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# ADDRESSING EARLY MARRIAGE IN UGANDA

**MARCH 2009**

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The views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. Government.

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- Maria Borda and Altrena Mukuria, Health Policy Initiative staff members, analyzed the data from the 2001 and 2006 Uganda Demographic and Health Surveys. Based on this analysis, Altrena Mukuria prepared a report on the findings and conclusions.
- Danielle Grant contributed insights into the cultural and social norms regarding marriage in Uganda.

## EXECUTIVE SUMMARY

The USAID | Health Policy Initiative, Task Order 1, conducted this analysis to broaden the evidence base for developing advocacy messages to promote later marriage for young women in Uganda. This report summarizes the findings from (1) key informant interviews and focus group discussions in the Hoima and Wakiso districts in the Western and Central regions of Uganda, respectively, and (2) an analysis of data from the 2001 and 2006 Uganda Demographic and Health Surveys (UDHS), with a comparison of national findings with those from Western and Central Uganda.

Early marriage is common in Uganda. In 2006, more than half (53%) of women ages 20–49 were married before the age of 18, which is the legal age of marriage for women in Uganda. The reasons for early marriage are rooted in traditional and social norms, as well as factors such as women’s disadvantaged status, poverty, and biases against girls’ education. From the parents’ perspective, early marriage offers protection against premarital pregnancy and provides lifelong security for their daughter.

On average, girls become sexually active about a year before they marry and have their first birth about a year after marriage. According to the 2006 UDHS, for women ages 20–49, the median age at first intercourse was 16.6; the median age at first marriage was 17.8; and the median age at first birth was 18.7. The data suggest that young women under age 20 may be marrying later than older age groups and may be waiting longer to have their first child.

The Health Policy Initiative’s analysis of the UDHS data revealed some differences between parents’ assumptions and the overall behaviors of girls and women. For example, parents believed that girls who attended secondary school were more likely to be sexually active than other girls. However, the analysis of 2006 UDHS data found that women with a secondary or higher education become sexually active about two years later than those with no education or a primary education. Parents also assumed that marriage would protect their daughters from HIV infection, whereas the 2004/2005 HIV/AIDS Sero-Behavioral Survey found that married women ages 15–24 were nearly five times more likely to be HIV positive than those who had never been married.

In most instances, the project’s analysis did not reveal large differences between women who married at a young age and those who married later. This is because the factors associated with early marriage, such as poverty and limited education, are also linked with consequences later in life. The major differences that did emerge from the analysis were that women who married at age 18 or later were

- More likely to be paid cash for their labor;
- More likely to report that they alone or jointly with their husband made decisions regarding their own healthcare, major household purchases, purchases for daily household needs, and visits to the woman’s family and relatives;
- Less likely to condone wife-beating;
- Less likely to have experienced any physical violence since age 15; and
- Less likely to report having ever experienced spousal violence.

Based on this analysis, the authors developed a list of themes that could be used in advocacy against early marriage: human rights infringement, curtailed education for girls, limited employment options for women, early childbearing, exposure to spousal violence, and risk of HIV infection.

The major policy issues identified call for policymakers and government officials to give higher priority to the health and education needs of adolescent girls:

- Policymakers should publicize and endorse the legal age of marriage.

- Health providers should prioritize provision of reproductive health services and information to adolescents.
- Education authorities should address factors that discourage girls from attending school, such as poverty, lack of facilities, harassment, and physical harm; and should allow girls who are married and/or pregnant to attend school.

The existing programs to address child marriage fall into five categories: (1) family and community education, (2) education for girls, (3) law and policy changes, (4) economic opportunities, and (5) safeguarding rights. The main target audiences for these programs are families, community members, girls, and policymakers. While each program is applicable to Uganda, the most important intervention appears to be keeping girls in school past the age of 14. Community education and mass media programs led by local leaders, religious leaders, and other respected opinion leaders can be helpful in creating awareness of the harmful effects of early marriage and promoting positive role models.

Uganda has a very young population, with nearly half (47%) of its people under 15 years old. The choices that these young people and their parents make will affect the country's future for decades to come. Delaying marriage and childbirth confer major benefits to girls and may also lead to societal benefits, such as improved health of children and faster economic growth. It is time for policymakers and people concerned with socioeconomic development to give greater priority to addressing early marriage, especially in relation to programs to improve women's status and reduce poverty.

## **ABBREVIATIONS**

AIDS	acquired immune deficiency syndrome
ANPPCAN	African Network for the Prevention and Protection of against Child Abuse and Neglect
DHS	Demographic and Health Survey
FGD	focus group discussion
GBV	gender-based violence
HIV	human immunodeficiency virus
ICRW	International Center for Research on Women
MOH	Ministry of Health
NGO	nongovernmental organization
SMAU	Single Mothers' Association Uganda
UBOS	Uganda Bureau of Statistics
UCAA	Uganda Change Agents Association
UDHS	Uganda Demographic and Health Survey
UNICEF	United Nations Children's Fund
URHAN	Uganda Reproductive Health Advocacy Network
USAID	United States Agency for International Development
VCT	voluntary counseling and testing

## I. INTRODUCTION

Defined as marriage under the age of 18, early marriage is a health and human rights issue, especially for women in the developing world. A growing body of evidence has linked early marriage with negative health, education, and economic outcomes. Recently published global reviews have documented that young women who marry early are more likely than their peers to experience early school departure, lower earning capacity, earlier and more frequent childbearing, complications in pregnancy, higher maternal mortality, increased risk of HIV infection, and higher infant mortality (Singh and Samara, 1996; UNICEF, 2001; Mukuria et al., 2005; UNICEF, 2005; ICRW, 2007). From a human rights perspective, many women who marry before age 18 do not have the opportunity to decide for themselves whether and when to marry and, in many cases, this single event shapes their entire adult lives. Nevertheless, early marriage continues to be widespread and is still socially accepted in many cultures.

In Uganda, health officials have long been concerned about adolescent reproductive health issues. With assistance from the USAID-funded POLICY Project, the Uganda Reproductive Health Advocacy Network (URHAN) was formed in 2001. This multisectoral network seeks to strengthen youth-friendly reproductive health services and to advocate for a supportive policy framework. The network's efforts led to the adoption of a National Adolescent Health Policy in 2004. This far-reaching policy upheld the right of adolescents to "health, education, information, and care" and the protection of the girl child against harmful traditional practices and abuse (Uganda MOH, 2004, p. 14). In 2004, the POLICY Project supported an advocacy campaign led by local officials, religious leaders, and educators in the Hoima District. The campaign sought to discourage early marriage, citing its negative health consequences, such as complications related to early childbearing.

The USAID | Health Policy Initiative, Task Order 1, sought to broaden the evidence base for developing advocacy messages to promote later marriage for young women in Uganda. This report summarizes the findings from a study based on qualitative research in the Hoima and Wakiso districts of Uganda and data from the 2001 and 2006 Uganda Demographic and Health Surveys (UDHS) that compare national findings with those from Western and Central Uganda.

## II. METHODOLOGY

This study used both qualitative and quantitative methods in investigating the persistence and consequences of early marriage in Uganda. The qualitative study focused on reasons why communities continue to encourage early marriage, looking at both historical accounts and the current perspectives offered by parents and community leaders. Data from the 2001 and 2006 UDHS provided retrospective information on the outcomes of early marriage and the current status of women who married 10–30 years prior to being interviewed for the survey. The analysis did not include women younger than age 18.

Health Policy Initiative researchers conducted key informant interviews and focus group discussions in two districts with contrasting ethnic and geographic settings:

- **Hoima District** is located on the eastern shore of Lake Albert, in the Western region of the country. The district capital is Hoima Town, with a population of about 350,000. Most of the people are from the Nyoro ethnic group (Banyoro)—although almost all of Uganda's ethnic groups are represented in the district. The district is poor, with 77 percent of the labor force working in agriculture; fishing is another source of livelihood. Hoima has a very young population, with 47 percent of its people under age 15. It is also reported to have the highest rate of early marriage in Uganda (URHAN-Hoima, 2004).

- **Wakiso District** surrounds the city of Kampala in the Central region. However, most of the district's population (92%) lives in rural areas. Situated in the Baganda Kingdom, most of the district's people are from the Ganda ethnic group (Baganda). The district's population is young, with 40 percent of its people ages 5–17 due to its annual population growth rate of 4.2 percent.

The research team interviewed 32 key informants, including local government officials and religious leaders, on early marriage and related issues based on a structured interview guide. In the Hoima District, the team also interviewed representatives of nongovernmental organizations (NGOs) and health workers. In the Wakiso District, key informants included cultural leaders and a school head (see Table 1).

**Table 1. Key informant interviews**

Category	Hoima District		Wakiso District		Total
	Males	Females	Males	Females	
Local government officials	1	3	3	1	8
Religious leaders	3	1	1	1	6
Cultural leaders			2		2
Head of school				1	1
NGO representatives	4	6			10
Health workers		5			5
<b>Total</b>	<b>8</b>	<b>15</b>	<b>6</b>	<b>3</b>	<b>32</b>

During the process of interviewing key informants and working with community groups, the research team prepared a list of 20 Ugandan organizations that have programs related to promoting later marriage, including provision of services for youth related to health, education, psychological support, training, and legal protection, as well as advocacy for policies and programs benefiting youth (see Annex A).

The research team also conducted focus group discussions (FGDs) with parents and teachers of secondary school students on the causes and consequences of early marriage. In the Hoima District, the research team conducted four FGDs with mothers of secondary school students and four FGDs with fathers. (The researchers did not provide the number of people in each FGD.) In the Wakiso District, FGDs were conducted at two secondary and two primary schools (private and government, day and boarding schools). The administrators of these four schools helped to identify FGD participants. A total of 71 people participated in the eight FGDs in the Wakiso District (see Table 2).

**Table 2. Focus groups in the Wakiso District**

School	Categories/Sex				Total
	Teachers		Parents		
	Males	Females	Males	Females	
Wakiso Secondary School	5	4	2	6	17
Crown High Secondary School	6	3	4	5	18
Nabweru Primary School	7	2	4	6	19
Kazo Church of Uganda Primary School	3	5	2	7	17
<b>Total</b>	<b>21</b>	<b>14</b>	<b>12</b>	<b>24</b>	<b>71</b>

## Quantitative Analysis

Data from the 2001 and 2006 UDHS were analyzed to determine the influence of early marriage on the lives of women. The UDHS is a nationally representative survey of households, women ages 15–49 and men ages 15–54. The two-stage multicluster sample allows estimates to be calculated at the national and subnational levels.

UDHS collects information on basic characteristics of household members. The individual questionnaires for women and men collect information on marriage, fertility, family planning, maternal and child health and healthcare practices, women’s status, and male and female attitudes and practices related to HIV. The 2006 UDHS collected information on wealth quintiles.

The subsample used in this analysis of early marriage included ever-married women between the ages of 25 and 49. This subsample had 4,127 records in the 2001 UDHS and 4,885 records in the 2006 UDHS. The term “married” includes formal or legal marriages, as well as informal unions of “living together.” Almost all women who are ever-married are married by the ages of 25–29. Women younger than age 25 were excluded from the analysis because the relatively short duration of their married life would make it more difficult to identify possible effects of early marriage.

Also for the purposes of this study, women’s age at first marriage was grouped into three categories: those who married at 10–14 years, 15–17 years, and 18 years or older. The variables analyzed included (1) demographic characteristics (age at first marriage, place of residence, religion, and current socioeconomic status); (2) women’s status (polygynous union, age difference with current husband, educational attainment, employment, participation in decisionmaking, and perceived access to healthcare services); (3) gender-based violence (beliefs and experience of violence); and (4) health and fertility (fertility, HIV/AIDS knowledge, women’s health, and child health). Bivariate analysis was conducted on each data set (for 2001 and 2006), comparing age at first marriage with the variables listed above.

The UDHS data for the Central and Western regions are reported in the analysis to provide some basis for understanding the qualitative findings from the Wakiso and Hoima districts, respectively. However, the regions cover a much larger area and number of people than the districts, so they should not be considered comparable.

## III. FINDINGS

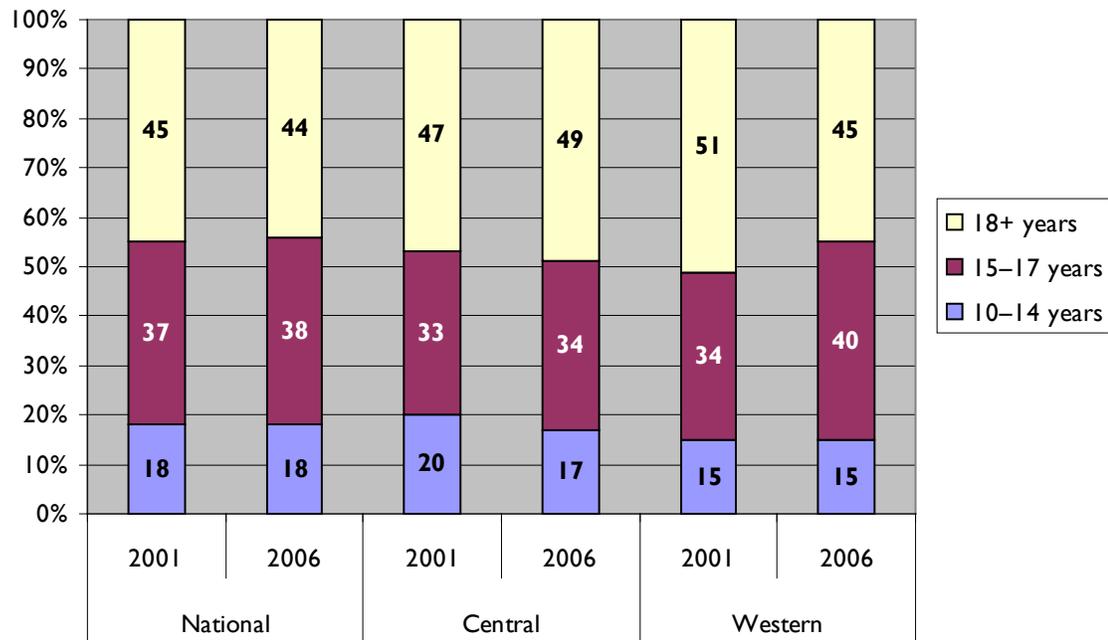
### Trends in Early Marriage in Uganda

In Uganda, the median age of first marriage was 17.8 for women ages 20–49 in both the 2001 UDHS (UBOS and ORC Macro, 2001) and the 2006 UDHS (UBOS and Macro International, 2007). In both surveys, more than half (53%) of the women ages 20–49 were first married before the age of 18. This fact is noteworthy, as the legal age for marriage for females in Uganda is 18. In other words, the majority of Ugandan women are marrying before the legal age.

Although the median age at first marriage has remained relatively stable for the past 30 years, there are signs that fewer women are marrying at very young ages. For example, according to the 2006 UDHS, only 3 percent of the women ages 15–19 were married by age 15, compared with 18 percent of those ages 45–49. In addition, women who live in urban areas and those in the highest wealth quintile marry about two years later than those living in rural areas and those in the remaining four wealth quintiles.

In the Wakiso District (Central region), most parents and teachers stated their belief that young women are marrying later than in the past. However, in the Hoima District (Western region), mothers tended to believe that early marriage remains popular and may well be increasing, while fathers were evenly divided on whether early marriage was increasing or decreasing. These perceptions are reflected in the 2001 and 2006 UDHS data. At the national level and in the Central region, there was little change in the age at marriage between 2001 and 2006, but the data indicate a shift to earlier marriage in the Western region (see Figure 1). In this region, there was no change in the percentage of women marrying by age 14 (15%), but there was a shift to marriage at ages 15–17—from 34 percent of women ages 25–49 in 2001 to 40 percent in 2006.

**Figure 1. Age at first marriage, ever-married women ages 25–49**



Sources: UBOS and ORC Macro, 2001; and UBOS and Macro International, 2007.

In summary, young women in Uganda are marrying later, and fewer of them are marrying before age 15. Women who live in urban areas and those in the highest wealth quintile marry about two years later than those living in rural areas and those in the remaining wealth quintiles.

## Factors Associated with Early Marriage

Marriage is a fundamental relationship in all societies, linking not only the husband and wife but also their families. It shapes sexual practices, childbearing and childrearing, as well as economic opportunities. It also provides security and social support for women (Defoe, 1997). In Uganda, according to the 2006 UDHS, 94 percent of women ages 25–29 have been married at least once. In a review of data from 68 developing countries, the International Center for Research on Women (ICRW) found that Uganda ranked ninth in terms of the high proportion of women who were married before age 18 (Jain and Kurz, 2007). This ranking suggests that early marriage is deeply embedded in Ugandan culture and traditions.

In the past, parents and other relatives organized complex ceremonial exchanges to codify a range of marital relationships, which differed by ethnic group (Beattie, 1958; Beattie, 1960; Dalton, 1966; Parkin,

1966; Kisekka, 1976; Mukiza-Gapere and Ntozi, 1995; Davis, 1999; Davis, 2000). In Uganda, women are typically not the initiators of their own marriages.<sup>1</sup> Ethnic differences in and parental control over marriage are decreasing, but opportunities for young women to live stigma-free outside of marriage are few.

**Cultural influences.** In the Hoima District, parents in focus group discussions frequently mentioned the negative influence of parents and grandparents on young girls, stating the following:

- Parents are not cooperating . . . on their responsibility of bringing up their children.
- Some parents are negligent and indifferent about their children’s morals.
- Children are copying the behaviors of their female parent.

FGD participants noted “a lack of communal discipline and responsibility.” One group noted the example of grandparents who had married early.

FGD participants mentioned the role of the *ssenga*, or paternal aunt, who was responsible for the sexual education of young girls prior to marriage. Some FGD participants expressed concern that the *ssenga* encouraged girls to engage in sexual activity, while others said that the *ssenga*’s role had been replaced by other sources of information. One person commented, “Children want to practice sex education they are acquiring from schools, e.g. ‘Straight Talk.’ It is no longer *ssenga* to advise [them] now.”

**Women’s status.** The low status of women contributes to the broad acceptance of early marriage. Women’s status can be defined as empowerment—the degree to which women have access and control over resources, can act autonomously, and are able to express independence in decisionmaking (Abadian, 1996). Education can empower women with knowledge and create the potential to engage in meaningful work that gives them an identity beyond that of wife and mother. Work empowers women to earn a living and make a contribution toward household expenses. Women’s autonomy may be hindered in polygynous marriages that tend to be rural and poor. The widespread acceptance of gender-based violence is indicative of the low status of women (Kishor and Johnson, 2004). Wife-beating is widely accepted in Uganda.

Marriage and childbearing provide social status and respectability for most women. Parents choose to marry their daughters young in order to achieve social status and economic security for them and to protect their daughters from premarital sexual activity that may result in unplanned pregnancy and exposure to HIV.

**Poverty.** Poverty is a major factor driving early marriage. Where poverty is severe, a young woman may be considered either an economic burden or an asset from which families can gain property and livestock from bridewealth exchanges.<sup>2</sup> Mothers and fathers participating in FGDs mentioned poverty as one of the most significant factors that influence girls and boys to marry early. One parent stated that family poverty “forces parents to marry off their young girls because they are a source of wealth in the form of bride price” (Wakiso District). Related to poverty is the phenomenon of “sugar daddies and sugar mommies,” older men and sometimes women who seek sex from children and adolescents in exchange for money or other goods. FGD participants also said that orphans and other vulnerable children were sometimes married off to relieve the financial and social burden on their caretakers. To earn money, some parents were said to encourage their daughters to take jobs that place them in circumstances where they meet with

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<sup>1</sup> Even “to marry” in the language of the Nyoro people, “buswezi/obuswezi,” is an active verb when describing a man and (“kuswera”) a passive form, for women (Beattie, 1958).

<sup>2</sup> Bridewealth transactions are different from dowry payments. Bridewealth exchanges are offered by the groom’s parents to the bride’s parents. A dowry is a pre-death inheritance by a bride from her father and is more common in Asia than in Africa (except among Asian communities in Africa).

men (e.g., working in bars or selling alcohol). Such associations could lead to early marriage, especially in the case of premarital pregnancy.

**Education.** Low educational attainment is linked with early marriage. According to 2006 UDHS data, among ever-married women ages 25–49, a larger percentage of those who married before their 14<sup>th</sup> birthday had no education (37%), compared with those who married later (26%). A larger percentage of women married after age 18 attained secondary education and above, compared with those who married at younger ages. In the Western region, few women attained secondary school education at all. Between the 2001 and 2006 surveys, there is a slight increase in the percentage of those who first married at age 18 or older and had completed secondary school or higher.

Both parents and teachers who participated in the focus group discussions stated that the government’s policy change to universal primary education in 1997 has encouraged parents to keep their daughters in school. While parents expressed a desire for more education for their daughters, they also raised concerns about sexual exploitation of students by teachers, lack of supervision, and poor examples set by teachers and other students. One parent stated, “Sending girls off to boarding school is dangerous because they become more sexually active away from their homes.” On the other hand, parents recognized that there were few good schools in rural areas and thus sending children to urban areas for school was a way to ensure high-quality education.

**Early sexual initiation.** The parents and teachers participating in the FGDs stated that many girls marry early due to unintended pregnancy. Whether as a result of adolescent sexual exploration or sexual abuse, pregnancy is seen to reduce girls’ options. Girls who become pregnant while still in school have to withdraw. Without education or skills to earn a reasonable livelihood, they and their parents frequently see marriage as their only choice, especially because pregnancy outside of marriage is stigmatized.

During the FGDs, parents said that girls are engaging in premarital sex at increasingly younger ages and that the problem is even more severe if they are at boarding school and not chaperoned. This perception was not supported by the survey data. UDHS data indicate that the median age at first sexual intercourse was 16.7 for women ages 20–49 in 2001 and 16.6 in 2006—a relatively small difference. The 2006 UDHS data suggest that women in their 20s are becoming sexually active later than older cohorts; women ages 30–49 interviewed in the 2006 UDHS reported a median age at first sexual intercourse of 16.3, compared with 16.9 and 16.7 among women ages 20–24 and 25–29, respectively.

## **Consequences of Early Marriage for Women**

In many cases, the cause and consequences of early marriage are closely linked and difficult to separate. For example, poverty in young girls’ homes makes it difficult for parents to keep them in school, and parents are attracted to the promise of marriage to someone who will take care of their daughter financially/economically. At the same time, once a girl is married, she leaves school, soon becomes pregnant, and her opportunities for finding employment are quite limited, especially in rural areas. Marrying at younger ages is associated with life-long poverty. In most cases, young women do not continue their education once they are married, and their employment options may be limited by childcare and household responsibilities.

This section summarizes the differences in women’s status and situation in life that were found in the analysis of UDHS data. The analysis did not determine the relative importance and salience of these differences to women’s lives.

**Wage employment.** More than 90 percent of currently married women ages 15–49 surveyed in the 2006 UDHS reported having worked in the past 12 months, mainly in agriculture. However, only 19

percent of the women in this category reported being employed for cash. The analysis of 2006 UDHS data found that women who were married at age 18 or older were more likely to be paid cash for their labor than those who married at younger ages.

**Participation in household decisionmaking.** The UDHS defined women's participation in household decisionmaking based on the woman's report that she, either alone or jointly with her husband, made decisions regarding her own healthcare, major household purchases, purchases for daily household needs, and visits to her family or relatives. Among the currently married women ages 15–49 surveyed in the 2006 UDHS, between 51 percent and 65 percent reported that they alone or jointly with their husband made decisions in these four areas. The 2006 UDHS data indicated that women who were married before the age of 14 were more likely to report that their husband was the main decisionmaker, compared with those who were married at age 15 or older. The analysis also found that a women's role in household decisionmaking may be changing—perhaps due to factors other than age at marriage. The national and Central region data showed that among those women ages 25–49 who were married before their 14<sup>th</sup> birthday, the proportion who participated in household decisionmaking increased from 2001 to 2006. In contrast, in the Western region, the proportion of women in this category reported less participation in household decisionmaking during this period.

**Spousal age differences.** It is reported elsewhere that the age difference between partners has power implications within the marriage. Smaller age differences appear to reflect a more equalitarian relationship (Abadian, 1996). The analysis of 2006 UDHS data found the women who first married at age 14 or younger were more likely to have husbands who were five or more years older than them, compared with those who married at later ages—although the differences were small.

**Polygyny.** Living in a polygynous union is hypothesized to negatively affect women's status, since household resources are shared among the wives and children. The 2006 UDHS found that about one in four (28%) married women ages 15–49 were living in polygynous marriages, defined as a woman living in a marriage in which her husband has at least one other wife. The analysis of the 2006 UDHS data found that a larger proportion of women ages 25–49 who married at age 14 or younger were in polygynous unions, compared with those who married at age 18 or older. Nationally, this difference narrowed slightly between 2001 and 2006. In the Central region, however, the proportion of women in polygynous unions increased among women who had married at age 14 or younger but decreased slightly in the group who married at age 15 or older. In the Western region, the proportion of women in polygynous unions who married at age 14 or younger stayed the same, while the proportion of those in polygynous unions who married at age 15 or older increased from 2001 to 2006.

**Gender-based violence.** Gender-based violence is widely practiced and accepted in Uganda. Violence is defined by the World Health Organization as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation” (UBOS and Macro International, 2007, p. 283). Violence that is targeted to women or girls based on their subordinate status in society is considered gender-based violence. Two aspects of violence are reported in this study: beliefs and experience of violence.<sup>3</sup>

In Uganda, spousal or intimate partner violence is the most common form of violence for women ages 15–49. The 2001 and 2006 UDHS collected information on what women perceived to be the circumstances under which husbands are justified in beating their wives. The five circumstances for wife-beating used in

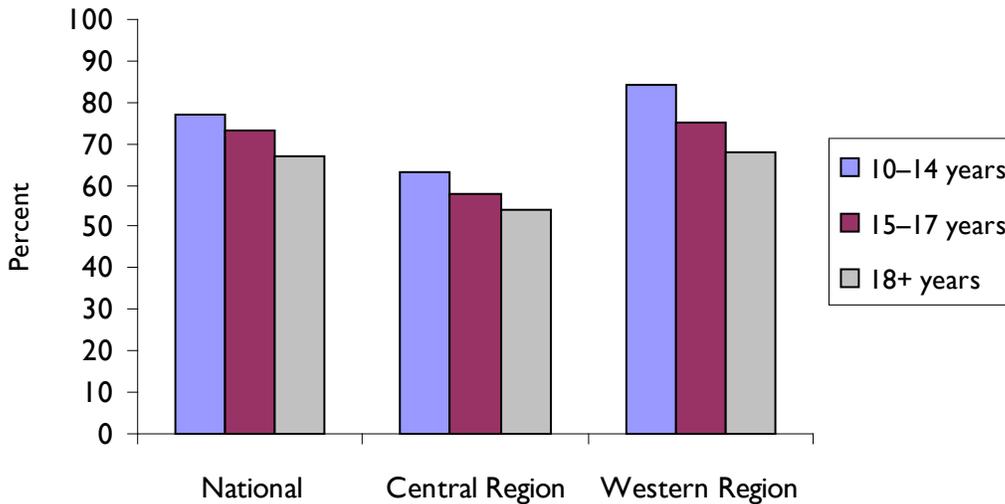
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<sup>3</sup> Both the 2001 and 2006 UDHS asked about beliefs regarding violence, but only the 2006 UDHS focused on specific aspects of violence. Hence, only changes in beliefs regarding violence can be compared across time.

the surveys were (1) burning the food, (2) arguing with the husband, (3) going out without informing the husband, (4) neglecting the children, and (5) refusing to have sexual relations with the husband.

According to the UDHS data, the majority of women believe it is acceptable for a husband to beat his wife under at least one of the above circumstances. In 2001, nationally, there was not much difference according to age at first marriage. In the Central region, the proportion of women accepting wife-beating under at least one circumstance was lower among those married at younger ages than among those married at older ages; while conversely, in the Western region, women married at age 17 or younger were more likely to condone wife-beating than those who married at age 18 or older. In 2006, fewer women who had married at age 15 or older condoned wife-beating, compared with the proportion in the 2001 UDHS. This change may be due to the separate module on violence that was included in the survey, which may have better defined/explained the concepts to respondents than in the previous survey. Nevertheless, 70 percent of all women ages 15–49 surveyed in 2006 condoned wife-beating for at least one reason. The proportion of women accepting wife-beating declined with rising age at marriage both nationally and in the two regions (see Figure 2).

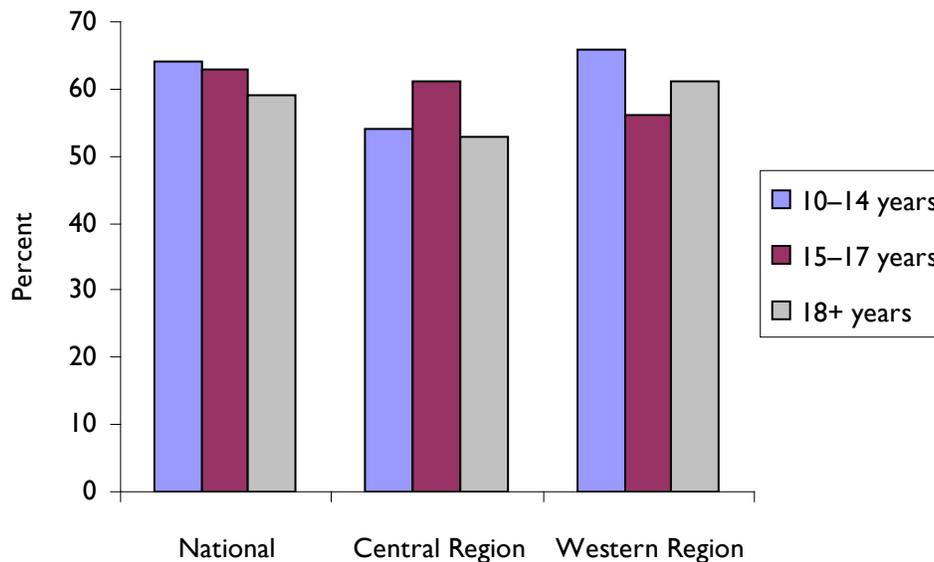
**Figure 2. Percentage of ever-married women who accept wife-beating, according to age at marriage, 2006**



Source: UDHS 2006.

The 2006 UDHS collected two types of information regarding women’s experience of violence: (1) whether the woman had ever experienced physical violence; and (2) whether ever-married women had experienced any form of violence—physical, sexual, and emotional—from their husband or (if divorced) most recent husband. Nationally, three in five women surveyed in the 2006 UDHS reported that they had experienced physical violence since they were 15 years old. The analysis of 2006 UDHS data found that a slightly higher percentage of ever-married women who married before age 18 had ever experienced any physical violence since age 15, compared with those who married at age 18 or older (see Figure 3). However, in the Central and Western regions, there is not a clear difference in any physical violence by age at marriage.

**Figure 3. Percentage of ever-married women who ever experienced any physical violence, according to age at marriage, 2006**



Source: UDHS 2006.

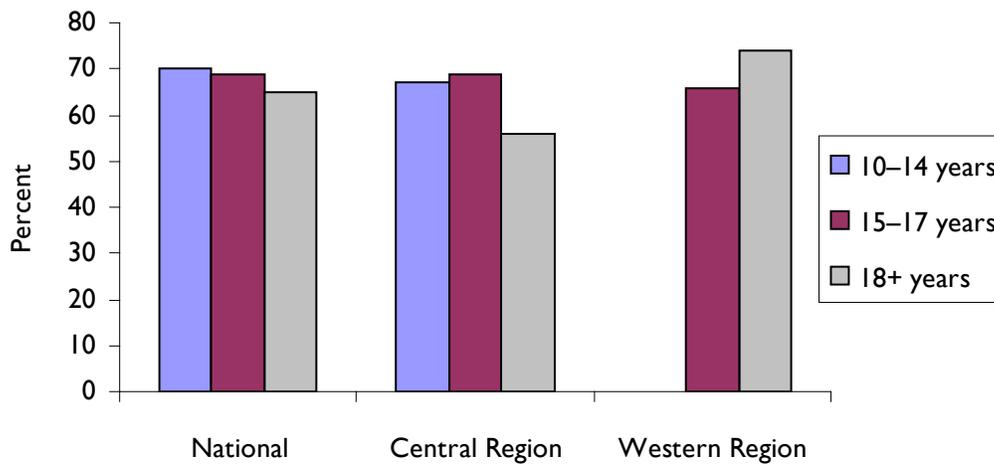
In regard to the different types of violence experienced—physical, sexual, and emotional—currently married women were asked about violence perpetrated by their current husband, and formerly married women were asked about violence perpetrated by their most recent husband.

The 2006 UDHS asked ever-married women about seven specific acts of physical violence from their husband,<sup>4</sup> two of sexual violence, and three of emotional violence.<sup>5</sup> The rates are high; two-thirds of all ever-married women ages 15–49 reported having ever experienced any form of spousal violence (physical, sexual, and emotional). Nationally, women who marry at age 18 or later have a lower rate of having experienced spousal violence than those who married at younger ages (see Figure 4). This difference was found in the Central region but was reversed in the Western region, with more women marrying at age 18 or older having experienced spousal violence than those who married at younger ages.

<sup>4</sup> Specifically, spousal violence was measured using the following set of questions: (Does/did) your (last) husband/partner ever do any of the following things to you? (a) *Slap you?* (b) *Twist your arm or pull your hair?* (c) *Push you, shake you, or throw something at you?* (d) *Punch you with his fist or with something that could hurt you?* (e) *Kick you, drag you, or beat you up?* (f) *Try to choke you or burn you on purpose?* (g) *Threaten or attack you with a knife, gun, or any other weapon?* (h) *Physically force you to have sexual intercourse with him even when you did not want to?* and/or (i) *Force you to perform any sexual acts you did not want to?*

<sup>5</sup> Emotional violence among ever-married women was measured in a similar way, using the following set of questions: (Does/did) your (last) husband ever (a) *Say or do something to humiliate you in front of others?* (b) *Threaten to hurt or harm you or someone close to you?* and/or (c) *Insult you or make you feel bad about yourself?*

**Figure 4. Percentage of ever-married women who ever experienced any spousal violence**



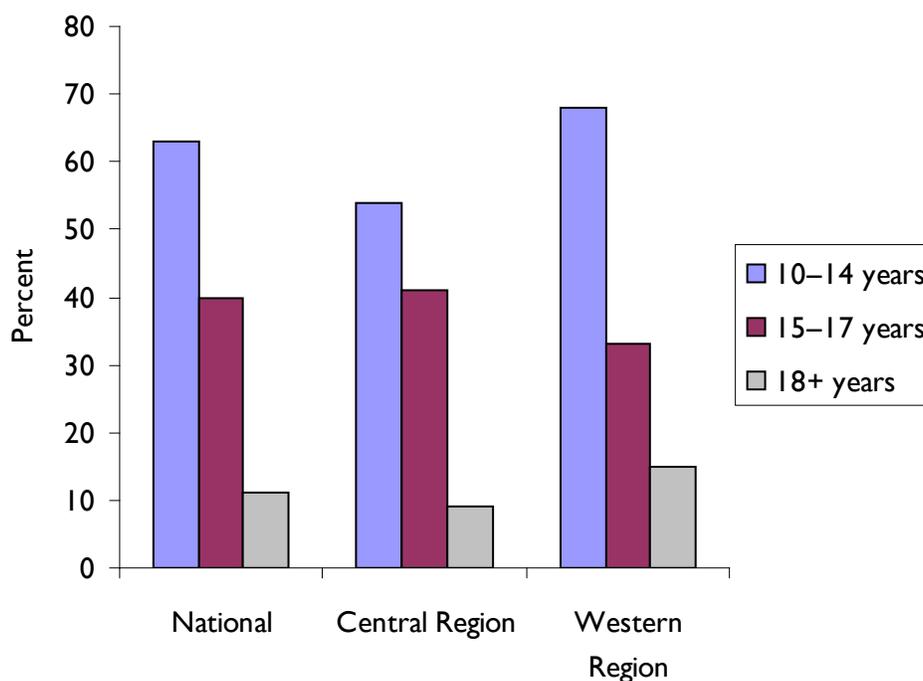
Source: UDHS 2006.

These findings suggest that women who marry younger experience somewhat higher rates of gender-based violence, but it is within a national context in which violence against women is high overall.

**Childbearing patterns.** In Uganda, according to the 2006 UDHS, women are exposed to the risk of pregnancy at a young age. For women ages 20–49, the median age at first intercourse is 16.6 years. The median age at first marriage for this age group is 17.8 years, and the median age at first birth is 18.7. Thus, on average, women have their first birth within two years of initiating sex and one year after marrying. For women ages 20–24, the 2006 UDHS found a slightly later median age at first birth—19.1 years—suggesting that young women may be starting childbearing slightly later than previous generations. Consistent with this trend is the 2006 UDHS finding that fertility rates among women ages 15–19 have been falling for the past decade, also indicating later initiation of childbearing.

In general, women who marry early tend to have larger families than their peers because they begin childbearing earlier. Data from the 2001 and 2006 UDHS support this generalization. Among ever-married women ages 25–29, those who married by age 14 were much more likely to have five or more children than those who married later. For example, the 2006 UDHS found that 63 percent of the women ages 25–29 had five or more children, compared with 11 percent of those who married at age 18 or older (see Figure 5).

**Figure 5. Percentage of women ages 25–29 who have five or more children, according to age at marriage, 2006**



Source: UDHS 2006.

**Birth spacing.** Intervals of two years or more between births are better for the health of the mother and child than shorter birth intervals. The analysis of 2006 UDHS data found that women who married by age 14 were more likely to have birth intervals of four or more years, compared with those who married at older ages. Similarly, women who married at age 18 or older were more likely to have birth intervals of less than two years.

A possible explanation for these differences is that women who married early may have longer birth intervals for their most recent child because they may already have a large number of children at the time of the survey and hence be spacing their later-born children at a longer birth interval. In contrast, women who married later may be having shorter birth intervals in order to achieve their desired family size and thus “catch up” to their peers.

While the longer birth intervals among women who married early would seem to be an argument in favor of early marriage, other factors such as maternal and child nutrition and delivery by a trained medical professional also need to be taken into consideration in assessing health benefits.

**Maternal and child health.** Although other global studies have reported negative health outcomes, including maternal mortality, associated with early marriage, it is not possible to determine the relationship between age at first marriage and rates of maternal mortality from the UDHS data. For other reported health practices, such as nutritional status, micronutrient supplementation, and other aspects of maternal and child health, there were few important differences related to age at first marriage—although women who married at younger ages were slightly less likely to have delivered their last born child in a medical facility. In summary, the analysis of 2006 UDHS data did not reveal significant differences in women’s health status that could be attributed to early marriage.

**Risk of HIV infection.** The 2006 UDHS did not report on the respondents' HIV sero-status, so there are no data on the relationship between early marriage and HIV infection. However, the 2004/2005 Uganda HIV/AIDS Sero-Behavioral Survey found that married women ages 15–24 were nearly five times more likely to be HIV positive than those who had never been married (Uganda MOH and ORC Macro, 2006). Other research indicates that young women are vulnerable to HIV infection than older women because a young woman's vagina is not well lined with protective cells, and her cervix is more easily eroded (Otoo-Oyortey and Pobi, 2003). Accordingly, in a country such as Uganda with a generalized HIV epidemic, women who marry at a young age may be increasing their risk of HIV infection, especially if they marry someone older than themselves who may have had more sexual partners and thus has a greater risk of being HIV positive.

## **IV. DISCUSSION AND RECOMMENDATIONS**

Today, the causes of early marriage are perceived to be poverty, pregnancy to unmarried girls, as well as a desire by older men for younger women. Parents believe that they are securing their daughter's future by entrusting her to a husband who can protect her and provide financial support. Arranging a marriage for their daughter is seen as a way to reduce household expenses, protect their daughter from premarital pregnancy and other hazards of sexual activity such as HIV infection, and conform to social expectations regarding the timing of marriage. Caretakers of orphans may be especially motivated to secure alternative means of support for their wards.

Early marriage remains a visible and significant issue, with half of Ugandan women marrying before age 18—the legal age of marriage. Nevertheless, the parents, teachers, and local leaders who participated in interviews and focus group discussions in the Hoima and Wakiso districts indicated that they are aware of the laws prohibiting marriage before age 18 for girls and recognize the greater health risks associated with early childbearing. However, they believed that their daughters had few options in life other than marriage. For this reason, programs focused on advocacy against early marriage, combined with efforts to keep girls in school and to improve their economic circumstances, can contribute to the emerging trend toward later marriage.

In regard to the parents' perception that girls in secondary school are becoming sexually active earlier than their peers, data reflect the opposite situation. According to the 2006 UDHS data, women ages 25–49 with a secondary or higher education became sexually active about two years later than those with no education or a primary education. Parents need not fear the consequences of sending their daughters to secondary school, as staying in school evidently provides motivation to delay sexual initiation or perhaps there are fewer opportunities for sexual relationships.

A logistic regression analysis using data from the 2001 UDHS found that the factors associated with female marriage before or after age 18 included region of the country; availability of electricity (as an indicator of wealth); and the woman's primary, secondary, and higher education (Jain and Kurz, 2007). Another interesting finding was that age 14 was the "tipping point" for early marriage—that is, the age at which the frequency of child marriage first starts increasing significantly (Jain and Kurz, 2007). This finding suggests that advocacy efforts should give special attention to parents and relatives of girls ages 12–13 and those approaching the end of primary school.

### **Advocacy Themes**

The selection of specific themes for advocacy will depend on the target audience and local setting. For example, some parents may be worried about economic security, whereas others may think the protection

from HIV infection is more of an immediate concern. Based on the analysis presented, several key themes could be used in advocacy supporting later marriage for girls.

**Human rights infringement.** The United Nations Children’s Fund (UNICEF) notes that the 1948 Universal Declaration of Human Rights recognizes the “right to free and full consent to a marriage” (UNICEF, 2001, p. 2). In addition to the “profound physical, intellectual, psychological, and emotional impacts” of early marriage, UNICEF points out that girls face the additional risk of early pregnancy and childbearing, which are “likely to lead to a lifetime of domestic and sexual subservience over which they have no control” (UNICEF, 2001, p. 2).

**Curtailed education.** For most young women, marriage marks the end of school attendance. In most schools in Uganda, pregnant students are expelled, and there are no programs to help them continue their education. Although the parents participating in FGDs expressed concern that their daughters attending secondary school would be more likely to become sexually active, the UDHS data do not support this perception.

**Limited employment options.** Linked with their limited education, women who marry early usually lack the skills for well-paying jobs or profitable businesses. The analysis of 2006 UDHS data found that women who married at age 18 or later were more likely to be wage-earners than those who married at younger ages. Having a regular source of income can help lift families out of poverty and allow for investments in education and healthcare.

**Early childbearing.** Early marriage leads to early childbearing, and women tend to have more children at an earlier age if they marry younger. On average, Ugandan women have their first child within 12–18 months after marrying. The analysis of 2006 UDHS data found that among women ages 25–29, those who married by age 14 were much more likely to have five or more children than those who married later. Giving birth before age 18 increases the health risks for both the mother and her newborn.

**Exposure to spousal violence.** Gender-based violence is widely accepted and experienced in Uganda. Almost 70 percent of ever-married women interviewed in the 2006 UDHS condoned wife-beating for at least one reason. Women who married at age 15 or older were less accepting of wife-beating than those who married at younger ages. Spousal violence is common in Uganda; two-thirds of ever-married women ages 15–49 reported that they had experienced some form of spousal violence (physical, sexual, and emotional). Those who married at age 18 or older were less likely to have experienced spousal violence than those who married at a younger age.

**Risk of HIV infection.** Contrary to conventional wisdom, marriage does not protect young women from HIV infection. As previously stated, the 2004/2005 Uganda HIV/AIDS Sero-Behavioral Survey found that married women ages 15–24 were nearly five times more likely to be HIV positive than those who had never been married (Uganda MOH and ORC Macro, 2006).

## Policy Issues

In the policy arena, much can be done to give higher priority to the needs of adolescent girls, especially in regard to their health and education needs. Following are some key actions to be undertaken by policymakers, health officials, school administrators, and other stakeholders involved in youth programs, health services, education, and women’s welfare.

**Endorse the legal age of marriage.** Because the law already sets 18 as the legal age of marriage for girls, the role of political leaders is to call public attention to the individual and societal benefits of

adhering to the law. National, regional, and local policymakers can publicize the extent of under-age marriages taking place within their area.

**Provide health services to adolescents.** The 2004 Uganda Adolescent Health Policy lists numerous initiatives to provide health services to sexually active and pregnant adolescents and supports efforts to delay sexual initiation, promote safe sex practices, and postpone childbearing until age 20 or later. These initiatives should be given higher priority and greater resources in view of Uganda's young population.

**Support girls' school attendance.** Following the government's adoption of universal primary education, primary school attendance of girls has increased. More girls are attending secondary school and university. The trend toward greater equity in school attendance (a Millennium Development Goal) is likely to contribute toward later age at marriage. Education authorities should give more attention to factors that discourage girls from attending school, such as poverty, lack of facilities, harassment, and physical harm. School administrators can do more to support girls who are married and/or pregnant by allowing them to remain in school or return to school.

The POLICY Project brief, "Uganda: Networking for Policy Change," describes the process of raising the profile of youth policy issues by forming an advocacy network, working with government health officials, and collecting information to support the need for specific policies and programs (Rosen, 2005).

## Program Options

An ICRW review of programs that address child marriage identified 66 programs in developing countries (Jain and Kurz, 2007). Most of these programs sought to change social norms that support early marriage, with the majority focused on educating families and communities using a variety of communication channels. A second category of programs were those that provided education to girls on life skills, nonformal and formal education, and livelihood and vocational skills. A third category encompassed law and policy issues, such as changes through legal mechanisms, advocacy, community mobilization, and policy. A fourth category, economic opportunities, covered programs supporting income generation for girls and monetary incentives for families. The fifth category, safeguarding rights, represented programs that provide shelter/safe spaces to young women and keep birth or marriage records (used to enforce child marriage laws and measure rates). The main target audiences for the 66 programs were families and the community, girls, and policymakers (Jain and Kurz, 2007). Few programs targeted married girls.

As show in the list of 20 Ugandan organizations assisting youth (see Annex A), all of these types of programs exist in Uganda, albeit on a limited scale. Based on the research findings, the most important intervention appears to be keeping girls in school past the age of 14. Interventions supporting school attendance may take many forms, including making school more affordable for families, persuading parents to keep their daughters in school, providing girls with useful life skills and vocational training, and countering social norms supporting early marriage for girls. Community education and mass media programs led by local leaders, religious leaders, and other respected opinion leaders can be helpful in creating awareness of the harmful effects of early marriage and promoting positive role models.

In rural areas, traditional and religious leaders may be highly effective in making the case for later marriage for girls. The tradition among the Baganda people of entrusting *ssenga* (paternal aunts) with the sexual education of girls could be used to educate girls on the benefits of delaying intercourse and marriage. However, focus group participants in the Wakiso District stated that the *ssenga* encourage early marriage. It is likely that individual women differ in their approach to this task.

Health providers can support later marriage by providing youth-friendly reproductive health services to girls and young women, educating them on the risks of unprotected sex and helping them to acquire skills

to protect themselves from sexual exploitation and gender-based violence. In particular, health providers need to stress the health risks associated with adolescent pregnancy for both the mother and child.

The many stakeholders involved in poverty reduction efforts—including government officials, policymakers, community leaders, civil society organizations, business leaders, and representatives of the poor—need to ensure that poverty alleviation programs provide income-generation skills to girls and young women. The ability to earn a living may help girls and parents to delay marriage and reduce women's economic dependence on their husband. According to the Uganda Ministry of Finance, Planning, and Economic Development (2006), most Ugandan women work in subsistence agriculture and spend more time doing unpaid household labor than men, whereas men dominate the labor force in the industry and service sectors. Women's limited work opportunities and unpaid labor have an effect on the entire household, as they usually have little control over household resources and limited decisionmaking power in the household. The ministry estimated that if Uganda were to reduce the gender gap in education and formal sector employment, its annual gross domestic product would grow up to 2 percentage points higher per annum (Uganda Ministry of Finance, Planning, and Economic Development, 2006).

## **V. CONCLUSIONS**

Early marriage of girls arises from poverty, cultural traditions, and social norms. Despite the law that sets age 18 as the legal age of marriage for girls, the majority of Uganda's young women are married by age 18. The timing of marriage for females has not varied for more than 50 years. However, the 2006 UDHS data suggest that women under age 20 may be marrying later and having their first birth a few months later than previous generations. Women in their 20s reported that they initiated sexual activity a few months later than older age groups. The factors behind these changes are unclear; it could reflect concern about the risk of HIV infection or young women's determination to stay in school longer. Whether the changes signal a long-term trend remains to be seen.

Traditional reasons for early marriage of girls—linking families, obtaining the bride price, preventing premarital pregnancy, preserving girls' virginity until marriage, and providing them with the financial security and protection of a husband—seem to be fading in importance. Replacing them are new concerns, such as the need for women to earn money to support their families, especially for female-headed households and women who become caretakers of orphans; the risk of HIV infection; violence against women; and the growing recognition that women need to be literate to participate in today's society. The perception that marriage confers lifelong physical protection and financial support for women has eroded in the face of today's realities.

Uganda has a very young population, with about half (47%) of its people under age 15 (Uganda MOH, 2004). The choices that these young people and their parents make will affect the country's future for decades to come. Delaying marriage and childbirth can have the following major benefits to girls: time to develop a sense of self and make autonomous decisions; the opportunity to gain more education and acquire vocational skills; reduced risk of contracting HIV and experiencing spousal violence; and the possibility of having more control over household resources and decisionmaking. Interestingly, these individual benefits may also lead to societal benefits, such as improved health of children and faster economic growth. It is time for policymakers and people concerned with socioeconomic development to give greater priority to addressing early marriage, especially in relation to policy and programs to improve girls and women's status and reduce poverty.

## ANNEX A. GROUPS AND/OR PROGRAMS IN UGANDA ON EARLY MARRIAGE AND RELATED ISSUES<sup>6</sup>

Name	Address	Contact Information
<p><b>African Network for the Prevention and Protection of against Child Abuse and Neglect (ANPPCAN)</b> (Uganda Chapter)  <a href="http://www.anppcan.org">www.anppcan.org</a>  ANPPCAN works for the rights of children, including advocating for basic education and health and offering advice and assistance to organizations working in the field of child rights, especially in prevention and protection against child abuse and neglect; and generating resources for research and action in the field of prevention and protection against child abuse and neglect.</p>	Plot 1 c Kira Road P.O. Box 24640 Kampala Uganda	Joshua Lubandi <a href="mailto:ryda@africaonline.co.ug">ryda@africaonline.co.ug</a> Tel: 256-752-409000 Tel: 256-041-254550 Fax: 256-041-344648  Mr. Deogratias Yiga Email: <a href="mailto:anppcan@anppcanug.org">anppcan@anppcanug.org</a>
<p><b>Association of Uganda Women Lawyers</b>  An affiliate of the International Federation of Women Lawyers  The association was formed to assist women, children, and other indigent groups attain effective legal protection. It provides assistance in litigation, mediation, arbitration, counseling, legal awareness, training, research, and advocacy. It works to provide support to Committee on the Elimination of Discrimination against Women and to advocate for women's rights.</p>	P. O. Box 2157, Plot 54 Bukoto Street, Kampala, Uganda	Linda Mugisha Tumusiime, Chairperson Brenda Nabatanzi Mpanga, Executive Director (Acting) Tel. 256-41-530848 Email: <a href="mailto:fida@fidauganda.or.ug">fida@fidauganda.or.ug</a>
<p><b>Azur Christian Health Centre</b>  <i>Voluntary Care &amp; Testing (VCT) for HIV/AIDS</i>  The clinic reopened in 2003 and provides treatment to more than 1,000 patients each month in HIV/AIDS and VCT. It also has a maternity ward and a general ward and offers family planning and health education. It has recently begun a small surgical clinic. The VCT program aims to sensitize people on HIV and to reduce prevalence. It works with about 20–30 people per month—of which 65 percent are women.</p>	P.O. Box 20, Hoima Uganda	David Byamukama, Medical officer John Were Tel: 256-774-598959 Tel: 256-772-189780
<p><b>Bugambe Butema Health Clinic III</b>  <i>Prevention of Mother-to-Child Transmission Program</i>  The clinic also offers family planning, VCT, and family support groups. Funds provided by the Association of Volunteers in International Service.</p>	P.O. Box 2 Hoima Uganda	Nakajubi Jalia Nurse Tel: 256-752-721256
<p><b>Buhanika Community Reproductive Health Project</b>  This group runs a behavior change communication project (funded by GOAL, see below) that addresses health education, girls education, and training for “out-of-school peer educators.” The project started in 1994. It seeks to keep girls in school and to help find employment for those who have left school, targeting youth 13–24.</p>	P.O. Box 2 Hoima Uganda	Enid Mbabazi <a href="mailto:enidkakongoro@yahoo.com">enidkakongoro@yahoo.com</a> Tel: 256-772-360895

<sup>6</sup> Data collected primarily by Deborah Baranga, G. Nantale, Willy Ngaka, and David Ajuaba in Uganda through interviews with key informants.

<p><b>Butema Health Clinic III</b>  <i>Youth Discussion Group</i>          Started in 2006, the program is funded by the local government advocates for the reduction of early marriage by visiting primary and secondary schools and offering information about the negative consequences of early marriage and pregnancy, as well as other information about reproductive health.</p>	P.O. Box 2 Hoima Uganda	Joan Namagala Midwife Tel: 256-772-647062
<p><b>Friends of Children Association</b>          An indigenous NGO founded in 1987 by Ugandan social workers to assist street children. It works with the community and the children to identify viable activities that contribute to the empowerment of vulnerable children to become both self-reliant and productive.</p>	Plot 988 Hamu Mukasa Road, Mengo P.O. Box 10353, Kampala, Uganda	Tel: 256-041-271323 <a href="mailto:foca@infocom.co.ug">foca@infocom.co.ug</a>
<p><b>GOAL</b>  <a href="http://www.goal.ie">www.goal.ie</a>  <i>An international humanitarian organization</i>          In Hoima, GOAL supports other organizations to assist people living with HIV and those orphaned by AIDS. The Education for Street Children program works with local street children's NGOs to promote safe sexual health and improve access to HIV/AIDS services.</p>	P.O. Box 210 Hoima Uganda	Diana Kobusinge <a href="mailto:hoimapodiana@goal.uganda.com">hoimapodiana@goal.uganda.com</a> Tel: 256-772-046523
<p><b>Hope After Rape</b>  <a href="http://www.har.interconnection.org/">http://www.har.interconnection.org/</a>          Formed in 1994, this group works with survivors of sexual abuse and other forms of gender-based violence (GBV) including domestic violence, as well as with other girls and women to empower them to resist GBV and early marriage. It carries out research and advocates to raise awareness in the government and among NGOs and communities about the psychological effects of sexual abuse and other forms of GBV. It also provides training programs on working with GBV survivors. It receives funds from Save the Children (Uganda).</p>	P.O. Box 7621 Plot Number 1C Kiira Road, Kampala Uganda	Night Stella <a href="mailto:har@oneznet.mail.co.ug">har@oneznet.mail.co.ug</a> Tel: 256-041-540777 Fax: 256-041-234799
<p><b>Kakoge Moslem Women Group</b>          A faith-based group that was working in the Hoima District within the parish on mitigation of HIV/AIDS, providing care and support to people living with HIV, counseling, income-generating activities, and psycho-social support. The group receives funds from the local government.</p>	Hoima District Uganda	Kasembo Asuman, Coordinator
<p><b>Meeting Point</b>          Meeting Point is one of the indigenous Ugandan groups working deep in the community to provide services to orphans, children, and families affected by HIV/AIDS. Funded by a unique umbrella grants mechanism managed by the InterReligious Council of Uganda, Meeting Point is one of the premier community organizations in Uganda supported by USAID.</p>	P.O. Box 215 Hoima Uganda	Kumalirwaki Tonny Tel: 256-362-273063 Tel: 256-772-668689 <a href="mailto:meetingpoint@yahoo.com">meetingpoint@yahoo.com</a>

<p><b>Mothers' Union, Bunyoro-Kitara Diocese</b> The union visits in schools in and around Hoima town each year in March to counsel girls (ages 13–20) on early marriage, advocating for them to delay marriage “until they are mature.” The program is funded by the church.</p>	<p>P.O. Box 20 Hoima Uganda</p>	<p>Rev. Karen Sabiti <a href="mailto:sabitikaren@yahoo.com">sabitikaren@yahoo.com</a> Tel: 256-782-895905 Fax: 256-465-40399</p>
<p><b>Rubaga Youth Development Association</b> The association works with vulnerable children and out-of-school youth (15+ years). It provides counseling, support for education, life skills training, and assistance in tracing family members. It runs a radio show that addresses early marriage issues. It advocates for the rights of the child and on Ugandan youth policy. It offers a program to empower girls and women and provides training in business management skills. Funding for some of these activities has come from Save the Children (Uganda).</p>	<p>P.O. Box 21167 Kampala Uganda</p>	<p>Ssebumuleide Jotham <a href="mailto:ryda@africaonline.co.ug">ryda@africaonline.co.ug</a> Tel: 256-041-271129 Tel: 256-772-415631</p>
<p><b>CARE (Uganda Chapter)</b> CARE Uganda was established in 1969. The first projects focused on agricultural development, animal husbandry, health education, and community development. During the reign of Idi Amin (1973–1979), CARE was forced to suspend operations. After he was overthrown, CARE resumed relief and rehabilitation activities. Since then, CARE has emphasized long-term development in projects dealing with agriculture, primary healthcare, population, and small enterprise development. Until September 2008, USAID has provided an Associate Award of \$15.6 million (through the President’s Emergency Plan for AIDS Relief) to CARE Uganda and the CORE Initiative to work in partnership with the Ministry of Gender, Labor, and Social Development and the Uganda AIDS Commission.</p>	<p>P.O. Box 7280 Kampala Uganda</p>	
<p><b>Single Mothers' Association Uganda (SMAU)</b> <a href="http://www.singlemothersug.org">www.singlemothersug.org</a> Founded in 1990 and registered in 1992, SMAU assists single mothers to develop skills for employment and childraising. It has received funds from a range of donors, including the Danish International Development Agency. It has established centers for mothers and has also provided microcredit assistance. It works in the Wakiso District. It developed an Advocacy and Support Program for child mothers (2002–2005).</p>	<p>P.O. Box 694 Entebbe, Uganda</p>	<p>Nyonyintono Diana, Chairperson Tel: 256-041-321258 Email: <a href="mailto:smau@utlonline.co.ug">smau@utlonline.co.ug</a> <a href="mailto:info@singlemothersug.org">info@singlemothersug.org</a></p>
<p><b>Uganda Adventist Women Organization</b> The organization offers outreach activities to girls and women with funding from the Seventh Day Adventist Church. Church members started the group to provide to the poor, equip women with life skills, and offer instruction in handicrafts as an income-generating activity. Women and men of any age may participate.</p>	<p>P.O. Box 169 Hoima Uganda</p>	<p>Juliet Rwabuyaga Organization District Leader Tel: 256-782-724475</p>
<p><b>Uganda Change Agents Association (UCAA)</b> This is a nationwide individual membership association of mostly rural development workers (change agents) who are committed to the propagation of the self-reliant participatory development methodology. UCAA was founded in 1992 by 75 Ugandan founding members.</p>	<p>Plot 30, Rashid Khamis Road P.O. Box 2922, Kampala, Uganda</p>	<p>Tel: 256-041-236907 Fax: 256-041-343265 E-mail: <a href="mailto:ucaa@infocom.co.ug">ucaa@infocom.co.ug</a>.</p>

<p><b>Uganda Red Cross Society</b>  <i>“Uganda Youth Empowerment Alliance”</i>          Started in January 2006 and running until 2009, this program is funded by the International Youth Foundation in the United States. Its goal is to reduce HIV infection among youth, ages 10–24, who are in primary and secondary school, as well as those who are no longer in school. It works with more boys than girls (3:2). This follows another program to mobilize youth in HIV prevention efforts in Hoima in 1992.</p>	<p>P.O. Box 360          Hoima          Uganda</p>	<p>Musana K. Moses          Tel: 256-752-594753</p>
<p><b>Uganda Reproductive Health Advocacy Network (URHAN)</b>          URHAN Hoima has launched a campaign against early marriage and completed a “mini-study” on early marriage and reproductive health in Hoima. It offers radio spots, provides role models to young girls, and works with religious and civic leaders. These activities were funded by the USAID POLICY Project in 2005. A stakeholder workshop was held.</p>	<p>Hoima District          Uganda</p>	<p>Harriet Musinguzi  <a href="mailto:musinguziharriet@yahoo.com">musinguziharriet@yahoo.com</a>          Tel: 256-772-452961</p>
<p><b>Uganda Women’s Effort to Save Orphans</b>  <a href="http://www.uweso.org">http://www.uweso.org</a>          The group works across Uganda (including in Wakiso) with orphans and the households in which they live, assisting with basic needs (food security, nutrition, and income-generating skills).</p>	<p>Head Office, Plot          2 Tagore          Crescent,          Kamwokya          P.O. Box 8419,          Kampala, Uganda</p> <p>In Hoima:          P.O. Box 460,          Hoima</p>	<p>Tel: 256-041-532394/5          Tel: 256-77-777448          Fax: 256-041-532396          E-mail: <a href="mailto:uweso@uweso.org">uweso@uweso.org</a></p> <p>In Hoima:          Mrs. Margaret Balikagira          (Chairperson)          P.O. Box 460 Hoima          Tel: 256-078-318970</p>

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