



Uganda

2016 Demographic and Health Survey Key Findings





The 2016 Uganda Demographic and Health Survey (2016 UDHS) was implemented by the Uganda Bureau of Statistics (UBOS). The funding for the 2016 UDHS was provided by the Government of Uganda, the United States Agency for International Development (USAID), the United Nations Children’s Fund (UNICEF), and the United Nations Population Fund (UNFPA). ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance for population and health surveys in countries worldwide.

Additional information about the 2016 UDHS may be obtained from the Directorate of Population and Social Statistics, Uganda Bureau of Statistics, Statistics House, Plot 9, Colville Street, P.O. Box 7186, Kampala, Uganda; Telephone +256-414-706-000; E-mail: ubos@ubos.org; Internet: www.ubos.org.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; Telephone: +1-301-407-6500; Fax: 301-407-6501; E-mail: info@DHSprogram.com; Internet: www.DHSprogram.com.

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ABOUT THE 2016 UDHS

The 2016 Uganda Demographic and Health Survey (UDHS) is designed to provide data for monitoring the population and health situation in Uganda. The 2016 UDHS is the fourth Demographic and Health Survey conducted in Uganda since 2000. The objective of the survey is to provide up-to-date estimates of fertility levels, marriage, sexual activity, fertility preferences, family planning methods, breastfeeding practices, nutrition, anaemia in children and adults, vitamin A deficiency in children, childhood and maternal mortality, maternal and child health, HIV/AIDS and other sexually transmitted infections (STIs), malaria prevention and prevalence, disability, women's empowerment, and domestic violence. Results from the survey can be used by programme managers and policymakers to evaluate and improve existing programmes.

Who participated in the survey?

A nationally representative sample of 18,506 women age 15-49 and 5,336 men age 15-54 in 19,588 households were interviewed. This represents a response rate of 97% of women and 94% of men. The 2016 UDHS provides reliable estimates at the national level, for urban and rural areas, for each of the 15 regions, and for three special areas – the Lake Victoria Islands, mountain districts, and greater Kampala.

UGANDA



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

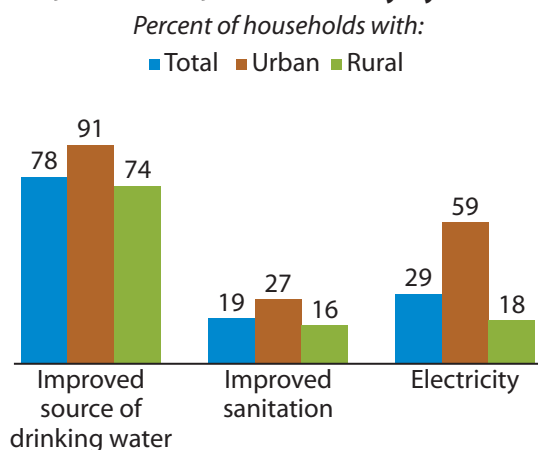
Household Composition

The average household size in Uganda is 4.5 members. Thirty-one percent of households are headed by women. Half of the Ugandan population is under age 15.

Water, Sanitation, and Electricity

Nearly 8 in 10 households have access to an improved source of drinking water. More than 90% of households in urban areas have access to an improved source of drinking water, compared to 74% of rural households. Only 19% of households in Uganda use improved sanitation. Urban households are more likely than rural households to use improved sanitation (27% versus 16%). Eight in ten households use unimproved sanitation—20% use a shared facility, 55% use an unimproved facility, and 7% have no facility. About 6 in 10 households have a place for handwashing, either fixed or mobile. Three in ten Ugandan households have electricity. Nearly 6 in 10 urban households have electricity, compared to 18% of rural households.

Water, Sanitation, and Electricity by Residence



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Ownership of Goods

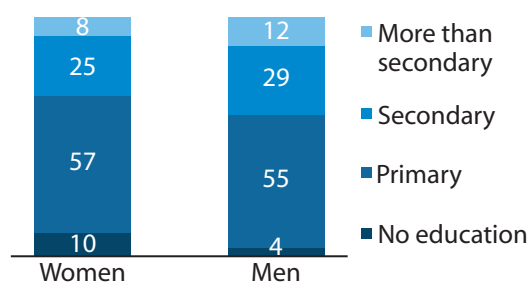
Three-quarters of Ugandan households have a mobile phone, 59% have a radio, and 17% have a television. Urban households are more likely than rural households to own a mobile telephone, radio, or television. In contrast, rural households are more likely to own agricultural land or farm animals than urban households.

Education

One in ten women and 4% of men age 15-49 have no education. More than half of women (57%) and men (55%) have attended primary school, while one-quarter of women and 29% of men have attended some secondary education. Only 8% of women and 12% of men have more than secondary education. More than 2 in 3 women (68%) and 4 in 5 men (79%) are literate.

Education

Percent distribution of women and men age 15-49 by highest level of education attended



FERTILITY AND ITS DETERMINANTS

Total Fertility Rate

Currently, women in Uganda have an average of 5.4 children. Since 2000-01, fertility has decreased from 6.9 children per woman to the current level. This demonstrates a decline of 1.5 children.

Fertility varies by residence and region. Women in rural areas have an average of 5.9 children, compared to 4.0 children among women in urban areas. Fertility is lowest in Kampala region (3.5 children per woman) and highest in Karamoja region (7.9 children per woman).

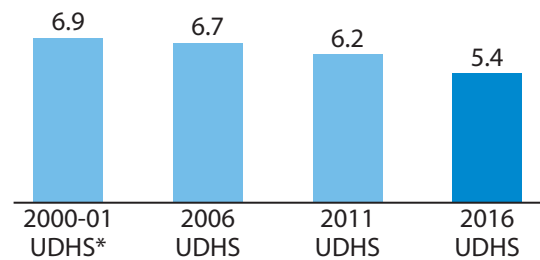
Fertility also varies with education and economic status. Women with no education have 2.8 more children than women with more than secondary education (6.4 versus 3.6). Fertility decreases as the wealth of the respondent's household* increases. Women living in the poorest households have an average of 7.1 children, compared to 3.8 children among women living in the wealthiest households.



Lakicha Suzan and her husband Okwir Alex James, with their baby at her home in Puranga, Pader District, northern Uganda. © UNICEF/UN025735/Bongyereirwe

Trends in Total Fertility Rate

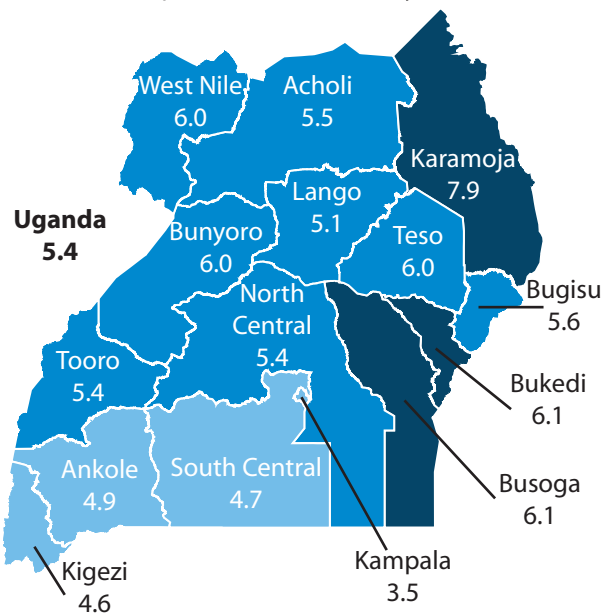
Births per woman for the three-year period before the survey



*In the 2000-01 UDHS, the districts of Amuru, Nwoya, Bundibugyo, Ntoroko, Gulu, Omoro, Kasese, Kitgum, Lamwo, Agago, and Pader were excluded from the sample. These areas contained about 5% of the national population of Uganda. Thus, the trends need to be viewed in that light throughout this document.

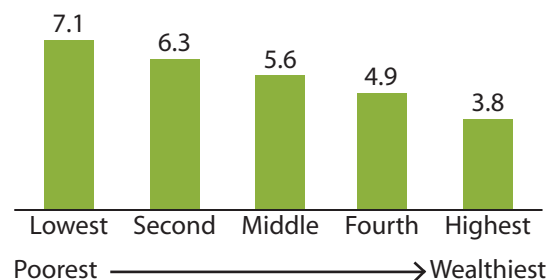
Total Fertility Rate by Region

Births per woman for the three-year period before the survey



Total Fertility Rate by Household Wealth

Births per woman for the three-year period before the survey



* Wealth of families is calculated through household assets collected from DHS surveys – i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Age at First Sex, Marriage, and Birth

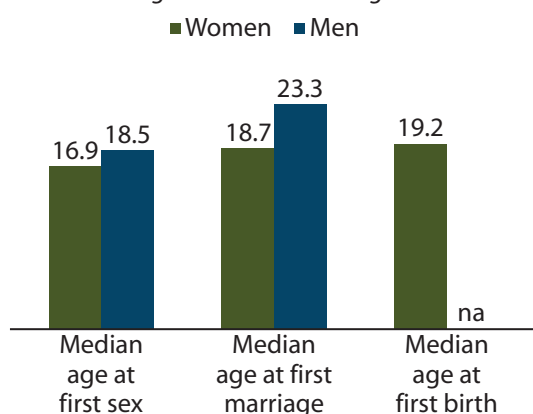
Ugandan women begin sexual activity before Ugandan men. The median age at first sexual intercourse for women age 25-49 is 16.9 years, compared to 18.5 years among men age 25-49. Women with more than secondary education initiate sex nearly four years later than women with no education (19.8 years versus 16.0 years). One in five women begins sexual activity before age 15, while 64% have sex before age 18.

Women get married nearly two years after sexual initiation at age 18.7. Ugandan men marry much later than women at a median age of 23.3 years. Women with no education marry more than six years earlier than women with more than secondary education (17.5 years versus 23.8 years). Forty-three percent of Ugandan women are married by age 18, compared to 10% of men.

Within 0.5 years of marriage, women have their first birth. The median age at first birth for women is 19.2 years. More than one-third (35%) of women give birth by age 18.

Median Age at First Sex, Marriage, and Birth

Among women and men age 25-49



Polygyny

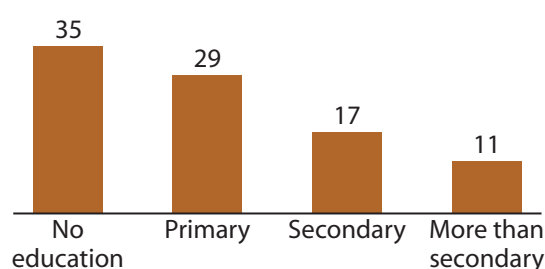
One-quarter of Ugandan women age 15-49 are in a polygynous union with at least one co-wife. Polygyny is most common in Karamoja region, where nearly 6 in 10 women are in a polygynous union. Thirteen percent of men age 15-49 have more than one wife.

Teenage Childbearing

In Uganda, 1 in 4 adolescent women age 15-19 are already mothers or pregnant with their first child. Teenage childbearing is higher in rural areas (27%) than in urban areas (19%). Regionally, teenage pregnancy ranges from 16% in Kigezi region to 31% in Teso region. Adolescent women in the poorest households are more than twice as likely as those in the wealthiest households to have begun childbearing (34% versus 15%). Teenage childbearing decreases with increased education; 35% of young women with no education have begun childbearing, compared to 11% young women with more than secondary education.

Teenage Childbearing by Education

Percent of women age 15-19 who have begun childbearing



FAMILY PLANNING

Current Use of Family Planning

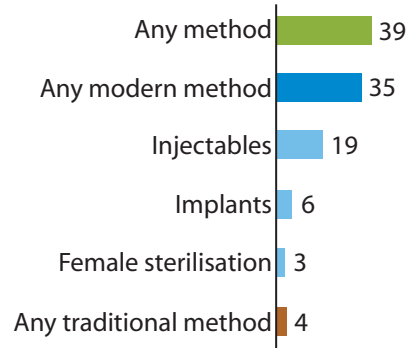
Nearly 4 in 10 (39%) married women age 15-49 use any method of family planning – 35% use a modern method and 4% use a traditional method. Injectables are the most popular modern method (19%), followed by implants (6%) and female sterilisation (3%).

Among sexually active, unmarried women age 15-49, 47% use a modern method of family planning and 4% use a traditional method. The most popular methods among sexually active, unmarried women are injectables (21%), male condoms (14%), and implants (6%).

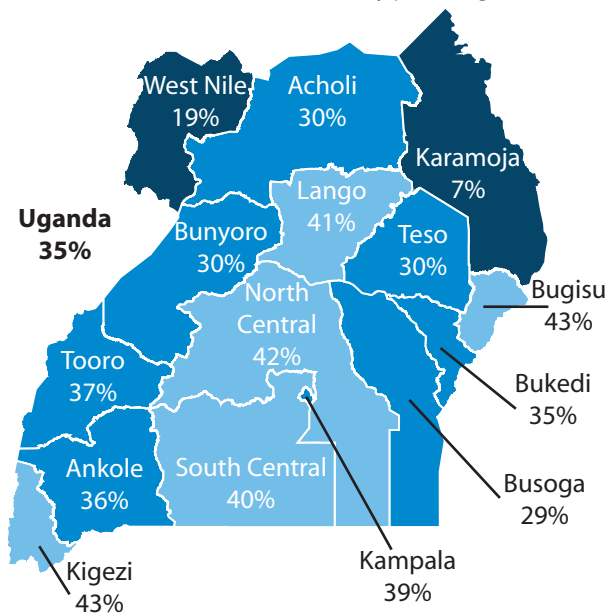
Use of modern methods of family planning among married women varies by residence and region. Modern method use is higher in urban areas (41%) than in rural areas (33%). Modern method use ranges from a low of 7% in Karamoja region to a high of 43% in Kigezi and Bugisu regions. Women with more than secondary education are nearly twice as likely to use modern methods than women with no education (43% versus 23%). Modern family planning use increases with wealth; 22% of women from the poorest households use a modern method of family planning, compared to 42% of women from the wealthiest households.

The use of any method of family planning by married women has increased from 23% in 2000-01 to 39% in 2016. Modern method use has doubled from 18% to 35% during the same time period.

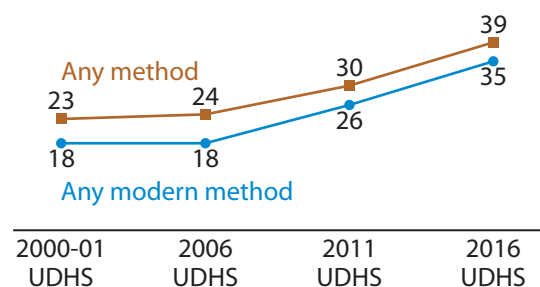
Family Planning
Percent of married women age 15-49 using family planning



Modern Method Use by Region
Percent of married women age 15-49 using a modern method of family planning



Trends in Family Planning Use
Percent of married women age 15-49 using family planning



Demand for Family Planning

Four in ten married women want to delay childbearing (delay first birth or space another birth) for at least two years. Additionally, 27% of married women do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning among married women in Uganda is 67%.

The total demand for family planning includes both met and unmet need. Met need is the contraceptive prevalence rate. In Uganda, 39% of married women use any family planning method.

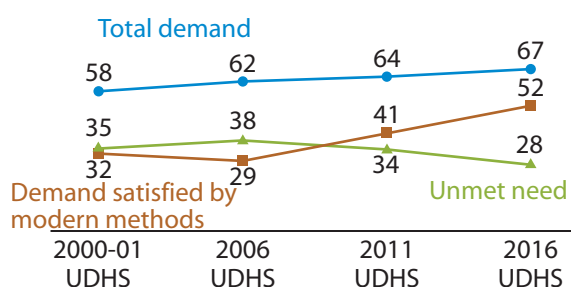
Unmet Need for Family Planning

Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using family planning. In Uganda, 28% of married women have an unmet need for family planning: 18% want to delay childbearing, while 10% want to stop childbearing. Unmet need has declined since 2000-01.

Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. More than half (52%) of the demand for family planning in Uganda is satisfied by modern methods. Both total demand for family planning and demand satisfied by modern methods have increased since 2000-01.

Trends in Demand for Family Planning
Percent of married women age 15-49



Exposure to Family Planning Messages

The most common media source for family planning messages is the radio. Two-thirds of both women and men heard a family planning message on the radio in the few months before the survey. Both women and men were much less likely to have seen or heard a family planning message on television, newspaper or magazine, or mobile phone. Overall, 31% of women and 26% of men were not exposed to family planning messages via any media source.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. Two-thirds of current users of modern contraceptive methods were informed of possible side effects or problems of their method, 57% were informed about what to do if they experience side effects, and 74% were informed of other available family planning methods. Overall, 53% of women were informed of all three.



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CHILDHOOD MORTALITY

Rates and Trends

Infant and under-5 mortality rates for the five-year period before the survey are 43 and 64 deaths per 1,000 live births, respectively. The neonatal mortality rate is 27 deaths per 1,000 live births. At these mortality levels, 1 in every 16 Ugandan children does not survive to their fifth birthday.

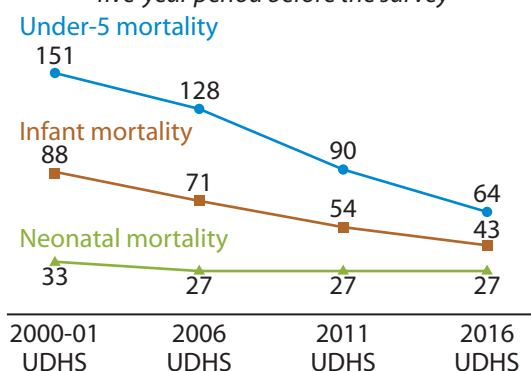
Childhood mortality rates have declined since 2000-01. Infant mortality has decreased by half from 88 deaths per 1,000 live births in 2000-01 to 43 in 2016. During the same time period, under-5 mortality has markedly declined from 151 to 64 deaths per 1,000 live births. Neonatal mortality has remained stagnant since 2006.



Mothers with their newly born babies at Kitgum hospital in northern Uganda. © UNICEF/UN025526/Bongyereirwe

Trends in Childhood Mortality

Deaths per 1,000 live births for the five-year period before the survey



Under-5 Mortality by Background Characteristics

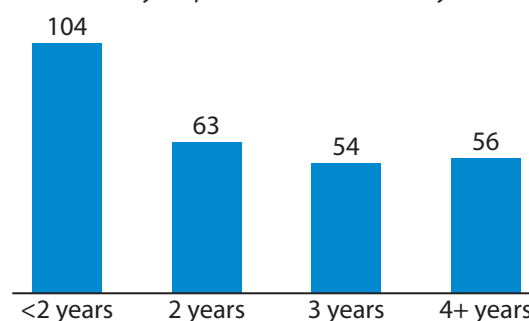
The under-5 mortality rate differs by region, mother's education, and wealth for the ten-year period before the survey. Regionally, under-5 mortality ranges from 54 deaths per 1,000 live births in Teso region to 102 deaths per 1,000 live births in Karamoja region. Children whose mothers have no education are more likely to die young (105 deaths per 1,000 live births) than children whose mothers have more than secondary education (29 deaths per 1,000 live births). Under-5 mortality is higher among children in the poorest households (88 deaths per 1,000 live births), compared to children in the wealthiest households (53 deaths per 1,000 live births).

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Uganda is 31.9 months. Infants born less than two years after a previous birth have high under-5 mortality rates. Under-5 mortality is dramatically higher among children born less than two years after a previous birth (104 deaths per 1,000 live births) than among children born three years after a previous birth (54 deaths per 1,000 live births). Overall, 24% of children are born less than two years after their siblings.

Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



MATERNAL HEALTH CARE

Antenatal Care

Nearly all women (97%) age 15-49 receive antenatal care (ANC) from a skilled provider (doctor, nurse/midwife, or medical assistant/clinical officer). The timing and quality of ANC are also important. Three in ten women have their first ANC visit in the first trimester, as recommended. Three in five women make four or more ANC visits.

Eighty-eight percent of women take iron tablets or syrup during pregnancy. More than 80% of women's most recent births are protected against neonatal tetanus. Among women who received ANC for their most recent birth, 93% had a blood sample taken, 72% had their blood pressure measured, and 39% had a urine sample taken.

Delivery and Postnatal Care

Nearly 3 in 4 births (73%) are delivered in a health facility, primarily in public sector facilities. Still, 1 in 4 births are delivered at home. Women with more than secondary education and those in the wealthiest households are most likely to deliver at a health facility. Health facility deliveries have doubled since 2000-01 when only 37% of births were delivered in a health facility.

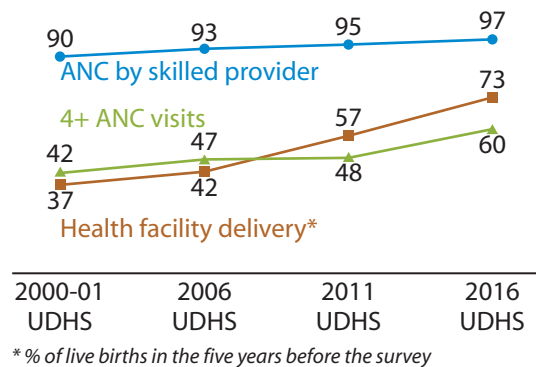
Overall, 74% of births are assisted by a skilled provider, the majority by nurses/midwives. Women in urban areas (90%), those with more than secondary education (98%), and those living in the wealthiest households (94%) are most likely to receive delivery assistance from a skilled provider. Skilled assistance during delivery has increased from 37% in 2000-01 to 74% in 2016.

Postnatal care helps prevent complications after childbirth. More than half (54%) of women age 15-49 receive a postnatal check within two days of delivery, while 43% did not have a postnatal check within 41 days of delivery. Fifty-six percent of newborns receive a postnatal check within two days of birth.



Rebecca Kiiza, enrolled midwife at Muchwini Health Centre III examines a pregnant woman during her routine antenatal care visit to a health facility.
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Trends in Maternal Health Care
Percent of women age 15-49 who had a live birth in the five years before the survey for the most recent birth



Maternal Mortality

The 2016 UDHS asked women about deaths of their sisters to determine maternal mortality. Maternal mortality includes deaths of women during pregnancy, delivery, and 42 days after delivery excluding deaths that were due to accidents or violence. The maternal mortality ratio (MMR) for Uganda is 336 deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2016 MMR ranges from 272 to 401 deaths per 100,000 live births.

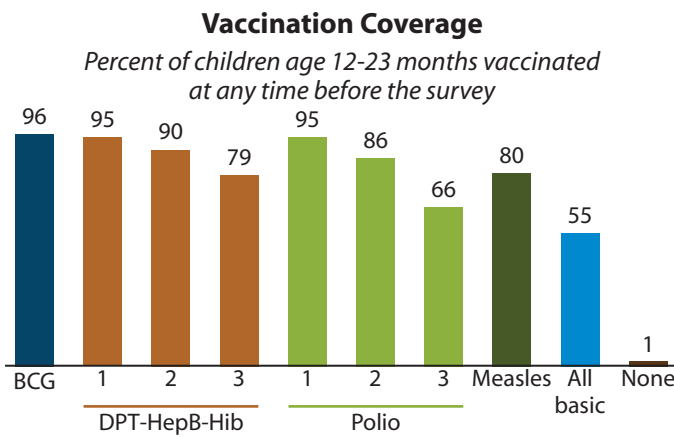
CHILD HEALTH

Vaccination Coverage

More than half (55%) of children age 12-23 months have received all eight basic vaccinations – one dose each of BCG and measles vaccine and three doses each of DPT-HepB-Hib and polio vaccine. Basic vaccination coverage is lowest in Busoga region (45%) and highest in Karamoja region (73%). Basic vaccination coverage has increased since 2000-01 when 37% of children had received all basic vaccinations but has only slightly improved since 2011 from 52% to the current level of 55% in 2016.

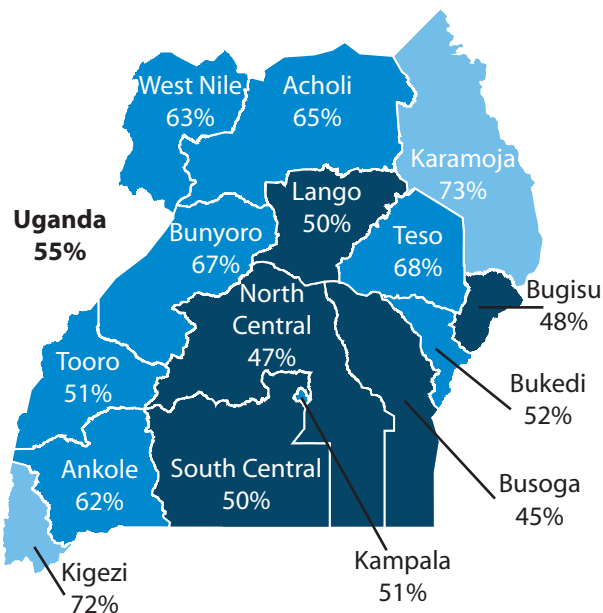


Portrait of children in Fort Portal, Uganda.
© UNICEF/UNI136747/Ramson



Basic Vaccination Coverage by Region

Percent of children age 12-23 months who have received all basic vaccinations



Childhood Illnesses

In the two weeks before the survey, 9% of children under five were ill with cough and rapid breathing, symptoms of acute respiratory infection (ARI). Among these children, treatment or advice was sought for 80%.

One in five children under five had diarrhoea in the two weeks before the survey. Diarrhoea was most common among children age 6-11 months (39%). Seventy-one percent of children under five with diarrhoea had treatment or advice sought.

Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT) which includes oral rehydration solution (ORS), recommended home fluids, and increased fluids. Additionally, children under five with diarrhoea should receive zinc. While 55% of children under five with diarrhoea received ORT, 19% received no treatment. Three in ten children under five with diarrhoea received ORS and zinc.

FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Uganda with 98% of children ever breastfed. Two-thirds of children were breastfed within the first hour of life. More than one-quarter (27%) of children who were ever breastfed received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Two-thirds of children under six months are exclusively breastfed. Children age 0-35 months breastfeed for a median of 19.8 months and are exclusively breastfed for 4.0 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Uganda, 79% of children age 6-8 months are breastfed and receive complementary foods.

Use of Iodised Salt

Iodine is an important micronutrient for physical and mental development. Fortification of salt with iodine is the most common method of preventing iodine deficiency. In Uganda, 8% of households had no salt. Among households in which salt was tested, 99% have iodised salt.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. In the 24 hours before the survey, 67% of children age 6-23 months ate foods rich in vitamin A. Sixty-two percent of children age 6-59 months received a vitamin A supplement in the six months prior to the survey.

Iron is essential for cognitive development in children and low iron intake can contribute to anaemia. Two in five children ate iron-rich foods the day before the survey, while only 7% received an iron supplement in the week before the survey.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anaemia and other complications. Only 23% of women took iron tablets for at least 90 days during their last pregnancy.



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NUTRITIONAL STATUS



A girl on her way to recovery at Mwanamugimu Nutrition Unit of Mulago Hospital in Kampala, Uganda. © UNICEF/UNI194182/Ose

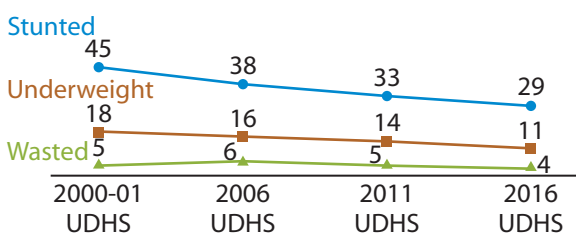
Children’s Nutritional Status

The 2016 UDHS measures children’s nutritional status by comparing height and weight measurements against an international reference standard. Nearly 3 in 10 (29%) of children under five in Uganda are stunted, or too short for their age. Stunting is an indication of chronic undernutrition. Stunting is highest in Tooro region (41%) and lowest in Teso region (14%). Children from rural households (30%) and whose mothers have no education (35%) are more likely to be stunted.

Only 4% of children are wasted (too thin for height), a sign of acute malnutrition. In addition, 11% of children are underweight, or too thin for their age. The nutritional status of Ugandan children has improved since 2000-01. Nearly half of children under five were stunted in 2000-01, compared to 29% in 2016.

Trends in Childhood’s Nutritional Status

Percent of children under five, based on 2006 WHO Child Growth Standards



Women and Men’s Nutritional Status

The 2016 UDHS also took weight and height measurements of women and men age 15–49. Overall, 9% of women are thin (body mass index or BMI < 18.5). Comparatively, 24% of women are overweight or obese (BMI ≥ 25.0). Women in the wealthiest households are more than five times as likely to be overweight or obese than women from the poorest households (42% versus 8%). Since 2006, overweight or obesity has increased from 17% to 24% in 2016.

Among men, 14% are thin (BMI < 18.5) and only 9% are overweight or obese (BMI ≥ 25.0). Men with more than secondary education (19%) and those from the wealthiest households (21%) are more likely to be overweight or obese.

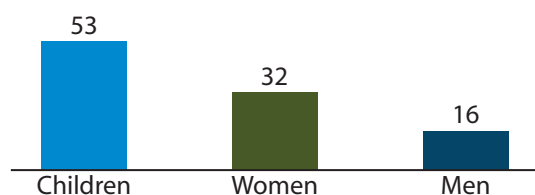
Anaemia

The 2016 UDHS tested children age 6-59 months, women age 15-49, and men age 15-49 for anaemia. Overall, 53% of children age 6-59 months are anaemic. Anaemia is more common in children from the poorest households (66%) and those whose mothers have no education (62%). Anaemia in children has slightly increased since 2011 when 49% of children were anaemic.

Nearly one-third (32%) of women age 15-49 in Uganda are anaemic. Comparatively, 16% of men are anaemic. Since 2011, anaemia among women has increased from 23% to 32% in 2016.

Anaemia in Children, Women, and Men

Percent of children age 6-59 months, women age 15-49, and men age 15-49 with anaemia



MALARIA

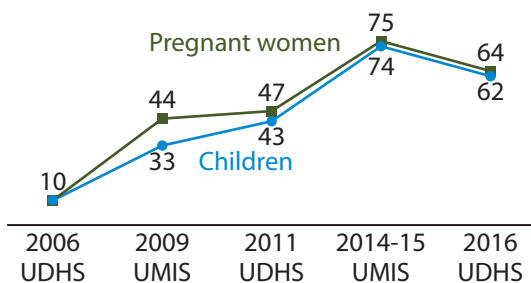
Mosquito Nets

Among all households in Uganda, 78% own at least one insecticide-treated net (ITN). Half of households have at least one ITN for every two people in the household. ITN ownership has increased from 16% in 2006 but has declined since 2014-15 when 90% of households owned at least one ITN. Nearly two-thirds of the household population have access to an ITN, while 55% slept under an ITN the night before the survey.

Children and pregnant women are most vulnerable to malaria. More than 60% of children under five and pregnant women slept under an ITN the night before the survey. Use of ITNs among children and pregnant women has increased since 2006 but has declined since 2014-15.

Trends in ITN Use

Percent of children under five and pregnant women age 15-49 who slept under an ITN the night before the survey



Intermittent Preventive Treatment of Pregnant Women (IPTp)

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive 3+ doses of SP/Fansidar or IPTp. More than three-quarters of pregnant women took 1+ doses of IPTp, 46% took 2+ doses of IPTp, while only 17% took 3+ doses. Women receiving 3+ doses of IPTp has declined from 28% in 2014-15 to 17% in 2016.

Management of Malaria in Children

In the two weeks before the survey, one-third of children under five had fever, the primary symptom of malaria. Treatment was sought for eight in ten children with recent fever, while only half had blood taken from a finger or heel stick for testing.

Artemisinin combination therapy (ACT) is the recommended drug for treating malaria in children in Uganda. Among children under five with fever in the two weeks before the survey who received an antimalarial, 88% received the recommended treatment.

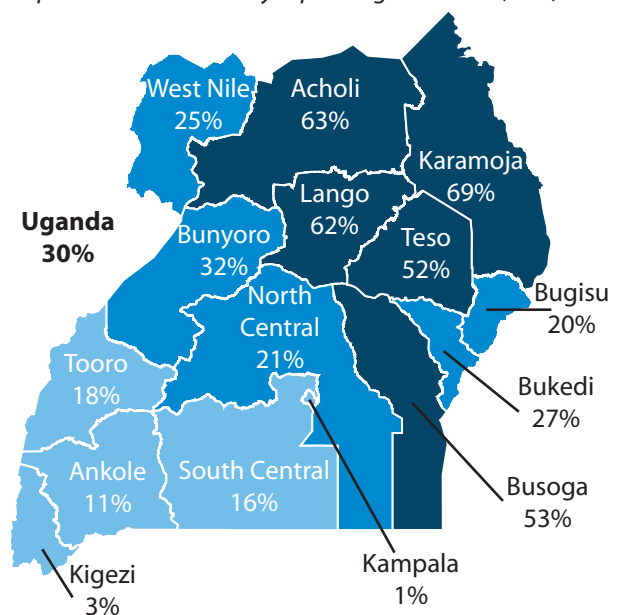
Malaria Prevalence

All children age 6-59 months in selected households were eligible for malaria testing. Of the 4,900 eligible children, 96% provided blood for testing by rapid diagnostic test (RDT).

In Uganda, 3 in 10 children tested positive for malaria by RDT. Malaria prevalence is higher among rural children (35%) than urban children (12%). Malaria prevalence ranges from 1% in Kampala region to 69% in Karamoja region. Malaria prevalence is highest among children whose mothers have no education (42%) and those from the poorest households (52%).

Malaria Prevalence by Region

Percent of children age 6-59 months who tested positive for malaria by rapid diagnostic test (RDT)



HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

Knowledge of HIV Prevention Methods

More than 80% of both women and men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one monogamous, uninfected partner. Knowledge of HIV prevention methods is highest among women and men from the wealthiest households.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

More than 60% of women and 46% of men know that HIV can be transmitted during pregnancy, delivery, and by breastfeeding. Eighty-four percent of women and 72% of men know that HIV transmission can be reduced by the mother taking special medication.



Residents attend the EMTCT campaign launch at sports ground in Soroti District. © UNICEF/UNI195593/Wandera.

Multiple Sexual Partners

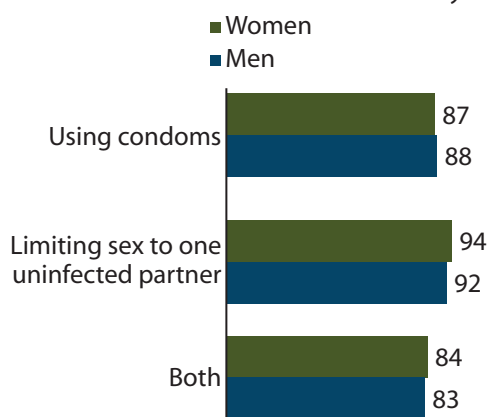
Having multiple sexual partners increases the risk of contracting HIV and other sexually transmitted infections (STIs). Only 2% of women and 21% of men had two or more sexual partners in the past 12 months. Among both women and men who had two or more partners in the past year, 1 in 5 reported using a condom at last sexual intercourse. Men in Uganda have 4.0 more sexual partners in their lifetime than women (6.3 versus 2.3).

HIV Testing

Nearly all women (97%) and men (96%) know where to get an HIV test. Four in five women and 70% of men have ever been tested for HIV and received their results. Yet, 15% of women and 27% of men have never been tested for HIV. Within the past 12 months, 55% of women and 47% of men have been tested and received their results. Recent HIV testing has increased since 2006 when only 12% of women and 10% of men were tested for HIV in the 12 months before the survey and received their results.

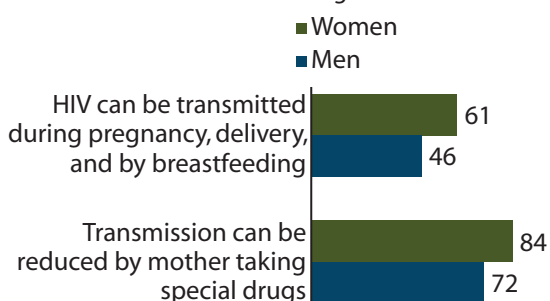
Knowledge of HIV Prevention Methods

Percent of women and men age 15-49 who know that the risk of HIV transmission can be reduced by:



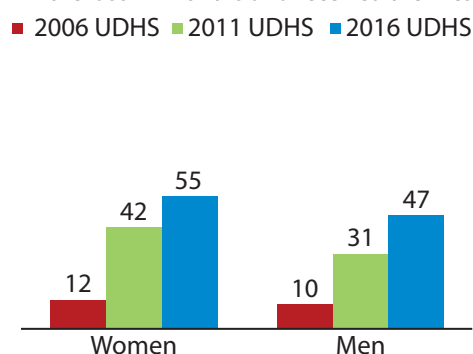
Knowledge of PMTCT

Percent of women and men age 15-49 who know that:



Trends in Recent HIV Testing

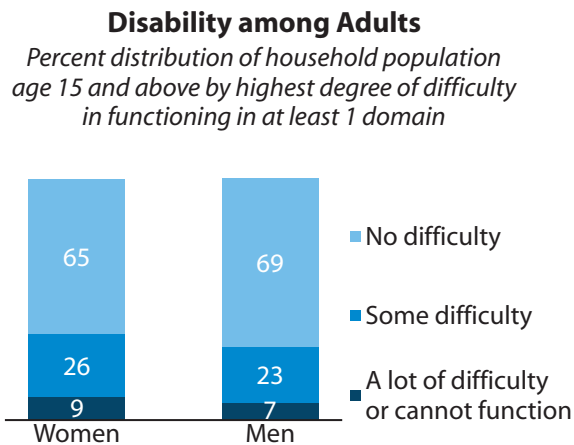
Percent of women and men age 15-49 who were tested for HIV in the last 12 months and received their results



DISABILITY

Disability

The 2016 UDHS included questions about six domains of disability – seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing all over or dressing – among the household population age five and above. Overall, three-quarters of the household population have no difficulty in any domain; while 20% have some difficulty and 7% have a lot of difficulty or cannot function in at least one domain. Among adults age 15 and older, 9% of women and 7% of men have a lot of difficulty or cannot function in at least one domain.



Deaths and Injuries

2016 UDHS respondents reported if any household member died or was seriously injured in a road traffic accident in the past 12 months. Motorcycle accidents accounted for the greatest proportion (67%) of road traffic accidents leading to death or serious injury, followed by bicycle accidents (15%). The most common injuries include cuts (62%), chronic pain (24%), and broken bones (17%).

WOMEN'S EMPOWERMENT

Employment

More than 4 in 5 married women (84%) were employed at any time in the past 12 months compared to 99% of married men. Nearly half of working women and 58% of men are paid in cash. Still, 1 in 5 working women and men are not likely to be paid for their work. More than half of married women who are employed and earned cash made independent decisions on how to spend their earnings. Overall, 74% of working women reported earning less than their husband.

Problems in Accessing Health Care

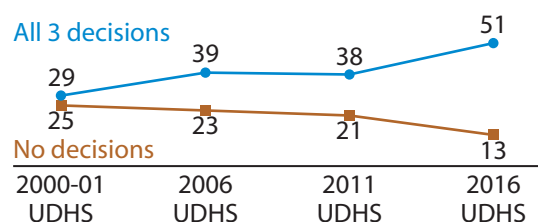
Nearly 3 in 5 women report at least one problem accessing health care for themselves. Forty-five percent of women are concerned about getting money for treatment, while 37% are concerned about the distance to the health facility. One in five women do not want to go alone to the health facility, while 5% are worried about getting permission to go for treatment.

Participation in Household Decisions

The 2016 UDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives. Married women in Uganda are most likely to have sole or joint decision making power about their own health care (74%) and visiting family or relatives (72%) and least likely to make decisions about major household purchases (64%). Overall, 51% of married women participate in all three decisions. Since 2000-01, married women's participation in decision making has steadily improved.

Trends in Women's Participation in Decision Making

Percent of married women age 15-49 who make decisions by themselves or jointly with their husbands



DOMESTIC VIOLENCE

Attitudes toward Wife Beating

Half of women and 41% of men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Both women and men are most likely to agree that wife beating is justified if the wife neglects the children (39% and 28%, respectively).

Experience of Physical Violence

Half of both women and men have ever experienced physical violence since age 15. In the past year, 22% of women and 20% of men have experienced physical violence. The most common perpetrator of physical violence against ever-married women is a current husband/partner (56%). Among never married women, the most common perpetrator of physical violence is a teacher (50%). The most common perpetrator of physical violence against ever-married men is the current wife/partner (23%). Teachers are the most common perpetrator of violence against never married men (42%).

Experience of Sexual Violence

Twenty-two percent of women and 8% of men have ever experienced sexual violence. Within the past year, 13% of women have experienced sexual violence, compared to 4% of men. Divorced/separated/widowed women (36%) and men (18%) are most at risk. Among ever-married women and men, the most common perpetrator of sexual violence is a current spouse/partner (63% and 67%, respectively).

Violence during Pregnancy

Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. One in ten women age 15-49 who have ever been pregnant experienced violence during a pregnancy. Violence during pregnancy is highest among from Bukedi region (18%) and those in the poorest households (17%).

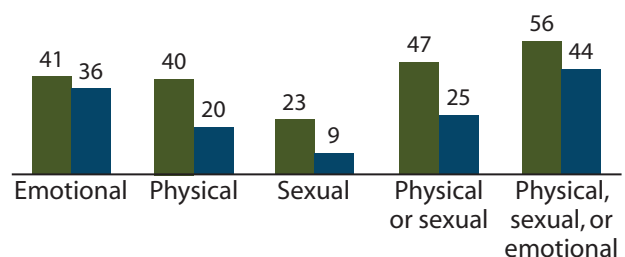
Spousal Violence

Fifty-six percent of ever-married women and 44% of ever-married men have experienced spousal violence, whether physical, sexual, or emotional. Within the past year, 39% of both ever-married women and men report having experienced recent spousal violence. Spousal violence is highest among ever-married women from Ankole (73%) and Bukedi (72%) regions, who are divorced/separated/widowed (68%), and from the poorest households (66%). Among ever-married men, spousal violence is more common among in Kigezi region (71%) and those who are divorced/separated/widowed (61%).

Spousal Violence

Percent of ever-married women and men age 15-49 who have experienced the following types of spousal violence

■ Women ■ Men



Help Seeking Behaviour

One-third of women and 30% of men who have experienced physical or sexual violence sought help to stop the violence. Among women, the most common sources of help are their own family (57%) or their husband/partner's family (31%). The most common sources of help among men are their own family (40%) or the police (23%).

INDICATORS

	Residence		
	Uganda	Urban	Rural
Fertility			
Total fertility rate (number of births per woman)	5.4	4.0	5.9
Median age at first birth for women age 25-49 (years)	19.2	20.2	18.9
Women age 15-19 who are mothers or currently pregnant (%)	25	19	27
Family Planning (among married women age 15-49)			
Current use of any method of family planning (%)	39	46	37
Current use of a modern method of family planning (%)	35	41	33
Unmet need for family planning ¹ (%)	28	23	30
Demand satisfied by modern methods (%)	52	59	49
Maternal Health (among women age 15-49)			
ANC visit with a skilled provider ² (%)	97	98	97
Births delivered in a health facility (%)	73	88	70
Births assisted by a skilled provider ² (%)	74	90	70
Child Health (among children age 12-23 months)			
Children who have received all basic vaccinations ³ (%)	55	55	56
Nutrition			
Children under five who are stunted (%)	29	24	30
Women age 15-49 who are overweight or obese (%)	24	34	20
Men age 15-49 who are overweight or obese (%)	9	16	6
Prevalence of any anaemia among children age 6-59 months (%)	53	48	54
Prevalence of any anaemia among women age 15-49 (%)	32	27	33
Prevalence of any anaemia among men age 15-49 (%)	16	9	19
Childhood Mortality (deaths per 1,000 live births)⁴			
Neonatal mortality	27	28	26
Infant mortality	43	39	44
Under-5 mortality	64	52	68
Malaria			
Children under five who slept under an ITN the night before the survey (%)	62	67	61
Children age 6-59 months who tested positive for malaria by RDT (%)	30	12	35
HIV/AIDS			
Women age 15-49 who have been tested for HIV in past year & received results (%)	55	59	53
Men age 15-49 who have been tested for HIV in past year & received results (%)	47	54	44
Domestic Violence (among women age 15-49)			
Ever-married women who have ever experienced spousal physical, sexual, or emotional violence (%)	56	47	59
Ever-married men who have ever experienced spousal physical, sexual, or emotional violence (%)	44	43	44

¹Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. ²Skilled provider includes doctor, nurse/midwife, and medical assistant/clinical officer. ³Basic vaccinations include BCG, measles, three doses each of DPT-HepB-Hib and polio vaccine (excluding polio vaccine given at birth). ⁴Figures are for the ten-year period before the survey except for the national and urban-rural rates, in italics, which represent the five-year period before the survey.

Region															
South Central	North Central	Kampala	Busoga	Bukedi	Bugisu	Teso	Karamoja	Lango	Acholi	West Nile	Bunyoro	Tooro	Kigezi	Ankole	
4.7	5.4	3.5	6.1	6.1	5.6	6.0	7.9	5.1	5.5	6.0	6.0	5.4	4.6	4.9	
19.9	19.0	20.9	18.3	18.5	18.9	18.8	21.3	18.2	18.6	19.2	19.2	19.0	20.7	19.8	
20	30	17	21	30	28	31	24	28	24	22	29	30	16	19	
47	47	45	32	40	45	34	7	43	31	22	31	43	47	43	
40	42	39	29	35	43	30	7	41	30	19	30	37	43	36	
21	24	24	37	30	27	36	20	27	39	43	29	26	20	23	
60	59	57	42	49	60	43	24	59	43	29	49	54	65	55	
96	99	98	98	97	97	99	97	97	97	99	92	98	>99	97	
81	75	94	77	66	56	74	71	66	84	78	57	74	70	71	
82	77	96	75	67	58	75	73	68	81	78	58	76	71	71	
50	47	51	45	52	48	68	73	50	65	63	67	51	72	62	
27	28	18	29	23	36	14	35	22	31	34	35	41	31	29	
37	31	44	17	18	18	16	6	10	11	9	26	26	30	27	
14	12	20	8	4	8	6	2	3	3	5	8	7	10	7	
52	55	51	63	48	48	59	68	61	71	56	55	45	32	31	
28	32	25	41	18	35	32	32	39	47	40	32	29	17	28	
10	14	5	17	10	14	12	24	27	32	22	21	18	15	16	
31	30	32	28	24	20	19	30	29	32	28	35	27	25	21	
43	50	48	53	43	38	39	72	45	48	53	63	50	45	41	
59	74	64	84	72	68	54	102	68	69	86	89	81	67	72	
67	63	69	58	49	60	72	47	66	68	77	60	53	60	58	
16	21	1	53	27	20	52	69	62	63	25	32	18	3	11	
57	52	57	54	50	48	64	53	49	61	53	44	64	51	55	
49	40	56	35	34	41	59	24	47	64	53	46	54	39	47	
46	47	38	49	72	54	61	62	59	60	64	50	58	59	73	
41	43	40	42	24	45	58	41	46	49	39	34	55	71	42	

