

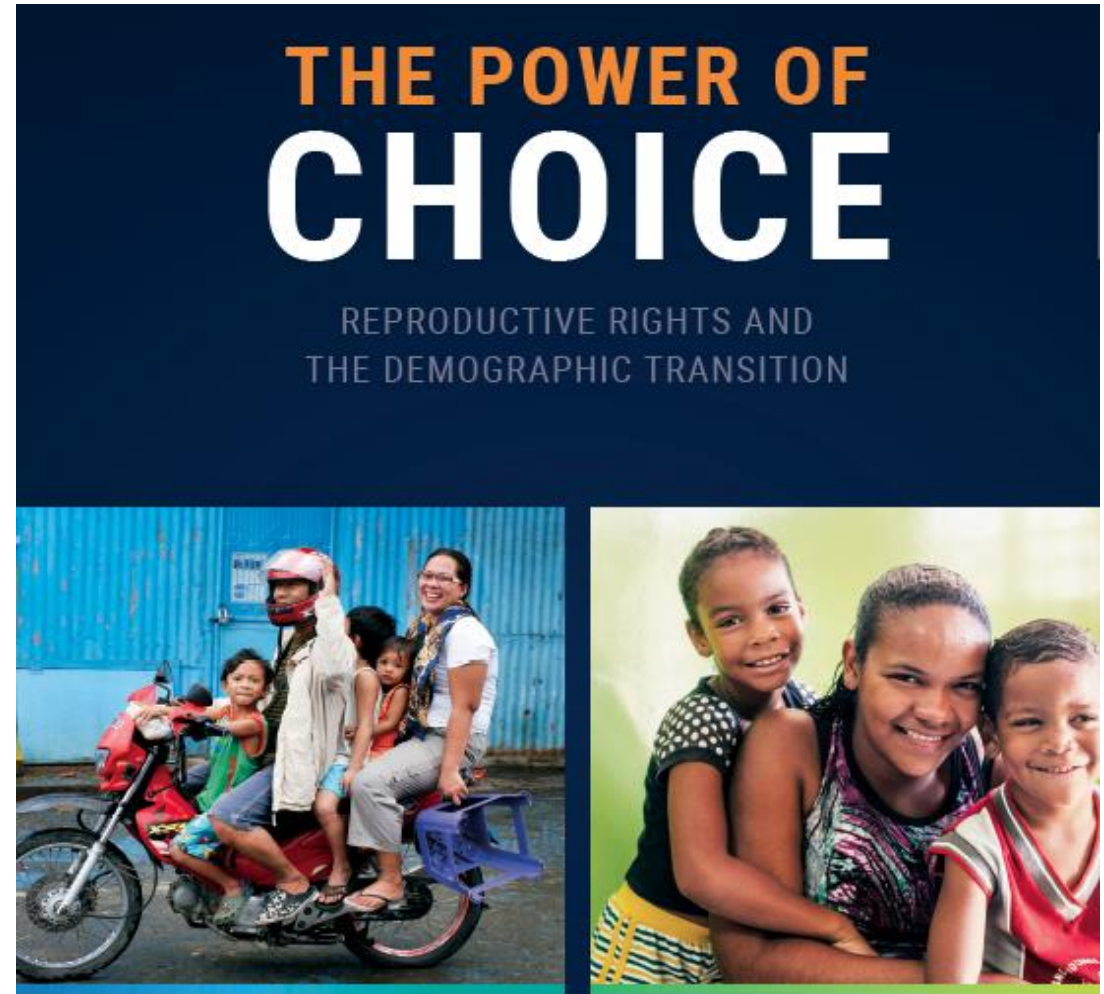
Choice – a Key Driver for Fertility Transition in Uganda

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UNFPA Representative

At the launch of the SUPRE and SWOP Reports

Venue: Sheraton Hotel, October 25, 2018



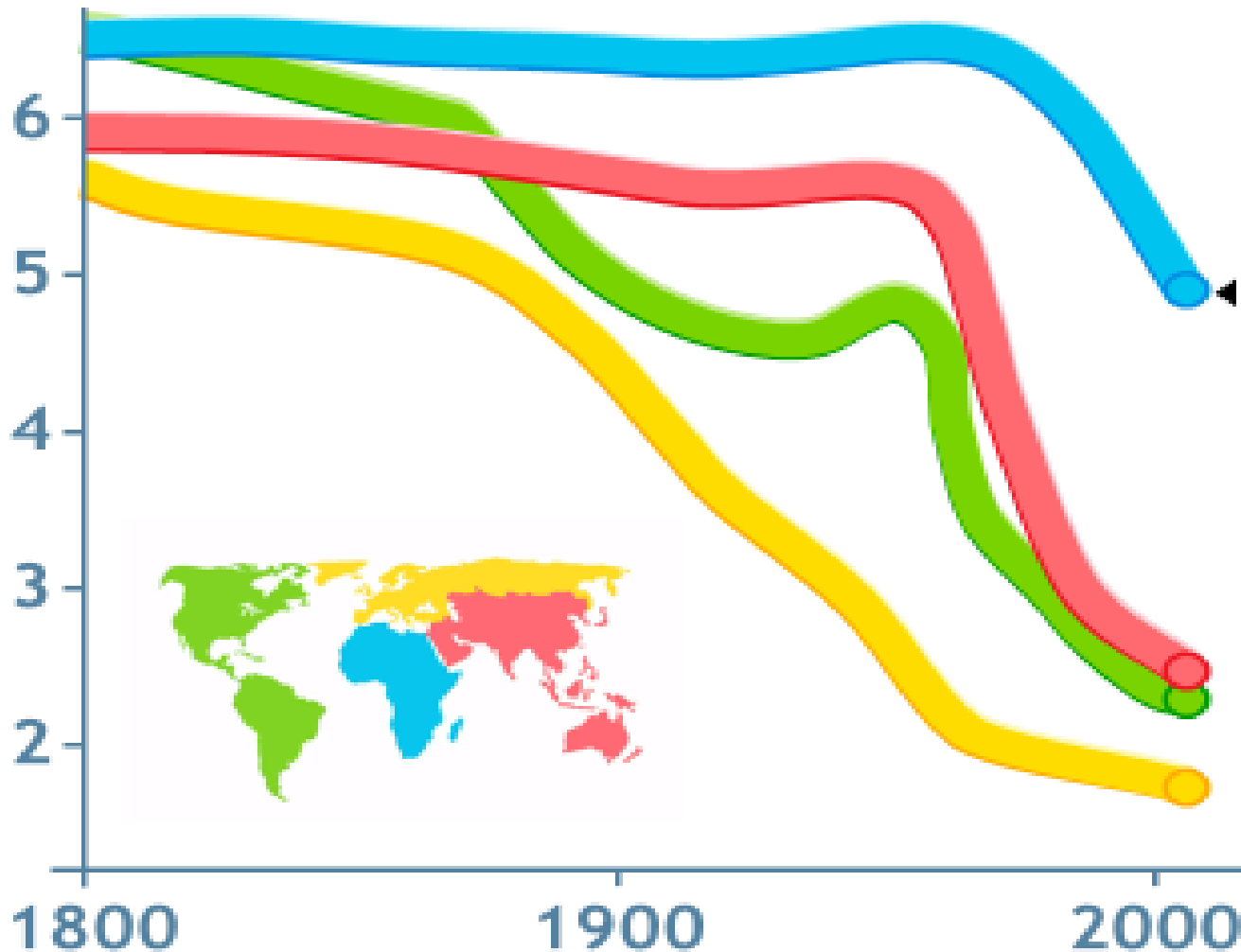
Introduction

- Reproductive rights are critical for realizing all the 17 Sustainable Development Goals
- The extent to which couples and individuals have real choices about whether to have children, how many and when to have them, has a direct impact on fertility levels
- Where people are able to make these decisions for themselves, they tend to choose smaller families
- Where choices are constrained, they tend to have families that are either large or very small, sometimes with no children at all
- Choices are limited for far too many women, girls, men and boys with implications not only for individuals, but also for communities, institutions, economies, labour markets and entire nations

Fertility transition

- RH and rights have progressed steadily in many parts of the world since the 1994 International Conference on Population and Development
- People have more information about their reproductive rights and choices, along with a greater capacity to demand for their rights
- Wide variations in fertility within and between countries still exist thereby limiting the universal realization of reproductive rights and choices

Fertility transition



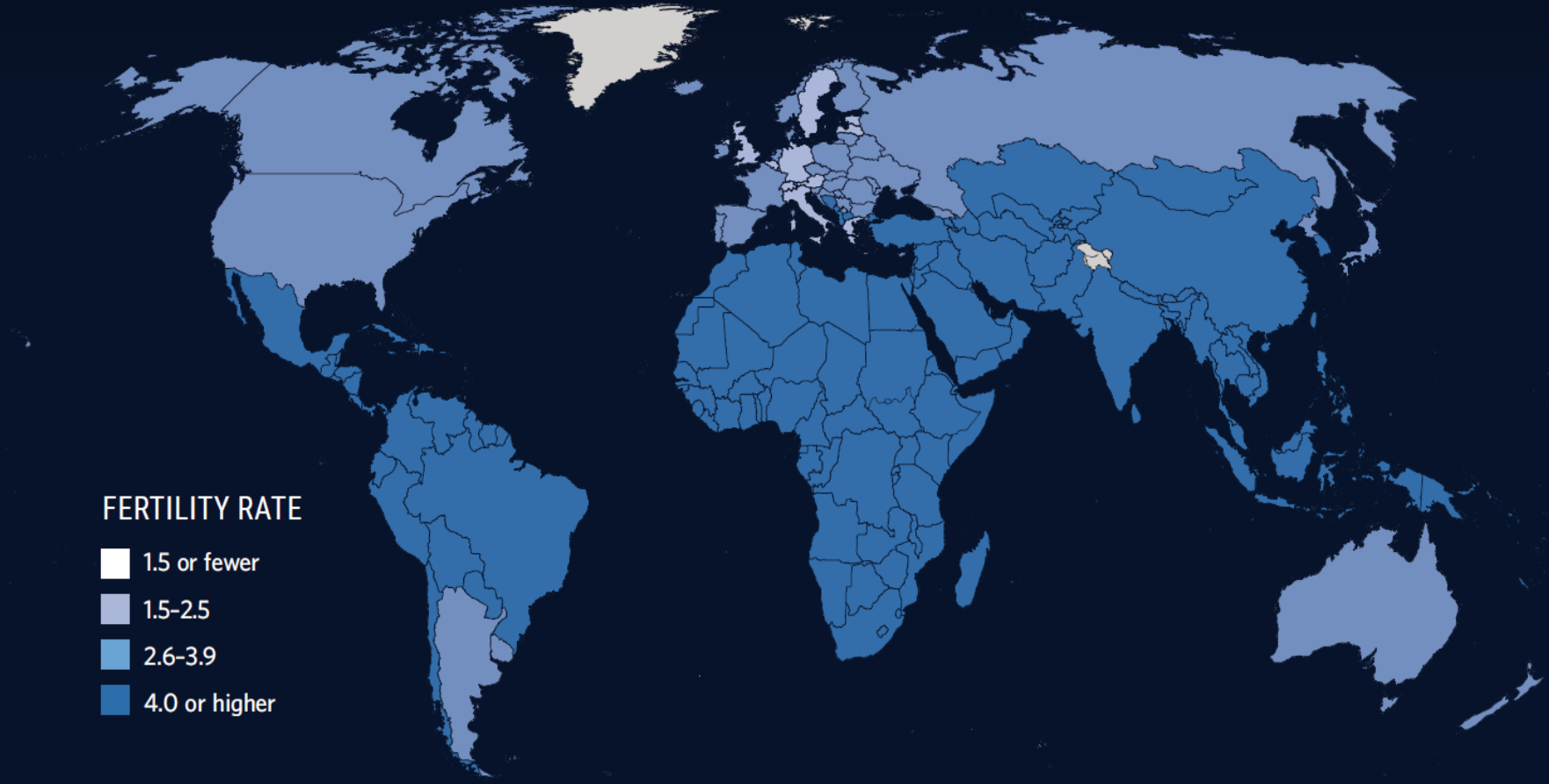
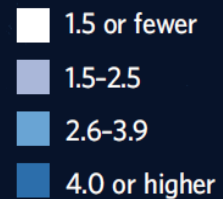
- In 1800, the total fertility rate (TFR) worldwide was about six births per woman
- Decline in TFR started in Europe, followed by the U.S + South America and Asia
- The fertility transition in Africa began in the past 30 years

Then...

FERTILITY 1950

FIGURE 4

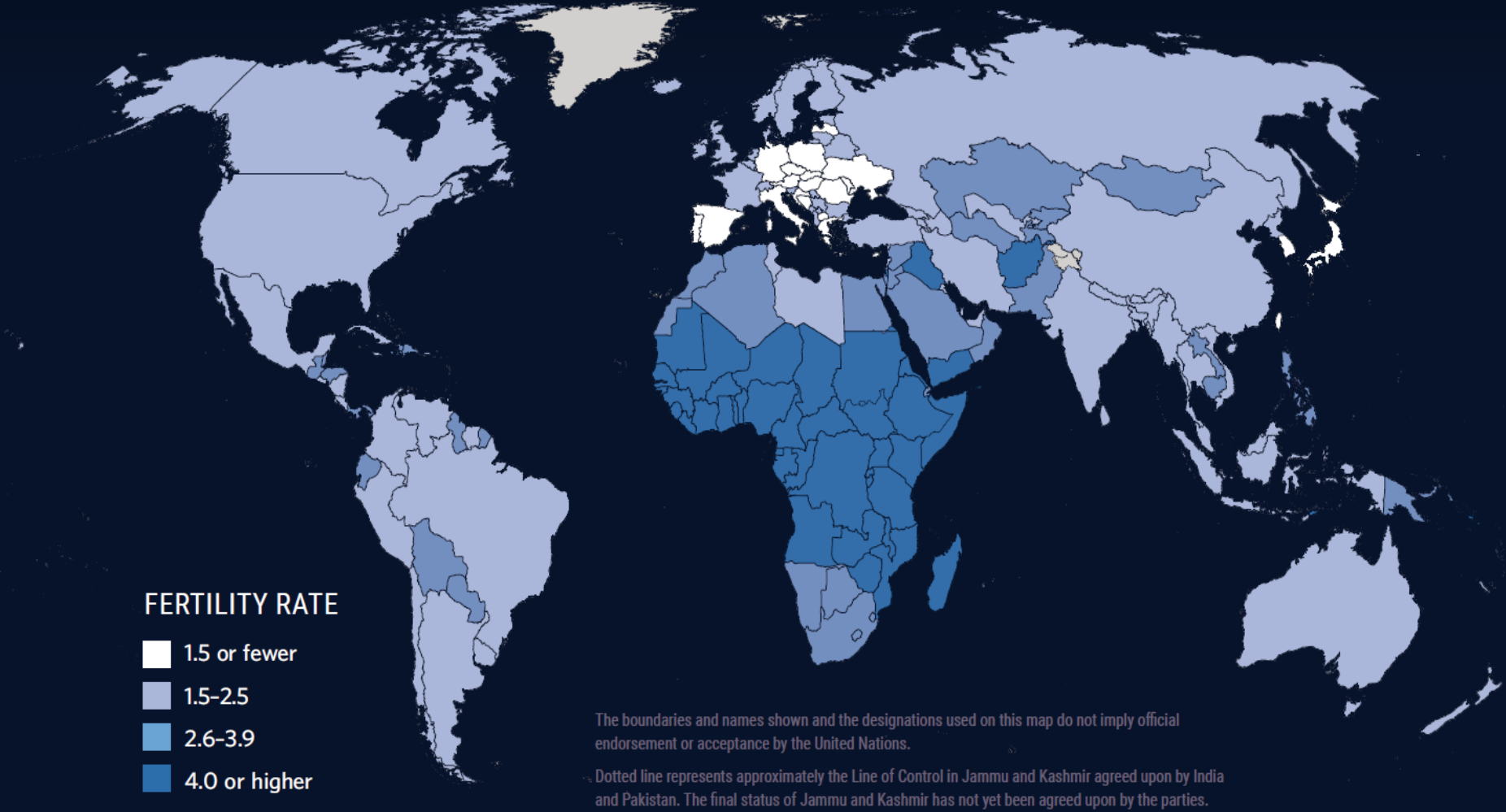
FERTILITY RATE



- The global decline in fertility was especially dramatic in the post-World War 2 period

... Now

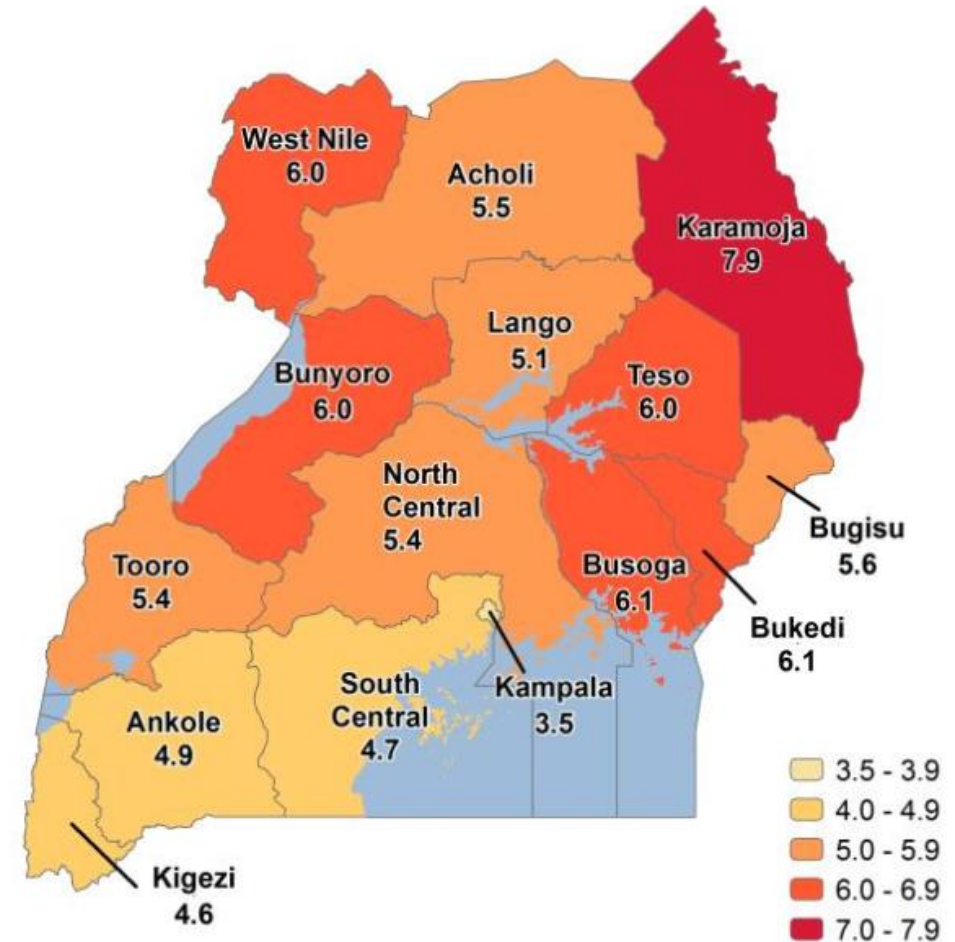
- Fertility rates are much lower than they were 50 years ago with the exception of Sub Saharan Africa
- However rates among countries today are more diverse than they have ever been in human history



Fertility in Uganda

- Uganda`s TFR currently stands at 5.4 children per woman - a reduction from 7.1 in 1991
- Regional disparities exist with Karamoja having the highest TFR
- High population growth rate – 3.0% per annum
- High dependency burden - 47.9% are children below 15 years

TFR per region in Uganda

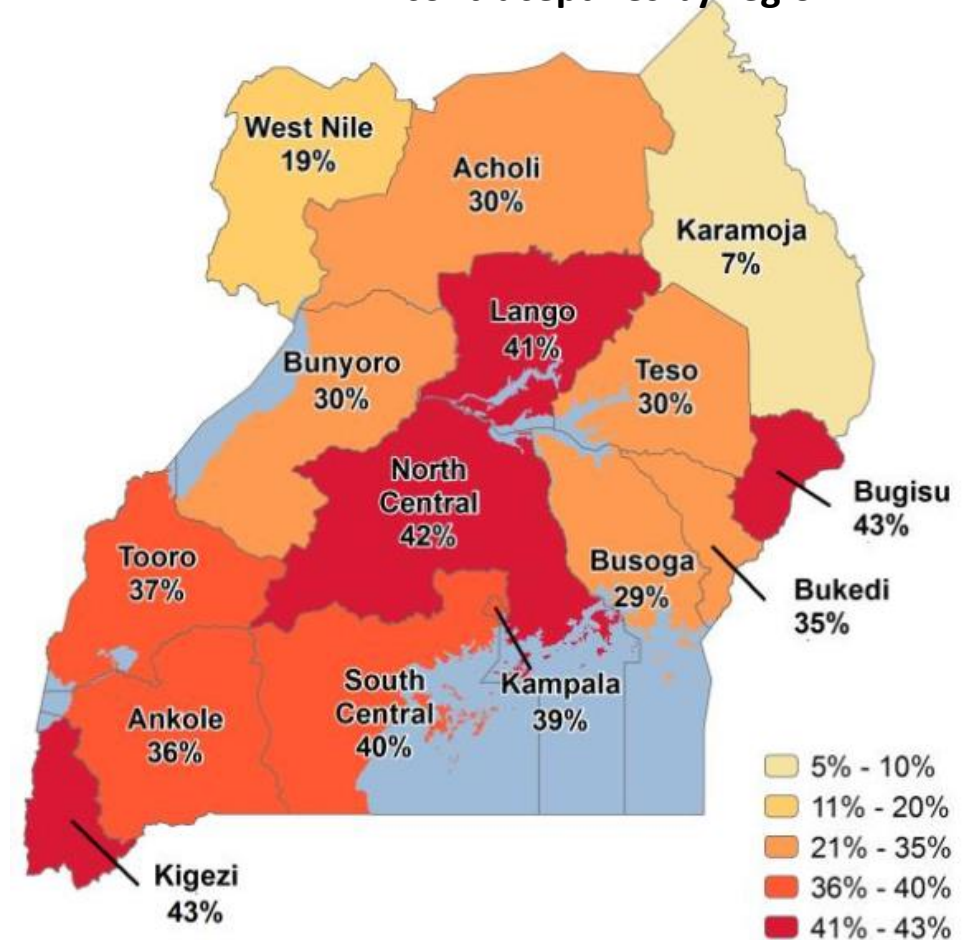


Source: UBOS and ICF (2018). UDHS 2016

Contraceptive use

- Highest in Kigezi and Bugisu and lowest in Karamoja
- In rural areas, girls get sexually active at an early age - about 16 years but start using contraception (at about 23 years) when they have had more than three children
- Total demand for FP among currently married women increased from 58% in 2000-01 to 67% in 2016

Percentage of married women currently using modern contraceptives by region



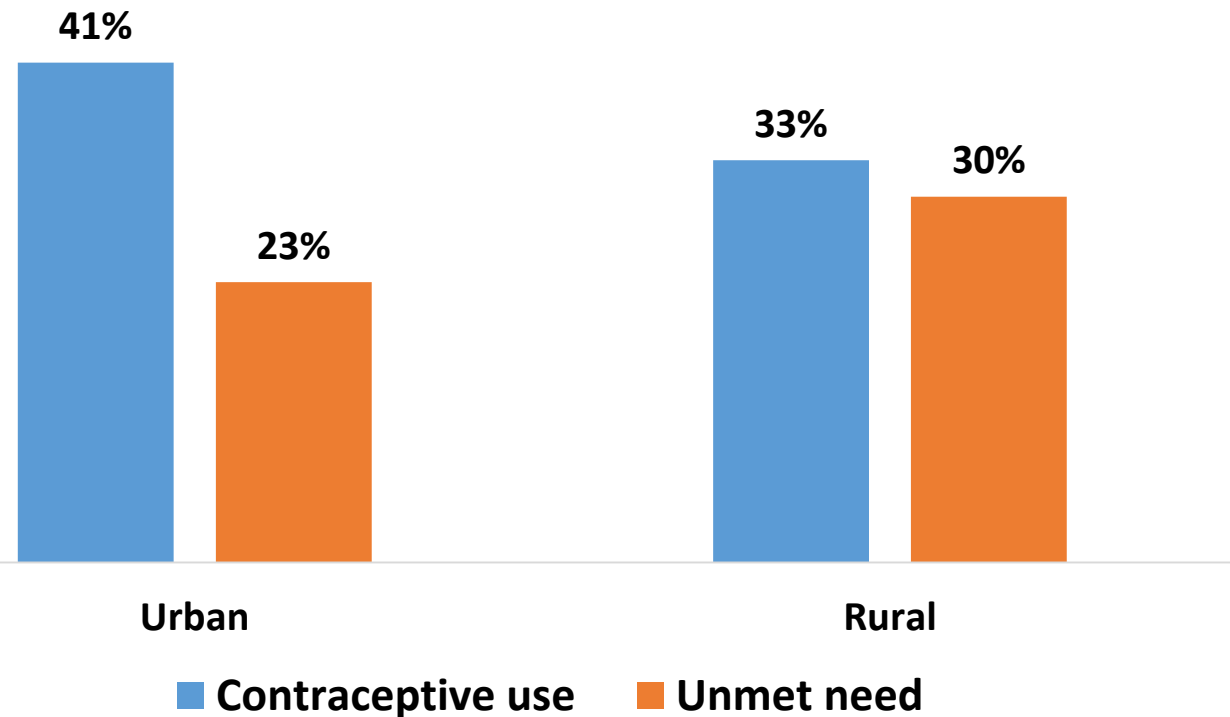
Source: UBOS and ICF (2018). UDHS 2016

Contraceptive use

- In Uganda, contraceptive use is lowest in rural areas whereas unmet need is highest



Percentage of currently married women age 15-49 using modern FP methods and unmet need by residence

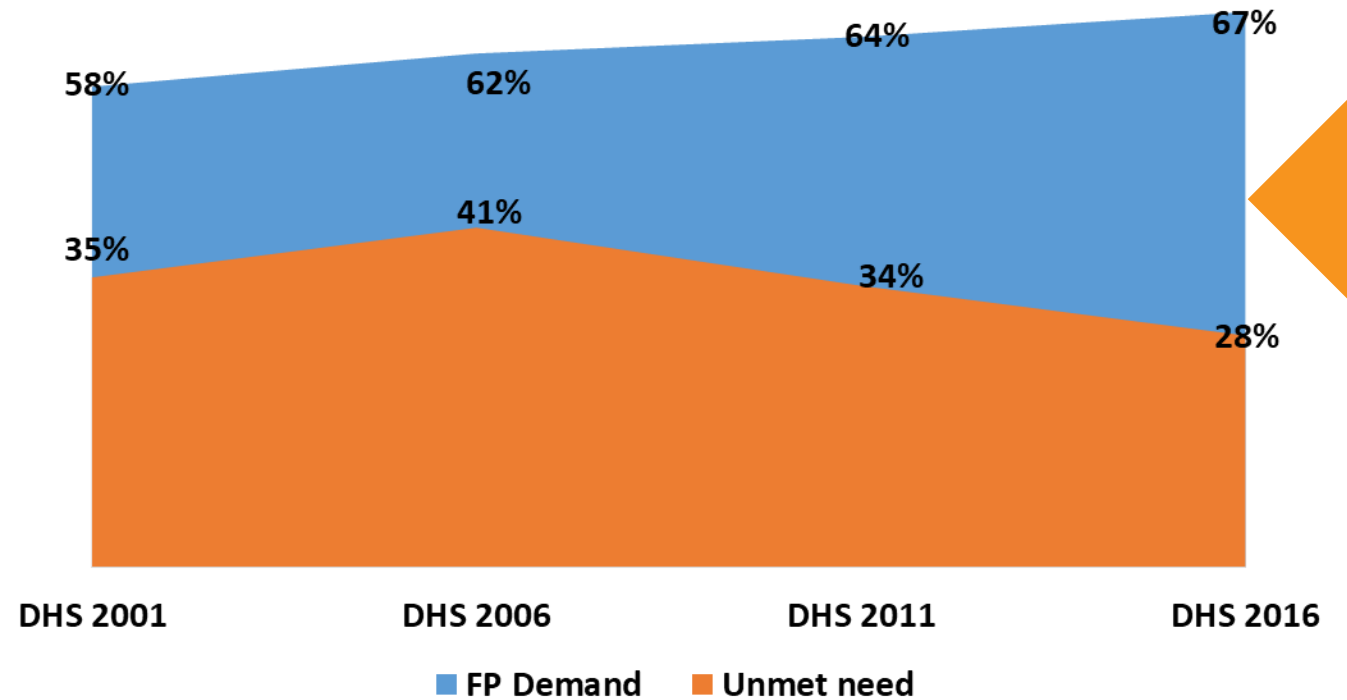


Source: UBOS and ICF (2018). UDHS 2016

Demand for FP and unmet need

- Total demand for FP among currently married women increased from 58% in 2001 to 67% in 2016
- Demand satisfied by modern methods increased from 18% to 35%
- Unmet need has decreased slightly since 2001 from 35% to 28%

Trends in demand for FP and unmet need

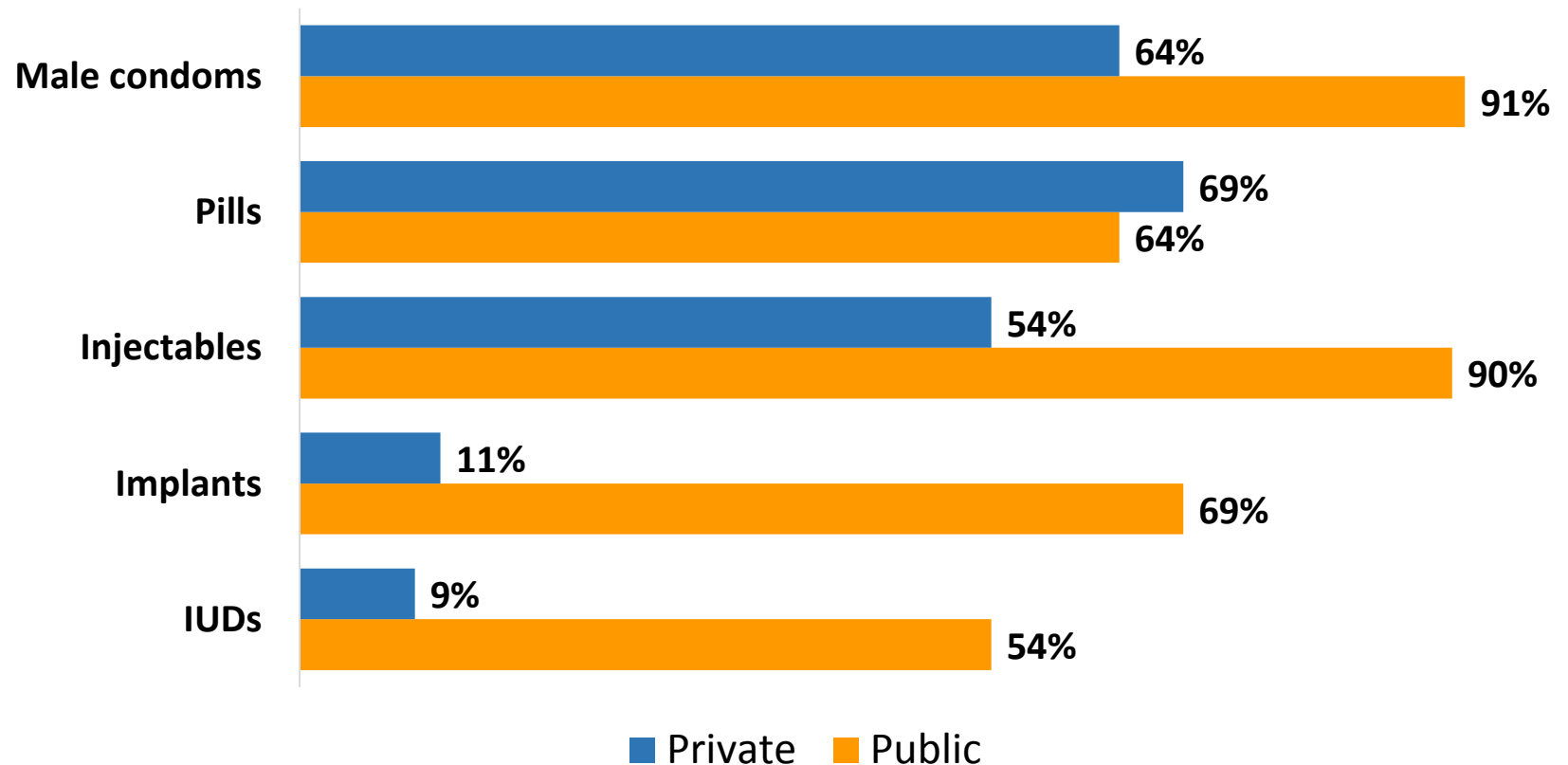


Source: UBOS and ICF (2018). UDHS 2016

Availability of contraceptives

- Availability of a wide range of contraceptives is critical to enable clients make informed choices
- Stock out of FP commodities is still a recurrent problem
- Private facilities and those in rural areas are the most affected

Percentage of facilities offering FP with selected methods in stock on day of interview



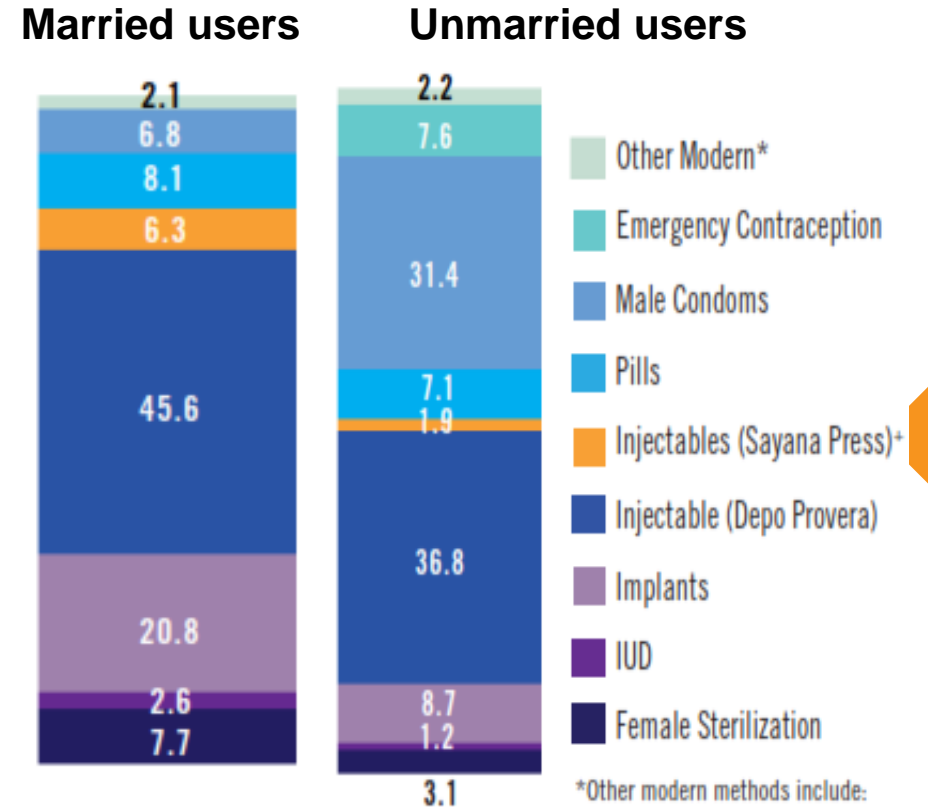
Source: PMA2018/Uganda-R6

Method mix

- The most commonly used modern FP methods among currently married women are injectables (52%) and implants (21%)
- Sexually active unmarried women - injectables are also the most common method (39%), followed by male condoms (31%)



Current modern method mix



*Other modern methods include: male sterilization, female condoms, beads, LAM

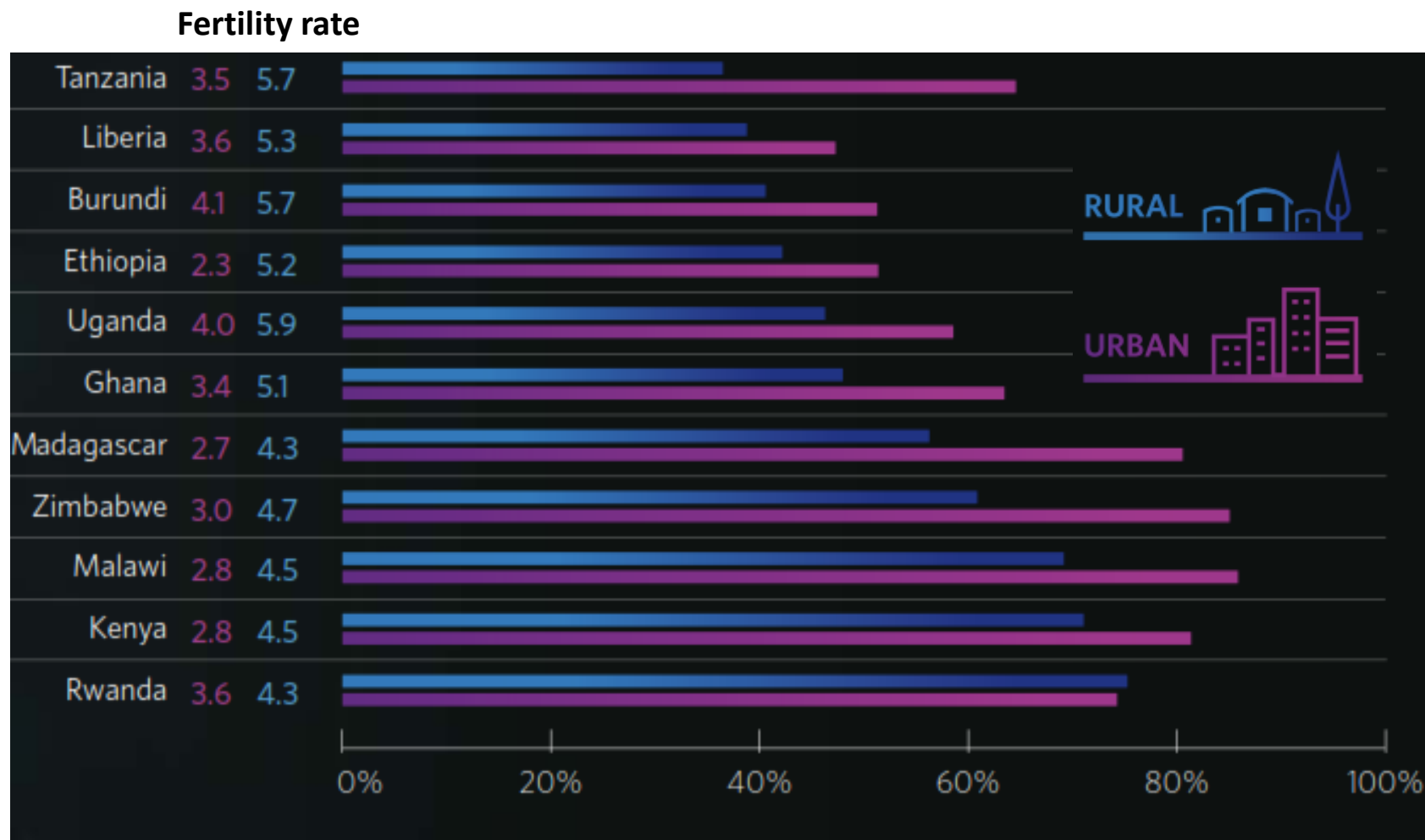
Source: PMA2017/Uganda-R5

Informed choice and contraceptive discontinuation

- Clients seeking FP have a right to access accurate information about the various methods, their side effects and what to do if they experience side effects for them to make informed choices
- However the 2016 UDHS shows that only 53% of all women currently using modern FP were informed about;
 - the side effects of the method
 - what to do if they experience side effects
 - and other available methods
- 45% of all women who start using modern FP methods discontinue use within 12 months!
 - The main reason for discontinuation is method-related health concerns or side effects (35%)

Percentage of women with 4 children who report not wanting more children, rural versus urban

- Urbanization is a major driver of fertility reduction
- In Uganda like other countries in the region, many urban women with 4 children report not wanting more children



Fertility transition and economic growth

- Over a 16 year period (2000-2016), economic conditions improved significantly in Sub-Saharan Africa
- During the same period, contraceptive use increased, unmet need for family planning reduced and there was a steady decline in fertility rates across the region

Comparison of growth in per capita gross domestic product (USD)

Country/Area	2000	2016	Per capita GDP increase 2000/2016
Uganda	846	1,849	2.19
Ethiopia	490	1,735	3.54
Tanzania	1,174	2,787	2.37
Rwanda	623	1,913	3.07
Kenya	1,690	3,156	1.86
Sudan	1,812	4,730	2.61
Nigeria	2,258	5,867	2.60
Sub Saharan Africa	1,900	3,711	1.95

Source: World Bank

Call to action



- Fulfil international commitments on reproductive rights as enumerated by the 1994 ICPD programme of action
- Invest more resources in family planning as pledged at the 2012 & 2017 London Conferences
- Provide an integrated package of rights that includes quality FP (method mix), reproductive, maternal health, GBV and HIV/AIDS services
 - Ensure that every body knows their reproductive rights and can exercise them
 - Address unmet need for FP prioritizing women and men from the poorest households, those with low levels of education and rural residents
 - Quality counselling for informed choice
 - Reach the last mile with FP services and ensure no one is left behind
 - Address institutional barriers

Call to action



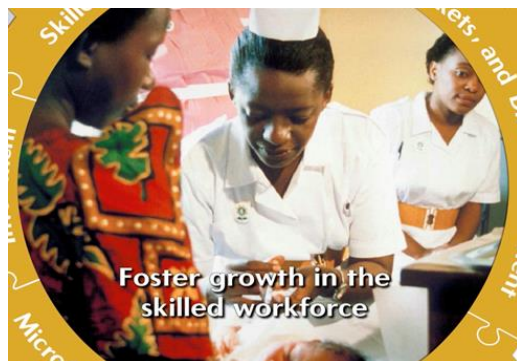
MY DREAM IS TO BECOME A DOCTOR IN OUR HOSPITAL



*That's why I am concentrating on my studies
Books before Babies*



For more information and counseling, call the toll free number 0800200600 and follow #LiveYourDreamUG



- Invest in keeping girls in school
 - Eliminate economic, social and geographic obstacles to girls' access to secondary and higher education
- Ensure gender equality and women's empowerment
 - End child marriage
- Prioritize job creation and decent work focusing first on sectors with large concentrations of women and young people

Thank you

