ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
REGIONAL AND LOCAL DEVELOPMENT STUDIES

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THE CASE OF BAHIR DAR ZURIA WOREDA

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ACRONYMS

AIDS	Acquired Human Immunodeficiency Syndrome
ANSR	Amhara National Regional State
BoH	Bureau of Health
BoP&ED	Bureau of Planning and Economic Development
CBD	Community Based Distribution
CBRHW	Community Based Reproductive Health Workers
CBR	Crude Birth Rate
CPR	Contraceptive Prevalence Rate
DA	Development Agents
ELB	Expected Live Birth
FGAE	Family Guidance Association of Ethiopia
FP	Family Planning
GFR	General Fertility Rate
HIV	Human Immunodeficiency Virus
IMR	Infant Mortality Rate
IUCD	Intra Uterine Contraceptive Device
MCH	Maternal and Child Health
NGO	Non-Governmental Organization
STD	Sexual Transmitted Disease
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ACRONYMS

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ABSTRACT

Rapid population growth is one of the major hindrances of societal development, which in most cases observed in developing countries. Resource shortage, high rate of unemployment, high burden of dependency ratio, environmental degradation, etc, and an overall deterioration of the quality of life are some of the outcomes of rapid population growth. Due to this governments of many developing nations are unable to meet the social and economic needs of their people.

In order to avoid problems caused by population growth, practicing of family planning is one of the most popular controlling methods used as a remedy. Limiting the number of children at household level is a first step to be taken that requires educating and encouraging rural eligible couples to have a small family size. A cross-sectional survey was conducted on 140 couples, 70 currently users and 70 currently non-users in ten rural Kebeles using multi-stage stratify and random sampling techniques and the study was conducted to identify the influential factors for the use and non-use of modern contraceptives.

Factors identified as determinants were age of males, age during first marriage of females, education level of females, economic status of couples, knowledge about modern contraceptives and attitude of couples, desired number of children of males, reasons given by males to have more children, decision making role of males and sex preference of children of couples. Providing consecutive education on family planning that enable to bring attitudinal and behavioral changes of the rural couples would be much helpful to improve the performance of family planning and thereby couples would have small family size, which is the main strategy to curb the rapid population growth that contributes to the achievement of development.

CHAPTER ONE

INTRODUCTION

1.1 Background

Family planning refers to the application of different methods of controlling fertility to bring a desired childbirth and the appropriate spacing between births (Segal, and et al, 1989). It is a deliberate intervention to regulate fertility. It helps couples to make decisions on when and how many children they want to bear without any interference and coercion. Family planning program has two principal and interrelated objectives. The first one is to improve the health condition and welfare of mothers, children, the family and the nation as a whole. The second objective is to raise the level of people's standard of living by regulating fertility and decreasing the number and rate of births so that the population growth rate will not exceed the ability to increase the gross national product (Manisoff, 1996).

Resources, by their very nature, have limited quantity, size and carrying capacity. These fixed attributes of natural resources force to design efficient and effective methods of utilization. In the development process, people have dual roles: producers and consumers. The balance between these two roles determines the development of a particular nation. As the number of users increases, the rate of exploitation of resources will be fast and due to this the accumulation of resources will be diminished that resulting the deterioration of the quality of nature, which has many adverse effects upon the overall human quality of life (Ominde, and et al, 1981).

The issue of population had become and still continuing debatable and sometimes leads to dilemma, i.e., on the one hand person power is a decisive resource (labour force) a nation has to have including for defence purposes and is also a basic factor of production. On the other hand when the population growth rate is faster than and incompatible with the economic growth rate, the impact of population on environment, economy and social activities of a particular nation will be adversely affected, and hence population becomes one of the major obstacles of development of countries highly observed in most of the Sub-Saharan Africa. Regarding this issue many scholars forwarded their arguments being against and in favour of population. For instance, Tomas Robert Malthus (1760 – 1834); was believed, as he explained in his 'principles of population,' that the man's ability to reproduce was greater than his ability to produce the basic necessities of life (cited in Thompson, 1980). As a final conclusion he put that the growth of population must be checked by means of misery or preventive. On the other hand, a strong anti-Malthus position was taken by Tomas Salder (1780 – 1835); as he described in his 'law of population (1830)' that subsistence depends upon population, rather than population upon subsistence and as a result returns increase rather than diminish (cited in Hutchinson, 1967). The idea of Salder revealed that if it were possible to make people effective and efficient in their way of production, population would not be a problem rather a means for development and he tried to relate the problem with government policies and general systems of the economy.

In recent years considerable efforts have been made worldwide to design methods of controlling the rapid population growth paying a particular attention to the developing

countries (United Nation Economic for Africa, 1992). Uncontrolled population growth in developing countries coupled with their low levels of development has caused serious natural resources degradation in the form of clearing forests for the purpose of expanding agricultural lands in order to satisfy their food-grain requirements using the traditional plowing systems, which inturn accelerates the rate of soil erosion.

At the end of the twentieth century, the population size of the world as a whole had reached to 6.1 billion and the birth and death rates per one thousand people were 23.2 and 8.9 respectively, and the population growth rate was 1.43 percent (World Bank population Report, 1994-95). This report also revealed that out of the total population of the world, 1.3 billion persons that accounted only 21 percent are found in the developed countries. Where as 4.8 billion persons that shared 79 percent found in the developing countries. Among the developing countries African population is 0.8 billion that has a share of 13.44 percent of the world's population and 16.67 percent of the developing countries (World Bank Population Report, 1994-95).

Likewise it was projected that at the end of twentieth century the population of Ethiopia would be 62.58 million, having a share of 1.01 percent of the world's population. The ratio of birth and death rates per one thousand persons would be 50.2 and 17.1 with a population growth rate of 2.92 percent (MOH, 1999). This implies that the birth and death rates as well as the rate of population growth of Ethiopia are higher by two-fold when it is compared with that of the world. At the beginning of the twentieth century, the population of Ethiopia was about eleven million with an average annual rate of population growth of 0.2 percent (Population Policy, 1993). When we compare the changes occurred between the beginning and the end of the

century, there are 51.58 million persons additionally came in to being, and the rate of population growth is increased by 1360 percent.

In any development activity, the size of population and related demographic variables need to be managed cautiously and at the same time it is very important to investigate the causes that make the population size to increase. Ethiopia is clearly suffering from the problem of rapid population growth. If it continues with the present rate, what will happen when the country will have more than hundred million people after nine years from now (in 2010) since it is already facing the problem of food-insecurity and scarcity of other essential resources having nearly sixty-three million people? Will its economy have the power to carry that much number of persons? Unless some controlling action is taken at present, the problem of population will be very serious in the near future.

Rapid population growth can be arrested through the implementation of family planning program paying a particular attention to the rural eligible couples. To facilitate the successful implementation of the program, first and foremost it is very important to identify the decisive factors that contribute to enhance or retard the provision of family planning services. The main purpose of this research is to assess the influential factors in the uses of family planning among eligible couples in the rural parts of Amhara Region in one '*Woreda*'. In the context of Ethiopia, the majority of the populations are rural settlers. Therefore in order to implement family planning program successfully and thereby to curb the rapid population growth, it is important to investigate and know the factors that influence couples to use or not-to-use modern contraception methods from socio-demographic, economic, reproductive status and KAP perspectives.

1.2 Statement of The Problem

Even though population growth is possibly a controllable factor, unmanaged population size decisively challenges the development of nations particularly the developing countries where the performance of fertility control is low. Practicing of family planning is the decision of couples on the number and timing of children they want to bear taking different internal and external factors in to account, which is not yet realized and used by the majority of rural couples. In order to achieve societal development, it is important to take the necessary measures at least on the controllable factors such as rapid population growth that require relatively minimum resources for its effective implementation as it is compared to the uncontrollable factors. There is a rapid population growth in the rural areas, because eligible couples are not using family planning properly and even if they use, they are not using for the purpose of limiting the number of their children in order to have small family size. Therefore, rapid population growth can be arrested when rural couples committed and starting to practice family planning program and able to establish small family size.

1.2 OBJECTVES OF THE STUDY

General Objective

The main objective of this research is to investigate and identify factors that have major influence on the use of family planning (modern contraceptives) among the rural eligible couples. The general assumption is that directing population control programs towards to couples (reproductive machine) enable us to solve the problem of overpopulation.

Specific-Objectives

1. To investigate the awareness of rural dwellers about population problem
2. To assess the attitude of eligible couples on the use of modern contraceptives.
3. To assess couple's desire on family size
4. To describe decision making patterns between couples regarding family planning use.
5. To identify influential factors for the use of family planning

1.4. SIGNIFICANCE OF THE STUDY

The population of Ethiopia is expected to grow substantially in the coming decades (National Office of Population, 2000). The recent projection of CSA indicates that the population of Ethiopia will increase from its present level of 62.58 million to 100.8 million and further increase to 129 million in the year 2010 and 2030 respectively (CSA, Ethiopia, 1994). The average annual population growth rate of Ethiopia between the two censuses of 1984 and 1994 was computed to be 2.9 percent (CSA, Ethiopia, 1999). As the population growth rate increases, the doubling time of population gets shorter. The data of the National Office of Population indicated that during the 1995 - 2000 quinquennium, the population of Ethiopia has been growing at the rate of 2.92 percent per year, adding an average of 1.77 million persons each year. This sharp increase of population growth as it is proved by different studies is mainly caused by the increase of birth and slightly decline of mortality (Population policy of Ethiopia, 1993).

Family planning services, which help to bring a desired childbirth requires a wide scale of investigation on different groups of people whose level of livelihood is varied due to different geographical, social, cultural and economic backgrounds. But in order to make the study more manageable and fruitful, it is necessary to focus on one specific area targeting selected groups of people.

Having this aim, the study area was preferred to be one of the rural *Woreda* in Amhara National Regional State. The units of analysis were selected on the basis of who is more exposed to repetitive pregnancies and childbearing. Married women who are living in union with their husbands (eligible couples) are highly exposed to repetitive pregnancy and childbearing that contributes to the rapid population growth because couples are socially accepted whatever number of children they bear. Based on this premises the significance of this study lies on the following points:

1. It helps to generate useful and practical information about which factors that are the more decisive to regulate the present high fertility in the rural areas.
2. It helps to identify factors that influence the use of family planning by rural eligible couples.
3. Information obtained in this study will be helpful in designing ways and means to encourage the uses of family planning
4. It will initiate the interest of other investigators to carry out further studies in fertility regulation problems in rural areas.

1.5. LIMITATION

In general family planning is a wide, complex and sensitive issue. It requires investigating and incorporating the idea of many individuals that are expected to be the users of modern contraceptives. But it was not possible to cover wide range of area and to assess the idea of large groups of people due to time, financial and other logistics constraints. Because of the existence of these constraints, the research was limited to only the idea of 140 couples, three groups of focus-group discussions and twelve individuals of key informants found in ten rural *kebeles* in one *Woreda.*

1.6. Organization of the paper

This research is organized in five chapters. The first chapter deals with introduction that includes Background, Statement of the Problem, Objective, Significance and Limitation of the study. Chapter two deals with related literature review. Chapter three includes the research design and methodology. Chapter four describes the results and discussion of the study. Chapter five is about the conclusion and recommendation parts of the study. The last part of the paper contains the references and appendices.

CHAPTER TWO

REVIEW OF RELATED LITERATURES

The achievement of development is highly dependent on the availability and utilization system of physical, financial and human resources. The economic and social progress coupled with the demographic level of a nation indicates the development status of that particular nation (Nortman, 1985:2). Some countries are naturally endowed of resources; while others are not. The exploitation rate of resources of a particular nation mainly relay on the capacity of its citizens to transform its potential into tangible outputs that helps to accelerate the achievement of social and economic development targets. Based on this concept population has two features: the first feature is person power by itself is a resource and like any other types of resources, it requires proper management. The second feature implies person power is an engine to transform inputs into needed outputs, since the true objective of any economic activity is to maximize the users' consumption.

In any nation, particularly to prepare an appropriate planning of the social and economic activities, projecting the population size is one of the major duties that must be given priority and primarily performed among other planning procedures. Population projection refers the estimates of the future size of population at specified date using different assumptions on the future trends basically based on fertility, mortality and migration (Population Policy of Ethiopia, 1993). Knowing the population trend is used to forecast the number of people at a specified time in the future that helps to estimate the supply, demand and resources to be allocated, along with other components of the economy. Population projection is also used to

estimate the overall person power required in the economy to be employed that in turn needs education, health and other basic social services. In general projecting the future consumption and production levels is based on the forecasts of population size (National Office of Population, *2000)*

2.1 Population Dynamics

From the development planning perspective, there are two most important concepts in relation to population. The first one is to know the rate of population growth. To estimate the rate of population growth the computation can be carriedout usually in three ways: arithmetic, geometric and exponential, (National Office of Population, 2000), where each of them has its own results regarding the number of people. For instance using the exponential equation the population growth rate can be computed as follows:

$$Pn = Po^{rt} \quad \Longrightarrow \quad r = \frac{ln\,(pn/po)}{t}$$

(Where: Pn = the population size at the end of n^{th} period, Po = the population size during the base year, r = rate of population growth and, t = the doubling time)

The rate of population growth is also integrated in the development equation and it is inversely related to the rate of increase of income per head denoted by g as stated below (Caldwell, 1975):

$g = s/c\text{-}r$ *(Where g = the rate of increase of income per head; s= the percent saved on total income; c = the capital out put ratio, r= the rate of population growth)*

In order to increase the per capita share, it is important to control the rate of the population growth and keep it at lower level.

Concerning the rapid increases of human number, the former Ambassador of USA to the United Nation, John Kenneth Golbraith said,

> *"Pure air and water, once rather elementary aspects of the average living standard, are becoming increasingly scarce so is space for recreation. There is dissatisfaction with schools. So also with housing available to lower income groups who are often Negroes. Trash is uncontrolled; crime is imperfectly controlled; land use is even more poorly managed and the countryside is even more remote. Those who once worried about their jobs and incomes now worry about their environment, its effect on their children, on their education, on their safety, on their ability to survive in dignity and happiness"* (Manisoff, 1969:11).

The Ambassador's speech indicated that as the number of persons increases, the magnitude of the problem that would be created upon the resources, environment and the need for additional services are expected to be very high and very urgent as well. The cost incurred to fulfill the requirements of the people will be very high and even to the extent of that it will not be affordable to the majority of the people of developing countries. In order to avoid the possible problem of the future, particularly in the developing countries, like any other types of resources, people concerning their number must get the necessary attention and it must be managed properly. The present trends of population of the world as a whole indicated increment (Table – 1) that must be tackled by the means of fertility regulation in order to make the world's environment convenient for life.

Table-1. World Population Growth Rate of Countries by Levels of Development 2000

Countries	Indicators			
	Population (Million)	**Birth Rate (per 1000)**	**Death Rate (per 1000)**	**Rate of population increase**
World	6113680	23.2	8.9	1.43
Developed Countries	1273416	13.1	9.3	0.37
Developing Countries	4842284	26.0	8.8	1.72
Africa	821488	39.7	13.1	2.66
East Africa	361416	42.3	14.7	2.77
Ethiopia	61.672	50.2	17.1	2.9
Comparison of Countries to the World				
Countries	**Population Percentage to the world**	**Birth rate percentage to the world**	**Death rate percentage to the world**	**Percentage of population increase to the world**
.Developed	20.83 %	56.47%	104.49%	25.67%
. Developing	79.17 %	112.07%	98.88%	120.28%
. Africa	13.44 %	171.12%	147.19%	186.01%
. East Africa	5.91 %	182.33%	165.17%	193.71%
. Ethiopia	1.01 %	216.38%	192.13%	202.80%

Source: World Population Projection, World Bank (1994-95), CSA, Statistical Abstract (1998); MOH, Health Indicator (1999); and computed by the Author.

Malthus in his Essay (as cited in Hutcinson, 1967), explained that the checks on the increase of population brought as a result of excessive reproduction and the convergent deficiency of the means of subsistence. Among primitive peoples, misery is one of the checking methods that represses the fast reproduction power of population, and keeps its effects equal to the means of available subsistence. According to Malthus, in the next higher stage of society, the pastoral similar checks operate; and in the highest or civilized states with the land being used for both pasturage and support for a much greater density of population, another checking methods come into operation as a controlling mechanism what is called positive checking (Hutcinson, 1967), through fertility regulation. Whereas the classical view, which expressed in the theory of the optimum population that population size in itself is of little importance; what matters is the combination of factors of production in the right proportions (Caldwell, 1975).

Controlling the rapid population growth as an activity requires the governmental and broad societal approaches to cope with the economic and social consequences of excessive growth in human number. But in some countries the view of the government to wards population growth is differed from what we are normally assuming. Large and growing population sometimes can be inferred from government policies and measures taken on population growth. A declining of the standard of living or widespread unemployment may suggest that there is a surplus of people. An aggressive or suspicious nation, on the other hand, might well take the opposite point of view and encourage the increase of its people, irrespective of the immediate economic situation (Hutchinson, 1967). Relating to this issue an optimistic position before 1800, Theodor Lau (1670 – 1740) mentioned that the power and wealth of a state are rooted in the number of its people:

1. The power indicated where there are many people, many troops can easily be levied and formidable armies can be put in the war field or at the border of the nation;
2. The wealth implies many people lead to much trade, which helps to facilitate the overall transaction (cited in Hutchinson, 1967).

But this does not hold true especially in the 21st century when the level of technology it acquired and the prosperity (purchasing power) of its people decisively measures the strength of a nation, not people's number that place the country as a strong or weak nation in the fields of defense and economic transactions. Here we can cite different nations that are technologically advanced with less number of people and strong economy. On the contrary, countries with low technological development but having large number of people with fragile economy.

The second point from the development planning perspective in relation to population is projecting the doubling time. For instance using the above-mentioned formula to determine the doubling time (Shryock, 1973):

$$t = \frac{ln\ (2po/po)}{r}$$

(Where t = Population doubling time; ln = Natural logarithm; po = population during the base year; r = Rate of population growth)

The higher or lower growth rate of population determines the time required for population size to double. Using the exponential equation, it is known that a population growth rate of three per cent implies that in every twenty-three years population will double; if the population growth rate is one percent, the population doubling time will be sixty-nine years; and if the population growth rate is two per cent then the doubling time will be thirty-five years (National Office of Population, 2000). This situation shows that as the population growth rate declines the doubling time will be longer and vise-versa. Taking the present annual population growth rate of Ethiopia, 2.92 percent, population will double in every twenty-four years (National Office of Population, 2000). But the main issue is that will the country's economy double or grow parallel to that of the population growth rate and able to fulfill at least the basic needs of the citizens? Based on past experiences the population growth appears to be faster than the overall economic growth and that is why Ethiopia is situated least in its development and leading in its population growth (Desta, et al, 1996).

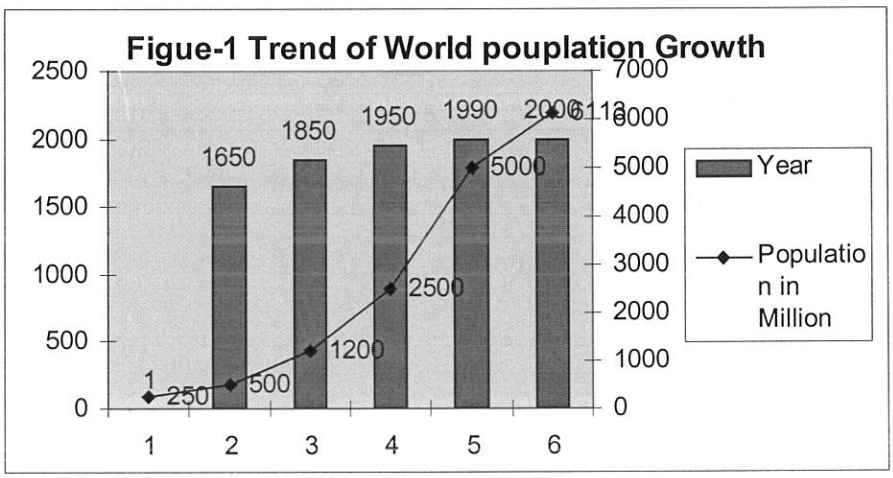
Rapid population growth is recognized as one of the major obstacles to economic and social progress, which is more realized in developing countries where considerable proportions of the people are living in misery (Manisaff, 1969). The level of their income is very low and most

of the time, it is not sufficient even to sustain lives, which makes the people to be dependant on food-aid and relief. Population growth is a critical variable in determining the future requirements for public expenditures (Jayasuriya, 1976) that needs designing of effective methods to control its growth aiming at to make a balance with the economic growth. As the World Population Projection documents (1994-95) revealed that up to the first-half of the nineteenth century, the population of the world did not exceed one billion. But to reach at two billion it required only one hundred years, and to be three billion, only thirty years (Table-2). At the end of the twentieth century the total population of the world was projected to be more than seven billion (World Population Projection, 1994-95) that would make the earth more crowded (Manisoff, 1969) and as a result problems of population pressure became very intense.

Table-2 World Population Growth and Doubling Time From The Year 1 to 2000

Year	Population (million)	Doubling Time (Years)
1	250 - 300	-
1650	500 - 600	1650
1850	1,200	200
1950	2,500	100
1990	5,000	40
2000	(Projected) 6113680	-

Sources: Family Planning Manual (1996): and World Bank, Population Projection (1994-95).



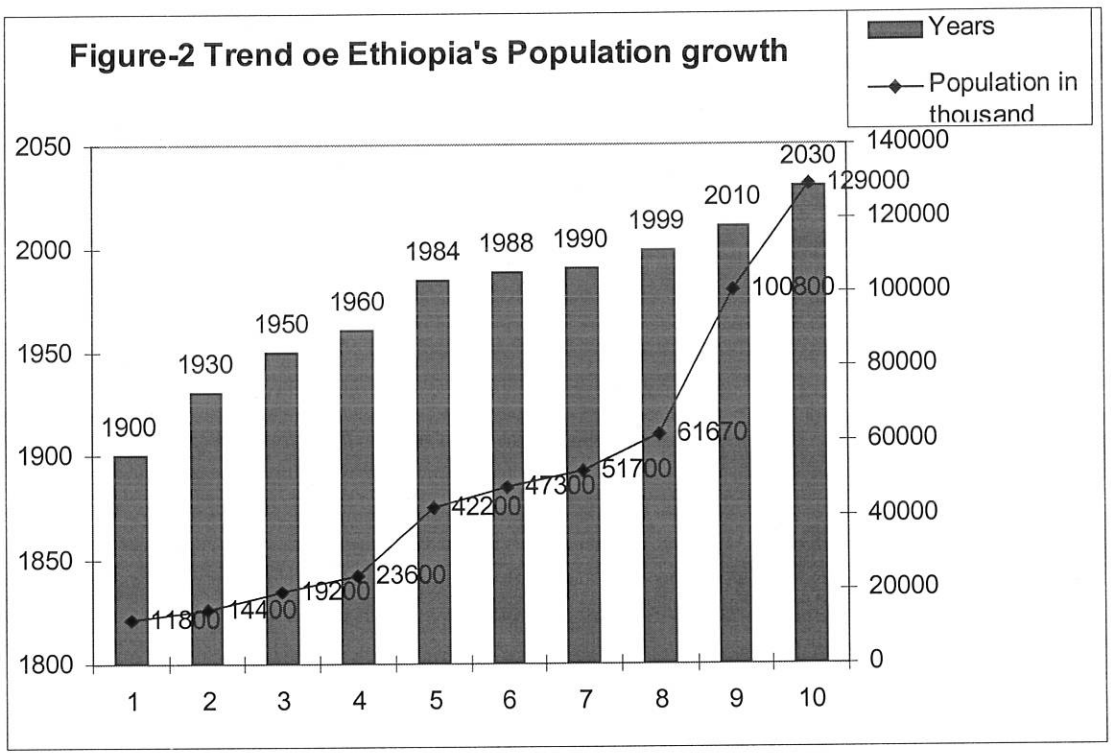
In the twentieth century the first population doubling time of Ethiopia was recorded after sixty years in 1960, from 11 million to 23 million (Population Policy of Ethiopia, 1993). That was the moment when an indication of a rapid population growth had been observed. But during that time there was a strong resistance against controlling population growth from the Imperial Government supported by the religious leaders (Desta, and et al, 1996). Then, for the second doubling time, it required only 28 years and in the year 1988 the population size had reached to 47 million (Population Policy of Ethiopia, 1993). The population projection made by CSA indicated that based on the existing trend, the Ethiopian population will double in every 24 years. CSA also projected that the population size of Ethiopia will be 100.8 million in the year 2010 and further increasing and will reach to 129 million by the year 2030. Due to this in Ethiopia there is a strong and immediate need for effective interventions that help to curb the rapid population growth and to balance with its economic growth (Population Policy of Ethiopia, 1993).

The situation of Ethiopia indicated that man made and natural calamities are repeatedly affecting the country. The available data showed at present the total land area covered by forests has decreased to less than 3%. The annual rate of deforestation is estimated at 88,000 hectares per year while the rate at which this loss is being replaced through afforestation is estimated at 6,000 hectares a year (Population policy of Ethiopia, 1993). Soil conservation is not yet done in a sustainable manner and the awareness of the people in this regard is not that much developed. The repeated occurrences of soil erosion has become a cause for declining of land productivity which is further exacerbated by increasing the man/land ratio resulting from rapid population growth (Table – 3).

Table –3 Estimates of population Growth in Ethiopia in 1900 – 2030

Year	population (Million)	Population Growth Rate	Population Doubling Time	Population Density per square km
1900	11.8	0.2	_	9.4
1930	14.4	1.0	_	11.5
1950	19.2	2.0	_	15.3
1960	23.6	2.5	60 Year	18,9
1984	42.2	2.9	_	33.7
1988	47.3	3.0	28	37.8
1990	51.7	3.0	--	41,3
1999	61.672	2.92	_	49.3
2010	100.8 (Projected)	2.62	< 20 Year	80.6
2030	129 (Projected)	1.85	> 30 years	103.1

Source: CSO, Ethiopia, 1974; CSA, Ethiopia: 1994; and Population Policy of Ethiopia (1993).



The need of controlling the rapid population growth emanates from the understanding of that the country's economy would not cope with and is not able to provide enough food, and other basic social services like education and health. The citizens that presently have access to

schools and health care services are less than fifty percent (Desta and et al, 1996). Many people are affected by recurrent drought, which is partly caused by excess population pressure on the ecology. Every year there are people who are starved and looking for food-aid supplied from domestic and foreign donors. As far as there is weak performance in the implementation of family planning program as an integral part of the over all development program, which must be supported by all sectors, there is no doubt about the urgency of over population problem in Ethiopia. But what makes the uses of modern contraceptive very low? Our experience revealed that family planning program is actively run only by the health sector and health affiliated NGOs. But will the efforts done by these organizations alone help to curb the rapid population growth? As it is described in the population policy (1993) family planning program as one components of the general development program must be incorporated in each sector's program and must get the necessary attention for its effective implementation. For instance if we take the economic sectors (Agriculture, Industry, Finance, etc.) in relation to family planning program, it is necessary to know the population trend in order to forecast the required production volume as a private and public goods used for exchange and domestic consumption.

The existence of rapid population growth forced the world to focus on the issue of human number and as a result governments of different countries came together and started to discuss about how to make the planet (earth) as safe place as possible for human creatures. Among the meetings held on population issues were:

- The Mexico Declaration on Population and Development Status held in 1984, which suggested that in most of the developing countries there is unwanted high fertility that raises

the ratio of dependants, which affects the health and welfare of individuals and families adversely. This is happened mostly among the poor, and population growth became a bottleneck for social and economic progress in the developing countries (United Nations Economic for Africa, 1994). In this condition, among all, women and children are the primary victims of unregulated fertility and as a result population size increases and also high rate of maternal, infant and child mortality and morbidity would be recorded. The existence of unregulated fertility is manifested in the form of too many, too close, too early and too late pregnancies (Indonesian Planned Parenthood Association, 1971).

- The Dakar/Ngor Declaration on Population, Family planning and Sustainable Development held in 1992 adopted at the Third African Population Conference has reaffirmed the importance of fertility reduction and to limit the population size and to improve the reproductive health care services. It had also recommended to African Governments to create a conducive socio-economic climate and sustained political will for the pursuit of such effective fertility policies as therefore setting fertility and family planning targets for all people of reproductive age and take measures to reduce infertility where needed. The Dakar/Ngor Declaration has set population growth rate targets for the African countries to be reduced from 3.0% in 1992 to 2.5% and 2.0% by the year 2000 and 2010 respectively. In addition to this the Declaration had set targets for the African countries as a whole to attain contraceptive prevalence rates of 20% and 40% by the years 2000 and 2010 respectively (United Nations Economic for Africa, 1994). But in our case both the reduction

of population growth and increase of contraceptive prevalence rates are not met yet according to the proposed targets.

Now a days developing countries have begun to realize that the importance of limiting population growth through the adoption of a deliberate intervention to control the fertility of eligible couples. Governments of many countries are supporting and promoting family planning program (Jayasuriya, 1976) and further strengthening by formulating population policy that enhances the implementation of the program among which Ethiopia can be cited as one even though it is a near-past practice. Many governments of developing countries subsidize family planning services to promote any of at least three objectives:

i) To reduce, if possible to control population growth rate aiming to achieve optimum population size;

ii) To improve maternal and child health and assure the continuity of generation;

iii) To confirm that all couples are able to exercise their basic human rights to determine the number of their children and thereby their family size and the timing or spacing of pregnancies or births (World Bank Working Papers No. 676, 1985).

Even though birth control alone is not and cannot be a panacea for the economic and social problems, it is one of the critical factors to enhance or retard development. This doesn't mean that fertility regulation alone lead to the achievement of development; it needs capital investment on industrial, agricultural and other spheres of economic activities, expanding educational opportunities in both qualitative and quantitative terms, housing and other related programs are very essential. But these programs cannot succeed in solving the problems of

developing countries or meet the needs of the under-privileged communities of even the developed nations (Manisoff, 1969) unless and other wise couples are committed to practice family planning in order to space their births and able to limit the number of their children. In addition to control rapid population growth, practicing of family planning reduce illness and death to mothers and children through three mechanisms:

i) Confining all births to mothers on the appropriate and fertile age;

ii) Preventing large number of births

iii) Increasing child spacing intervals to at least twenty-four months that helps the mothers to revive from the previous birth strain (World Bank Staff Working Papers no. 676, 1985).

These mechanisms also contribute to control rapid population growth in terms of limiting the number of births and thereby extending the doubling time of population. As far as population is a pivot for development where every activity is revolving around it, first and fore most problems related to population growth should be solved in order to enhance development. The consequences of rapid population growth are in many forms but cumulatively taken as hindrances of social and economic development.

The structure of any population at a given time in a given area is defined in terms of its past trend of fertility, mortality and migration. It had been recognized that each of these population dynamics affects and is affected by prevailing individual, socio-economic and environmental features (Clarke, 1985). But, what makes population to increase? Population as a whole is dynamic (National Office of Population, 2000) and there are factors that influence the general condition of population. The demographic function, i.e. $P = B - D \pm IM$; (Where: P = population size; B = number of births; D = number of deaths; IM = international migration)

determines the population dynamism of a particular nation (MOH, 1998). The size of the figures i.e., birth minus death and migration of a country showed whether population increases or decreases or remains constant in which case the demographic variables either offset each other or one outweighs the other and indicates how much change occurs in each year. In the Ethiopian context, birth is the main factor, which had contributed and is still contributing to the existing rapid population growth (Population Policy of Ethiopia, 1993). In principle population growth should not be taken as a persistent problem, since birth as a factor, which significantly contributes for population growth can be controlled by using modern contraceptives that requires the commitment of rural couples to use family planning program.

2.2 Fertility Behavior of Couples and Family Formation

Society is a multidimensional system of which the family is one element of the system. If we conceptualize family in a broader sense as a system, the eligible couples including their linkages form a sub-system of the family. The sub-systems that include the husband-wife communication on the household matter, which is related with the overall desirable changes in the status of women and their interdependence; the number, sex, survival and development of children, and other family issues. The existences of these sub-systems within the family and their interactions have influences on the actual family formation and shape the fertility behaviors of the couples (Jayasuriya, 1976). People may need to have more lovely children than their economic standard allowed them to do so. As the number of children increases, the dependency burden for the productive group will be high and reduce savings that impedes development (Caldwell, 1975).

$$\textit{Burden Dependency} = \frac{\textit{Proportion of the population} < 15 \textit{ and} > 60 \textit{ years}}{\textit{Population between 15 and 59 years}}$$

In principle, parents are responsible for the general well-being of their children. But does this principle work for the rural eligible couples particularly in our context? Are the rural couples as a parent arrange and fulfill what their children require? Or are the rural children able to get their requirements and expectations as they used to be? In both cases we cannot expect positive responses. Generally parents wish better lives for their children; but good wish alone does not bring the desired level of improvement. It is important for parents to know that children's future life is in their hands and they must give the proper attention on time starting from limiting their numbers up to allocation of sufficient resources. In the views of many rural people, having many children is not taken as a source and cause of problem rather taken as a means and childbearing is considered as spices of life. Moreover parents' thought indicated that God determines the fate of a child and child is also considered as precious wealth. Among many amharic sayings here are few that substantiate the will of God and the value given for children by rural couples.

ልጅ አይጠገብም።
ልጅ መውለድ መዳሂኒተ ነው።
አሱ የከፈተዉን ጉሮሮ ሳይዘጋው አያድርም።
የራስ ልጅ የራስ ነው።
ልጅ በልጅነት ነው።

These sayings have greater impact on the use of family planning among rural couples. As it had been identified through different KAP surveys, "Economically and socially, the child requirement only represents a small expenditure, quickly reimbursed; it is a good bargain: poorly fed and clothed, hardly or not at all goods and services, such as agricultural or industrial labor, tinkering, begging, stealing and prostitution, etc." (Caldwell, 1975:151). This statement can be interpreted in two ways. The first implies that interviewing parents what they feel about the overall contribution made by their child, and the costs involved in bringing up

the child. The second approach indicates the actual economic analysis of the costs and benefits of children in a family budget to run their day-to-day lives. If parents or the present adults bear as many children as they could (as to the limit of their fecundity) and give only the chance to their children to live less or utmost a similar way of life as their parents do, we can't say that parents do and fulfill what is expected from them. Being a parent who wants the success and who wishes all the best to their children, each couples must limit their family size and have sufficient gap between births to maintain the health of mothers and children.

> *"The roots of the determinants of fertility behavior emanate from several factors; such as: the needs and behavior of the eligible couple, parents and the survival chances of children, poverty and prosperity, occupational patterns, status and roles of the members of the society, value systems, beliefs, timing of marriage, security, aspiration, socialization, social control, life style and several other factors which are spread over several spheres of development activities and life. For these reasons, a multi-sectoral approach may be essential to manipulate several determinants of reproductive behavior"*(K. Mahadeven, 1989: 23).

However, in societies, the fertility behavior is influenced by a variety of economic, social and cultural factors, some of which are amenable to change. The congruence between the population policy and the law of a particular country is helpful in the process of controlling rapid population growth. For instance, there are laws that are affecting the use of family planning methods (Jayasuriya, 1970). Some countries have also family laws that include the minimum age of marriage, the institution of dowry, polygamy and the termination of marriage and remarriage, all of which have a direct or indirect contribution to control the rapid

population growth. As Jayasuriya, (1976) explained, to control the size of population there are also other related issues some of them are stated below.

i. Compulsory Education: education is often considered as a panacea to overcome difficulties that its weak performance became a great challenge, which is practically confronting the developing countries these days. Due to this many countries have introduced adult education in the school curricula, which is a tactful move to eliminate illiteracy if it is implemented perfectly. Because illiteracy and ignorance are biggest barriers to the wide spread of family planning services and to bring the idea of optimum family size and if possible to establish the "small family size" as a norm among couples. More over education helps to remain children at school for a longer period of time, which is useful particularly for females to escape from early marriage and its related health hazards (Ware, 1972).

ii. Social Welfare Laws: it includes education and health facilities; food subsidies; social security; maternity benefit; child labor law; status of women (which is one of the important measures that has been suggested to encourage low fertility, participation of women in different environmental protection program), land reform and public housing. The land reform concept includes that the upper and lower limit of the amount of land any individual possess. A number of countries have successfully made use of legislation as an instrument to keep the population growth at a minimum level by limiting the number of child to one. A one child policy, like that of China, which enabled to control the rapid population growth, even though there were strong objections when it started to implement policy form different parts of the world even to the extent of accusing of the government as undemocratic and abuse of basic

human rights (Indonesian Planned Parenthood Association, 1971). But at present China has benefited from such restrictive population policy to reduce the problems resulting from population pressure and to foster its overall development that makes China to have a better economic status. Many developing countries can learn from China and other countries that are successfully arresting and stagnating the population growth.

iii. Population redistribution scheme. The settlement of people needs to be carried out with great cautious. It is done to reduce the burden of population concentrated at a specific area by moving to other scattered areas through resettlement program, which is more fruitful if it is done will- fully. In the context of Ethiopia, the spatial distribution of population describes the degree and quality of access of a person to land and other resources. This is manifested in either declining or rising population to resource (people to land) ratios. Concerning this issue, the available data showed that the man /land ratio has been increasing over the last several decades in response to two important factors: the first is the rapid population growth and the second is the secular decline in environmental quality (Population policy of Ethiopia, 1993) due to man made and natural calamities. The population density of Ethiopia was 17.6 and 19.9 in 1964 and 1970 respectively (CSO, 1970). This document revealed that the former Gojam province (now divided in to two regions and more than five zones) the population density was 23.3 in 1964 and 27.1 in 1970. But now the population density of Ethiopia has increased to 49.3 and the population density of Amhara Region and West Gojam Zone is 99.6 and 112.5 persons per square kilometers (BoP&ED, ANRS, 2001). Experience over the last couple of decades in Ethiopia has shown that as the number of persons increased, the carrying capacity of the environment had decreased. Rapid population growth creates high demand for resources

and the rate of exploitation of those resources also increased (Population policy of Ethiopia; 1993). Land and associated resources (forests, animal resources, etc) are exploited for the purpose of satisfying short-term needs; which has consequences of deforestation and land degradation.

iv. Criminal laws relating to sexual activity: sexual activities like rape and forceful sexual intercourse, homosexuality, unnatural offences, prostitution, defilement and kidnapping of females and other offensive activities have their own impacts up on population growth. The absence or presence of regulating laws for such criminal activities increase or decrease the occurrence rates of those crimes, which would helpful to decrease or increase the utilization rate of modern contraceptives and thereby the population growth accordingly.

2.3 Fertility Rate and The Need for Family Planning

Even though, in 1990, TFR of Ethiopia was 7.7 children per women and the level of CPR was 3.9 percent, at present TFR and CPR of Ethiopia are estimated at 6.52 and 13.34 percent respectively (MOH, Health Indicator, 2000 and National Office of Population, 2000). The use of family planning methods among currently married non-pregnant women in 1997 was 3.3 Percent for the Amhara region with a 2.8 per cent for modern methods (ANRS Health Bureau, 1999). During this time the study conducted in SNNPR showed that the CPR was 23.9 percent for urban and 2.1 percent for rural areas (National Office of Population, 2000).

By 1991, the world average level of CPR was 57 percent, while it was 70 percent and 53 percent of the developed and developing countries respectively (National Office of Population,

2000). This document indicated that among those countries for instance Tunisia, 60 percent of couples were using contraception, where as in Algeria, Egypt, Morocco, South Africa and Zimbabwe 45-50 percent and Botswana and Kenya only 15-17 percent. When we compare the CPR of Ethiopia with the above-mentioned African countries, it is very much less, which is limited to only 13 percent.

According to the 1994 census and the 1998 Health and Nutrition survey, the TFR of Ethiopia, for country total were 6.74 and 6.35 children per women respectively. But the 1995-2000 (medium variant) indicated that the TFR was 6.52 children per women (National Office of Population, 2000). Based on this survey, when we compare the total fertility rates by types of settlement and regions:

- Fertility is higher in rural than urban
- Regions have different levels of fertility rates.

The data of CSA showed for the period 1995-2000, annual population growth is estimated to be the slowest in Afar with 2.39 percent followed by Benishangul and Somali regions with 2.57 and 2.58 percent, respectively. On the other hand based on the National Office of Population data, regions with much higher population growth rates are Dire Dawa 3.6 percent among which net migration accounted 1.46 followed by Harari with 3.50 per cent and its net migration covered 1.18 percent. The Addis Ababa population growth rate is expected to be 2.9 percent per year in 1995-2000, of which the share of net migration is 1.69 percent. In addition to these the medium variant projections of CSA, the average annual population growth of regions including Amhara, i.e., 2.9 percent, will continue to decline and reach below 2 percent in the year 2025 to 2030. But the reduction of population growth rate is likely to occur if

family planning is implemented effectively and properly by paying a particular attention to the rural eligible couples.

The realization of a particular projection depends upon the smooth flow of many interacting activities incorporated in the development plan. According to the 1994 census, the fertility rate of the Amhara region was, in urban 5.40, in rural 6.94 and total for the region 6.76. Based on the 1998 Health and Nutrition survey, the fertility rate of urban was 3.03, for rural 6.78 and total for the region 6.36 children per women. More over based on the 1995-2000 medium variant; the total fertility rate is computed 6.54 children per women. But when we see the fertility rate of the region by Zones and Woredas, in all zones and woredas, like that of the national situation, the fertility rate of rural exceeds the urban. In addition to this, 90% of the population of the Amhara Region are rural dwellers and lowering the fertility rate of these groups of people will very much helpful to retard the rapid population growth.

The size of rural population in Ethiopia is still growing and is expected to increase further. CSA's data indicated that the number of rural dwellers in Ethiopia had increased from 35.6 million in 1984 to 45.8 million in 1994 and is projected to reach 99.3 million in 2030. In 1999, from the total of 52.6 million people living in the rural areas of the country, 44.5 million people or 84.6 percent were living in three regions, namely, Oromiya, Amhara and South Nations Nationalities and Peoples Regions (CSA, 1994). Among the total rural population of the country, the Amhara region had 16. 3 million people (but at present it is 16.79 million) that accounted 27.2 percent and is second to Oromiya region that had a share of 36.4 percent (CSA, 1999).

Fertility refers to the actual reproductive performance of a population that differs from fecundity; where fecundity is the physiological capability of couples to reproduce or potential of childbearing. (National Office of Population, 2000). More over fertility practically implies the number of live births occurring in population, which is affected by many demographic, socio-economic, cultural and religious factors such as, age at first marriage the availability and use of contraception, economic development, the status of women, age-sex structure of a particular community and other related factors (Ware, 1972). Identifying the major factors that have both the positive and negative impacts helps to facilitate the provision of family planning services to the potential users.

2.4 Family Planning and Its Legal Approach

Population control measures, as introduced by some governments, combining information and education about family planning were exercised in the context of family health and medically supervised birth control (Manisoff, 1969). Family planning as a basic human right was originally practiced from the medical, biological, demographic and economic aspects. Later on it also included the sociological, psychological, Political and Religious aspects. But very lately the legal aspects of family planning has become equally important (Indonesian Planned Parenthood Association, 1971). Family planning as a basic human right implies that people have the right to decide **freely** and **responsibly** whether they want to have children or not. If they wish to have, they have the right to decide on **when** and **how many** children they want to bear. This is particularly important for women who are ones affected by the burden of pregnancy, delivery and all the childcares after delivery. Women should be able to prevent

unwanted pregnancies that will otherwise endanger their lives and block their future career such as education and employment opportunities. If they are not allowed to exercise this basic human right, it is the act of punishing them for something they are not willful. Such a violation of human rights will also affect the lives of children that came as a result of unwanted pregnancies; and children beard in such situation are very likely to face many psychological, social and economic problems. Therefore, family planning will help to prevent such abuses of human rights, the consequences of which will otherwise affect the social and economic life of the child, the woman and the society adversely (Desta and et al, 1996).

Law is an overall regulatory framework in the society and determines the overall human relations and provides enforceable rules to change the behavior of the people (Indonesian Planned Parenthood Association, No.4, 1971). Two Significant events calling attention to the need for a legal approach in the field of family planning:

1. The " Declaration on population" signed by Thirty Heads of Government (12 in 1966 and 18 in 1967) accepting family planning as a basic human right. At the commemoration of Human Rights Day on December 10,1966, the United Nations issued the declaration which include the following statements:

a) Problems caused by population growth must be recognized, as a principal element in long-range national planning if governments need to achieve their economic goals and fulfill the aspiration of their people;

b) The parent's desire for the opportunity to delay the number and spacing of children is a basic human right left for the couples;

c) The lasting and meaningful peace will depend, to a considerable measure, upon how the challenge of population growth is being met by the economic standard of a particular nation.

Another important benefit of family planning for the society is its contribution to peace (WHO, 1996). As the world population increases, the limited resources will diminish and leading to aggression within and between nations.

d) The ultimate objectives of family planning are the enrichment of human life, not its restriction;

e) Family planning, by assuring greater opportunity to each person, frees man to attain his individual dignity and reach his full potential (United Nations, 1966, cited in Indonesian Planned Parenthood Association, 1971).

The resolution issued by the United Nations International Conference on Human Rights, held in Tehran in 1968, once again assured that couples have a basic human right to decide freely and responsibly the number and spacing of their children and a right to adequate education and information access concerning family planning. Secretary General of the United Nations U Thant, had explained this issue as follows:

> *"Any choice and decision with regard to the size of the family must irrevocably rest with the family itself and can not be made any one else. But this right of parents to free choice will remain illusory unless they are aware of alternatives open to them. Hence the right of every family to information and to the availability of services in this field is increasingly considered as a basic human right and an indispensable ingredient of human dignity."* (Indonesian Planned Parenthood Association, 1971:5-6).

The International Conference on population and development held in Cairo, Egypt, in 1994 was a landmark in that, for the first time the concept of reproductive rights was clearly defined. For the first time the concern of gender equity, equality and women's empowerment were

recognized as essential components of reproductive rights. For the first time the linkage between populations and sustainable development were well articulated. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to produce and the freedom to decide if, when and how often to do so. Implicitly, according to the Cairo Declaration, couples or men and women living in union have the right to be informed about and to have access to safe, effective, affordable and acceptable methods of family planning of their choice. Similarly, reproductive rights rest on the recognition of the basic rights of all couples to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so (Dorothy L. Nortman, 1985:v). But does it work in our rural society context especially when we see it from couples' right in relation to their responsibilities?

2.5 Family Planning and The Potential Obstacles

The demand for contraception is increasing throughout the developing world; even though the utilization rate is differed one from the other (Hatcher, and et al, 1997). Most of the demand in Asia and North Africa and Latin America is already being met, while much of the demand in Sub-Saharan Africa is not yet (Alan Guttmacher Institute, 2000,26[2]). This institute had revealed that in both Asia and Latin America, where the trend of the service provisions is focusing on helping clients to continue the uses and to improve the effectiveness of their contraceptive practice, while in Sub-Saharan Africa, where use is low, programs need to focus on to encourage the adoption of modern contraception methods.

Family planning, as one of the controlling methods through which society can prevent and to reduce the tragedy of unwanted children that can be the means of helping especially the poor families to help themselves (Manisoff, 1970) by limiting the number of children they bear. But couples that are expected to be beneficiary of modern contraceptives are not using as it is used to be. There are different reasons that impede the use of family planning. Bendtson, Bogue and Mcvicker identified about twenty-five major family planning obstacles (Bendtson and etal, 1975). Among those major obstacles, some of them, which have more relevance to this study, are stated below.

1. The potential users fear the permanent damage and short-term side effects on health from prolonged use of modern contraceptives. Many couples are afraid of the use of pills, injections, implants, IUD or any other types of contraceptives. The sources of the fears are rumors or reports which are very widespread among the population and which are firmly believed by many. Rumors are the most series problems of family planning today particularly in the rural society.

2. There are situations where leaders lack the awareness that the masses need family planning. Almost every national fertility survey showed that the overwhelming mass of the people in developing countries favor family planning and have few objections to any of the methods on cultural, religious or moral grounds. The political leadership of these countries, however, tends to be very conservative about family planning and is not giving the required attention for its effective implementation.

3. There is inadequate communication between husbands and wives about their ideal family size they want to have, the appropriate time of spacing between births and pregnancies, types of contraceptive methods to be used, and as a final decision whether to practice family planning or not.

4. Third parties like peers and elders negative influence leads individual couples who wish to limit their fertility may continue to bear children in order to satisfy the expectations of their parents, in-laws, neighbors or friends.

5. Based on different personal reasons many couples develop a desire to have large family irrespective of their economic standard. Due to this many people want large family size and have a tendency to ignore communications about family planning and consider it as irrelevant and valueless.

6. Male preference in childbearing: in many culture there is a strong preference for sons. A couple that has no sons or only one may continue to bear children long after they have exceeded their economic standards allowed.

7. Neglect or little concern of environmental protection: rapid population growth has great impact particularly on the environment and becomes a bottleneck for social and economic development. Family planning helps to strengthen environmental protection, and to improve community welfare. If every couple has fewer children, there will be a relaxed resource shares and a better chance can be created for every body.

8. Insecurity during old age: one reason often cited for the failure of family planning among the rural couples to practice family planning is that they are seeking to guarantee their security of old age by having many children. But the reverse is happened that overpopulation can bring

famine at any time, which is hard to tolerate especially during old ages; therefore it is advisable to have one or utmost two children.

9. Exaggeration of the economic value of children: in all developing countries, one of the barriers to the fast adoption of family planning is the argument that children have great economic value in the agricultural economy. On the other hand the landholding size per couple is diminishing from time to time that makes the children burden for the family and for the society as well.

2.6 Historical Background of Family Planning in Ethiopia

Though the use of various methods of preventing pregnancy is an old practice, family planning in a modern sense is a very recent phenomenon especially in Ethiopia. Marie Stopes was the first person that found the first birth control clinic in the world, in the United States, since the early decades of the 20th century (MOH and FGAE, 1992). The establishment of International Planned Parenthood Federation (IPPF) also further strengthens the provision of family planning services in different parts of the world. It can generally be agreed that family planning was started in Ethiopia in 1966 when the Family Guidance Association of Ethiopia (FGAE) was established by a small number of knowledgeable volunteers as a non-governmental and non-profit making association with the objective to provide information, counseling and clinical services to families who were in need of the service and who were willing to use modern contraceptives. At that time, there was a strong opposition from the government side and religion leaders to provide and expand family planning service because there was an interest to increase the population size (Desta and et al, 1996).

The founders of FGAE forecasted the problem of population growth in the future resulting from the practice of early marriage, unwanted and too close pregnancies, too many childbirth, high rate of maternal and infant deaths and they decided that something must be done in order to save the lives of many mothers and children from illness and death related to childbirth and death. FGAE started its activities in 1966 with a staff of one nurse and one-room clinic in Addis Ababa. FGAE got its recognition in 1970 by the International Planned Parenthood Federation (IPPF) and was accepted as affiliate member and able to get different types of assistances from IPPF (MOH and FGAE,1992).

The Ethiopian Government allowed and recognized FGAE as a non-governmental and non-profit-making organization in 1975. Till that time the services of FGAE were limited to only Addis Ababa and later on it raised its capacity and expanded its services to other parts of the country including the peripherals through CBD services at present. For the last many years FGAE was providing its free services to women whose husbands were agreed upon and conform by his signature. But after the International Conference of 1994 held in Cairo when the legal right to use family planning was approved, such type of requirement was avoided from its service provision system (MOH and FGAE, 1992)

The Ethiopian Government accepted maternal and child health and family planning as one of its element in the health care delivery system in 1978. Based on this the Ministry of Health established a department of Maternal and Child Health (MCH/FP) in 1980 in the Ministry of Health with coordinating offices in Regional Health Departments. In 1982, the Ethiopian government for the first time officially allowed family planning services to be given by FGAE

as part of the National Maternal and Child Health under the supervision of the Ministry of Health. Family Planning as a service, which was given only by FGAE at the beginning grew faster and by now family planning services can be given in almost all of the government, non-government and private health institutions in the country at all levels of health care. Family planning services are also provided in the form of out-reach services, Community-Based Distribution (CBD), Social Marketing, and other methods supported by IEC efforts by all categories of trained health workers. At present family planning services are provided to all persons in the reproductive age group and women are not required to have their husbands' permission in order to use family planning services.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Study Design: a case-control study design was employed. The reasons for choosing this study method were of two-fold. First, case-control design is efficient with relatively small sample size, which was a critical factor for the study due to a very low prevalence of contraception use. Second, case-control design allows evaluation of multiple influential factors at the same time. The research was conducted between March 5 and March 24, 2001, using eight enumerators and one research assistant.

3.2. Study Area: The Amhara National Regional State is geographically located in the northwestern part of the country having a surface area of 170752 square kilometers (BoP&ED, Amhara Region), which covers 16% of the country. The region is sharing boundaries with Tigray region in the north, Oromiya region in the south, Benishagul Gumuz region and the Sudan in the west, and Afar region in the east. Regarding its altitude there are three major agro-climatic zones, namely *'Kolla'* areas with altitude below 1500 meters; '*Woinadega*' includes areas of 1500 – 2500 meters and *'Dega'* that includes areas with 2500 – 4620 meters above sea levels. Mostly starting from mid-June up to mid-September the region receives the highest percentage of rainfall. The situation of rainfall is unreliable and due to this there is a frequent occurrence of drought since 1960s, which created a very serious problem on the rural people and overall agricultural activities. Especially in the eastern and northeastern part of the region the magnitude of the drought and the environmental deterioration caused by a high rate of population growth increase the vulnerability of the region to drought.

At present, the population size of the region is estimated to be 16.79 million (BoP&ED, 2001) as shown in Table – 4 with annual population growth rate of 2.9% (ANRS Health Indicator, July 1999). It is the second largest region in the country in its population size. The major proportions of the people who are affected by the recurrent drought in the country are found in this region. There are many areas susceptible to famine in the region particularly the northern and eastern parts of the region are identified as drought prone areas. The major economy of the region is agriculture, which accounted 90%. Administratively, the region is divided in to eleven Zones and 105 *Woredas*. The *Woredas* are divided in to 3070 *Kebeles* and also the *Kebeles* are divided into Sub-Kebeles called 'Megistawi Buden'. Among the zones and the *woredas*, this research was conducted in West *Gojam* zone, *Bahir Dar Zuria Woreda*.

Like that of the region, the *woreda*'s dominant activity is agriculture, mainly farming. There are also some other off-farm activities like fishing particularly around Lake Tana and Blue Nile River. Some historical places that have tourists' attractions, are found in the Woreda, namely '*Tesis Esat*' or the Blue Nile Falls, different Monasteries in the Lake *Tana* such as '*Dega Estifanos*', '*Kibran Gebriel*' and '*Ura Kidane Mehret*'. The other one is the ancient bridge constructed by Emperor *Fasiledes*, which is still serving to connect South-Gonder and West-Gojam Zone other than the main bridge of Blue Nile. The other one is the Blue Nile (its local name is 'Abay') River itself, where it crossed and comes-out from Lake Tana and it traves about thirty kilometers before it went into the deep escarpment, are some of the main unique places found in the *woreda*. The *woreda's* surface area is covered about 2063 square kilometers and the population density is 122 persons per square kilometer.

The agro-climate conditions of the *woreda* are like that of the region, all the three types i.e. '*Dega*', '*Woynadega*' and '*kolla*' are found. Areas found in '*kolla*' are malaria endemic through out the year. There are 37 *kebeles* in the *woreda*, out of which 34 are rural Kebeles. According to the information of Bureau of Planning &Economic Development, the total population size of the Woreda in March 2001 is 251380 out of which 239478 are rural dwellers that makes the *woreda* one of the highly populous in the region (Table-4). Some health indicators of the rural parts of the *woreda* indicated: CBR 34.9, GFR 161.1, **TFR 7.71**, IMR 111, CMR 161, and ELB 51.9 (ANSR Health Indicator,1999). The ratio of health institutions and health personnel to population are 1 : 19337 and 1 : 8379 respectively (Table – 4). There are also thirty elementary and four junior secondary schools available in the woreda and the ratio of schools and teachers to eligible people (age 7 to 14 years) are 1 : 1611 and 1 : 212 respectively (Table – 4).

Family planning service is provided as one component of MCH by one governmental and two Non-Governmental organizations. The Governmental organization is the Amhara National Regional State Health Bureau using its lower levels of health institutions through the health personnel and trained primary health workers. The regional Health Bureau is responsible for the overall performance of health care delivery in the region. Among the NGOs, the first one is Family Guidance Association of Ethiopia Northwest Branch through Community Based Distribution (CBD) and outreach services in sixteen kebeles. The other NGO is DKT Ethiopia, which is providing the service in Dek Island, (one Kebele). The Static, Outreach and CBD services are strategies employed broadly in the region like that of the national family planning

service rendering strategy. The CPR in the Woreda is 7.7%. As far as the *woreda* is near to the capital of the region (in relative terms), which has better access to get all the logistics necessary for family planning, why the majority of eligible couples don't use birth control to reduce the TFR of 7.71 child per woman? This perplex situation initiated me to investigate the causes that influence the uses and non-uses of family planning in that particular *woreda*.

Table -4 Population and Social Service Institutions Available in Bahirdar Zuria Woreda, March 2001

1. Population									
	Urban + Rural			**Urban**			**Rural**		
	Total	Male	Female	Total	Male	Femal	Total	Male	Female
Region	16792335	8409108	8383227	1772748	883865	888883	15019587	7525243	7494344
Zone	2287860	1149827	1138033	158846	79831	79015	2129014	1069996	1059018
Woreda	251380	128534	122846	11902	5933	5969	239478	122601	116877
% Zone to Region	13.62	13.67	13.58	8.96	9.03	8.89	14.17	14.22	14.13
% Woreda to Zone	10.99	11.18	10.79	7.49	7.43	7.55	11.24	11.46	11.04
% Woreda to Region	1.5	1.53	1.47	0.67	0.67	0.67	1.59	1.63	1.56
Number of all Couples (household head) in the Woreda						35681			
2. Social Service Institutions									
2.1. Education									
Types of schools	Number of Schools	Number of Teachers		
		Male	Female	Total
Junior Secondary schools	4	46	26	72
Elementary School	30	113	74	187
Total	34	159	100	259
Ratio (No. of eligible considered 54775)	1 : 1611	1 :212		
Coverage	44%			
2.2. Health Institutions				
Type of institutions	Number of health Institutions	Number of health personnel		
		Male	Female	Total
Heath Station	5	15	5	20
Health Post	8	3	7	10
Total	13	18	12	30
Ratio	1 : 19337	1 : 8379		
Health and FP coverage of the region	47% & 16.6%			
Health and FP coverage of West-Gojam Zone	41% & 8.44%			
Health and FP coverage of Bahir Dar Zuria Woreda	36.24 & 7.7%			
3. Agriculture				
Availability of DAs	Male	Female	Total	
Number of Development Agents available in the Woreda	29	14	43	
DA to Farmer Ratio	1 : 800-1000			

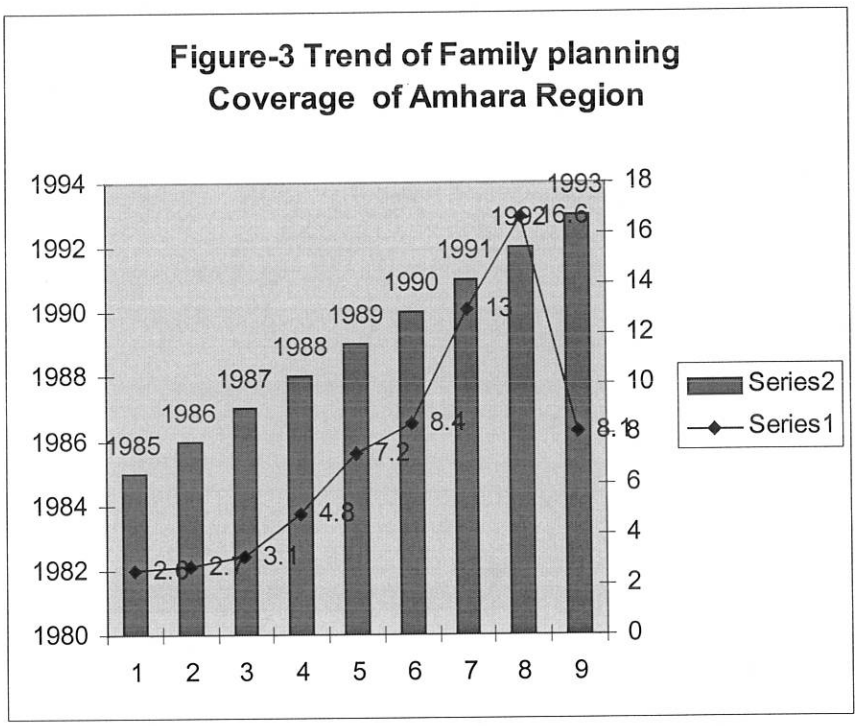
Sources: BoP&ED, BoH, Amhara Region; Woreda Agriculture, Education and Health Offices; and computed by The Author.

The performance family planning in the region as a whole for the last eight years is shown in Table –5 and Figure – 1 below.

Table - 5 Family planning coverage of the Amhara Region

Years (E .C.)	Coverage in %
1985	2.6
1986	2.7
1987	3.1
1988	4.8
1989	7.2
1990	8.4
1991	13
1992	16.6
1993 (semi-annual)	8.1

Source: ANRS Health Bureau



3.3. Sources of Data

The sources of primary data of this research were samples of eligible couples and other key informants among the rural dwellers including Teachers, Students, Development Agents, Health personnel, Religion Leaders, *Woreda* and *Kebele* officials and Council members. The eligible couples were two groups: the users and non-users of modern contraceptives during the

time of investigation. In the sample-selected households both wife and husband were interviewed. The investigation covered ten randomly selected rural *Kebeles*. Secondary data were collected from Health, Education, and Agriculture Sectors and from FGAE North-West Branch by the researcher himself.

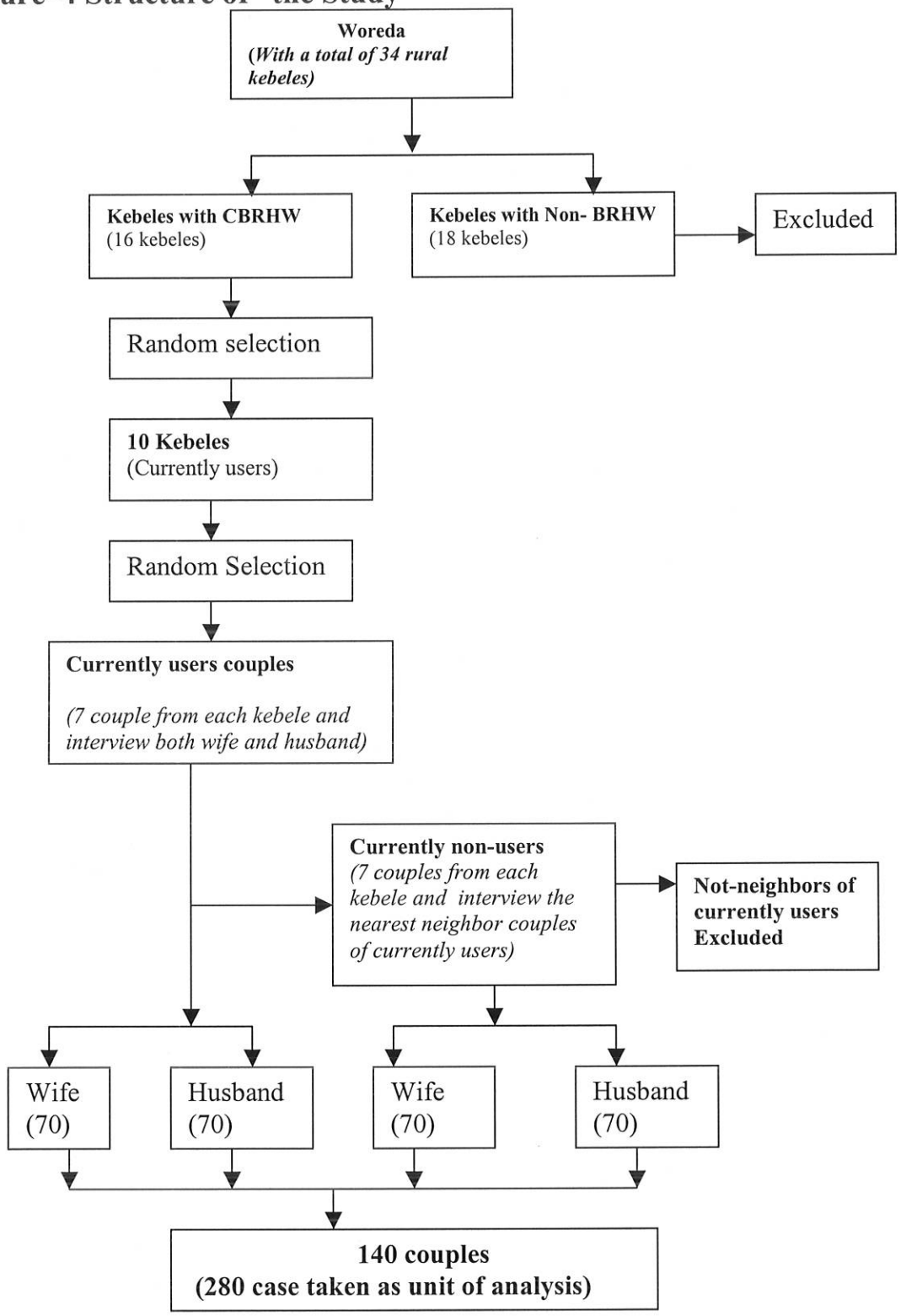
3.4. Study Population: The study population were couples in the reproductive age, 15 – 49 years for females and 15 – 59 years for males. The main inclusion criterion was couples living in union. Single women and men in reproductive age were excluded.

3.5 Sampling Procedure and Sample Size: In order to identify the units of analysis, a probability sampling was used by employing multistage stratify and random sampling techniques. The sampling procedures employed are stated as follows:

1. The first step was to identify Kebeles served by CBRHWs from the list of Kebeles found in the office of the Woreda Administration. Then Kebeles identified as non-CBDs were excluded from the sampling frame. This was done with a purpose that it was helpful to investigate the reasons in areas where family planning services were available. But, if the services are not provided at the grass-root level, the main reason for the non-use of family planning will be the inaccessibility of the services. Therefore, the main reason for the exclusion of kebeles was that the absence of family planning services provided by CBRHWs in a particular Kebele.
2. Among those sixteen Kebeles served by CBRHWs, ten Kebeles were selected randomly by means of lottery system. The names of the selected kebeles were Sebatamit, Robit-bata, Zenzelma, Fereswoga, Kinbab, Yegoma-teneba, Maji-Debre-Nigst, Yeginde-wolekie, Workemla-yiterater and Yinessa (regarding their location see the map of the woreda in the appendix part).

3. In the selected kebeles all couples with female in the reproductive age group, i.e., 15 to 49 years were identified from the registration book of CBRHWs.
4. By taking all the constraints in to cosideration the sample size was determined to be two hundred plus forty per cent additional samples to minimize the possible sampling error from the total population, i.e., hundred plus forty percent from each group and primarily seventy registered females who are living with their husbands were randomly selected.
5. The size of the sample from each kebele was determined by dividing the total sample size by the number of kebeles (ten) and there were twenty-eight respondents from each kebele, i.e., seven couples from the currently users group and the other seven couples from the currently non-users group.
6. To identify which household must be chosen as a first respondent for the interview:
   - List of users from CBRH workers was taken;
   - Stratified the eligible couples out of the total users and rearrange the list of couples separately and calculate the range of the samples;
   - Then the fist ten numbers were taken and drew lottery for one number and ran the interview with couples of the currently users.
   - Select couples that permanently lived in the study area and the nearest neighbor who were non-users during the time of the field investigation and conduct the interview.
   - Lastly there were two groups, i.e., currently users and non-users and four types of unit of analysis, i.e., wife and husband in each group (see Figure – 4).

Figure–4 Structure of the Study



On the other hand the focus group discussants and the individual interviewees in most cases were selected randomly. The discussants mix was two from elders (one male and one female whose age > 45 and < 60 years), two from middle aged (one male and one female with age of > 30 and < 44 years old) and two from youngsters (one male and one female with the age of > 20 and < 30 years), and one from kebele executive committee and one from women's affaires of the kebele. Except the kebele executive committee and women's affaires the rest participants of the focus-group discussants were taken from areas within two-kilometer radius from the home of CBRHWs. Moreover the focus group discussants were selected at two stages random sampling by asking the CBRHW and consulting the kebele executive committee and women's affairs and register the names of candidate individuals that can best represent the society in each category separately and later on select the interviewees randomly and run the discussions. The total number of focus-group discussants at a time was eight held in randomly selected three kebeles. The focus-group discussions were held for forty minutes and the idea they reached in consensus was taken for the analysis. Twelve persons were randomly selected for individual interviewees. They were Woreda's Officials, Religion Leaders, Health Workers, Development Agents, Teachers, Students and Rural Dwellers.

3.6.Instruments and Validity: The research was conducted with the knowledge of administrative bodies found at each level. To fulfill the legal requirements of the study, a letter was written from RLDS to the Zone and Zone wrote to Woreda then the Worerda wrote to the sampled ten Kebeles. Primary data had been collected directly from the study area by presenting closed-ended questions for eligible couples and open-ended for focus-group discussants and individual interviewees. The importance of the qualitative data were used to

supplement the quantitative data. The focus-group discussions were held with selected informants from both sexes at different age levels.

A two-day training had been provided to the enumerators that enabled them to manage the closed-ended questions. To administer the data collection easily, closed-ended questionnaires were translated in to amharic. In addition to their training, enumerators were selected on the basis of the experience they had in data collection. Before ending the training, enumerators went for one day pre-testing the questionnaire on a total of sixteen randomly selected couples, eight couples from the currently users and another eight couples from the currently non-users. Form the total seventy-one closed-ended questions, interviewees were not clear on fourteen (19.7%) questions. Amendments and clarifications were done on those questions for the final interview. During this time the researcher got a chance to evaluate the enumerators how they were efficient in data collection. The quantitative data collection process was done that enumerators of similar sex interviewed the respondents, wife and husband separately, i.e., female enumerators interviewed the wife and male enumerators interviewed the husband. On the other hand the researcher himself using tape recorder conducted open-ended questions. During the pre-testing as well as the main interview, the researcher and his assistant closely supervised enumerators. The questionnaires were designed to gather information about:

- The general socio-economic conditions of the currently users and non-users of family planning;
- Why they use and why they don't use;
- Why eligible couples want to have more children or fewer children and what is their rational behind it;

- What are the factors contributing for their decisions regarding their desired number of children;
- The role of Government, Non-Government Organizations, Private Sectors and the community as a whole to facilitate the performance of family planning in order to arrest the problem of rapid population growth individually and collectively.

3.7 DATA ANALYSIS: Qualitative Data, which were gathered by the means of focus group Discussion and personal interview had been analyzed from the tape recorder employed during the field investigation. Quantitative Data had been analyzed and interpreted statistically using computer SPSS program version 10.0 applying Descriptive Statistics Crosstabulation, by using a two-by-two table. Chi-square test was employed for the statistical significance within and among the groups at 95% confidence interval. The strength of association was tested by applying Phi or Cramer's V-test and by squaring the value of r, the proportion of the variation between the dependent and independent variables were determined.

3.8. VARIABLES TO BE MEASURED: The **Independent variables,** which are considered to be the most influential factors to be measured in relation with the **dependent variable**, i.e., use of **modern contraceptives (family planning)** are:

i) ***Socio-Demographic factors:***

Age, Education, Age during first marriage, Age during first childbirth, Number of years living in marriage, Duration of time living with present spouse,

ii) *Economic Condition:*

Occupation, Economic status, Landholding size, Income in Quintals

ii) *Reproductive Status:*

Current family size, Desired number of children and related Factors, Time gap between births, Sex preference of children

iv) **Knowledge and Attitude**

3.9. OPERATIONAL DEFINITIONS AND LEVEL OF MEASUREMENTS OF VARIABLES

Determinant Factors: reasons or variables that its presence or absence facilitate or retard the uses or non-uses of family planning or modern contraceptives

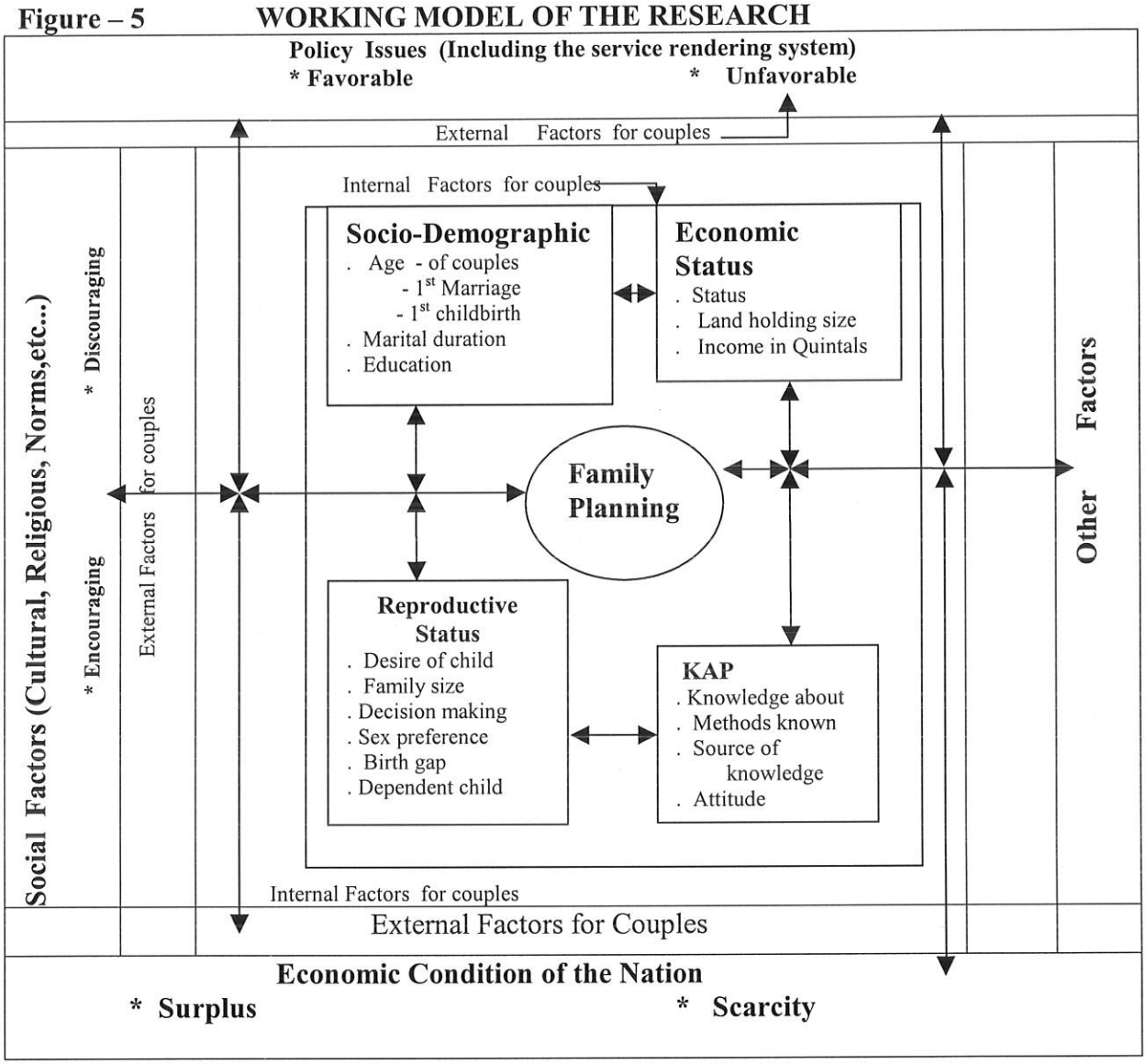
Users: refers to couples who were currently using modern contraceptives to regulate their fertility at the time of study and is measured in ratio scale.

Non-users: Indicates couples that are not using modern contraceptives during the time of study and is measured in ratio scale.

Eligible Couples: are male and female whose ages are within the reproductive age group and living together as wife and husband. It can be measured in ratio scale.

Birth-gap: indicates the time interval between the first and the next child that can be measured in ratio scale.

Figure – 5 **WORKING MODEL OF THE RESEARCH**



CHAPTER FOUR

RESULTS OF THE STUDY

4.1 RESULTS

Quantitative and qualitative data were collected. The intention of collecting the two types of data was to know the real causes that influence the use of family planning. Quantitative data were collected from the selected samples of 140 couples, 70 couples from the currently users and 70 couples from currently non-users. Qualitative data were also collected from randomly selected three kebeles by means of focus group discussions and from twelve individual interviewees. In the data collecting process defaulters were not found, i.e., all the selected samples were providing the required responses accordingly.

All the eligible couples settled in the sampled kebeles have equal access to and a chance of using the available services of family planning as far as the CBRHWs are elected from their localities. According to the information gathered from the selected *kebeles* by the means of focus group discussions, some years ago, the primary users of modern contraceptives were few widows who were engaged in the activities of selling local drinks like ' Tella' and ' Areki'. Those women were using modern contraceptives for the purpose of avoiding unwanted pregnancies since they had no permanent mate and fearing of the social and economic problems of childbirth out of wedlock. Childbearing out of any type of wedlock has heavy cultural and social consequences on both the mother and the child future life, which is still remaining as a strong cultural taboo in the Amharan society. Those widows were the primary group of people who knew about the existence of birth control in the history of family planning practices in the study area. The use of modern contraceptive services by married

women was a lately adopted practice, which is not more than seven years. Even though family planning services are available at grass-root level, the number of users is too low when it is compared with number of potential users among the rural couples. The foregoing discussion focused on the general socio-economic demographic and related factors that influence the rural couples to use or not use modern contraceptives.

4.1.1 The General Socio-economic Characteristics of the Study Population

As it is described in Table- 6, all the 140 currently users and 140 currently non-users were Amhara in their ethnicity and Orthodox Christian except 3 couples. About 259 (92.5%) persons are engaged in agricultural activities and 185 (66.1%) persons were illiterate from the total study population. Out of 140 females 52 (37.1%) and 54 (38.6%) were found in the fertile age group, 20 to 34 years in the users and non-users groups respectively. In this age group out of 140 males 35 (25%) and 53 (37.9%) were found in the users and non-users groups and 51 (36.4%) and 17 (12.1%) males were found in the age category of 35 to 59 years in the users and non-users groups respectively. The mean and median for the age of couples were 31.22 and 30.00 with a standard deviation of 8.696.

Table-6. Socio- Demographic Characteristics of The Study Population, Bahir Dar Zuria Woreda, March 2001

Influential Factors	Categories of Influential factors	Status of the uses or non-uses of modern contraceptives									
		Users Group				Non-users Group				Total	
		Female		Male		Female		Male			
		Count	%	Count	%	Count	%	Count	%	Count	%
6.1.Rreligion	Orthodox	67	23.9	67	23.9%	70	25.0%	70	25.	274	97.9
	Muslim	3	1.1	3	1.1%					6	2.1
	Total	70	25	70	25	70	25	70	25	280	100
6.2. Age	15 to 34	57	20.4	19	6.8	54	19.3	53	18.9	183	65.4
	35 to 49/59	13	4.6	51	18.2	16	5.7	17	6.1	97	34.6
	Total	70	25	70	25	70	25	70	25	280	100
6.3.Age during first marriage	7 to 17 years	40	14.3	27	9.6	62	22.1	36	12.9	155	55.4
	≥ 18 "	30	1o.7	43	15.4	8	2.9	34	12.1	125	44.6
	N	70	25	70	25	70	25	70	25	280	100
6.4 Age during first childbirth	13 to 19 years	55	20.6	7	2.2	52	19.5	12	4.5	126	47.2
	≥ 20 "	13	4.9	61	22.8	13	4.8	54	20.2	141	52.8
	N	68	25.5	68	25.5	65	24.3	66	24.7	267	100
6.5. Number of years living in marriage	1 to 2 years	13	4.6	15	5.4	8	2.9	10	3.6	46	16.4
	≥ 3 "	57	20.4	55	19.6	62	22.1	60	21.4	234	83.6
	N	70	25	70	25	70	25	70	25	280	100
6.6. Number of years living with the present spouse	1 to 2 years	10	3.6	10	3.6	5	1.8	5	1.8	76	27.1
	≥ 3 "	60	21.4	60	21.4	65	23.2	65	23.2	204	72.9
	N	70	25	70	25	70	25	70	25		100
6.7.Education	Illiterate	53	18.9	29	10.4	63	22.5	40	14.3	185	66.1
	Literate	17	6.1	41	14.6	7	2.5	30	10.7	95	33.9
	Total	70	25	70	25	70	25	70	25	280	100

Source: Data collected from field Investigation and computed by the Author

Table – 7 Test of significance of Socio-Demographic Variables, Bahir Dar Zuria Woreda, 2001 (Using Chi-Square and Cramer's V-Tests)

Influential Factors	Test of Significance	Within Groups		Among Groups	
		Users	Non-users	Female to Female	Male to male
Age of couples	X^2	39.4	0.000	0.17	31.14
	P-value	0.000	1.00	0.676	0.000
	r	0.53	--	--	0.47
Age during first Marriage	X^2	4.12	21.6	15.93	1.85
	P-value	0.042	0.000	0.000	0.174
	r	0.17	0.39	0.34	--
Age during first childbirth	X^2	65.48	47.64	0.01	1.13
	P-value	0.000	0.000	0.927	0.288
	r	0.68	0.58	--	--
Number of years living in marriage	X^2	0.04	0.06	0.90	0.78
	P-value	0.832	0.800	0.343	0.377
	r	--	--	--	--
Number of years living with the present spouse	X^2	0.06	0.11	1.19	1.19
	P-value	0.809	0.742	0.274	0.274
	r	--	--	--	--
Education	X^2	15.57	17.78	4.07	2.86
	P-value	0.000	0.000	0.043	0.090
	r	0.33	0.36	0.17	--

Source: Based on the results of Table –6 and computed by the Author

There was a high practice of early marriage in the study area. 40 (14.3%) and 62 (22.1%) females were married before they reached 18 years in the users and non-users groups. The mean and median for age during first marriage were 16.66 and 16.00 with a standard deviation of 4.77.

Out of the total population, 55 (19.6%) and 52 (18.6%) females gave their first childbirth before they reach at the age of 20 years. The mean and median were 20.81 and 20 years respectively with a standard deviation of 4.91. Regarding the number of years living in marriage, out of 140 females 57 (40.7%) and 62 (44.3%) lived more than three years in the users and non-users groups respectively. Where as out of 140 males, 55 (39.3%) and 60 (42.9%) lived more than 3 years in the users and non-users groups. The mean and median of the number of years lived in marriage were 14.2 and 12 with a standard deviation of 8.08.

Figure - 6 Age of couples Bahir Dar Zuria March, 2001

The level of statistical significance was accepted when the value of $p < 0.05$. Factors included in the socio-demographic category, age of males, age during first marriage of females and education level of females, were found statistically significant in relation to the use of family planning. The strength of the association was also computed by using Cramer's V-test or the value of Phi applying the formula that r = Square-root of $X^2 / N(k - 1)$; [where r = the level of relation between the two variables, X^2 = the value of Chi-square, N = the sample size, and k = the number of row or column which ever is less in number]. Based of this statistical method when the value of $r = 0$ to ± 0.4, the degree of association is weak; and when $r = \pm 0.41$ to ± 0.7, there is a moderate degree of relation. When $r = \pm 0.71$ to ± 1.00, there is a strong relation between the use of family planning and the identified statistically significant variables. Based on this, the value of r was determined as follows (Table – 7):

- Age of males is moderately associated
- Age during first marriage of females has weak association
- Education level of females has a weak association.

The economic condition of the study population was also assessed. Based on self-rating of the respondents by themselves, 48 (34.3%) and 15 (10.7%) couples were having a well-off economic status and 22 (15.7%) and 55 (39.3%) couples were found economically poor among the users and non-users groups respectively (Table – 8:1). Regarding their land holding size, in both groups 43 (30.7%) and 46 (32.9%) couples possessed less than one hectare (Table – 8:2). The mean and median for land holding size were 1.00 and 0.75 with a standard deviation of 3.68. The average income of the sampled couples was eight quintals per year. Forty-five (32.1%) and forty-two (30.0%) couples got below the mean from the users and non-users

respectively. On the other hand twenty-five (17.9%) and twenty-eight (20.0) couples got yearly income of nine quintals and above in the users and non-users groups.

Table –8 Economic condition of the Study Population, Bahir Dar Zuria Woreda, March 2001

Influential Factors	Categories of Influential Factors	Status of the uses or non-uses of modern contraceptives									
		Users Group				Non-users Group				Total	
		Female		Male		Female		Male			
		Count	%	Count	%	Count	%	Count	%	Count	%
8.1 Occupation	Farming	61	21.8	58	20.7	70	25	70	25	259	92.5
	Others	9	3.2	12	4.3					15	5.4
	Total	70	25	70	25	70	25	70	25	280	100
8.2.Economic status	Well-off	48	17.1	48	17.1	15	5.4	15	5.4	126	45.0
	poor	22	7.9	22	7.9	55	19.6	55	19.6	154	55.0
	N	70	25	70	25	70	25	70	25	280	100
8. 3. Land holding size	O to 1.00 hectare	43	15.4	43	15.4	46	16.4	46	16.4	178	63.4
	1.25 t0 3.00 hectare	27	9.6	27	9.6	24	8.6	24	8.6	102	36.4
	N	70	25	70	25	70	25	70	25	280	100
8.4 Income in Quintals	≤ 8 Quint.	45	16.1	45	16.1	42	15.0	42	15.0	174	62.1
	≥ 9 Quint.	25	8.9	25	8.9	28	10.0	28	10.0	106	37.9
	N	70	25.0	70	25.0	70	25.0	70	25.0	280	100

Source: Data collected from field Investigation and computed by the Author

The value of r indicated that the economic status and the type of occupation have a moderate and weak association with the use of family planning respectively (Table – 9).

Table –9 Test of significance of Economic Condition of the Study population of Bahir Dar Zuria Woreda, March 2001 (Using Chi-Square Test)

Influential Factors	Test of Significance	Within Groups		Among Groups	
		Users	Non-users	Female to Female	Male to male
Occupation	X^2	0.22	-	7.60	2.86
	P-value	0.635	-	0.005	0.090
	r	--	--	0.23	0.28
Economic Status	X^2	0.03	0.04	29.55	29.55
	P-value	0.855	0.836	0.000	0.000
	r	--	--	0.46	0.46
Land Holding Size	X^2	0.03	0.03	0.12	0.12
	P-value	0.862	0.858	0.725	0.725
	r	--	--	--	--
Income in Quintals	X^2	0.12	0.12	0.12	0.12
	P-value	0.727	0.727	0.727	0.727
	r	--	--	--	--

Source: Based on the results of Table –8 and computed by the Author

4.1.2. Are The Rural Couples Aware About The Problem Of Population Pressure On Natural Resources?

Questions included in both the open-ended and close-ended questionnaires were presented to know the awareness of the rural people about the problem of population pressure on natural resources. In this regard on the focus-group discussions and individual interviews, participants explained convincingly that certainly there is a problem of resource shortage due to increasing of human number. Based on the quantitative data, 277 (98.9%) replied that there is an acute shortage of arable and grazing lands and the main cause for such problem is identified as the existence of rapid population growth. Only three persons (1.1%), one from the currently users and two from the non-users groups responded that the cause for the shortage of arable and grazing lands is due to the changes of land-use pattern. Example cited for such condition was that part of the arable and grazing lands were used for village expansion and gardening. Even though the reasons seem different from the previous one, the conceptual implication proved that there is an increase in the size of population. Both the quantitative and qualitative data indicated that population growth is the major cause for the present shortage of arable and grazing lands. In addition to this all the 280 respondents, the individual and group discussants approved that the size of forest-covered lands is decreasing from time to time (Table -10:1&2). In general, the rural settlers responses confirmed that they developed sufficient awareness about the existence of rapid population growth as a problem and its impact on natural resources as well as its adverse effect on the economic and social progress of the society.

Table -10 Couples' Awareness about population Pressure on Natural Resources, Bahir Dar Zuria, March 2001

No 1	Cause of the shortage of arable land	Status of couples in the uses and non-uses of modern contraceptive									
		Users Group				Non-users Group				T0tal	
		Female		Male		Female		Male			
		Count	%	Count	%	Count	%	Count	%	Count	%
	Rapid population growth	69	24.6	70	25	68	24.3	70	25	277	98.9
	Changes of land use pattern	1	0.4	-	-	2	0.7	-	-	3	1.1
	Total	70	25	70	25	70	25	70	25	280	100
2	**Status of the present Forest cover land Compared with past**										
	Increased	-	-	-	-	-	-	-	-	-	-
	Decreased	70	25	70	25	70	25	70	25	280	100
	Total	70	25	70	25	70	25	70	25	280	100

Source: data collected from field Investigation and computed by the Author

4.1.3 Knowledge and Attitude of Couples

4.1.3.1 Knowledge about the existence of modern contraceptives

Out of the 280 study population, 30 persons (10.7%) did not know about the existence of modern contraceptives from the non-users group. Where as all the 140 persons in the users group and 110 persons from the non-users group, a total of 250 (89.3%) persons knew about the existence of modern contraceptives (Table-11:1). Out of those thirty respondents who had never heard about the existence of modern contraceptives, nineteen or 6.8% and the rest eleven or 3.9% were females and males respectively. Regarding the duration of knowledge, 227 (81.1%) respondents said that they knew about modern contraceptives starting from the last six years. This time was related to the time when the expansion of family planning program and the provision of the services were started to implement at grass-root levels particularly in the rural areas through CBRH workers. Concerning the knowledge about the existence of modern contraceptives, the individual interviewees and focus-group discussants were confirmed that

the majority of the rural people heard about the availability of modern contraceptives from CBDs, Peer Groups and Health Workers, through public gatherings, interpersonal communications and also from the Radio. According to the responses of eligible couples, the type of methods and sources of knowledge about modern contraceptives is different (Table-11: 2 &3). But in both closed and open ended questions, discussants explained that these days family planning education is mostly given by CBRHWs. Health Personnel involvement is not that much frequent especially out of health institutions. The performance of family planning is much less when it is compared with that of the education given on HIV/AIDS and Agricultural Extension Program. The data indicated that the duration of the knowledge about modern contraceptives, males knew prior to females. The mean and median of the duration of the knowledge were, 4.91 and 5 years with a standard deviation of 2.07.

Table-11 Knowledge, Method-mix and Source of knowledge of Modern Contraceptives, Bahir dar Zuria, march 2001

Influential	Influential Factors' Category	Status of couples in the uses and non-uses of modern contraceptive									
		Current Users Group				Non-users Group				T0tal	
		Female		Male		Female		Male			
		Count	%	Count	%	Count	%	Count	%	Count	%
1.Knowledge about	Yes	70	25	70	25	51	18.2	59	21.1	250	89.3
	No	-	-	-	-	19	6.8	11	3.9	30	10.7
	N	70	25	70	25	70	25	70	25	280	100
2.Duration of Knowledge	1 to 6 years	65	26	58	23.2	41	16.4	38	15.2	202	80.8
	≥ 7 years	5	2.0	12	4.8	10	4.0	21	8.4	48	19.2
	N	70	28	70	28	51	18.2	59	23.6	250	100
3. Known Method-Mix	One Method (Pills or injectable	4	1.4	4	1.4	3	1.1	9	3.2	20	7.2
	Two methods	41	14.6	33	11.8	41	14.6	42	15	157	56.1
	Except male sterilization	22	7.9	23	8.2	7	2.9	8	2.9	60	21.4
	All	3	1.1	10	3.6					13	4.6
	None					19	6.8	11	3.9	30	10.7
	Total	70	25	70	25	70	25	70	25	280	100
Grouped known method-mix	≤ 2 Methods	45	18.0	37	14.8	44	17.6	51	20.4	177	70.8
	≥ 3 Methods	25	10.0	33	13.2	7	2.8	8	3.2	55	22.0
	N	70	28.0	70	28.0	51	20.4	59	23.6	250	100
4.Sources of knowledge	Family, Spouse & Peer groups	15	5.4	12	4.3	16	5.7	14	5.0	57	20.4
	Health workers	11	3.9	10	3.6	13	4.6	16	5.7	50	17.8
	CBRHWs	40	14.3	40	14.3	21	7.5	27	9.6	128	45.7
	Development Agents & Schools	4	1.4	8	2.9	1	0.4	2	0.4	15	5.4
	None					19	6.8	11	3.9	30	10.7
	Total	70	25	70	25	70	25	70	25	280	100
Grouped Sources	Health and related	51		56		34		43		184	73.6
	Others	19		14		17		16		66	26.4
	N	70		70		51		59		250	100

Source: data collected from field Investigation and computed by the Author

The knowledge of couples about modern contraceptives and the duration of the knowledge of males were found significantly associated with the use of family planning. The degree of

association of the two independent variables with the use of modern contraceptives was found weak (Table –12).

Table –12 Test of significance of Knowledge, Method-mix and Sources of knowledge of the Study population of Bahir Dar Zuria Woreda, March 2001 (Using Chi-Square Test)

Influential Factors	Test of Significance	Within Groups		Among Groups	
		Users	Non-users	Female to Female	Male to male
1. Knowledge about	X^2	-	2.08	19.73	9.87
	P-value	-	0.149	0.000	0.001
	r	--	--	0.38	0.27
2. Duration of knowledge	X^2	2.41	2.71	3.15	4.80
	P-value	0.120	0.090	0.075	0.028
	r	--	--	--	0.27
3. Type of Method-mix	X^2	1.44	0.06	6.25	15.14
	P-value	0.229	0.800	0.012	0.000
	r	--	--	0.21	0.33
4. Sources of Knowledge	X^2	0.63	3.70	0.29	0.55
	P-value	0.425	0.054	0.593	0.456
	r	--	--	--	--

Source: Based on the results of Table –11 and computed by the Author

Since the distribution of contraceptives is done by CBDs and Front-line Health Workers including the outreach services of family planning provided by a team from the FGEA Branch Office, pills and injectable were the most known method-mix of modern contraceptives in the study area. Respondents of the two groups, 74 (26.4%) and 80 (28.6%) persons knew both pills and injection in the users and non-users groups respectively. Except three females (1.1%) and ten males (3.6%) from the users group, the rest two-hundred-thirty-seven persons or 94.8% of the study population who knew at least one method of modern contraception did not know male sterilization. In other words 84.6% of the total study population did not know male sterilization as one means of modern contraceptives.

The sources of information that from where the respondents heard for the first time about the existence of modern contraceptives was also assessed. In both groups, most of them responded that they got the knowledge from CBRHWs that covered 80 (28.6%) and 48

(17.1%) persons from the users and non-users groups respectively. 27 (9.6%) and 30 (10.7%) persons responded that they got the knowledge from their spouses, peer groups and families in the users and non-users groups. Health personnel were placed third to transmit the knowledge of modern contraceptives in both groups. Out of the total study population, 12 (4.3%) and 3 (1.1%) persons got the knowledge from Development Agent and Schools in the users and non-users groups respectively (Table – 11:3). Therefore CBRHWs and peer groups are the main sources of knowledge about family planning information in the study areas.

4.1.3.2 Attitude of Rural Eligible Couples to wards The Use of Modern Contraceptives

The attitude of couples towards to modern contraceptives was measured based on their level of agreement applying the Likert Scale. Nine attitudinal questions were presented to the interviewees having a maximum value of four and minimum score of one. The questions were focused on the benefits of limiting the number of children, the impacts of high population on the environment, economic and social progress and the responsibilities of parents on planning their family-size. Out of the total study population 95 (33.9%) and 120 (42.9%) persons scored moderate level in the users and non-users groups respectively (Table –13). High attitudinal score was better observed in the users group than the non-users group. Only 11 persons (3.9%) scored high in the non-users group. Whereas 44 persons (15.7%) from the currently users group scored high. Nine persons (3.6%) out of the non-users group and only one male in the users group scored low (Table –13).

Table – 13 Attitude of Rural Couples to wards to the Use of Modern contraceptives, Bahir Dar Zuria Woreda, March 2001

Attitudinal Scores of couples	Status of couples in the uses and non-uses of modern contraceptive									
	Current Users Group				Non-users Group				T0tal	
	Female		Male		Female		Male			
	Count	%	Count	%	Count	%	Count	%	Count	%
Hhigh (28 to 36)	21	7.5	23	8.2	6	2.1	5	1.8	55	19.6
Moderate (19 to 27)	49	17.5	46	16.4	58	20.7	62	22.1	215	78.6
Low (9 to 18)	-	-	1	0.4	6	2.1	3	1.1	10	3.6
Total	70	25	70	25	70	25	70	25	280	100
Knowledge versus Attitude										
No knowledge low Attitude	-	-	-	-	4	1.4	1	0.4	5	1.8
Know but low attitude			1	0.4	-	-	-		1	0.4
No knowledge, high Attitude					15	5.4	10	3.6	25	8.9
Know and high Attitude	70	25	69	24.6	51	18.2	59	21.0	249	88.9
Total	70	25	70	25	70	25	70	25	280	100

Source: Data collected from Field Investigation and Computed by the Author

The attitude of couples and the use of family planning have a statistically significant association. Even though the level of association was found to be weak, the attitude of males in relation to the use of family planning was a bit stronger than females.

Table –14 Test of significance of Attitude of Bahir Dar Zuria Woreda, March 2001 (Using Chi-Square Test)

Influential Factors	Test of Significance	Within Groups		Among Groups	
		Users	Non-users	Female to Female	Male to male
Attitude of Eligible couples (taking high & moderate score)	X^2	0.06	0.01	8.07	12.95
	P-value	0.810	0.938	0.004	0.000
	r	--	--	0.23	0.30

Source: Based on the results of Table –13 and computed by the Author

4.1.4 Reproductive Status

4.1.4.1 Desired, Actual and Ideal Number of Children

The desired number of children varied between the two groups and also between couples. Out of the total study population 82 (29.3%) and 44 (15.7%) persons desired to have utmost four children in the users and non-users groups respectively. On the other hand 58 (20.7%) and 90 (34.3%) persons wanted to have five and more children in the users and non-users groups (Table – 15:1).

The data indicated that among the couples, males have higher desire and in such situation the use of family planning tends to be low (Table-15:1). In addition to this the desire of males (husband) has a significant association with the use of family planning and the degree of the association of the two variables is weak. The reason given by males to have more children and the use of family planning was also found significant but the level of association is weak.

Among the two groups, even though there is little difference, the number of respondents in each sub-groups inline with the influential factors, is comparable (Table –15). But when we compare two influential factors, some differences were observed. For instance, if we take the ideal, desired and actual number of children, the ideal number is much less than the desired and actual number of children (Table 15:4). Out of the total study population 62 (22.1%) and 42 (15.0%) persons responded that they need more children due to fear of death in the users and non-users groups. But the number of children died (as shown in Table – 15:7) is higher in the users group than the non-users groups. While 88 (31.4%) and 98 (35.0%) persons responded that children are precious wealth (Table –15:6) and their number should not be

limited. These two reasons led the couples to have more desire and actual number of children than the general economic and environmental situation allowed them to do so.

Table – 15 Desired, Actual and Ideal Number of Children, Bahir Dar Zuria Woreda, March 2001

Influential Factors	Categories of Influential factors	Status of couples in the uses and non-uses of modern contraceptive									
		Current Users Group				Non-users Group				T0tal	
		Female		Male		Female		Male			
		Count	%	Count	%	Count	%	Count	%	Count	%
1. Desired number of children	2 to 4	40	14.3	42	15.0	29	10.4	21	7.5	132	47.1
	≥ 5	30	10.7	28	10.0	41	14.6	49	17.5	148	52.9
	N	70	25	70	25	70	25	70	25	280	100
2. Actual number of children	≤ 4	55	19.6	53	18.9	60	21.4	57	20.4	225	80.4
	≥ 5	15	5.4	17	6.1	10	3.6	13	4.6	55	19.6
	N	70	25	70	25.0	70	25.0	70	25	280	100
3. Difference between Desired and Actual number of children	Not Yet meet the desired	40	14.3	43	15.4	51	18.2	49	17.5	183	65.4
	Over Desire	14	5.0	16	5.7	9	3.2	12	4.3	51	18.2
	No difference	16	6.7	11	3.9	10	10.6	9	3.2	46	16.4
	N	70	25	70	25	70	25	70	25	280	100
4. Ideal number of children	Two	61	21.8	57	20.4	65	23.2	63	22.5	246	89.9
	Three	9	3.2	13	4.6	5	1.8	7	2.5	34	12.1
	N	70	25	70	25	70	25	70	25	280	100
5. Difference between Actual & ideal	Under Ideal	6	2.1	7	2.5	6	2.1	6	2.1	25	8.9
	Over Ideal	27	9.6	28	10.0	24	8.6	27	9.6	106	37.9
	No difference	37	13.2	35	12.5	40	14.3	37	13.2	149	53.2
	N	70	25.0	70	25.0	70	25.0	70	25.0	280	100
6. Reason to have more children	Fear of death	28	10.0	34	12.1	22	7.9	20	7.1	96	34.3
	Considering child as precious wealth	52	15.0	36	12.9	48	17.1	50	17.9	184	65.7
	N	70	25.0	70	25.0	70	25.0	70	25.0	280	100
7. Number of children died	1 child	6	17.6	6	17.6	5	14.7	5	14.7	22	64.7
	2 to 3 children	3	8.8	4	11.8	2	5.9	3	8.8	12	35.3
	N	9	26.5	10	29.4	7	20.6	8	23.5	34	100

Source: Data collected from field Investigation and computed by the Author

Table –16 Test of significance of Desire, Actual and reason to have more Children of the Study population of Bahir Dar Zuria Woreda, March 2001 (Using Chi-Square and Cramer's V-test)

Influential Factors	Test of Significance	Within Groups		Among Groups	
		Users	Non-users	Female to Female	Male to male
1. Desired number of chldren	X^2	0.03	1.52	2.86	11.54
	P-value	0.863	0.216	0.090	0.000
	r	--	--	--	0.29
2. Actual number of children	X^2	0.o4	0.21	0.78	0.38
	P-value	0.840	0.648	0.377	0.536
	r	--	--	--	--
3. Reasons for to have more children	X^2	2.30	0.03	0.08	5.09
	P-value	0.129	0.853	0.772	0.023
	r	--	--	--	0.19

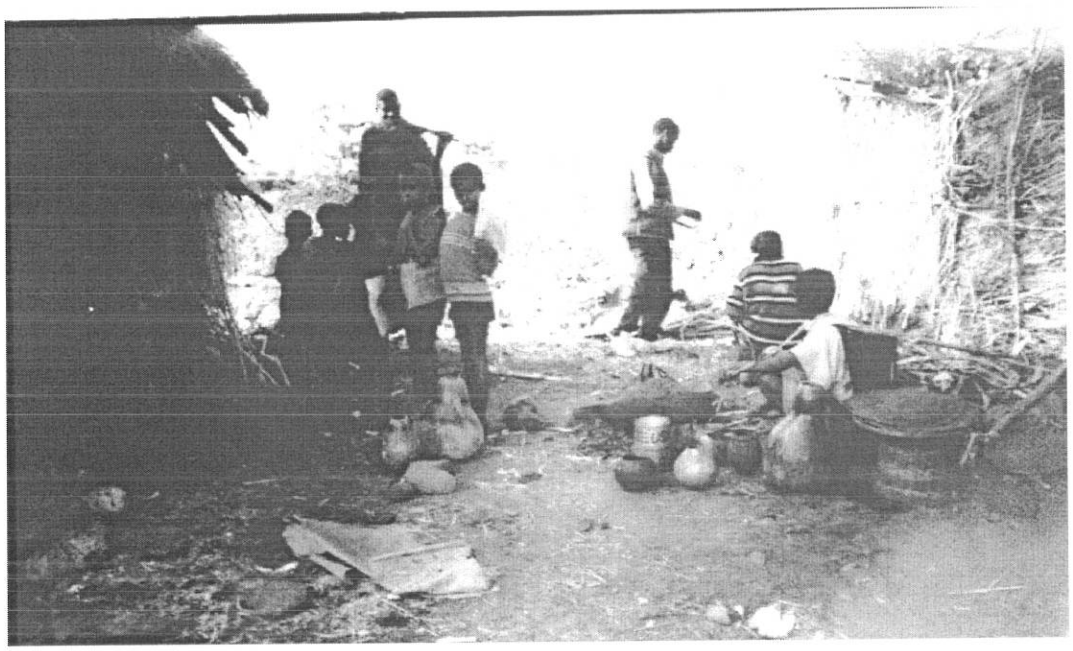
Source: Based on the results of Table –15 and computed by the Author

There is also a difference between the desired and actual number of children. Out of the total study population, 83 (29.6%) and 100 (35.7%) persons were not yet met their desires in the users and non-users groups. The existence of unmet desire implied that those couples have an intention to bear more children in the future till they meet their desires. Where as 30 (21.4%) and 21 (15%) persons had children more than their desires in the users and non-users groups respectively. It was observed that more couples were found in the users group who had more children above their desires. Only 27 (19.3%) and 19 (13.6%) persons had children according to their desires in the users and non-users groups. Couples in the users group had better performance to achieve the desired number of children than the non-users group.

The couples were also interviewed about the ideal number of children a rural couple may have in the given existing situation. Most of the respondents, i.e., 246 (89.9%), 118 (42.1%) persons in the users group and 128 (45.7%) persons in the non-users group, replied that two children are sufficient for a couple. The maximum ideal number of children was three

supported by 22 (7.9%) and 12 (4.3%) persons in the users and non-users groups respectively (Table – 15:4).

Figre-7 Enumerators with rural Couples and The General condition of Rural Eligible Couples and Their Family Size



4.1.4.2. Decision Making Pattern on the Number and Sex Preference of children in Relation to the use of Family Planning

Regarding the decision-making pattern, differences were observed in the two groups as well as among couples. Based on the descriptive data, when couples decide jointly and also where females have the role on decision-making, the use of family planning is higher (Table – 17:1). In both groups no male responded that his wife is deciding about family planning. But, eight (2.9%) and two (0.7%) females responded that they have the role on the decision making on family planning, but their husbands did not support their responses. It is observed that in both

family planning, but their husbands did not support their responses. It is observed that in both groups the major proportion of couples, i.e., 114 (40.7%) and 93 (33.b2%) persons were deciding jointly in the users and non-users groups respectively.

Table – 17 Decision-making, Sex Preference of Children and Interference in the Decision-Making, Bahir Dar Zuria, March 2001

	Number of children	Status of couples in the uses and non-uses of modern contraceptive									
		Current Users Group				Non-users Group				T0tal	
		Female		Male		Female		Male			
		Count	%	Count	%	Count	%	Count	%	Count	%
1. Decision making Role	Husband	6	2.1	12	4.3	23	8.2	24	8.6	65	23.2
	Wife	8	2.9	-	-			-		8	2.9
	Both	56	20.0	58	20.7	47	16.8	46	16.4	207	73.9
	N	70	25	70	25	70	25	70	25	280	100
2. Sex Preference	Male	15	5.4	24	8.6	33	11.8	34	12.1	106	37.9
	Female	14	5.0	8	2.9	12	4.3	12	4.3	46	16.4
	Equal Preference	41	14.6	38	13.5	25	8.9	24	8.6	128	45.7
	N	70	25	70	25	70	25	70	25	280	280
3. Reasons for biasness of preference	Male (labor support)	15	10.6	24	16.9	33	23.2	24	16.9	96	67.6
	Female (household management and proper care)	14	9.8	8	5.6	12	8.5	12	8.5	46	32.4
	N	29	20.4	32	22.5	35	31.7	36	25.4	142	100
Interference in the Decision making	Yes	--	--	--	--	1	0.4	1	0.4	2	0.7
	No	70	25	70	25	69	24.6	69	24.6	278	99.3
	N	70	25	70	25	70	25	70	25	280	100
Average time gap between births	≤ 2.9 years	15	6.8	14	6.4	11	5.0	13	5.9	53	24.1
	≥ 3.0 years	42	19.1	43	19.5	40	18.2	42	19.1	167	75.9
	N	57	25.9	57	25.9	51	23.2	55	25.0	220	100

Source: Data collected from field Investigation and computed by the Author

When couples have equal preference for the sex of children, the use of family planning is better than having a biased preference and when couples have more preference towards to male child, the use of family planning tends to be less. This situation was clearly observed in

the non-users group that out of 70 couples, 67 (40.7%) persons preferred male child and which is higher when it is compared with 24 (17.1%) and 49 (35.0%) persons preferred for female child and equal preference for both sexes respectively.

Table –18 Test of significance of Decision-making pattern, Sex Preference of Children of the Study population of Bahir Dar Zuria Woreda, March, 2001 (Using Chi-Square Test)

Influential Factors	Test of Significance	Within Groups		Among Groups	
		Users	Non-users	Female to Female	Male to male
Decision-making role (single Vs joint)	X^2	0.05	0.00	2.35	4.52
	P-value	0.827	1.000	0.125	0.033
	r	--	--	--	0.18
Sex preference of child (biased Vs equal)	X^2	0.12	0.00	6.45	4.89
	P-value	0.733	1.000	0.011	0.026
	r	--	--	0.21	0.19
Average time gap between births	X^2	0.00	0.00	0.12	0.01
	P-value	1.000	0.983	0.725	0.915
	r	--	--	--	--
Reason for biasness of sex preference of child	X^2	2.64	0.17	2.73	0.24
	P-value	0.104	0.683	0.098	0.626
	r	--	--	--	--

Source: Based on the results of Table –17 and computed by the Author

4.1.4.3 Purpose, Means of Getting and Other Related Issues in the Use of Modern Contraceptives

Among the currently users, only 21 couples (30.0%) were using modern contraceptives for the purpose of limiting the number of children. Where as, 43 (61.4%) and 6 (8.6%) couples were using modern contraceptives for the purposes of spacing and delliance of childbirth respectively (Table – 19).

Table - 19 Purposes of the use of Modern Contraceptives, Bahir Dar Zuria Woreda, March 2001

Purposes of the use of modern contraceptives	Users Group Couples	
	Count	%
No more children	21	30.0
For spacing	43	61.4
For dalliance	6	8.6
Grand Total	70	100

Source: Data collected from Field Investigation and Computed by the author

The currently users of family planning among the study population got the contraception methods by means of two ways. Twenty (28.6%) of them that were using oral contraceptives got freely. The remaining fifty (71.4%) got by paying for the service that included all the users of injectables and partly the users of pills. It was identified that there was no any free services of injection provided to any user. Only pills services were provided freely for those who were identified as unable to pay for the service (Table - 20). The participants of focus-group discussion raised this issue as one of the hindrances of the spread of family planning services. Their argument was based on, payments should not be asked for the service, since the use of family planning is at its lowest stage. The free provision of the service helps to promote family planning and encourage the rural couples that in most cases who have the lowest incomes and highly exposed to repetitive pregnancies and childbirths to use modern contraceptives.

Table – 20 Means of Getting modern Contraception, Bahir Dar Zuria Woreda, March 2001

Means of getting contraceptives	Economic status of couples	Users Group Female	
		Count	%
Free	Well-off	14	20.0
	Poor	6	8.6
	Sub Total	**20**	**28.6**
With payment	Well-off	36	51.4
	Poor	13	20.0
	Sub Total	**50**	**71.4**
Grand Total		**70**	**100**

Source: Data collected from Field Investigation and Computed by the author

The problems related to the use of modern contraceptives were also assessed. Out of 70 currently users, 52 (74.3%) females responded that even though they heard different rumors about the use of modern contraceptives especially pills, they did not face any problem. 11 (15.7%) females responded that there was health problem particularly in the use of pills. The other 5 females (7.1%) said that it is difficult to remember to take pills on time. The remaining 2 females (2.9%) responded that it is unaffordable particularly to get the injectable services (see Table -21).

Table – 21 Problems Related to the use of Modern contraception, Bahir Dar Zuria Woreda, March 2001

Types of Modern Contraception Methods	Problems Identified Related to the Use	Users Group Female	
		Count	%
Pills	Health	11	61.1
	Remember to take on time	5	27.8
Injectable	Unaffordable to pay	2	11.1
Total		18	100

Source: Data collected from Field Investigation and Computed by the author

Different reasons were observed as an initial point to start the use of family planning. Among the currently users, 35 (50%) females were started to use modern contraceptives to have only the desired number of children. The others 26 (37.1%) were using as a result of economic problem and the remaining 9 (12.9%) females were using due to health problems related with childbirth.

Out of 70 currently users, 33 (47.1%) were using pills, 36 (51.4%) were also using injectable and only 1 (1.4%) was using insertable. But when we compare the actual practice and the preferred methods of modern contraceptives, 16 (22.9%) females were preferred pills, where

as 53 (75.7%) females were preferred injectable. Therefore twenty-one or 30% of the currently users did not get the contraception methods according to their preferences.

Table – 22 Actual practice and Preferred Methods of Modern Contraceptives, Bahir Dar Zuria Woreda, March 2001

More prefferred method-mix of contraceptive	Type of method-mix used	Users Group Female	
		Count	%
Pills	Pills	15	21.4
	Injectable	1	1.4
	Sub Total	**16**	**22.9**
Injectable	Pills	18	25.7
	Injectable	35	50.0
	Sub Total	**53**	**75.7**
Insertable	Insertable	1	1.4
Grand Total		**70**	**100**

Source: Data collected from Field Investigation and Computed by the author

The future intention of the rural eligible couples to wards to the use of modern contraceptives was also investigated (Table –23). 50 (17.9%) persons and 4 (1.4%) males in the non-users group considered the use of modern contraception as a sinful act and females business respectively. In the users group, 60 (21.4%) males were considered the use of modern contraception is the responsibility of females (wives). But the majority of the study population, 160 (57.1%) persons from the two groups, 78 (27.9%) persons from the users group and 82 (29.3%) persons from the non-users group were intended to continue and start to use modern contraceptives.

Table –23 Intention of Rural Eligible Couples in the Use of Modern contraceptives, Bahir Dar Zuria Woreda, March 2001

Intention of Rural Eligible Couples in the Use of Modern Contraception	Status of couples in the uses and non-uses of modern contraceptive									
	Current Users Group				Non-users Group				T0tal	
	Female		Male		Female		Male			
	Count	%	Count	%	Count	%	Count	%	Count	%
Considered it as sinful act	--	--	1	0.4	22	7.9	28	10.0	51	18.2
Health Problem	1	0.4	--	--	4	1.4	--	--	5	1.8
Perceived it as females' business	--	--	60	21.4	--	--	4	1.4	64	22.9
Continue/start to use	69	24.6	9	3.2	44	15.7	38	13.6	160	57.1
Total	70	25.0	70	25.0	70	25.0	70	25.0	280	100

Source: Data collected from Field Investigation and Computed by the author

4.1.2. What Are The Determinant Factors For The Uses And Non-Uses Of Family Planning (Modern Contraceptives)?

There were variables taken as influential in the views of the focus-group discussants and individual interviewees. According to their views the first and most decisive factor for the use of family planning was the level of awareness the couples have about the benefits of family planning. The level of awareness about the benefits family planning among the currently users of the rural couples was found different. In most cases it was limited to only avoiding of pregnancy and childbirth at individual household level. The non-users of rural eligible couples mentioned as a reason for their non-uses was that they did not practice because they were not educated and did not have a complete knowledge about the benefits in the uses and as well as the related consequences of the non-uses of family planning at individual, family and societal levels. In this regard the finding of the qualitative data supplement the quantitative data that indicated the attitude of couples to wards to the use of family planning, which can be achieved through the provision of continuous education about the benefits of family planning.

The second reason cited as a decisive factor was the means of getting modern contraception methods particularly the long-acting types, which are demanded by many rural couples. The discussants argument focused on that since the performance of family planning is at its lowest stage, asking a payment for the service would be one of the major obstacles to promote and spread the services widely. But this point was not supported by the quantitative data that insignificant number of (only two) respondents said there was a problem of affordability. The third reason mentioned as an influential factor for not use of modern contraceptives was the high practice of natural methods such as breast-feeding for longer periods, i.e., three years. The individual interview particularly done with the Health Personnel and CBRHWs revealed the peculiar characteristics of their clients' (eligible couples) as:

- Women who are within the fertile reproductive age group and newly married. In this case age and duration of time living with the present spouse jointly taken as a decisive factor.
- Women who face a problem of conceiving within a short period of time after childbirth.
- Women whose husbands are getting old and/or who is not healthy.

Even though there are other reasons for the uses of modern contraceptives, it is difficult to take those reasons as a common character for all users. But there is one general character for all the users, i.e., people who knew and clearly understood the uses of family planning are permanently using the service. But, except the age of husband and attitude of couples, the other reasons mentioned by the Health Workers and CBRHWs were not found statistically significant.

Table – 24 Responses Given by Focus Group Discussants and Individual Interviewees

No.	Reasons raised by the Focus group discussants and individual interviewees	Focus Group Discussants			Individual Interviewees
		Group 1	Group 2	Group 3	
1	**Existence of Resource Shortages**				
	- Arable and grazing lands	8	8	8	12
	- Decreasing of forest covered lands	8	8	8	12
2	**Cause for the shortages:** rapid population growth	8	8	8	12
3	**Factors considered as influential for the use of modern contraceptives**				
3.1	The majority of rural eligible couple were not using Modern Contraceptives because of:				
	- Illiteracy	8	7	7	11
	- Absence of deep knowledge about the benefits of family planning	6	7	8	12
	- Widely use of natural methods	7	8	8	10
	- Unaffordability	8	8	8	9
	- fear of child death	7	6	8	11
	- Exaggerated value given for children	8	8	8	12
3.2	The peculiar characteristics of the currently users are				
	- Who knew more about the benefits of modern contraceptives	7	8	7	12
	- Women found within fertile age group and newly married	6	6	8	11
	- Women who conceived within a short period of time after child birth	8	7	8	12
	- Women whose husbands are getting old and/or sick	7	8	7	11
3.3	What must be done to encourage the rural eligible couples to practice modern contraceptives?				
	- Free distribution of modern contraceptives	8	8	8	10
	- Provide intensive and continues education about family planning	8	8	8	12

Source: Data collected from field investigation and computed by the author

As we have seen in the previous section of the paper, factors identified statistically as determinant by applying Chi-square and Cramer's V-test taking the value of 'p' less than 0.05 and the degree of relation between the independent variables and the use of family planning (dependent variable) are described below according to their categories (Table – 24).

Table-25 Identified Influential Factors for The Use of Family Planning, Bahir Dar Zuria Woreda, March 2001

1. Categories of Influential factors	Influencial factors (Independent Variables)	Measurements of Test of significance	Use of Modern contraceptives (Dependent Variables): Among Couples		
			Female to female	Male to male	Degree of Association
2.Socio-Demographic	Age	X^2	--	31.14	Moderate
		P-value	--	0.000	
		r	--	0.47	
	Age during first Marriage	X^2	15.93	--	Weak
		P-value	0.000	--	
		r	0.34	--	
	Education	X^2	4.07	--	Weak
		P-value	0.043	--	
		r	0.17	--	
3.Economic Condition	Economic Status	X^2	29.55	29.55	Moderate
		P-value	0.000	0.000	
		r	0.46	0.46	
Reproductive Status	Desire of Children	X^2	--	11.54	Weak
		P-value	--	0.000	
		r	--	0.29	
	Reason for more children	X^2	--	5.09	Weak
		P-value	--	0.023	
		r	--	0.19	
	Decision-making role	X^2	--	4.52	Weak
		P-value	--	0.033	
		r	--	0.18	
	Sex preference of children	X^2	6.45	4.89	Weak
		P-value	0.011	0.026	
		r	0.21	0.19	
4. KAP	Knowledge About	X^2	19.73	9.87	Weak
		P-value	0.000	0.000	
		r	0.38	0.27	
	Duration of Knowledge	X^2	--	4.80	Weak
		P-value	--	0.028	
		r	--	0.19	
	Type of Known method-mix	X^2	6.25	15.14	Weak
		P-value	0.012	0.000	
		r	0.21	0.33	
	Attitude	X^2	7.60	12.38	Weak
		P-value	0.005	0.000	
		r	0.23	0.30	

Source: Extracted from the field investigation and computed by the Author

Category -1. Socio-Demographic Factors:

1.1 **Age:** Even though it is one of the decisive factors of fertility, based on the p-value (0.000) there is a statistical significant association between the age of males (husband) and the use of modern contraceptives with a moderate level of relation (r = 0.47).

1.2 **Age during First marriage:** The P-value (0.000) indicated that there is a statistically significant association between the age of females at first marriage and the use of family planning with a weak level of association (r = 0.34). But the use of family planning has no significance association with the age of males during first marriage.

1.3 **Education level**: the statistical analysis showed that the use of family planning is associated with the education level of females (p = 0.043) with a weak level of relation (r =0.17).

Category -2 Economic Condition of Couples: The economic status of couples has a statistically significant association (p = 0.000) with a moderate level of relation (r = 0.46).

Category –3 Reproductive Status of Couples

3.1. Desired Number of Children: a significant association (p=0.000) was found between the desire of males (husband) and the use of family planning, and the degree of the association was weak (r = 0.29).

3.2 Decision Making Pattern on Family planning: The use of family planning in relation to the decision-making role is associated with males (p = 0.033) with a weak level of relation (r=0.18).

3.3 Sex Preference of Children: The statistical analysis indicated that when there is biasness in the sex preference of children, couples might not use modern contraception until they get the child with the preferred sex, which will be one of the reasons for the low performance of family planning. There is a significant association between the sex preference and the use of family planning in both wife and husband, where p =0.011 and r = 0.21for females; and p = 0.026 and r = 0.19 for males. Sex preference is highly observed for male child.

Category – 4 Knowledge and Attitude of Couples

4.1 Knowledge About Family Planning: The use of modern contraceptives is significantly associated (p=0.000 in both females and males). The more the knowledge the couples have, the more the influence to use family planning services. Promoting the use of family planning services is much helpful to create awareness in the society and able to acquire knowledge that will be a ground for future practice of modern contraceptives. Providing intensive education that enable to strengthen the knowledge of rural eligible couples about family planning helps to improve the use of modern contraceptives. The degree of association (r = 0.38 for females and r = 0.27 for males) is weak.

4.2 Types of Known Method-Mix: Knowing about the existences of different alternative method-mix of modern contraception was another influential factor identified statistically. Significant association was observed between the type of method-mix and the use of family planning (p=0.012 for females and p=0.000 for males). The value of r indicated (r = 0.21 for females and r = 0.33 for males) that the association between the two variables is weak.

4.3 Attitude of Couples: The positive or negative feelings of couples have great impact in the use of family planning services. There is a significant association between the attitude and the use of family planning (p=0.036 for females and p=0.011 for males). The level of association (r = 0.23 for females and r = 0.30 for males) found weak.

4.2 DISCUSSIION

The findings of this study revealed that the rural eligible couples developed awareness about the presence of rapid population growth and its consequences. The rural couples realized that the main cause for the existing shortage of arable and grazing lands and deforestation is the fast increase of human number. When the land holding size and land productivity decreased, the situation of dependency burden is further aggravated that urges the rural couples to demand for fertility control.

A study was conducted by Berehane, et al (1999) in South Nations, Nationalities and Peoples Region, Bensa wareda in one rural kebele on the impact of overpopulation on natural resources and the need to control fertility and other related issues. The study proved that since the productivity of land and the ratio of land to man is decreasing from time to time, it is important to limit the number of children in a family and the high rate of population growth must be reduced through fertility regulation by using modern contraceptives. Similarly the finding of this study proved that the rural people had developed awareness about the existence of rapid population growth and its pressure upon the environment and the diminishing per capita share of basic resources particularly the land. Due to this the rural eligible couples showed a better tendency to adopt the use of modern contraceptives among which some of them already started to practice. The other study conducted by Wakbulcho (1993) stated that respondents who were aware of family planning had developed a positive attitude towards to the utilization of contraception methods. G. selassie's study (1996) showed that the more methods of contraception known, the higher the probability of the use.

This study also identified that the majority proportion of rural couples knew about the existence of modern contraceptives and the major sources of knowledge of modern contraceptives were CBRHWs and peer groups. But a study conducted by Wakbulcho (1993) proved that radio, relatives, health workers, schools, television and other mass media were the main sources of information about family planning. The other study done by Kebede (2000) also revealed that health professionals were the main sources of information about family planning.

This study also proved that more males knew about the existence of modern contraceptives and the types of method-mix than females. The attitudinal results indicated that the majority of the rural eligible couples had positive attitude to wards to modern contraceptives and relatively more males have positive attitude than the females in both groups. But a study conducted by Korra (1997) indicated that the knowledge of women about contraception found to be higher. The Ethiopia Demographic and Health Survey (DHS, 2000) also proved that knowledge of family planning in general is relatively high among Ethiopians. According to the DHS, 2000, 85% of currently married women and 90% of currently married men heard at least one method of modern contraceptive. Concerning this issue, two findings were also proved by this study. The first one was that as the number of years couples lived together became less, there is a tendency to increase in the use of family planning even though it was not statistically significant. The second one was that males knew more types of modern contraceptives than females. From the total thirty persons that who did not know about modern contraceptives, only eleven or 36.7% were males and the rest nineteen that accounted 63.3% were females.

This finding can be viewed also from another perspective that as the number of female who did not know about modern contraceptive increased, the rate of utilization of modern contraceptives would be decreased and vice-versa.

The quantitative data indicated that even though the rural males had the knowledge about different types of contraception in general, their perception about condom is related with the protection of HIV/AIDS and other STDs. Using condom, as one method of contraception is not yet practiced among the majority of the rural males. The individual interviewees explained that since their contacts are limited with their spouses, they never use condom. This situation revealed that there is a better performance in the dissemination of information about the prevention of HIV/AIDS than about family planning. The limited available method-mix of contraceptives for males contributed to shape the behaviors of many males to think that fertility control or taking any type of birth control is the duty and responsibility of females.

Creating awareness, which lately changed to knowledge about modern contraceptives is the primary activity in the promotion of the use of family planning. G. Selassie's study (1996) revealed that knowledge and practice of family planning are related to education and its importance as a determinant factor for the use of family planning. But in this study female education was identified as determinant factor for the practice of family planning. A similar outcome was observed regarding the education of women from the study conducted by Kaba (2000) an he concluded that knowledge about family planning services was found to have a positive association with women's age and educational status.

A study conducted in Rural Dalle, Southern Ethiopia by Berhanu (1994) proved that there was a big gap between contraceptive knowledge and practice. This study also proved that there is a gap between the knowledge and practice of modern contraceptives. Because, out of the study population, 83.9% knew about the availability of birth control in their area, but 25% of them were practicing. Regarding this issue, the other study conducted by Mitike (2000) revealed that the awareness of people in North and South Gondar Zones Amhara Region, Ethiopia, about the existence of CBD workers showed that 53.2% of the rural and 47.3% of urban sampled dwellers knew about the presence of CBD in their localities. But the users were only 11.1% in urban and 3.5% in rural.

Among the 280 respondents only 3 (1.1%) females and 10 (3.6%) males in the users group knew about the existence of male sterilization as one methods of modern contraception available for males. During the field investigation, some interviewees said that it was the first time they heard about the existence of male sterilization. In the first place the alternative methods for males are very few and besides this even the promotion of those few alternatives was very limited. It is obviously known that the availability of alternatives and proper promotion about the alternatives usually improves the utilization rate of a particular service. Moreover the efforts done to disseminate information about the available services will give a chance to create awareness about the existence and then initiate the potential users starting to practice. A study conducted by Demamu (1996) in Kolla Diba revealed that the introduction and promotion of family planning methods would increase the number of users and decrease defaulters by providing different choices for new accepters and for who may want to change the methods.

The other study conducted by Korra (1997) indicated that providing choice of methods increases the effectiveness of family planning program due to the reason that the users may change their needs and values through time. Therefore efforts done to meet the needs of the potential users will help to improve the provision of family planning services. The study done by Mokonen (1998) also showed that the availability of different types of family planning method-mix is an essential strategy for the success of family planning program.

The qualitative data indicated that in the study area, the past land distribution scheme also contributed for the existing rapid population growth in the rural areas. Before some years ago, couples with large family size had been benefited from land distribution. During that time at least a quarter of a hectare of arable land was given for each child. But after the land redistribution had been ceased, whatever number of children beard by a couple, no additional land holding is given to the family. When the number of children increased in such situation, the land to family member ratio and the total income per capita would obviously diminish and finally the addition of one child to a family would be a question of survival for the other members of the family particularly in their long-run lives. This situation forced the rural couples not only to know about modern contraceptives but also to develop positive attitude towards to the use of family planning. A study conducted in Nigeria, Anambra in urban areas on Family Planing among Nigerian Postsecondary Female Students by I.C.A. Oyeka (WHO, 1986), showed that most of the respondents have the knowledge about modern contraceptives and have also favorable attitude that indicated the smooth implementation of family planning in the future.

Family planning as one component of the over all development plan did not get the necessary attention as it is compared with the efforts done on the implementation of the Agricultural Extension Program and anti-HIV\ AIDS mobilization as the discussion carry out with the Woreda Officials and religion leaders revealed. The involvement of political leaders in this regard was very limited and almost none in the case of religious leaders. During the discussion, they explained that if they were involved and actively participated to facilitate the provision of family planning services, more people would have a chance to create awareness about and by now many people would be able to practice family planning. Even though there were efforts done and still continuing by the health sector and health affiliated organizations, the majority of the current users are not as a result of the efforts done on public mobilization by all concerned bodies rather it is their personal problem be it economic or health initiated them to use family planning. The effective implementation of family planning requires a strong intersectoral collaboration and joint effort and commitment at different organizational and individual levels. The discussion held with Development Agents and Teachers showed the efforts done on the issue of family planning is not that much satisfactory. During public gatherings where different issues were raised and discussed, they raised the issue of family planning and teach the people if and only if there is no health personnel or CBRHW who covers the topic. But family planning as a component of the overall development plan including education and agriculture sectors, they did not take the initiation and actively participate to promote the implementation of family planning.

The widely use of natural methods such as breastfeeding also found to be hindrance of the use of modern contraceptives. A study conducted in Togo, Lome, by Ekouevi (1994), there was a high practice of traditional methods. This study proved that when the time of breastfeeding and at the same time when the time of conceiving increases, the use of modern contraceptive will be decreased and vice-versa. In the non-users group different natural methods were used as a means to space births. The focus-group discussants and individual interviewees explained that practicing of natural methods can be used not only for the use of birth spacing but also for limiting children before the mother's age reached to menopause. Some of the discussants tried to relate this situation with heredity. If her mother or grandmother were beard one or two children, she strongly believed that she would have also a chance to bear the same number of children and childbirth by itself will stop. But this situation is very risky for the couples to relay on natural methods that must be avoided through the intensive provision of family planning education.

The finding of this study revealed that male's (husband) age was found as an influential factor for the use of family planning. As the age of males increase, the use of modern contraception also increases. In rural areas the main economic source of coupled household is the male and his strongness and weakness determine the ability to support many dependent children. This situation indicated that age of males has a positive association with the use of family planning. On the other hand as the age of male (husband) becomes younger the capacity to shoulder many dependent children would be high, which leads to the low level of family planning use. Males found in the age group of 20 to 31 years were identified as non-users and/or less users.

Regarding the decision about the family size and spacing between a study conducted by Asnake, et al (1991) in Gara Muleta, Eastern Ethiopia, revealed that lack of knowledge about contraception was mentioned as a major reason for to have many children at household level and the awareness about the existence of family planning is very important to increase the utilization rate of modern contraception. In addition to this Asnake (1991) showed that absence of open discussion between wife and husband and the domination of males on the issue were taken as decisive factors for low practice of family planning. Asnake's study also revealed that age of women, husbands' upper hand, the interferences of the community and religious leaders in the decision making of family size have an important influence in the use of family planning.

The other study conducted by G. Selassie (1996) proved that reasons for non-use of any contraception methods were identified as: wanted to have baby, lack of knowledge about contraceptives, did not think to get pregnant and religious objection. A study conducted by Korra (1997) also indicated that reasons for not using contraception methods seem to be important to devise an appropriate IEC materials and service provision strategies. In addition to these Korra (1997) identified that desire of children, disliking of contraceptives and infertility problems were some of the reasons cited for the non-use of family planning.

This study proved that fear of child death and high value given for children are the main reasons for the couples to have more children and desire of couples to have many or few children is highly affecting the use of family planning.

Moreover this study pointed out that the role of males in relation to the use of family planning was found significant. As the duration of knowledge of males about modern contraceptive increases, the use of family planning tends to increase. The more method-mix males knew, the more chance for the use of family planning and this situation also works for females. The use of modern contraceptives also associated with the attitude of males. When the attitude of males to wards to family planning become positive, the use of modern contraceptives will increase. An inverse relation was found between the desire of males and the use of family planning. When the desire of males increases, the use of modern contraceptive decreases and vice-versa. In this regard female desire also affects the use of family planning, even though it is not as strong as the males' desire.

This study also proved that couples in the non-users group have less ideal number of children, but they did not practice modern contraceptives. The implication of the lesser ideal number of children is that couples found in both groups have better awareness about the practical situation, which does not allow them to bear many children. In this regard, another concept we can mention here is that in the determinations of the desire, actual and ideal number of children, the assumptions taken in to account are different. Especially in the case of ideal number of children, couples assumed the exact and practical condition of their living standard and the factors that affect their day-to-day lives.

This study revealed that early marriage is higher on females than males and it was observed that more early-married women were found in the non-users group and also a preference for male child. The main reason given for male preference was that his labor support in the

agricultural activities and his support during parents' old age as he stays in the neighborhood. On the other hand there were few couples that preferred female child and their reason was that female child is useful in home management and above all her proper care during the retirement of parents is more than anybody else. Therefore, sex preference of children also affects the use of modern contraceptive in both females and males, but it is stronger in the case of females than males. A special condition was observed in the study area that there was no as such the interference of third parties in the decision-making of family size. The absence of third parties in the decision making of family size is a conducive situation for better performance of family planning.

The reason given by males in relation to have more children and the decision- making pattern also found significant in the case of males. Males decide on the uses as well as on the non-uses of family planning. The existences of weak relations between the use of family planning (dependent variable) and the individual independent variable indicated that the decision to use family planning is affected by the involvement of many factors from both the wife and husband sides and also by the joint or multiple impacts of those factors. When we see the proportion of the variation existed between the dependent and independent variables by squaring the value of r, as shown in Table –26, the highest percentage for males and females were age that covers 22.1% and economic status having a share of 21.2% respectively. The second highest proportion for males and females were economic status with a share of 21.2% and age during first marriage 11.6% respectively. The least proportion in the case of male was the decision making pattern that accounted 3.2% and for females, level of education covered 2.9% (Table-26).

The implication of the proportion of the variation showed that how much each of the independent variables contribute to use or not to use modern contraception and at the same time it indicates that there are other variables that affect the use or non- use of modern contraception (family planning).

Table –26 Percentage proportion of Variation between Significant Independent Variables and The Use of Family Planning (Dependent Variable)

Category of influential factors	Influential factors	Value of r		value of r^2		Proportion of r^2 %		% Proportion of variation contributed by other variables	
		Females	Males	Females	Males	Females	Males	Females	Males
Socio-demographic Factors	Age	--	0.47	--	0.221	--	22.1	--	87.9
	Age during first marriage	0.34	--	0.116	--	11.6	--	88.4	--
	Education	0.17	--	0,029	--	2.9	-	97.1	--
Economic Condition	Economic status	0.46	0.46	0.212	0.212	21.2	21.2	78.8	78.8
Reproductive status	Desire of children	--	0.29	--	0.084	--	8.4	--	91.6
	reason for more children	--	0.19	--	0.036	-	3.6	--	96.4
	Decision making role	--	0.18	--	0.032	--	3.2	--	96.8
	sex preference of child	0.21	0.19	0.044	0.036	4.4	3.6	95.6	96.4
KAP	Knowledge about	0.38	0.27	0.090	0.073	9.0	7.3	91.0	92.7
	Duration of Knowledge	--	0.19	--	0.036	--	3.6	--	96.4
	Known method-mix	0.21	0.33	0.044	0.109	4.4	10.9	95.6	89.1
	Attitude	0.23	0.30	0.053	0.053	5.3	5.3	94.7	94.7

Source: Extracted from the field investigation and computed by the Author

In general the role of male (husband) in the use of family planning was found very decisive and the intervention done to improve the performance of family planning should target males of young age.

CHAPTER FIVE

5.1 CONCLUSION

The two opposite features of population growth are related to man's dual role. People are both producers and consumers, so it is understood that at times population growth should have been considered primarily as getting of additional manpower that helps to raise the productive capacity and at other times as an increase in the number of mouths to be fed. Past experience as well as contemporary observation can therefore be variously interpreted, and there has been ample opportunity for divergent assumptions and theories about the significance of population.

Rapid population growth coupled with the demographic structure is one of the biggest challenging factors affecting the development pace of developing countries particularly the sub-Saharan African one of which is Ethiopia. The sources of the social and economic problems observed in those nations are either emanated from or related with the number and structure of population. Insecurity of basic needs, unemployment, high rate of burden of disease, illiteracy, environmental degradation, high dependency ratio and other undesirable social and economic problems are frequently observed as a result of unmanaged population size, which were taken as a peculiar characteristics of developing countries.

Family planning is a treatment given to avoid two major obstacles of development: The first one is to reduce the morbidity and mortality of mothers and children that enable to have healthy mothers and children. The second one is to avoid the rapid population growth by limiting the number of childbirth at household level through the practice of fertility regulation.

The high practice of early marriage that leads to early childbirth and low level of practicing modern contraceptives contributed significant part for the present rapid population growth.

The rural eligible couples realized that the main cause for the present shortages of arable and grazing lands, deforestation and other environmental problems is the existence of rapid population growth. At present the majority of rural eligible couples also created awareness about the means of controlling the problem of rapid population growth. But there were different reasons mentioned that influence the uses of family planning (modern contraceptives). All factors affecting the practice of family planning are related with the low level of awareness of the couples about the benefits of family planning, which is affected by different social, demographic, economic, policy and other internal and external issues operating in the society as well as at household levels.

Practicing of family planning is a matter of decision making on how many and when to have children. Childbearing as a natural law is considered as replacing oneself and assuring the continuity of generation. But the problem lays on limiting the level of replacement responsibly. Two major reasons identified for rural couples to have more children than their economic standard allowed them to do so. The first reason was fear of death that partly indicates the existence of unreliable health services either from the provider or from the users side, which can be a major cause for the death of many children. Due to this increasing the number of children is taken as a remedy that leads to have large family size at household level. The second reason was that parents gave high value for children. Parents assumed that children are precious wealth and they considered as a means to avoid problems instead of thinking as a

cause for and aggravators of different types of social and economic problems. But based on the current conditions of the rural areas, where there is no sufficient land for plowing and grazing, the existence of many children at household level is observed as a paradoxical situation.

The level of associations between the dependent variable and the independent variables employed in the study (in most cases) are weak. This situation implies that the use of family planning is affected by many and different factor and there is no as such one or two variables that decisively determine the use of modern contraceptives among rural couples, rather the cumulative effect determines the use of family planning. The availability of basic social services such as the expansion of education and health facilities has a major support to facilitate the wide spread and better utilization of family planning services.

Educating rural couples about the negative consequences of uncontrolled fertility and updating their knowledge will improve the use of family planning and thereby to develop the norm of a small family size. In general focusing on young couples on both wife and husband, giving a particular attention for males, improving the level of females education, updating the knowledge that enable them to develop positive attitude and to keep the desired number of children at a minimum number are some of the primary activities to be performed in order to improve the utilization rate of family planning services and thereby to control rapid population growth and able to foster development.

5.2 RECOMMENDATIONS

The findings of the study pointed out that the ability to control rapid population growth through the proper implementation of family planning among rural eligible couples depends on their fertility behavior and the level of awareness they develop about how to regulate fertility. In order to achieve the intended attitudinal and behavioral changes, the following points are recommended.

1. Effective and consecutive education about the use of family planning must be given to the rural couples targeting on both the wife and the husband that are found within the age group of 15 to 31 years and then establish a time-frame for updating their knowledge that enable them to form a small family size.
2. Family Planning as one component of the general development plan should be supported by all governmental, non-governmental and private sectors and strengthen inter-sectoral collaboration towards to the effective implementation of family planning. It should not be left as duties of only health and health related sectors.
3. Improve the quality of health care services and able to minimize the risk of child death.
4. Strengthen and expand the CBD services to all rural areas by increasing the number of CBRHWs and updating their knowledge as well as introducing different motivational schemes that enable them to have more clients.
5. Use weekly market and public gathering days and places as one distribution center of modern contraceptives and as a media for the provision of family planning education that helps to further strengthen the wide spread of family planning services in rural areas.

6. Design and implement effective and efficient system that facilitates the use of family planning as one component of the overall development plan and its implementation through inter-sectoral collaboration.
7. Formulate laws that regulate early marriage, remarriage, polygamy and other related issues, which have direct and indirect contribution for rapid population growth.
8. Improve the supply of family planning materials both the quantity and the mix that satisfy the needs of the potential users to have different choices of modern contraception methods.
9. Subsidize family planning program in order to provide free service for the users who are unable to pay for.
10. Develop strong leadership and sense of commitment among public administrators and encourage religion leaders and influential persons to participate actively in the promotion and implementation of family planning program.
11. Educate males to support their wives and encourage their participation in family planning program to use the available modern contraception methods.
13. Encourage females' education in order to avoid early marriage and the norm of large family size.
14. Educate women and encourage them to communicate, discuss about and to decide on family issues equally and jointly with their spouses.
15. Supply sufficient and useful IEC materials to the rural implementers those help to disseminate family planning education among the rural settlers.

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APPENDIX I

QUESTIONNAIRE GUIDE

Introduction: the following questions are presented for the group discussants and individual interviewees. The main objective of the study is to investigate the determinant factors that influence the use of family planning and to suggest ideas that will be helpful to improve the performance of family planning services. Therefore providing the true and genuine ideas is highly appreciated.

Q.1. Is there a shortage of land in your area?

What are the reasons contributing for?

Q.2. How is the level of forest covered land in your area?

What are the reasons contributing for?

Q.3. Do you perceive the existence of rapid population growth as an obstacle of development?

Q.4. Who are the users and non-users of family planning in your area? Why?

Q.5. What are the major reasons taken as influential for the use of family planning (modern contraceptives)?

Q.6. What do you suggest to improve the performance of family planning services in your area?

QUESTIONNAIRE

Introduction: This questionnaire is designed to write an MA Thesis that will be presented to the Department of Regional and Local Development Studies at Addis Ababa University. The main objective of the research is to investigate the major factors that influence the rural couples to-use or not-to-use family planning or modern contraceptives, which is recognized as a remedy to arrest the rapid population growth and based on the findings it is to forward recommendations to policy makers and development planners that will help to improve family planning services. Therefore you are kindly requested to provide the correct responses to the questions those concern you. Finally, I would like to promise you that all the information that I got from you would be kept secret and used only for the purpose of the study.

Thank you for your co-operation.

1. Identification:

1.1 Questionnaire number ----------

1.2 Name of PA / '*Kebele*' no./ ---------- 1.3 Name of '*Got*' ----------

1.4 Name of Village/Hamlet ----------

1.5 Name of Interviewer ..... 1.6 Date of interview .....

1.7 Name of respondent ..... 1.8 Name of his/her spouse .....

1.9 Couple Code ----------

No.	Question	Answers and Options	code
	2 . Socio-Demographic factors		
2.1	Sex	1. Male 2. Female	
2.2	Age:		
2.3	Ethnicity:	1. Amhara 2. Agew 3. Woito 4. Oromo 5. Guragie 6. Tigrie 7. Others (explain)	
2.4	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Others	
2.5	How frequent you go to church/mosque?	1. Every day 2. Once in a week 3. Once in a month 4. Once in three months 5. Once in six months 6. Once in a year 7. Other (specify)	
2.6	Main occupation	1. Farming 2. Handcraft 3. Government employee 4. Other organizations' employee 5. Daily Laborer 6. Pastoral 7. Other(specify)	
2.7	Education level:	1. Illiterate 2. Read & Write 3. grade completed ----------	
2.8	Relative to others in your area how do you you're your family status?	1. Very rich 2.Rich 3. Medium 4. Poor 5. Very poor	
2.9	How many children did your family bear including yourself?	Male	
		Female	
		Total	
2.10	How many years have you passed through marriage?	.....Years	
2.11	What was your age during first marriage?		
2.12	What was your age during your first childbirth?		

2.13	Sequential birth order of all children born. (If there are more children, use a separate paper sheet)										
	No.	Name	Sex	Alive	Not alive	Age	Education level	Living With		Occupation (If any)	
								Parents	Alone		
	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										

2.14	Current total family size:	Male	
		Female	
		Total	
2.15	In your walking speed how much time do you travel to arrive at:	Health institution	
		CBD worker's home (distribution center)	
		Market Place	

3. Economic Situations

3.1	How much is your land holding size in hectares?	.....	
3.2	What is the cover of the roof of your house?	1. Thatched 2. Corrugated	
3.3	Number of room/s of your home	.....	
3.4	How much is your income in Birr or quintals?	Per month	
		Per year	
3.5	Relative to others in your area, how do you rate yourself concerning your economic status?	1. Very rich 2. Rich 3. Medium 4. Poor 5. Very poor	
3.6	Is there a problem of land shortage in your area?	1 Yes 2 No	
3.7	Do you face shortage of grazing land?	1 Yes 2 No	
3.8	If you have a problem of land shortage, what is the main cause contributing for?	1. Rapid population growth 2. The changes in the land-use pattern 3. Other (explain)	
3.9	Is the size of the forest-covered lands in your area as it was before?	1 Yes 2 No, it has decreased 3. No, it has increased	

3.10	By your own judgement, how is your income when is compared with your family size? **(If the response is sufficient and over, go to Q 3.12)**	1. Below sufficient 2. Sufficient 3. Over sufficient	
3.11	If your income is below sufficient, what is the reason contributing for?	1. Large family size 2. Decrease of land productivity 3. Decrease of land holding size 4. Occurrences of drought 5. Absence of additional work 6. Other (explain)	
3.12	How many times do you eat in a day?	**Children** 1, 2, 3, >3	
		Wife 1, 2, 3, >3	
		Husband 1, 2, 3, >3	
3.13	How many times do you buy new cloths in a year?	**Children** 1. Once 2. Twice 3. Other (specify).....	
		Wife 1. Once 2. Twice 3. Other (specify).....	
		Husband 1. Once 2. Twice 3..Other(specify).....	
3.14	Were one or more members of your family sick for the last two weeks? **(Then go to Q 4.1)**	**Children** 1. Yes 2. No	
		Wife 1. Yes 2. No	
		Husband 1. Yes 2. No	
3.15	If your income is sufficient or over, what was the expected reason contributing for?	1. Having small family size 2. Application of modern inputs & increase productivity 3. Increases of land holding size 4. Increases of income from secondary activity 5. Avoiding of miss-use of resources such as cultural and religious obligations & able to save 6. Other (explain).....	
4. Desired number of children			
4.1	How many children do desire to have?	1. Male .... 2. Female ... 3. Total	
4.2	How is your preference in terms of the sex of your children?	1. More boys 2. More girls 3. Equal numbers of both sex 4. No preference	
4.3	Who has the upper hand on the decision-making about the desired number of children?	1. Wife 2. Husband 3. Both	

4.4	If the number of your children is not according to your desire, what is the main reason contributing for the variation?	1. Absence of knowledge about family planning services provided by CBD workers in your area 2. No need of using family planning 3. Unable to get the means to control 4. It is God's decision 5. Considering that children are precious wealth 6. Your desire will be fulfilled by bearing additional child/ren 7. Other (explain).....	
4.5	If you can not decide your desired number of children by your own, who decides with you?	1. Religion leaders 2. 2. Parents of husband 3. Parents of wife 4. Peer groups of husband 5. Peer groups of wife 6. 6. Neighbors 7. Other (specify)	
4.6	Given the existing situation, how many child/ren do you suggest for one family to have to live a better life (differentiating by sex)?	Male	
		Female	
		Total	
5. Practice of Contraceptive			
5.1	Did you ever practice modern contraceptives? **(If the answer is never, go to Q 6.1)**	1. Yes 2. Never	
5.2	When did you practice contraceptives? **(If the answer is in the past, go to Q 5.15)**	1. Currently 2. In the past	
5.3	What was the main reason for you to use modern contraceptives ?	1. To bring desired childbirth 2. Due to health problem related to childbirth 3. Due to economic problem 4. Other (explain)	
5.4	Among the modern contraceptives, which method/s are you practicing now? **(You can choose more than one)**	1. Pills 2. Injectables 3. Condom 4. IUCD 5. Norplant 5. Sterilization	
5.5	For how long did you use modern contraceptives?	..... year	
5.6	How many child/ren did you bear at the time when you started to use contraceptives?	Male	
		Female	
		Total	
5.7	Which type of contraceptive do you prefer more?	1. Pills 2. Condom 3. Injection 4. IUCD 5. Norplant 6. Sterilization	

5.8	Why do you prefer it more?	1. It is affordable 2. Its effectiveness 4. Its duration is wider 5. Its availability 6. It is easy to apply 7. It is safe 8. Others (specify).....	
5.9	From where do you get the contraceptive?	1. Health Institution 2. Primary health workers 3. CBD workers 4. Market Other (specify)	
5.10	Is it free or do you pay for your contraception method?	1. Free 2. Pay 3. Any other (specify)	
5.11	Do you face any problem related to the uses of contraception?	1. Side effects on health 2. Additional expense to purchase it 3. Problem of remembering to take it on time Other (explain)	
5.12	For what purpose do you use family planning?	1. No-more-children 2. Spacing 3. Other (explain)	
5.13	Do your spouse know that you are using contraceptive? **(If yes, go to Q. 5.22)**	1. Yes 2. No	
5.14	Why do you want to make it secrete? He/she will not agree, because he/she:	1. Needs still more children 2. Fears the side effects 3 Does not want to expend money on it 4 Other (specify)	
5.15	If you were practicing modern contraceptives in the past, what was/were the factor/s that forced you to discontinue?	1. Found it as a sinful-act 2. It's cost 3. The distance travele for 4. Want to have child 5. Fear of side effects 6.Other (explain)	
5.16	After you have discontinued the use of contraceptive, how many children did you bear?	Male	
		Female	
		Total	
5.17	If you were practicing contraceptives in the past, which method/s did you use?	1. Pills 2. Injection 3. Insertion 4. Norplant 5. Sterilization 6. Condom 7. Abortion	
5.18	Do you have intention to use contraceptives in the future? **(If No, go to Q 5.20)**	1. Yes 2. No	
5.19	By the time when you will start using contraceptive, how many children will you have had?	Male	
		Female	
		Total	

5.20	If you don't have the intention to use contraceptive, what is you main reason?	1. Religion restriction 2. Cultural restriction 3. Parental objection 4. The rumor about its side effect on health 5. Its expense 6. Absence of trust in its effectiveness 7. Its continuity 8. The distance I travel for 9. Un able to get the safest method 10. No restriction 11. Other (explain).....	
5.21	What are the preconditions that must be fulfilled to make you to start the uses of modern contraceptives?	1. If it is distributed freely 2. If the side effects are decreased 3. If it is available in the area 4. Other (explain)	
5.22	Why do you want to have large family (If his/her desire is large family)?	1. Fear of death that all might not grownup 2. To have extra labor force 3. Child means precious wealth 4. Every child will grow with his fortune 5. To have multiple branch descendants 6. Other reasons (specify)	
6. Attitude to wards the use of Contraceptives			
6.1	The use of family planning helps to alleviate poverty.	*4. Strongly agree* *3. Agree* *2. Disagree* *1. Strongly disagree*	
6.2	A child grows by his fortune rather than by his parents' care.	*4. Strongly disagree* *3. Disagree* *2. Agree* *1. Strongly agree*	
6.3	Children are the precious wealth; therefore, their number should not be limited.	*4. Strongly disagree* *3. Disagree* *2. Agree* *1. Strongly agree*	
6.4	Having large family size for couples would not be a cause for the deterioration of their standard of living.	*4. Strongly disagree* *3. Disagree* *2. Agree* *1. Strongly agree*	
6.5	Use of contraceptives creates hazard on health.	*4. Strongly disagree* *3. Disagree* *2. Agree* *1. Strongly agree*	

6.6	Many children could be the burden of not only the family but also of the society.	*4. Strongly agree* *3. Agree* *2. Disagree* *1. Strongly disagree*	
6.7	Many children are important to make division of labor among the family members.	*4. Strongly disagree* *3. Disagree* *2. Agree* *1. Strongly agree*	
6.8	Repetitive pregnancy is resulting health hazards.	*4. Strongly agree* *3. Agree* *2. Disagree* *1. Strongly disagree*	
6.9	For parents, to have many children mean to have more security during their old age.	*4. Strongly disagree* *3. Disagree* *2. Agree* *1. Strongly agree*	
Total of Attitudinal Result			
7. Knowledge about contraceptives			
7.1	For the first time when did you hear about modern contraceptives? **(If Never heard, go to Q 7.4)**	1. .... Years 2. Never heard	
7.2	Among the modern contraceptives, which method/s do you know? **(You can choose more than one)**	1. Pills 2. Condom 3. Injectables 4. Insertables 5. Norplant 6. Male sterilization 7. Female sterilization 8. Abortion	
7.3	From where did you get the knowledge of contraceptive for the first time?	1. Family 2. Spouse 3. peer groups 4. School 5. Heath personnel 6 Development Agent 7 Administrators 8. Neighbors 9.Radio 10 Newspaper 11 other (explain)	

8. Do you have any more suggestions or information that you will tell for us about family planning service?

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.....

መጠይቅ

መግቢያ፡- በአሁኑ ጊዜ ፈጣን የህዝብ ዕድገት በመልማት ላይ ያሉ አገሮችን የልማት ደረጃ ወደ ኋላ በመጐተት ደንቃራነቱ እየጐላ በመምጣቱ ችግሩን ለዘለቄታው ለማስወገድ እንዲቻል ህብረተሰቡ የቤተሰብ ምጣኔ አገልግሎት ተጠቃሚ እንዲሆን የሥነ- ህዝብ ፖሊሲ በማውጣትና በመተግበር መንግስት ችግሩን ለመቅረፍ በመጣር ላይ ነው።

ይህንኑ ሃሳብ መነሻ በማድረግ የዚህ ጥናት ዋና ዓላማ በገጠር የሚኖሩ ባልና ሚስት የቤተሰብ ምጣኔ አገልግሎት እንዲጠቀሙ ወይም እንዳይጠቀሙ የሚያደርጓቸውን ወሳኝ ምክንያቶች ለይቶ በማወቅ ለፖሊሲ አፈጻጸም ተግባራዊ ሊሆን የሚችል የልማት ዕቅድ ለመንድፍ እንዳቻል ሃሳብ በማመንጨት የገጠሩ ሕብረተሰብ የቤተሰብ ምጣኔ አልግሎትን በበለጠ ተጠቃሚ እንዲሆን የሚያስችል ጥናታዊ አስተያየት ለማቅረብ ነው። ስለሆነም በዚህ ዙርያ ለተዘጋጁትና እርሶን ለሚመለከቱት ጥያቄዎች እውነተኛውን መልስ በመስጠት እንድተባበሩኝ በአክብሮት ስጠይቅ፤ መጠይቁ የሚከናውነው በእርሶ ሙሉ ፍቃደኛነት ላይ ተመርኩዝ መሆኑንና ከእርሶ የሚሰጠው መልስ ለጥናቱ አላማ ብቻ የሚውል ከመሆኑም በላይ ሚስጥርነቱ በሚገባ የሚጠበቅ መሆኑንም ጭምር ላረጋግጥልዎ እወዳለሁ ።

አመሰግናለሁ ።

1. የግል መረጃዎች

1.1. የመጠይቁ ቁጥር .....

1.2 የቀበሌው ስምና ቁጥር .....

1.3 የጐጥ ስም .....

1.4 የሠፈሩ ወይም መንደሩ ስም .....

1.5 ቃለ መጠይቁ የተካሄደበት ቀን .....

1.6 ቃለ መጠይቁን የሞላው ሰው ስም .....

1.7 ለቃለ መጠይቁ መልስ የሰጠው ሰው ስም .....

1.8 የባለቤቱ/ቷ ስም .....

1.9 የቤተሰቡ መለያ ኮድ .....

ተ/ቁ	ጥያቄ	መልስና አማራጭ መልሶች	ኮድ
	2. ማህበራዊና ዲሞግራፊያዊ መረጃዎች		
2.1	ጾታ	1. ወንድ 2. ሴት	
2.2	ዕድሜ		
2.3	ጐሣ	1. አማራ 2. አገዉ 3.ወይጦ 4. ኦሮሞ 5. ጉራጌ 6.ትግሬ 7. ሌላ / ይገጽ/	
2.4	ሀይማኖት	1.ኦርቶዶክስ 2. ሙስሊም 3.ፕሮቴስታንት 4.ካቶሊክ 5. ሌላ /ይገለጽ/	
2.5	ኃይማኖታዊ የአምልኮት ደረጃን በተመለከተ በየስንት ጊዜው ወደ ቤተክርስቴያን ወይም መስጊድ ይሄዳሉ ?	1.በየቀኑ 2. በየሳምንቱ 3. በየ 2 ሳምንቱ 4. በየወሩ 5. በየ 3 ወሩ 6. በየ 6 ወሩ 7.በአመት 8. ሌላ /ይገለጽ/	
2.6	ዋና መተዳደሪያ ሥራዎ ምንድን ነው?	1. እርሻ 2. የእጅ ጥበብ 2 የመንግስት ሠራተኛ 4. የሌሎች ድርጅቶች ሠራተኛ 5. ከብት እርባታ. 6. ሌላ /ይገለጽ/.....	
2.7	የትምህርት ደረጃዎ ስንት ነው?	1. መሀይም 2. ማንበብናመጻፍ 3. ያጠናቀቀው ክፍል.....	
2.8	ወላጆችዎ ያላቸው/ የነበራቸው ማህበራዊ ደረጃና የኑሮ ሁኔታ በእርስዎ እይታ ከአካባበው ነዋሪዎች ጋር በማነፃፀር እንዴት ነበር?	1. በጣም ሀብታም 2. ሀብታም 3. መካከለኛ 4. ድሃ 5. በጣም ድሃ	
2.9	ወላጆችዎ ከአርሶ ጋር ስንት ልጆች ነበራቸው	ወንድ	
		ሴት	
		ድምር	
2.10	በትዳር ዓለም ስንት አመት ቆይተዋል?	.....	
2.11	የመጀመሪያ ጋብቻዎን ሲፈጽሙ ዕድሜዎ ስንት ነበር?	.....	
2.12	የመጀመሪያ ልጅዎን ሲወልዱ ዕድሜዎ ስንት ነበር?	.....	

2.13	የወለዳቸውን ልጆች በውልደት ቅደም ተከተል መሠረት ዝዝራቸወን ቢገልፀልኝ?										
	ተ/ቁ	ስም	ያ ታ	በሕይዎት		ዕ ድ ሜ	የት/ደረጃ	የሚኖሩት		ሥራ /ካለ/	
				ያሉ	የሌ ሉ			ከቤተሰ ብ ጋር	ለብ ቻ		
	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										
2.14	በአሁኑ ስዓት ያለዎ የቤተሰብ ብዛት ስንት ነው?					1. ወንድ					
						2. ሴት					
						3. ድምር					
2.15	ቤትዎ ባቅራቢያዎ ካለው የጤና ድርጅት ወይም የማኅበረሰብ ዕደላ ሰራተኛ ወይም የወሊድ መቆጣጠሪያ ከሚገኝበት ገበያ ለመድረስ ምን ያህል ጊዜ ይጓዛሉ?					1. የጤና ድርጅት					
						2. ኅበረሰብ ዕደላ ሠራተኛ					
						3. ገቢያ					
	3. የኢኮኖሚ ሁኔታ										
3.1	ያለዎት የመሬት ይዞታ በሄክታር ስንት ነው?					.....					
3.2	የቤትዎ ጣራ ክዳኑ ምንድን ነው?					1. ሣር 2. ቆርቆሮ					
3.3	የመኖሪያ ቤትዎ ክፍል ብዛት ስንት ነው?					.....					
3.4	ገቢዎ በብር ስንት ነው?					በወር					
						በዓመት ----------					
3.5	ከአካባበው ነዋሪዎች ጋር ሰነፃፀር የኑሮ ደረጃዎ እንዴት ነው?					1. በጣም ሀብታም 2. ሀብታም 3. መካከለኛ 4. ድሃ 5. በጣም ድሃ					
3.6	በአካባቢዎ የእርሻ መሬት ጥበት አለን?					1. አዎ 2. የለም					
3.7	የግመሽ ሣር እጥረትስ አለ?					1. አዎ 2. የለም					
3.8	ለመሬት ጥበት መፈጠር ምክንያቱ ምንድን ነው ይላሉ? /ከአንድ በላይ ምክንያት መምረጥ ይቻላል/					1.የህዝቡ ቁጥር በፈጣን ሁኔታ መጨመር 2. የመሬት አጠቃቀሙ በመለወጡ 3 ሌላ ካለ ይገለጽ.....					
3.9	በአካባበዎ ያለው በደን የተሸፈነው መሬት ስፋት እንደዱሮው ነው ?					1. አዎ 2. አይደለም ቀንሳል 3. አይደለም ጨምረል					
3.10	በእርሶ ግምገማ የገቢዎ መጠን ከቤተሰብዎ ጋር ሲነጻጸር እንዲት ነው? /መልሱ በቂና ከበቂ በላይ ከሆነ ወደ ጥያቄ ቁጥር 3.16 ይሂዱ/					1. ከበቂ በታች ነው 2. በቂ ነው 3. ከበቂ በላይ ነው					
3.11	ገቢዎ ከበቂ በታች እንዲሆን ካደረጉት ምክንያቶች ውስጥ በዋናነት የሚጠቀሰው					1. የቤተሰብ መብዛት 2. ከመሬት የሚገኘው ምርት					

	የቱ ነው? /ከአንድ በላይ መምረጥ ይቻላል/	መቀነስ 3. የመሬት ይዞታ ስፋት እየቀነሰ መምጣት 4. የድርቅ መከሰት 5. ገቢ የሚያስገኝ ተጨማሪ ሥራ አለመኖር 6. ሌላ ካለ ይገለጽ	
3.12	በአንድ በኩል ገቢዎ እየቀነሰ ሲመጣ በሌላ በኩል ደግሞ የቤተሰብዎ ቁጥር እይጨመረ በመምጣቱ ቢያንስ ሊቆጣጠሩት የሚችሉትን የቤተሰብዎን ብዛት ለምን ውሱን አላደረጉም?	1. ልጅ መውለድ ለማቆም ስለማይፈልጉ 2. ወሊድ መቆጣጠሪያ መኖሩን ስለማያውቁ 3. የወሊድ መቆጣጠሪያ ለማኘት ስለማይችሉ 4. የወሊድ መቆጣጠሪያን ለመጠቀም የአካባቢውን ባህላዊና ማህበራዊ ሁኔታ ስለሚፈሩ 5. ሌላ ካለ ይገለጽ	
3.13	በቀን ስንት ጊዜ ትመገባላቸሁ?	ልጆች 1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜ 4. ከዚያ በላይ	
		ሚስት 1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜ 4. ከዚያ በላይ	
		ባል 1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜ 4. ከዚያ በላይ	
3.14	በዓመት ውስጥ ስንት ጊዜ አዲስ ልብስ ይገዛሉ?	ለልጆች 1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሌላ ----------	
		ለሚስት 1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሌላ ----------	
		ለባል 1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሌላ ----------	
3.15	አጠቃላይ የቤተሰቡ ጤና በአለፉት ሁለት ሳምንታት እንዴት ነበር ? / ወደ ጥያቄ ቁጥር 4.1 ይሂዱ /	ልጆች 1. ታመዋል 2. ጤነኛ ናቸው	
		ሚስት 1. ታመዋል 2. ጤነኛ ናቸው	
		ባል 1. ታመዋል 2. ጤነኛ ናቸው	

3.16	ገቢዎ በቂና ከበቂ በላይ ሊሆን የቻለው በምን ምክንያት ነው ?	1. አነስኛ የቤተሰብ ብዛት ያለዎት በመሆኑ 2. ዘመናዊ የምርት ግብአቶችን በመጠቀም ምርታማነትዎ በማደጉ 3. ተጨማሪ መሬት በማግኘትዎ 4. አላስፈላጊ የሆኑ ባህላዊና ሃይማኖታዊ ወጪዎችን በመቀነስ ቁጠባ ለማድረግ በመቻልዎ 5. ከተለያዩ ሥራዎች ገቢበማግኘትዎ 6. ሌላ ካለ ይገለጽ	
4. የልጆችን ቁጥር መወሰን በተመለከተ			
4.1	ፍላጎትዎ ስንት ልጆች እንዲኖረዎት ነው?	ወንድ	
		ሴት	
		ድምር	
4.2	በውሳኔ አሰጣጡ ላይ የበለጠ የወሳኝነት ሚና ያለው ማን ነበር?	1. ሚስት 2. ባል 3. ሁለቱም	
4.3	የልጆችዎ ብዛት በፍላጐትዎ መሠረት እንዳይሆን ያደረጉዎት ምክንያቶች ምንድን ናቸው? / ከአንድ በላይ መምረጥ ይቻላል/	1. የቤተሰብ ምጣኔ መኖሩን ባለማወቅዎ 2. የቤተሰብ ምጣኔ ለመጠቀም ባለመፈገዎ 3. የወሊድ መከላከያውን አለማግኘትዎ 4. የፈጣሪ ውሳኔ አድርገው በመቀበልዎ 5. ልጅ ከሁሉም የበለጠ ፀጋ አድረግው በመውሰደዎ 6. ሌላ ካለ ይገለጽ.....	
4.4	የልጆቻችሁን ብዛት ባልና ሚስቱ መወሰን ካልቻላችሁ ከእናንተ ጋር አብሮ የሚወስነው ማነው ?	1. የሃይማኖት መሪዎች 2. የባል ቤተሰቦች /ዘመዶች/ 3. የሚስት ቤተሰቦች /ዘመዶች/ 4. የባል ጓደኞች 5. የሚስት ጓደኞች 6. ጐረቤቶች 7. ሌላ ካለ ይገለጽ	
4.5	አሁን ባለው ተጨባጭ ሁኔታ አንድ ቤተሰብ ወይም ባልና ሚስት ስንት ልጆችን ቢወልዱ በጥሩ ሁኔታ መኖር ይችላሉ ብለው ያምናሉ?	ወንድ	
		ሴት	
		ድምር	
5. የወሊድ መቆጣጠሪያን መጠቀም በተመለከተ			
5.1	ዘመናዊ የወሊድ መቆጣጠሪያ ተጠቅመዉ ያውቃሉ? /መልሱ አላውቅም ከሆነ ወደ ጥ ቁጥር 6.1 ይሂዱ!	1. አዎ 2. አላውቅ	
5.2	መቼ ነበር የሚጠቀሙት? / መልሱ ቀድም ብሎ ከሆነ ወደ ጥያቄ ቁ. 5.15 ይሻገሩ/	1. እስካሁን ድረስ 2. ቀደም ብሎ	

5.3.	የወሊድ መቆጣጠሪያ እንዲጠቀሙ ያደረጉዎት ምክንያቶች ምን ነበሩ? /ከአንድ በላይ መምረጥ ይቻላል/	1. የሚፈልጓቸውን ልጆች ያህል ብቻ ለመውለድ 2. ከወሊድ ጋ በተያዘ የጤና ችግር ምክንያት 3. ልጆችን ለማሣደግ የኢኮናሚ ዕጥረት መኖር 4. ሌላ ካለ ይገለጽ	
5.4	ከዘመናዊ የወሊድ መቆጣጠሪያ ዘዴዎች መካከል የሚጠቀሙት የትኛውን ነው ? /ከአንድ በላይ መምረጥ ይቻላል/	1. እንክል 2. በመርፌ የሚሰጥ 3.. በክንድ ውስጥ የሚቀበር 4. በማህፀን የሚገባ የሚያመክን 6. .ኮንዶም	
5.5.	ዘመናዊውን የወሊድ መቆጣጠሪያውን ለስንት ጊዜ ተጠቅመውበታል?	.....ዓመት	
5.6	የወሊድ መቆጣጠሪያ መጠቀም የጀመሩት ስንት ልጆችን ከወለዱ በኋላ ነው?	ወንድ	
		ሴት	
		ድምር	
5.7	የትኛውን የወሊድ መቆጣጠሪያ የበለጠ ይመርጡታል ?	1. እንክብል 2. በመርፌ የሚሰጥ 3. በማህፀን የሚገባ 4. ክንድ ውስጥ የሚቀበር 5. .የሚያመክን 6. ኮንዶም	
5.8	ለምን ይመርጡታል?	1. ዋጋው ስለማይከብደኝ 2. ውጤታማ ስለሆነ 3. ለብዙ ጊዜ ስለሚያገለግል 4. በአቅራቢያዎ ስለሚገኝ 5. ለአጠቃቀም ቀላል በመሆኑ 6. ሌላ ካለ ይገለጽ	
5.9	የወሊድ መቆጣጠሪያውን የሚያገኙት ከዬት ነው	1. ከጤና ድርጅቶች 2. ከቀበሌ የጤና ሠራተኞች 3. ከማህበረሰብ.የእደላሠራተኞች 4. ከገበያ 5. ሌላ ይገለጽ	
5.10	የወሊድ መቆጣጠሪያውን የሚያገኙት በክፍያ ወይስ በነፃ ነው?	1. በነጻ 2. በክፍያ 3. ሌላ ካለ ይገለጽ.....	
5.11	ዘመናዊ የወሊድ መቆጣጠሪያ ከመውሰድዎ ጋር ተያይዞ የገጠመዎት ችግር ምንድ ነው? /ካንድ በላይ መምረጥ ይቻላል/	1. የጤና ችግር 2. ለመግዣ የሚወጣው ወጭ መክበድ 3. በጊዜው አስታውሶ ለመውሰድ ያለው ችግር 4. ሌላ ካለ ይገለጽ	
5.12	የወሊድ መቆጣጠሪያ የሚወስዱት ለምን ዓላማ ነው ?	1. ልጅ መውለድዎን ለማቆም 2. አራርቆ ለመውለድ 3. ሌላ ካለ ይገለጽ	
5.13	የወሊድ መቆጣጠሪያ እንደሚወስዱ ባለቤትዎ ያውቃሉ ? / መልሱ አዎ ከሆነ ወደ ጥያቄ ቁ. 5.22 ይሻገሩ/	1. አዎ 2. የለም	

5.14	ባለቤትዎ የሚያውቁ ከሆነ ለምን በሚስጥር መያዝ ፈለጉ?	1. ልጅ ለመውለድ ስለሚፈልግ በውሳኔው ስለማይስማማ 2. መጥፎ ጐኑን በመፍራት ለህክምናና መሳሰሉት ተያያዥ ወጭዎችን ለማውጣት ስለማይፈልግ 3. ለመግዣ የሚያስፈልገውን ወጭ ማውጣት ስለማይፈልግ 4. ሌላ /ይገለጽ/.....	
5.15	የወሊድ መቆጣጠሪያውን ከመጠቀም እንዲያቋርጡ ያደረጉዎት ምክንያቶች ምን ነበሩ ?	1. ሀጢያት ነው የሚል ስሜት ስላለዎት 2. አገልግሎቱን ለማግኘት የሚጓዙት ረዥም እርቀት ስለነበር 3. ልጅ ለመውለድ ስለፈለጉ 4. ወጭው ስለከበደዎት 5. በጤናዎ ላይ ችግር በማስከተሉ 6. ሌላ /ይገለጽ/.....	
5.16	የወሊድ መቆጣጠሪያ መውሰዱን ካቋረጡ በኋላ በአለው ጊዜ ስንት ልጅ ወለዱ ?	ወንድ	
		ሴት	
		ድምር	
5.17	ቀደም ሲል የሚጠቀሙት የወሊድ መቆጣጠሪያ ዘዴ የትኛው ነበር?	1. እንክብል 2. በመርፌ የሚሰጥ 3. በማህጸን የሚገባ 4. ክንድ ውስጥ የሚቀበር 5. የሚያመክን 6. ኮንዶም	
5.18	ለወደፊቱ ለመጠቀም ያስባሉ? /መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 5.20 ይሂዱ/	1.አዎ 2. የለም	
5.19	ወደፊት የወሊድ መቆጣጠሪያ መጠቀም በማጀምሩበት ጊዜ ስንት ልጆች ይኖሩዎታል?	ወንድ	
		ሴት	
		ድምር	
5.20	ለወደፊቱ የወሊድ መቆጣጠሪያ ለመውሰድ የማይፈልጉበት ምክንያት ምንድን ነው ?	1. በጤና ላይ ችግር ያስከትላል የሚል ሀሜት ስለአለ 2. ወጭውን ለመሸፈን አቅም ስለሚያንሰዎ 3. ዕርግዝናን ይከላከላል ብለው ስለማይምኑ 4. አገልግሎቱ ባካባቢዎ ቀጣይነት ስለሌለው 5. አገልግሎቱን ለማግኘት ሩቅ መንገድን ስለሚጓዙ 6. የሚፈልጉትንና ተስማሚዎን የመከላከያ ዘዴ ባቅራቢዎ ስለማያገኙ 7. ሌላ/ይገለጽ/	

5.21	ምን ቅድመ ሁኔታዎች ቢሟሉልዎት የወሊድ መቆጣጠሪያ መውሰድዎን እንደገና ይቀጥላሉ? /ከአንድ በላይ መምረጥ ይቻላል /	1. በነጻ የሚታደል ከሆነ 2. በጤና ላይ የሚያስከትለው ጉዳት የቀነሰ እንደሆነ 3. በአቅራቢያዎ የሚገኝ ከሆነ 4. ሌላ /ይገለጽ/..	
5.22	ብዙ ልጆች እንዲኖረዎት ለምን ፈለጉ?	1. ሁሉም ለቁም ነገር መድረስ ስለማይችሉ 2. በቂ የሰው ኃይልና ጉልበት እንዲኖረኝ 3. ልጅ ከምንም በላይ ኃብት ስለሆነ 4. እያንዳንድ ልጅ በእድሉ ስለሚያድግ 5. ብዙ የዘር ሀረግ እንዲኖረኝ 6. ሌላ/ይገለጽ/	
	6. በዘመናዊ የወሊድ መቆጣጠሪያ ላይ ስለአለዎት አመለካከት		
6.1	የቤተሰብ ምጣኔ አገልግሎትን በመጠቀም ድህነትን ለማስወገድ ያስችላል።	4. በጣም እስማማለሁ 3. እስማማለሁ 2. አልስማማም 1. በጣም አልስማማም	
6.2	ለአንድ ህጻን ቤተሰቦቹ ከሚያደርጉለት ክብካቤ ይልቅ በእድሉ በተሻለ ሁኔታ ሊያድግ ይችላል	4. በጣም አልስማማም 3. አልስማማም 2. እስማማለሁ 1. በጣም እስማማለሁ	
6.3	ልጆች ከሁሉ በላይ ብልጫ ያላቸው ሀብት ስለሆኑ ቁጥራቸው በገድብ መወሰን የለበትም።	4. በጣም አልስማማም 3. አልስማማም 2. እስማማለሁ 1. በጣም እስማማለሁ	
6.4	ለአንድ ቤተሰብ የኑሮ ደረጃ ማሽቆልቆል የልጆች ቁጥር መብዛት ምክንያት ሊሆን አይችልም።	4. በጣም አልስማማም 3. አልስማማም 2. እስማማለሁ 1. በጣም እስማማለሁ	
6.5	ዘመናዊ የወሊድ መቆጣጠሪያ መውሰድ በጤና ላይ ችግር ያስከትላል።	4. በጣም አልስማማም 3. አልስማማም 2. እስማማለሁ 1. በጣም እስማማለሁ	
6.6	የብዙ ልጆች መኖር ችግር ለቤተሰቦቻቸው ብቻ ሳይሆን ለጠቅላላው ህብረተሰብ ጭምር ነው።	4. በጣም እስማማለሁ 3. እስማማለሁ 2. አልስማማም 1. በጣም አልስማማም	
6.7	በገጠር ብዙ ልጆችን መውለድ በቤተሰቡ መካከል የሥራ ክፍፍል ቀላል ለማድረግ ይጠቅማል።	5. በጣም አልስማማም 3. አልስማማም 2. እስማማለሁ 1. በጣም እስማማለሁ	

6.8	ተደጋጋሚ እርግዝና በጤና ላይ ጉዳት ያደርሳል።	4. በጣም እስማማለሁ 3. እስማማለሁ 2. አልስማማም 1. በጣም አልስማማም	
6.9	ብዙ ልጆችን መውለድ ወላጆች በእርጅና ጊዜያቸው በሚገባ እንዲጦሩ ይጠቅማቸዋል።	4. በጣም አልስማማም 3. አልስማማም 2. እስማማለሁ 1. በጣም እስማማለሁ	
	ድምር		
	7. በኮንትራሴብቲቭ ላይ ያለዎትን እውቀት / ግንዛቤ/ በተመለከተ		
7.1	ዘመናዊ የወሊድ መቆጣጠሪያ ስለመኖሩ ያውቃሉን? /መልሱ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 7.4 ይሂዱ/	1. አዎ 2. አላውቅም	
7.2	ከዘመናዊዎቹ የወሊድ መቆጣጠሪያዎች የትኞቹን ያውቃሉ ? / ከአንድ በላይ መምረጥ ይቻላል/	1. እንክብል 2. ኮንዶም 3. በመርፌ የሚሰጥ 6. በብልት የሚገባ 5. ክንድ ውስጥ የሚቀበር 6. ሴትን የሚያመክን 7. ወንድን የሚያመክን	
7.3	የወሊድ መቆጣጠሪያ ስለመኖሩ ከማን ሊያውቁ ቻሉ? / ቀጥለው ወደ ጥያቄ ቁጥር 6.1 ይሂዱ /	1. ከቤተሰብ 2. ከትዳር ጓደኛ 2. ከእድሜ እኩያ /ጓደኛ/ 4. ከት/ቤት 5. ከጤና ባለሙያ 6. ከልማት ሠራተኛ 7. ከህዝብ መሪዎች 8. ከሬዲዮ 9. ከጋዜጣ 10. ሌላ /ይገለጽ/	

8. እስካሁን ከተነሱት ጥያቄዎች ውጭ በተጨማሪ የሚሰጡት አስተያየት ወይም የተለየ ሃሳብ ካለ ቢገልጹልኝ?

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6.8	ተደጋጋሚ እርግዝና በጤና ላይ ጉዳት ያደርሳል።	4. በጣም እስማማለሁ 3. እስማማለሁ 2. አልስማማም 1. በጣም አልስማማም	
6.9	ብዙ ልጆችን መውለድ ወላጆች በእርጅና ጊዜያቸው በሚገባ እንዲጦሩ ይጠቅማቸዋል።	4. በጣም አልስማማም 3. አልስማማም 2. እስማማለሁ 1. በጣም እስማማለሁ	
ድምር			
7. በኮንትራሴብቲቭ ላይ ያለዎትን እውቀት / ግንዛቤ/ በተመለከተ			
7.1	ዘመናዊ የወሊድ መቆጣጠሪያ ስለመኖሩ ያውቃሉን? /መልሱ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 7.4 ይሂዱ/	1. አዎ 2. አላውቅም	
7.2	ከዘመናዊዎቹ የወሊድ መቆጣጠሪያዎች የትኞቹን ያውቃሉ ? / ከአንድ በላይ መምረጥ ይቻላል/	1. እንክብል 2. ኮንዶም 3. በመርፌ የሚሰጥ 6. በብልት የሚገባ 5. ክንድ ውስጥ የሚቀበር 6. ሴትን የሚያመክን 7. ወንድን የሚያመክን	
7.3	የወሊድ መቆጣጠሪያ ስለመኖሩ ከማን ሊያውቁ ቻሉ? / ቀጥለው ወደ ጥያቄ ቁጥር 6.1 ይሂዱ /	1. ከቤተሰብ 2. ከትዳር ጓደኛ 2. ከእድሜ እኩያ /ጓደኛ/ 4. ከት/ቤት 5. ከጤና ባለሙያ 6. ከልማት ሠራተኛ 7. ከህዝብ መሪዎች 8. ከሬዲዮ 9. ከጋዜጣ 10. ሌላ /ይገለጽ/	

8. እስካሁን ከተነሱት ጥያቄዎች ውጭ በተጨማሪ የሚሰጡት አስተያየት ወይም የተለየ ሃሳብ ካለ ቢገልጹልኝ?

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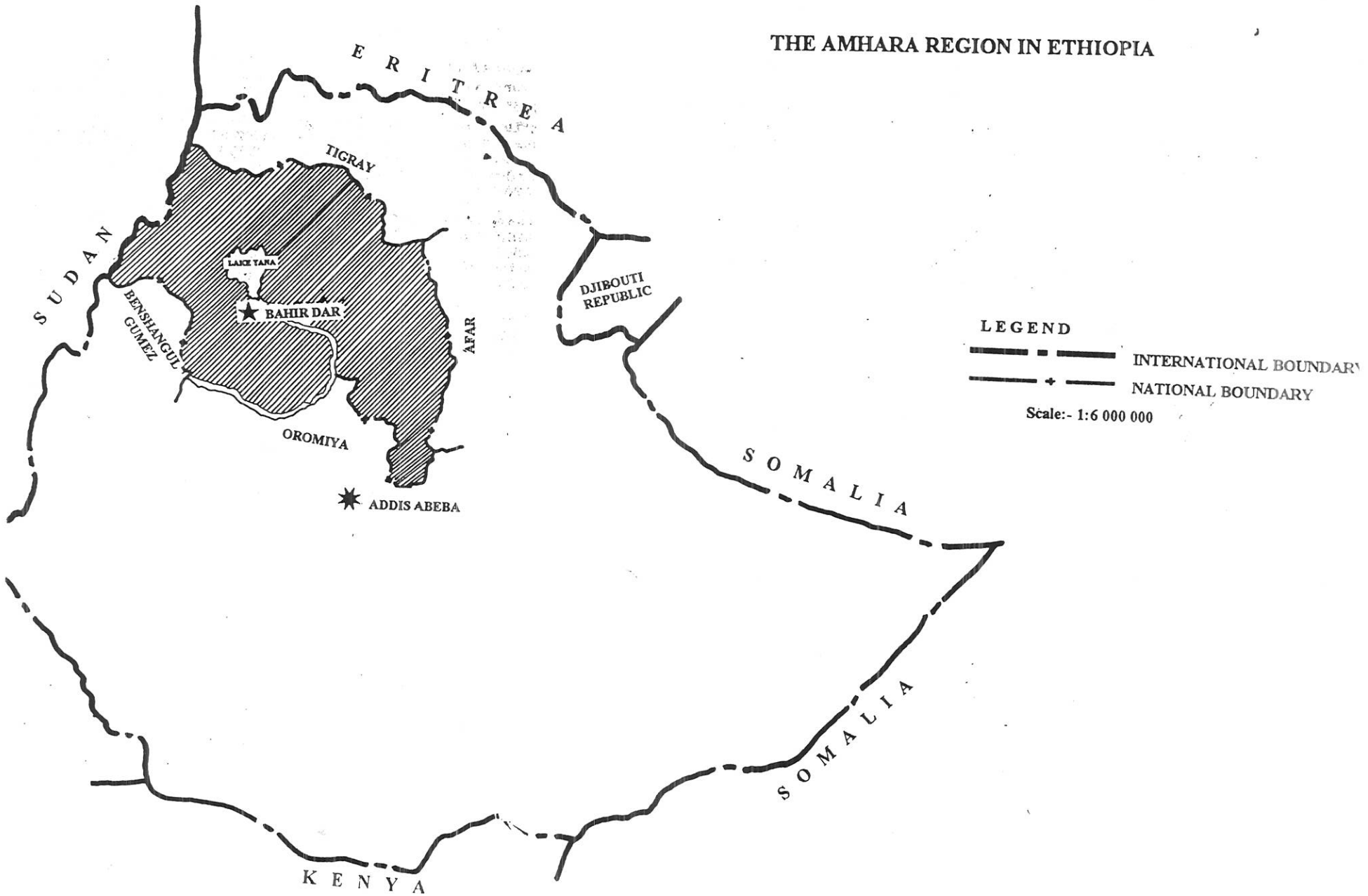
APPENDIX II


THE AMHARA REGION IN ETHIOPIA
ERITREA
TIGRAY
SUDAN
LAKE TANA
BAHIR DAR
BENISHANGUL GUMEZ
AFAR
DJIBOUTI REPUBLIC
OROMIYA
ADDIS ABEBA
SOMALIA
SOMALIA
KENYA
LEGEND
INTERNATIONAL BOUNDARY
NATIONAL BOUNDARY
Scale:- 1:6 000 000


THE AMHARA NATIONAL REGION
Zonal Administrative Division
SUDAN
TIGRAY
TIGRAY
NORTH GONDER
Gonder
WAG HIMERA
Sekota
Lake Tana
Debre Tabor
NORTH WELLO
Woldiya
AFAR
AFAR
BENSHANGUL GUMEZ
Bahir Dar
SOUTH GONDER
AWI
Injibara
WEST GOJJAM
Abay (Blue Nile) River
Dessie
SOUTH WELLO
Kemissie
OROMIYA
EAST GOJJAM
Debre Markos
Abay (Blue Nile) River
OROMIYA
OROMIYA
NORTH SHEWA
Debre Birhan
Legend
International Boundary
National Regional Boundary
Regional Boundaries not Clearly demarcated
Zonal Boundary
Regional Center
Zonal Centers
Scale:- 1:2 500 000
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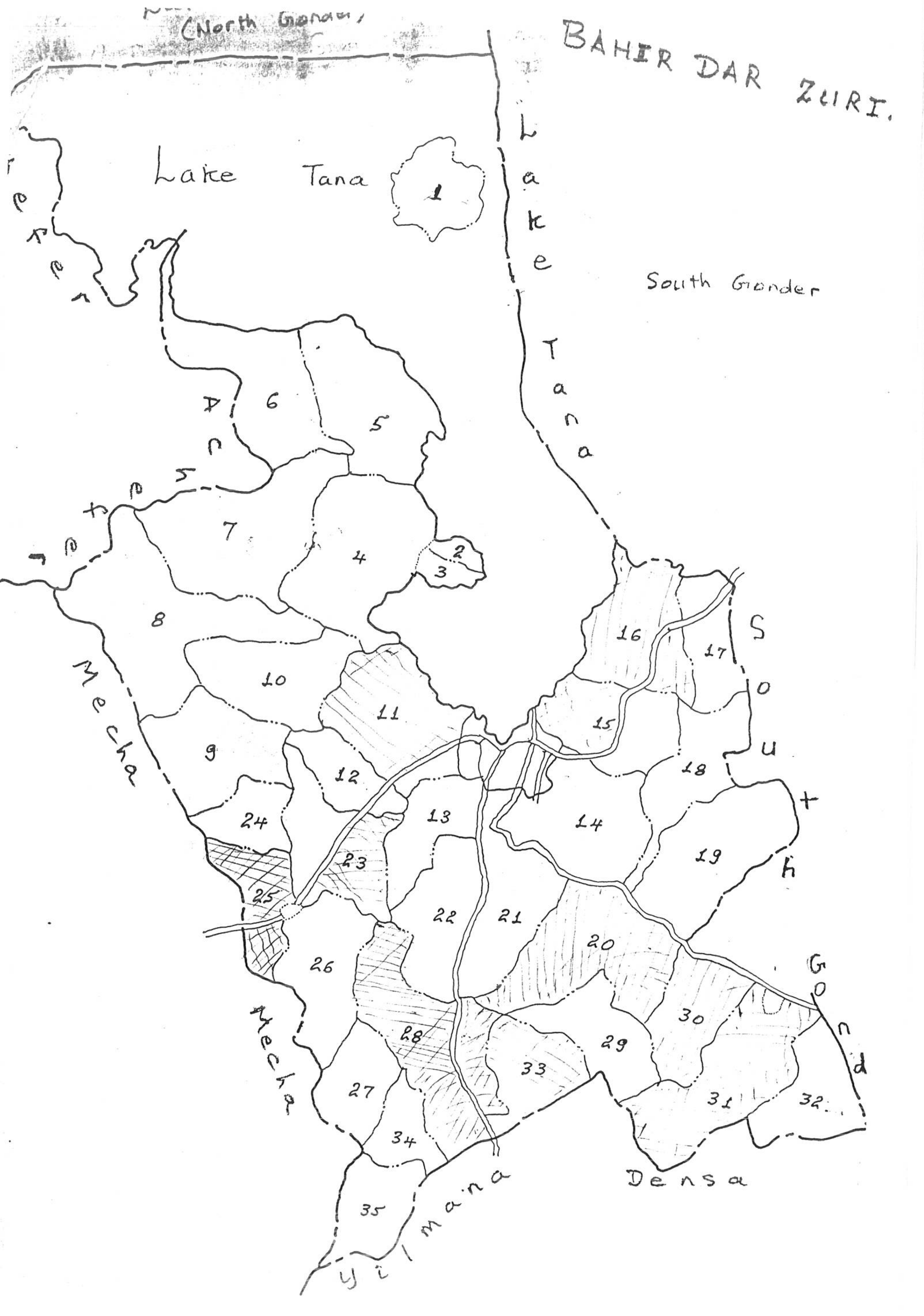
Source:-
Centeral Statistical Authority
Maps prepared for population and housing censuses conducted in May, 1994 G.C.
N.B. The Delineation of Regional Boundaries shown on this map must not be considered Authoritative.
PPD / BoPED
1998


BAHIR DAR ZURI.
(North Gondar)
Lake Tana
Lake Tana
South Gonder
South Gondar
Mecha
Mecha
Yilmana
Densa
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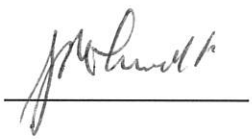
DECLARATION

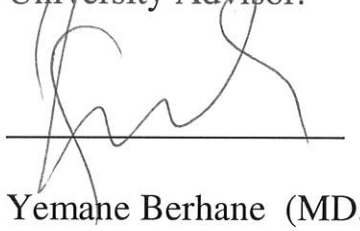
I, the undersigned, declare that this thesis is my original work and has not been presented for a degree in any university, and that all source of materials used for the thesis have been dully acknowledged.



Mohammed Hassen

June, 2001

This thesis has been submitted for Examination with my approval as a University Advisor.



Yemane Berhane (MD, MPH, Ph. D, Associate Professor)

June, 2001