

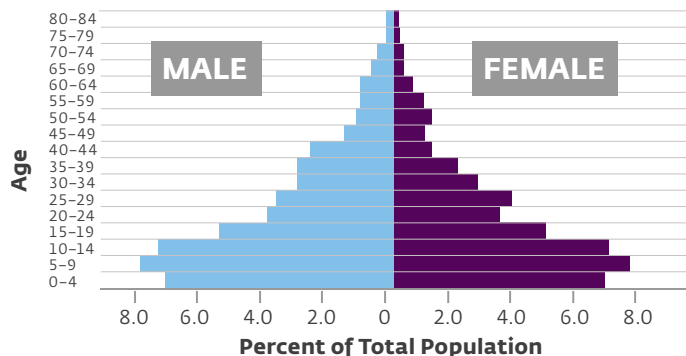


KEY MESSAGES

- Ethiopia has a large adolescent and youth population.
- The majority of young women live in rural areas.
- Pronounced disparities in early marriage, early childbearing, and timing of first contraceptive use exist between urban and rural women.
- More than 1 in 2 unmarried sexually active women age 15-24 uses a modern method of contraception.
- Unmarried users are less likely to access contraceptive from public facilities and to report being counseled on other methods.

Ethiopia has a large youth population

Population Age-Sex Pyramid: PMA2016/Ethiopia-R4



More than 3 in 5 people in Ethiopia are under 24 years of age.

About 1 in 4 people in Ethiopia is an adolescent (age 10-19 years).

The percentage of under five population is lower than that of 5-9 years, showing a possible fertility decline.

Young women predominantly live in rural areas, and the majority attend at least some primary school

Distribution of Female Youth Population (%)

AGE	15-19	20-24	TOTAL
	n= 1,832	n= 1,352	n= 3,184
RESIDENCE			
Urban	24.4	30.3	26.9
Rural	75.6	69.7	73.1
EDUCATION*			
Never Attended school	10.0	22.3	15.2
Primary school	62.4	43.7	54.5
Secondary+	27.5	34.1	30.3

Almost 3 in 4 women age 15-24 live in rural areas.

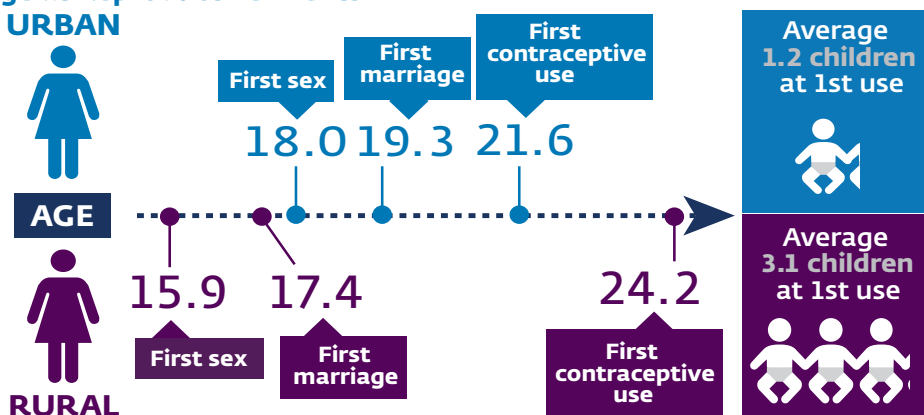
More than 15% of Ethiopian females age 15-24 have not attended school.

*Education defined as ever attended

Median Age at Reproductive Events**

Young rural women initiate sex earlier and start using contraceptive later than young urban women

The gap between first sex and first contraceptive use among rural women is 8.3 years and that of urban women is 3.6 years.



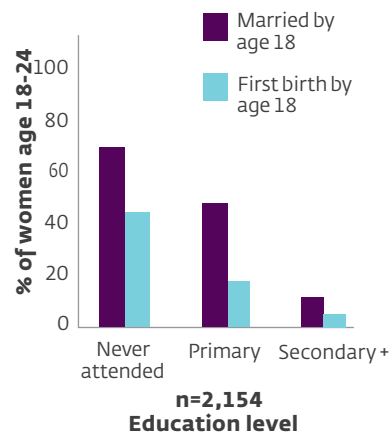
Average 1.2 children at 1st use

Average 3.1 children at 1st use

**Median ages are calculated among women age 25-49 to reduce censoring

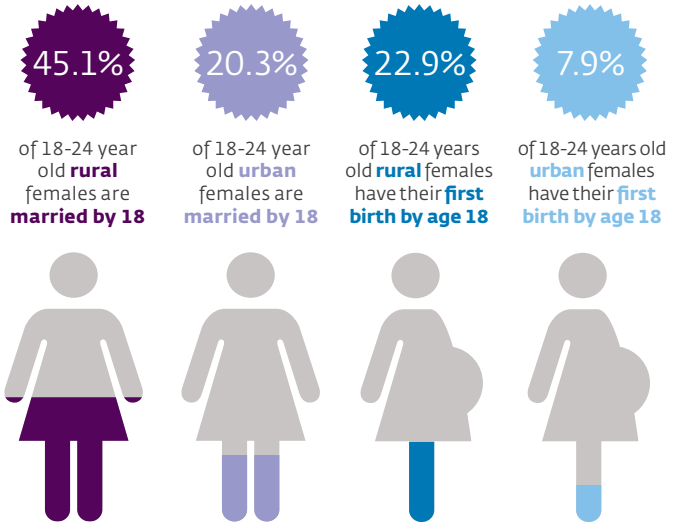
Marked differences in patterns of early marriage and childbearing exist among young women age 18-24

Marriage and childbearing by age 18, by education



The percentage of women age 18-24 who are married by age 18 is almost 60 percentage points lower among women who attended secondary school compared to women with no education.

The percentage of young rural women age 18-24 who are married by age 18 is about 25% higher than urban women of the same age.

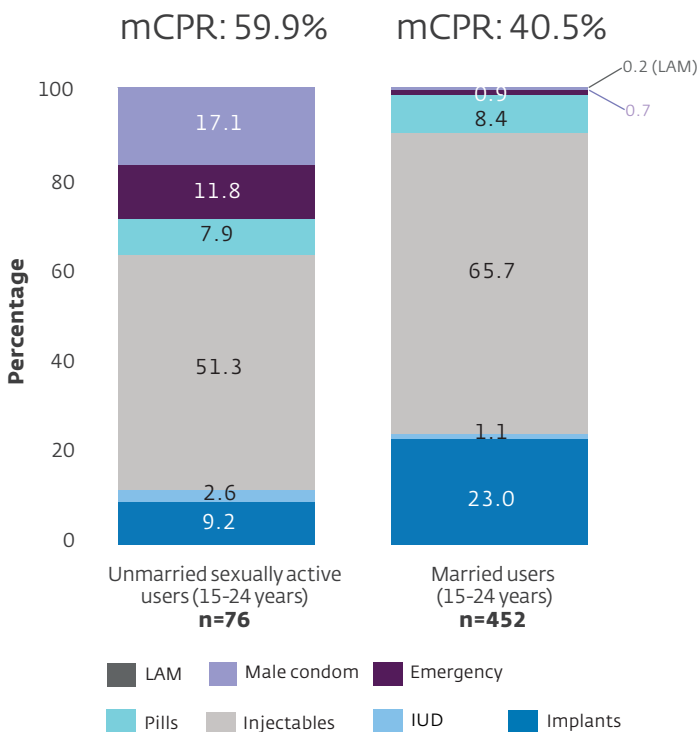


Unmarried sexually active women age 15-24 are more likely to use short-acting coitally dependent methods

The modern contraceptive prevalence rate (mCPR) is higher amongst sexually active unmarried women age 15-24 than married women age 15-24.

Unmarried women age 15-24 use less effective methods than married women age 15-24.

Method mix among modern users, by marital status



Unmarried users age 15-24 are less likely than married users to access contraceptive methods from public services

A higher percentage of married modern users obtained their methods at public health facilities than unmarried users.

Unmarried modern users are less likely to have received counseling on other contraceptive methods compared to married modern users.

The proportions of married and unmarried modern users who had access to counseling on side effects of contraceptive were not statistically different.

Source of contraceptives and counseling among modern contraceptive users by marital status

	Unmarried Users	Married Users
SOURCE OF CURRENT CONTRACEPTIVE METHOD	%	%
Obtained method from public facility	63.0	77.7
COUNSELING	%	%
Counseled on other contraceptive methods	40.0	55.1
Counseled on possible side effects	39.6	37.0
Counseled on what to do if experiencing side effects	71.9	79.8

SAMPLE DESIGN

The PMA2016/Ethiopia-R4 survey, the fourth round of data collection in Ethiopia, used a two-stage cluster design with urban-rural and major regions as strata. A sample of 221 enumeration areas (EAs) was drawn by the Central Statistical Agency from its master sampling frame. In each EA, households were listed and mapped, with 35 households randomly selected. Households were surveyed and occupants enumerated. All eligible females of age 15 to 49 were contacted and consented for interviews. The final sample included 7,651 households and 7,538 females. Data collection was conducted between March and April 2016.