

PMA2020/ Ghana

Monitoring young women's health with PMA2020

Data from 2015, survey round 4



ADOLESCENTS & YOUNG ADULTS HEALTH BRIEF

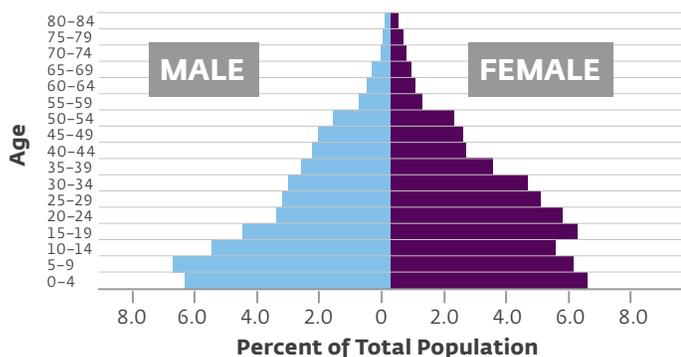
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KEY MESSAGES

- Ghana has a large adolescent and youth population.
- The majority of young women live in urban areas.
- Pronounced disparities in early marriage, early childbearing, and timing of first contraceptive use exist between urban and rural women.
- Approximately 1 in 3 unmarried sexually active or married women age 15-24 uses a modern method of contraception.
- Unmarried users are less likely to report being counseled on other methods or side effects.

Ghana has a large youth population

Population Age-Sex Pyramid: PMA2015/Ghana-R4



More than 1 in 2 people in Ghana are under 24 years of age.

More than 1 in 5 people in Ghana are adolescents (age 10-19 years).

Young women predominantly live in urban areas, and the majority attend at least some middle school

Distribution of Female Youth Population (%)

AGE	15-19	20-24	TOTAL
	n= 1,015	n=959	n=1,974
RESIDENCE			
Urban	59.3	60.3	59.8
Rural	40.7	39.7	40.2
EDUCATION*			
Never or Primary	20.4	25.4	22.8
Middle/JSS	54.8	33.4	44.4
Secondary+	24.8	41.2	32.8

The majority of young women live in urban areas.

More than 1 in 3 women age 15-24 have attended secondary school or higher.

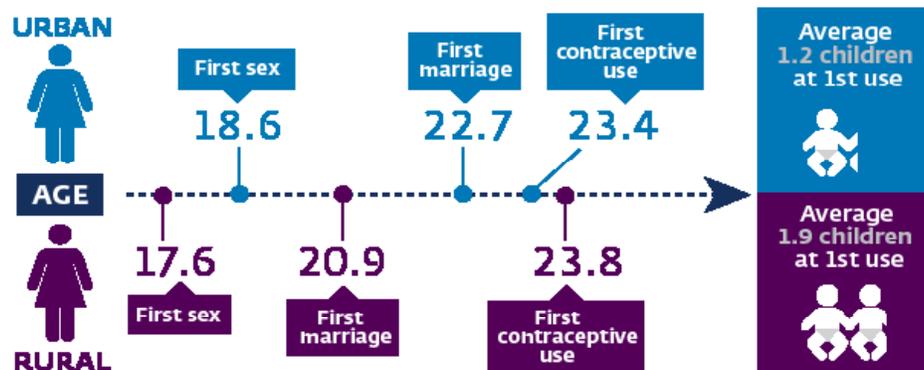
*Education defined as ever attended

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

The gap between first sex and first contraceptive use among rural women is 6.2 years and that of urban women is 4.8 years.

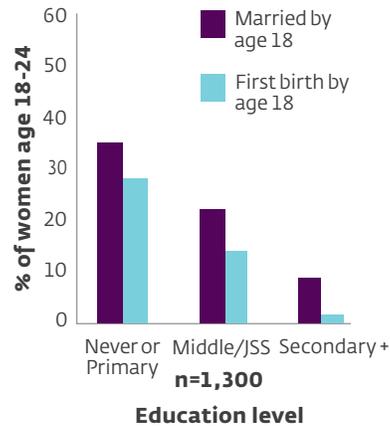
**Median ages are calculated among women age 25-49 to reduce censoring

Median** Age at Reproductive Events



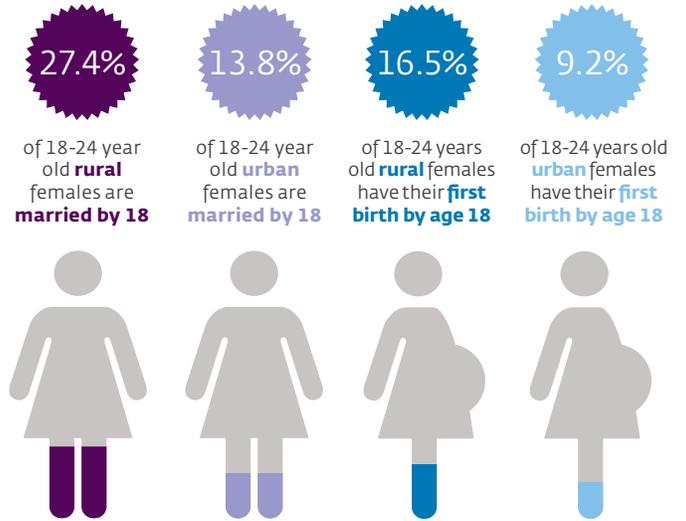
Marked differences in patterns of early marriage and childbearing exist among young women age 18-24

Marriage and childbearing by age 18, by education



The percentage of women age 18-24 who are married by age 18 is about 30 percentage points lower among women who have attended secondary school compared to women with no or primary education.

The percentage of young rural women age 18-24 who are married by age 18 is 2 times higher than urban women of the same.

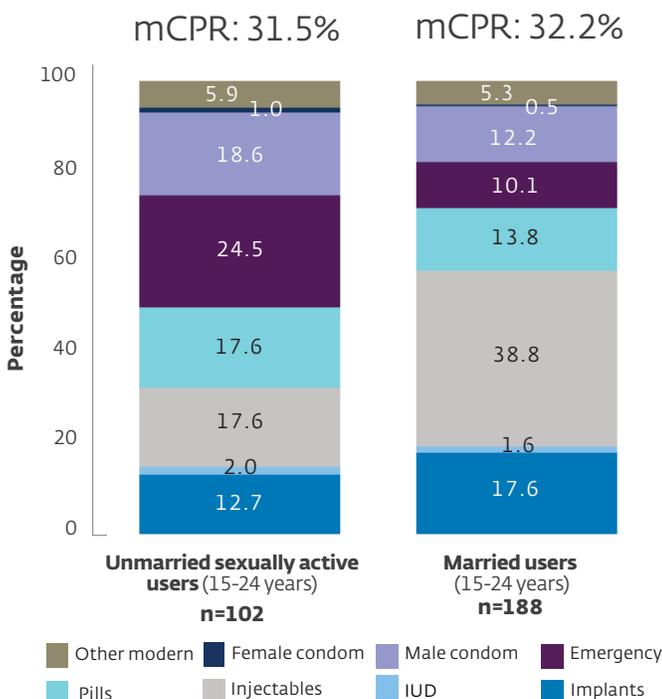


Unmarried sexually active women age 15-24 are more likely to use short acting and coitally dependent methods

The modern contraceptive prevalence rate (mCPR) among women age 15-24 is approximately equal across marital status.

Married women use more long acting methods than unmarried women.

Method mix among modern users, by marital status



Unmarried users age 15-24 are less likely than married users to access methods from public facilities and to receive counseling services

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

Unmarried users are less likely to have received counseling on other contraceptive methods and possible side effects than married users.

Source of contraceptives and counseling among modern contraceptive users age 15-24 by marital status

	Unmarried Users	Married Users
SOURCE OF CURRENT CONTRACEPTIVE METHOD	%	%
Obtained method from public facility	25.8	53.3
COUNSELING	%	%
Counseled on other contraceptive methods	41.3	66.1
Counseled on possible side effects	33.1	60.9
Counseled on what to do if experiencing side effects	83.5	82.9

SAMPLE DESIGN

The PMA2015/Ghana-R4 survey, the fourth round of data collection in Ghana, used a two-stage cluster design with urban and rural, major ecological zones as the strata. A sample of 100 enumeration areas (EAs) was drawn by the Ghana Statistical Service from its master sampling frame. In each EA, 42 households were randomly selected using a random number generator. Households were surveyed and occupants enumerated. All eligible females age 15 to 49 were contacted and consented for inter-interviews. The final sample of completed households included 4,053 households in 100 EAs and 5,185 completed female interviews among de facto females. Data collection was conducted between May and June, 2015.