

Monitoring young women's health with PMA2020

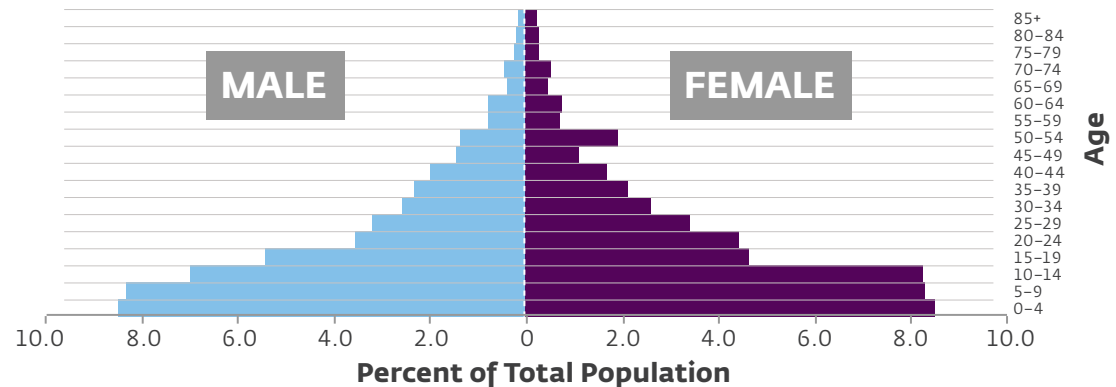


## KEY MESSAGES

- › Uganda presently has a pronounced youth bulge. Half of its population will move into the reproductive years in the next fifteen years. Addressing the needs of youth is critical for development planning.
- › Pronounced differences in reproductive health exist between urban and rural youth.
- › Early marriage and early childbearing in Uganda remains high. Just over one third (34.1%) of 18-24 year olds are married before age 18 and 27.4% have their first birth by age 18. Almost one third (32.3%) of 18-24 year olds have two or more children.
- › The most recent birth of women 15-19 was more likely to be unintended than for women age 20-24.
- › Approximately 1 in 3 unmarried sexually active women age 15-24 uses a modern method of contraception. Unmarried women are more likely to use short acting methods obtained from private facilities and less likely to receive quality counseling.

## ›› 48% of Uganda's population is under age 15.

Population Age-Sex Pyramid: PMA2020/Uganda



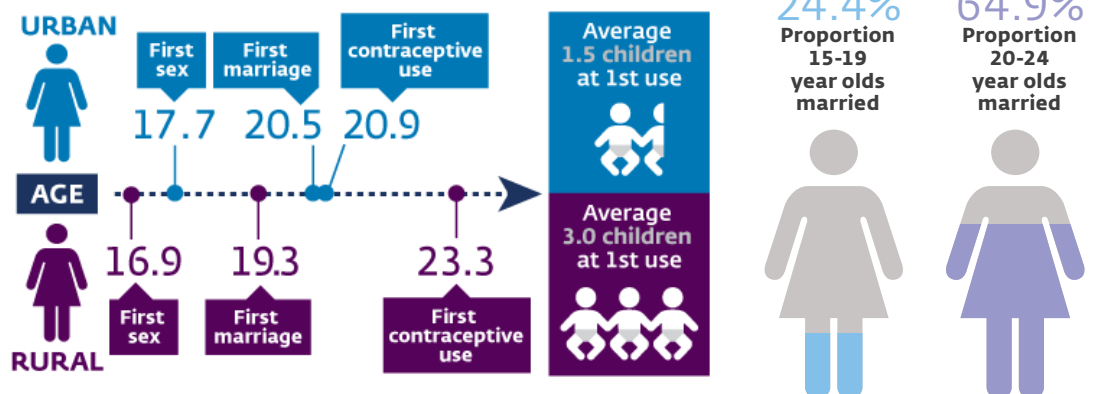
## ›› 77.7% of youth age 15-24 live in rural areas. The majority do not attend secondary school

Percent Distribution of Youth

AGE	15-19	20-24	TOTAL
<b>RESIDENCE</b>			
Urban	18.8%	26.6%	22.3%
Rural	81.2%	73.4%	77.7%
<b>EDUCATION</b>			
Never attended	2.7%	5.8%	4.2%
Primary	59.4%	54.4%	56.9%
Secondary/Vocational	36.0%	31.5%	33.8%
University/Technical	1.8%	8.3%	5.0%

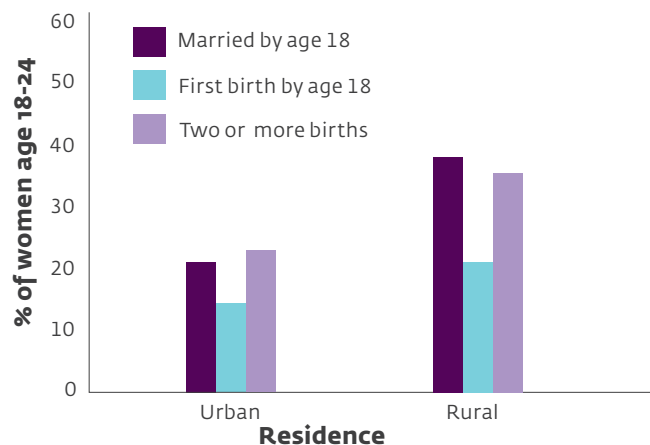
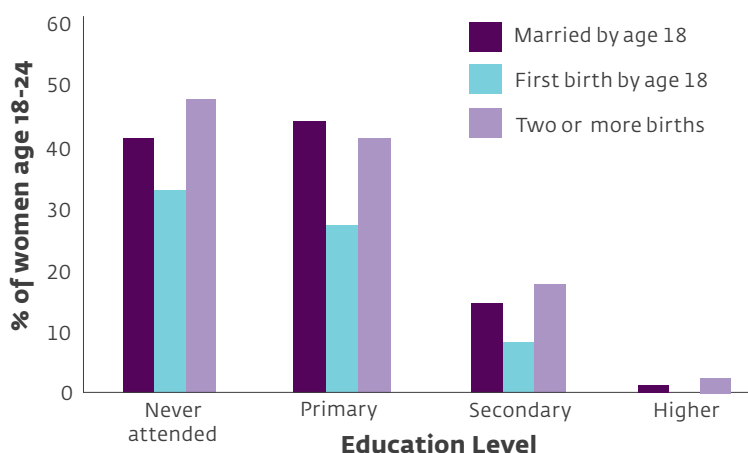
## ›› The gap between first sex and first contraceptive use is wider among rural women than urban woman\*

Median Age at Reproductive Events

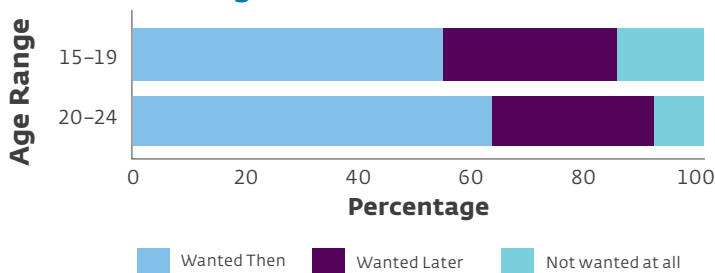


\*Median ages are calculated using women age 25-49 to reduce censoring

» Young women (age 18–24) in Uganda marry early and have children early. This differs markedly by education and residence.



» A larger percentage of births to women age 15-19 were mistimed or unwanted compared to women age 20-24



» Unmarried users age 15-24 are less likely than married users to be counseled on multiple contraceptive methods, side effects or what to do if they experienced side effects.

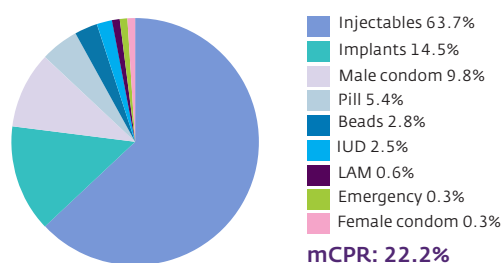
This may be because they use short acting methods, primarily male condoms, obtained from private facilities like pharmacies and shops. This is a missed service opportunity to discuss more effective methods.

Counseling & decision-making among modern contraceptive users by marital status among women age 15-24 years

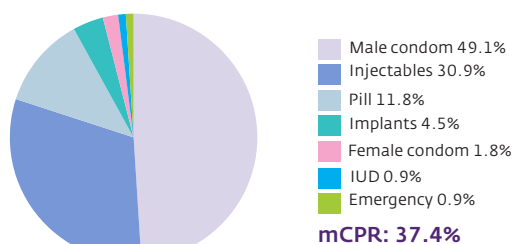
	Married users	Unmarried users
Source of current contraceptive method	%	%
Obtained method from a private facility	47.6	65.2
Counseled on other contraceptive methods	66.8	52.5
Counseled on possible side effects	58.7	52.9
Counseled on what to do if experiencing side effects	88.0	70.5
Woman made final/joint decision about the contraceptive method	89.9	91.0

» Unmarried sexually active women age 15-24 are less likely to use highly effective methods than married users age 15-24.

Married users (15-24 years)



Unmarried sexually active users (15-24 years)



Sample Design

The PMA2020/Uganda survey uses a two-stage cluster design with urban-rural and region as strata. A sample of 110 enumeration areas (EAs) was drawn by the Uganda Bureau of Statistics from its master sampling frame. In each EA, households and health facilities were listed and mapped, with 44 households randomly selected. Households were surveyed and occupants enumerated. All eligible females age 15-49 were contacted and consented for interviews. This analysis uses data from rounds 1 and 2. The final sample of completed interviews for both rounds included 8,400 households and 3,173 females age 15-24. Round 1 data collection was conducted between May and June 2014, and round 2 between January and February 2015.

