PMA2020/ Ethiopia

Monitoring young women's health with PMA2020

Data from 2017, Survey Round 5

ADOLESCENTS & YOUNG ADULTS HEALTH BRIEF

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.

Ethiopia has a large youth population

Population Age-Sex Pyramid: PMA2017/Ethiopia-R5
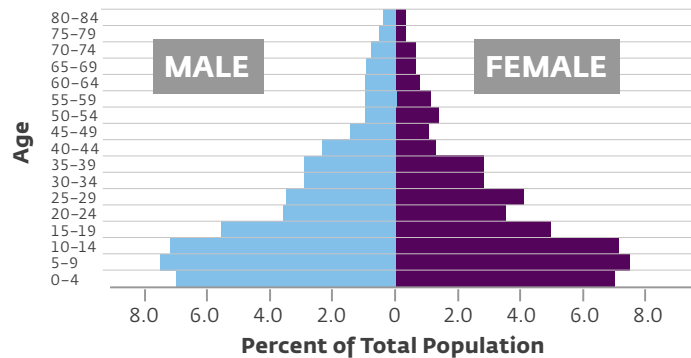
More than 60% of Ethiopians are under 24 years of age.

One in 4 is an adolescent (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= 1,828	n= 1,273	n= 3,101
RESIDENCE			
Urban	25.8	30.7	27.8
Rural	74.2	69.3	72.2
EDUCATION*			
Never Attended school	12.3	21.7	16.2
Primary school	60.5	42.2	53.0
Secondary +	27.2	36.1	30.8

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

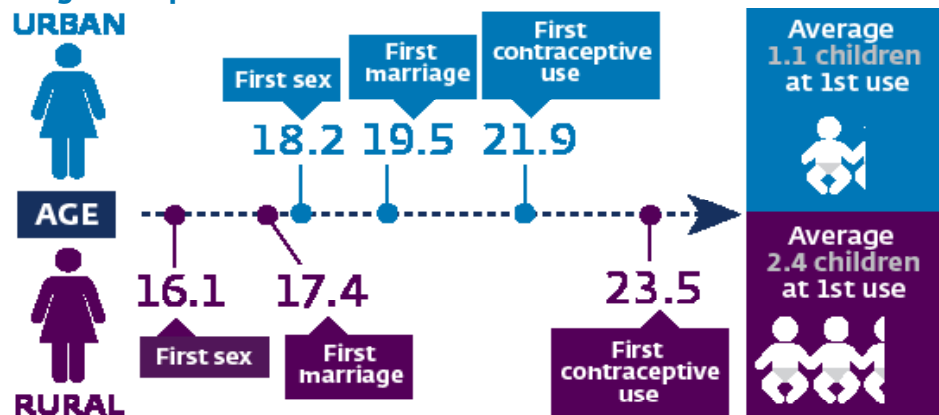More than 16% of Ethiopian females age 15-24 have not attended school.

*Education defined as ever attended

Rural women initiate sex earlier and start using contraceptive later than urban women

The gap between first sex and first contraceptive use among rural women is 7.4 years and 3.7 years for urban women.
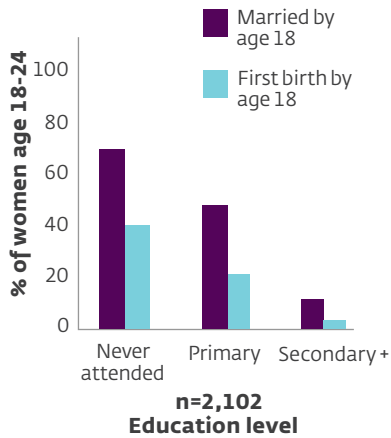
**Median ages are calculated among women age 25-49 to reduce censoring

Median Age at Reproductive Events**

URBAN

First sex 18.2
First marriage 19.5
First contraceptive use 21.9

AGE

RURAL

First sex 16.1
First marriage 17.4
First contraceptive use 23.5

Average 1.1 children at 1st use
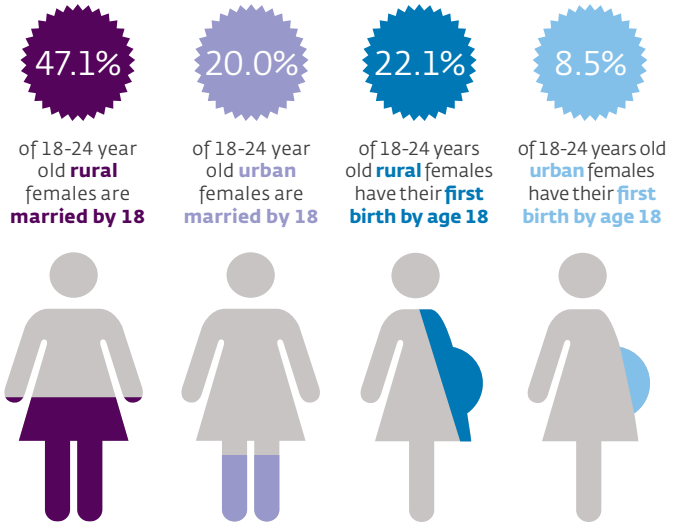
Average 2.4 children at 1st use

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

Marriage and childbearing by age 18, by education

Legend:
- Married by age 18
- First birth by age 18

Y-axis: % of women age 18-24 (0, 20, 40, 60, 80, 100)
X-axis categories: Never attended, Primary, Secondary +

n=2,102
Education level

The percentage of women age 18-24 who are married by age 18 is almost 50% lower among women who attended secondary school compared to women with no education.
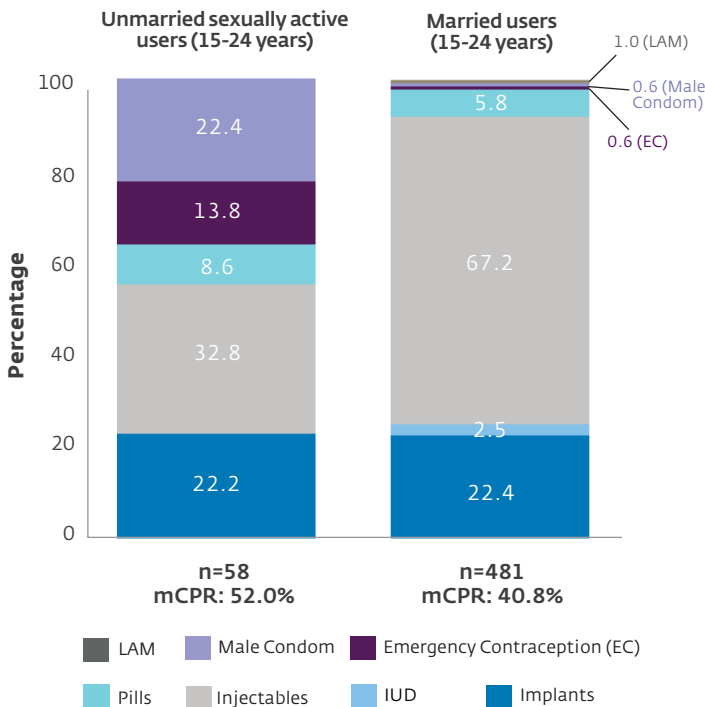
The percentage of young rural women age 18-24 who are married by age 18 is 27% higher than urban women of the same age.

47.1% of 18-24 year old **rural** females are **married by 18**

20.0% of 18-24 year old **urban** females are **married by 18**

22.1% of 18-24 years old **rural** females have their **first birth by age 18**

8.5% of 18-24 years old **urban** females have their **first birth by age 18**

Unmarried sexually active young women are more likely to use short-acting coitally dependent methods

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

Method mix among modern users, by marital status

Unmarried sexually active users (15-24 years):
- Male Condom: 22.4
- Emergency Contraception (EC): 13.8
- Pills: 8.6
- Injectables: 32.8
- Implants: 22.2

n=58
mCPR: 52.0%

Married users (15-24 years):
- 1.0 (LAM)
- 0.6 (Male Condom)
- 0.6 (EC)
- Pills: 5.8
- Injectables: 67.2
- IUD: 2.5
- Implants: 22.4

n=481
mCPR: 40.8%

Legend:
- LAM
- Male Condom
- Emergency Contraception (EC)
- Pills
- Injectables
- IUD
- Implants

Young unmarried users are less likely than married users to access contraceptive methods from public facilities

A higher percentage of married modern users (74%) obtained their methods at public health facilities than unmarried users (56%).

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	56.2	73.8
COUNSELING	%	%
Counseled on other contraceptive methods	38.5	49.4
Counseled on possible side effects	39.1	39.8
Counseled on what to do if experiencing side effects	63.4	74.2

SAMPLE DESIGN

The PMA2017/Ethiopia-R5 survey, the fifth round of data collection in Ethiopia, used a two-stage cluster design with urban-rural and major regions as strata. For this survey round, a new set of 221 enumeration areas (EAs) were selected, adjacent to EAs used in the previous four rounds, drawn by the Central Statistical Agency from its master sampling frame. In each EA, households were listed and mapped, with 35 households randomly se-lected. Households were surveyed and occupants enumerated. All eligible females of age 15 to 49 were contacted and consented for interviews. The final sample included 7,616 households, 7,361 de facto females and 452 health facilities. Data collection was conducted between April and May 2017.