Addis Ababa University

College of Development Studies

Center for Population Studies

Determinants of Fertility Preference among Currently Married Women in Kirkos Sub City, Addis Ababa,

By:

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his is to certify that the thesis prepared by TESFWA ASHEBIR DEMISIE entitled:
"Determinants of Fertility Preferences among Currently Married Women in KIRKOS SUB CITY, ADDIS ABABA, ETHIOPIA.

and submitted in partial fulfilment of the requirements for the degree of Master of Science in population studies (Reproductive Health) complies with the regulations of the university and meets the accepted standards with respect to the originality and quality.

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Advisor (Name) Signature Date

Center Head or Graduate Program Coordination

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LIST OF ABBREVIATIONS

CSA	central statistics agency
CSA	central statistics agency
ECA	Economic Commission for Africa
DHS	demographic and health survey
ECA	Economic Commission for Africa
EDHS	Ethiopia demographic and health survey
HOW	world health organization
ICF	international classification of functioning
OAU	organization of African union
OBSI	Ombudsman for Banking Services and Investments
SPSS	Statistical package for social sciences
TFR	Total fertility rate
UN	United Nation
USAID	United States Agency for International Development
US	united states

ABSTRACT

Background: For the context of this research, fertility preference refers to women's desire to have more children. Fertility preference studies are essential because actual fertility is largely determined by women's fertility preferences. However, there has been little research into fertility preferences in Ethiopia. As a result, this study was required to be carried out.

Objective: The study's main objective was to assess the variables that influence the desire for more children. The socioeconomic, cultural, demographic, geographic, and contraceptive variables were selected, and a binary logistic regression model was fitted for the variables.

Methods: a community based cross-sectional study was employed to assess the determinants of fertility preference among currently marriage women. A sample size of 417 mothers attending the above-mentioned services were interviewed. The collected data was cleaned, checked for completeness, compiled and entered into SPSS for analysis. A quantitative technique was used to identify the key determinant factors in the selected Kirkos sub city woreda 3 and 7.

Results: The analysis showed that the women desire for more children were 70.7 percent, and the women not desire for more children was 29.3 percent. Controlling for the effect of others, according to the result obtained from logistic regression model, occupation, birth interval and the ideal number of children were found to have statistically significant effect on the desire for more children.

CONCLUSION

The main goal of this study was to identify the determinants of fertility preference among currently married women in Kirkos sub city Addis Ababa in Ethiopia. As this study conducted in urban area the result shows that there is until high desire for more children and it is much compatible with rural women regardless of determinant factors. Data on currently married women were utilized to assess the associations between each dependent variables and considered independent variables. For this study, among all independent variables considered, significant number of variables was found to affect the dependent variables. With regarded, the desire for more children was affected by occupation, ideal number of children and birth interval. Most of the findings obtained from this study were found to be compatible with other studies undergone worldwide. The result showed that the desire for more children

and not had 70.7% and 29.3% respectively. for this study the significant variable for desire for more children was occupation, birth interval for the next birth and the women ideal number of children

Therefore, the finding is important to adopt programs to discourage the desire for more children and decrease the fertility rate by considering these factors critically. Moreover, continuous education and knowledge on reproductive health will help for minimize fertility behaviour for the women.

RECOMMENDATION

Based on the results of this study the following recommendation can be forwarded to help women to shift towards their reasonable best fertility preferences.

1. Better preferred waiting time could be encouraged when women are supplied with contraceptive use and must therefore be encouraged by district health offices and non-governmental organizations working on reproductive health.
2. Educating women by health office, to prevent excess fertility, about the importance of small family size is important.
3. Government must revise its outlook on population matter and should develop clear population policy. It is not clear whether the current population policy is in effect or not.
4. There is a need to provide information to women by health office experts regarding the number of children they prefer in their life based on scientific evidence and their capacity to rear children.

Keywords; fertility, desire for children, determinant factor.

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CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

The reasons for the recent decline in fertility in the developing world have been widely studied in the literature. The total fertility rate (TFR) has been declining in various sub-Saharan African nations, according to recent trends in fertility rates. But the same nations nonetheless have a consistently high TFR, which is in part explained by strong inclinations for big family sizes. TFR decreased globally from 4.97 children per woman in 1950–1954 to 2.53 in 2005–2010; the effects were considerably more pronounced in the developing world, where the TFR decreased from 6.08 to 2.69 during this time. The changes in TFR, from 6.53 to 5.39 in sub-Saharan Africa, were substantially smaller. High fertility rates in sub-Saharan Africa appear to be the result of a desire for more children that is deeply entrenched in strong cultural inclinations for large families, a preference for men over daughters, and low levels of contraception. High neonatal and child mortality rates coexist with high fertility rates to form the demographic profile of developing nations. Studies in a variety of nations show that mother, newborn, and child mortality are all correlated with high fertility.(Fitaw, Berhane, & Worku, 2004) Ethiopia is one of the Sub-Saharan African nations with the highest fertility rate (5.4 births per woman).The most crucial element in population dynamics is fertility It influences the population's structure and change. Compared to the rest of the world, the fertility rate is high in sub-Saharan countries(Caldwell & Caldwell, 1987),(Hinde & Mturi, 2000; Romaniuk, 1980). Similar circumstances exist in Ethiopia, where there is high fertility and rapid population increase.

More over 80 million people lived in the nation in 2013, according to estimates (CSAaO, 2011). According to the 2011 Ethiopian demographic and health survey, the total fertility rate at national level was 4.8 children per woman(CSAaO, 2011). This value indicates that much effort should be made to attain the targets set in the national population policy of Ethiopia by 2015. For high fertility rate, the main reasons might be early age at first marriage, desire for more children and extremely low contraceptive use. There are some of the major reasons behind such high fertility rate(Gibson & Mace, 2002; Sassone, 1994).

Measuring fertility intentions, and determining the extent to which they predict fertility behavior, which is important for population policy and the implementation of family planning programs (Lunani, 2014). About 5.2 in 1960, 6.6 in 1990, 7.7 in 1993, 5.5 in 2000, 5.4 in 2005, 4.8 in 2011 and 4.6 in 2016 were the Total Fertility Rates (TFR) for Ethiopia.(Teller & Hailemariam, 2011)implying the country`s high fertility by world and

African standard. Ethiopia`s TFR is projected to reach 3.99 in 2020, 3.11 in 2030, 2.28 in 2050 and 1.79 in 2100 in the medium variant projection (DESA, 2015). Here, the ideal number of children is lower than the actual TFR, suggesting that women in this country may be able to contribute to lowering fertility levels if certain conditions are met.

However, fertility preferences in rich countries are higher than actual fertility, despite being generally lower than the situation in developing countries (Basten & Gu, 2013). Despite the fact that desired fertility is directly related to actual fertility (Bongaarts & Casterline, 2013),there is a failure in implementation of unwanted fertility into reality based on women`s preference in Nigeria (Ibisomi, 2011). Only when children are valued mentally, socially, and economically will there be a strong desire for more children (Teller & Hailemariam, 2011). In sub-Saharan Africa, fertility is still highly valued. (Sennott & Yeatman, 2012).

1.2 STATEMENT OF THE PROBLEM

Despite the global fall in fertility throughout time, there are still significant variances and a slow rate of decline in fertility levels (Munshi & Myaux, 2006). However, there is disagreement over the reasons for these variances and the gradual decline in fertility rates. The desire for large families, which is prevalent throughout most of Sub-Saharan Africa, including Ethiopia, prevents fertility decline because high fertility results from the desire for large families. Numerous studies have extensively used ideal family size as a measure of fertility choice. As a way of measuring fertility preference, the study employed desire for more children.A significant indicator of reproductive levels is desire for pregnancy (DaVanzoet al., 2003). Moreover, Bloom and Canning (2004) and Prince (1996) showed that the high fertility rates in sub-Saharan Africa, including Ethiopia, were caused more by people's desire for larger children than by the region's high levels of unmet contraceptive need. Even if fertility aspirations may not be able to accurately predict actual fertility levels, research on it could nonetheless provide us with directional trends. (Hinet al., 2011). In examining fertility preferences, there are roughly two types of bias: non-response (up to God, Allah, or do not know), and shallow or rationalizing (Bongaarts, 1990; Bhrolcháin and Beaujouan, 2015) Rationalization and non-response bias are common among old women than the younger ones (Bongaarts and Casterline, 2013).

1.3 SIGNIFICANCE OF THE STUDY

Since couples attempt to translate their fertility preferences into reality and contribute to change there in practice, there may be a strong relationship between fertility

preference and the overall fertility rate, making this study crucial for policy makers, researchers, and planners. The types of female characteristics that lead to a desire for more children can be understood by government bodies, who can then set goals and act. To support women in making informed decisions in the future, policy makers and planners may find it useful to focus on changing women's views. Additionally, it is intended that any organization that cares about improving the harmony between the population-development nexus would use this analytical result as a benchmark for the effective execution of its policy, strategy, or program. The results of this study could also be used to inform future research on the gaps in the remaining fertility preference variables and current fertility preferences in Ethiopia. This investigation must thus be carried out as a result. The main reason to conduct this study in Addis Ababa is that the region is the home of diversities and availability of large sample size. So, studying about the region can have meaningful effect on the country as well. However, there is limited study conducted about fertility preferences in Ethiopia so far. As a result, this study is necessitated to be conducted.

1.4 Scope and Limitations of the Study

According to several studies, the process of negotiation between the two partners has a significant impact on fertility choices. However, the replies of married women who are now living together were the only ones examined in this study. To counteract this bias, the investigator tried to collect data when respondents were present. Relying solely on data collected from women could present a biased impression of the couple's combined preference function. Prior research indicates that both urban and rural areas were studied, according to the EDHS report, but this study concentrates on urban settings, and the data was evaluated at the individual and household levels.

1.5 Objectives of Study

1.5.1 General Objective

The general objective of the research is to assess factors that affect fertility preferences among currently married women in Kirkos sub city, Addis Ababa?

1.5.2 Specific Objectives

A. To examine socio-cultural, economic, geographic, and demographic factors affecting the desire for more children among currently married women in Kirkos sub city, Addis Ababa.

B. To explore the effect of contraception on desire for more children among currently married women in Kirkos sub city, Addis Ababa?

1.6 RESEARCH QUESTIONERS

1. What are the determinant factors that affect fertility preference among currently married women in Kirkos sub city, Addis Ababa?
2. What does the existing fertility preference look like among currently married women in Kirkos sub city, Addis Ababa?

CHAPTER TWO, LITERATURE REVIEW

The theoretical framework, the birth spacing aspect of reproductive desires, socioeconomic and social cultural factors that may affect people's choices for fertility, as well as the conceptual frameworks that will guide this study, were all covered in this chapter.

2.1 THEORIES OF VALUES OF CHILDREN

According to, Hoffman and Hoffman (1973) examined four motivations for studying the value of children: to increase the motivation for fertility control, to foresee compensations that might be required to achieve small family size, to forecast fertility motivations and population trends, and to take into account the value of children in the parent-child relationship (Hoffman, Hoffman, & Fawcett, 1973).. Children have economic value in less developed nations, both now and as a source of assistance in later life.

However, children constitute a financial burden in affluent nations. Hoffman and Hoffman view the value of children in terms of psychological fulfilment such that children also provide key group bonds, excitement, fun, and a feeling of creativity. They give some parents a sense of control and a platform for social comparison or competitiveness. Their theoretical framework aids in identifying changes that would lead to a decline in the desire for children. The value of children, alternative sources of value, expenses, barriers, and facilitators are among the five types of factors that make up this matrix.

The value of children approach was conceptualized to develop an instrument for cross-cultural comparisons of the influences on the parents' fertility decisions. Different phenomena in several countries can thus be explained in terms of the variations of the same determinants. This should be seen as an attempt to establish an economic model of complex relationships. Assuming differing costs, barriers, incentives, and values of children (VOC) - all of which vary according to conditions in the respective cultures -

permits cross-cultural comparisons of fertility levels. The model integrates aspects of explanations of generative behavior from different scientific disciplines (Fawcett, 1977) and anticipates essential elements of explanatory models in modem social science(Coleman, 1994).In particular, it provides all the necessary elements for a theoretical model of generative behavior. Thus, the VOC-approach offers an integrative explanatory concept that combines essential components of approaches from various disciplines the values and costs of children must be balanced by communities and societies as well as by parents. As communities and societies will bear many of the costs of children, they have an important stake in the decisions couples make about family size. Governments need to better understand the considerations contributing to these decisions if they are to exert any influence on them (Bulatao, 1982).

2.2 DETERMINANT OF FERTILITY PREFERENCE

1. Socio- Economic and Cultural Factors

Socio-economic and cultural factors, among others, may alter the fertility preferences of women (Kodzi, 2009). Desired family size may be influenced by economic, societal, and religious factors(Zanoun, 2009). Ethiopia's fertility preferences have been influenced by things including education and religion (Suzan et al., 2014). Cultural factors can affect the fertility preferences (Albright, 2018).

Education

Female education has consistently been demonstrated to be a significant factor influencing their decision to have children among socioeconomic considerations(Albright, 2018). Rising level of education leads parents to desire for smaller number of children and actual fertility (Bongaarts & Casterline, 2013; Eyasu, 2015; Khan & Bari, 2014; Mekonnen & Worku, 2011); According to Phan (2016) higher level of women`s education leads to less available time for fertility thus reducing potential time for reproduction.

(Lutz, Butz, & Samir, 2014) presented a justification for population policies based on the connection between TFR to health and education. In many nations, falling fertility is correlated with increased education (school years) among girls and women. Family dynamics and choices about having children can be altered by education. Longer and more extensive education may result in fewer families, later marriage, delayed childbirth, and the empowerment of women (e.g., The empirical record "does not support the concept that such a

straightforward causal mechanism occurs everywhere" because there are differences between nations. In practically all nations, fertility does differ between more and less educated women, although the exact mechanism that causes reduced TFR with longer schooling is not fully understood.

According to a study done in Kenya, education was positively correlated with the preferred birth interval of Kenyan women who were already married. A woman is more likely to wait longer between pregnancies if she has more education. This may be brought on by work status, the use of contraception, and awareness of reproductive health ((Lunani, 2014)

Occupational structure

A strong correlation between occupation and desired fertility and behaviors related to fertility has been shown in various research (Bankole et al., 1995), According to their research in the Yoruba tribe of Nigeria, women whose husbands work outside of agriculture are less likely to have children than women whose husbands work in the agricultural sector. People in cities favor nuclear families. Regional variations in preferences for family size reflect differences in where people live (Knodel et al., 1996; Singh and Casterline1985; Mahmud and Ringheim, 1997; Ali, 2000). Due to varying socio-cultural patterns and behaviors, there is regional variance in fertility intention. Based on (Farid, 1996), According to an analysis of survey data from 17 Arab states, urban and educated women are leading the fertility transition in most of these nations. A study was conducted. Meru of Kenya found an inverse association between the desire for more children and occupation, with women married to husbands with higher occupation status more likely to want to stop having children than those married to spouses with lower or middle profile occupation. (Ayehu, 1998).

Religion and occupation

(Cleland and Wilson 1987), the study found that in populations with comparable cultures, fertility trends are similar, highlighting the significance of diffusion within such groups.

The National Health Statistics Reports in the US showed that men and women's intentions regarding conception varied among racial and religious groups. Catholic women, on average, had fewer children than Protestant women; nevertheless, fertility intention was highest among Mormons and Hispanics, irrespective of religion, and lowest among Jewish women, and those who had no religion.

Association of High-Level Countries, both at the individual and national levels, religious authority can affect TFR. For instance, the Vatican and Muslim leaders opposed family planning, particularly abortion and women's autonomy, at the UN population conference in Cairo in 1994. Population growth has often been accompanied by an increase in faith. Norris & Inglehart classified 73 nations as "most secular," "moderate," or "most religious" based on the results of the World Values Survey. The average TFR from 1970 to 1975 was 2.8 children in the most secular nations, 3.3 in the middle, and 5.4 in the most religious. 1.8, 1.7, and 2.8 were the comparable numbers from 2000 to 2005. Religiosity is associated with high TFR, according to a number of further research. In traditional communities, extended families or husbands decide how many children to have, prioritizing child values over child expenditures and advantages. Women who have more children are regarded favorably, and religion has a direct bearing on this. (Zanoun, 2009).(Albright, 2018) declared that Muslim societies prefer to have more children than Christians; cultural factors can affect the number of children women desire to have in their life time. Although their responsibilities appear to be diminishing in the changing socioeconomic activity, religious organizations' fertility standards can influence reproduction desires (Mishra & Parasnis, 2014).

Muslims and other Christians in Ethiopia have greater fertility rates than Orthodox Christians (Teller & Hailemariam, 2011). Recent research indicates that Muslim adherents prefer more children than orthodox Christians (tufa bulto). In Nigeria, Muslims desire to stop child bearing than Christian counter parts (Oyediran, 2006). Although many people believe that religion has no discernible influence on the length of the birth interval, a study conducted in Bangladesh found that Muslim women generally tend to have shorter birth intervals than other believers(Rabbi, Karmaker, Mallick, & Sharmin, 2013). (Wachira, 2001), A case study of Kenya indicated that Muslims had the highest level of desire for more children (56.6%) whereas Catholics and Protestants were 42% and 43.4% respectively. According to (Rabbi,2012 and begur,2009), employed mothers always seek for a smaller number of children, as it becomes harder for them to take good care of their children after maintaining the job.

Women Empowerment

The degree of women`s freedom for reproductive decision making may be affected by aspects like freedom of movement, their decision making ability to visit relatives, their communication about fertility regulation with partner, and their access to and control over resources (Woldemicael, 2007) Participation of women in household decision making is

the most commonly used measure of empowerment of women (Study undergone in Southwest Nigeria showed that women` health care decision rests mainly on husband as male dominance is supported by the culture of the society (Azuh, Fayomi, & Yartey Ajayi, 2015). Women in traditional and patriarchal societies, according to research conducted in Iran, are unable to make independent judgments, including in domestic concerns, until they reach old age (Sehar-un-Nisa Hassan & Mahmood, 2015). This study result is also supported by Stein et al., (2014) where males impose their interests on women to the desires in having large family size through their breadwinner power.

Wealth Status

Economic factors like job, food shortage and housing conditions are important determinants of fertility preferences as study conducted in Malawi showed (Sennott & Yeatman, 2012). In Ethiopia, fertility was found to be higher among women of low household food security though it is hard to find the cause and the effect of food shortage and high fertility nexus (Mekonnen & Worku, 2011). Higher income households have more children than lower income households; however the relationship between income and fertility choices is inverse (Zanoun, 2009). When educational resources are scarce, wealth raises reproductive levels, but when educational resources are abundant, fertility is adversely or negatively correlated with wealth.

Work Status

Working women have a higher opportunity cost of raising children as compared to non-working women (Phan (2016). This is so that working women can delay having children or choose to have fewer children because childcare costs and child-rearing expenses are higher and maternal leave is shorter in nations that discourage natality. Deneke (2015) reports that households with agricultural workers in Damotwoyde (South Ethiopia) have a high fertility rate of about 6 children per woman, compared to office workers and traders who have as few children as households with agricultural workers, where housewives are primarily responsible for household chores.

However, women in non-agricultural sector have higher fertility than those without job (Anteneh, 2015). It is related to lack of income for jobless to up bring children, increasing women`s participation in the wage labour market challenges child rearing since resource and time available to support children is lacking (Masoud, 2009). Moreover, Salami and

Oladosu (2014) found out negative relations of work and fertility preferences in Nigeria. In Malawi, employment has contributed to delay the subsequent childbearing (SennottYeatman, 2012). In Saudi Arabia and Bangladesh, working women have more space between their births than unemployed women do (Ahbabet al., 2013; Abdel-Fattah et al., 2007).

3. Demographic Factors

Age: according to, Ma (Zanoun, 2009) younger generations want to have fewer children than older generations. This is because; generations aspire to decline their fertility over time (Woldemicael, 2007). However, a Niger study shows that a woman's ideal number of children is only slightly connected to her current age (Maytan, 2014). Current age of couples has negatively related to the preference for additional children (Oyediran, 2006); Wachira, 2001). Age at first marriage increased along with a decline in TFR in Southeast Asian women (Phan, 2016). In Bangladesh and Indonesia, the urge for additional children declines as people get older (Alarm et al., 2013; Mellissa et al., 2010). In Southern Ethiopia, the percentage of women who practice short birth intervals declines as they get older, but the length of birth spacing increases (Samuel et al., 2011).

Number of living Children

In Indonesia, the desire for more children declines as the number of living children rises (Mellissa et al., 2010). A study conducted in Southern Ethiopia, however, revealed that the desire for more children was not connected to increasing fertility (Yohannis et al., 2004)

Ethiopian women who have children express a wish to quit having children, which grows as the number of children increases. The mean ideal number of children alsorises when more children are born alive (Susuman et al., 2014). Additionally, a Kenyan study revealed that the number of living children had a substantial impact on fertility desires (Wachira, 2001). With an increase in the number of live children aged 4 and older, Ethiopia's share of women who stop having children is rising (Teller & Hailemariam, 2011) Moreover. The desire to length of child bearing for the next birth is inversely related to the number of living children in Malawi (Sennott & Yeatman, 2012). According to a Saudi Arabian study, the length of birth spacing decreases as the number of living children increases (Abdel-Fattah et al., 2007). n India, both men and women desired to have no more than two to three children to lower caregiving costs and to give their offspring access to enough food, shelter, education, and opportunity for success.

Age of first marriage

A lady would be more likely to have many children if she starts having children in her teenage (Wubegzier and Alemayehu, 2011; Anteneh, 2015). Age at marriage in traditional societies is in the teens because of cultural traditions (Masoud, 2009). Women who had been married for a long time or a medium amount of time were 3.27 and 2.11 times less likely to want to have more children than women who had been married for a shorter amount of time (Susumanet al. 2014). In nations like Ethiopia where family planning programs are not widely used, age at marriage is a crucial factor impacting fertility (Yohannis and Alemayehu, 2004). Age at first marriage and length of marriage, according to a Saudi Arabian study, are the two main factors influencing fertility behaviour. Contraceptive use and increasing age at first marriage are key factors in Ethiopia's recent decline in fertility. Women who married before they turn 18 in Bangladesh are more likely to desire to stop having children (Alamet al., 2013). This may happen because of having plenty of time to have as many children as they want when they are still in their reproductive years.

Preferred Waiting Time to the Next Birth

As can be seen from, 46% of women prefer to give birth in a short amount of time (less than or equal to 2 years).54 percent, on the other side, preferred to have children later, after two years. (Fufa, 2018). Another research (Abdel-Fattah et al., 2007). was conducted on urban Saudi Arabian women, and the results show that only 5.2% of them chose a gap of less than two years, while the remaining 94.8% preferred a gap of more than two years. The preference for birth spacing was preyed upon by comic and work status.

Ideal number of children

Women who had at least their ideal number of children were more likely to desire more. According to the supply and demand paradigm, having a strong desire for additional children indicates high demand. Women who have this urge may believe they have the reproductive ability to produce the desired larger number of offspring. Having more children may benefit these ladies in several ways. (Moyehodie and Muluneh, 2021), The findings show that greater ideal kid counts were associated with increased desires for further offspring in Ethiopia. However, a study conducted in Pakistan Showed that place of residence does not affect the ideal number of children (Khan and Bari, 2014)

Child loss experience

In Ethiopia, child mortality decreased from 77 per 1,000 live births in 2000 to 31 in 2011 (CSA et al., 2001). In 2016, it was further decreased to 20 fatalities per 1,000 live births. High child mortality drives parents to demand for additional children to replace against losses (Bongaarts and Casterline, 2013; Phan, 2016). (Bongaarts and Casterline, 2013; Phan, 2016).

A study conducted in rural area of Southern Ethiopia also shows that mother who experienced child death tends to increase level of fertility (Yohannis et al., 2004; Wubegzier and Alemayehu, 2011; Anteneh, 2015). (Yohannis et al., 2004; Wubegzier and Alemayehu, 2011; Anteneh, 2015). Since parents expect the passing of some of the already living children, fertility preferences are also high in high child mortality areas for insurance and replacement effect. Because of psychological factors (lactation stops) and the supply impact (expecting another death and replacing the already deceased child), the death of a child shortens the time between births (Ojakaa, 2008; AbdelFattah et al., 2007). In Ethiopia, according to (fufa bulto,2018): most women who ever faced child loss wanted to have birth within 2 years. Out of all women who never faced child loss, most of them need to deliver births for a longer period.

Current contraceptive use: According to the literature, roughly 46% of women who did not use contraception and 54% of women who did want to have more children.
(fufa,2018)

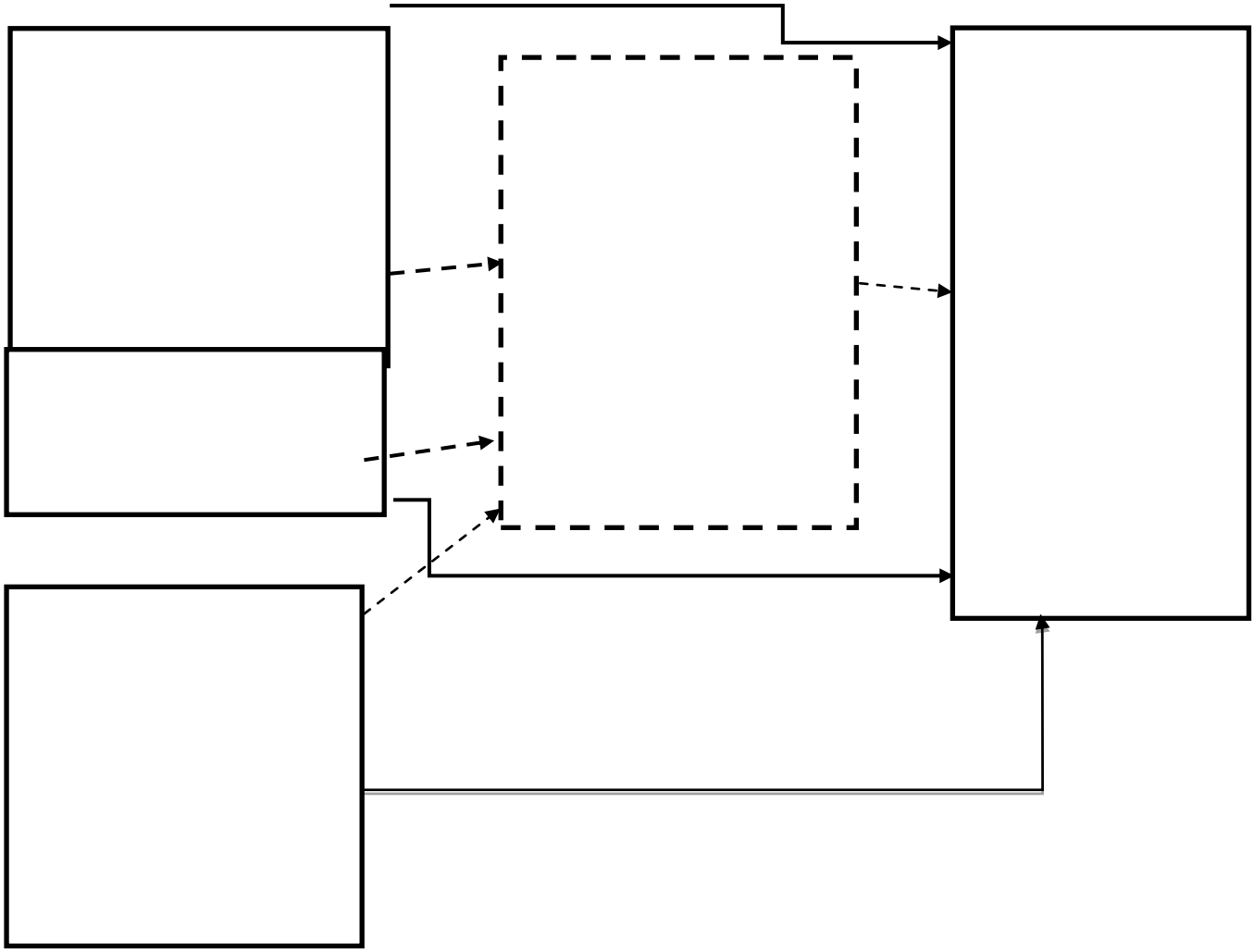
2.3 CONCEPTUAL FRAMEWORK OF THE STUDY

Known fertility determinants include occupation, education, marital status, family income, place of residence, and other cultural factors. Desired family size may vary depending on socioeconomic development level. Couples' desires for children may be drastically altered, and they may start to prefer small and moderately sized families over having large ones. Both spouses have an equal chance of choosing the number of children, according to the writers previously mentioned. The economical, demographic, and cultural backgrounds of women influence their preferences for having children in Ethiopia (Susumanet al., 2014). According to the same research, 38% of Ethiopian women wait at least two years before having their next child.

The desired family size is transformed into the actual family size via the usage of contraception (Bankole and Audam, 2011). The frequency of fertility preferences is

influenced by socioeconomic, demographic, and cultural factors. The urge for more children is influenced by the desired number of children. The chosen birth interval is also influenced by the desire for more children. The link between the dependent and independent variables are shown diagrammatically as follows.

Source: Derived from empirical finding



Key; - path of investigation

Not path of investigation

3. CHAPTER THREE; RESEARCH METHODOLOGY

3.1 STUDY AREA AND PERIOD

The data collection was conducted from February 25 to March 15/2022 and the study area is Kirkos sub-city which is one of the eleventh sub-cities of Addis Ababa, Ethiopia.

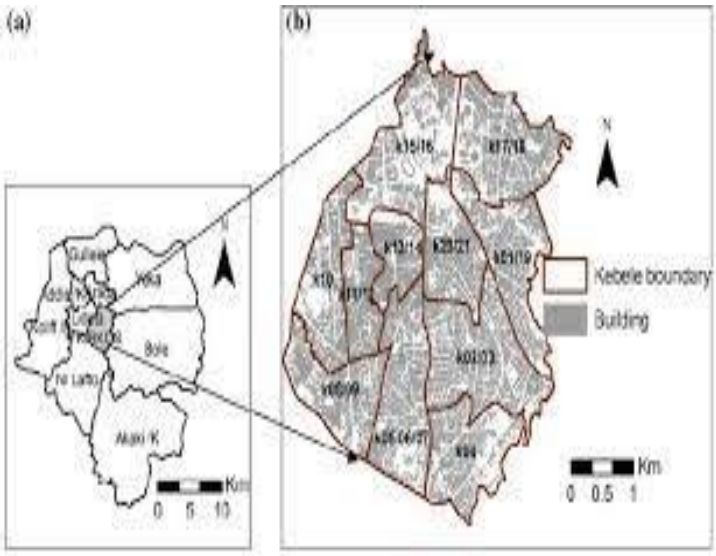
Addis Ababa is the capital city of Ethiopia and the Africa union and often called the 'African capital' due to its historical, diplomatic and political significances for the continent located in the foothills of entoto mountains and standing 7,726 feet (2355

meters) above the sea level, it is the third capital in the world. as of 2014 the capital of Ethiopia, Addis Ababa had more than 52 hospitals ,12 of them state run, and more than 40 privates as shown in Fig. 1, Kirkos sub-city is located at the center of Addis Ababa. National sport and cultural facilities such as Addis Ababa stadium and Meskel square are in the sub-city. The sub-city hosts international offices such as the office for Organization for African Union (OAU) and the United Nations Economic Commission for Africa (ECA).

Kirkos sub-city is characterized by a combination of modern buildings and old residential settlements. Also as shown in Fig. 3.1.1 the sub-city is characterized by dense built-up areas. Superficial observations of Kirkos's residential areas suggest that it is inhabited by residents with high difference in income. The sub-city has 11 Kebeles, which constitute the smallest administrative levels in Ethiopia.

Study setting: the study area was selected by its purposive and proximity for the investigator.

Figure 3.1. demographic characteristics of Kirkos sub city, Addis Ababa.



Addis Ababa, kirkos sub city

3.3 DATA COLLECTION AND PROCEDURE

Data was collected using structured and pre-tested questionnaire. The questionnaire was prepared in English and translated to Amharic, and then back to English. The questionnaires contain socio demographic factors, knowledge of fertility preference

A total of 3 data collectors, one for each household block was interviewed the head of the households. One day training was given for data collectors on how to gather the appropriate information, procedures of data collection techniques and management of field works. The investigator was monitoring the overall data collection process during the data collection period.

Data collection was carried out in morning as well as evening hours to get access to eligible respondents at home. Before conducting the interviews, the investigator asks prospective respondents, whether they are head of the household, if not then their relationship with the head of the household. If respondents are minors, they asked to summon a person of maturity age; selected households were followed up at least twice in case of unavailability of the respondent on the first visit. A respondent who could not be contacted even after the second attempt was counted as a nonresponse

3.4 RESEARCH DESIGN

In this study, a community based Cross-sectional study design was employed. In cross sectional design, information was collected at a specific point in the lives of the respondents.

3.5 SAMPLING PROCEDURE/SAMPLING TECHNIQUES

Simple random sampling was employed, The investigator was collect the information(number of households) from the sub city administration to find out a complete list of currently married women, then 2283 households was found in two sub city Kirkos woreda 3 and 7,the was 1325 and 958 households in both woreda respectively and then select the target number of currently married women of 417;- which was the sample size found by using single population proportion formula and this sample size was proportionally dived for two woreda, Then after data collection was conducted. The two woredas were selected by using lottery method.

3.6 STUDY POPULATION AND PARTICIPANTS

Source population was all households and study population all currently married women in Kirkos sub city in selected woreda 3 and 7.

3.7 ELIGIBILITY CRITERIA

Inclusion criteria

- All women currently married
- All currently married women found in the time of data collection
- Women found between reproductive age group
- Willingness of the respondent

Exclusion criteria

- Women absent at the time of data collection
- Unable to respond due to medical illness and not willing at the time of data collection.
- Currently married women who are not willing for interview

3.8 SAMPLE SIZE DETERMINATION

Sample size determination by using single population proportion formula; the sample size for this study was calculated using a single population proportion formula by considering the following assumptions: and 10% non-response rate the final sample size was being calculated as: -

$$n = \frac{(Z\alpha/2)2P(1-P)}{(d)2} = \frac{(1.96)\ 2 \times (0.56)(1-0.56)}{(0.05)\ 2}, \quad n=379$$

Sample size after adding 10% non-response rate was:

NF= (n*0.10) +n= (379*0.10) +379= 38 +379= 417

Where:

P= 56% which is derived from research done in Oromia region (fufa, 2018)

d = the margin error between the sample and the population (0.05).

Z α/2= critical value at 95% confidence level of certainty (1.96).

3.9 STUDY VARIABLES

This study used desire for more children as the dependent variable to measure fertility preference. Most studies have concentrated on desire for more children as a measure for fertility preference as much as it has its flaws. Collecting information on desire for more children as a measure of fertility preference can be relatively complex. Respondents, especially those illiterate or with little education may find it difficult to understand these questions. This study uses desire for more children as it is direct and focuses on the topic of interest.

The independent variables of the study are Socio economic factors, socio cultural factors, demographic factors, contraceptive use.

3.9.1 CLASSIFICATION AND TYPES OF DEPENDENT VARIABLES

Fertility preference was measured by desire for more children. Data on fertility preferences as dependent variable (desire for more children) and others as independent variables dataset were cleaned, organized, and recoded where necessary and analyzed using SPSS. Since the objective of the study was to examine the determinants of fertility preferences living in marital union, appropriate data on currently married women of age 15-49 were included. women who responded that they wanted another child were considered to have a desire for more children while those who responded that they wanted no more were considered as not having a desire for more children (Jara D Dejene T, Taha M (2013)

CLASSIFICATION OF THE DESIRE FOR MORE CHILDREN

In this study, dependent variables were the desire for more children: it is the desire of a woman to either to continue to have children or to limit or stop. The dependent variable was categorized as (no and yes). A response to the question on the desire for more children that states "Would you like to have more child, or would you prefer not to have any (more) children?" was considered. The analytic multivariate results for the desire for more children were done on 417 sample women. Women provided non numerical answers and those reported as pregnant were excluded from the analyses.

3.9.2CLASIFICATION OF INDEPENDENT VARIABLES

These variables were considered because of their statistically significant relationships with desire for more children in previous studies (Bagheri A, Saadati M.2019), Kodzi IA, Casterline JB, Aglobitse P.2010).

Age of women refers to the completed age of a woman at the time of the survey. It was categorized into age ranges 15-24, 25-34, and above 34.

Number of livings children refers to the total number of children previously ever born alive to a woman. It was categorized into 0-3, 4-6 and greater than 7 children. The number of living children was not disaggregated. This variable seeks to measure the distribution of number of living children on desire for more children.

Age at first marriage: refers to the age in years when a woman married for the first time. It was classified as less than 18 and 18 and above.

Household wealth status: The wealth index used in EDHS is used to measure household characteristics in the use of health, other services, and health outcomes. It was categorized as very poor, poor, medium, rich, and very rich.

Education

This variable was a measure of the highest level of school that the respondent has attended. The variable will be categorized into five groups namely: cannot read and write, read, and write, primary education, secondary education and above secondary education.

Women's Occupation: refers to working status of women or the type of employment a woman was engaged in at the time of the survey. It was categorized as not working, working for family, self-employed and employed.

Religion

This variable identifies the respondent's religious affiliation. It is grouped into orthodox, Catholics, Protestants, Muslim, and Others.

Ethnicity: It is a group of people having a common culture, tradition or ancestor. It is categorized as, Oromo, Amhara, Tigray, Gurage, and others (Gedeo, Hadiya, Wellaita, Gurage, Keficho and Silte).

Contraceptive use

Refers to whether sexually active non pregnant currently married women have been using contraception during the interview time. The variable was measured if the respondent is

currently using or not using a method of contraceptive. This is to find out how contraceptive use affects desire for more children

Work status

This variable measures the respondent's current working status in relation to desire for more children. The variable was measured as working and not working.

3.10 DATA QUALITY ASSURANCE

Data quality was assured before, during and after data collection. Prior to data collection Pretest was conducted in 5% of the sample size in Nifas silk Lafto sub city (found near the study area) to determine its clarity, adequacy, of the questionnaire. Corrections and modifications for some questions were done before data collection. During data collection period, study participants were informed about the purpose of data collection and importance of the study to generate quality data. The principal investigator was actively involved in supervision of the data collection. After data collection, the collected data was rechecked for completeness, consistencies, and cleaned on daily basis by investigator.

3.11. DATA SETS/SOURCES

The study was household Questionnaire to collect information on characteristics of the household's welling unit and characteristics of usual residents. It is also used to identify members of the household who are eligible for an individual interview. Eligible respondents are then interviewed using an Individual Woman's Questionnaire. Interviews are conducted only if the respondent provides voluntary informed consent.

3.12 DATA PROCESSING, ANALYSIS AND PRESENTATION

3.12.1METHODS OF ANALYSIS OF QUANTITATIVE DATA

Logistic regression model was fitted to run the analyses for all the quantitative outcome variables. All the independent variables are also categorical. The dependent variable was the desire for more children.

The desire for more children:

data on whether women responded to show desires in having another child or not was dichotomous and hence was used directly without categorizing (yes=1 and no=2) responses of women whereby binary logistic regression model was fitted directly.

Data was entered into EPI data version 4.4.3.1 and exported into Statistical package of social science (SPSS) version 24 and Data cleaning was performed by running frequency of each variable to check accuracy, inconsistency and missed value of the data. Before analysis of the data, recoding of variables conducted to analysis easier.

Given the one outcome variables (desire for more children) was taken as categorical (yes or no) form, binary Logistic regression analysis was used to assess the key predictors. Variables which fulfilled the assumptions of regression and had p-value less than 0.20 in bivariate analysis and was taken into the multivariate binary logistic regression. Multicollinearity test was done to check the correlation between each independent variable. Model goodness of fit was tested. Strength of association evaluated using odds ratio at 95% confidence interval and P-values less than 0.05 considered significant associations.

3.13 Ethical Considerations

Ethical clearance was obtained from the Research Ethics Committee of School of institution of population study department, Addis Ababa University before data collection was initiated. Then, written/verbal consent was obtained from each woreda administrators and verbal consent was taken from each eligible woman. Study subjects were informed that the study was not having any risks. In addition, the objective and benefits of the study was explained to them. Personal information (like name, phone number, etc.) was excluded from the questionnaire to ensure privacy and confidentiality. The right of individual not to participate in the study is also respected.

3.14. Plan for Dissemination of the Finding

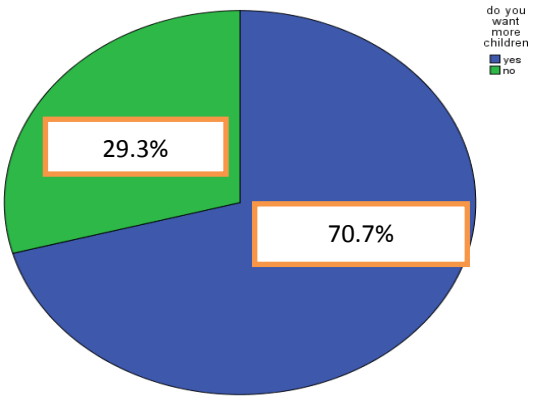
The findings of the study were compiled in Thesis format and submitted to Addis Ababa University, College of Developmental studies, Center for Population studies. The findings were communicated to concerned offices in Addis Ababa, Kirkos sub city. Also, all efforts were made to publish the result of the study on peer reviewed and reputable Journals.

Chapter 4; RESULT of the Study

4.1 Background characteristics of univariate, bivariate and multivariate analysis of desire for more children

Fig. 4.1 shows the desire for more children. The desire for more children and have no more children in Kirkos sub city, Addis Ababa is 70.7% and 29.3% respectively.

Fig. 4.1: The desire for more children among currently married women in Kirkos sub city, Addis Ababa



Socio economic characteristics of the respondents

Regarding age group most (55.6%) of respondents were in the age bracket >34 years. Married women with the age group of 25-34 were 37.9% and the smallest proportion of them in the age group was 15-24. From currently married, majority of the women had age of first married as >18 years which accounts 86.8% and 13.2% of the women married before 18 years and mean age of first birth is 24.37. The legal marriage age in Ethiopia is at least 18 Of the total respondents, women from Amhara ethnic group accounted for majority,162 (38.8%) followed by Oromo 118(28.3) %, Tigray58(13.9%), Gurage 69 (16.2%) and others 10(2.8%). Most, (74%) of the women in this study were orthodox, followed by Muslims, protestant, catholic and others who were 32.6%, 14.6%, 5% and 0.7% respectively.

With regards to the educational attainment, those who can't read and write were 1.7 percent while 9.6 percent were literate. Women with primary education, secondary education and above were 12.9 percent,32.1 and 43.6 percent respectively.

The study showed that close to (74.8%) of the women was working, while those (25.2%) were not working.

Majority of women were having children (82%) and 18% did not have children. Looking at the number of living children, most (74.3%) of the women had small sized children followed by medium size living

Table 4.1 Frequency distribution of socio demographic characteristics of currently married women, in Kirkos sub city Addis Ababa Ethiopia ,2022

Variable	frequency	Percent
Current age of respondent		
15-24 years	27	6.5
25-34 years	158	37.9
<35 years	232	55.6
Age at first birth		
15-24 years	188	45.1
25-34 years	159	38.1
<35 years	9	2.2
Age at first marriage		
<18 years	55	13.2
>18 years	352	86.8
Ethnic group		
Oromo	118	28.3
Amhara	162	38.8
Tigray	58	13.9
Gurage	69	16.2
others	10	2.8
Religious affiliation		
Orthodox	196	47.0
Muslim	136	32.6
Protestant	61	14.6
Catholic	21	5.0
others	3	0.7
Higher grad completed		
Can't read and write	7	1.7
Read and write primary	40	9.6
education	54	12.9
Secondary education	134	32.1
Above secondary	182	43.6
Work status		
Working	312	74.8
Not working	105	25.2
Occupation		
Housewife	95	22.8
Self-employee	98	23.5
Private employee	43	10.3
NGO employee	67	16.1
Gov`t employee	73	17.5
Daily labourer	24	6.0
others	17	3.8
Number of living children		
Low size children		
Medium size children	310	74.3

large size children	98 9	23.5 2.2
Have you given birth? Yes no	 342 75	 82 18
Average birth interval <2 years >2 years	 123 294	 29.5 70.5
Contraceptive used Yes no	 298 119	 71.5 28.5

RC= reference category

4.2 BIVARIATE BINARY LOGISTIC REGRESSION OF DESIRE FOR MORE CHILDREN

The bivariate binary logistic regression was conducted to select the most promising explanatory variables for multivariable proportional odds regression. Variables with a p-value < 0.20 in the bivariate analysis were selected for entering the initial multivariable proportion odds. Odds ratios with 95% confidence intervals were calculated for each factor in the binary logistic regression model. Given that the dependent variable, desire for more children was dichotomous binary logistic regression model was used to examine factors found to significantly influence it. The results of bivariate binary logistic regression are shown in the Table 4.2. out of the (13) variables entered the binary logistic regression model; ten (10) variables were significantly associated (P-Values=0.20) with desire for more children. The factors are age at first married, age at first birth, religion affiliation, educational status, occupation structure, household income, have you given birth? birth interval, ideal number of Children and contraceptive use. educational attainment, ethnicity, current age of women and number of living children, current working status, Age at first married and were not significant.

Table4.2 Bivariate binary logistic regression analysis for association between selected explanatory variables and desire for more children kirkos sub city, Addis Ababa, 2022 (n=417)

	Variables	**Ex p(B)** **Odd ratio**	**p-value**
	Current age of women		.
		0.994 (0.966-1.022)	0.667

	Age at first married		
	>18 years [RC]	1	
	<18 years	0.627 (0.347-1.131)	**0.121**
	Age at first birth		
	>35 years [RC]	1	
	15-24 years	5.520 (1.330-22.909)	**0.019**
	25-34 years	5.395 (1.292-22.532)	**0.021**
	Ethnicity	1	
	Others [RC]	0.741 (0.192-2.860)	0.664
	Oromo	0.713 (0.188-2.704)	0.618
	Amhara	0.667 (0.164-2.717)	0.572
	Tigray	0.742 (0.184-2.997	0.675
	Gurage		
	Religious Affiliation		
	Others [RC]	1	
	Orthodox	6.000 (0.532-67.619)	**0.147**
	Muslim	3.440 (0.304-38.904)	**0.318**
	Protestant	5.625 (0.477-66.323)	**0.170**
	Catholic	6.400 (0.474-86.343)	**0.162**
	Educational status of the respondent		
	Above secondary [RC]	1	-
	can't read and write	0.870 (0.163-4.638)	0.871
	read and write	0.471 (0.232-0.957)	**0.038**
	primary education	0.995 (0.497-1.990)	0.988
	secondary education	0.763 (0.466-1.249)	0.282
	Occupation		
	Others [RC]	1	-
	Housewife	3.441 (1.146-10.329)	**0.028**
	Self-employee	3.602 (1.201-10.800)	**0.022**
	Private employee	7.292 (2.047-25.979)	**0.002**
	NGO employee	6.310 (1.956-20.350)	**0.002**

Gov't employee	4.737 (1.516-14.799)	**0.007**
Daily labourer	2.963 (0.807-10.877	**0.102**
HH income		
Very rich [RC]	1	
Very poor	0.433 (0.133-1.413)	**0.165**
Poor	0.243 (0.109-0.545)	**0.001**
Medium	0.503 (0.240-1.057)	**0.070**
Rich	0.733 (0.269-1.998)	0.544
Have you given birth		
No [RC]	1	-
Yes	1.688 (1.001-2.845)	**0.049**
CEB	1.059(0.943-1.190)	0.333
Work status		
Note working [RC]	1	
Working	1.148 (0.711-1.855)	0.572
Birth interval		
After 2 years [RC]	1	-
Within 2 years	3.464 (1.969-6.094)	**0.000**
Ideal number of children	2.441 (1.970-3.026)	**0.000**
Have you used contraception?	1	
No [RC]	0.627 (0.383-1.027)	**0.064**
Yes		

RC= reference category

4.3 MULTIVARIABLE RESULT FOR DESIRE FOR MORE CHILDREN

The results of multivariate logistic regression are shown in the Table 4.3. out of the nine (9) variables entered the binary logistic regression model, three (3) variables were significantly associated (P-Values<0.05) with desire for more children. The factors are occupational structure, birth interval, and ideal number of Children. The other predictor variables

(educational attainment, religious affiliation, current use of contraceptive, age at first marriage, number of living children, and Age at first birth) had no significant effects on the dependent variable.

Table 4.3 shows, multivariable regression for examining the association between sociodemographic characteristics and desire for more children.

The expected likelihood desire for more children was significantly higher among those private employee, gov`t employee, daily labourer, housewife, NGO employ and self-employee as compared to the reference category (RR =4.597,95%CI: 0.801-26.377, 5.444, 95%CI:1.097-27.007,4.224,95%CI:0.685-26.036,3.071,95%CI:0.658-4.326, 3.272,95%CI:0.576-18.590, and 3.923,95%CI:0.843-18.250 respectively).

The expected likelihood of desire for more children was low among a woman with birth interval within 2 years compared to after 2 years (RR=3.186,95%CI:1.509-6.726).

Similarly, the desire for more children 0.000 times lowers among women with the ideal number of children (RR=2.402, 95%CI: 1.806-3.194).

Table 4.3, Multivariable analysis with the association between socio-demographic characteristics with desire for more children. Kirkos sub city Addis Ababa, Ethiopia,2022

Variables	Exp(B) Odd ratio	p-value
Age at first married		
>18 years [RC]	1	
<18 years	0.564(0.230-1.381	0.210
Age at first birth		
>35years [RC]	1	
15-24 years	4.115(0.554-30.548)	0.167
25-34years	4.789(0.670-34.244)	0.119
Educational status		
Above secondary [RC]	1	
Can't read and write	0.809(0.086-7.617)	0.853
Read and write	1.446 (0.490-4.266)	0.504
Primary education	1.245 (0.405-3.826)	0.703
Secondary education	1.768 (0.832-3.759	0.138

Occupational structure		
Others [RC]	1	
Housewife	3.071 (0.658-4.326)	0.153
Self-employee	3.923 (0.843-18.250	0.081
Private employee	4.597 (0.801-26.377)	0.087
NGO employee	3.272 (0.576-18.590)	0.181
Gov`t employee	5.444 (1.097-27.007)	**0.038**
Daily labour	4.224 (0.685-26.036)	0.121
Household income		
Very rich [RC]	1	
very poor	2.067 (0.381-11.219)	0.400
poor	0.679 (0.207-2.228)	0.523
medium	1.006 (0.368-2.745)	0.991
rich	0.776 (0.209-2.885)	0.705
Have you given birth?		
No [RC]	1	
Yes	1.265 (0.314-5.092	0.740
Birth interval		
After 2 years [RC]	1	
Within 2 years	3.186 (1.509-6.726)	**0.002**
Contraceptive use		
No [RC]	1	
Yes	1.251 (0.572-2.737)	0.575
Ideal. number of children	2.402 (1.806-3.194	**0.000**

NB; level of significancy P<0.05

CHAPTER 5; DISCUSSION OF THE FINDINGS

5.1 DESIRE FOR MORE CHILDREN IS AFFECTED BY OCCUPATION, RELIGION, BIRTH INTERVAL AND IDEAL FOR MORE CHILDREN

The study has primarily aimed to estimate the determinant of fertility preference among currently marriage women in selected Kirkos sub city, Addis Ababa, Ethiopia. Given that the dependent variable, desire for more children was dichotomous binary logistic regression model was used to examine factors found to significantly influence it. Out of 2288 household surveyed only 417 were included in the logistic regression analysis among independent variables that have statistically significant effect on the dependent variable. The result showed that desire for more children was 70.7%, this study is compatible with the study was done in sub–Saharan Africa which is 64.95%. (Bright,et.al,2020). Another cross-sectional study was done in Rakai, Uganda showed that the desire for more children of currently married women was higher which were 54.1%. (Joseph.et.al.2017)

The results obtained from the multivariate analysis showed a range of socio-demographic factors affected the women to desire for more children. Which were occupation, birth interval and ideal for more children. The one which have significant effect on desire for more children is occupation, based on this study being government employee have desire for more children as compared to other (reference category). The study concludes that, occupational structures (housewife, self-employee, private employee, NGO employee, daily labour, and government employee) of a respondent influences women to desire for more children. Especially, a woman with government employee had more likely to had desire for more children. This may be higher income and understanding value of children. Previous study (beguy,2009 and Rabbi ,2012) was not in line with my result which is, employed mothers always seek for a smaller number of children. In occupational structure, studies were done in Yoruba of Nigeria reveals that desired fertility is lower for women married to husbands employed outside agriculture, compared with those in the agricultural sector (Bankole et al., 1995). Currently marriage women with higher occupation status were more likely to desire to not have desire for more children than those women with lower or middle status occupation. Hence this result shows that, an inverse relationship between the desire for more children and occupation. Similar result study was done in Meru of Kenya, (Ayehu, 1998).

Regarding, birth interval for the next birth, the average birth interval currently married women greater than two years and less than two years was 70.5% and 29.5% respectively. This study was in line with study conducted in Oromia region, revealed that, Women who prefer to have births within short period of time (less or equal to 2 years) were 46%. and 54% wanted to have births in the longer period (fufa,2018) and the other study, Saudi Arabia in urban women results only 5.2% preferred <2 years, the rest of 94.8% were preferred >2

years, this result in contrasts with this study. the result showed that the likelihood of desire for more children was high among a woman with short birth interval (within 2 years) for the next birth as compared to the reference category (> 2 years). Women who prefer to have births within short period of time (less or equal to 2 years). Other study (Ojakaa, 2008) revealed that, where the demand for children is higher, there are shorter birth intervals

Regarding the ideal number of children, the mean ideal number of children currently married women was 4, This shows that nearly like that of EDHS -2016, report 4.6 per women. The likelihood of desire for more children was highly significant among who had higher ideal number of children. This may be in developing country, Ethiopia, having higher number of children, assumed that as wealth and supporting at old age or may not be satisfied with their existing number of children. This study was consistent with the other study, (Esterlin,1975) shows that, women having higher ideal number of children had higher odds of desiring for more children. The other similar study was done in Ethiopia, which implies that the higher ideal number of children had higher desire for more children (Muluneh and Moyehodie,2021).

5.2 STRENGTH AND LIMITATION OF THE STUDY

This study was not representative for the country as well as Addis Ababa city due to time limitation and shortage of budget. Mothers to recall of some important determinants like their own age especially on uneducated women was the limitation in the study.

Using community based cross-sectional study design, inclusion of only urban communities could be considered as weakness of the study. However, mothers' failure to recall of some important determinants like their income and her age might have introduced recall bias into the study. Besides, accessing their socially desirable answers to some questions such as history of neonatal death would have caused social desirability bias. The recall bias was dealt with enabling mothers attach their children's birth dates to unforgettable Ethiopian holidays and calendar days. Besides, it was tried to minimize social desirability bias by conducting probed maternal interviews of the events (factors) by the trained data collectors. Some factors like husbands' perception of birth spacing may not have been measured appropriately. The study lacks support of qualitative data. Moreover, the results may not be representative of the not married women of reproductive age group in Ethiopia due to smaller sample size in this study. Besides, the willingness of the mother was other limitations. All the limitations might have attributed for less precise measurement of some factors in the study.

CHAPTER SIX; SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 INTRODUCTION

The main objective of this study was to determine factors associated with fertility preference among currently married women in Addis Ababa, Ethiopia. This attempted to examine the effects of some selected socio economic, cultural, and demographic variables on fertility preference among currently married women in Addis Ababa, Ethiopia. This study provided further knowledge and revealed important information on the factors influencing desire for more children among currently married women in Addis Ababa Ethiopia. This section will be presented as summary, conclusion, and recommendations.

6.2 SUMMARY

Ethiopia is one of the Sub-Saharan African countries characterized with declining but still has high population growth.

As this study and similar other studies reveal, the high population growth is attributed to the high demand of labour force in agriculture, the belief that children are vital for old age security, honours, and considered as maintaining posterity and blessings and reputations in areas that are tied strongly with traditions. Demand for fertility is expressed in terms of desire for more children. This variable, is known as fertility preferences, is the dependent variables explored in this study. That is to fill the gap as the study of fertility preferences is limited in Ethiopia despite its importance in predicting the actual fertility. The objective of this study was to assess variables that were thought to affect fertility preferences in Kirkos sub city, Addis Ababa. The dependent variable desire for more children was categorized into two groups with ―no‖ or ―yes‖ response. Binary Logistic regression model was utilized to assess the effect of independent variables on the dependent variables.

Both the descriptive and analytical results were processed. Descriptive results were used to help inculcate the distributions of all socio-cultural, economic, demographic, and other characteristics against each independent variable. The independent, all are categorical except the ideal number of children, variables are, age of women, age at first marriage, age at first married, ethnicity, level of education, contraceptive use, wealth status, occupation, number of living children, preferred birth interval, ethnicity, have you given birth and religion.

According to the result obtained from binary logistic regression model, occupation, ideal number of children and birth interval were found to affect the desire for more children.

6.3CONCLUSION

The main goal of this study was to identify the determinants of fertility preference among currently married women in Kirkos sub city Addis Ababa in Ethiopia. As this study conducted in urban area the result shows that there is until high desire for more children and it is much compatible with rural women regardless of determinant factors. Data on currently married women were utilized to assess the associations between each dependent variables and considered independent variables. For this study, among all independent variables considered, significant number of variables was found to affect the dependent variables. With regarded, the desire for more children was affected by occupation, ideal number of children and birth interval. Most of the findings obtained from this study were found to be compatible with other studies undergone worldwide. The result showed that the desire for more children and not had 70.7% and 29.3% respectively. for this study the significant variable for desire for more children was occupation, birth interval for the next birth and the women ideal number of children

Therefore, the finding is important to adopt programs to discourage the desire for more children and decrease the fertility rate by considering these factors critically. Moreover, continuous education and knowledge on reproductive health will help for minimize fertility behaviour for the women.

6.4 RECOMMENDATION

Based on the results of this study the following recommendation can be forwarded to help women to shift towards their reasonable best fertility preferences.

5. Better preferred waiting time could be encouraged when women are supplied with contraceptive use and must therefore be encouraged by district health offices and non-governmental organizations working on reproductive health.
6. Educating women by health office, to prevent excess fertility, about the importance of small family size is important.
7. Government must revise its outlook on population matter and should develop clear population policy. It is not clear whether the current population policy is in effect or not.
8. There is a need to provide information to women by health office experts regarding the number of children they prefer in their life based on scientific evidence and their capacity to rear children.

9. Fertility preference studies in Ethiopia must be undergone in the future by combining women and men background information and the actual fertility at national level so that the study will be more meaningful.

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8. ANNEX

Questionnaire

Appendix I:

Informed consent form Research team: Before starting any questioning, please remember the following

1. Introduce your self

2. Take time to explain the following for the women

3. Give clarification at all time

4. Seek for their willingness to be enrolled in this study

5. If they are willing to be part of the study, request them to sign on the form and write the date. 1. Participant information sheet Good Morning/Good Afternoon.

Identification particulars:

City: Addis Ababa

S/City: Kirkos

Woreda: _____ Kebele/ketena/village _____

My name is **Tesfaw Ashebir demise** and I am working in the private health institution of Addis Ababa. Today I come to visit your use to ask few questions on determinants fertility preferences among currently married women in the community. I am very much appreciating your participation in this study. Title of the study: Determinants of fertility preference among married women Kirkos sub city, Addis Ababa. Purpose of the study This research is part of MSC Work; in the main time it will identify the determinants of fertility preferences among currently married woman in Kirkos sub city, Addis Ababa. After the results of the study the researchers will inform the health policy makers on the leading cause of fertility preference. I am very much appreciating your participation in this effort. I want to ask you about the circumstance's fertility preference. Whatever information you provide will be kept

strictly confidential. The interview will take about 45 minutes. The interviewer will take notes. The notes taken during the interview will not have any information that names you.

There is no anticipated risk involved with this interview. You can ask for elaborations on questions you think you do not properly understand. Your participation in this study and answers you give will be beneficial to the community, especially women in the reproductive age group children for further information concerning the research work contact one of the following addresses: Tesfaw Ashebir (PI): call phone +251910587807, email address: tesfawas123@gmail.com. If you are willing to be part of the discussion we will be continuing. Otherwise, we can stop.

1. Declaration of voluntary consent form agreement: are you willing to be part of the study? 1. Yes 2. No (stop) I have understood the explanation given to me. I have agreed that I shall be enrolled in the study

Appendix II:

Questionnaire

Questionnaire prepared for currently married women reproductive age group

Title: Determinants of fertility preference among currently married women in kirkos sub city, Addis Ababa.

This study is conducted to identify the determinants of fertility preference among currently married women in Kirkos sub city, Addis Ababa. All information in the interview was confidential. Thank you for your responses to the questions

Interviewer Contact Result Name of interviewer: _____

Interviewer signature: _____

Name of supervisors: **Tesfaw Ashebir** Supervisor's signature_____

Sex of head of the Household; 1. Male 2. Female

Date of interview (ETC): Day/Month/Year _____/_____/_____ Record the time at start of interview -----

Part II: Socio-demographic information

1. How old are you? (Age in completed years/as of last birthday) ----------years
2. Your age at first marriage? (____ Years)
3. Have you ever given birth? 1. Yes 2. No
4. . If for question 3 yes, how many? _____
   Sons_____, daughters_____
   how many of them:

5 a. are living with you/in this household? _____

b. is living elsewhere/outside this household? ____

c. is died? ____

6 Your age 6a. at first marriage? _____ 6b. at first birth? _____

7 Have you ever given birth to a child who was born alive but later, died? 1. No 2. Yes

8.If your answer for Question number 8 is yes, how many of them are died? _____

Part III Socio-Economic and Cultural Variable

1. What do you think of your socio-economic status relative to others in the neighbourhood? 1. Very Rich 2. Rich 3. Medium 4. Very Poor 5. Poor
2. What is the highest grade you completed? 1. Cannot read and Write 2. Read and write/adult literacy 3. Primary 4. Secondary 5. Above secondary
3. What is your work status? 1. Working 2. Not working
4. What is your occupational structure? 1. Housewife 3. Self-employed 4.private employee 5. NGO employee 6. Gov't employ. 7 daily labourer 8. Others (specify)_____
5. What is your household's average monthly income (estimate)? (ETB) _____
6. What is your religious affiliation? 1. Muslim 2. Orthodox 3. Protestant 4, catholic 5. Other (specify)_____
7. What is your ethnic group/ethnicity? 1. Oromo 2. Amhara 3. Tigray 4. Gurage and Other (specify)_____

Part III: - Reproductive health information

1. What is the ideal number of children that have or prefer in your life time? _____
2. When you want to get pregnant 1. Within 2 years 2. After 2 years 3. Undecided/don't know 4. Wants no more children 5. Achieved or exceeded ideal family size
3. What Duration since last birth? 1. Child is 1 year old or less 2. Child is between 1 and 3 years old
4. If you were able to go back to the time when you didn't have any children and decide the number of children, you wanted to have then how many children would you prefer? Child number_____ Male _____ Female _____ As God give Don't know……...

5. **Do you want more children? 1. Yes 2. No**
6. Why do you want to have more children? 1. Children's are wealth 2. They can support in old age 3. Children's may/may not grow 4. Children are honour 5. To maintain posterity
7. Why does your husband want to have more children? 1. Children's are wealth 2. They can support in old age 3. Children's may/may not grow 4. Children are honour 5. To maintain posterity
8. Have you ever heard of contraceptive? 1. Yes 2. No
9. Have you ever used contraceptive methods? 1. Yes 2. No
10. For how long have you used the current a contraceptive you are using? ……. Months ……Year ……Don't know