



FEMALE GENITAL MUTILATION/ CUTTING

SURVEY REPORT



THE REPUBLIC OF UGANDA

FEMALE GENITAL MUTILATION/ CUTTING

SURVEY REPORT

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unicef 
for every child

PREFACE

Female Genital Mutilation/Cutting (FGM/C), also known as female circumcision, excision or genital cutting is a dangerous cultural practice in some parts of Uganda. Women and girls who have undergone FGM/C suffer both short and long-term health risks as a result of the practice. From a human rights and health perspective, it is unacceptable given the high risk of adverse health outcomes which occur with increased severity especially from Type III-FGM/C.

The Government of Uganda (GoU), Civil Society Organisations (CSOs) and the communities are working in collaboration to raise awareness about the dangers of FGM/C towards behaviour transformation in a bid to curb the harmful traditional practice. So far, a number of interventions have been undertaken as part of the country's effort to curb the practice. However, there is limited reliable data to inform and monitor those initiatives. In line with its mandate, the Uganda Bureau of Statistics (UBOS) with support from the United Nations Children's Fund (UNICEF) conducted the FGM/C survey; the first of its kind in Uganda. The main objective of the survey was to collect detailed information in order to generate indicators that measure the magnitude of the problem in Uganda.

UBOS wishes to express heartfelt gratitude to UNICEF for the technical and financial support rendered towards the implementation of the survey. The Bureau also extends special appreciation to the field staff that collected the data and the general public in the target districts who provided valuable information without which the report would not have been possible.

The Bureau calls upon Development partners, Policy makers, Researchers, CSOs and the general public to use the findings from this report as a tool for policy reviews and reforms aimed at ending the FGM/C practice in Uganda.



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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
EA	Enumeration Area
FGM/C	Female Genital Mutilation/Cutting
GoU	Government of Uganda
HIV	Human Immunodeficiency Virus.
ICT	Information Communication Technology
MoGLSD	Ministry of Gender Labour and Social Development
NDP	National Plan for Development
NPHC	National Population and Housing Census
PPS	Probability Proportional to Size
SDGs	Sustainable Development Goals
SRS	Simple Random Sampling
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund



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FOREWORD

In Uganda, a few ethnic groups practice FGM/C in parts of Eastern Uganda. Women and girls who are subjected to the practice experience both short and long-term health, social and psychological effects which, in many cases, are severe.

The Government of Uganda in partnership with United Nations Children's Fund (UNICEF), other UN agencies, Civil Society Organizations (CSOs) and communities, have strengthened efforts to end the practice by addressing gaps in the legal and policy domain. Raising awareness on the dangers of FGM/C and encouraging individuals, families and communities to abandon the practice as well as adopt positive practices that uphold women's and girl's rights also is a core strategy to end the practice by 2030.

The commitment by the Government to end FGM/C is in line with Sustainable Development Goal 5 on Gender Equality and especially target 5.3 on "Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation."

Recognizing the limited availability of reliable data to shape programs that will accelerate the elimination of FGM/C in Uganda, the Uganda Bureau of Statistics (UBOS) with support from UNICEF conducted a pioneering survey in Uganda. The main objective of this survey was to measure the magnitude of the practice in Uganda, including key indicators on the knowledge, attitude and practices of why and how FGM/C is being perpetuated.

UBOS and UNICEF are pleased to present the findings of this survey and call upon development partners, policy makers, researchers, civil society organizations and the general public to use the findings from this report as a tool for policy reviews and reforms and programmatic interventions aimed at ending FGM/C in Uganda by 2030.

Female Genital Mutilation/Cutting (FGM/C), also known as female circumcision, excision or genital cutting is widespread in many parts of the world. UNICEF estimates that at least 200 million girls and women in 30 countries have been subjected to this harmful practice.

A close-up portrait of a young girl with dark skin and short hair. She is smiling, showing her teeth, and has a thin metal rod or stick in her mouth. She is wearing a blue beaded necklace with a large red rectangular pendant. The background is a soft, out-of-focus green. A yellow rectangular box is overlaid on the left side of the image, containing the title and text.

ACKNOWLEDGEMENTS

The Uganda Bureau of Statistics wishes to express heartfelt gratitude to the United Nations Children's Fund (UNICEF) for the technical and financial support rendered towards the implementation of the survey. UBOS also extends special appreciation to the field staff that collected the data as well as the general public in the target districts who provided valuable information without which the report would not be possible.

EXECUTIVE SUMMARY

FGM/C is a gross violation of human rights and direct manifestation of gender inequalities and discrimination. Despite this, FGM/C is persistent in our society. Addressing FGM/C practice is one of the important strategies for accelerating socio-economic development and ensuring the full participation of women and girls in the development of the country. Data on the current situation with respect to FGM/C in Uganda is essential for informing strategies for tackling the issue amid the prevailing efforts by different stakeholders like United Nations Population Fund (UNFPA) and UNICEF, under the leadership of the Ministry of Gender, Labour and Social Development (MoGLSD). In addition, it is critical for monitoring progress towards achieving the second National Development Plan (NDP II) of Uganda and the Sustainable Development Goals (SDGs) – specifically goal 3 - “Good Health and Well-being”.

Data on the current situation with respect to FGM/C in Uganda is essential for informing strategies for tackling the issue amid the prevailing efforts by different stakeholders

In an effort to fill the data gaps, UBOS in collaboration with UNICEF conducted the FGM/C survey in the month of December 2016. The survey collected information at individual as well as household levels for all women aged 15 to 49 years. The information collected included details on personal data for household members, views on FGM/C from an adult male respondent in the household, as well as female respondents who in addition provided information on whether their daughters had been circumcised, among others.

General information

The population under study was relatively young with nearly 65 percent below the age of 25 years. Only one quarter of the surveyed population aged 10 years and above owned a mobile phone with more males (36%) owning mobile phones than females (16%). Close to one fifth (18%) of the women did not have any regular source of income. Dependence on family members was high with about 21 percent of women reporting that their regular source of income was either their husband or other family members.

Access to information

The radio was the most common channel of general information that women and girls are exposed to i.e, more than half of the women (59%) indicated they listen to the radio at least once a week. With respect to specific mass media channels that disseminate FGM/C information, the radio (44%) and community drama/sports events (41%) were the most popular followed by Newspaper/Magazine (6%), Television (3%) and phone text messages (2%). Awareness about FGM/C amongst female and male respondents was almost universal (above 95% respectively). In addition, slightly more than four fifths (84%) of the women stated that they had ever heard about the anti-FGM/C law with the highest percentage in Nakapiripirit district (97%) and lowest in Bukwo district (74%).

Prevalence of FGM/C

Overall, close to three in every ten (27%) of the females surveyed stated that they had been circumcised with Moroto district (52%) registering the highest proportion while Kapchorwa had the lowest (13%). The prevalence of FGM/C among females increases with age - for instance, it was lower among females aged 15 - 24 years (8%) compared to those aged 45 years and above (68%). The majority of women reported that parents i.e. fathers (35%) and mothers (19%) mostly encouraged their daughters to get cut. It was highest in Amudat district with 33% fathers and 31% mothers encouraging their daughters to get cut while Kapchorwa district had the lowest at 13% fathers and 23% mothers.

Perceptions and Attitudes towards FGM/C

Most women (95%) support the discontinuation of FGM/C. With regard to the perceived benefits of FGM/C, nearly one fifth of the respondents (22%) indicated that the practice gives a girl acceptance by her peers, 17 percent believe that it makes a girl acceptable for marriage, 13 percent believe that the practice makes a woman “complete”, while only 5 percent believe that a girl is not able to produce children if she is cut. 7 percent of the female respondents believe that FGM/C leads to economic benefits, 8 percent believe that if a girl is cut she is considered clean and a similar proportion have the belief that if a girl is cut, she is faithful to her husband. Interestingly, 14 percent of the female respondents believe that if a girl is cut, she is not able to sexually satisfy her husband.

Concerning the perceived impact of abandoning the FGM/C practice, majority of respondents (60%) believe that abandoning the practice would reduce the prevalence of Fistula and HIV infections among girls and women respectively. In addition, 43 percent of the female respondents believe that if the practice is abandoned, girls would not get pregnant at an early age, while 45 percent believe that girls would not get married and 46 percent believe that girls would not drop out of school. More than half (54%) stated that abandoning FGM/C would reduce on maternal and new born deaths. This is nearly the same proportion as those who believe that abandoning the practice would reduce health care expenditure on women and girls.

Future practice of FGM/C

Overall, only 4 percent of women anticipate that girls will be cut during the next 12 months after the survey, 17 percent were not sure while the majority (79%) indicated that the FGM/C practice would not occur. The highest proportion of respondents in Kween district (9%) followed by Bukwo (4%) anticipate FGM/C in the 12 months following the survey compared to Amudat (0.2%), Moroto (0.0%) and Nakapiripirit (0.0%) with percentages of less than one. By age group, more women (5%), aged 35 - 44 years anticipate FGM/C to occur on girls in the 12 months following the survey compared to those aged 45 years and above (1%). In addition, more widowed women anticipated that girls would be cut in the 12 months after the survey compared to the married (4%), the single (3%) and those divorced/separated (2%).

On the other hand, 5 percent of the female individuals surveyed reported that girls had been victims of the FGM/C practice during the last 12 months preceding the survey. This was most common in Nakapiripirit (16%) followed by Kween (8%) districts. More women in the age category 35 - 44 years (6%) and the divorced/separated (6%) reported that girls had been cut in the 12 months preceding the survey.

CHAPTER **ONE**



INTRODUCTION

1.1. Background

According to the Prohibition of Female Genital Mutilation, Act 2010, Female Genital Mutilation/Cutting (FGM/C) refers to all procedures involving partial or total removal of the external female genitalia or any other injury to the female genital organs for non-medical reasons. The 2011 Uganda Demographic and Health Survey (UDHS) estimated the prevalence of FGM/C among girls and women aged 15-49 years at 1.4 percent. However, the FGM/C practice in Uganda is largely associated to a few ethnic groups living in the Eastern part of the country, and it is deeply rooted in traditions; hence, it happens more on the local rather than national level. The ethnic groups that perform the practice include the Sabiny in Kapchorwa, Bukwo and Kween districts in Eastern Uganda; and the Pokot, Tepeth, and Kadam in Nakapiripirit, Moroto and Amudat districts in the Karamoja sub-region.

In the Karamoja sub-region, the procedure is generally carried out on girls aged 9 to 14 years while those in the Sebei sub-region practice it on those aged 14 years and above. However, in some areas, the FGM/C practice also extends to married women, those about to get married and pregnant women in labour. Data from the UDHS of 2006 and 2011 shows that overall; the prevalence of FGM/C increased from 0.6 percent in 2006 to 1.4 percent in 2011 at national level. The results in the 2011 UDHS, further show that the Karamoja sub-region had the highest prevalence rate of 4.8 percent.

1.2 Legal Framework

In 2010, the Parliament of Uganda passed the Prohibition of FGM/C Act, which criminalized the practice, persecuted and punished mutilators, and protected girls and women from any discrimination resulting from the abandonment of the practice. Since the passing of the Act, the number of reported cases has decreased, while the number of mutilators and parents arrested and prosecuted has significantly increased. Additionally, since 2010, the GoU has been committed to accelerating the abandonment of FGM/C, with initiatives at national, district and community levels. In collaboration with UNICEF and UNFPA, the GoU through the MoGLSD is implementing a joint programme on FGM/C, under which, the creation of a conducive legal environment, the provision of services for women and girls at risk, and the shift to a new social norm to keep women and girls uncut have been the main priorities. The focus of the programme is on improving data collection and evidence of what works to abandon the practice.

1.3 Problem Analysis

FGM/C is a violation of fundamental human rights and a direct manifestation of gender inequalities and discriminations that are still persistent in the Ugandan society. Beyond the immediate health consequences, there are long term health and psychosocial consequences associated with the practice, as well as socio-economic costs for the society at large. Since the practice is often related to the passage from childhood to adulthood, a young girl whose genitalia has been cut is assumed ready to enter into marriage and start bearing children. Consequently, FGM/C deprives girls of their right to education, prevents them from reaching their full potential to contribute maximally to the development of their communities and the country at large. Tackling the FGM/C issue is therefore one of the crucial strategies for accelerating the development of the country.

1.4 Justification for the Survey

While there have been a number of interventions to address the FGM/C problem in Uganda, there is no robust research data on the current trend of FGM/C that can inform future plans and advocacy strategies. The gaps with regard to FGM/C include the following:

- o Limited or outdated data on the prevalence of FGM/C at district level and ethnic groups, as well as lack of data at sub-county level;
- o Data on the age-groups affected by the practice is limited making it difficult to formulate specific interventions to address the needs of girls and women in different age groups;
- o Inadequate evidence on the consequences of the practice on the health and wellbeing of the affected girls and women;
- o There is limited data on the availability of and access to services for girls and women who have been cut and/or are at risk of being cut;
- o There is insufficient information on the behaviour and attitude of the people in the practicing districts towards FGM/C, consequently increasing difficulty in evaluating the impact of implemented initiatives so far.

The Uganda Bureau of Statistics (UBOS) with support from UNICEF conducted the first ever FGM/C survey to fill the afore listed gaps and gather updated data to be used by Government, stakeholders, as well as Civil Society Organisations (CSOs) working towards elimination of the FGM/C practice. The survey also aimed at producing accurate baselines that could be used as targets for new programmes and interventions against FGM/C.

CHAPTER **TWO**



SURVEY METHODOLOGY AND ORGANISATION

2.1 Scope and Coverage

The FGM/C Survey was conducted as a household based representative sample survey for the target districts. Within each of the targeted districts, sub-counties were purposively selected to allow for estimation of the key indicators for each of the domains of study. Below is a presentation of the targeted districts and the number of sub-counties selected from each:

(i) Kapchorwa	-	15 sub-counties
(ii) Bukwo	-	12 sub-counties
(iii) Kween	-	11 sub-counties
(iv) Nakapiripirit	-	1 sub-county
(v) Moroto	-	2 sub-counties
(vi) Amudat	-	4 sub-counties

The number of households selected from each of the sub-counties was sufficient to allow for the generation of indicators at sub-county level.

2.2 Survey Design

2.2.1 Sample Design

The 2014 National Population and Housing Census was used as the sampling frame for the survey consisting of Enumeration (EAs) within Uganda and the number of households within EAs. An EA is a geographic area consisting of a convenient number of dwelling units that served as counting units for the census. A two-stage sampling design was used to draw the FGM/C sample. At the first-stage, EAs were drawn with Probability Proportional to Size (PPS), and at the second-stage, households which were the ultimate sampling units were drawn using Simple Random Sampling (SRS). The sampling of households at the EA level was automatically done while in the field using systematic random sampling.

2.2.2 Sample Size

The sample size required for the survey was determined by taking into consideration several factors, including:

- (i) the degree of precision (reliability) desired for the survey estimates,
- (ii) the cost and operational limitations, and
- (iii) the efficiency of the design.

During sample allocation, caution was taken to ensure that there were a sufficient number of sampled households in each statistical domain (sub-county) for providing a rea-

sonable level of precision for the key indicators by domain. Considering that the estimates were expected at sub-county level, each sub-county was treated as a stratum for the FGM/C survey. A total of 225 EAs were selected and within each EA, 20 households were sampled yielding a total of 4,500 households for the study.

2.3 Survey Implementation

2.3.1 Questionnaires

The FGM/C Survey used two questionnaires namely the household questionnaire and the women's questionnaire. The views of one adult male respondent were also gathered as part of the household questionnaire. The content of the questionnaires was based on a set of questions that would enable provision of information on the FGM/C practice in the target area. The household questionnaire was used to:

- (i) obtain a list of all usual members in the sampled households.
- (ii) collect basic and personal data on the household members,
- (iii) gather FGM/C perceptions from one male adult of the household.
- (iv) identify women, 15-49 years that were eligible for the individual interview.

The women's questionnaire was used to collect information from all women aged 15 - 49. The specific areas covered included:

- (i) The woman's background information;
- (ii) Access to mass media and use of Information Communication Technology (ICT);
- (iii) Female genital mutilation practice and knowledge.

2.3.2 Household Listing

During the survey, each field team first undertook household listing of the selected EAs before the actual interviews. The listings were captured directly into the data collection tablets and samples automatically done as programmed in the system based on the updated list of households in that particular EA.

2.3.3 Questionnaire Pre-test

Prior to the main fieldwork, the questionnaires were pre-tested in the English language to ensure that the flow of questions and skip patterns were clear, and could easily

be understood by the respondents. In addition, the activity was meant to gauge the confidence of the enumerators in administering the questionnaires. Furthermore, the findings from the pre-test were useful in the finalisation of the survey questionnaires and procedures.

2.3.4 Training of Field Staff

Enumerators, field supervisors and editors from the target districts were centrally recruited and trained by UBOS to serve as field staff. The training of enumerators was conducted in Kampala for two days. The training used both front of class as well as role-playing approaches to transfer knowledge on the FGM/C survey. More specifically, it consisted of instructions regarding interviewing techniques, field procedures, and a detailed review of questionnaires by section, tests, and practice. During the training, mock interviews and role plays amongst the participants were conducted both in the classroom and out of class (in the neighbouring villages as part of field practice). Participants that were selected as team supervisors and editors based on performance and experience were further trained in data quality control procedures and fieldwork coordination for quality assurance purposes.

2.3.5 Fieldwork

The FGM/C survey used nine field teams, each consisting of a supervisor, male and female enumerators and a driver. The data collection lasted for the entire month of December 2016. Fieldwork was undertaken with the use of mobile field teams that were assigned work (sampled areas) that had been programmed from the headquarters. Each enumerator was equipped with a sim card and a tablet on which questionnaires had been uploaded prior to the survey. On completion of the data collection process, the field teams transferred the data to the UBOS server for further verification and cleaning. Hard copies of the questionnaires were provided to the field teams as a precautionary measure in the event that the tablets malfunctioned.

2.3.6 Data Quality Assurance

As part of the data quality assurance activities, senior staff from UBOS and UNICEF carried out spot-check supervision visits during the main fieldwork, reviewed the collected data and checked for completeness and consistency. In addition, the supervision involved attending live interviews to assess the flow of the interviews and how questions were asked through observation. Feedback was relayed to the interview teams on the areas where caution and improvement was needed. Before the computation of weights, analysis and tabulation of results was done, the data was further thoroughly checked to minimise any possible errors.

2.3.7 Weighting Procedure

In order for the sample estimates to be representative of the study population, a sampling weight must be applied to the data. The basic weight for each sampled household was equal to the inverse of its probability of selection (calculated by multiplying the probabilities of selection at each stage). A household weight was attached to each sampled household record in the data files before analysis.

CHAPTER **THREE**



BACKGROUND CHARACTERISTICS

3.1: Characteristics of Respondents

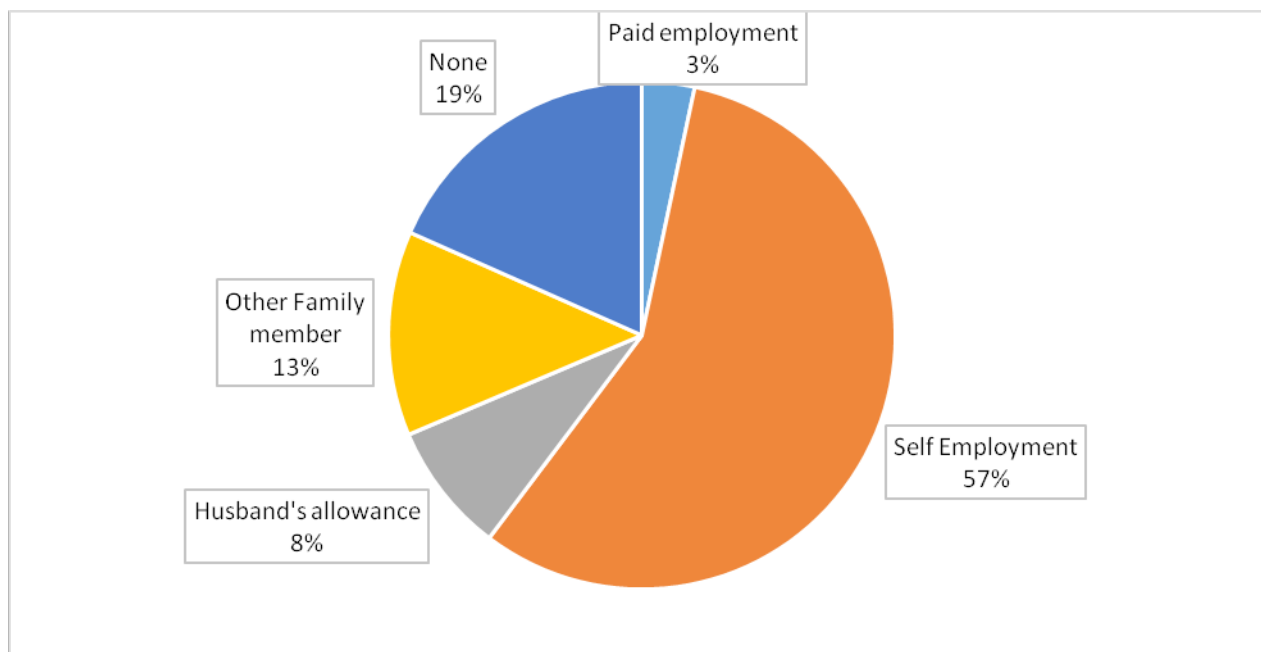
The distribution of the surveyed household population by selected background characteristics are presented in Table 3.1. By target district, Kapchorwa had more than one quarter (27%) of the household population while Nakapiripirit had the lowest (2%). In terms of age, the population was relatively young with nearly 65 percent below the age of 25. Only one quarter of the population aged 10 years and above owned a mobile phone with more males (36%) than females (16%) owning one. Also, more than two fifths of males (41%) and about one third of the females (31%) of the population aged 12 years and above were never married. More than half (58%) were married with a relatively higher proportion among the females (59%) than the males (56%). With regard to the female population eligible for individual interviews, the majority were in Kapchorwa district (29%), slightly over one in every five (22%) owned a mobile phone, and 70 percent were married.

Table 3.1: Percent distribution of the household population by selected background characteristics

Background Characteristic	General Population				Women (15-45 years)	
	Male	Female	Total	Number	%	Number
District						
Amudat	17.9	18.3	18.1	1,252	18.2	288
Bukwo	22.9	22.9	22.9	4,107	23.4	972
Kapchorwa	26.4	27.3	26.9	5,128	28.5	1,243
Kween	23.4	22.8	23.1	4,358	22.4	995
Moroto	6.6	6.6	6.6	680	5.7	137
Nakapiripirit	2.8	2.1	2.4	358	1.9	64
Age group						
0-14	47.9	45.3	46.5	7,317	-	-
15-24	16.6	19.6	18.2	2,949	43.7	1,636
25-34	13.3	14.2	13.8	2,135	31.7	1,137
35-44	9.1	8.6	8.8	1,424	19.2	718
45+	13.1	12.2	12.6	2,058	5.4	208
Ownership of Mobile Phone (Aged 10 yrs+)						
Yes	35.9	15.9	25.4	2,942	22.4	896
No	64.1	84.1	74.6	8,061	77.6	2,803
Marital Status (Aged 12 yrs+)						
Single	41.1	30.6	35.5	3,790	23.6	967
Married	55.5	59.3	57.5	5,582	71.3	2,530
Divorce/Separated	2.4	2.6	2.5	294	2.7	109
Widow	1.0	7.5	4.4	458	2.3	93
Total	100	100	100	15,883	100	3,699

Access to a regular source of income contributes to the wellbeing of an individual as well as that of the household. During the FGM/C survey all women aged 15 – 49 were asked whether they had a regular source of income. Figure 3.1 shows that the majority of women were self-employed (58%), nearly one fifth (19%) did not have any regular source of income, and only 3 percent were engaged in paid employment, while 21 percent reported receiving an allowance from their husbands or other family members.

Figure 3.1: Distribution of women by their regular source of income (%)



3.2: Women's Exposure to Mass Media and Mobile Phone Ownership

Access to sources of information increases one's knowledge and awareness of their environment which may influence their perceptions and behaviour of different aspects. In the FGM/C survey, exposure to information was assessed by how often women read newspapers, listened to the radio and watched television.

The results in Table 3.2 show that, 59 percent of the women reported listening to the radio at least once a week, while only 10 percent and 9 percent reported reading newspapers and watching television at least once a week respectively. Overall, the proportion of women exposed to any of the three types of media declines with increasing age. Variations in media exposure by districts reveals that, women in Kapchorwa were more likely to be exposed to the three forms of media presented compared to other districts. Furthermore, women with educational attainment of above secondary level were more likely to have been exposed to all the three media channels at least once a week (about a quarter) compared to less than 1 percent of those with no schooling.

In addition, a question was asked about ownership of a mobile phone. Overall, slightly more than one fifth of the women (22%) owned a mobile phone. The likelihood of mobile phone ownership was highest among residents of Kapchorwa district (30%) while Moroto district (3%) had the lowest. In addition, ownership of the mobile phone among women was seen to increase with education attainment – for instance, 5 percent among those with no schooling compared to 90 percent among those with education above secondary level.

Table 3.2: Distribution of women by exposure to mass media and mobile phone ownership (%)

Background Characteristic	Reads a news-paper at least once a week	Listens to the radio at least once a week	Watches televi-sion at least once a week	All three chan-nels at least once a week	Neither of the three at least once a week	Owns a mobile phone
District						
Amudat	1.4	18.5	1.0	0.7	81.5	12.3
Bukwo	5.4	52.1	5.3	1.9	47.1	19.3
Kapchorwa	20.8	78.3	21.4	14.1	21.2	30.2
Kween	9.4	74.0	5.4	3.2	25.4	26.8
Moroto	1.1	60.8	4.2	0	39.2	3.1
Nakapiripirit	3.1	60.9	6.3	1.6	34.4	12.5
Age group						
15-24	12.0	59.0	10.4	6.7	40.2	16.4
25-34	9.6	58.6	9.3	5.5	40.9	28.6
35-44	5.4	57.6	5.5	2.2	42.2	22.5
45+	6.5	66.4	9.8	4.2	33.2	23.2
Educational level						
No Schooling	0.5	32.7	1.8	0.3	67.1	4.9
Primary	4.3	61.5	6.9	2.2	38.2	15.8
Secondary	19.9	77.0	15.6	11.4	22.0	36.0
Above Secondary	47.9	91.2	32.1	24.5	7.3	89.8
Total	9.7	59.0	9.1	5.3	40.4	21.8

3.3 Awareness of the Prohibitions in the FGM/C Act

One's awareness about the law empowers them to fight for their rights in the event that they are abused. During the FGM/C survey, women were asked about whether they had ever heard about the anti-FGM/C law including some specific contents of the law. Table 3.3 shows that, overall, 84 percent of women stated that they had ever heard about the anti-FGM/C law; with awareness highest in Nakapiripirit district (97%) and lowest in Bukwo district (74%). No major differentials on the awareness of the FGM/C law are observed when the findings are disaggregated by age - for instance young women aged 15-24 years as well as those aged 45+ had slightly lower awareness of the law (83%) compared to the other age categories. In addition, a slightly higher proportion of married women had ever heard about the anti-FGM/C law (85%) compared to single women (81%).

With regard to knowledge about the contents of the anti FGM/C law, overall, 97 percent of women that had ever heard about the law stated that FGM/C is illegal. By district, it was highest amongst women in Kween, Bukwo, Amudat and Kapchorwa (almost 100%) and lowest in Moroto (63%). Furthermore, overall, the proportion of women who stated that the law indicates that perpetrators must be reported was 99 percent while 97 percent stated that the law protects girls/women who have not undergone FGM/C.

Table 3.3: Distribution of women by knowledge of the anti-FGM/C law (%)

Background Characteristics	What does the law say			
	Ever heard about the anti-FGM/C law	FGM/C is illegal	Perpetrator(s) must be reported	Protect girls/women who have not undergone FGM/C
District				
Amudat	90.0	99.5	99.5	99.7
Bukwo	73.5	99.7	99.1	98.0
Kapchorwa	81.6	99.0	98.4	97.0
Kween	89.2	99.6	97.6	93.6
Moroto	93.7	62.8	99.5	100.0
Nakapiripirit	96.9	87.1	98.4	98.4
Age group				
15-24	82.8	97.0	98.7	96.9
25-34	85.4	97.2	98.4	97.4
35-44	84.2	96.0	98.9	97.2
45+	83.4	96.1	99.0	98.0
Marital status				
Married	84.9	96.7	98.8	97.6
Divorced/Separated	82.6	98.3	97.8	97.2
Widowed	84.2	85.6	98.2	94.8
Single	81.1	98.1	98.3	96.1
Total	83.9	96.8	98.6	97.2

CHAPTER **FOUR**



SURVEY FINDINGS

4.1 FGM/C Awareness and Practice

During the survey, female respondents of reproductive age were asked whether they had ever heard about FGM/C and if they had been circumcised. Respondents who had been circumcised were also asked to state the persons who mainly encouraged them to get circumcised among other questions.

The findings in Table 4.1 show that awareness about FGM/C was almost universal (96%) with minimal differentials observed across districts – it was highest amongst women in Kween (98%) and lowest in Kapchorwa district (93%). Awareness about FGM/C slightly increases with age i.e. 94 percent of women aged 15 - 24 compared to 98 percent of those 45 years and above had ever heard of FGM/C. In terms of marital status, FGM/C awareness was highest amongst divorced/separated women (97%) compared to those that had never been married (93%).

Furthermore, overall in the target districts, slightly more than one quarter (27%) of the female respondents reported that they are circumcised. Moroto district registered the highest proportion of women that are circumcised (52%) while Kapchorwa had the lowest (13%). Nearly two thirds (65%) of widowed women are circumcised, compared to 33 percent of those who are married, 30 percent of the divorced/separated and 2 percent of the single females. By age group, female circumcision increases with age. It was lowest among female adolescents aged 15-24 years (8%) while those aged 45 years and above had the highest at 68%. This finding could possibly imply that the practice is becoming less popular among young generations.

The majority of respondents reported that their parents i.e. fathers (35%) and mothers (19%) had encouraged them to get circumcised. In Amudat district, 33 percent and 31 percent of respondents were encouraged by their father and mother respectively while for those in Kapchorwa district, it was 13 percent and 23 percent respectively.

Table 4.1: Distribution of women by awareness of, and practice of FGM/C by characteristics (%)

Background Characteristics	% Heard Of Female Circumci- sion	% Been Circumcised	Who Mainly Encouraged					Total
			Father	Mother	Husband	Others	Don't Know	
District								
Amudat	96.4	43.0	33.2	30.9	17.1	7.4	11.4	100.0
Bukwo	95.6	27.7	33.3	9.5	8.3	15.1	33.8	100.0
Kapchorwa	93.1	13.0	54.1	10.6	4.1	2.7	28.5	100.0
Kween	98.4	21.0	12.6	23.5	7.1	40.3	16.5	100.0
Moroto*	94.4	51.6	41.0	22.1	0.0	0.0	36.9	100.0
Nakapiripirit**	96.9	49.2	63.0	7.4	0.0	3.7	25.9	100.0
Age group								
15-24	94.2	7.8	42.6	15.9	5.1	7.6	28.8	100.0
25-34	96.5	26.3	27.8	24.3	7.6	14.4	25.8	100.0
35-44	96.7	57.9	36.9	14.6	11.5	15.3	21.7	100.0
45+	98.1	67.7	37.4	24.1	4.0	10.7	23.9	100.0
Marital status								
Married	96.6	33.0	35.0	18.4	9.3	13.7	23.6	100.0
Divorced/Separated	96.7	29.9	30.6	8.4	0.0	22.3	38.7	100.0
Widowed	95.8	64.5	44.3	25.5	2.3	7.8	20.2	100.0
Single	92.5	2.4	20.2	38.0	0.0	0.0	41.8	100.0
Total	95.6	26.7	35.2	18.9	8.4	13.3	24.3	100.0

Note: * Two Sub-counties covered ** One Sub-County Sampled

4.1.1 FGM/C Awareness by Sub-County

Disaggregation of the results on FGM/C awareness among females of reproductive age by sub-county is presented in Table 4.2. FGM/C awareness was universal (100%) amongst women in the sub-counties of Amudat in Amudat district, Binyiny, Kaptoyoy and Ngenge in Kween district, Chesower and Riwo in Bukwo district and Tapac in Moroto district. The sub-counties with FGM/C awareness less than the target area average (96%) include: Bukwo (94%), Senendet (89%), Suam (94%), Tulel (90%) in Bukwo district, Kwanyiy (94%) in Kween district, Katikekile (87%) in Moroto and Karita (93%) in Amudat district. FGM/C awareness was generally lower than the 96 % target area average in all the sub-counties of Kapchorwa district with exception of Amukol, Kapchesombe, Kapchorwa Town Council, Kapteret and Kaserem.

Table 4.2: Distribution of women aware of FMG/C by district and sub county (%)

District/Sub county	% Ever Heard Of Female Circumcision	District/Sub county	% Ever Heard Of Female Circumcision
Bukwo District	95.6	Kween District	98.4
Bukwo	94.4	Benet	98.6
Bukwo Town Council	96.6	Binyiny	100.0
Chepkwasta	95.7	Binyiny Town Council	98.9
Chesower	100.0	Kapraron	98.8
Kabei	99.0	Kaptoyoy	100.0
Kamet	95.7	Kaptum	99.2
Kaptererwo	97.5	Kiriki	98.0
Kortek	96.8	Kitawoi	98.1
Riwo	100.0	Kwanyiy	94.0
Senendet	88.9	Moyok	97.4
Suam	94.1	Ngenge	100.0
Tulel	90.0		
Kapchorwa District	93.1	Moroto District	
Amukol	97.3	Katikekile	86.6
Chema	87.3	Tapac	100.0
Chepterech	84.6		
Gamogo	66.0	NaKapiripirt District	
Kabeywa*	71.9	Moruita	96.9
Kapchesombe	99.0		
Kapchorwa Town Council	95.8		
Kapsinda	95.4		
Kaptanya	94.2	Amudat District	96.4
Kapteret	96.0	Amudat	100.0
Kaserem	97.8	Amudat Town Council	94.8
Kawowo	93.8	Karita	93.1
Munarya	91.0	Loroo	97.7
Sipi	93.0		
Tegeres	94.8	All District	95.6

4.1.2 Prevalence of Female Circumcision by Sub-county

Table 4.3 presents the prevalence of female circumcision by districts and sub-county. The sub-counties with a female circumcision prevalence higher than the target area average of 27% include: Kwanyiy (28%) in Kween district, Katikekile (29%), Tapac (67%) in Moroto district, Moruita (49%) in Nakapiripirt, Amudat (55%), Amudat Town Council (43%), Loroo (56%) in all sub-counties in Bukwo districts with exception of Chesower, Kabei, Kamet, Kaptererwo, Senendet and Suam.

Table 4.3: Distribution of circumcised women by district and sub county (%)

District/Sub county	% Ever Been Circumcised	District/Sub county	% Ever Been Circumcised
Bukwo District	27.7	Kween District	21.0
Bukwo	32.9	Benet	23.3
Bukwo Town Council	33.0	Binyiny	19.8
Chepkwasta	37.5	Binyiny Town Council	14.9
Chesower	21.5	Kapraron	15.9
Kabei	20.2	Kaptoyoy	20.2
Kamet	25.4	Kaptum	20.0
Kaptererwo	14.3	Kiriki	18.4
Kortek	50.8	Kitawoi	20.2
Riwo	38.8	Kwanyiy	27.9
Senendet	23.2	Moyok	20.8
Suam	16.5	Ngeenge	20.8
Tulel	30.1		
Kapchorwa District	13.0	Moroto District	
Amukol	9.9	Katikekile	28.6
Chema	8.1	Tapac	67.3
Chepterech	1.5		
Gamogo	2.9	NaKapiripirt District	
Kabeywa*	0.0	Moruita	49.2
Kapchesombe	12.0		
Kapchorwa Town Council	9.8		
Kapsinda	12.2		
Kaptanya	24.4	Amudat District	43.0
Kapteret	19.6	Amudat	55.0
Kaserem	7.9	Amudat Town Council	43.0
Kawowo	10.5	Karita	21.0
Munarya	12.3	Loroo	56.0
Sipi	10.8		
Tegeres	18.7	All District	26.7

4.2 Availability of and Access to FGM/C Information

During the survey, respondents were asked about whether they had accessed information related to FGM/C through various mass media and ICT channels like radio, television, newspaper/magazine, phone text messages or at a drama/sports event. Results presented in Table 4.4 reveal that, radio (44%) and community drama/sports events (41%) were the most popular channels through which FGM/C information was accessed. The proportion of women that had accessed FGM/C information through Television was only three percent, six percent for newspaper/magazine and two percent for text messages on phone. A similar trend is observed across districts, age groups and marital status of the respondents.

Table 4.4: Mass media and ICT channels through which FGM Information was accessed by background characteristics (%)

Background Characteristic	Radio	Television	Newspaper/ Magazine	Received a voice or text message about FGM/C on the phone	FGM/C at a com- munity drama / sports event?
District					
Amudat	52.8	1.9	1.6	1.6	51.1
Bukwo	20.9	3.6	3.9	2.8	24.9
Kapchorwa	30.9	4.0	4.6	1.9	26.4
Kween	68.3	3.8	13.6	1.9	54.5
Moroto	68.7	1.1	2.6	0.5	82.4
Nakapiripirit	76.6	4.7	3.1	3.1	71.9
Age group					
15-24	43.5	3.2	6.7	1.6	42.2
25-34	45.5	4.3	6.5	2.8	40.1
35-44	42.9	2.1	3.3	2.0	41.5
45+	40.9	2.2	3.1	0.2	32.2
Marital status					
Married	44.8	3.1	4.7	1.9	40.6
Divorced/Sepa- rated	32.9	0.7	5.1	1.1	38.2
Widowed	48.5	5.6	4.4	0.4	48.3
Single	41.9	4.2	9.3	2.4	41.1
Total	43.9	3.3	5.8	2.0	40.9

4.3 Perceptions and Attitudes towards FGM/C

4.3.1 Women's Attitudes on Continuity of FGM/C

Table 4.5 presents respondents' perceptions on the continuity of the FGM/C practice. Overall, the findings indicate that FGM/C is generally unpopular among females in the target area with 95 percent of the respondents stating that the practice should be discontinued while only three percent felt that it should be continued. Nearly all female respondents in Amudat district (99.6%) indicated that the FGM/C practice should be discontinued while Bukwo district had the lowest (92%).

On the popularity of FGM/C by age group, slightly more women aged 45 years and above (5.2 percent) support the continuity of the practise compared to 1.4 percent among those aged 15-24. Differentials by marital status reveal that, the support for the FGM/C practice was slightly higher among widowed respondents (4.1%) compared to the married (3.3%), those divorced or separated (3.2%) and the singles who were less than one percent.

Table 4.5: Women's attitude towards continuity of the FGM/C by background characteristics (%)

Background Characteristic	Perception on Continuity of FGM/C				
	Continue	Discontinue	Depends	DK	Total
District					
Amudat	0.0	99.6	0.4	0.0	100.0
Bukwo	4.5	91.5	2.7	1.4	100.0
Kapchorwa	3.1	93.8	1.9	1.2	100.0
Kween	3.0	94.8	1.6	0.6	100.0
Moroto	1.1	97.9	0.5	0.5	100.0
Nakapiripirit	4.7	93.8	1.6	0.0	100.0
					100.0
Age group					
15-24	1.4	96.1	1.6	0.9	100.0
25-34	3.5	94.3	1.6	0.5	100.0
35-44	4.1	93.5	1.3	1.1	100.0
45+	5.2	90.6	3.3	1.0	100.0
					100.0
Marital status					
Married	3.3	94.5	1.5	0.7	100.0
Divorced/Separated	3.2	90.7	3.2	2.9	100.0
Widowed	4.1	95.9	0.0	0.0	100.0
Single	0.9	95.8	2.1	1.2	100.0
Total	2.8	94.8	1.7	0.8	100.0

Disaggregation of women's perception on the continuity of the FGM/C practice are presented in Table 4.6. Women in the sub-counties of Chepkwasta (13%) in Bukwo district, Kapteret (11%) in Kapchorwa district, as well as Kiriki (10%) and Ngenge (10%) in Kween district, have very high support for the continuity of the FGM/C practice. These could be areas targeted for intense attitude and behaviour change interventions by partners in the fight against the FGM/C practice owing to its associated negative impacts. Worth noting are some of the sub-counties where respondents are in full support of the discontinuity of the FGM/C practice. These include; Senendet in Bukwo district, Chema, Chepterech, Gamogo, Kabeywa, Kapchorwa T.C, Munarya and Tegeres in Kapchorwa district, Binyiny, Kaptoyoy and Moyok in Kween district, Katikekile in Moroto district and all the sub-counties in Amudat district

Table 4.6: Women's attitude towards continuity of the FGM/C by district and subcounty (%)

Perception on Continuity of FGM/C						Perception on Continuity of FGM/C					
District/ Sub county	Continue	Discontinue	Depends	DK	Total	District/ Sub county	Continue	Discontinue	Depends	DK	Total
Bukwo District	4.5	91.5	2.7	1.4	100.0	Kween District	3.0	94.8	1.6	0.6	100.0
Bukwo	4.2	91.7	2.8	1.4	100.0	Benet	4.1	90.4	5.5	0.0	100.0
Bukwo T.C	7.9	86.5	4.5	1.1	100.0	Binyiny	0.0	97.3	2.7	0.0	100.0
Chepkwasta	13.0	82.6	3.3	1.1	100.0	Binyiny T.C	1.1	96.8	0.0	2.1	100.0
Chesower	1.5	98.5	0.0	0.0	100.0	Kapraron	3.6	94.0	2.4	0.0	100.0
Kabei	3.0	96.0	1.0	0.0	100.0	Kaptooyoy	0.0	100.0	0.0	0.0	100.0
Kamet	2.9	91.3	5.8	0.0	100.0	Kaptum	0.8	96.7	1.7	0.8	100.0
Kaptererwo	1.3	92.4	5.1	1.3	100.0	Kiriki	10.0	90.0	0.0	0.0	100.0
Kortek	4.8	92.1	0.0	3.2	100.0	Kitawoi	0.0	97.1	1.9	1.0	100.0
Riwo	6.3	91.3	1.3	1.3	100.0	Kwanyiy	1.7	94.0	1.7	2.6	100.0
Senendet	0.0	97.8	2.2	0.0	100.0	Moyok	0.0	98.7	1.3	0.0	100.0
Suam	3.6	90.5	2.4	3.6	100.0	Ngeenge	10.4	89.6	0.0	0.0	100.0
Tulel	2.2	93.3	3.3	1.1	100.0						
Kapchorwa District	3.1	93.8	1.9	1.2	100.0	Moroto District	1.1	97.9	0.5	0.5	100.0
Amukol	1.4	98.6	0.0	0.0	100.0	Katikekile	0.0	97.6	1.2	1.2	100.0
Chema	0.0	98.6	1.4	0.0	100.0	Tapac	1.8	98.2	0.0	0.0	100.0
Chepterech	0.0	96.2	0.0	3.8	100.0						
Gamogo	0.0	98.1	0.0	1.9	100.0	Amudat District	0.0	99.6	0.4	0.0	100.0
Kabeywa	0.0	96.5	0.0	3.5	100.0	Amudat	0.0	100.0	0.0	0.0	100.0
Kapchesombe	5.0	95.0	0.0	0.0	100.0	Amudat T.C	0.0	100.0	0.0	0.0	100.0
Kapchorwa T.C	0.0	98.9	0.0	1.1	100.0	Karita	0.0	98.6	1.4	0.0	100.0
Kapsinda	2.3	96.5	0.0	1.2	100.0	Loroo	0.0	100.0	0.0	0.0	100.0
Kaptanya	9.3	90.7	0.0	0.0	100.0						
Kapteret	11.1	82.8	6.1	0.0	100.0	Nakapiripirt District	4.7	93.8	1.6	0.0	100.0
Kaserem	2.2	90.0	6.7	1.1	100.0	Moruita	4.7	93.8	1.6	0.0	100.0
Kawowo	3.8	87.5	7.5	1.3	100.0						
Munarya	0.0	96.2	0.0	3.8	100.0						
Sipi	2.0	88.0	7.0	3.0	100.0						
Tegeres	0.0	97.9	0.0	2.1	100.0	All Districts	2.8	94.8	1.7	0.8	100.0

4.3.2 Women's Perceived Benefits of Female Circumcision

The survey solicited information on the respondent's perceived views on the benefits associated with FGM/C including: economic benefits, acceptance for marriage, acceptance by peers, considered clean/hygienic, ensures faithfulness to one's husband, reduces a woman's ability to have children and her ability to sexually satisfy her husband. Results in Table 4.7 reveal that, overall; slightly over one fifth of the respondents (22%) indicated that female circumcision would increase one's acceptance by her peers while five percent perceive that the practice would negatively affect one's ability to give birth to children. About 13 percent of the respondents think that FGM/C makes a woman "complete" while 17 percent believe that the practice makes a woman acceptable for marriage.

Disaggregation by district reveals that more respondents in Amudat district believe that FGM/C makes a woman acceptable to her peers (51%), acceptable for marriage (31%), makes a woman “complete” (25%), while 14 percent believe that a woman who has undergone circumcision is considered clean. In Nakapiripirit district, 20 percent of the respondents believe that the practice brings economic benefits, in Moroto district, 18 percent of respondents believe that FGM/C makes a woman faithful to her husband while 27 percent of the women in the same district believe that a woman will not be able to have children if she is circumcised. A considerable proportion of women in Kween district believe that a girl who undergoes FGM/C is unable to sexually satisfy her husband (27%).

Analysis of the perceptions by the age group highlights that, a high proportion of those aged 15 – 24 years believe that FGM/C makes a girl acceptable to her peers (19%) while 14 percent thought that the practice makes a woman acceptable for marriage. The most popular belief amongst those aged 25 – 45 was that FGM/C makes a girl acceptable to her peers (24% for those 25 – 34 years, 23% for those 35 – 44 years and 45 years and above).

By marital status, the most popular belief among respondents is that FGM/C makes a girl acceptable to her peers with approximately 27 percent of widowed women, 25% divorced women, 24% married and 13% single women sharing this misconceived belief. All the perceptions presented were more popular amongst widowed women except for the belief that a girl who undergoes FGM/C is unable to sexually satisfy her husband which was most common among divorced/separated women (22%).

Table 4.6: Women’s perceptions about benefits of cutting a girl by background variables (%)

Background Characteristic	“Complete” woman	Brings economic benefits	Makes a woman acceptable for marriage	Accepted by peers	A woman considered clean/hygienic	Faithfull to her husband	Unable to have children	Unable to satisfy her husband sexually
District								
Amudat	24.5	9.4	31.4	51.0	14.0	15.7	1.6	9.7
Bukwo	9.4	6.1	10.0	9.2	5.6	8.1	5.4	16.0
Kapchorwa	6.6	5.7	5.7	7.5	5.2	4.6	2.3	2.9
Kween	12.6	6.6	25.4	21.6	7.6	4.8	5.5	27.2
Moroto	15.1	12.6	20.8	47.6	10.5	18.3	27.7	16.8
Nakapiripirit	17.2	20.3	25.0	21.9	12.5	15.6	3.1	12.5
Age group								
15-24	10.3	6.2	14.9	19.3	7.0	6.8	3.8	13.1
25-34	13.7	7.6	17.6	23.6	8.5	10.6	6.7	15.2
35-44	15.4	9.6	21.0	22.7	8.3	8.2	5.4	11.9
45+	13.6	6.2	15.9	22.5	10.2	10.4	5.0	14.6
Marital status								
Married	14.3	8.0	19.0	23.9	9.4	10.0	5.6	13.8
Divorced/Sepa-rated	18.2	8.7	17.7	25.3	4.9	8.6	13.1	22.2
Widowed	15.0	14.3	23.9	26.8	13.4	11.8	13.2	14.7
Single	6.2	4.5	10.1	13.2	3.1	3.6	1.8	12.0
Total	12.5	7.3	17.0	21.5	7.9	8.5	5.1	13.6

4.3.3 Practice of FGM/C in the last and next 12 months

The survey sought women's opinions on whether any girl would be circumcised in the 12 months following the survey or any girl had been cut in the past 12 months preceding the survey. Table 4.7 presents the distribution of women on whether they anticipate FGM/C in the 12 months following the survey as well as whether girls had been victims of FGM/C during the last 12 months preceding the survey. Overall, only 4 percent of women anticipated that girls would be cut during the next 12 months after the survey, 17 percent were not sure while the majority indicated that the FGM/C practice would not occur (79%). On the other hand, 5 percent of the female individuals surveyed reported that girls had been victims of the FGM/C practice during the last 12 months preceding the survey.

Analysis by district shows that the highest proportion of respondents in Kween district (9%) followed by Bukwo (4%) anticipated FGM/C in the 12 months following the survey compared to Amudat (0.2%), Moroto (0.0%) and Nakapiripirit (0.0%) with percentages of less than one. On the other hand, more respondents in Nakapiripirit (16%) followed by Kween (8%) reported that girls had been cut in the 12 months preceding the survey.

By age group, more women aged 35 - 44 years (5%) anticipated that FGM/C would occur on girls in the 12 months following the survey compared to those aged 45 years and above (1%). The proportion of women in the age group of 15 - 24 years (3.5%) that anticipated FGM/C on girls in the 12 months following the survey is similar to that of those aged 25 - 34 years (4%). Furthermore, more women in the age category 35 - 44 years (6%) followed by those aged 25 - 34 years (4%) reported that girls had been cut in the 12 months preceding the survey.

Considering the marital status of respondents, more widowed women (5.8%) anticipated that girls would be cut in the 12 months after the survey compared to the married (4%), single (3%) and those divorced/separated (2%). In relation to whether girls had undergone FGM/C in the 12 months preceding the survey, divorced/separated women (6%) followed by the married (5%) and widowed (5%) reported that the practice had been carried out on girls compared to single women (4%).

Table 4.7: Women's anticipation of FGM/C in the next 12 months and those reporting the occurrence of FGM in the past 12 months preceding the survey (%)

Background Characteristics	Women's anticipation of FGM/C in the next 12 months following the survey				Women reporting FGM/C in the last 12 months preceding the survey			
	Yes	No	DK	Total	Yes	No	DK	Total
District								
Amudat	0.2	85.3	14.4	100.0	4.0	85.0	11.0	100.0
Bukwo	3.9	74.2	21.9	100.0	3.6	73.5	22.9	100.0
Kapchorwa	2.9	84.9	12.1	100.0	3.1	86.5	10.3	100.0
Kween	8.8	68.1	23.2	100.0	7.6	72.0	20.4	100.0
Moroto	0.0	94.3	5.7	100.0	0.0	96.9	3.1	100.0
Nakapiripirit	0.0	87.5	12.5	100.0	15.6	82.8	1.6	100.0
Age group								
15-24	3.5	78.6	17.9	100.0	4.0	80.6	15.5	100.0
25-34	4.1	79.2	16.7	100.0	4.5	80.0	15.4	100.0
35-44	4.6	80.2	15.2	100.0	6.0	80.6	13.4	100.0
45+	1.2	81.7	17.1	100.0	2.6	81.9	15.5	100.0
Marital status								
Married	4.0	79.8	16.3	100.0	4.7	80.8	14.5	100.0
Divorced/Separated	2.1	77.1	20.8	100.0	6.0	75.9	18.1	100.0
Widowed	5.8	76.7	17.5	100.0	4.5	79.6	15.9	100.0
Single	3.0	78.5	18.5	100.0	3.5	80.0	16.5	100.0
Total	3.8	79.3	16.9	100.0	4.5	80.5	15.1	100.0

4.4 Perceptions on Impact of Abandoning FGM/C

In order to estimate the impact of the FGM/C practice on the health and wellbeing of girls and women, women's beliefs about the benefits of abandoning the practice were used as a proxy. Women were asked about what they believe could happen if FGM/C was abandoned on the basis of the following measures:

- i. It would benefit their families/community
- ii. Girls would not get married before 18 years
- iii. Girls would not get pregnant at a young age
- iv. Girls would not drop out of school
- v. Maternal and new born deaths would reduce
- vi. Women/girls with Fistula would reduce
- vii. Women/girls getting infected with HIV would reduce
- viii. Expenditure on health care for women/girls would reduce

Table 4.8 reveals that, overall, three quarters (75%) of the respondents believe that abandoning FGM/C would benefit the families and community at large, six in every ten women believe that abandoning the practice would reduce Fistula (60%) as well as reduce infections with HIV (60%) respectively. In addition, over half of the women surveyed believe that abandoning the practice would reduce expenditure on health care for women/girls (53%); it would reduce early marriages before 18 years (45%), reduce young age pregnancies (43%) and reduce school dropouts (46%).

In relation to benefiting the community and reducing the school dropout rate for girls, close to nine in every ten women in Amudat district (89%) compared to 58 percent in Kapchorwa district believe that abandoning FGM/C would benefit the community; three quarters of the women in the age categories 25 – 34 years (75%) and those 35 – 44 years (75%) believe the same compared to the other age groups. Furthermore, slightly more than eight in every ten divorced women (83%) believe that abandoning FGM/C would benefit the community compared to the widowed (72%). In terms of perceptions linking abandonment of the FGM/C practice to a reduction in dropout rate for girls, higher percentages are observed for the following categories; 68 percent of women in Bukwo district, 46 percent of those in the age groups 15 – 24 years and 25 – 34 years respectively, as well as divorced/separated women (59%) compared to their corresponding counterparts.

Considering young age pregnancies and early marriages, nearly seven in every ten respondents in Bukwo district (68%) compared to only 16 percent in Kapchorwa district believe that abandoning FGM/C would reduce early marriages. Forty-seven percent of respondents in the age categories 25 – 34 years and those 35 – 44 years believe the same respectively. In addition, more divorced/separated women (55%) share similar perceptions compared to those in other categories of marital status. An exactly similar trend is observed amongst the afore-mentioned category of persons with the belief that abandoning FGM/C would reduce early marriages. Considering women that believe abandonment of FGM/C would reduce maternal and new born deaths, the majority in favour of the belief were in Amudat district (98%), those aged 25 – 34 years (55%), and married women (55%) compared to their respective counterparts.

On reducing Fistula and HIV infections, the results reveal that, in Amudat district it was universal that abandoning FGM/C would reduce Fistula (100%) and HIV infections (99%) among women and girls; while the least with that belief were in Kapchorwa district i.e. Fistula (23%) and HIV (24%). By age group, no major differences were observed except that there were fewer women among those aged 45 years and above who believe that FGM/C would reduce Fistula (52%) and HIV infections (56%) compared to the other age groups where six in every ten believe the same. In addition, compared to women of other marital status, fewer single respondents believe that abandoning FGM/C would reduce the prevalence of Fistula (54%) and HIV infections (53%).

In view of women that believe abandoning FGM/C would reduce expenditure on healthcare for women/girls, the results show that, the majority of women that agree to that perception were in Amudat district (99%) followed by Nakapiripirit (89%), those aged 25 – 34 years (55%), and widowed women (56%) compared to their corresponding counterparts.

Table 4.8: Perceptions of women on benefits of abandoning FGM/Cs by background variables (%)

Background Characteristic	Benefits the community	Reduces early marriage	Girls will Not get pregnant at young age	Reduces drop outs	Maternal and new born death reduces	Fistula would reduce	Women/ girls getting infected with HIV will reduce	Expenditure On health care reduces
District								
Amudat	88.5	66.0	63.6	65.5	97.6	99.8	98.7	99.2
Bukwo	76.2	68.3	68.6	68.0	68.6	71.1	77.4	68.9
Kapchorwa	57.5	16.0	14.8	15.4	19.2	22.5	23.8	19.7
Kween	86.1	38.0	32.8	40.3	41.4	59.4	52.6	35.4
Moroto	60.1	54.9	54.4	60.1	65.2	65.4	65.2	71.0
Nakapiripirit	84.4	60.9	53.1	60.9	71.9	82.8	75.0	89.1
Age group								
15-24	74.3	43.8	42.1	45.8	54.1	59.8	59.3	53.0
25-34	75.4	47.1	44.8	45.8	54.8	61.0	60.5	55.4
35-44	75.0	46.9	44.6	46.6	53.6	59.8	60.2	53.2
45+	70.3	41.3	38.7	42.8	42.1	51.5	56.3	45.2
Marital status								
Married	74.8	46.3	44.1	46.5	55.4	61.8	61.9	55.9
Divorced/ Separated	82.5	55.2	54.9	58.6	52.5	59.4	61.3	53.8
Widowed	72.3	49.3	49.2	47.8	50.7	56.1	56.3	58.3
single	73.0	40.7	38.7	41.9	48.6	53.9	53.1	45.2
Total	74.5	45.3	43.3	45.8	53.6	59.7	59.7	53.4

Sub-county level analysis of women's perceptions of the possible impact of abandoning FGM/C is presented in Table 4.9. The results show that, across all the perceived benefits, for Karita sub-county in Amudat district and Kaptererwo in Bukwo district, over 90 percent of the respondents were in agreement with the possible impacts of abandoning the practice. In Kaptoyoy sub-county in Kween district, over 90 percent was registered for a reduction in Fistula and HIV infections only. In the other sub-counties, generally less than 85 percent thought that abandoning the practice of FGM/C would positively impact on the different aspects of girls and women.

Table 4.9: Perceptions of women on benefits of abandoning FGM/Cs by sub-county (%)

District/Sub county	Reduces early marriage	Girls will not get pregnant at young age	Reduces drop outs	Maternal and new born death reduces	Fistula would reduce	Women/girls getting infected with HIV will reduce	Expenditure on health care reduces
Amudat District	66.0	63.6	65.5	97.6	99.8	98.7	99.2
Amudat	60.8	64.7	68.6	100.0	100.0	98.0	100.0
Amudat T.C	94.8	90.9	96.1	98.7	98.7	97.4	98.7
Karita	59.7	52.8	51.4	95.8	100.0	100.0	100.0
Loroo	58.0	55.7	56.8	96.6	100.0	98.9	97.7
Bukwo District	68.3	68.6	68.0	68.6	71.1	77.4	68.9
Bukwo	73.6	80.6	73.6	61.1	79.2	86.1	65.3
Bukwo T.C	49.4	44.9	51.7	53.9	58.4	53.9	57.3
Chepkwasta	48.9	57.6	51.1	63.0	66.3	80.4	64.1
Chesower	46.2	41.5	50.8	69.2	83.1	80.0	84.6
Kabei	77.8	86.9	83.8	72.7	66.7	74.7	59.6
Kamet	72.5	72.5	68.1	72.5	72.5	62.3	69.6
Kaptererwo	91.1	89.9	91.1	91.1	89.9	94.9	93.7
Kortek	57.1	54.0	55.6	58.7	57.1	57.1	58.7
Riwo	83.8	80.0	85.0	82.5	81.3	87.5	77.5
Senendet	65.6	66.7	66.7	77.8	82.2	83.3	77.8
Suam	76.2	71.4	67.9	63.1	60.7	84.5	63.1
Tulel	58.9	55.6	57.8	54.4	54.4	50.0	54.4
Kapchorwa District	16.0	14.8	15.4	19.2	22.5	23.8	19.7
Amukol	4.1	2.7	8.2	2.7	15.1	23.3	2.7
Chema	23.9	16.9	16.9	5.6	9.9	21.1	8.5
Chepterech	11.5	11.5	15.4	7.7	15.4	28.2	16.7
Gamogo	9.4	3.8	7.5	0.0	22.6	1.9	0.0
Kabeywa	22.8	24.6	28.1	8.8	5.3	35.1	15.8
Kapchesombe	13.9	6.9	10.9	10.9	14.9	9.9	11.9
Kapchorwa T.C	1.1	0.0	1.1	0.0	0.0	0.0	1.1
Kapsinda	3.5	7.0	0.0	0.0	2.3	0.0	0.0
Kaptanya	1.2	0.0	0.0	2.3	10.5	0.0	1.2
Kapteret	47.5	48.5	48.5	43.4	45.5	47.5	41.4
Kaserem	25.6	28.9	25.6	62.2	63.3	61.1	61.1
Kawowo	35.0	36.3	36.3	67.5	65.0	68.8	65.0
Munarya	25.6	23.1	26.9	41.0	48.7	59.0	38.5
Sipi	27.0	27.0	27.0	67.0	68.0	72.0	71.0
Tegeres	2.1	0.0	0.0	0.0	3.1	0.0	0.0
Kween District	38.0	32.8	40.3	41.4	59.4	52.6	35.4
Benet	65.8	61.6	69.9	57.5	90.4	76.7	54.8
Binyiny	12.6	9.9	14.4	19.8	44.1	17.1	9.0
Binyiny T.C	70.2	64.9	72.3	73.4	87.2	86.2	85.1
Kapraron	33.7	14.5	37.3	36.1	34.9	32.5	13.3
Kaptoyoy	58.4	57.3	58.4	58.4	95.5	97.8	61.8
Kaptum	19.2	18.3	30.8	33.3	40.0	32.5	17.5
Kiriki	44.0	42.0	46.0	52.0	72.0	76.0	56.0
Kitawoi	39.4	19.2	36.5	37.5	42.3	29.8	14.4
Kwanyiy	20.5	19.7	18.8	14.5	30.8	17.1	12.0
Moyok	19.5	9.1	29.9	28.6	31.2	27.3	23.4
Ngenge	49.4	48.1	45.5	59.7	88.3	90.9	62.3
Moroto District	54.9	54.4	60.1	65.2	65.4	65.2	71.0
Katikekile	37.8	36.6	40.2	52.4	35.4	54.9	56.1
Tapac	67.3	67.3	74.5	74.5	87.3	72.7	81.8
Nakapiripirt District	60.9	53.1	60.9	71.9	82.8	75.0	89.1
Moruita	60.9	53.1	60.9	71.9	82.8	75.0	89.1
Total	45.3	43.3	45.8	53.6	59.7	59.7	53.4

4.5 Male Perceptions and Attitudes towards FGM/C

The survey also solicited the perceptions of male household heads or any one other male household member (if the head was not present) on various aspects of FGM/C. Generally, the results in Table 4.10 show that, across districts, awareness of FGM/C is mostly universal among males; those that think FGM/C is not required by their tribe range from 74 percent in Kapchorwa to 99 percent in Moroto. Compared to other districts, more male respondents in Amudat districts indicated that they would encourage relatives/communities with daughters to fight against the FGM/C practice. In addition, more males in Amudat (96%) and Moroto (95%) revealed that they would not support their sons or any other male family/community member to only marry a cut girl. Furthermore, Amudat (99%) followed by Moroto (97%) registered the highest percentage of males that think the FGM/C practice should be discontinued; while over eight in every ten males in Amudat and Kween districts agree that abandoning the FGM/C practice would benefit the family and community at large.

Table 4.10: Perceptions of adult males FGM/Cs by sub-county (%)

	Heard of FGM/C	Think that FGM/C is not required by one's tribe	Encourage relatives / community with daughters against FGM/C	Would not support his son or any other male member of family to only marry a cut girl	Thinks FGM/C practice should be discontinued	Agree that abandoning FGM/C will benefit family/ community	Expenditure on health care reduces
Amudat District	100.0	93.4	90.1	96.4	99.0	85.5	99.2
Amudat	100.0	95.2	87.3	95.2	100.0	73.0	100.0
Amudat T.C	100.0	95.2	96.4	97.6	98.8	94.0	98.7
Karita	100.0	89.9	82.6	97.1	97.1	85.5	100.0
Loroo	100.0	93.6	97.4	96.2	100.0	94.9	97.7
Bukwo District	96.9	82.8	40.7	86.1	87.3	72.9	68.9
Bukwo	100.0	95.7	26.1	93.5	97.8	62.0	65.3
Bukwo T.C	97.4	67.6	66.2	74.3	77.0	60.8	57.3
Chepkwasta	98.9	83.3	15.6	86.7	81.1	58.9	64.1
Chesower	93.2	79.4	57.4	88.2	94.1	67.7	84.6
Kabei	100.0	84.4	19.1	79.1	83.5	68.7	59.6
Kamet	93.6	72.4	77.6	81.0	93.1	94.8	69.6
Kaptererwo	97.8	89.9	33.7	97.8	93.3	92.1	93.7
Kortek	95.3	67.2	63.9	73.8	86.9	67.2	58.7
Riwo	96.7	61.4	37.5	81.8	78.4	76.1	77.5
Senendet	95.4	85.5	89.2	92.8	92.8	78.3	77.8
Suam	94.4	94.1	19.1	83.3	81.0	76.2	63.1
Tulel	95.7	81.1	68.9	90.0	93.3	81.1	54.4
Kapcwhorwa District	93.8	73.7	70.7	91.3	91.4	55.5	19.7
Amukol	99.0	82.7	44.9	82.7	90.8	16.3	2.7
Chema	88.8	77.0	66.7	85.1	95.4	26.4	8.5
Chepterech	98.9	58.9	33.3	91.1	95.6	27.8	16.7
Gamogo	78.7	98.3	98.3	98.3	96.6	23.7	0.0
Kabeywa	76.9	81.7	48.3	90.0	93.3	26.7	15.8
Kapchesombe	98.8	63.4	51.2	96.3	93.9	46.3	11.9
Kapchorwa T.C	100.0	85.7	65.5	97.6	96.4	48.8	1.1

	Heard of FGM/C	Think that FGM/C is not required by one's tribe	Encourage relatives / community with daughters against FGM/C	Would not support his son or any other male member of family to only marry a cut girl	Thinks FGM/C practice should be discontinued	Agree that abandoning FGM/C will benefit family/ community	Expenditure on health care reduces
Kapsinda	100.0	50.5	82.8	92.9	96.0	69.7	0.0
Kaptanya	96.0	57.3	80.2	90.6	91.7	76.0	1.2
Kapteret	100.0	77.8	64.8	82.4	76.9	69.4	41.4
Kaserem	95.7	90.0	87.8	94.4	84.4	54.4	61.1
Kawowo	96.0	88.4	90.5	91.6	85.3	60.0	65.0
Munarya	85.4	92.9	81.4	95.7	97.1	70.0	38.5
Sipi	68.5	83.8	82.4	91.9	90.5	66.2	71.0
Tegeres	100.0	37.8	79.7	93.2	96.0	83.8	0.0
Kween district	99.3	85.5	81.0	88.8	85.9	80.3	35.4
Benet	100.0	80.6	88.9	88.0	84.3	93.5	54.8
Binyiny	99.1	86.5	47.8	95.5	84.7	74.8	9.0
Binyiny T.C	100.0	82.1	88.4	89.5	88.4	86.3	85.1
Kaproron	100.0	85.7	81.8	94.8	85.7	67.5	13.3
Kaptoyoy	100.0	91.6	95.3	93.5	95.3	93.5	61.8
Kaptum	96.8	92.5	65.0	89.2	84.2	82.5	17.5
Kiriki	98.5	69.2	86.2	83.1	78.5	75.4	56.0
Kitawoi	99.2	88.5	82.0	90.2	82.0	67.2	14.4
Kwanyiy	99.1	88.2	84.6	87.3	84.6	62.7	12.0
Moyok	100.0	93.0	89.5	97.7	94.2	76.7	23.4
Ngenge	100.0	78.1	78.1	78.1	84.2	87.8	62.3
Moroto District	99.5	98.5	64.2	94.5	97.0	59.8	71.0
Katikekile	98.7	96.0	58.1	90.5	94.6	35.1	56.1
Tapac	100.0	100.0	67.7	96.8	98.4	74.2	81.8
Nakapiripirit							89.1
Moruita	98.1	90.4	66.4	87.5	88.5	78.9	89.1
Total	45.3	43.3	45.8	53.6	59.7	59.7	53.4



Table 4.11, compared to other districts, more female respondents in Amudat district (90%) followed by Kween (88%) indicated that they would discourage relatives/community with daughters against the FGM/C practice. In addition, more women in Amudat (5%) and Moroto (4%) revealed that they would support their sons or any other male family/community member to only marry a cut girl. Amudat (89%) followed by Kween (86%) registered the highest percentage of women that agree that abandoning the FGM/C practice would benefit the family and community at large.

Table 4.11: Women perception on FGM/C by district and sub-county (%)

District/ Sub-county	Would encourage relatives and community against cutting of daughters	Support sons to only marry cut Girls	Abandoning FGM benefits Community / Family	District/ Sub-county	Would encourage relatives and community against cutting of daughters	Support sons to only marry cut Girls	Abandoning FGM benefits Community/ Family
Bukwo District	43.6	5.4	76.2	Kween District	87.7	3.3	86.1
Bukwo	20.8	0.0	73.6	Benet	93.2	6.8	94.5
Bukwo T.C	46.1	10.1	53.9	Binyiny	60.4	0.9	84.7
Chepkwasta	23.9	13.0	66.3	Binyiny T.C	91.5	1.1	89.4
Chesower	81.5	4.6	81.5	Kaproron	89.2	1.2	72.3
Kabei	20.2	2.0	78.8	Kaptoyooy	98.9	0.0	100.0
Kamet	89.9	2.9	89.9	Kaptum	72.5	0.8	91.7
Kaptererwo	36.7	0.0	92.4	Kiriki	88.0	10.0	88.0
Kortek	63.5	12.7	71.4	Kitawoi	96.2	1.9	77.9
Riwo	28.7	6.3	85.0	Kwanyiy	93.2	1.7	70.9
Senendet	87.8	5.6	67.8	Moyok	97.4	0.0	83.1
Suam	28.6	4.8	77.4	Ngeenge	85.7	10.4	90.9
Tulel	58.9	3.3	85.6				
Kapchorwa District	70.1	3.4	57.5	Moroto District	57.4	4.2	60.1
Amukol	54.8	1.4	19.2	Katikekile	46.3	0.0	37.8
Chema	63.4	0.0	33.8	Tapac	65.5	7.3	76.4
Chepterech	39.7	1.3	29.5				
Gamogo	84.9	0.0	32.1	Nakapiripirt District	71.9	3.1	84.4
Kabeywa	45.6	1.8	28.1	Moruita	71.9	3.1	84.4
Kapche- sombe	52.5	5.9	47.5				
Kapchorwa T.C	62.1	0.0	51.6				
Kapsinda	80.2	3.5	70.9	Amudat District	89.7	3.3	88.5
Kaptanya	79.1	11.6	76.7	Amudat	92.2	2.0	72.5
Kapteret	68.7	5.1	70.7	Amudat T.C	92.2	6.5	92.2
Kaserem	90.0	4.4	55.6	Karita	77.8	5.6	94.4
Kawowo	90.0	7.5	52.5	Loroo	98.9	0.0	94.3
Munarya	82.1	0.0	73.1				
Sipi	74.0	4.0	63.0				
Tegeres	81.3	0.0	79.2	Total	70.7	3.9	74.5

5 CONCLUSION

The FGM/C 2016 survey provides an opportunity to fill the data gaps in relation to the current state of FGM/C practices that are associated with a few ethnic groups living in the Eastern part of Uganda. The practice is deeply rooted in traditions. The ethnic groups that perform the practice include the Sabiny in Kapchorwa, Bukwo and Kween districts in Eastern Uganda; and the Pokot, Tepeth, and Kadam in Nakapiripirit, Moroto and Amudat districts in the Karamoja sub-region. The survey mostly provides baseline/benchmark indicators on the FGM/C practice.

Regardless of one's gender, knowledge about the FGM/C practice is generally high in the studied areas. On the whole, the prevalence of the practice is quite high especially in the sub-counties of Kwanyiy (28%) in Kween district, Katikekile Tapac in Moroto district, Moruita in Nakapiripirit, Amudat Town Council, and Loroo in Amudat district.

In terms of beliefs with regard to support of the FGM/C practice, more women in the districts of Amudat, Moroto, Nakapiripirit believe that; if a girl is cut, she is considered to be a woman; she is an economic benefit for the family; she is acceptable for marriage; she is accepted by her peers; she is considered clean she is faithful to her husband, she is not able to produce children; and she is not able to sexually satisfy her husband. Support for the beliefs was generally popular with the older women as well as those widowed and divorced/separated.

On abandoning the practice, a considerable proportion of women across the districts believe that; girls would not get married before 18 years; girls would not get pregnant at an early age; girls would not drop out of school, maternal and new-born deaths would reduce, the prevalence of Fistula and HIV infections among women would reduce; and expenditure on health care to women/girls would reduce, with exception of Kapchorwa district.



As a recommendation, the focus of interventions by Government and other key players in the fight against the FGM/C practice should concentrate on mobilization in the sub-counties with the highest prevalence rates and categories of women that support continuation of the practice.

PERSONS INVOLVED IN FEMALE GENITAL MUTILATION (FGM) SURVEY 2017

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Esther Cherop, UNFPA

Trainers

Vincent Fred Ssenono, UBOS
Andrew Mupere, UBOS
Sarah Kabaija, UBOS
Timothy Mpagi, UBOS

Field Operations

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Mpagi Timothy, UBOS
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Loy Dhikusooka, UNICEF
Jackie Atai, UNICEF
Harriet N. Kajubi, UNICEF
Paul Onyango, UNICEF
Matthew Olweny, UNICEF
Jimmy Okello, UNICEF
Moses Karamagi, UNICEF
Patrick Oburu, UNICEF
Ronald James Otyek, UBOS
Franklin Samuel Okwerede, UNICEF

CAPI Team

BP Panwar, CAPI LEADER- UNICEF
Flavia Ouma Kyeyago, UBOS
Andrew Mupere, UBOS
Ronald James Otyek, UBOS
Deo Mutyaba, UBOS
Edward Kizito, UBOS

FIELD TEAMS

SEBEI REGION

TEAM LEADERS

Kulany Kenneth
Musani Sammy
Chemonges Aggrey
Mashong Joel
Chelimo Sharon
Cebet Proscovia
Musawu Moses

ENUMERATORS

Emiru Patrick David
Mwanga Shaid
Chelengant Kerin
Cheptoris Sam
Cherubet Asif
Chebet Frida
Chelangat Betty
Malewa Arafat
Salim Manisur
Chemonges Shalimin
Kissa Simon Peter

Kirui Paul
Kyomya Nelson
Chemusto Denis
Chemutai Agnes
Muyamba Josephat
Ocherebuku Robert
Nait Joan
Sabila Samson
Yeko Banis
Chelegant Nancy
Chepkwurui Nelson
Chepkwemboi Aisha Hassan
Sande Alic

KARAMOJA REGION

TEAM LEADERS

Odenge Simon Peter

Obuta Patrick

ENUMERATORS

Elolu Pascal

Aotu Gerald

Amurait Justine

Aketch Peace

Mahulo Elly

Olupot Nicholas

Okiring Isaac

Mirel Patrick David

SURVEY QUESTIONNAIRES

HOUSEHOLD QUESTIONNAIRE

FIELD TEST FOR u-SURVEY DATA COLLECTION TOOL

HOUSEHOLD INFORMATION PANEL	
1. Cluster number:	2. Household number:
3. Interviewer's name and number: Name	4. Supervisor's name and number: Name
5. Day / Month / Year of interview: ____ / ____ / 2 0 16	7. DISTRICT NAME: Name _____
6. AREA: Urban.....1 Rural.....2	
<p>8. WE ARE FROM UGANDA BUREAU OF STATISTICS (UBOS). WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> <ul style="list-style-type: none"> • Yes, permission is given > Go to 13 to record the time and then begin the interview. • No, permission is not given > Circle 04 in 9. Discuss this result with your supervisor. 	
<p>9. Result of household interview:</p> <p>Completed01</p> <p>No household member or no competent respondent at home at time of visit02</p> <p>Entire household absent for extended period of time.....03</p> <p>Refused04</p> <p>Dwelling vacant / Address not a dwelling05</p> <p>Dwelling destroyed.....06</p> <p>Dwelling not found07</p> <p>Other (specify).....96</p>	
After the household questionnaire has been completed, fill in the following information:	
<p>10. Respondent to Household Questionnaire:</p> <p>Name _____</p>	

11. Total number of household members:

12. Number of women age 15-49 years:

13. Record the time.

Hour

Minutes

LIST OF HOUSEHOLD MEMBERS

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (2), their relationship to the household head (3), and their sex (4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions 2-4. Then, ask questions starting with 5 for each person at a time. Use an additional questionnaire if all rows in the List of Household Members have been filled.

								FOR HOUSEHOLD MEMBERS AGE 5 AND ABOVE	IF 12+ YEARS	IF 10 YEARS+	
14. Line no.	15. Name	16. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	17 IS (name) MALE OR FEMALE? 1 Male 2 Female	18. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK	19. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	20. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	21. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 NO NEXT LINE	22. WHAT IS THE HIGHEST LEVEL OF SCHOOL (NAME) HAS ATTENDED? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 O-LEVEL 3 A-LEVEL 4 TERTIARY 8 DK	23. WHAT IS (NAME)'S MARITAL STATUS? 0 SINGLE 1 MARRIED 2 DIVORCED/ SEPARATED 3 WIDOW 8 DK	24. DOES (name) OWN A MOBILE PHONE?	25. Circle line no. if woman age 15-49
Line	Name	Relation*	M	F	Month	Year	Age				Line
01		0 1	1	2	— —	— —	— —				01
02		— —	1	2	— —	— —	— —				02
03		— —	1	2	— —	— —	— —				03
04		— —	1	2	— —	— —	— —				04
05		— —	1	2	— —	— —	— —				05
06		— —	1	2	— —	— —	— —				06
07		— —	1	2	— —	— —	— —				07
08		— —	1	2	— —	— —	— —				08

Line	Name	Relation*	M	F	Month	Year	Age						Line
09		___	1	2	___	___	___						09
10		___	1	2	___	___	___						10
11		___	1	2	___	___	___						11
12		___	1	2	___	___	___						12
13		___	1	2	___	___	___						13
14		___	1	2	___	___	___						14
15		___	1	2	___	___	___						15

Tick here if additional questionnaire used •

Probe for additional household members.
 Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.

Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

* Codes for 3: Relationship to head of household:	01 Head	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster/ Stepchild	96 Other (Not related)
	02 Spouse/Partner	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	14 Servant (Live-in)	98 DK
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative		

ASK ONLY ONE MALE IN A HOUSEHOLD

ASK THE HOUSEHOLD HEAD IF MALE AND IS PRESENT, OTHERWISE ASK ANY OTHER MALE (AGE 15 YEARS +) IN A HOUSEHOLD

FEMALE GENITAL MUTILATION/CUTTING		
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes 1 No 2	1 > FG3A
FG2. IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes 1 No 2	2 > END
FG3A. DO YOU THINK THAT FEMALE CIRCUMCISION IS REQUIRED BY YOUR TRIBE?	Yes 1 No 2	
FG21A. WOULD YOU ENCOURAGE YOUR RELATIVES / PEOPLE IN YOUR COMMUNITY WHO HAVE DAUGHTERS NOT TO GET CUT?	Yes 1 No 2 DK 8	

FG21B. WOULD YOU SUPPORT YOUR SON OR ANY OTHER MALE MEMBER OF YOUR FAMILY TO MARRY ONLY A CUT GIRL?	Yes 1 No 2 DK 8	
FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued 1 Discontinued 2 Depends 3 DK 8	
FG22A. DOES ABANDONING THE PRACTICE OF CUTTING GIRLS BENEFIT YOUR FAMILY/COMMUNITY?	Continued 1 Discontinued 2 Depends 3 DK 8	

Interviewer's Observations

Supervisor's Observations

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

FIELD TEST FOR u-SURVEY DATA COLLECTION TOOL

WOMAN'S INFORMATION PANEL	
This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column 25). A separate questionnaire should be used for each eligible woman.	
1. Cluster number: ____	2. Household number: ____
3. Woman's name: Name	4. Woman's line number: ____
5. Interviewer's name and number: Name	6. Day / Month / Year of interview: ____ / ____ / 2016

<p>Repeat greeting if not already read to this woman:</p> <p>WE ARE FROM Uganda Bureau Of Statistics. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <ul style="list-style-type: none"> • Yes, permission is given <input type="checkbox"/> Go to 8 to record the time and then begin the interview. • No, permission is not given <input type="checkbox"/> Circle '03' in 7. Discuss this result with your supervisor. 	

7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) 96
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10. Record the time.	Hour and minutes..... : ____
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WOMAN'S BACKGROUND	
W1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth month DK month 98 year DK year..... 9998
W2. HOW OLD ARE YOU? Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? Compare and correct 1 and/or 2 if inconsistent	Age (in completed years)

W3. WHAT IS YOUR MARITAL STATUS?	Married 1 Separated 2 Widow 3 Single 4	>W5
W4. HOW OLD WERE YOU WHEN YOU GOT MARRIED?	Age (in completed years)	
W5. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes 1 No 2	2>W9
W6. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 0 Primary 1 Secondary 2 Higher 3	0>W9
W7. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade _ _	
If grade 1 is not completed at this level, enter "00"		
W8. Check w6: • Secondary or higher (code 2 or 3 circled) <input type="checkbox"/> 10 • Primary (code 1 circled) <input type="checkbox"/> continue with w9		
W9. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all 1 Able to read only parts of sentence..... 2 Able to read whole sentence 3 No sentence in required language 4 (specify language) Blind / visually impaired 5	
W10. DO YOU HAVE A REGULAR SOURCE OF INCOME?	Yes 1 No 2	>GO TO NEXT MODULE
W11. WHAT IS THIS SOURCE OF INCOME?	Salary from employment 0 Income from self-employed undertaking ... 1 Allowance from my husband 2 Allowance from other family members/relatives 3	
Access to mass media and use of information/communication technology		
A1. Check w6: • question left blank (respondent has secondary or higher education) > continue with a2 • able to read or no sentence in required language (code = 2, 3 or 4 circled) > continue with a2 • cannot read at all or blind/visually impaired (code = 1 or 5 circled) > go to a3		
A2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
A3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	

A4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
A5. DO YOU OWN A MOBILE PHONE?	Yes 1 No 2	>GO TO NEXT MOD- ULE
A6. HOW OFTEN DO YOU SEND OR RECEIVE TEXT MESSAGES?	Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4	
FEMALE GENITAL MUTILATION/CUTTING		
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes 1 No 2	1>FG3
FG2. IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes 1 No 2	2>Next Module
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes 1 No 2	2>FG9
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	DK 8	1>FG6
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes 1 No 2 DK 8	
FG6. WAS THE GENITAL AREA SEWN CLOSED? If necessary, probe: WAS IT SEALED?	Yes 1 No 2 DK 8	
FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? If the respondent does not know the exact age, probe to get an estimate	Age at circumcision DK / Don't remember / Not sure 98	
FG8. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor 11 Nurse/Midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98	
FG8A. WHO ENCOURAGED YOU TO GET CUT?	Mother 1 Father 2 Sister 3 Grandmother 4 Husband / partner 5 Friend 6 Other 8	

FG11. Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG12. Then, ask questions FG13 to FG20 for each daughter at a time.

If more than 4 daughters, use additional questionnaires

	Daughter #1	Daughter #2	Daughter #3	Daughter #4
FG12. Name of daughter				
FG13. HOW OLD IS (name)?	Age	Age	Age	Age
FG14. IS (name) YOUNGER THAN 15 YEARS OF AGE?	Yes1 No......2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22	Yes1 No......2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22	Yes1 No......2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22	Yes1 No......2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22
FG15. IS (name) CIRCUMCISED?	Yes1 No......2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22	Yes1 No......2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22	Yes1 No......2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22	Yes1 No......2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22
FG16. HOW OLD WAS (name) WHEN THIS OCCURRED? If the respondent does not know the age, probe to get an estimate.	Age ___ ___ DK 98	Age ___ ___ DK 98	Age ___ ___ DK 98	Age ___ ___ DK 98
FG17. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (name) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes1 >FG19 No2 DK8	Yes1 >FG19 No2 DK8	Yes1 >FG19 No2 DK8	Yes1 >FG19 No2 DK8
FG18. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8
FG19. WAS HER GENITAL AREA SEWN CLOSED? If necessary, probe: WAS IT SEALED?	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8

FG20. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98
FG20A. DID YOU ENCOURAGE YOUR DAUGHTER TO GET CUT?	Go back to FG13 for next daughter. If no more daughters, continue with FG22	Go back to FG13 for next daughter. If no more daughters, continue with FG22	Go back to FG13 for next daughter. If no more daughters, continue with FG22	Go back to FG13 for next daughter. If no more daughters, continue with FG22
Tick here if additional questionnaire used				
FG21A. WOULD YOU ENCOURAGE YOUR RELATIVES / PEOPLE IN YOUR COMMUNITY WHO HAVE DAUGHTERS NOT TO GET CUT?	Yes1 No2 DK8			
FG21B. WOULD YOU SUPPORT YOUR SON OR ANY OTHER MALE MEMBER OF YOUR FAMILY TO MARRY ONLY A CUT GIRL?	Yes1 No2 DK8			
FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued.....1 Discontinued.....2 Depends.....3 DK 8			
FG22B. DO YOU BELIEVE THAT IF FGM/C IS ABANDONED:	yes no			
a) GIRLS WOULD NOT GET MARRIED BEFORE 18 YEARS?	Early marriage.....	1	2	
b) GIRLS WOULD NOT GET PREGNANT AT A YOUNG AGE?	Pregnant.....	1	2	
c) GIRLS WOULD NOT DROP OUT OF SCHOOL?	Drop out.....	1	2	
d) MATERNAL AND NEW BORN DEATH WOULD REDUCE?	Maternal/ new born	1	2	
e) WOMEN/GIRLS WITH FISTULA WOULD REDUCE?	Fistula.....	1	2	
f) WOMEN/GIRLS GETTING INFECTED WITH HIV WOULD REDUCE?	HIV.....	1	2	
g) EXPENDITURE ON HEALTH CARE TO WOMEN/GIRLS WOULD REDUCE?	Less expenditure...	1	2	

FG22C. DO YOU BELIEVE THAT IF A GIRL IS CUT SHE IS:	yes	no	
a) CONSIDERED TO BE A WOMAN?	Woman.....	1	2
b) AN ECONOMIC BENEFIT FOR THE FAMILY?	Economic benefit	1	2
c) ACCEPTABLE FOR MARRIAGE?	Marriage.....	1	2
d) ACCEPTED BY PEERS?	Peers.....	1	2
e) CONSIDERED TO BE CLEAN?	Clean.....	1	2
f) FAITHFUL TO HER HUSBAND?	Faithful.....	1	2
g) NOT ABLE TO PRODUCE CHILDREN?	Produce.....	1	2
h) NOT ABLE TO SEXUALLY SATISFY HER HUSBAND?	Sexual.....	1	2
FG22D. DO YOU THINK THAT ANY GIRL IN YOUR COMMUNITY WILL BE CUT IN THE NEXT 12 MONTHS?	Yes1 No2 DK8		
FG22E. DO YOU THINK THAT ANY GIRL IN YOUR COMMUNITY HAS BEEN CUT IN THE PAST 12 MONTHS?	Yes1 No2 DK8		
FG22F. IN THE PAST 12 MONTHS HAVE YOU:	yes	no	
i) HEARD ABOUT FGM/C ON THE RADIO?	Radio.....	1	2
j) SEEN ANYTHING ABOUT FGM/C ON THE TELEVISION?	Television	1	2
k) READ ABOUT FGM/C IN THE NEWSPAPER/MAGAZINE?	Newspaper.....	1	2
l) RECEIVED A VOICE OR TEXT MESSAGE ABOUT FGM/C ON THE PHONE?	Phone	1	2
m) HEARD / SEEN ANYTHING ABOUT FGM/C AT A COMMUNITY DRAMA / SPORTS EVENT?	Event.....	1	2
FG22G. HAVE YOU EVER HEARD ABOUT THE ANTI- FGM/C LAW?	Yes1 No2		>RECORD THE TIME
FG22H. WHAT DOES THE LAW SAY?	FGM/C is illegal1 Perpetrator must be reported..... 2 Protect girls/women who have not undergone FGM/C 2		
11. Record the time.	Hour and minutes		__ __ : __ __

INTERVIEWER'S OBSERVATIONS

FIELD EDITOR'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

INTERVIEWER'S OBSERVATIONS

FIELD EDITOR'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

INTERVIEWER'S OBSERVATIONS

FIELD EDITOR'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

