	851
Employed not for cash	59.9	37.7	27.3	19.7	54.9	26.7	41.5	24.0	648
<b>Number of living children</b>									
0	55.9	25.3	29.9	19.1	65.9	22.4	33.4	19.3	75
1–2	60.0	39.4	31.9	21.8	52.6	23.2	42.1	23.1	477
3–4	58.5	37.2	29.1	20.8	49.4	27.0	42.4	27.6	436
5+	55.1	35.6	25.8	19.9	48.8	29.8	39.4	26.4	611
<b>Marital status and duration</b>									
Currently married woman	56.3	34.9	25.5	18.7	50.1	24.9	38.6	25.5	1,304
Married only once	55.7	33.5	24.7	17.7	49.0	24.6	37.5	26.2	1,024
0–4 years	57.1	32.8	25.5	20.3	52.5	17.2	34.3	20.7	238
5–9 years	58.7	33.2	28.2	17.5	54.6	26.5	42.0	25.3	212
10+ years	54.0	34.0	23.1	16.7	45.6	26.9	37.2	28.9	574
Married more than once	58.4	39.9	28.3	22.2	54.2	26.1	42.5	22.9	280
Divorced/separated/widowed	63.1	44.5	43.1	29.7	54.5	34.9	50.3	24.8	294
<b>Residence</b>									
Urban	59.8	37.3	29.0	20.1	42.1	22.0	37.8	30.1	227
Rural	57.1	36.6	28.7	20.8	52.4	27.5	41.2	24.6	1,371
<b>Region</b>									
Central 1	60.1	40.6	30.9	19.3	60.7	24.9	49.7	21.5	150
Central 2	45.6	28.7	26.4	15.9	46.7	20.5	32.9	36.4	145
Kampala	51.6	31.4	17.9	9.2	34.7	14.8	26.8	39.2	108
East Central	69.2	50.4	33.7	21.2	54.0	26.8	50.8	16.1	161
Eastern	74.1	53.6	35.3	25.1	75.4	35.6	61.2	8.2	214
North	65.8	29.2	28.0	21.0	48.5	29.1	38.4	23.8	247
West Nile	56.7	27.9	27.6	13.8	45.1	27.8	37.9	25.0	90
Western	42.2	29.6	27.1	28.4	43.3	27.4	30.5	30.8	258
Southwest	51.0	35.5	27.3	19.2	43.4	25.4	35.2	32.9	225
<b>North Sub-regions</b>									
IDP	64.7	26.4	27.5	17.2	48.7	29.3	37.3	23.8	98
Karamoja	48.1	23.3	12.9	11.4	35.7	16.1	23.8	36.0	46
<b>Education</b>									
No education	54.6	36.3	25.6	18.8	43.6	23.6	35.6	27.8	373
Primary	59.0	37.4	30.5	21.5	53.3	28.3	42.7	24.3	1,004
Secondary +	55.7	34.1	26.1	20.1	52.7	24.7	40.4	26.1	221
<b>Wealth quintile</b>									
Lowest	64.9	37.4	27.9	17.2	49.2	32.6	45.0	21.3	300
Second	56.3	40.7	30.4	21.6	52.3	33.1	43.5	23.0	317
Middle	56.0	36.0	26.9	24.7	53.0	25.2	38.2	25.4	334
Fourth	54.8	35.8	30.6	23.0	51.9	23.6	40.4	27.8	330
Highest	56.2	33.5	27.7	16.4	48.1	19.7	37.0	29.0	318
Total	57.5	36.7	28.7	20.7	50.9	26.7	40.7	25.4	1,598

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women.

Appendix Table 7: Degree of marital control exercised by wives

Percentage of ever married men age 15–49 whose wife/partner ever demonstrates specific types of controlling behaviors, according to background characteristics, Uganda DHS 2006

	Percentage of men whose wife:								Number of men
	Is jealous or angry if he talks to other women	Frequently accuses him of being unfaithful	Does not permit him to meet his male friends	Tries to limit his contact with his family	Insists on knowing where he is at all times	Does not trust him with any money	Displays 3 or more of the specific behaviors	Displays none of the specific behaviors	
<b>Current age</b>									
15–19	*	*	*	*	*	*	*	*	10
20–24	53.9	31.1	9.6	6.1	35.1	16.7	23.5	35.0	137
25–29	63.0	40.4	12.8	6.0	45.5	16.9	34.8	26.1	188
30–39	60.7	43.3	11.5	4.4	45.9	18.9	32.9	28.0	469
40–49	63.8	35.6	10.9	6.8	44.8	23.6	35.8	26.3	277
<b>Employment</b>									
Not employed	*	*	*	*	*	*	*	*	6
Employed for cash	60.7	39.4	11.1	5.9	39.9	16.1	30.6	30.7	823
Employed not for cash	62.4	39.7	11.6	3.3	56.1	29.7	38.5	20.0	252
<b>Number of living children</b>									
0	54.0	37.7	8.7	6.8	33.6	15.6	23.8	35.3	88
1–2	56.1	35.6	10.4	4.7	40.8	15.2	29.5	32.9	281
3–4	63.0	41.8	10.6	6.0	44.9	19.5	31.6	25.7	270
5+	64.4	40.7	13.1	5.4	47.3	22.6	36.9	25.1	441
<b>Marital status and duration</b>									
Currently married	60.7	37.7	10.5	4.4	42.9	18.6	31.1	28.5	993
Married only once	56.2	34.3	8.2	3.3	37.9	16.0	25.5	31.8	570
0–4 years	50.6	28.5	9.8	3.4	33.0	10.1	19.8	37.0	186
5–9 years	61.6	41.6	4.8	2.3	38.9	19.7	26.0	28.1	130
10+ years	57.6	34.9	8.8	3.7	41.0	18.3	29.5	29.9	254
Married more than once <sup>1</sup>	66.8	42.2	13.7	6.0	49.5	22.2	38.7	24.0	423
Divorced/separated/widowed	64.9	59.0	21.3	17.4	55.4	27.1	49.2	24.1	87
<b>Residence</b>									
Urban	65.1	42.1	15.6	3.6	47.9	20.7	38.2	26.4	150
Rural	60.4	39.0	10.7	5.8	43.2	19.1	31.7	28.4	930
<b>Region</b>									
Central 1	66.4	49.0	10.2	7.3	49.7	24.8	38.9	22.8	104
Central 2	83.5	65.7	23.1	21.2	63.5	25.4	55.2	9.6	108
Kampala	70.7	51.5	14.8	3.7	48.6	21.0	38.6	20.5	74
East Central	74.0	57.5	18.7	5.3	52.4	12.7	41.7	17.9	101
Eastern	66.5	41.2	16.0	6.7	54.4	37.5	45.2	13.2	168
North	51.2	19.4	11.5	0.7	31.2	5.0	15.1	37.2	157
West Nile	57.7	37.9	4.1	1.5	62.3	34.5	35.6	15.5	57
Western	47.6	24.8	1.8	0.0	23.8	9.4	15.1	49.4	171
Southwest	47.7	31.4	5.3	5.3	34.2	14.3	25.1	44.6	141
<b>North Sub-regions</b>									
IDP	47.5	24.2	8.2	1.6	17.8	3.6	14.1	45.8	70
Karamoja	41.1	13.8	12.1	0.0	44.4	10.5	12.7	41.4	30
<b>Education</b>									
No education	56.6	36.6	7.1	2.3	39.8	19.0	30.2	33.2	79
Primary	61.3	40.9	12.4	6.0	44.1	20.2	34.5	29.2	715
Secondary +	61.8	36.6	10.2	5.0	44.5	17.1	28.4	24.0	287
<b>Wealth quintile</b>									
Lowest	53.6	25.3	9.9	1.4	34.0	15.0	18.5	34.5	184
Second	57.5	36.5	9.7	4.5	42.6	19.1	31.1	31.0	248
Middle	59.1	39.8	9.5	8.2	47.3	17.4	36.0	31.0	202
Fourth	64.5	43.3	10.9	4.0	44.3	17.6	33.2	26.6	225
Highest	69.7	50.2	16.8	8.9	50.0	26.6	42.3	18.5	221
Total 15–49	61.1	39.4	11.4	5.5	43.9	19.3	32.6	28.1	1,081
Men 50–54	49.3	31.4	12.9	7.4	37.4	20.6	24.3	35.4	78
Total men 15–54	60.3	38.9	11.5	5.6	43.4	19.4	32.0	28.6	1,158

Note: Wife/partner refers to the current wife/partner for currently married men and the most recent wife/partner for divorced, separated or widowed men.

An asterisk represents a figure based on fewer than 25 unweighted cases that has been suppressed.

<sup>1</sup> Includes men who are currently married to more than one wife.

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