Trends in Reproductive Health Knowledge, Attitudes, and Practices in the CREHP Districts of Uganda, 1995-2000

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Table of Contents

Acknowledgements

Ex	ecutive Summary	.1
	Family Planning	. 1
	Maternal and Child Health	. 1
	Sexually Transmitted Infections and HIV/AIDS	.2
	Conclusion	.2
1.	Introduction	.3
	1.1 The CREHP Project	.3
	1.2 Data Sources	.4
	1.3 Report Objectives	.4
2.	Sociodemographic Characteristics of Women and Men	.5
3.	Family Planning	.7
	3.1 Knowledge of Family Planning and IEC Exposure	.7
	3.2 Use of Modern Contraception	. 8
	3.3 Intention to Use Family Planning in the Future	.9
	3.4 Barriers to Use among Non-Users	.9
4.	Maternal and Child Health	11
	4.1 Antenatal Care	11
	4.2 Delivery Care and Post Natal Care	12
	4.3 Decisionmaking and Health Care	13
5.	Sexually Transmitted Infections and HIV/AIDS	15
	5.1 Knowledge of STI/HIV/AIDS	15
	5.2 Prevalence of STIs and STI Symptoms	16
	5.3 Knowledge of Condom Sources, Condom Use, and Sexual Behavior	16

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Executive Summary

This report presents findings from the 2000 Uganda Demographic and Health Survey (UDHS) for the districts served by the Community Reproductive Health Project (CREHP). Where possible, trends in family planning, maternal and child health, and knowledge and behavior among men and women of reproductive age are compared to findings from the previous 1995 UDHS.

The report includes a brief introduction (Chapter 1) and a demographic description of the survey respondents (Chapter 2). Following these, the report presents indicators of family planning (Chapter 3), of maternal and child health (Chapter 4), and finally of sexually transmitted diseases and HIV/AIDS (Chapter 5). The key findings from these sections follow.

Family Planning

For the most part, family planning indicators, especially among women, have improved somewhat in CREHP districts over the five-year period. The proportion of all women using modern contraception increased from 5 percent to 8 percent while the proportion of married women using modern contraception increased from 7 percent to 12 percent.

In 2000, the methods of choice for women who were using modern contraception were injectables, cited by 52 percent of modern contraception users, followed by the pill, cited by 21 percent of the users. Condoms were not a very common method of family planning, only 5 percent of modern contraception users cited them as their current method. Among women who were not currently using a contraceptive method, only 44 percent of married women and 28 percent of non-married women could name a source of condoms.

Family planning messages delivered through mass media are reaching an increasing proportion of the population. Among women, knowledge of family planning increased over the five-year period. The percentage of women who know at least three modern methods of family planning increased from 71 percent to 78 percent. However, in the same period, men's knowledge of three modern contraception methods declined from 80 percent to 68 percent.

In the 2000 survey, men and women were more likely to report that they received a family planning message from the mass media, compared to 1995. Radio and newspapers are the most important sources of family planning messages in CREHP districts. The proportion of women who reported hearing a family planning message on the radio just about doubled in the five-year period while the proportion of men who heard a family planning message from the same source increased by about 50 percent. The percentage of women citing newspapers as a source of family planning messages increased from 2 percent in 1995 to 12 percent in 2000. Among men, the percentage citing newspapers increased from 14 percent to 26 percent in the same period. While exposure to mass media messages about family planning increased, the percentage of women who discussed family planning with a health facility staffer declined 14 percent to 6 percent, from as did the percentage of women who discussed the issue with fieldworkers (from 8 percent to 5 percent).

Maternal and Child Health

Unfortunately, maternal health indicators such as antenatal care and professional delivery care seem to be declining. Fewer pregnant women are receiving antenatal care and tetanus toxoid vaccines and there has been no change in assisted deliveries.

Fewer women received antenatal care during their last pregnancy in 2000 than in 1995; 88 percent in 2000 compared with 94 percent in 1995. For the women who received antenatal care, the visits occurred later in the pregnancy. Compared with the 1995 survey, fewer women in the 2000 survey reported that their first antenatal visit occurred during the first or second trimester, while a greater proportion reported that their first visit occurred in the last trimester.

For delivery care, little has changed since 1995 in terms of where deliveries occur, most (80 percent) still occur in the home. About onefourth of the births in the three years preceding each survey were unattended.

Sexually Transmitted Infections and HIV/AIDS

Attempts to educate the public in CREHP districts about HIV/AIDS prevention have been successful in disseminating the message that condoms can protect against HIV/AIDS. Knowledge of condoms as a means to prevent HIV/AIDS infection has increased in the fiveyear period among both men and women. Despite these gains, knowledge remains somewhat low among women. In 1995. 4 percent of women and 11 percent of men mentioned condom use as a way to prevent HIV/AIDS. By 2000, 29 percent of women and 68 percent of men mentioned condom use as a way to protect themselves from HIV/AIDS. This represents a sevenfold increase among women and greater than sixfold increase among men.

Unfortunately, while knowledge of condoms as a means to prevent HIV/AIDS is increasing, condom use still lags. Although about one-third of all the women and two-thirds of all the men spontaneously mention condoms as a way to prevent HIV/AIDS, the proportion of people using condoms has remained unchanged. In 1995, less than 1 percent of sexually active¹ women and only 5 percent of sexually active men had used a condom the last time they had sex. In 2000, still less than 1 percent of sexually active women and only 2 percent of sexually active men used a condom the last time they had sex. This can be explained, at least in part, by a lack of knowledge of condom sources. In 2000, 77 percent of the women and 58 percent of the men could not name a source of condoms.

Conclusion

Between 1995 and 2000, the population living in the districts served by the CREHP project has experienced changes in some of the indicators measured. Improvements in the knowledge and use of modern family planning methods and in the knowledge of HIV/AIDS prevention methods are the most important.

Unlike in 1995, many more women now know modern family planning methods. More women, especially married women, are using modern contraception. Also, men and women know more today about the important role of condom use in preventing HIV/AIDS than they did in 1995. These mark significant progress in CREHP districts.

While the trends in some indicators are encouraging, they are associated with unchanging and declining trends in others. Condom use remained unchanged over the fiveyear period despite widespread knowledge of its benefits. At the same time, some indicators of maternal health such as the percentage of pregnant women receiving antenatal care and tetanus toxoid injections declined. The trends in these indicators are reminders that much more remains to be done in these districts to ensure the reproductive health of their populations.

¹ Respondents were classified as sexually active if their last sexual encounter was within one year of the survey.

1. Introduction

Uganda is located in the Africa Great Lakes region along the equator, in the heart of sub-Saharan Africa. It occupies 241,039 square kilometers and shares borders with Sudan in the north, Kenya in the east, Tanzania in the south, Rwanda in the southwest, and the Democratic Republic of Congo in the west. Administratively, Uganda is divided into 56 districts, which are further subdivided into counties, subcounties, parishes, and subparishes. The capital city is Kampala.

The population of Uganda is about 21 million and exhibits many of the characteristics of a predemographic-transition regime, with a high total fertility rate of 6.9 lifetime children per woman and an elevated infant mortality rate of approximately 88 deaths per 1000 live births. According to the 2000 Uganda Demographic and Health Survey, only about 14 percent of married women are using modern contraception methods². Moreover, comparative studies suggest that Uganda has among the highest adolescent pregnancy rates in the region. Young adult mortality is also high, primarily because of the AIDS epidemic; the Uganda Ministry of Health estimates life expectancy at about 43 years.

Since 1989, the Government of Uganda has made tremendous progress toward addressing national population issues. including and health reproductive health issues. In 1989. the government established a Population Secretariat within the Ministry of Planning that coordinates all population policies and programs in the country. In 1994, with the guidance of this secretariat, Uganda adopted its first population policy, which emphasizes reproductive health. Within this institutional framework, the government has commissioned numerous reproductive health projects. Implemented by various organizations, most have adopted the

recommendation of the 1994 International Conference on Population and Development to provide integrated reproductive health services. Among these projects is the CARE Community Reproductive Health Project (CREHP).

1.1 The CREHP Project

The Community Reproductive Health Project (CREHP) is a joint initiative between the government of Uganda, CARE, and the United States Agency for International Development (USAID). The project operates in the four southwestern districts of Kabale, Kanungu, Kisoro, and Rukungiri³. The project aims to increase the use of family planning, maternal health, and sexually transmitted infection (STI) services and the practice of safer sex in the project area by:

- Increasing the knowledge of family planning, maternal health, and STIs among men and women
- Improving the availability of quality community and clinic reproductive health services
- Improving the sustainability of reproductive health services at the community and health facility levels.

The first phase of the CREHP project, completed in June 1996, expanded family planning services to 75 health facilities and trained communitybased distribution agents. Phase II of the CREHP project, which began in July 1996 and ended in June 2001. consolidates the phase I accomplishments in family planning and integrates maternal health and STI prevention and treatment services into the existing family planning services in the 75 health facilities. Currently, the project is in the transition or extension phase, to consolidate the activities of the second phase. This report assesses the progress made in the second phase of the project.

² For this report, the following contraceptive methods were considered modern: orals, injectables, condoms (male and female), vaginal methods (diaphragm, foam, jelly), the intrauterine device (IUD), implants, sterilization, and emergency contraception.

³ At the time of the 1995 and 2000 DHS surveys, from which data for this report were drawn, Kanungu was part of Rukungiri district.

The CREHP project carries out the following activities:

- Training clinical-based health workers to equip them with the skills needed for provision of integrated reproductive health services
- Training and supporting community reproductive health workers (CRHWs) to provide integrated reproductive health services at the community level through home visits and educational talks
- Promoting maternal health, use of family planning, and prevention or treatment of STIs through Information Education and Communication (IEC) activities
- Monitoring and evaluation.

Two primary elements of CREHP monitoring and evaluation are the health management information system (HMIS) and the population-based surveys. Data from the HMIS and CREHP sample surveys were examined in previous collaborations between MEASURE *Evaluation* and CREHP staff.⁴ This report focuses on analyzing the results from the Uganda Demographic and Health Surveys (UDHS) for the project districts. The purpose is to assess trends in key reproductive health indicators in the target districts from 1995 to 2000, using data from successive surveys, and to conduct further descriptive analysis of selected indicators, using 2000 UDHS data.

1.2 Data Sources

The 1995 and the 2000 UDHS provide a number of demographic and health indicators for both the CREHP districts and the districts not covered by the project. The surveys gathered information from nationally representative samples of women and men on their reproductive health knowledge, attitudes, and practices. This report presents the results from the two surveys among respondents living in CREHP districts.

The surveys were carried out in a standardized manner, covering the same sampling areas and using similar questionnaires. Samples are designed scientifically using a two-stage stratified design: selection of area units or clusters in a single stage, normally with probability proportional to size, followed by selection of households.

The 2000 UDHS oversampled the three CREHP districts to allow for in-depth estimates of a number of indicators. The sample covered 755 women age 15-49 and 188 men age 15-54 in the target areas.

The 1995 UDHS included 377 women age 15-49 and 96 men age 15-54 in the same three districts. Sample weights have been used in all analyses to account for the survey designs. To maintain quality of the results, estimates based on samples of fewer than 20 respondents are not presented in this report.

Further details about the design and sample of the 1995 and 2000 UDHS can be found in the following reports: *Uganda Demographic and Health Survey 1995*, published by the Statistics Department [Uganda] and Macro International (August 1996); and *Uganda Demographic and Health Survey 2000*, published by the Uganda Bureau of Statistics and ORC Macro International (December 2001).

1.3 Report Objectives

The primary objective of this report is to present and compare trends of selected reproductive health indicators in CREHP districts to monitor the progress of project activities. A secondary objective is to provide further analysis of additional indicators from the latter survey alone for both program monitoring and planning. The chapters that follow focus on family planning, maternal and child health, and sexually transmitted infections (STIs) including HIV/AIDS.

⁴ See Rod Knight and Lisa Belzak, Findings from the Reanalysis of Uganda Community Reproductive Health Project (CREHP) Survey and Health Management Information System Data (January 2000); also Neeru Gupta and Robert Nangai, Analysis of Family Planning and Maternal Health Indicators From The CARE Community Reproductive Health Project (CREHP) Health Management Information System, 1997-2000 (December 2000).

2. Sociodemographic Characteristics of Women and Men

Table 2.1 summarizes the surveyed populations living in districts served by the CREHP project by sociodemographic characteristics: age, place of residence, educational attainment, marital status, and fertility.

As the table shows, most of the women in the sample are between the ages of 15 and 39 with about 13 to 14 percent of age 40 or older. They live primarily in rural areas. The majority (62 percent) are currently married or in union and about two-thirds have children (21 percent have 1 to 2 children, 14 percent have 3 to 4 children, and

34 percent have five or more children).

The majority of the men are between the ages of 15 and 39. Like the women, about 95 percent live in rural areas and about 61 percent are currently married or in union. About three of every five men have at least one child.

Both the men and women in the 2000 sample seem to have received more education than those in the 1995 sample. However, disparities in education between men and women remain. In 2000, many more men (22 percent) than women

TABLE 2.1Percentage Distribution of Women and Men of Reproductive Age by Socio-Demographic Characteristics, CREHP Districts, 1995-2000 1

	Women		Men	
Characteristic	1995	2000	1995	2000
Age				
15-24	45	43	35	44
25-39	42	43	42	42
40 +	13	14	22	14
District				
Kabale	39	31	30	34
Kisoro	23	20	24	15
Rukungiri ²	38	49	46	50
Residence				
Rural	95	95	94	95
Urban	5	5	6	5
Education				
No education	39	30	10	8
Primary schooling	50	58	61	69
Secondary or over	11	12	29	22
Marital Status				
Never married	25	26	28	37
Currently in union	62	62	68	61
Formerly in union	13	12	5	3
Children Ever Born				
Has no children	31	31	34	38
Has 1-2 children	21	20	18	16
Has 3-4 children	14	19	10	15
Has 5 or more children	34	30	38	32
Sample Size	377	755	96	188

¹ Figures presented in this table are weighted.

² Includes what is now Kanungu district.

(12 percent) reported attending secondary school or higher while much fewer men (8 percent) than women (30 percent) said they received no formal education.

Table 2.2 presents a comparative profile of selected sociodemographic characteristics of women and their households in the three CARE CREHP districts and in the country as a whole, as assessed in the 2000 UDHS.

As table 2.2 shows, compared to Uganda as a whole, the CREHP districts are more rural. In Uganda, about 83 percent of women live in rural areas whereas 95 percent of women in CREHP districts live in rural areas. Using access to electricity and television and radio ownership as proxies for socioeconomic status, CREHP districts are poorer than Uganda as a whole. Fewer women in CREHP districts reported living in households with electricity, televisions, and/or radios.

TABLE 2.2

Percentage Distribution of Women by Selected Socio-Demographic
and Household Characteristics, CREHP Districts and Uganda
National, 2000 ¹

	CREHP	Uganda
Characteristic	Districts	National
Residence		
Rural	95	83
Urban	5	17
Education		
No education	30	22
Primary schooling	58	60
Secondary or over	12	18
Marital Status		
Never married	26	20
Currently in union	62	67
Formerly in union	12	13
Household Has Electricity		
Yes	2	10
No	96	85
Household Has a Television		
Yes	1	8
No	98	87
Household Has a Radio		
Yes	48	55
No	51	40

¹ Figures presented in this table are weighted.

3. Family Planning

3.1 Knowledge of Family Planning and IEC Exposure

Figure 3.1.1 presents trends in knowledge of family planning among women and men in the CREHP districts of Uganda. In 1995, knowledge of modern contraception was higher among men than among women. About 80 percent of the men and 71 percent of the women knew at least three methods of family planning. In the five-year period between the surveys, the proportion



of women who knew three or more modern contraceptive methods increased to 78 percent while the percentage of men who knew three or



decreased more modern methods from 80 percent to 68 percent. Family planning methods considered modern for this analysis include orals, injectables, condoms, vaginal methods (diaphragm, foam, jelly). the intrauterine device (IUD), implants, sterilization (male or female), and in 2000, female condoms and emergency contraception. To ensure comparability, the lactational amenorrhea method (LAM) was not included among the modern methods.





Figures 3.1.2 and 3.1.3 present the sources of family planning messages cited by men and women in the 1995 and 2000 surveys. Radio is by far the most important source of family planning messages. In 1995, one-fourth of the women and more than half of men had heard a family planning message on the radio. By 2000, more than half (52 percent) of the women and about three-fourths (76 percent) of the men cited radio as a source of family planning messages.

Television and print were less common sources of family planning messages. In 1995, less than 1 percent of the women and only 3 percent of the men had seen a family planning message on television. By 2000, only 5 percent of the women and 3 percent of the men mentioned television as a source. This is related to low exposure to that medium in the CREHP districts; 97 percent of the women and 96 percent of the men report that they never watch television (data not shown). Print media is a more important source than television, especially among men, and it is growing in popularity. In 1995. 14 percent of the men compared with only 2 percent of the women cited print media as a source of family planning information. In 2000, the percentage of women who mentioned it as a source increased sixfold while the percentage of men who mentioned it almost doubled. Most men (64 percent) know how to read; however, 50 percent of the women in CREHP districts cannot read or can only do so with difficulty (data not shown). This limits the reach of print as a medium for family planning messages, especially among women.

In 1995, 6 percent of the women and 19 percent of the men in CREHP districts had heard about family planning from more than one media source. By 2000, these numbers had increased to 25 percent of the women and 43 percent of the men (data not shown).

Data regarding community sources of family planning messages were not available for 1995. Results from the 2000 survey indicate that a large proportion of the population (40 percent of the women and 37 percent of the men) in CREHP districts have heard family planning messages from community sources such as churches or community meetings. Ten percent of the women and 12 percent of the men also reported hearing a family planning message from a mobile van.



At the same time, one woman in seven (14 percent) talked about family planning with a staffer during a visit to a health facility in the year before the 1995 survey (Figure 3.1.4). About 8 percent of the women talked about family planning with a fieldworker during a home visit. By 2000, facility staff and fieldworkers were a less important source of family planning messages. Only five to

Figure 3.2.1: Percentage of Women Currently Using Modern Contraception



6 percent of the women reported talking to facility staff or fieldworkers about family planning in 2000.

3.2 Use of Modern Contraception

In 1995, 5 percent of reproductive age women were using a modern contraceptive method. Among married women, 7 percent reported using a modern method (Figure 3.2.1). By 2000, use of modern contraception increased to 8 percent among all women and to 12 percent among married women. Contraceptive use was lower among adolescents (15-24 years of age). Three percent of all adolescents and 6 percent of married adolescents reported using modern contraception in 2000 (data not shown).

Further information from the 2000 UDHS shows that the most common method used among women was the injectable, the choice of over half (52 percent) of modern contraceptive users (Figure 3.2.2). The pill followed, used by 21 percent of current users.



Figure 3.2.2: Percentage Distribution of Women

In 2000, about half (51 percent) of the women who were using a modern method last obtained their method from a public facility (including government-operated hospitals, health centers, and family planning clinics). Four percent obtained their method from community-based distribution sources, 33 percent from a private clinic, and 3 percent from a pharmacy or drug store. The remaining 9 percent used some other source for family planning provision (such as a religious institution, shop, or outreach).

The 1995 sample size did not permit an analysis of trends in contraceptive use by age, method choice, or source.

3.3 Intention to Use Family Planning in the Future

In both 1995 and 2000, over half (55 percent and 52 percent, respectively) of the women who were not practicing family planning at the time

Figure 3.3.1: Intention of Men and Women to

Use Family Planning

80 60 40 20 0 All Women Married Women 1995
2000 of the survey reported that they intend to use a contraceptive method in the future (Figure 3.3.1). Moreover, most of these women (71 percent in 2000) listed a modern method as their preferred choice (data not shown). To better gauge the demand for family planning, these figures exclude respondents who said that they or their spouse was infertile and those who expressed a desire to have a child soon or now.

3.4 Barriers to Use among Non-Users

Data from the 2000 UDHS provide some insight into the barriers to the use of family planning among women not currently using a method. Figure 3.4.1 presents the percentage of married and non-married women who know a source of family planning, who have discussed family planning with their partner, and whose partner approves of family planning. Non-married women were not asked about partner approval.

Of the married women not currently using contraception, less than half (44 percent) knew a source of contraception, about one in four (26 percent) had ever discussed family planning with their husband or partner, and only 36 percent thought their partner would approve of family planning. Less than one-third of nonmarried women knew a source of family planning and only about 1 percent had ever discussed family planning with their partner.



Figure 3.4.1: Percentage of Women Not Currently Using Contraception by Knowledge

of Source and Partner Communication and

Trends in Reproductive Health Knowledge, Attitudes, and Practices in the CREHP Districts of Uganda, 1995-2000

4. Maternal and Child Health

Data from the 1995 and 2000 UDHS allow for examination of trends in key indicators of maternal and child health. The following data refer to antenatal care, delivery care, and postnatal care a woman received during her last pregnancy resulting in a live birth within the three years preceding the interview. In 1995, 43 percent of the women in CREHP districts reported having given birth in the last three-year period (for a sample size of 169). In 2000, 45 percent of the women had given birth in the previous three years (sample size of 318).

4.1 Antenatal Care

The surveys obtained information from women about the total number of antenatal care (ANC)



visits they had for their last pregnancy. Six percent of the women interviewed in 1995 had not received any ANC, while the majority (62 percent) had between one and three visits (Figure 4.1.1). Only a third (32 percent) had at least four ANC visits. In 2000, the percentage of women who did not receive any antenatal care doubled (from 6 percent to 12 percent) while

the percentage receiving the four or more visits declined to one in four.



Figure 4.1.2 presents the timing of ANC visits. Few women (9 percent) surveyed in 1995 had their first ANC visit during the first trimester of pregnancy (Figure 4.1.2). 2000. In this percentage was even lower, 6 percent. In 1995, the majority of women had their first ANC visit either in their second (60 percent) or third (25 percent) trimester. In 2000, first visits occurred later in pregnancy. Fewer women (46 percent in 2000 vs. 60 percent in 1995) had their first ANC visit in the second trimester, and a larger proportion of women (36 percent in 2000 vs. 25 percent in 1995) had it in the third trimester.

Four basic categories of antenatal care are considered here: 1) doctors, 2) nurses, midwives clinical officers and medical assistants, 3) nursing aides and auxiliary midwives, and 4) traditional birth attendants.⁵ In 1995, nearly one in five of

⁵ The response categories varied between the two surveys. In 1995, response categories for this question included: doctor, nurse/midwife, and auxiliary





the women interviewed had seen a doctor for ANC during their last pregnancy in the previous three years (Figure 4.1.3). Most (83 percent) received care from a nurse or a midwife and about 1 percent received care from an auxiliary midwife. In 2000, the percentage of women who received doubled no ANC to 12 percent while the percentage seen by a doctor declined by 50 percent to about one in ten women. Only about 1 percent of women in each survey received ANC from a traditional birth attendant. Women may visit more than one kind of ANC provider, so percentages may sum to more than 100 percent.



midwife. In 2000, the response categories were: doctor, nurse/midwife, clinical officer/medical assistant, and nurse's aide. To compare data between surveys, responses were grouped according to the level of training of the providers. Not only did the number of women receiving antenatal care decline, but so did the percentage of women who received a tetanus toxoid (TT) injection during their last pregnancy (Figure 4.1.4). This figure declined from 78 percent to 59 percent over the five-year period. It includes women who received the injection as part of their ANC as well as those who received their injection elsewhere.

The use of bednets is recommended to reduce the risk of malaria. This is particularly important for women during pregnancy. Data regarding the use of bednets were not collected in 1995. In 2000, only 3 percent of the women who had a live birth in the three years preceding the survey lived in a household with a bednet.

4.2 Delivery Care and Post Natal Care

Both the type of assistance a woman receives during childbirth and where she receives it are important for her health and the health of her newborn. Data from the 1995 and 2000 UDHS allow examination of trends in the location of delivery (Figure 4.2.1) and the sources of delivery assistance (Figure 4.2.2) for the last live birth during the three years preceding the survey.

In 1995, more than three-fourths (78 percent) of deliveries occurred at home and only 22 percent occurred at a health facility. Only 4 percent of deliveries were attended by a doctor, and





20 percent were attended by a nurse/midwife. For about half (51 percent) of all deliveries, an unskilled person (such as a relative) provided assistance. At the same time, nearly one-fourth (22 percent) of the women gave birth without any assistance. Women may receive delivery assistance from more than one type of provider; therefore, percentages may sum to more than 100 percent.

By 2000, very little had changed in terms of delivery care. Four out of five births still occurred at home and nearly one-fourth of all births were unattended. In the five-year period between surveys, the percentage of deliveries attended by doctors declined slightly (from 4 percent to 2 percent) while those attended by traditional birth attendants more than doubled (from 4 percent to 9 percent). There was a slight decline in the percentage of births attended by unskilled people such as friends and relatives (from 51 percent).

Data on postnatal care collected in the 2000 survey reveal that of the women who had a live birth in the three years preceding the survey, only 3 percent received postnatal care (data not shown). Because of this small percentage, postnatal care could not be analyzed by type of provider or sources of postnatal care.

4.3 Decisionmaking and Health Care

To better understand the decisionmaking dynamics within households, the 2000 UDHS asked women about who had the final say on their own health care and that of their children (Figure 4.3.1).





Most women (69 percent) have a say regarding their own health care. Almost half (47 percent) of the women decide on their own and 22 percent decide together with someone else. Similarly, 59 percent of the women are involved in the decisionmaking about health care for their children. One in five women decides on her own and 39 percent along with someone else. Still, about 22 percent of the women have no say when it comes to their own health care and 16 percent have no say when it comes to health care for their children. Many women responded that they never had to make such a decision, therefore the figures do not add up to 100 percent.

5. Sexually Transmitted Infections and HIV/AIDS

5.1 Knowledge of STI/HIV/AIDS

Awareness of sexually transmitted infections (STIs) and HIV/AIDS is widespread in Uganda. However, the nature of STI symptoms and the means of prevention are less well known. The 2000 UDHS collected information on the knowledge of various signs and symptoms of STIs and the consequences of an untreated STI for both men and women (Figure 5.1.1). Men were more aware than women of the signs and consequences of STIs. Half of the men compared with 39 percent of the women knew at least three signs of an STI while a little over half (57 percent) of the men and about one-fourth (25 percent) of the women knew at least two consequences of an untreated STI.



Respondents' knowledge of ways to prevent HIV/AIDS infection was determined in both the 1995 and 2000 surveys (Figures 5.1.2 and 5.1.3). According to 1995 findings, most women (95 percent) and men (91 percent) spontaneously mentioned means of prevention related to limiting sexual contacts (including abstaining from sex, avoiding sex with prostitutes and homosexuals, remaining faithful to one partner, and limiting the number of partners). Four percent of the women and 11 percent of the men spontaneously mentioned condom use as a means of prevention against HIV/AIDS infection. At the same time, few women (2 percent) and virtually no men had

Figure 5.1.2: Women's Knowledge of Means to Prevent HIV/AIDS



misconceptions about ways to avoid infection (such as avoiding kissing, avoiding mosquito bites, or seeking protection from traditional healers).

By 2000, knowledge of condom use increased sevenfold among women (to 29 percent) and sixfold among men (to 68 percent). Considering only spontaneous responses may underestimate true knowledge. Therefore, to probe for condom



knowledge, respondents were asked whether condom use could help prevent HIV/AIDS. Including correct responses to this question, 54 percent of the women and 82 percent of the men knew about condoms for HIV/AIDS prevention. Unfortunately, among men, misconceptions about HIV/AIDS also increased, from virtually no men reporting misconceptions in 1995, to about 13 percent in 2000.

5.2 Prevalence of STIs and STI Symptoms

Self-report of STIs and STI symptoms gives some indication of the presence of STIs in a population. However, the figures reported here must be interpreted with caution. Underreporting is likely as respondents, particularly women, may have an asymptomatic infection or may simply be unaware of their symptoms. Underreporting is also likely because of the social stigma that is often associated with STIs. Furthermore, because the prevalence rates reported here rely on self-report, changes in prevalence rates may reflect changes in awareness of STIs and their symptoms rather than true changes in the prevalence of STIs.

As seen in Figure 5.2.1, in 1995, among respondents who had ever had sex, few women (5 percent) and no men reported an STI or STI



symptoms (genital sore or discharge) in the 12 months preceding the survey. In 2000, 4 percent of ever sexed women and men reported either having an STI or STI symptoms in the 12 months preceding the survey. The sample was too small to allow further analysis of treatment-seeking behaviors.

5.3 Knowledge of Condom Sources, Condom Use, and Sexual Behavior

Condoms effectively prevent pregnancy and STI/HIV/AIDS infection. While many women and men know about condoms as a way to prevent HIV/AIDS, condom use is still very low. In 1995, of the men and women who were sexually active in the year preceding the survey, less than 1 percent of the women and only 5 percent of the men reported having used a condom during their last sexual encounter (Figure 5.3.1). By 2000, the percentage of women who used a condom during their last sexual encounter was less than 1 percent while the percentage of men who did declined to 2 percent. The number was too small for further analysis by type of sexual partner (regular vs. non-regular).





Currently, one barrier to condom use seems to be the lack of knowledge of condom sources (Figure 5.3.2). In the 2000 survey, respondents were asked if they knew where to obtain a condom and they were asked to mention the sources. Seventy-seven percent of the women and 58 percent of the men did not know any source of condoms and only 6 percent of the men and 11 percent of the women knew of two or more sources.

Another significant barrier to use of condoms is a perception of relatively low risk of becoming infected with HIV. In 2000, 87 percent of the married women who did not use a condom at last sex cited trusting their partner as the main reason for non-use of condoms. Among nonmarried women, about half said they trusted their partner and approximately a third said that their partner insisted on not using a condom (data not shown).

Figure 5.3.2: Knowldedge of Condom



One way to thwart the AIDS epidemic is to encourage adolescents to delay sexual debut and to have sex with only one partner. It is encouraging that adolescents, particularly boys, in CREHP districts seem to be delaying their first sexual experience. As shown in Figure 5.3.3, in 1995, 75 percent of the women and 57 percent of men age 15-19 were not yet sexually active. By 2000, the percentage of young adolescents (15-19) who had never had sex was 77 percent of the women and 73 percent of the men.





The 2000 UDHS provides additional data on the number of sexual partners in the last 12 months, as an indication of high-risk sexual behaviour (Figure 5.3.4). Among adolescents (15-24 years) less than 1 percent of the women and only 1 percent of the men reported having more than one sexual partner in the 12 months preceding the survey. Among all men, however, 15 percent reported having more than one sexual partner in the 12 months preceding the 12 months preceding the survey.



