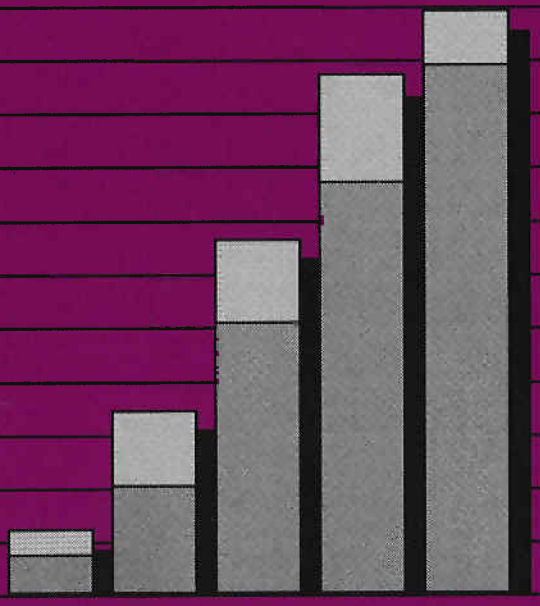
DHS

Uganda

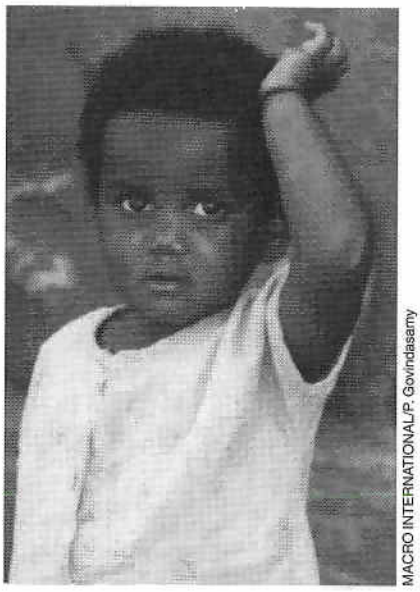


Demographic and Health Survey 1995

SUMMARY REPORT

UGANDA DEMOGRAPHIC AND HEALTH SURVEY 1995

SUMMARY REPORT



MACRO INTERNATIONAL/P. Govindasamy

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Ministry of Finance and Economic Planning
P.O. Box 13
Entebbe, Uganda

August 1996

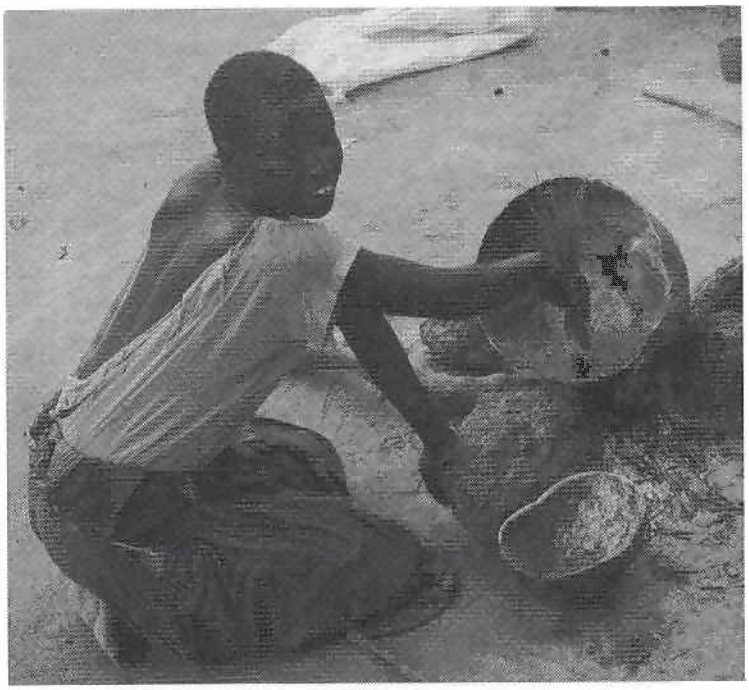
This report summarises the findings of the 1995 Uganda Demographic and Health Survey (UDHS) conducted by the Statistics Department of the Ministry of Finance and Economic Planning. Macro International Inc. provided technical assistance. Funding was provided by the U.S. Agency for International Development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

Background

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. Fieldwork for the UDHS took place from the end of March until mid-August 1995.

As with the 1988-89 DHS survey in Uganda, the 1995 UDHS was designed to provide information on levels and trends of fertility, infant and child mortality, family planning knowledge and use, and maternal and child health. However, the 1995 UDHS was expanded to collect data on maternal mortality, knowledge of AIDS and other sexually transmitted diseases, and availability of health and family planning services. The UDHS data are intended for use by programme managers and policymakers to evaluate and improve family planning and maternal and child health programmes in Uganda.



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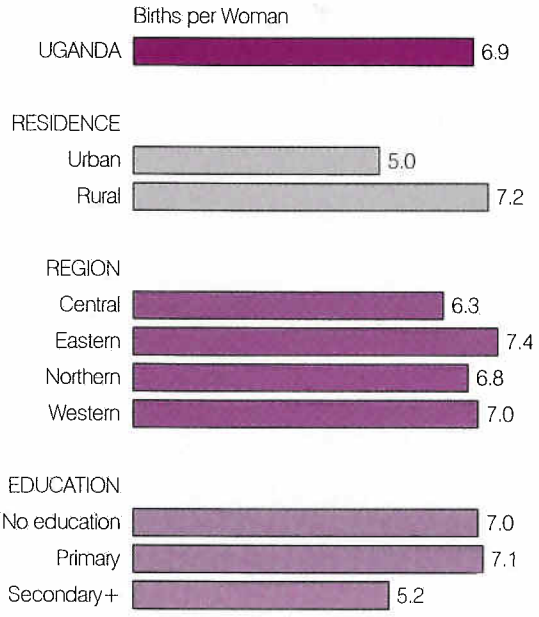
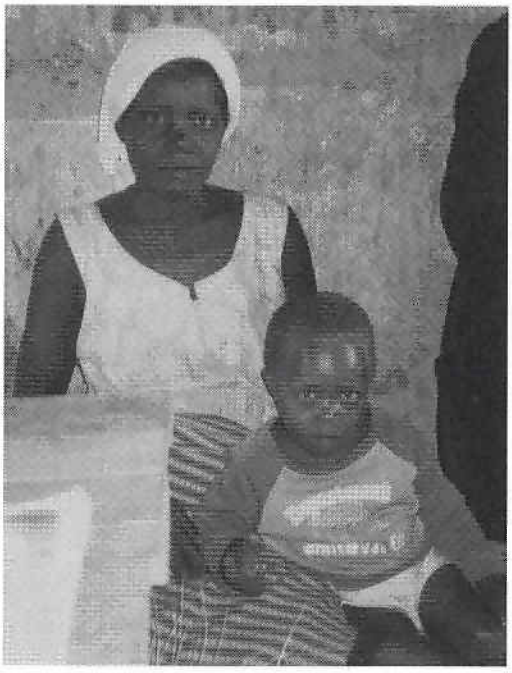
The UDHS was implemented by the Statistics Department in collaboration with the Population Secretariat and the Ministry of Health. Macro International Inc. provided financial and technical assistance to the project through the Demographic and Health Surveys (DHS) programme funded by the U.S. Agency for International Development.

Unlike the 1988-89 UDHS, the 1995 survey covered the entire country except for Kitgum District and is thus nationally representative. The 1988-89 survey omitted nine northern districts containing roughly 20 percent of the population.

Figure 1
Total Fertility Rates by Background Characteristics (Women 15-49)



Although fertility is high in Uganda, it is considerably lower among urban women and better educated women than among rural and less educated women.



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Fertility

Fertility Levels and Trends

UDHS data indicate that fertility levels have declined slightly in Uganda. At current fertility levels, a Ugandan woman will give birth to an average of 6.9 children during her reproductive years. This represents a slight decline from the level prevailing over the last two decades (7.1 births per woman). For the roughly 80 percent of the country that was covered in the 1988-89 UDHS, fertility has declined from 7.3 in 1984-88 to 6.9 births per woman in 1992-95.

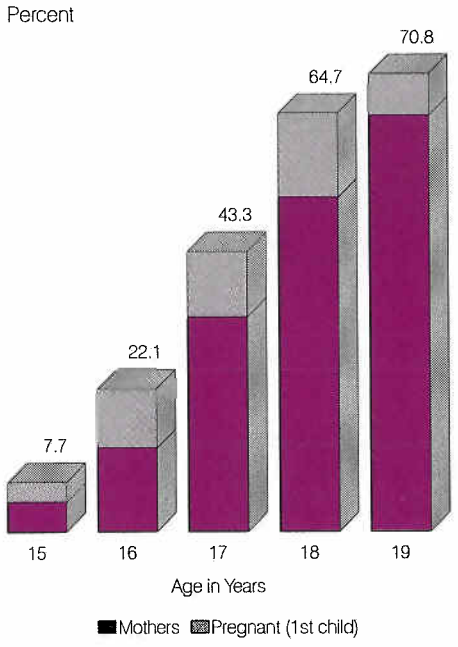
At current fertility levels, a Ugandan woman will give birth to nearly 7 children during her reproductive years.

Urban women, with a total fertility rate of 5 births per woman, have smaller families than rural women, who give birth to an average of 7.2 children. Fertility rates are lower in the Central Region (6.3 births per woman) than in the other three regions (6.8 to 7.4). Women with secondary education have much lower fertility—5.2 births per woman—than those with either no education or only primary school (just over 7 births per woman).

Childbearing begins early in Uganda. Two in five teenage women (age 15-19) have begun childbearing, with 34 percent having had a child and 9 percent carrying their first child. By the time they reach age 19, over 70 percent of women have begun childbearing.

By the time they reach age 19, over 70 percent of Ugandan women have either given birth or are pregnant with their first child.

Figure 2
Adolescents Who Are Mothers or Are Pregnant with Their First Child (Women 15-19)



Childbearing begins very early; 43 percent of all teenagers have either given birth or are pregnant with their first child.

Marriage and Exposure to the Risk of Pregnancy

Women in Uganda marry young—over half are married before reaching age 18. There has been little change in age at marriage over the recent past. Men marry almost six years later than women, with a median age at marriage of 23.

Women with secondary education generally marry four years later (age 21) than women with no education (17). Urban women marry later than rural women (19 vs. 17).

Over half of women in Uganda marry before the age of 18.

Almost one in three currently married women is in a polygynous union. Polygyny is common among women in all age groups and at all levels of education. It is slightly less common among women in the Western Region.

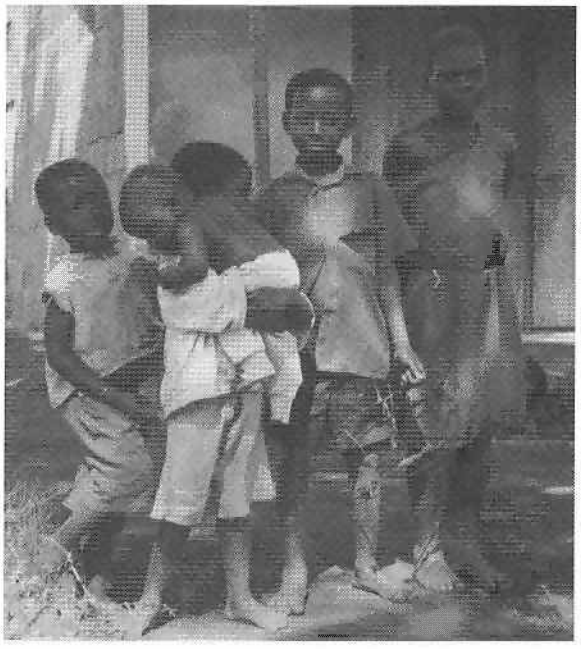
The median age at first sexual intercourse is about 16 years for women and over 17 years for men. Sixty percent of the women interviewed said they had been sexually active in the four weeks before the survey.

Fertility Preferences

Survey findings indicate that Ugandans prefer large families. Moreover, men are more pronatalist than women. For example, among those with six or more children, 24 percent of married women want to have more children, compared to 57 percent of married men.

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. Overall, women report a mean ideal family size of 5.3, compared to 5.8 for men.

Despite the high fertility preferences, 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; the proportion of married women who want no more children increased from 19 percent in 1988-89 to 32 percent in 1995.



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Unplanned pregnancies are common in Uganda. Almost one-third of births are unplanned—22 percent are mistimed (wanted later) and 8 percent are unwanted.

Results from the survey indicate that if unwanted births were eliminated, the fertility rate in Uganda would be 5.6 births per woman, far less than the actual fertility rate of 6.9.

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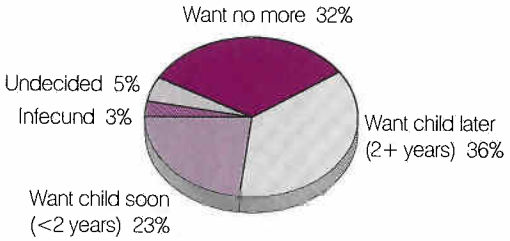
Figure 3
Fertility Preferences
(Currently Married Women 15-49)



Note: "Want no more" includes sterilised women.

Two-thirds of currently married women either want no more children or want to wait at least two years before having another child.

Family Planning

Knowledge and Use of Contraception

Knowledge of family planning methods is nearly universal, with 92 percent of women age 15-49 and 96 percent of men age 15-54 knowing at least one contraceptive method.

Knowledge of contraceptive methods has increased considerably, from 82 percent of women in 1988-89 to 92 percent in 1995. There has also been a large increase in knowledge of 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 to 69 percent during the same period.

Fifteen percent of married women are currently using a contraceptive method, up from only 5 percent in 1988-89. Use of modern methods has increased from 3 to 8 percent of married women.

Fifteen percent of currently married women are using some method of family planning.

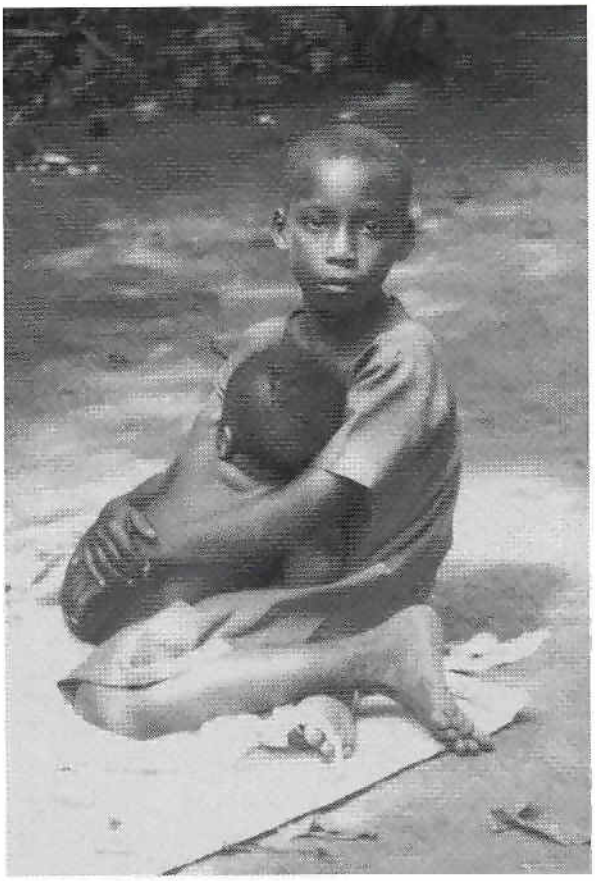


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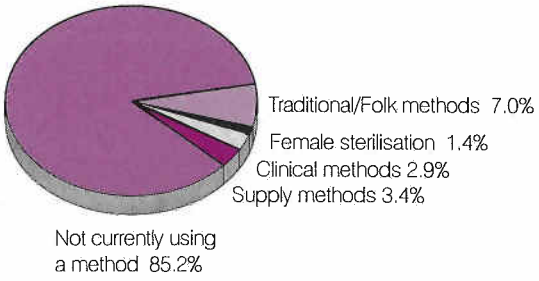
Figure 4
Use of Specific Contraceptive Methods (Currently Married Women 15-49)



Note: Supply methods: pill (2.6%) and condoms (0.8%); clinical methods: injectables (2.5%) and IUD (0.4%).

Of the 15 percent of married women who are currently using a contraceptive method, about half use modern methods and half use traditional/folk methods.

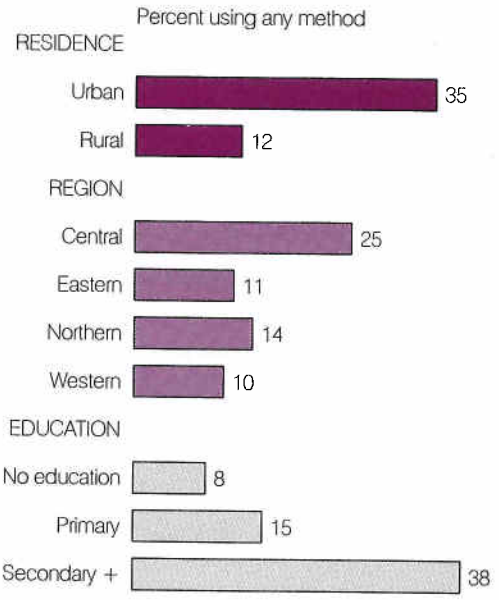
Periodic abstinence (rhythm method) is the most popular method, used by 4 percent of married women. Just over half of women who are using contraception employ modern methods, principally the pill (3 percent of married women), injectables (3 percent) and female sterilisation (1 percent). Use of the pill, injectables and periodic abstinence has risen particularly rapidly over the last six years.

Contraceptive use varies greatly by region, from 10 percent of married women in the Western Region to 25 percent in the Central Region.

Contraceptive use is almost three times higher in urban than in rural areas (35 vs. 12 percent of married women). The differential in use by education level is particularly striking: 8 percent of married women with no education are using some method of family planning, compared to 38 percent of those with secondary or higher education.

Contraceptive use also varies greatly by region. Married women in the Central Region have the highest prevalence rate (25 percent), compared to the Western Region with the lowest (10 percent).

Figure 5
Contraceptive Use by Background Characteristics (Currently Married Women 15-49)



Some women are much more likely than others to be using a family planning method—particularly urban women, women living in the Central Region, and better educated women.

Half of current users (47 percent) obtain their methods from public sources (mainly government hospitals), while 42 percent use non-governmental medical sources (mostly private hospitals and clinics) and the remaining 11 percent use other private sources such as shops.

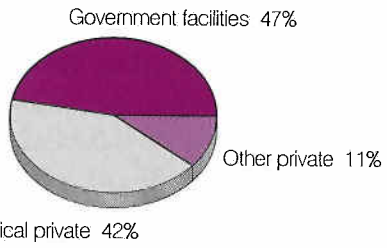
Unmet Need for Family Planning Services

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 because they want to wait two years or more before their next birth and 11 percent because they do not want any more children.

Over one-quarter of currently married women in Uganda have an unmet need for family planning.

If all women who say they want to space their next birth or not have any more children were to use a family planning method, the contraceptive prevalence rate would rise from 15 to 44 percent of married women.

Figure 6
Current Users of Modern Contraceptive Methods by Source of Supply



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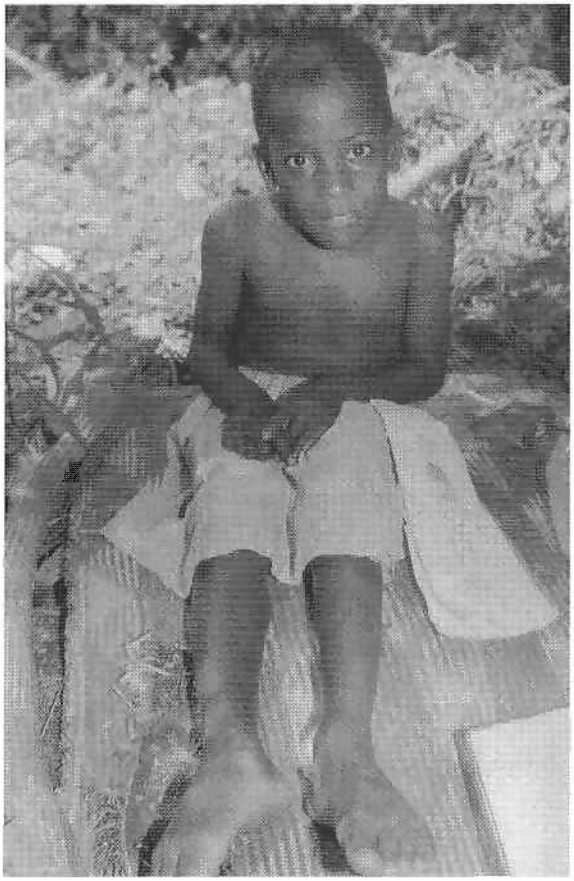

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Maternal and Child Health

Maternity Care

Use of maternity care helps ensure a safer pregnancy and delivery. In Uganda, use of antenatal services is high. In the four years prior to the survey, mothers received antenatal care from a doctor, nurse or midwife for 91 percent of births. The median number of antenatal care visits is 4.1. Also, mothers reported receiving at least one tetanus toxoid injection for 80 percent of births.

Utilisation of antenatal services is high. In the four years prior to the survey, mothers received antenatal care for 91 percent of births.

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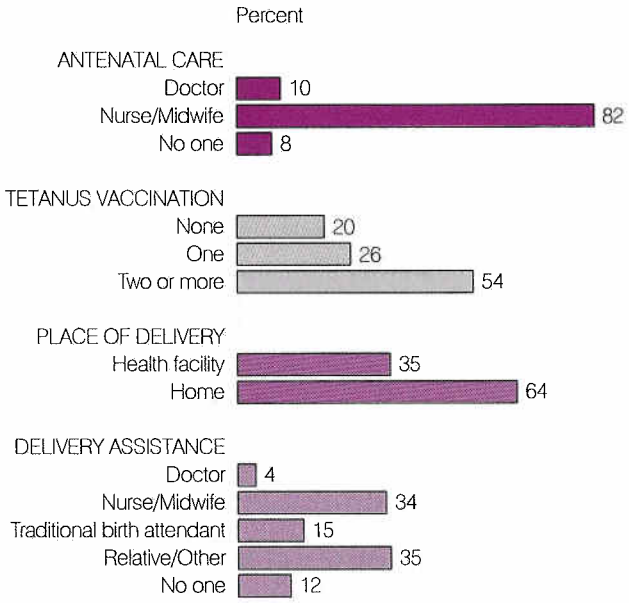
Figure 7
Antenatal Care and Delivery Care (Births in the Preceding 4 Years)



Nine in 10 pregnant women receive some antenatal care and eight in 10 receive at least one tetanus toxoid vaccination, yet only one in three births occurs in a health facility with trained medical assistance.

Professional assistance at delivery, however, is less common. Two out of three births in Uganda take place at home and less than 40 percent are assisted by medically trained personnel. One-third of births are assisted by relatives; 12 percent of women deliver without assistance from anyone.

Maternal Mortality

Pregnancy and childbearing can be life-threatening for Ugandan women. For the decade before the survey, the maternal mortality ratio was estimated to be 506 maternal deaths per 100,000 births. This means that a Ugandan woman has a 1 in 26 chance of dying from maternity-related causes during her lifetime.

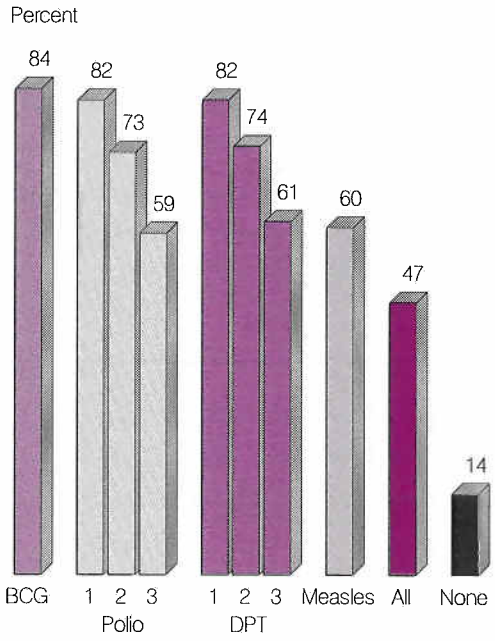
Childhood Immunisations

In the past few years, childhood vaccination coverage has improved. Survey results show that 47 percent of children age 12-23 months are fully vaccinated and only 14 percent have not received any vaccinations at all. This is a great improvement over the 31 percent of children who were fully immunised in 1988-89 (representing about 80 percent of Ugandan children). Nevertheless, a large proportion of children receive one or two vaccinations but still fail to complete the full course. If dropout rates could be reduced, the level of full coverage could be improved still further.

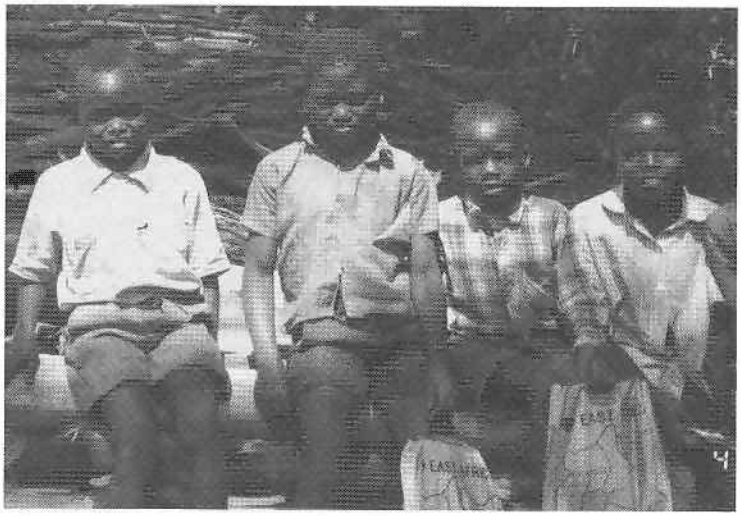
Survey results show that 47 percent of children age 12-23 months are fully vaccinated.

Vaccination coverage levels are higher for children in urban areas than in rural areas. They are also higher in the Western and Central Regions compared to the Eastern and Northern Regions.

Figure 8
Vaccination Coverage (Children 12-23 Months)



If dropout rates could be reduced, the level of full childhood vaccination coverage could be improved still further.



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Treatment of Childhood Diseases

During the two weeks before the survey, 27 percent of children under age four experienced symptoms of acute respiratory infection—cough with short, rapid breathing. Two out of three of these children were taken to a health facility or doctor for treatment.

Almost half of children under four (46 percent) were reported to have had fever in the two weeks preceding the survey.

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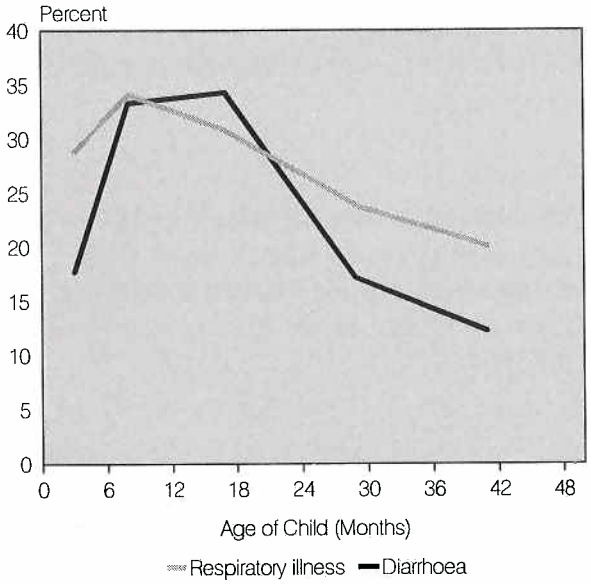
One in four children under four had diarrhoea during the two weeks preceding the survey. Over half of these children were taken to a health facility or doctor for treatment. The survey shows that knowledge and use of oral rehydration therapy for treatment of diarrhoea is widespread in Uganda. Among children with diarrhoea, half were given either a homemade or a commercially produced solution made of sugar, salt and water. Moreover, three-quarters of mothers with children under four say they know of oral rehydration therapy.

Figure 9
Prevalence of Respiratory Illness and Diarrhoea in the Two Weeks before the Survey, by Age of Child



Approximately one in four children under four years was reported to have had either a severe cough or diarrhoea in the two weeks preceding the survey; both illnesses were more common among children age 6-18 months.

Infant Feeding Practices

Almost all children born in the four years before the survey (98 percent) were breastfed for some period of time. The median duration of breastfeeding is 20 months.

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In Uganda, 70 percent of children under four months are exclusively breastfed, as is recommended by the World Health Organisation. Moreover, many women avoid such non-recommended practices as using infant formula or bottles with nipples.

Although the level of exclusive breastfeeding is high, 30 percent of infants under four months are given some sort of supplemental feeding. Early supplementation of breast milk with other liquids and foods can result in infection and lower immunity to disease.

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Nutritional Status of Children and Mothers

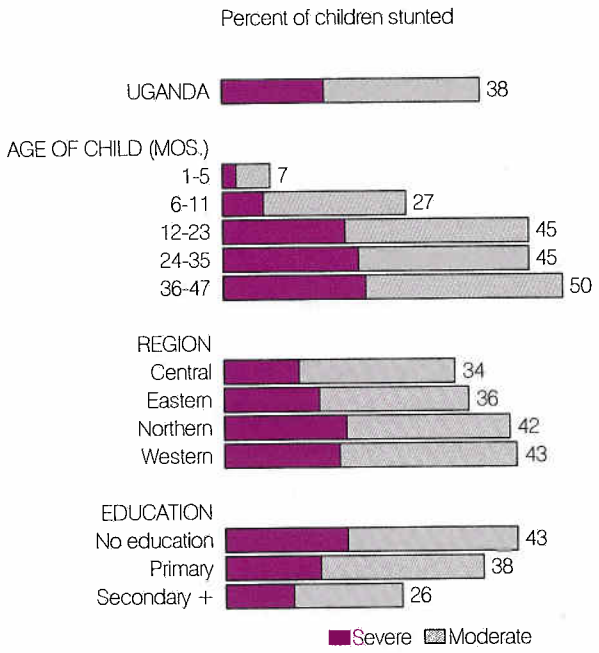
Thirty-eight percent of children under the age of four are too short for their age or stunted, which reflects chronic undernutrition. This proportion is 17 times the level expected in a healthy, well-nourished population. Fifteen percent of children are severely stunted.

Thirty-eight percent of children under the age of four are too short for their age, or stunted, which reflects chronic undernutrition.

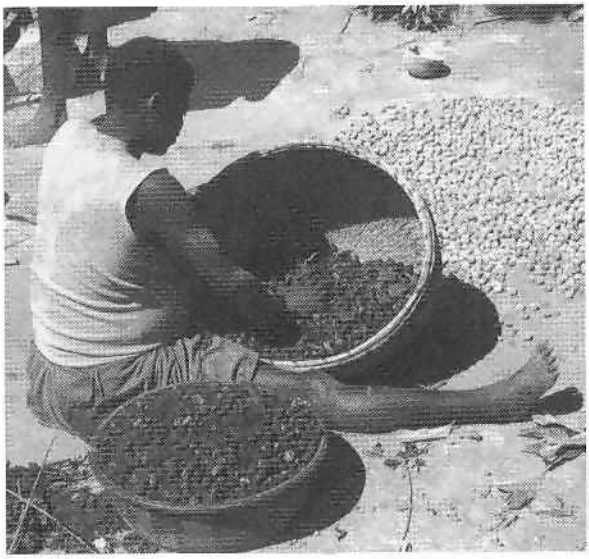
Five percent of children under four are wasted (i.e., low weight in relation to height). Wasting generally indicates acute undernutrition in recent months and may be related to illness or shortage of food.

Women whose height is 145 centimetres or less and whose mean body mass index (BMI) falls below 18.5 (kg/m^2) are considered to be at greater risk of being undernourished than other women. Fewer than 2 percent of mothers are shorter than 145 centimetres. One in 10 mothers has a BMI below 18.5.

Figure 10
Prevalence of Stunting by Background Characteristics (Children under 4 Years)



Stunting, which reflects chronic undernutrition, is highest among older children, children in the Northern and Western Regions, and children whose mothers have no education.



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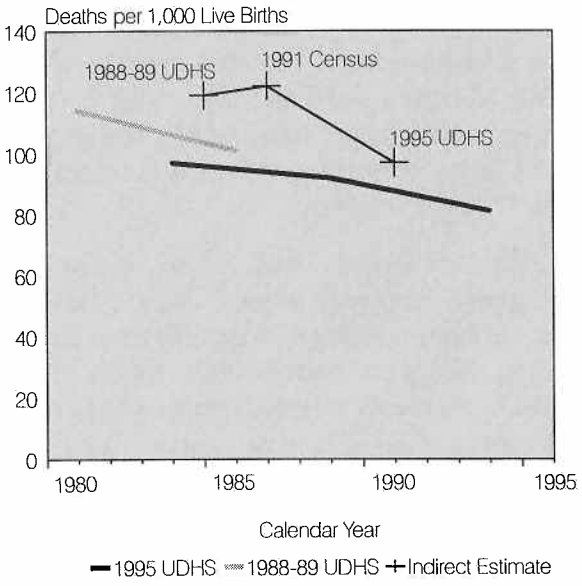
Infant and Child Mortality

UDHS findings indicate that one in seven Ugandan children dies before reaching the fifth birthday. For the most recent five-year period (roughly 1991-95), the direct estimate of under-five mortality is 147 per 1,000 live births and infant mortality is 81 per 1,000 births. (The indirect estimate of infant mortality is 97 roughly for the 1988-92 period.)

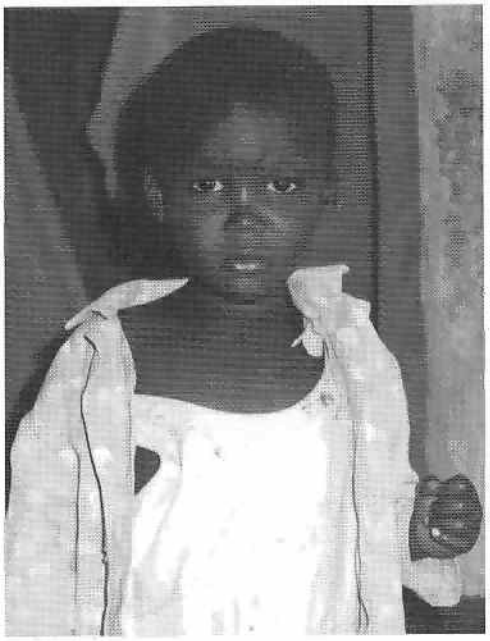
One in seven children born in Uganda dies before reaching the fifth birthday.

The 1995 UDHS data indicate that there has been a significant decline in childhood mortality levels over time. For example, the 1988-89 UDHS estimated an under-five mortality rate of 180 per 1,000 births in the roughly 80 percent of the country that was covered in that survey.

Figure 11
Trends in Infant Mortality



There has been a significant decline in infant mortality.



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Differences in mortality by region for the past decade are quite marked. Childhood mortality is highest in the Northern Region, where almost one in five children do not live to see their fifth birthdays. The infant mortality rates in the Northern and Eastern Regions (99 and 98, respectively) are considerably higher than those in the Western and Central Regions (75 and 77, respectively).

UDHS data indicate that spacing births can potentially reduce childhood mortality levels. A child born less than 24 months after a preceding child is two and a half times more likely to die before his first birthday than a child born after an interval of four or more years.

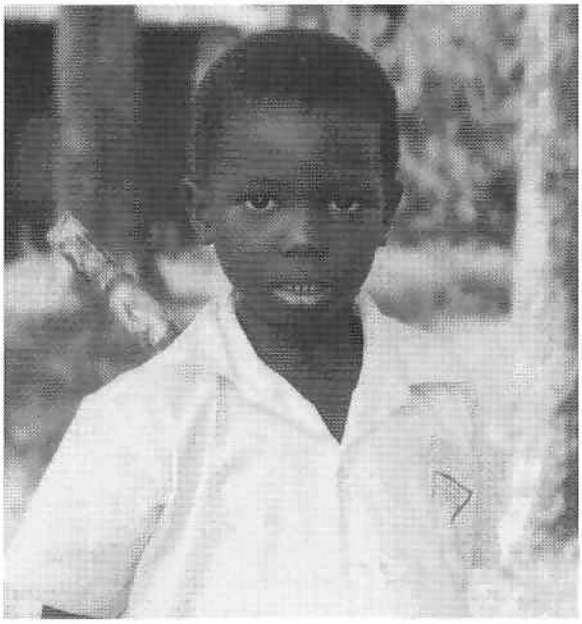

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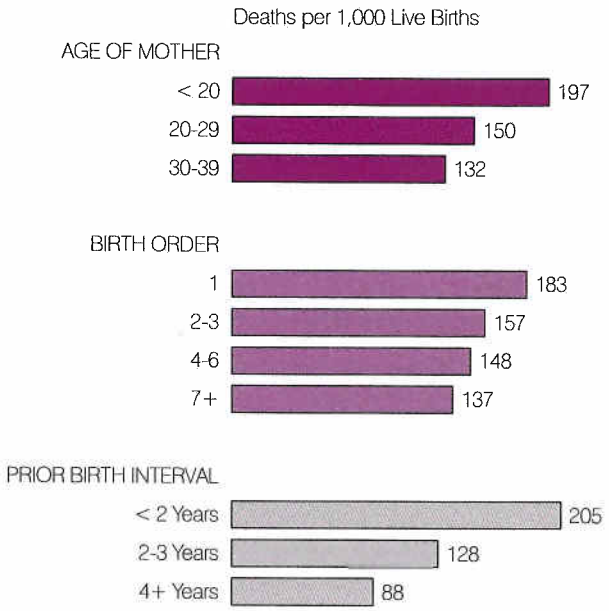
Figure 12
Under-Five Mortality by Selected Characteristics



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

Children born to young mothers (under age 20) and those born after a short birth interval (less than two years) are subject to much higher mortality rates than those born to older mothers and after longer birth intervals.

AIDS-Related Knowledge and Behaviour

Nearly all Ugandans have heard of AIDS. The most common sources of information are friends and relatives, followed by the radio.

Limiting the number of sexual partners is cited by a large majority of both women and men as a way to prevent HIV transmission, while about one-third of respondents mention abstaining from sex and one-fifth mention using condoms as other ways to avoid the disease.

Nearly all Ugandans have heard of AIDS and most say that limiting sexual exposure is a way to avoid getting the disease.

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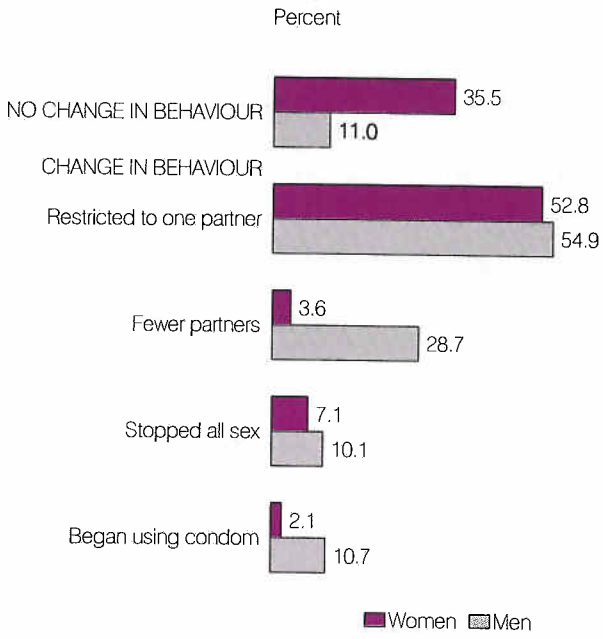
More than 80 percent of both women and men are aware that AIDS is a fatal disease, that it can be transmitted from mother to child at birth, and that it is possible for a healthy-looking person to be carrying the virus. More than 85 percent of respondents know someone who either has AIDS or who died of AIDS.

Women perceive themselves at greater risk of getting AIDS than men. One-third of the women say they have a moderate or great risk of getting the disease, compared to only 16 percent of men.

Sixty-five percent of women say that they have changed their sexual behaviour as a result of AIDS, compared with 89 percent of men. Among those reporting behaviour change, most women and men say that they have restricted themselves to one partner.

Figure 13
Changes in Behaviour after Learning about HIV/AIDS



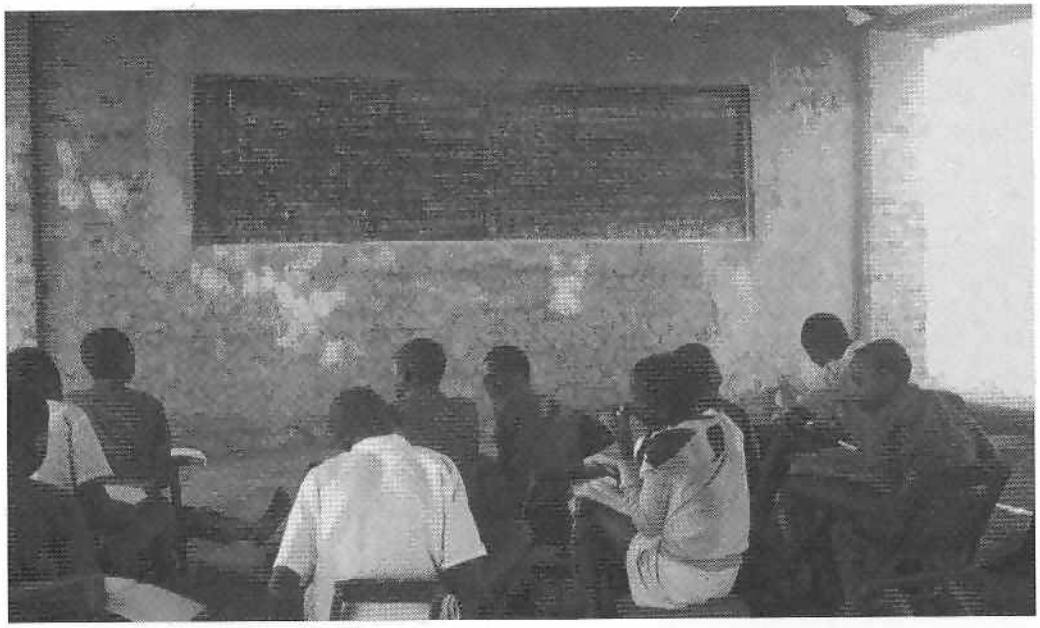
Most women and men say that they have changed their behaviour since learning about HIV/AIDS, mostly by restricting themselves to one partner.

Availability of Health and Family Planning Services

UDHS data indicate that at least some method of family planning is readily available in Uganda. Almost half (46 percent) of married women live within 5 kilometres of a source of family planning services. Pharmacies are the closest source of services, followed by dispensaries/sub-dispensaries.

As expected, urban women are closer than rural women to a family planning source. Also, sources for supply methods (e.g., condoms, pills) are more widespread than sources of clinical methods like sterilisation and the IUD.

Health services are generally as widely available as family planning services. About half of women live within 5 kilometres of facilities that provide child immunisations and facilities that offer antenatal care. Delivery care is almost as widely available, with 43 percent of women living within 5 kilometres of a facility that provides delivery services.



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Conclusions

Fertility and Family Planning

Survey data show that fertility levels have declined slightly in Uganda, mainly due to increased use of family planning methods. Use of contraceptive methods has tripled since 1988-89. Almost all married women and men have heard of at least one family planning method, one-third of women have used a method at some time, and 15 percent of married women are currently using a method.

The 1995 UDHS data also indicate that family planning methods are accessible to the majority of women, although not all methods are equally available. Overall, attitudes toward contraceptive use are generally favourable.

Despite these encouraging trends, there are a number of continuing challenges. One is that fertility preferences remain high; half of the women and three-quarters of the men with four children want to have more. On average, respondents say that the ideal family consists of over five children.

Another challenge is to reduce the level of adolescent fertility. One-third of girls age 15-19 have already given birth. Early childbearing is associated with higher maternal and child mortality and illness. Also, women who postpone childbearing tend to have fewer children.

Maternal and Child Health

The results from the 1995 UDHS indicate that Uganda has made progress in the delivery of key child survival interventions:

- Tetanus toxoid coverage among pregnant women has improved;
- Childhood immunisation coverage has increased;
- The proportion of children with diarrhoea who are treated with oral rehydration solution has increased;
- Knowledge among mothers of sugar, salt and water solutions has increased; and
- The use of health care services for diarrhoea and acute respiratory infections has increased.

These improvements have no doubt been a factor in the decline in childhood mortality levels over time.

Still, challenges remain in improving the health and well-being of Ugandan families. There is room for further improvement in childhood vaccination coverage, especially in reducing the dropout rates between doses. Expanding delivery care services would reduce the proportion of women who deliver their babies at home with no medical assistance and would probably result in lowering the high level of maternal mortality.

Fact Sheet

1991 Population Data[1]

Total population (millions)	16.7
Urban population (percent)	11.3
Annual intercensal population growth (percent)	2.5
Population doubling time (years)	28
Crude birth rate (per 1,000 population)	52
Crude death rate (per 1,000 population)	17
Life expectancy at birth (years)	48

Uganda Demographic and Health Survey 1995

Sample Population

Women age 15-49	7,070
Men age 15-54	1,996

Background Characteristics of Women Interviewed

Percent urban	14.9
Percent with no education	30.6
Percent attended secondary school or higher	13.5

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married	72.6
Percent of women 15-49 ever married	84.3
Median age at first marriage among women age 20-49	17.5
Median duration of breastfeeding (months)[2]	19.5
Median duration of postpartum amenorrhoea (months)[2]	12.6
Median duration of postpartum abstinence (months)[2]	2.2

Fertility

Total fertility rate[3]	6.9
Mean number of children ever born to women age 40-49	7.3

Desire for Children

Percent of currently married women who:	
Want no more children	30.9
Want to delay their next birth at least 2 years	36.3
Mean ideal number of children among women 15-49[4]	5.3
Percent of births in the last 4 years that were:	
Unwanted	7.9
Mistimed	21.9

Knowledge and Use of Family Planning

Percent of currently married women who:	
Know any method	93.4
Know a modern method	91.6
Have ever used any method	33.9
Are currently using any method	14.8
Are currently using a modern method	7.8
Percent of currently married women currently using:	
Pill	2.6
IUD	0.4
Injectables	2.5
Condom	0.8
Female sterilisation	1.4
Male sterilisation	0.0
Periodic abstinence/natural family planning	3.7
Withdrawal	0.6
Folk methods	2.7

Mortality and Health

Infant mortality rate[5] (direct estimate)	81
Infant mortality rate (indirect estimate)	97
Under-five mortality rate[5]	147
Maternal mortality ratio[6]	506
Percent of births[7] to mothers who:	
Received antenatal care from medical provider	91.2
Received two or more tetanus toxoid injections[8]	53.7
Percent of births[7] to mothers who were assisted at delivery by:	
Doctor	4.0
Nurse/Trained midwife	33.8
Traditional birth attendant	15.2
Relative/Other	34.9
Percent of children 0-3 month who are breastfeeding	99.4
Percent of children 10-11 months who are breastfeeding	94.3
Percent of children 0-3 months who are exclusively breastfeeding	70.1
Percent of children 12-23 months who received:[9]	
BCG	83.6
DPT (three doses)	61.1
Polio (three doses)	59.0
Measles	59.6
All vaccinations	47.4
Percent of children under 4 years who:	
Had diarrhoea in the 2 weeks preceding the survey	23.5
Had a cough accompanied by short, rapid breathing in the 2 weeks preceding the survey	27.1
Had fever in the 2 weeks preceding the survey	46.3
Are chronically undernourished (stunted)[10]	38.3
Are acutely undernourished (wasted)[10]	5.3

[1] Based on 1991 national census data (Statistics Department. 1995. *The 1991 Population and Housing Census Analytical Report Vol.1: Demographic Characteristics*, Statistics Dept., Entebbe)

[2] Current status estimate based on births during the 36 months preceding the survey

[3] Based on births to women 15-49 years during the period 0-2 years preceding the survey

[4] Excludes the 6.7 percent of women who gave a non-numeric response to ideal family size

[5] Direct estimates for rates covering the period 0-4 years preceding the survey (roughly 1991 to 1995); expressed as deaths per 1,000 live births

[6] Ratio for the period 0-9 years preceding the survey; expressed as maternal deaths per 100,000 live births

[7] Figure includes births in the period 1-47 months preceding the survey

[8] Refers to injections received during pregnancy

[9] Based on information from vaccination cards and mothers' reports

[10] Stunting assessed by height-for-age, wasting assessed by weight-for-height; the percent undernourished are those below -2 SD from the median of the international reference population, as defined by the U.S. National Centre for Health Statistics, and recommended by the World Health Organisation.