



United Nations Population Fund

Population Matters

Issue Brief 05

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Worlds apart in Uganda:

Inequalities in women's health, education and economic empowerment

Uganda's Situation

40.3M



Uganda's population

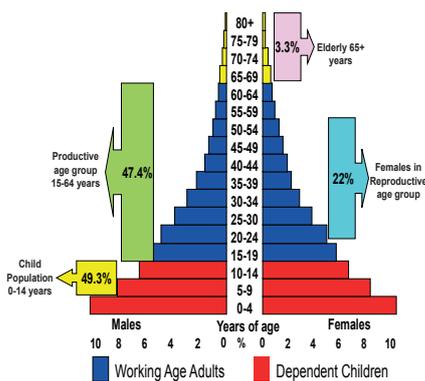


51%

49%

Females constitute 51% of the total population

Uganda has a very young population...



Three in every ten households (31%) are headed by females.



Gender inequalities, inequities and the implication to Uganda's development

More than ever before, there is global consensus that the path to sustainable development for the next 15 years must be built on a foundation of equality, inclusiveness and universal enjoyment of rights.¹ Several studies have further indicated that closing the gender gap can accelerate development. In this regard, all the 17 Sustainable Development Goals (SDGs) address issues of gender equality and ensuring that nobody is left behind. Goal 5 and 10 are specific on gender equality and addressing inequalities. SDG 5; which is about achieving gender equality and empowering all women and girls, calls for

gender equality and empowerment, including but not limited to ending all forms of violence and discrimination against all women and girls, as well as ensuring universal access to sexual and reproductive health and rights. SDG 5; which is about reduced inequalities within and among countries is about ensuring equal opportunity.. and reduced inequalities of outcome, including eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.



Uganda adopted and aligned to the Global Agenda 2030 Sustainable development goals. **Uganda's Vision 2040** statement prioritizes gender equality as a cross-cutting enabler for socio-economic transformation, highlighting the progress made in the legal and policy arena, in political representation, and in lowering gaps in education. The **National Development Plan II** (NDP II, 2015-2020) prioritizes the empowerment of women and gender equality as a means to inclusive growth and social development. It makes specific reference to sector-specific gender issues that relate to women's empowerment and access to sexual reproductive health information and service.

¹ UNFPA, State of the World Population, 2017; Worlds Apart: Reproductive Health and Rights in an Age of Inequality



Uganda's situation

Uganda's population is estimated at 40.3 million² of which more than half are females. Three in every Ten households (31%) are headed by females. Marginalized and vulnerable groups include, women, children, older persons, persons with disability and ethnic minorities. Forty nine percent (49.3%) of the population are children below the age of 15; the productive age (16-64) constitute 47.4% of the population; older persons, above the age of 65 constitute 3.3% of the population. Women and young people constitute Uganda's biggest population, yet they continue to face a wide range of challenges including discrimination, marginalization and exclusion. In regard to other vulnerable groups, 12.5% are persons with disabilities, and 1.4% are ethnic minorities.³

According to the Global Gender Gap Report 2016, Uganda ranks 61 in position out of 144 countries in terms of addressing the gender gap⁴. Vision 2040 points out that in spite of progress in the political and decision making arena, other conditions sustaining gender inequality in Uganda remain salient, including: gender disparities in access to and control over productive resources like land; limited share of women in wage employment in non-agricultural sectors; sexual and gender-based violence; limited participation in household, community and national decision-making.

based failings, with women invariably more marginalized than men. Women are marginalized in aspects of access to and control over productive resources, education and health services, decision making platforms, and political representation. Socio-cultural norms and harmful traditional practices including gender based violence, female genital mutilation, teenage pregnancy, child and forced marriage, among others, perpetuate gender inequality. The high social tolerance of gender based violence, where inequality between men and women is accepted as the normal undermines efforts towards gender equality and women's empowerment.

Inequalities between men and women in Uganda affect many aspects of women's lives, starting with sex preferences in various sectors such as education and employment, which affect job opportunities, property rights, access to health and political participation.

Gender inequality is measured using the Gender Inequality Index which combines three main factors that tend to create achievement gaps between the genders.

1. Adolescent birth rates and maternal mortality - to demonstrate access to reproductive health services
2. Labour market participation rates - for economic status
3. Proportion of women who work in Parliament and levels of education - for empowerment

Intersection of inequalities in health, education and gender

Gender inequality is one of the most significant identity

² Uganda Bureau of Statistics, Census 2014. ³ World Economic Forum, Global Gender Gap Report, 2016 ⁴ Uganda Bureau of Statistics, 2019 Population Projection.



Inequalities in Access to Sexual and Reproductive Health Services

Adolescent birth rates and maternal mortality in the Gender Inequality Indices illustrate the contribution of reproductive health to the attainment of gender equality and equity.

Adolescent birth rate

Adolescent fertility is important on both health and social grounds. Teenage mothers are more likely to experience adverse pregnancy outcomes and are more constrained in their ability to pursue educational opportunities than young women who delay childbearing. In Uganda today, one in every four girls aged 15-19 have begun childbearing. Adolescent childbearing is more common in rural than in urban areas, at 27 versus 19 percent, respectively. Teenagers in the lowest wealth quintile tend to begin childbearing earlier than those in the highest quintile i.e. 33.5% had begun child bearing compared to 15.1%⁵ respectively.

Child motherhood denies a girl of her childhood, disrupts her education, limits her opportunities, increases her vulnerability to violence, abuse and jeopardizes her health. In Uganda 49% of girls are married by the age of 18 years. Once girls are married, they do not have control over their destiny. Only 11.4% use contraceptives.

Keeping girls in school is one way of supporting them to delay pregnancy. Differences are observed between education levels i.e. 34.6% with no education had begun child bearing by age 19 compared to 28.7% with primary education, 17% with secondary education and 11% with above secondary level. In hard-to-reach areas where services such as health and education are lacking, there are high levels of teenage pregnancy e.g. in Islands–48.3%. Levels of education in the islands are very low and this form of deprivation leads to early pregnancy. However, in mountain areas, teenage pregnancy was 24.3% while in greater Kampala, it was 16.7%.

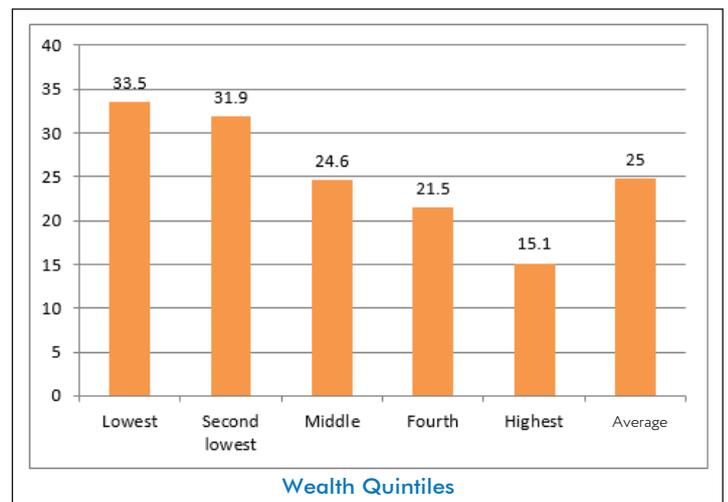


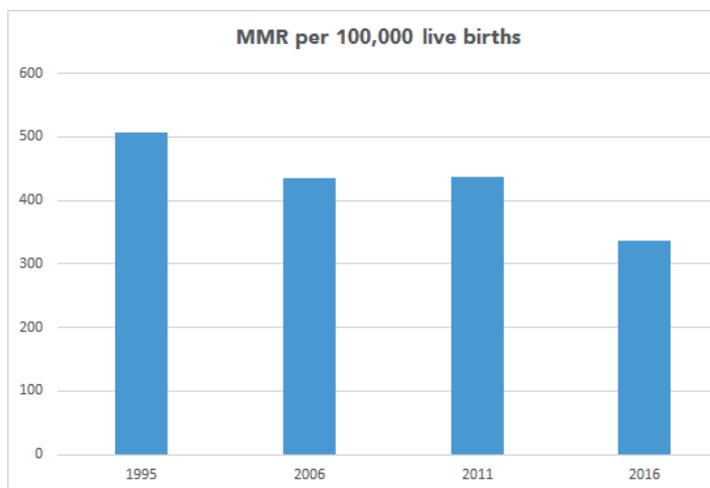
Fig 2: Percentage young people (girls) who started child bearing by 19 years

A girl between the age of 15 and 19 is twice as likely to die during pregnancy or childbirth compared to a woman in her twenties. If she is under 15, the risks are 5 times higher. Child marriage is one of the significant drivers of adolescent pregnancy; 90% of adolescent pregnancies occur to girls who are married before 18 years and who have little or no say in decisions about when or whether to become pregnant. When girls marry at an early age they are deprived of an opportunity to education that can propel them, their families and communities from poverty. A World Bank study shows that an extra year of primary school education boosts girls' future wages by 10%–20% and an extra year of secondary school adds 15–25%.⁶ Keeping girls in school and ensuring that they access sexual reproductive health information will ensure delayed onset of childbirth and marriages. Preventing child marriage and teenage pregnancy will help reduce the risks of HIV infection, maternal death and disability, including obstetric fistula.

⁵ UBOS, Uganda Demographic and Health Survey, 2016 ⁶World Bank, 2002

Maternal mortality ratio (MMR)

There has been a slow reduction in maternal mortality in Uganda. The maternal mortality ratio (MMR) came down from 506 per 100,000 live births in 1995 to 435 per 100,000 live births in 2006, to 438 per 100,000 live births in 2011 and currently estimated at 336 per 100,000 live birth in 2016.⁸ Most of the causes of maternal death in Uganda are preventable.



Given the vulnerabilities associated with adolescent pregnancy, young women 15-19 years of age contribute up to 28% of the overall maternal deaths ratio in Uganda. Unsafe abortions contribute partly to this⁹, as in all countries where abortion is illegal, young people are the worst affected by its negative outcomes. Uganda's abortion rate stands at 54 per 1,000 women of reproductive age. A study of women who were treated for pregnancy-related problems in three Kampala hospitals found that 21% of the maternal deaths were due to complications related to abortion.¹⁰ According to a 2017 Guttmacher Institute study, 52% of pregnancies in Uganda are unplanned and 25% of these end up in abortion each

year. In addition, many mothers do not receive any post-natal check-up, yet over 60% of maternal deaths occur 23-48 hours after delivery, mostly due to hemorrhage and hypertensive disorders or after 48 hours because of sepsis.

Skilled birth attendance

Antenatal Care (ANC) from a skilled provider is important to monitor pregnancy so as to reduce morbidity and mortality risks for the mother and child during pregnancy, delivery, and the postnatal period (within 42 days after delivery). Six in every ten women go for fourth ANC visit. Women in urban areas with easier access to health services are more likely to have four or more ANC visits than rural women – 65% versus 58% respectively.

Regional variations in ANC attendance are noted, with Bunyoro and Bugisu sub-regions having the lowest percentage of women who have had four or more ANC visits (45% and 47% respectively). ANC attendance increases with the level of women's education. Among women with no education, 53% attended four or more ANC visits, compared to 72% of women with more than a secondary school education. The proportion of women with four or more ANC visits also increases with household wealth.

Skilled attendance is one of the key pillars in the reduction of maternal mortality. Access to proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that may lead to death or serious illness for the mother, baby, or both. Studies show that access to a skilled attendant can mitigate childbirth related complications up to 87%.¹¹

According to the UDHS (2016), 74% of live births in Uganda are delivered by a skilled provider and almost the same proportion (73%) are delivered in a health facility compared to 37% in 2000. Variations in skilled attendance by residence, levels of education and wealth quintiles are still prevalent.



⁸UBOS, Uganda Demographic and Health Survey, 1995, 2006, 2011 and 2016
¹¹State of the World Midwifery Report 2014.

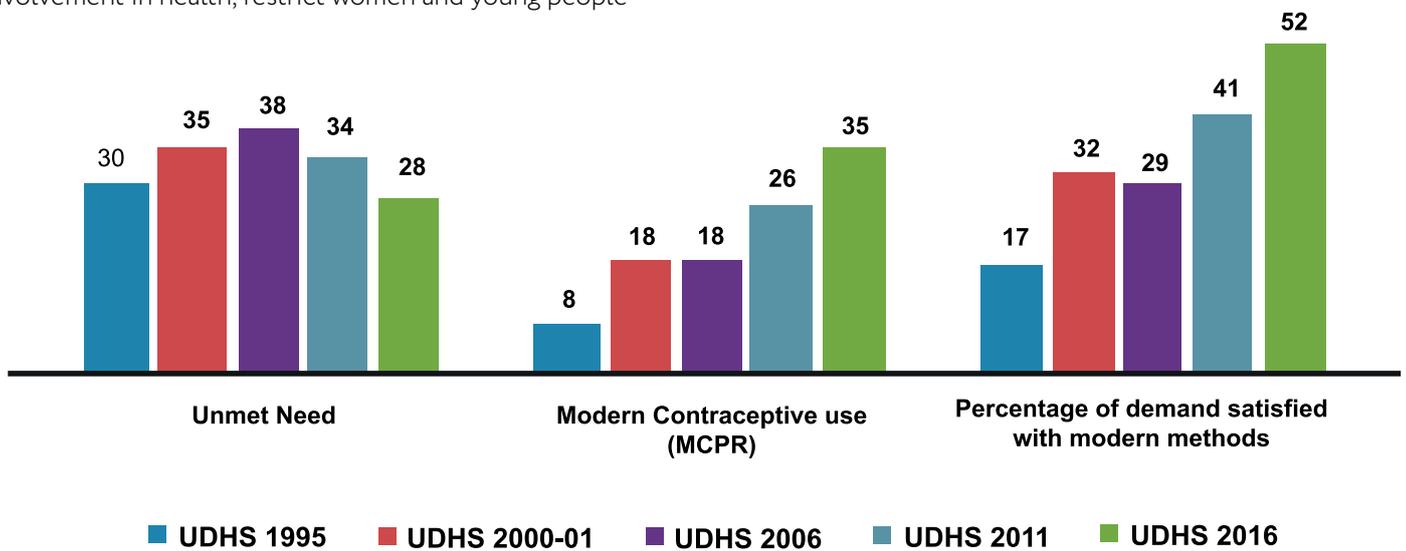
⁹Singh et al. 2006 ¹⁰Mbonye, 2000

Contraceptive prevalence rate

Contraceptive use, especially among married women has increased from 8% in 2000 to 34.8% in 2016. There are marked differentials based on wealth quintiles with a 19.8 point difference between the lowest (22.4%) and the highest (42.2%). The big difference in use of modern family planning is also influenced by access and affordability of services and this is seen in the slow pace in reduction in unmet need for family planning.

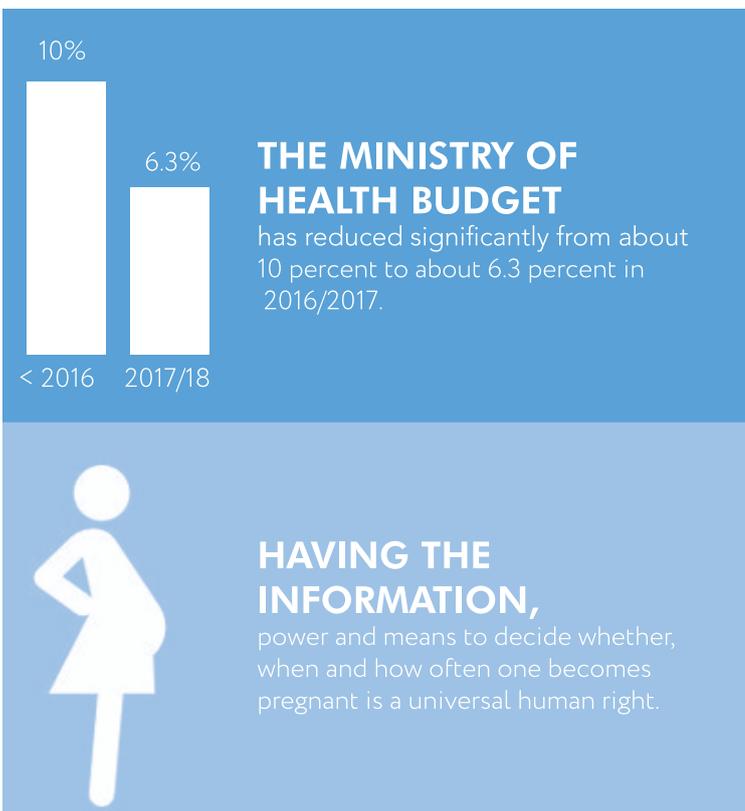
Socio-cultural factors and gender inequality deter access to services, especially in rural communities. Poorly coordinated community mobilization, coupled with inadequate male involvement in health, restrict women and young people

from utilizing available services. Modern contraceptive prevalence rate remains low, despite having increased from 18% in 2006 to 26% in 2011, to 35% in 2016. There are wide regional disparities, at 7% in Karamoja region compared to 40% in Kampala. Among married young women (15-24 years) the contraceptive prevalence rate is only at 11%. Unmet need for family planning remains high at 28% among married women 15-49 years. Key bottlenecks to contraceptive use include limited access to services due to inadequate number of skilled staff to provide a wide range of methods; stock-outs at health facilities; limited community-based service outlets; myths and misconceptions about family planning; and negative socio-cultural and religious values.



Uganda DHS 2016

Fig 3: Trends in unmet need, modern contraceptive use and percentage of demand satisfied with modern methods – 1995-2016



Inequalities in sexual and reproductive health and rights, while often given limited attention, have implications that run from individuals to entire nations. Intersections with other forms of inequality mean that a poor, uneducated woman in a rural area and more especially if disabled cannot make choices about pregnancy. It is unlikely that she will gain education or join the paid labour force. As a result, she will probably remain trapped in poverty and marginalized. When women struggle with similar deprivations, the costs are compounded for societies and the country as a whole.

Having the information, power, and means to decide whether, when and how often one becomes pregnant is a universal human right as committed by 179 governments, including Uganda, at the International Conference on Population and Development in 1994, a commitment that was renewed in 2014.¹² To-date, many Ugandan women and girls still struggle to access information, services and supplies to prevent a pregnancy or to give birth safely. Women who are poor, below 27% of the income scale, and particularly those who are in rural areas, are far less likely to have access to contraceptives and to skilled attendance during pregnancy and childbirth than their wealthier urban counterparts.

¹² International Conference on Population and Development (ICPD) Beyond, 2014



Participation in the labour market, wages and economic status:

Majority of women are engaged in agricultural production, yet only 27% of registered land is owned by women. The labour sector in Uganda offers limited sustainable economic opportunity for a majority of women since many are dependent on subsistence agriculture, with limited access to land. About 75% female-headed households depend on agriculture, compared to 81.2% that are male-headed. Nationally, the Labour Force Participation Rate (LFPR) is 52% and Employment to Population Ratio (EPR) is 48%. The LFPR is higher for males (60%) than females (46%). Similarly, the Employment to Population Ratio is higher for males (56%) than females (40%). The national unemployment rate is 9%. Nationally, only 38% of persons in employment are in paid employment with a higher proportion of males (46%) compared to females (28%).

Gender gaps in youth unemployment

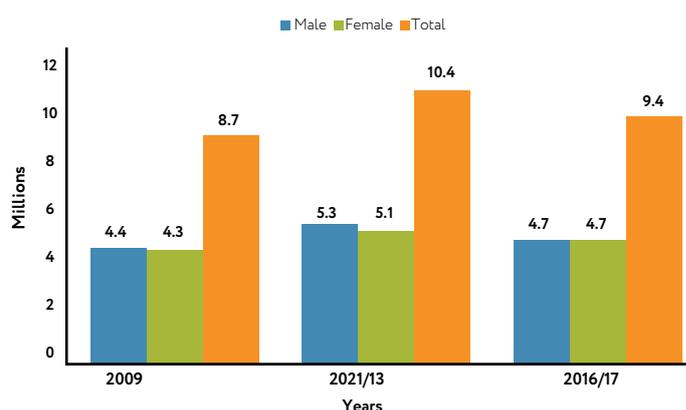
Young women have more difficulties finding paid work than young men. Hence, youth unemployment rate stands at 7.0% for females compared to 6.1% for males. This gender difference has been attributed to the difficult transition to working life; limited access to information channels and job search mechanisms; lower pay in the informal economy; unprotected low-skill jobs as well as lack of access to training, social protection and other resources; making young women comparatively more vulnerable than young men to poverty and sexual exploitation. Although the economic activity rate for adult men relative to women is almost the same (78.9% for women and 81.5% for men), social norms still reinforce discrimination in access and control over productive assets, particularly land and financial capital.

Education inequalities

Education is one of the key gender empowerment indices. The education sector in Uganda, through various policies promotes equal opportunities i.e. Universal Primary Education, Universal Secondary Education and Uganda Post Primary Education and Training, giving women extra one and half (1.5) points

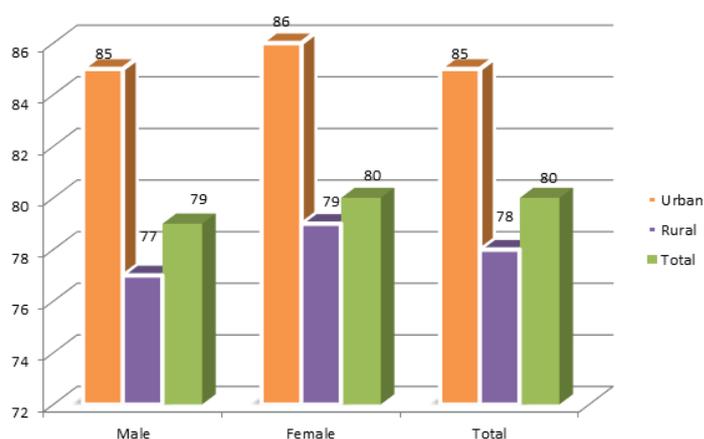
for public university entrance (affirmative action), and Girl Child Education initiatives. With these guidelines and policies in place, Uganda has seen high levels of school enrolment of 96% with an equal enrolment of boys and girls i.e. an increase from about 7 million pupils in 1999/2000 to about 11 million in 2012/2013. However, there has been a slight drop to 9.4 million in 2016/17. There has been no big difference between the male and female primary school enrolment.

Fig 4: Total Primary school enrollment (Millions)



Net enrolment in primary school show slight differences in rural-urban enrolment at 78% and 85% respectively. However, the percentage of girls enrolled in rural areas is 79% compared to 77% boys and 86% as compared to 85% in urban areas.¹³

Fig 5: Net primary school enrollment, 2017 UNHS



¹³ UBOS, Uganda National Households Survey, 2016/17

Regional disparities

Significant regional variations prevail especially in Karamoja region with the lowest enrolment rates at 35.5% compared to very high rates at 87.2% and 87% in Bukedi and Teso regions respectively.

Progression to secondary school level is still low both in urban and rural areas, at 44% and 23% respectively. Major differentials are recorded between urban and rural women at 42% and 25% respectively, compared to 46% and 21% among male. Comparison of the 2009/10, 2012/13 and 2016/17 UNHS findings over the last 9 years show that inequality in education has reduced overtime and is nearing parity at primary school level.

The Gender Parity Index (GPI) disaggregation by subregions shows

that Central 1 region is at 1.07, Busoga region at 1.07, Lango region at 1.02, Acholi at 1.08, Tooro at 1.02, Ankole at 1.11 and Kigezi at 1.13, in favor of girls. Higher educational attainment, in terms of recognized qualifications, can be associated with a range of economic successes, including better income, employment, as well as better health for women and girls.

Literacy

Being illiterate is a condition that denies people opportunities. Overall, over seven in ten persons aged 10 years and above (74%) are able to read with understanding and write meaningfully in any language in Uganda. The literacy rates for males (78%) are higher than that of females (70%).



Women empowerment and political participation:

Political participation is one of the indices that measure women empowerment. Women have always been marginalized from decision making platforms right from the grassroots to high level decision making platforms. The affirmative action in Uganda has seen an increase in women participation in politics thus enhancing women's political representation. This has provided for more women in local councils and in Parliament with one third of parliamentary seats occupied by women. In the 9th Parliament, 135 of the 386 members of Parliament were women 35%. This percentage slightly reduced to 33% in the current 10th Parliament - that is, 144 women out of 429 members. Increasing women's representation in Parliament has helped women achieve political and social equality in a country that is male dominated culturally, traditionally and politically.

This percentage is big enough to place women's concerns on the national agenda.

Visible strides have been made since the implementation of affirmative action in 1989. However, Uganda still has a long way to go. For example, in many cases the justice system treats domestic abuse as a family matter rather than a criminal offense; early or forced marriage is negotiated out of court yet it is a capital offense; women's equality in ownership of property and resources as well as access to services is limited. In addition, Uganda faces a serious challenge in addressing issues of reducing maternal mortality and reducing teenage pregnancy. With improved women representation, members of parliament are expected to put forward issues that have remained obstacles like access to education, health services for women and girls, especially access to sexual reproductive health information and services.



Policy implications

Uganda is signatory to a number of international and regional instruments which lay out a clear foundation for women's rights to resources and services, including sexual reproductive health and rights, land and other productive resources. These among others include the 1995 Beijing declaration and platform for action, the UN Convention on the elimination of all forms of discrimination against women (CEDAW) and the optional protocol, and the sustainable development goals (SDGs) which have been adopted in Uganda's NDP II and Vision 2040.

There has been significant progress in respect to women's rights and addressing gender inequalities. This follows the International women's year in 1975, the UN decade for women from 1976 to 1985 and a number of policies and laws that have been enacted to enhance the rights of women in Uganda.

The policy gaps

The Government of Uganda has for the last decade put in place laws and policies for promoting gender equality but

with inconsistencies between policy statements and the way in which laws are enforced. The 1995 Constitution (Section 33, sub-section 6) prohibits laws, cultures, and traditions which are against the dignity, welfare, or interest of women or which undermine their status. The 1997 National Gender Policy; and various legal reforms including; the law on Domestic Violence and the Domestic Violence regulations; the anti-Female Genital Mutilation Act; the anti-trafficking in Persons Act; and the Equal Opportunities Commission Act are promotive of gender equality and women's empowerment.

Advocacy work around gender issues by parliamentarians, civil society and development actors is very strong. These groups have been very vocal on accountability for the elimination of gender-based violence, as well as ending discrimination in access to social and economic opportunities. However, there is still a disconnect between Uganda's very positive legal framework and the lack of effective implementation or enforcement of the gender-responsive laws.

Therefore, much of the achievement in Uganda is normative equality (adoption of laws and policies for treating women and men equally), and not substantive equality, which focuses on visibility of development results that have alleviated women's and girls' disadvantage relative to men and boys.

¹³ UBOS, Uganda National Households Survey, 2016/17

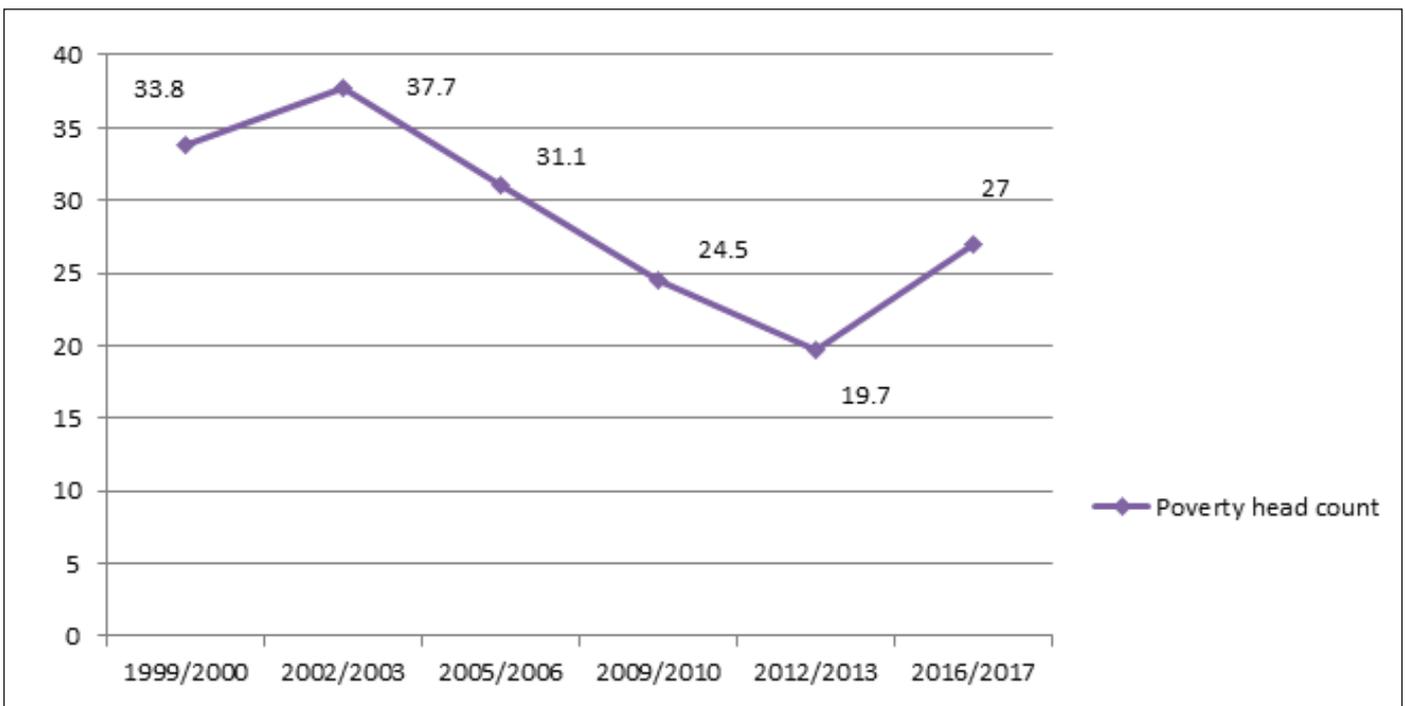
Implications for national development

Eradication of poverty in all its form has been identified as number one goal in achieving Sustainable Development Goals. Poverty reduction therefore, remain stop on the Government of Uganda development agenda. Poverty levels in Uganda reduced from 56% in 1992 to 19.7% in 2014. However, there is noticeable increase in the poverty levels in the last two years to (2016-2017).

This is measured by the percentage of Ugandans that live in households that spend less than what is required to meet their caloric requirements and are able to afford a mark-up for non-food needs.

This translates into about 10 million people living in poverty. The increase in poverty is more evident in the Eastern region of Uganda than in the Northern region which traditionally has been the poorest.¹⁴ The proportion of people living in poverty increased significantly in absolute terms and income inequality reduced in all regions of Uganda, except in the Western region.

Fig 1: Poverty trends in Uganda 1999/2000 to 2016/2017



Overall, households spend up-to 63% (close to two thirds) of their budget on food, shelter and clothing, while 23% is spent on education, health, transport and communication. Expenditure on the key indices of gender inequality i.e. health and education by urban-rural are still very low compared to the total household budget expenditure.

In Uganda today, the self-employed (39%) and those in subsistence agriculture only (28%) are more likely to be poor than would be the case for those involved in other activities. These two account for a combined 67% of the total contribution to poverty considering activity status and the majority are women. When gaps in income widened in many cases, those being left behind are also losing out in terms of access to quality health, education and other services essential to human rights and well-being.

63% HOUSEHOLDS spend up-to 63% (close to two thirds) of their budget on food, shelter and clothing.

23% Household budget is spent on education, health, transport and communication.

¹⁴ UBOS, Uganda National Households Survey, 2016/17



Inequality affects quality of life of the population:

Evidence has demonstrated that, in economies where gender inequality is slim, there is not only reduced risk of unequal and reversible economic progress but also quality of life. Actions on multiple fronts must tackle all forms of inequality, social and economic and both the consequences and the root causes, since any of these can prevent people and societies from breaking free. In the areas of health, Uganda has included sexual and reproductive health services in broader development frameworks and discussions to achieve universal access to health are on going.

The development objective of equality between men and women, or gender equality, is absolutely indivisible from the UNFPA's mandate to address women and young people's sexual reproductive health and rights. Empowering women to make informed choices about their health and reproductive life, before supporting Government to be both proactive and responsive in advancing the realization of these rights, will propel development. Uganda therefore needs to:

1. Address specific barriers and constraints to enable rural women and men to have equal opportunity to make Informed choices about their reproduction. This will create more opportunities for education, health and employment.
2. Invest in the youthful population, in terms of human capital development, including reduction in gaps regarding access to education, access to sexual and reproductive health care, and promotion of gender equality to facilitate Uganda's potential to harness and reap from it's large and young population.
3. Design sector-specific policies and programmes on gender to facilitate equitable access to sexual and reproductive health information and services. This requires evidence based pathways to draw the attention of policy makers and development partners to effective response in the design, implementation, monitoring and evaluation.
4. Support local to local dialogues and studies to generate data for decision-makers at national and district level. Civil Society Organisations (CSOs) and the private sector need to be engaged so as to deepen stakeholders' understanding of the gendered impacts of sexual and reproductive health and how this impacts on women's participation in the labour sector, education and access to health information and services.
5. Strengthen the capacity of parliamentary committees and women legislators in exercising their oversight, budget appropriation and legislative responsibilities on gender equality in areas of sexual and reproductive health and rights.
6. Upscale gender transformative programming to address the causes of gender inequality through strategic actions that seek to transform the unequal power relations between men and women. Eliminating of gender-based violence, harmful traditional practices including female genital mutilation, child and forced marriages, human trafficking and facilitating access to sexual and reproductive health and rights will result in improved status of women and gender equality.

¹⁵ UBOS, Uganda National Households Survey, 2016/17

UGANDA NEEDS TO ADDRESS SPECIFIC BARRIERS AND CONSTRAINTS TO ENABLE RURAL WOMEN AND MEN TO HAVE EQUAL OPPORTUNITY TO MAKE INFORMED CHOICES ABOUT THEIR REPRODUCTION, PARTICIPATE IN, AND BENEFIT FROM OPPORTUNITIES FOR EDUCATION, HEALTH AND LABOUR FORCE.



Actions for an inclusive world

1. Meet all commitments and obligations to human rights as agreed upon in the international treaties and conventions.
2. Tear down barriers whether discriminatory laws, norms, or service gaps—that prevent adolescent girls and young women from accessing sexual and reproductive health information and services.
3. Reach the poorest women with essential, life-saving antenatal and maternal health care.
4. Meet all unmet need for family planning, prioritizing women in the poorest 27 percent of population.
5. Provide a universal social protection floor, offering basic income security and covering essential services, including maternity-related benefits and support.
6. Bolster services such as childcare to enable women to enter and remain in the paid labour force.
7. Adopt progressive policies aimed at accelerated income growth among the poorest 27 percent, including through stepped-up human capital investments in girls and women.
8. Eliminate economic, social and geographic obstacles to girls' access to secondary and higher education, and to their enrolment in courses in science, technology, engineering and mathematics.
9. Accelerate the transition from informal jobs to formal, decent work, focusing first on sectors with large concentrations of poor, female workers, and unblock women's access to credit and property ownership.
10. Work towards measuring all dimensions of inequality and how they influence each other, and strengthen links between data and public policy.

Conclusion

Expanding access to sexual and reproductive health services is only half of the solution...

Expanding access to sexual and reproductive health services is only half of the solution. The other half depends on how well we address the other dimensions of inequality that hold women, particularly the poor, back from realizing their rights and ambitions, and living their lives on an equal footing to men.

The slow pace in reduction of maternal mortality ratio and teenage pregnancies has negative impact on the Gender Inequality Index in Uganda. There is need to address

the barriers that have hindered access to affordable and acceptable sexual reproductive health information and services to all. Investments in sexual and reproductive health, education and skilling especially of the girl child, delay of the onset of childbirth and ending child marriage will not only open opportunities for participation in the labour sector, but also, will accelerate Uganda's potential to harnessing the demographic dividend. Sustainable development is about leaving no one behind!

Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



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