



The African Women's  
Development and  
Communication Network

**FACT SHEET**

# SEXUAL REPRODUCTIVE HEALTH AND RIGHTS AT A GLANCE



**UGANDA**

**AUGUST 2022**

## Overview of SRHR in Uganda

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Uganda still faces some societal, governance, and physical barriers in the accomplishment and protection of sexual and reproductive health and Rights. Achieving sexual and reproductive health and rights, encompassing the ability to decide when and whether to have children, is essential for the health and well-being of all women. Yet recent data indicate serious gaps in sexual and reproductive health services for adolescent women in Uganda. An estimated 649,000 women aged 15–19 in Uganda is sexually active and do not want a child in the next two years. However, among this group, more than 55% have an unmet need for modern contraception, meaning that they either don't use contraceptive method or use a traditional method of contraception. Moreover, many adolescent women who give birth each year do not receive the vital components of maternal and new-born care. Hitherto, the barriers in governance such as restrictive policies and laws, corruption, and the inability to properly uphold laws over citizens, and societal barriers stemming from historical, religious, and traditional circumstances provide significant hindrances in assuring sexual and reproductive health rights.

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## SRHR Legal and Policy Framework

- Uganda is a co-signer of the Eastern and Southern Africa (ESA) Ministerial Commitments on sexuality education, since 2013. It endorsed the ESA Commitment to scale up access to quality Sexuality Education as well as Sexual and Reproductive Health Services for young people.
- Moreover, important frameworks committing the country to prioritize adolescent health include the African Union Continental Policy Framework on Sexual and Reproductive Health and Rights (SRHR) and the Maputo Plan of Action, which provides for delivery of quality and affordable health services to promote maternal, new-born and child health
- The Penal Code Act, 1950 (as amended 2007) outlines various offences and sentences which include; the HIV and AIDS Prevention and Control Act, 2014; the Tobacco Control Act, 2015; the Prohibition of Female Genital Mutilation Act, 2010; the Domestic Violence Act, 2010; the Education (Pre-Primary, Primary and Post-Primary) Act, 2008 which gives full access to Universal Primary and Post Primary Education Policy of Government; the Children Act, 2003 (as amended 2016), and the Employment Act, 2006
- Earlier 2021, Ugandan parliament adopted the Sexual Offence Bill 2019, this law criminalized and marginalized HIV & AIDS vulnerable groups including the LGBTQIA+ community and Sex workers.
- To achieve its vision 2040 goal of attaining a middle-income country status, Uganda would require a coordinated investment in adolescent and youth sexual and reproductive health and rights (AYSRHR).

## Maternal Health

- In Uganda, around 2% of women die from maternal causes.<sup>3</sup>
- As of 2020, maternal mortality ratio in Uganda is 336 maternal deaths per 100,000 live births. Infant mortality is 43 deaths per 1000 live births, with 42% of the mortality occurring during the neonatal period. This might be related to a weak health system in the country.<sup>9</sup>
- Antenatal care services are generally of poor quality, with only 0.4% meeting all the requirements for quality of ANC service. The highest contributors to this poor quality included poor uptake of

iron-folic acid (adherence 28.8%), the six-required birth preparedness and complication readiness items (13.2%), and recognition of the seven danger signs of pregnancy (3.0%).

- Some 6,000 women and adolescent girls still die every year from preventable causes related to pregnancy and childbirth. For every woman or girl who dies, an estimated 20 or 30 suffer injuries, infections or life-long disabilities including obstetric fistula.
- Regarding obstetric fistula- a childbirth complication, Uganda's Ministry of Health statistics show that more than 1500 fistula repair surgeries are conducted annually. However, there is a backlog of more than 75,000 women awaiting obstetric repair.<sup>2</sup>

## Menstrual Health

- Nearly a quarter of Ugandan girls between the ages of 12 and 18 drop out of school when they begin menstruation.
- For those who do attend school, girls' absence rates triple from 7% to 28% during their periods.
- Addressing the lack of access to menstrual health education and sanitary products plays a significant role in achieving several of the 17 Sustainable Development Goals, from good health and quality education to gender equality and access to water and sanitation for all.
- despite a 2017 tax removal on sanitation products, they still cost around \$2 USD per package, unaffordable for those living in poverty.
- several organizations are working tirelessly to combat period poverty in Uganda. The Red Cross and AFRIpads, a local manufacturer, have partnered with the government for the Keep a Girl in School Initiative to provide girls with sanitation products and educational services. AFRIpads' reusable pads help tackle the problems of waste and affordability.

## HIV and AIDS

- HIV prevalence as of 2020 was 5.4% in people aged 15-49 which is almost 1.4 million people living with HIV.
- AIDS related deaths have also fallen by 60% since 2010 and HIV infections have fallen by 43%.<sup>9</sup>
- Uganda reported HIV expenditure of 463 million USD and 431 million from domestic public sources.
- Women and girls with disabilities experience barriers to accessing HIV services and are left behind in HIV policy planning, program development, service delivery and data collection
- Earlier 2021, Ugandan parliament adopted the Sexual Offence Bill 2019, this law criminalized and marginalized HIV & AIDS vulnerable groups including the LGBTQIA+ community and Sex workers.
- In addition, UHRN analysis in July 2020, showed a decline in access to condoms, Pre-exposure pills, HIV testing and SRHR services.
- In Uganda, Inefficiencies within the supply chain system limit effective delivery of both HIV and SRHR commodities, with frequent stock outs of commodities experienced across health facilities.

## Gender Based Violence

- According to the Uganda Police Force's annual crime report, gender-based violence cases that were reported and investigated increased by 4% (from 38,651 to 40,258 cases) between 2015 and 2016.<sup>12</sup>

- The 2016 Uganda Demographic and Health Survey revealed that up to 22% of women aged 15 to 49 in the country had experienced some form of sexual violence. The report also revealed that annually, 13% of women aged 15 to 49 report experiencing sexual violence. This translates to more than 1 million women exposed to sexual violence every year in Uganda.
- The Government of Uganda launched the Violence Against Children and Youth Survey (VACS) in 2018 with support from partners. Led by national governments with the support of the CDC as part of the Together for Girls partnership, the VACS are nationally-representative household surveys of 13–24-year-olds males and females
- The National Development Plan II has prioritized Gender Based Violence as an area for intervention for achieving Uganda’s economic growth and transformation. Under this framework, Government strengthens the capacity of women for increased competitive entrepreneurship and provide appropriate technologies to women. The plan emphasizes ending all forms of discrimination against all women and girls everywhere.
- The Domestic Violence Act 3 (2010), criminalized violence in a domestic setting.
- As of 2020, According to UNHCR, 81% of Uganda’s 1.4 million refugees are women and children, who are at high risk of gender-based violence (GBV), including sexual exploitation and abuse (SEA), rape, forced and child marriage, and intimate partner violence (IPV).<sup>4</sup>

## Access to Safe Abortion

- Due to the unclear abortion law in Uganda, women and adolescents continue seeking unsafe abortions and are vilified by their families and communities
- Although unsafe abortion rates have fallen from 54 to 39 per 1000 women aged 15-45 years over a decade, absolute figures show a rise from 294 000 in 2003 to 314 000 women having unsafe abortions in 2013.
- Unfortunately, only 50% of the women who develop abortion complications can reach facilities for postabortion care.
- Abortion in Uganda is legal in limited circumstances, yet approximately 85,000 women each year receive treatment for complications from unsafe abortion and an additional 65,000 women experience complications but do not seek medical treatment.
- In Uganda, an estimated 54 unsafe abortions per 1000 women of reproductive age occur annually.

## Harmful Practices

- According to Act 5, Female Genital Mutilation is prohibited in Uganda as of 2010.
- the prevalence of FGM in Uganda remains one of the lowest in East Africa at 0.3% among women aged 15– 49 years as of 2016.
- Close to 95% of girls and women in the Pokot community of Uganda have undergone female genital mutilation (FGM),
- Although the legal age of consent to marriage in Uganda is set at 18, getting married formally or informally before this age is a common practice in the country.
- The 2016 Uganda Health and Demographic Survey (UDHS), shows that 49% of women between age 20 and 24 years, were married before their 18th birthday, and 12% before their 15<sup>th</sup> birthday.

More than 1 in 5 women aged 15-49 have experienced sexual violence at some point in their life compared to men, with less than 1 in 10

- The proportion of teenagers who have begun childbearing is high, though it has progressively declined over time from 43% in 1995 to 31% 2001, to 25% in 2006 and to 24% in 2011.<sup>4</sup> The most recent data from the UDHS 2016 indicates a slight increase with an estimated teenage pregnancy rate at 25%.

## Sexual Diversity

- Earlier 2021, Ugandan parliament adopted the Sexual Offence Bill 2019, this law criminalized and marginalized HIV & AIDS vulnerable groups including the LGBTQIA+ community and Sex workers.
- Uganda has made considerable progress against the HIV epidemic in recent years. Of the estimated 1.5 million people living with HIV in Uganda in 2019, around 1.3 million were aware of their HIV status and 1.2 million were on treatment.
- However, in Uganda gay men and other men who have sex with men are less likely to have access to the HIV testing, treatment, prevention, and care services that could keep them healthy and well, in part because of the stigma and discrimination they face in health-care settings and throughout society.
- In 2007, the Ugandan LGBT community was estimated to be 500,000 people, about 1.6 percent of the population, however, more recent data are difficult to gather because many Ugandans are scared to identify as a member of the LGBT community since they face violence.
- As of 2019, Reports indicate that there have been recent increased levels of violence and discrimination against the LGBT community.

## Adolescents and SRHR

- Young people (10-24 years) in Uganda face many sexual reproductive health and rights (SRHR) challenges stemming from early, unprotected and forced sexual activity.<sup>8</sup>
- With one of the world's highest total fertility rates at 5.4, Uganda has one of the youngest and most rapidly growing populations, as a result, many of the reproductive health challenges the country faces are concentrated among this young age group.
- despite the high rates of pregnancy among adolescent girls, they have a high unmet need for family planning at 30.4%, meaning that their sexual and reproductive health needs are not being fully met.
- Only 9% of girls in the age group of 15-19 years and 28% in the age group of 20-24 years reported current use of modern contraception<sup>3</sup>
- Only 43% adolescents have ever tested for HIV<sup>8</sup>
- girls and 53% boys in the age group of 15-19 reported physical and/or sexual violence.
- Access to sexual and reproductive health information and service is a challenge for adolescents and youth.

## Disability and SRHR

- People with disabilities face stigma and discrimination in families and communities, and they lack transport to healthcare facilities, and they experience poor attitudes of the health workers while seeking health care.<sup>13</sup>
- Since 2004, The AIDS Service Organization (TASO), based in the Mulago Hospital Complex in Kampala, Uganda, has attempted to reach out to people with disabilities. However, it has had limited success due to the complexities of community-based care.<sup>13</sup>
- According to TASO's client register, there are more than 13 000 people with disabilities in Kampala and Wakiso enrolled into HIV care. 70% are women and the majority are homeless
- Positive Women with Disabilities (POWODU) was formed out of TASO to pay special attention to people with disabilities living with HIV to reduce AIDS- and TB-related deaths, stigma, and discrimination and to promote sexual and reproductive health and rights.
- Other services offered on site by POWODU include sensitization on adherence to both HIV and TB treatment, prevention of HIV, TB and COVID-19 and accurate information on sexual and reproductive health and rights among people with disabilities.<sup>13</sup>

## SRHR Indicators Table <sup>9</sup>

| SRHR Area  | Indicators   | Status 2022       |
|--|--|-------------------|
| Sexual and reproductive health <sup>9</sup>                      | Existence of SRHR policies/guidelines  | 2006 Policy       |
|  | Existence of laws and policies that allow adolescents to access SRH services without third party authorisation | 2010 -2018 Policy |
|  | Provision of free menstrual ware   | No                |
|  | Removal of Value Added Tax (VAT) on menstrual ware   | No                |
|  | Basic drinking water status (%)  | 55.86             |
|  | Access to basic sanitation (%)   | 19.79             |
|  | Contraceptive prevalence rate amongst women aged 15-49 (%)   | 41.8              |
|  | Unmet need for contraception amongst women aged 15-49 (%)  | 26                |
|  | Females involved in decision-making for contraceptive use amongst women aged 15-49 (%)                         | 77 --             |
|  | Age of access to contraception   | 16                |
|  | Maternal Mortality Ratio (per 100,000)   | 375               |
|  | Antenatal Care Visits (At least one visit) %   | 90                |
|  | Antenatal Care Visits (At least four visits) %   | 65                |
|  | Skilled attendance at birth (per 100)  | 74.20             |
|  | Post-natal care coverage %   | 54                |
|  | Neonatal mortality (per 1 000)   | 19.20             |
|  | Nursing and midwifery personnel per 1000 of the population   | 1.24              |
|  | Universal Health Coverage  | 50                |
| Health expenditure as proportion of GDP                          | 3.83   |                   |
| Health expenditure as proportion of total government expenditure | 3.83   |                   |
| Adolescent SRHR <sup>9</sup>                                     | CSE curriculum that reflects international standards   | Yes               |
|  | Age of access to contraceptives  | 16                |
|  | Legal age to consent to sex (M)  | 18                |
|  | Legal age to consent to sex (F)  | 18                |
|  | Adolescent fertility rate (births per 1000 women, 15–19 years of age).   | 110.54            |
| Safe unrestricted abortion <sup>9</sup>                          | Legal status of abortion   | Restricted        |
|  | Post abortion national guidelines  | Yes               |
|  | Contraception included in post abortion care   | Yes               |

| SRHR Area        | Indicators  | Status 2022 |
|------------------|---|-------------|
|                  | Overall prevalence (%)  | 5.4         |
|                  | Women who are HIV positive as a % of total  | 62.5        |
|                  | Women aged 15 to 24 HIV prevalence rate   | 2.6         |
|                  | Men aged 15 to 24 HIV prevalence rate   | 1.1         |
|                  | HIV prevalence among young women (15-24)  | 2.6         |
|                  | HIV prevalence among young men (15-24)  | 1.1         |
|                  | Sex workers - HIV prevalence (%)  | 32.4 - 52.0 |
|                  | Sex workers - Condom use (%)  | 65          |
|                  | MSM - HIV prevalence (%)  | 13.7        |
|                  | MSM - Condom use (%)  | 39          |
|                  | Women age 15+ who know their HIV status   | 94          |
|                  | Men age 15+ who know their HIV status   | 89          |
|                  | Condom use at last high-risk sex – women  | 50          |
|                  | Condom use at last high-risk sex – men  | 76          |
|                  | Coverage of pregnant women who receive ARV for PMTCT (%)  | 100         |
|                  | Mother to child transmission rate   | 2.9         |
|                  | Comprehensive knowledge of HIV and AIDS   | 39          |
|                  | Knowledge about HIV prevention among young women aged 15-24   | 41.1        |
|                  | Knowledge about HIV prevention among young men aged 15-24   | 44.3        |
|                  | % of those living with AIDS who are on ARV treatment  | 90          |
|                  | Women aged 15 and over receiving ART  | 92          |
|                  | Men aged 15 and over receiving ART  | 76          |
|                  | Children aged 0 to 14 receiving ART   | 61          |
| GBV <sup>9</sup> | Proportion (%) of women and girls aged 15-49 who experienced intimate partner violence (IPV) in the previous 12 months (2016)   | 29.9        |
|                  | Proportion (%) of ever-partnered women aged 15-49 years experiencing intimate partner physical and/or sexual violence at least once in their lifetime (2013)                          | 31          |
|                  | Proportion (%) of women and girls aged 15 years and older subjected to physical and sexual violence by a partner in the previous 12 months (2013)                                     | 14          |
|                  | Proportion (%) of women aged 15-49 years experiencing physical and/ sexual violence perpetrated by someone other than an intimate partner at least once in their lifetime (1995–2013) | 2           |
|                  | Laws on domestic violence   | Yes         |



| SRHR Area                                  | Indicators   | Status 2022        |
|--|--|--------------------|
|  | Laws on sexual assault   | Yes                |
|  | Human trafficking laws   | Yes                |
|  | Sexual harassment laws   | Yes                |
|  | Integrated approaches: national action plans   | Yes                |
|  | Accessible, affordable, and specialised services, including legal aid, to survivors of GBV | Yes                |
|  | Specialised facilities, including places of shelter and safety                             | Yes                |
|  | Comprehensive treatment, including post-exposure prophylaxis (PEP)                         | Yes                |
| Harmful Practices <sup>9</sup>             | Minimum legal age of consent to marriage for women   | 18                 |
|  | Minimum legal age of consent to marriage for men   | 18                 |
|  | Exceptions for women   | None               |
|  | Exceptions for men   | None               |
|  | Female Genital Mutilation Prevalence (2016)  | 0.3                |
|  | Percentage young women married by Age 18   | 34                 |
|  | Percentage young women married by Age 15   | 7.30               |
| Sexual diversity <sup>9</sup>              | Consensual same-sex acts decriminalised  | No                 |
|  | Protection from discrimination - Specific constitutional provisions                        | No                 |
|  | Protection from discrimination - Broad protections   | No                 |
|  | Protection from discrimination - Employment  | No                 |
|  | Hate crimes/ aggravated circumstances  | No                 |
|  | Incitement to hatred/ violence   | No                 |
|  | Ban on conversion therapy  | No                 |
|  | Same sex marriages   | No                 |
|  | Civil unions   | No                 |
|  | Joint adoption of children   | No                 |
|  | Second parent adoption of children   | No                 |
|  | Changing sex/ gender markers   | Nominally possible |
|  | Name change  | Nominally possible |
|  | LGBTI organisations able to register   | No                 |
| LGBTI organisations able to operate freely | No   |                    |

## References

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- <sup>9</sup>World bank, ‘World development indicators’, online: <https://databank.worldbank.org/source/world-development-indicators>
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