

Fertility and Family Planning in Ethiopia

A new look at data from the
2005 Ethiopia Demographic and
Health Survey



The 2005 EDHS was conducted under the sponsorship of the Ministry of Health and implemented by the then Population and Housing Census Commission Office (PHCCO) now merged with the Central Statistical Agency (CSA). The Ethiopia Health and Nutrition Research Institute (EHNRI) tested blood samples for HIV status.

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About the Survey

2005 Ethiopia Demographic and Health Survey

The 2005 Ethiopia Demographic and Health Survey (EDHS) is the second in a series of national surveys conducted in Ethiopia. It is designed to measure levels, patterns, and trends in demographic and health indicators.

In the 2005 EDHS, a nationally representative sample of 14,070 women and 6,033 men from 13,721 households were interviewed. Overall, 96 percent of women and 89 percent of men who were selected in the sample agreed to be interviewed. This sample provides estimates for Ethiopia as a whole, for urban and rural areas of the country, for each of the nine regions, and for the two Administrative Council Areas of Addis Ababa and Dire Dawa.

The Ethiopia DHS provides data on fertility, family planning, maternal and child health, nutrition, malaria, HIV, and women's status. The background characteristics of women and men are also collected, allowing their health and demographic indicators to be compared to their age, residence, wealth, and educational level. This booklet looks exclusively at the fertility and family planning status of Ethiopians.

Introduction

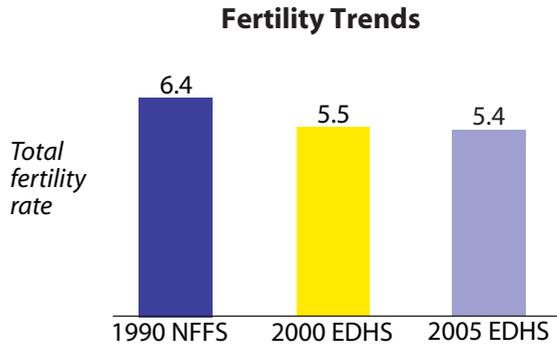
Fertility is one of the principal components of population dynamics that determines the size and structure of the population of a country, and has a powerful effect on its health and economic success. Fertility continues to be relatively high in Ethiopia, with women having an average of 5.4 children during their lifetime. This is, in part, because women continue to marry and give birth at a young age, have polygynous unions, and have their children close together. Yet more than three-quarters of married women report that they either want no more children or want to wait at least two years before their next birth.

For sexually active women and men, consistent use of family planning is the only way to control unwanted childbearing. Despite high knowledge of family planning, currently only 15 percent of married women are using any contraceptive method.

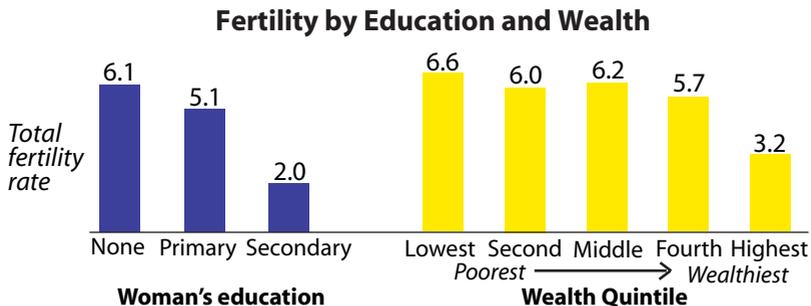
This booklet extracts and summarizes the major findings from the Ethiopian Demographic and Health Survey (EDHS) 2005 on current fertility, use and knowledge of family planning, and family planning preferences among Ethiopian men and women.

Current Fertility

An Ethiopian woman will have about five children in her lifetime. The total fertility rate, or TFR, is 5.4. This represents a large reduction over the past two decades, from a TFR of 6.4 in 1990. However, very little change has occurred since 2000 when the EDHS found a TFR of 5.5.



A woman's education is highly related to how many children she will bear. Women with a secondary or higher education have nearly two-thirds fewer children (TFR of 2.0) than women with no education (6.1). In addition, the poorest women have more than twice as many children (TFR of 6.6) as the wealthiest (3.2).



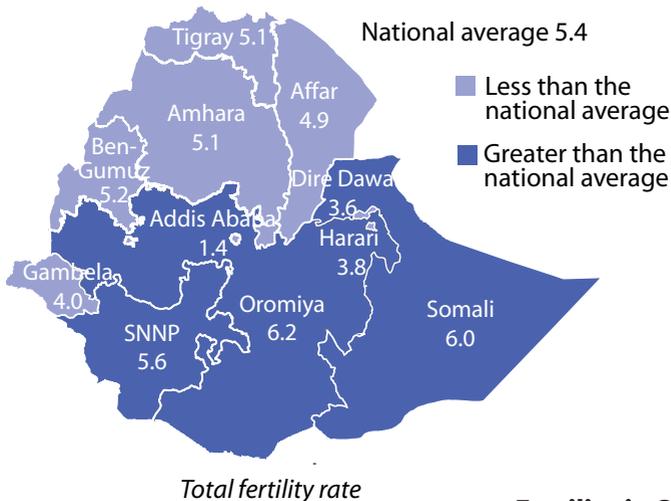
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Current Fertility, continued

Fertility by residence and region

The most dramatic difference in fertility is between urban and rural women. Women from urban areas have a TFR of 2.4, while women living in rural areas have almost three times as many children, with a TFR of 6.0. Oromiya region has the highest fertility rate, at 6.2 children per woman. Women in Addis Ababa have the fewest children, only 1.4.

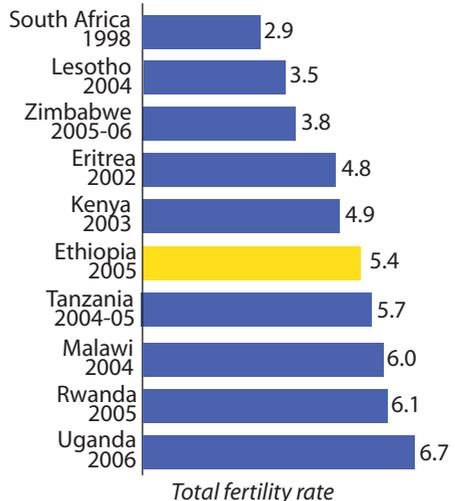
Fertility by Region



Fertility in Sub-Saharan Africa

Ethiopia's TFR of 5.4 places it in the middle of its neighbors. South African women have an average of three children (TFR 2.9), while Uganda has the highest fertility rate at 6.7.

Fertility in Sub-Saharan Africa



Factors Affecting Fertility

Age at first sex, first marriage, and first birth

The age at which a woman first marries is a strong indicator of how many children she will bear. Those who marry and/or start childbearing early average a greater number of lifetime births.

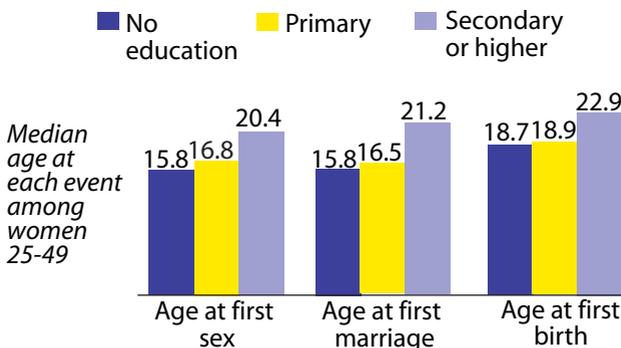
The median age at first marriage for Ethiopian women age 20-49 is 16.5. Women living in urban areas marry at an age of 19.4, compared to age 16.1 among women in rural areas. Women with a secondary or higher education wait longer for marriage, with a median age of 21. Ethiopian men get married later than women, at a median age of 23.8.

In general, sexual activity for women in Ethiopia begins at the time of first marriage, at age 16.5. Men, on the other hand, begin having sex more than two years before they get married, at a median age of 21.2.

The average Ethiopian woman is 19 when she has her first child. Older women (age 45 to 49) began childbearing at a median age of 18.7. For younger women, age 25 to 29, the median age was 19.2, showing that women are having their first birth at a later age than their older counterparts. Still, more than half of all women of reproductive age had given birth by the age of 20.

Urban women have their first birth later (at a median age of 20.7) than rural women (median age 18.8.) Women with no education have their first child at a median age of 18.7, while women with a secondary or higher education level have their first child at an average age of 22.9.

Age at Sexual Debut, Marriage and First Birth by Education

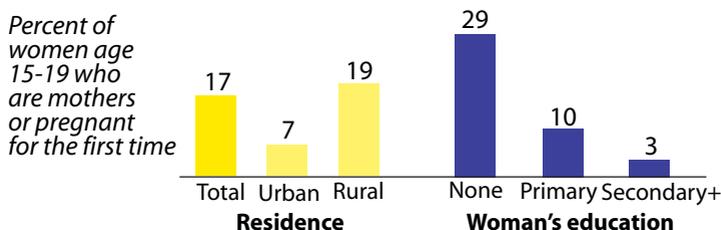


Factors Affecting Fertility, continued

Teenage pregnancy

In addition to increasing fertility, teenage mothers have a high level of pregnancy complications, affecting the health of the woman and the infant. Seventeen percent of all teenage girls (age 15 to 19, married and unmarried) in Ethiopia are already mothers or are pregnant with their first child. Nearly three times as many teenage girls in rural areas as in urban areas have begun childbearing. Almost 30 percent of teenage girls with no education have begun childbearing, compared to only 3 percent of those with secondary and higher education.

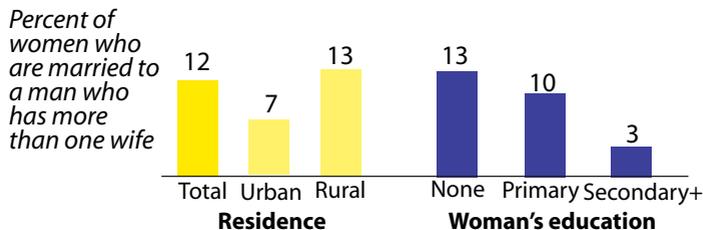
Teenage Childbearing by Residence and Education



Polygyny

Polygyny, the practice of having more than one wife, can alter fertility rates by affecting the frequency of sexual activity. Twelve percent of Ethiopian women are married to a man who has more than one wife. In rural areas the average is 13 percent, compared to 7 percent in urban areas. Only 3 percent of married women with a secondary or higher education live in a polygynous marriage.

Polygyny by Residence and Education

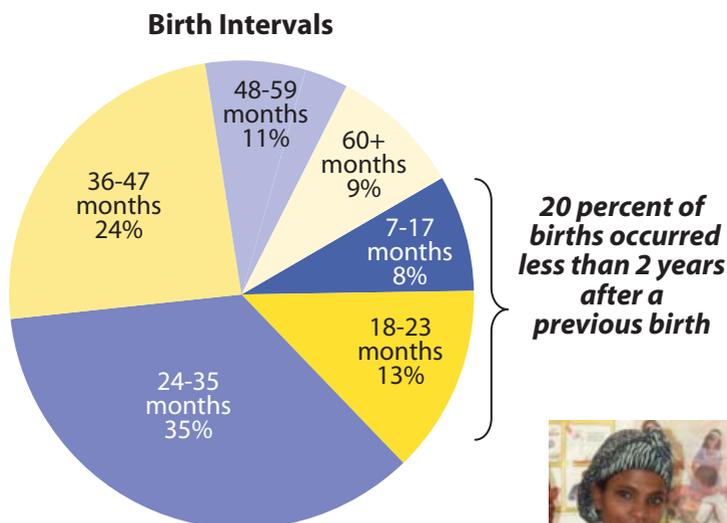


Factors Affecting Fertility, continued

Birth intervals

Birth intervals, the length of time between two successive live births, affect fertility rates and the health of the mother and child. The World Health Organization (WHO) recommends that women wait between 36 and 60 months between pregnancies. The median number of months between births in Ethiopia is 33.8, just under the recommended interval. Twenty percent of births occur in the most risky period — less than 24 months after the previous birth.

Birth spacing has remained relatively unchanged since the 2000 EDHS when the median birth interval was 33.6 months.



Percent distribution of non-first births in past 5 years by number of months since preceding birth



Fertility Preferences

Ideal family size

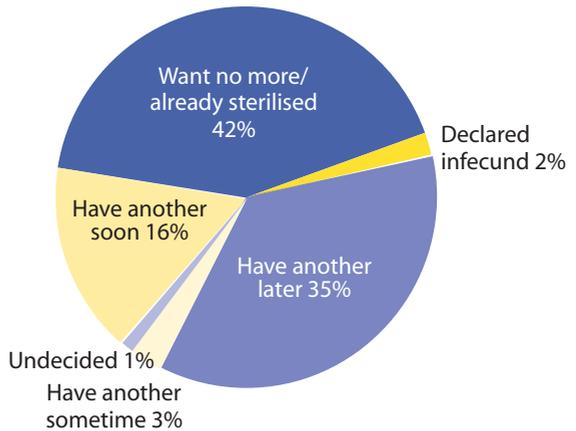
Ethiopian men and women were asked how many children they would like, if they could choose. The ideal family size for women is 4.5 children, and men would like 5.2. Ideal family size has decreased by about one child since 2000, when women reported an ideal size of 5.3 children and men desired 6.4 children.

Desire to delay or stop childbearing

Thirty-five percent of married women want to delay their next birth and forty-two percent do not want any more children. That number rises with the number of children the woman already has. The desire to have no more children is highest among the wealthiest men and women (44 and 48 percent).

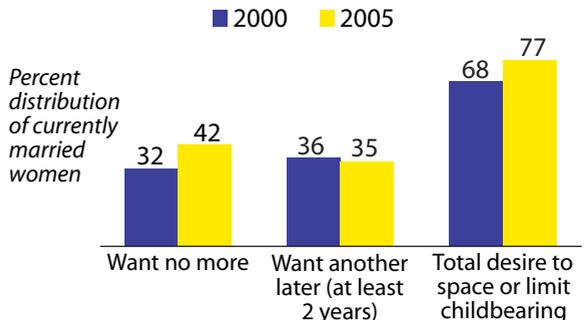
The total desire to space or limit childbearing has increased from 68 percent in 2000 to 77 percent in 2005. This is primarily due to the increase in women who report wanting no more children. This may correspond to the shrinking ideal family size.

Fertility Preferences of Currently Married Women



77 percent of women want to space or limit their births, or are already sterilised

Trends in Fertility Preferences



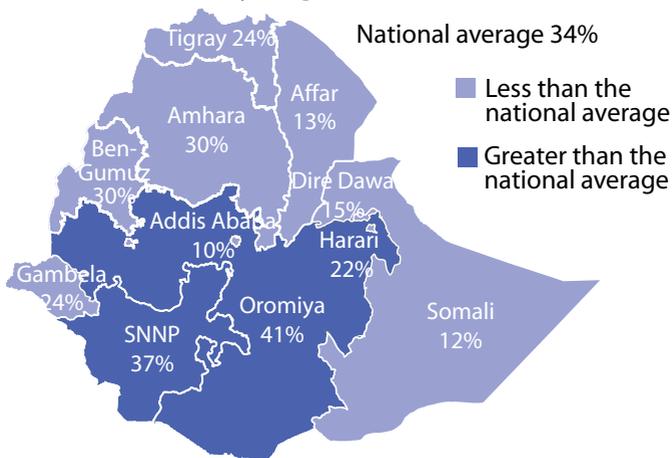
Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of women who want to wait at least two years before their next birth or stop childbearing entirely, but are not using contraception. Thirty-four percent of currently married women in Ethiopia have an unmet need for family planning. Unmet need for family planning has remained relatively unchanged since 2000.

Unmet need is greatest among the youngest women, age 15 to 19 (38 percent) and among women with only primary education (37 percent). Unmet need is lowest among the wealthiest women. Not surprisingly, the unmet need for family planning is greater in rural areas than urban ones (36 percent versus 17 percent).

Fifteen percent of women are currently using family planning; this represents met need for family planning. The sum of unmet need and met need constitutes the total demand for family planning, which is 49 percent of married women. Thirty-one percent of the total need is currently being met.

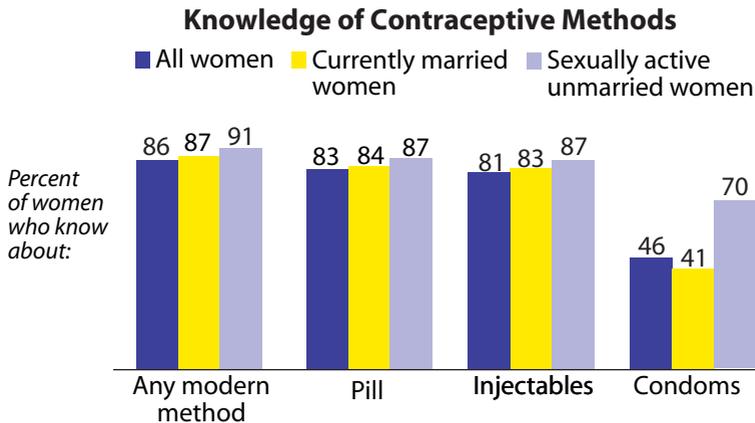
Unmet Need for Family Planning by Region



Percent of currently married women with an unmet need for family planning

Knowledge of Family Planning

Ethiopian men and women have a consistently high level of knowledge about contraception. Among currently married women, 87 percent have heard of at least one modern method of contraception. Ninety-one percent of sexually active unmarried women are familiar with modern methods of contraception. Pills and injectables are almost equally recognized by women as family planning methods, while only 46 percent of all women name the condom.



Men also have a high level of family planning knowledge: 91 percent have heard of any method of contraception. Men are most familiar with the condom as a method of family planning (84 percent, not shown).



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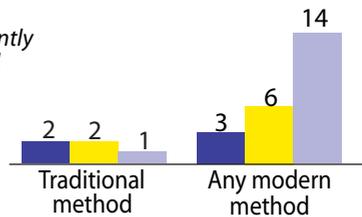
Current Use of Family Planning

Fourteen percent of currently married women are using a modern method of contraception. This rate more than doubled between the 1990 National Family and Fertility Survey and the 2000 EDHS surveys (2.9 to 6.3 percent), and increased again from 2000 to 2005. Use of traditional methods has decreased slightly since 2000.

Trends in Use of Family Planning

■ 1990 NFFS ■ 2000 EDHS ■ 2005 EDHS

Percent of currently married women

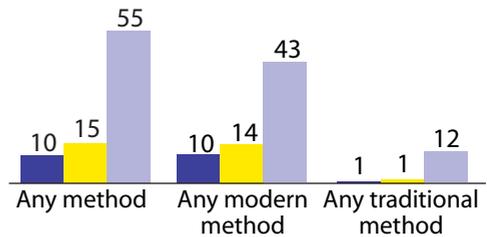


Unmarried sexually active women are the greatest users of contraception, with 43 percent using any modern method. Unmarried sexually active women are also the most likely to use a traditional method of family planning, usually the rhythm method.

Current Use of Family Planning

■ All women ■ Currently married women ■ Sexually active unmarried women

Percent of women

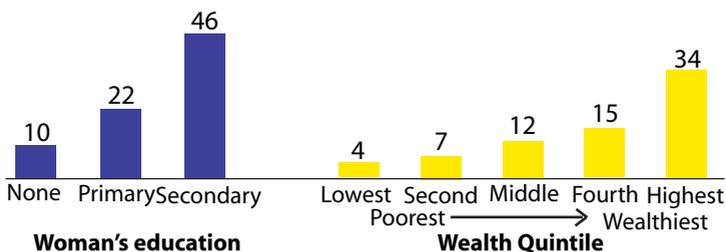


Use by education and wealth

Women with the most education and those in the highest wealth quintile are the most likely to use contraception: 46 percent of the most educated and 34 percent of the wealthiest women use a modern method of contraception.

Use of Family Planning by Education and Wealth

Percent of currently married women currently using any modern method

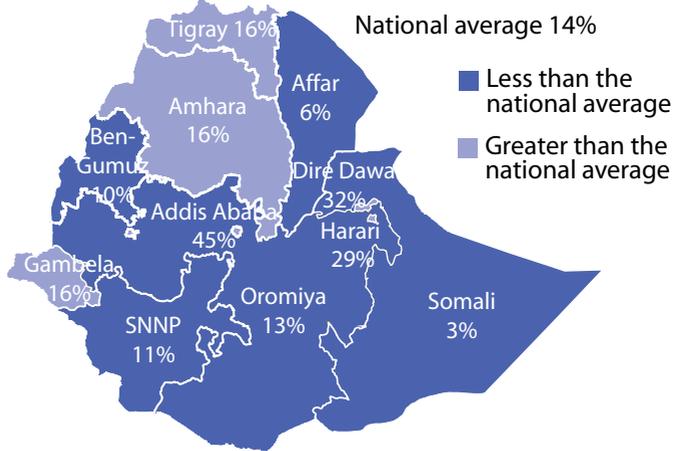


Current Use of Family Planning, continued

Use by residence and region

In urban areas, close to half (42 percent) of currently married women use modern contraception, compared to only 11 percent in rural areas. Addis Ababa has the highest use of modern contraceptives, at 45 percent, and Somali, at 3 percent, has the lowest use.

Current Use of Family Planning by Region

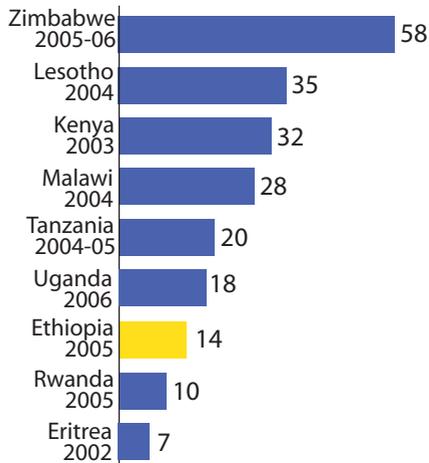


Percent of currently married women currently using any modern method of family planning

Use of family planning in Sub-Saharan Africa

Use of modern methods in Sub-Saharan Africa ranges from more than half of married women in Zimbabwe in 2005-06 to only 7 percent of married women in Eritrea in 2002. Modern method use in Ethiopia is lower than use in many of the neighboring countries.

Use of Family Planning in Sub-Saharan Africa

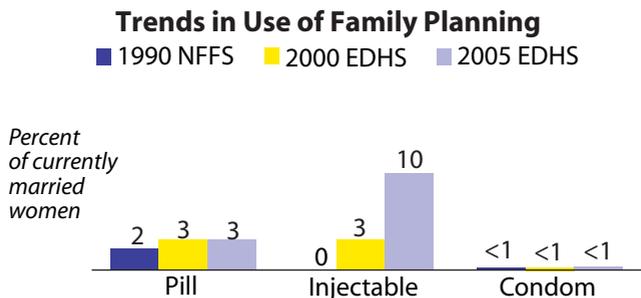


Percent of currently married women who are currently using any modern method

Current Use and Source of Methods

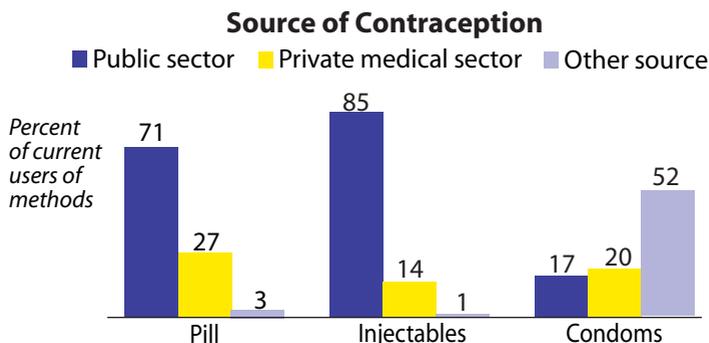
Use of specific modern methods

Among currently married women using contraception, injectables remain the most popular method, with 10 percent reporting use, a dramatic rise from 3 percent of married women in 2000. Unmarried sexually active women are most likely to use condoms, followed by injectables (23 percent and 17 percent, not shown).



Source of family planning methods

Four-fifths of current users obtain their method of contraception from the public sector (a hospital, health center, post or station, a CBD worker or from another public source). The majority of injectables and oral contraceptive pills are obtained from public sources. Nearly half of condoms, on the other hand, are obtained from a non-medical source, particularly from shops (42 percent).



Contraceptive Discontinuation

Two in five contraceptive users (among those who began contraceptive use 3-59 months preceding the survey) discontinue use within twelve months of beginning use. The reasons for recent discontinuation include a desire to become pregnant (10 percent), a switch to another method (12 percent), or another reason (18 percent). Only one percent of users stop due to method failure. Injectables have the lowest discontinuation rate of all methods (32 percent).

Discontinuation of Contraceptive Methods



Users who discontinued use of contraceptives over the five years preceding the survey did so because they wanted to become pregnant (30 percent) or because they had health concerns about the method (26 percent), particularly regarding the IUD (52 percent) and the pill (33 percent).

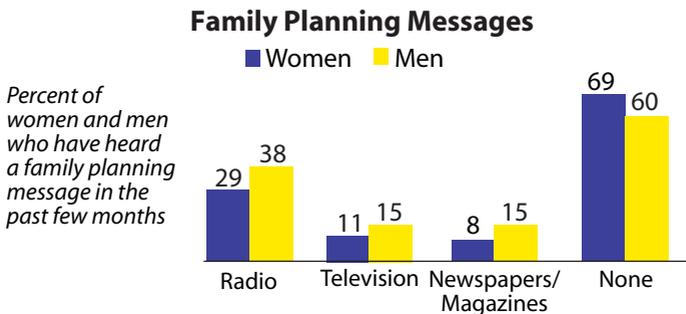


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Information about Contraceptive Options

Family planning messages

The media can provide men and women with much needed information about family planning options. In Ethiopia, radio is the most common media source for family planning information. Still, 69 percent of women and 60 percent of men had *not* heard a family planning message through the media in the few months before the survey. Women and men living in urban areas are much more likely to have heard a family planning message in the media than those living in rural areas.



Informed choice

Women should be informed about their family planning options. Among current users of modern methods who began using in the five years before the survey, only 4 percent were informed about possible side effects or problems associated with the method. About one-third (30 percent) were told what to do if they experienced side effects. Only 7 percent were told contraceptive options other than the method they received.

Access to information about family planning

The large majority of nonusers of family planning did not have any contact with a family planning provider in the year before the survey. Only 10 percent of nonusers either were visited by a health worker who discussed family planning or went to a health facility where they discussed family planning with a provider.

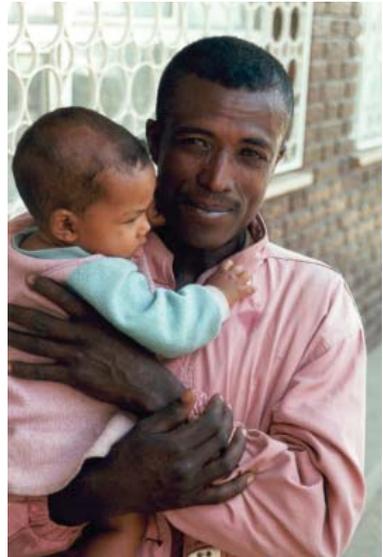
Future Use and Men's Attitudes

Future use of contraception

Slightly more than half of current nonusers plan on using a family planning method in the future. Almost three-quarters of these women report that injectables would be their method of choice. Among those who do not plan on using a method in the future, the major reasons for not wanting to use a method include that she wants as many children as possible (18 percent), religious prohibition (14 percent), knows no method to use (9 percent), and health concerns about the methods (10 percent).

Men's attitudes

In 8 percent of cases, women users of family planning report that their husband is not aware that she is using family planning. Some men have negative feelings towards family planning. Fifteen percent of men think contraception is women's business, and 13 percent think that women who use contraception may become promiscuous. Another 15 percent think that since it is the woman who becomes pregnant, she should be the one to be sterilised.



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Conclusions

The average woman in Ethiopia gets married and begins having sex at age 16.5. She has her first birth at age 19 and has an average of 5.4 children during her lifetime. However, women report that they ideally would like to have only 4.5 children. Most women will, at some point in their lifetime, want to either limit or space their childbearing.

Fertility has remained relatively stable since 2000, after a dramatic drop between 1990 and 2000. But the desire for smaller families is evident — both women and men reported that their desired family size is almost one child smaller than the ideal size they reported in 2000. In addition, in the 2005 EDHS more women and men stated that they would like to limit their childbearing than in 2000.

Use of family planning among married women has more than doubled since 2000, primarily due to the increase in use of injectables. This represents substantial progress. And still, in 2005 only 15 percent of currently married women were using any method of family planning, the only sure means of controlling pregnancy. Thirty-four percent of married women have an unmet need for family planning. Unmet need is unchanged since the 2000 survey.

Enabling and empowering women to reach their desired fertility goals is not as simple as providing information about family planning. Poor, rural, uneducated women are least likely to use family planning, both because they know less about family planning and because family planning methods are least accessible to them. Most nonusers of family planning never come into contact with a health worker who could provide information and access to family planning, and those who do use family planning do not receive all the necessary information to make informed choices and select a method that is most appropriate for their circumstances. This contributes to contraceptive discontinuation.

As with many health and fertility issues, educating women remains key in decreasing fertility and increasing use of family planning. Well-educated women in Ethiopia are least likely to become pregnant as teenagers, most likely to use family planning when it is wanted, and most likely to achieve their family's fertility goals. All Ethiopian women should have access to the same information and resources so that they may also achieve these goals and continue the progress already realized in decreasing fertility and increasing use of family planning.

