

Findings from the Amhara and Oromia Demographic Surveys: Childbearing and Family Planning - Experience, Knowledge, and Intentions*

The Packard Foundation Program in Ethiopia brings together a team for designing and implementing a program of population intervention that is unprecedented in the scope of its mission, the diversity of persons and groups participating, and its geographic coverage. The goals of this major population program are to improve adolescent reproductive health, reduce family size, increase the demand for contraception, and reduce unmet need for family planning. To help meet these goals this background report assembles demographic and social science evidence from two recent surveys to address five issues for the geographic areas targeted by the program:

- What are the greatest barriers to widespread adoption of contraceptive use?
- How might program effort be efficiently targeted to address these barriers?
- Establish a baseline to measure progress towards each goal.
- Determine whether the targeted areas provide a solid basis on which to assess program effectiveness, with applicability to other parts of Ethiopia.
- Provide baseline information about adolescent awareness of HIV/AIDS, and document adolescent reproductive behavior.

To address these goals, the Birhan Research & Development Consultancy and the Population Studies and Training Center of Brown University collaborated on the collection and analysis of population data for the Amhara Regional State and the Oromia Regional State. The data for the Amhara Regional State were collected in a specially designed Year 2000 Population Survey by the Birhan Research & Development Consultancy. This survey consisting of 4,710 respondents is representative of each of the three target zones of the Packard Program—Debu Wello, Oromia, and Semen Shewa, and of these three zones combined. The data for the Oromia Regional State was collected by the Oromia Office of Population through a state-wide random sample of 12,042 women. Sufficient numbers of women are available to represent Jimma, Mirab Shewa, and Misrak Wellega, the three target zones combined, and for the balance of the region. In order to provide more detail about issues relating to knowledge and beliefs about family planning and HIV/AIDS in the Oromia Region the Birhan Research & Development Consultancy conducted a special qualitative study.

This research brief highlights some of the main findings of these two surveys as they relate to reproductive behavior and contraceptive knowledge.

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Age at First Birth and Completed Family Size

Figure 1. Total Fertility (TFR)

The Total Fertility Rate (TFR) gives the number of children that a woman could expect to have by age 49 if she were exposed to the risk of childbearing starting at age 15. The TFR is based on the fertility experiences of interviewed adult women and it is used by population experts to summarize the childbearing experiences of a population. A number of studies indicate that fertility in Ethiopia has begun to decline. In urban areas the TFR has declined from 6.3 in 1984 to 4.5 in 1994. In rural areas fertility remains very high with a TFR of 7.2 in 1994. This high fertility in rural areas places Ethiopia among the African countries with the highest fertility rates.

- Women in the Oromia and Amhara regions who begin childbearing at age 15 can expect to have close to 6 children by the time they reach age 49. The TFR is 5.7 in the Oromia target zones and 5.9 in the Amhara target zones. Women's childbearing rates, however, vary substantially within each of the two regions. Among the three zones in Oromiya, the total fertility rate is as low as 4.3 in Misrak Wellega and as high as 7.4 in Mirab Shewa.
- The TFR in for Oromia is slightly higher than the TFR for the three Oromia target zones combined. The high fertility in Mirab Shewa, however, suggests that the zones are not selected for low fertility.

Figure 2. Percentage of Women Aged 15-17 and 18-19 Who Have Had At Least One Birth

- An important factor in the relatively high fertility of Ethiopian women is the early onset of childbearing. Close to 20 percent of women age 15-17 in the Oromia target zones have had at least one birth, and by age 18-19, 55 percent of Oromia women have had a birth. Early childbearing is less common in the Amhara target zones covered by the survey, 8.5 percent of women age 15-17 have had a birth, and by age 18-19 approximately one third (34.3 percent) of women have had a birth.

Current Use of Family Planning

Figure 3. Percentage of Married Women Who Are Currently Using a Family Planning Method

Figure 4. Percentage of Married Women Who Are Using a Family Planning Method by Age Group, Total Target Zones

Figure 5. Percentage of Married Women Who Are Currently Using a Family Planning Method by Place of Residence, Total Target Zones

- In both the Oromia and Amhara regions the large majority of married women are not using a family planning method. Only around one out of every ten married women between age 15 and 49 in the two regions is using a family planning method (9.4 percent in Oromia target zones and 12.2 percent in Amhara zones). The highest rates of contraceptive use among married women are found in Debub Wello (14.2 percent) and in the Oromia area of the Amhara region (13.5 percent).
- Use of family planning methods by married women is most common between the ages of 25 and 34, and least common at young ages (age 15-24) and older ages (35-49). In the Oromia target zones close to 13 percent of women age 25-34 are using a family planning method as are 17.1 percent of women age 25-34 in the Amhara target zones. As these women age we can expect to see an increase in the proportion of women age 35-49 who use a family planning method.
- Use of family planning methods differs substantially between urban and rural places. In urban areas of the Oromia target zones, close to one out of every three (32.8 percent) married women age 15-49 is using a family planning method compared to only 4.4 percent of married women in rural zones. In urban areas of the Amhara target zones, about one out of every four (22.5 percent) women is using a family planning method, compared to close to one out of every 10 (9.7 percent) married women in rural zones.

Married Women's Desire for Additional Children

Figure 6. Percentage of Married Women Who Want No More Children

- Slightly more than one third (35.8 percent) of married women in the Oromia target zones and 40.6 percent of married women in the Amhara target zones want no more children. Within each region there are important differences across zones in the desire to stop childbearing. Roughly 44 percent of married women in Misrak Wellega want no more children compared to 26 percent of married women in Mirab Shewa. In the Amhara region the percentage of women who want no more children is greatest in Debub Wello (46.3 percent) and Semen Shewa (43.3 percent), whereas only one in four (25.3 percent) women in the Oromia zone of the Amhara region want no more children. The significant percentages of married women who want no more children provides very clear evidence of a strong demand in Ethiopia for safe and effective methods to stop childbearing.

Figure 7. Percentage of Married Women Who Want No More Children by Number of Surviving Children

- The current number of children is an important indicator of desired family size among women who want to stop childbearing. In the Oromia target zones close to 40 percent of married women with three children would like to stop childbearing, as would close to 45 percent of women with four children. In the Amhara target zones, slightly more than 40 percent of married women with three children would like to stop childbearing, as would 50 percent of women with four children. Married women in Mirab Shewa in Oromia, and the Oromia zone in the Amhara region are the least likely to want to stop childbearing. In each of these zones less than 40 percent of women with five or more children would like to stop childbearing.

Unmet Family Planning Needs

Figure 8. Among Women Who Want No More Children, Percentage Not Currently Using a Family Planning Method

Figure 9. Percentage of Married Women Who Have Heard of a Family Planning Method

Figure 10. Percentage of Married Women Who Intend to Use a Family Planning Method

- Most Ethiopian women who want no more children are not using family planning. Close to 90 percent of married women who want no more children in the Oromia target zones, and 78.4 percent of married women who want no more children in the Amhara target zones, are not using a family planning method.
- Awareness of family planning is very high among married women. Seventy percent of married women in the Oromia target zones and close to 75 percent of married women in the Amhara target zones have heard of a family planning method. Even in the high fertility zone of Mirab Shewa in Oromia, the majority of married women (59.2 percent) have heard of a family planning method.
- Interest in using a family planning method is high among married women in Ethiopia. One out of every three (34.5 percent) married women in the Oromia target zones intends to use a family planning method, as does one out of every two (50.8 percent) married women in the Amhara target zones.

Figure 11. Percentage of Married Women Who Intend to Use a Family Planning Method But Do Not Know Where to Obtain the Method, Oromia, 1999

- A principal reason for the low use of family planning methods among married women in Ethiopia is lack of access to safe and effective methods. In the Oromia target zones, close to one-third of the married women who intend to use a family planning method do not know where to obtain the method. Access to family planning methods varies tremendously within the Oromia region. Only 10.7 percent of married women in Jimma who intend to use a family planning method do not know where to obtain the method compared to 62.5 percent of married women in Mirab Shewa.

Family Planning Needs among Adolescent Women

Figure 12. Indicators of Reproductive Knowledge, Behavior and Health, Women Age 15-19, Total Target Zones

*Note: *Includes only ever married women.*

- Marriage traditionally marks the start of sexual activity among Ethiopian women. The early onset of childbearing is one of the consequences of early marriage for women in Ethiopia. Studies from diverse countries provide clear evidence that delaying a first birth until a woman is both physically and emotionally mature contributes to both child and maternal health. In the Oromia target zones one-half (51.1 percent) of adolescent women (age 15-19) were married and over one-third (37.8 percent) had at least one birth. In the Amhara target zones 35.7 percent of adolescent women were married and 17.9 percent had at least one birth.

- Knowledge of family planning methods among adolescent women in the Oromia target zones is moderately widespread (51.1 percent of women have heard of family planning), but use is extremely low (only 2.6 percent). In the Amhara target zones 68.1 percent of adolescent women have heard of family planning, but only 5.6 percent are currently using a family planning method.
- Creating awareness of HIV/AIDS is the first step in slowing down the spread of the disease. A full three-quarters (75.6 percent) of women age 15-19 in the Amhara target zones have heard of HIV/AIDS. As encouraging as this finding may be, it still means that one out of every four adolescent women is not aware of the disease.
- Studies of infant health clearly demonstrate the positive benefits of pre- and post-natal care. In the Amhara target zones only 44.3 percent of women age 15-19 have even heard of pre- and post-natal care.

Summary

Evidence from several sources indicates that fertility has begun to decline in Ethiopia. Nevertheless, fertility remains high, even by sub-Saharan African standards. The early onset of childbearing among women is one important contributor to the high total fertility rate (TFR). Current use of family planning methods remains low in Ethiopia. There are three possible reasons for this low prevalence: (1) women are not aware of family planning methods; (2) they are aware but do not know where to get contraceptive methods; and (3) they are not interested in using family planning methods because the number of children they want exceeds the number they have. In the Oromia and Amhara target zones the survey data indicate that many women who are not using family planning are aware that family planning exists and would use it if they knew where to obtain it. Unmet contraceptive need is widespread in the study areas. Great strides could be made in reducing fertility and improving infant and maternal health by addressing the scarcity of family planning services in rural and urban areas.

Expanding access to family planning services is also crucial to reducing the spread of HIV. Awareness of HIV/AIDS is moderately high among adolescent women in the Amhara region. Moving from awareness to prevention, however, is a much larger step. Getting men involved in family planning is an important first step in increasing the level of condom use.

The *Partnership in Improving Reproductive Health Background Reports* present findings from work in progress on the dimensions and determinants of fertility and reproductive health in Ethiopia. This work is being conducted by faculty and advanced graduate students at the following institutions:

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