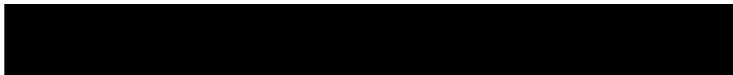
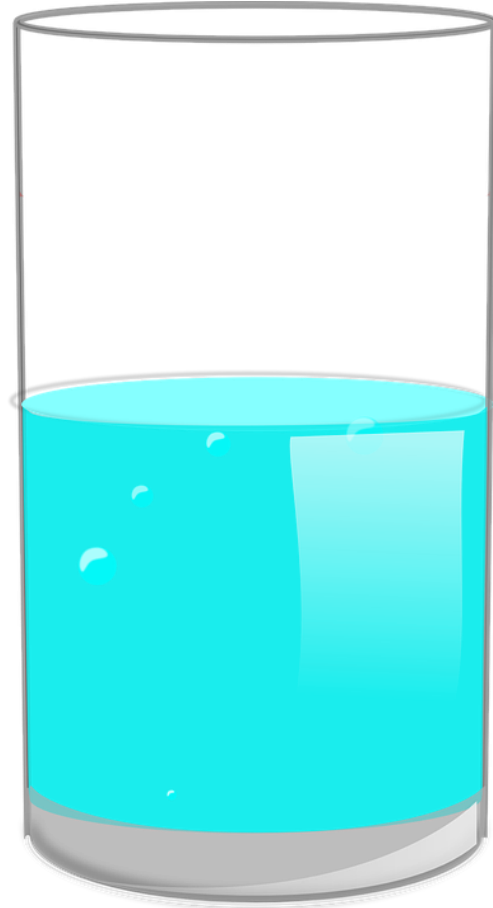




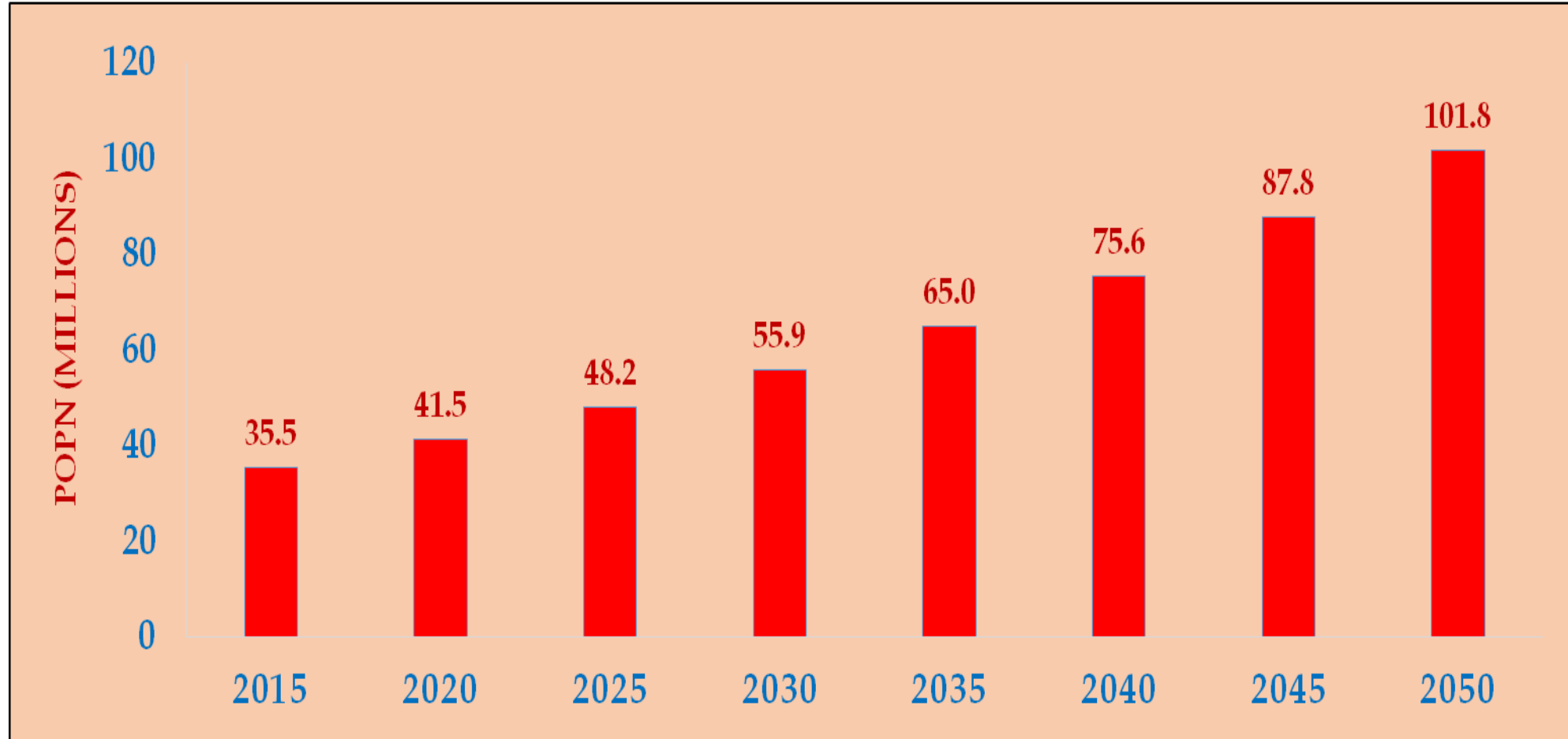
BUILDING RESPONSIVE COMMUNITIES TO MATERNAL AND CHILD HEALTH – MULTI DISCIPLINARY APPROACH

Save the Mothers East Africa Maternal and Child Health Scientific Conference

Dr. Jotham Musinguzi
23 February 2018



Population trends



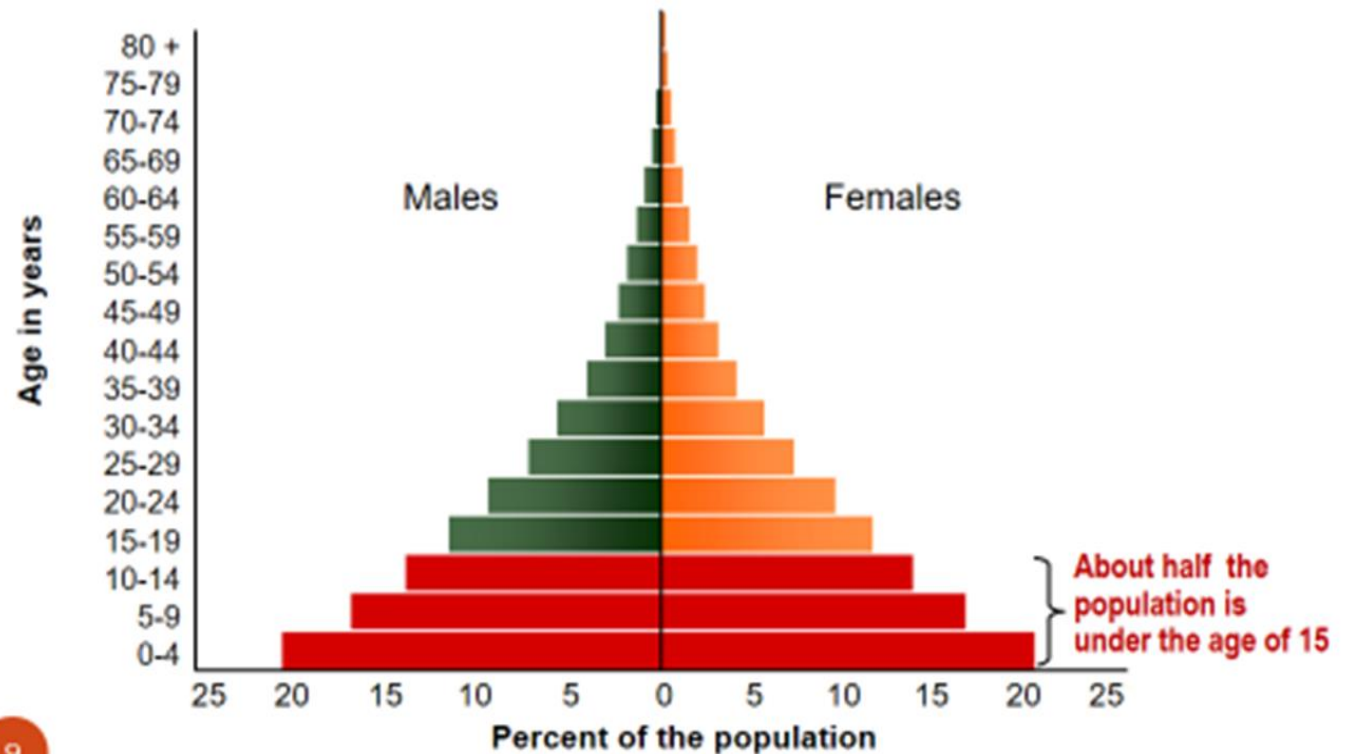
Population Age Structure



- The high fertility has produced an age structure that is child-heavy and not conducive for development.
-
- Following Government policies and programmes in health, education and the economy, Uganda's population has started experiencing a demographic transition.

Uganda has a very young population. . .

Typical of a population with high fertility and mortality as depicted in the broad base of the pyramid and rapid tapering off with increasing age.



Implications for population growth

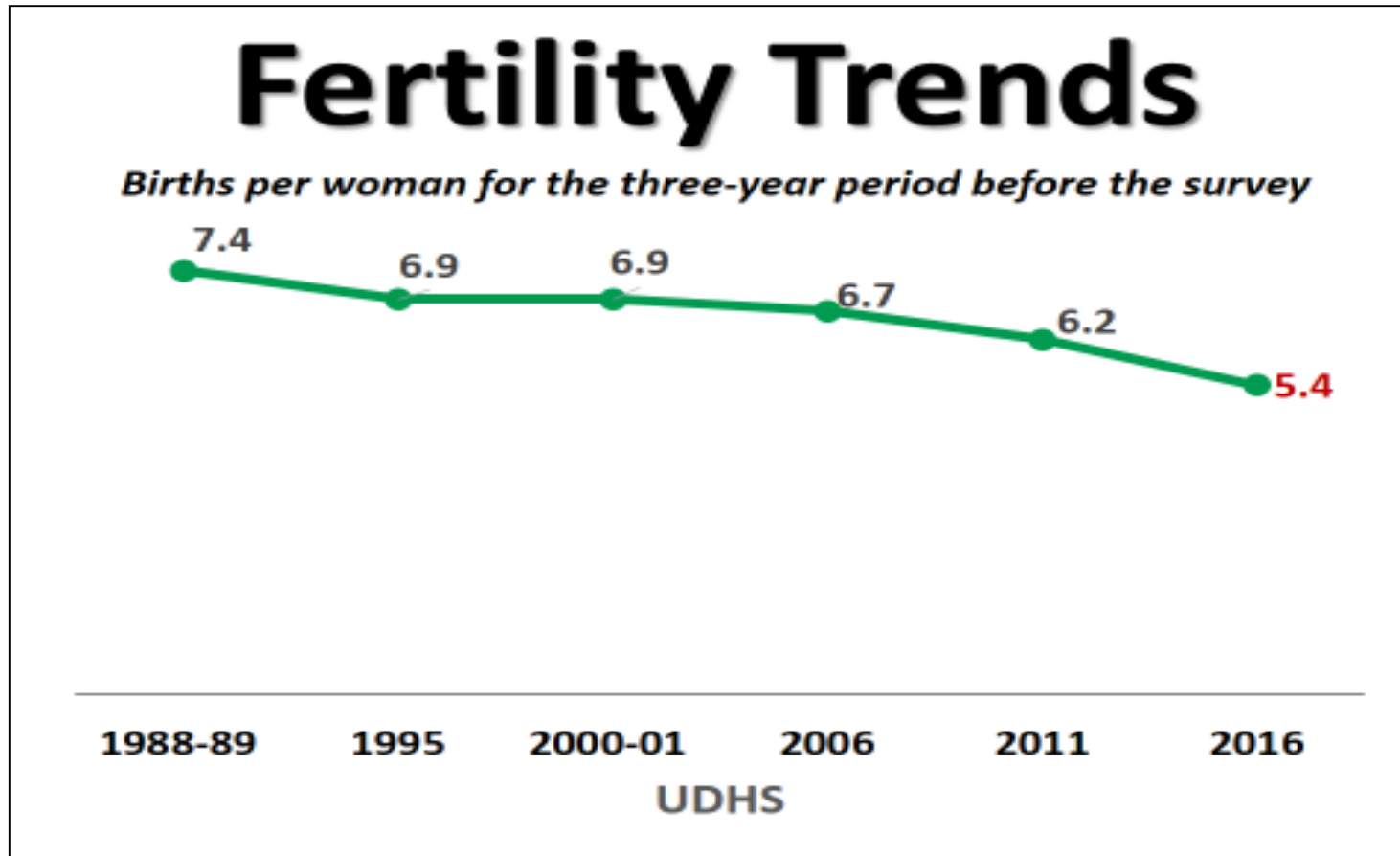


- The size of the population is not the problem - can be a big development asset.
- If the country's population age structure is favourable.
- Problem arises when the population is predominantly young as a result of high fertility resulting in a very large dependency burden.
- A population age structure that is child-heavy is not conducive to development.

Fertility

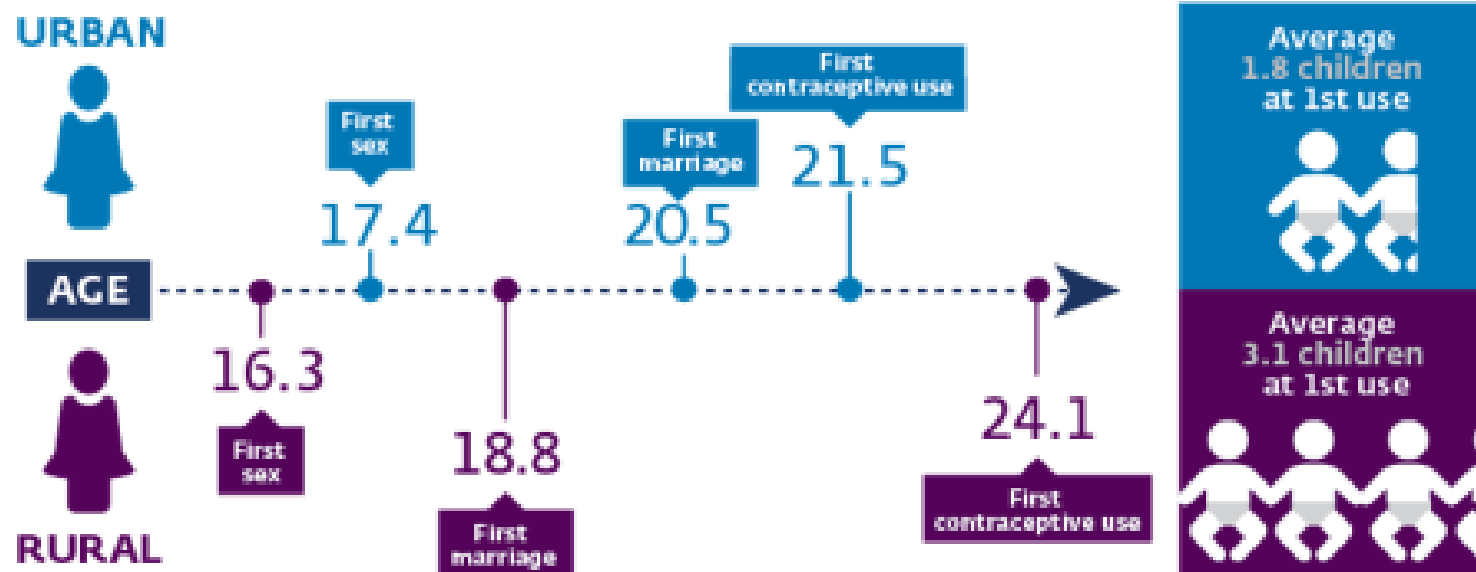


Fertility has historically been very high.





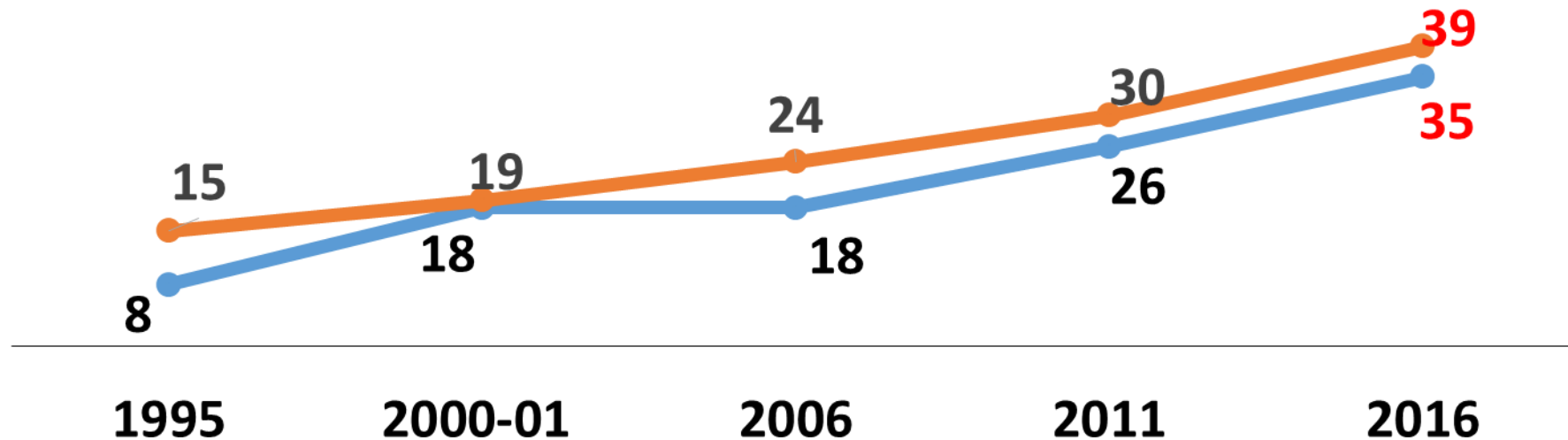
Average age at reproductive events: PMA2016/Uganda R4 (women currently aged 25-49 years)



Trends in Contraceptive use



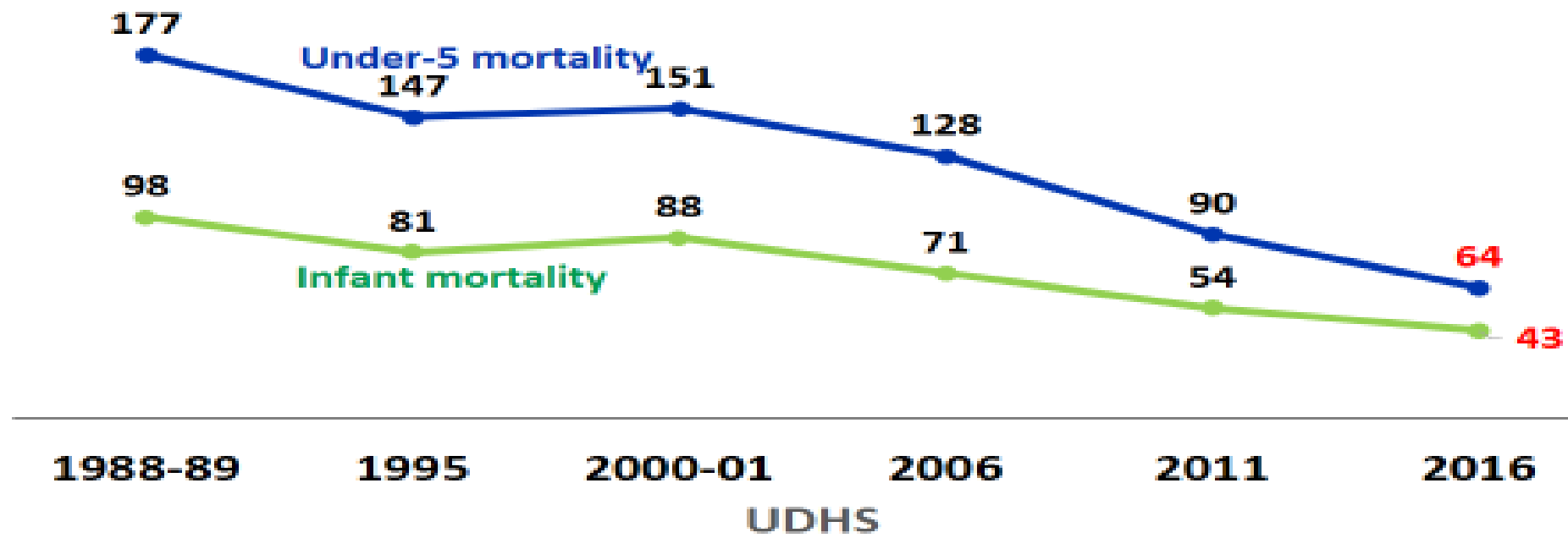
Percent of currently married women age 15-49 who were using any method and those using a modern method of family planning





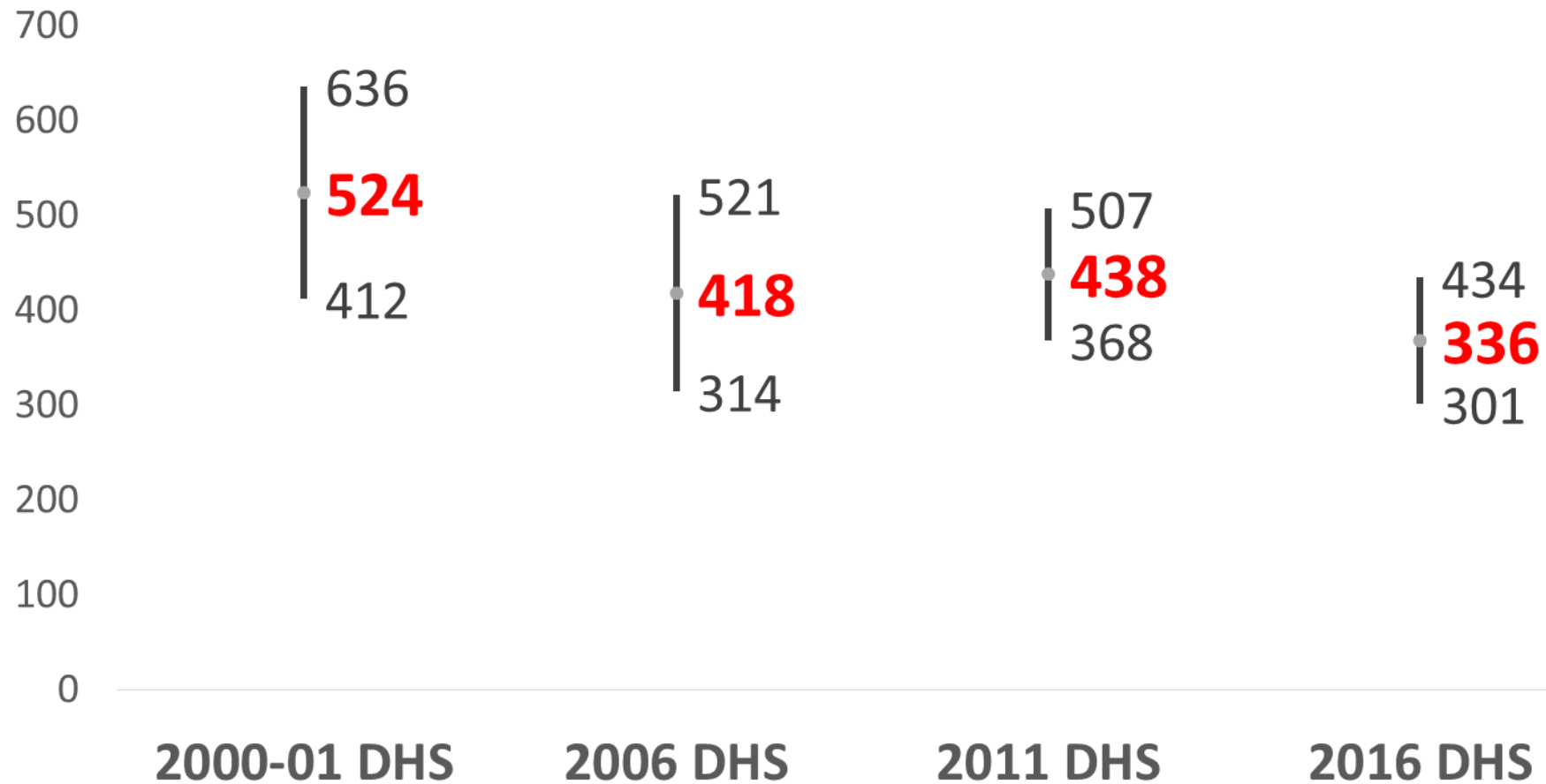
Trends in Childhood Mortality

Deaths per 1,000 live births for the five-year period before the survey





Trends in Maternal Mortality Ratio



Key Drivers of Fertility



- High childhood mortality
- High teenage pregnancy
- Low levels of education, especially of women
- Limited access to family planning services
- Low numbers of women in formal employment and
- Low levels of urbanization



Reducing fertility

- Keep girls in school.
- Access to reproductive health services, especially **family planning**.
- Access to skilled birth attendance at delivery and in the immediate post-delivery period improves both maternal and child survival.
- Women in formal employment are more likely to be educated and empowered to handle competing needs between their work demands and frequent pregnancies.
- Urbanisation has a positive influence on fertility preferences of women.



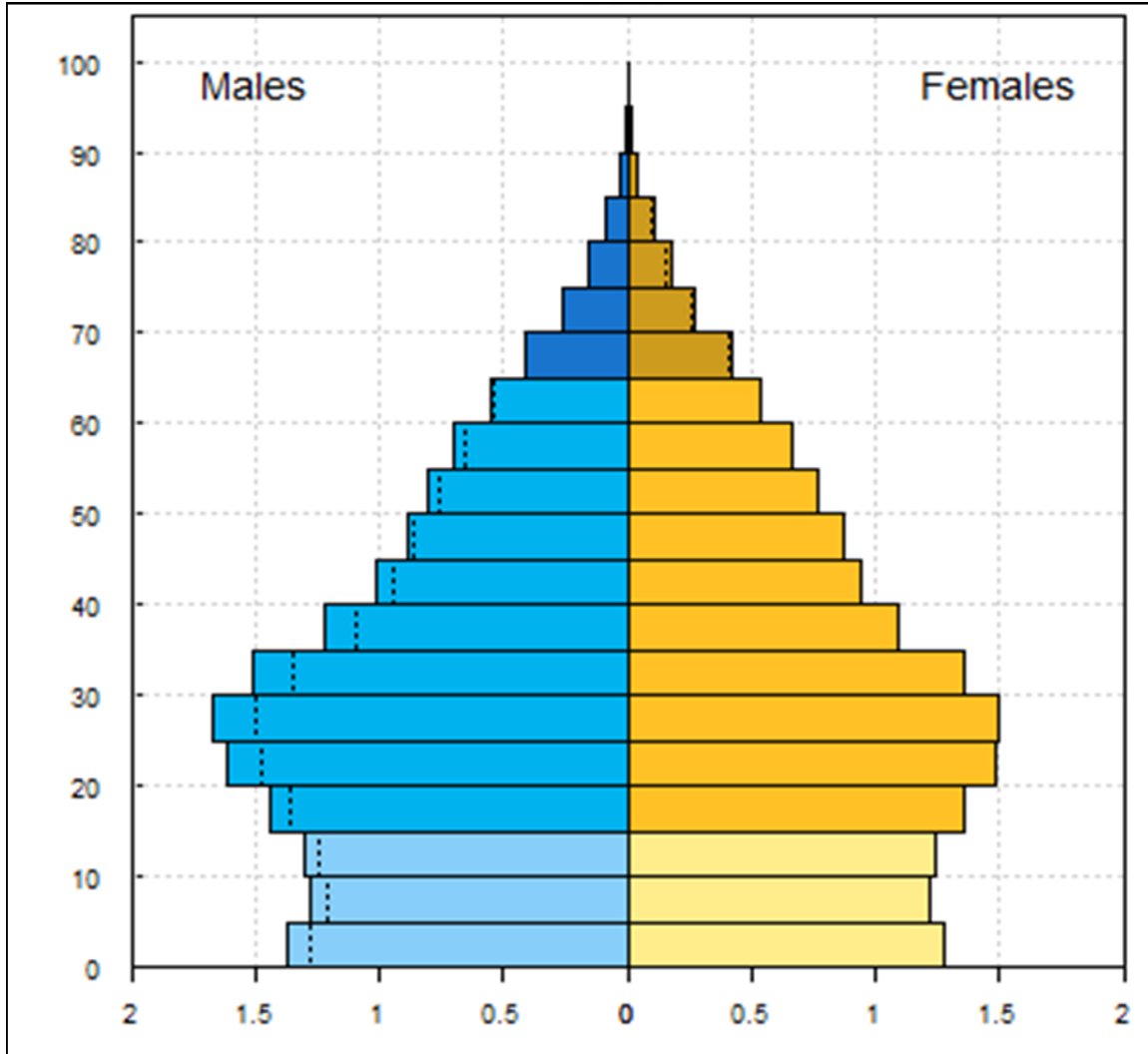
Drivers of teenage pregnancy

- Early marriages/ Child marriages /Early initiation of sex
- Limited access to reproductive health information
- Low girl-child education
- High levels of poverty
- Place of residence

The consequences of teenage pregnancies include high school dropout, limited productivity, poverty, limited decision making, vulnerability to gender based violence, high incidence of death (mortality) and disability including fistula.

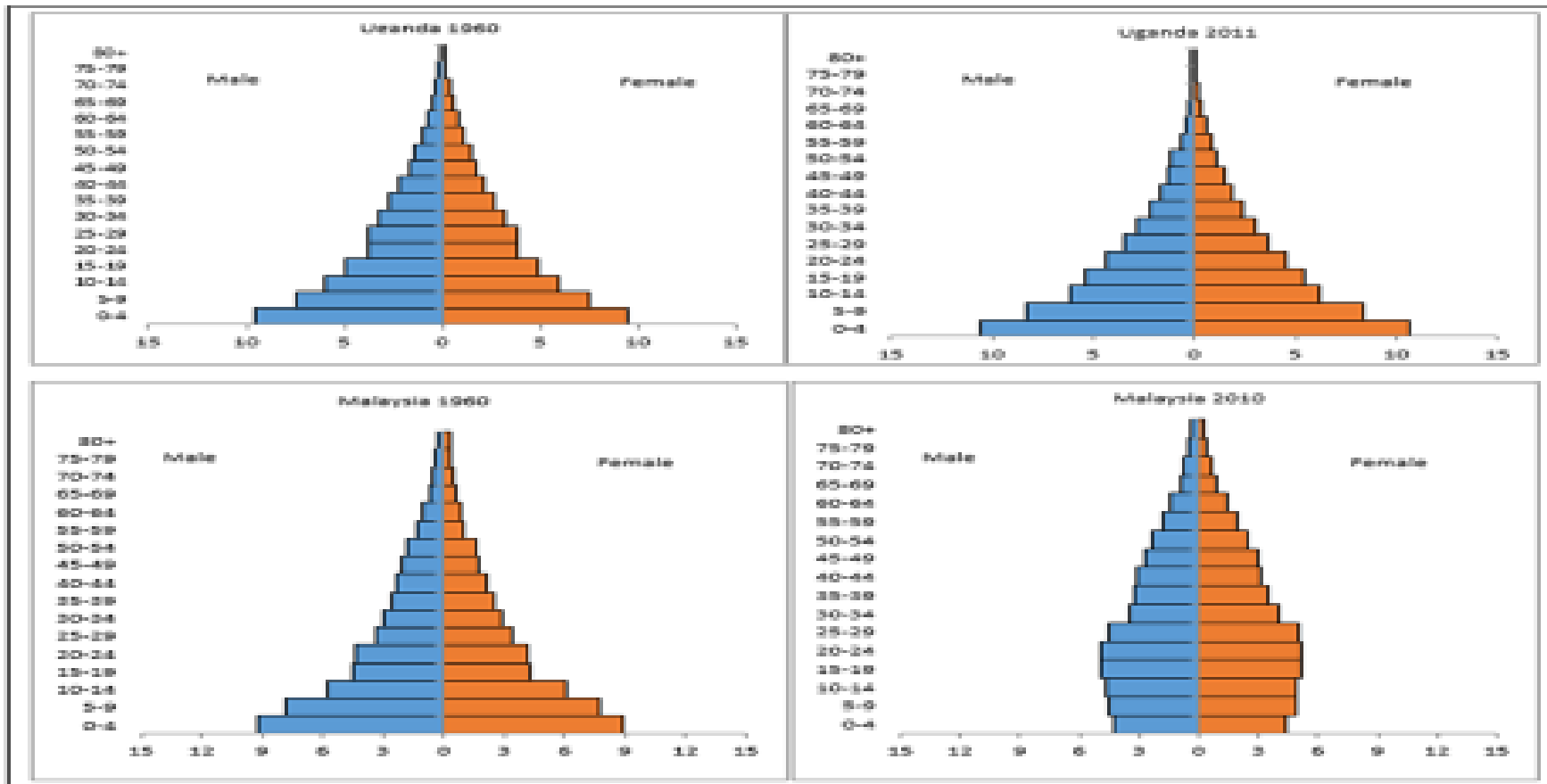


- Uganda can trigger a rapid transformation of its age structure.
- The transformation will be brought about by **continuous and accelerated declines in fertility and mortality.**
- Smaller groups of children will be added to the population.
- More workers than dependants result into higher production, higher savings, and higher investment, coupled with lower expenditure especially on child-specific services.





Comparison between the age structure of Uganda and Malaysia (1960-2011)





- Change in the population-age structure will increase GDP per capita.
- The wealth generated as a result of the change in the age structure is “the **Demographic Dividend.**”
- It is “the **economic benefit** that can arise out of a country’s taking advantage of **changing the population age structure** and **adopting clear, focused and sustained policies that empower the country’s working population to become the engine of economic growth**”.
- **The dividend is not automatic.** The abundant youthful population is Uganda’s most important resource.

CONCLUSION



- Fertility and mortality remain high in Uganda resulting in a **population age structure** made up of predominantly young and dependent population.
- The rate of decline in both fertility and mortality is slower than what is envisioned in Vision 2040 and as a result the country may miss out on harnessing the **Demographic Dividend**.
- The key drivers of high fertility in Uganda are high childhood mortality and low access to voluntary family planning.
- Childhood mortality can be considerably reduced by increasing efforts on low-cost, high-impact preventive interventions e.g., immunization; household hygiene; water and sanitation and nutrition, among others;
- Urgent need for a National Campaign to address Teenage Pregnancy to promote safe motherhood, child survival and economic transformation.





**Healthier is
wealthier**

Thank You