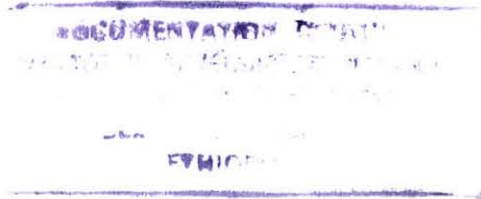


**ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATES STUDIES**

**FERTILITY PREFERENCES AND CONTRACEPTIVE PRACTICES
AMONG CURRENTLY MARRIED WOMEN IN JIMMA
RAAREE WOREDA**



**BY
BEGASHAW TESHOME**

July 2007

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A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES ADDIS ABABA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTERS OF SCIENCE IN POPULATION STUDIES

July 2007

**ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

***Fertility Preferences and Contraceptive Practices Among
Women Currently Married in Jimma Raaree Woreda***

By
Begashaw Teshome Yitbarek

**Population Studies and Research Center
Institute of Development Research**

Approved by the Examining Board

Dr. Assefa Hailemariam
Chairman, Department Graduate Committee


Signature

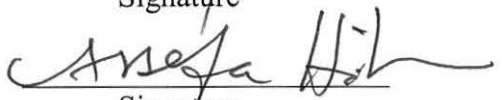
Dr. A. Sathiya Susuman
Advisor


Signature

Dr. Negatu Regassa
External Examiner


Signature

Dr. Assefa Hailemariam
Internal Examiner


Signature

Acknowledgment

It gives me great pleasure to acknowledge the guidance, support and assistance I have received during the preparation of this thesis. At the outset, I would like to express the most sincere thanks and profound sense of gratitude to my advisor Dr. Sathiya Susuman for his valuable suggestions and constant encouragement from the development of the questionnaires to writing not final paper.

I would like to express my gratitude and thanks to Dr. Eshetu Gurmu for his continuous supports, valuable suggestions and the helps I have received from his during data entry analysis.

I am greatly indebted to Sibule capacity building East Wollega Zone for its support forgiving me the chance to attend my post graduate studies.

I extend my appreciation to all participants including data collectors and all women respondents of Jimma Raaree Woreda. I would also like to thank the Staff office IT instructor of AMBC especially Alemayehu Mulugeta and Haylegnaw Getane for their valuable cooperation at any time.

My thanks also goes to my family, especially my wife Aynadis Affaw and My uncle Mekonnen Gurmessa. It would have been impossible without their holistic support to accomplish the study.

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Acronyms

AFS	Actual Family Size
AOR	Adjusted Odds Ratio
ASFR	Age Specific Fertility Rate
CEB	Children Ever Born
CSA	Central Statistical Agency
DHS	Demographic and Health Survey
FFS	Family and Fertility Survey
FP	Family Planning
IEC	Information, Educational and Communication.
IFS	Ideal Family Size
IUD	Intrauterine Device
KAP	Knowledge Attitude and Practice
MCM	Modern Contraceptive Methods
OR	Odds Ratio
SPSS	Statistical Package for Social Science
TFR	Total Fertility Rate
TGE	Transitional Government of Ethiopia
UN	United Nations

Abstract

Data on fertility preferences are useful as an indicator or general attitudes towards child bearing and of the possible future course of fertility. The study intends to explore the fertility intentions and contraceptive practices of currently married women in Jimma Raaree woreda. To this end a community based cross-sectional study was made. A multistage sampling procedure was carried out to interview 422 women in the study area.

The study is designed in such away that the various demographic and socioeconomic variables have an effect on fertility preferences and contraceptive practices. The independent variables are therefore demographic and socio economic variables and the dependent variables are fertility preferences and contraceptive practices. In order to examine then the effect of these variables, the study utilizes both bi-variate and multivariate analytical techniques.

The result of logistic regression suggests that among the demographic variables, both women's age and number of living children; and among socio economic variables, place of residence, women's education, work status and exposure to mass media are found out to be significantly affecting fertility preferences and contractive practices.

It is therefore recommended that raising the status of women through education activity, providing women with a permanent income, promoting communication between couples is of prime importance to erode cultural barriers to contraceptive use and reduce fertility.

CHAPTER ONE

1. Introduction

1.1 Background of the Study

It is widely recognized that population constitutes a very important resource for national development. However, if the rate of growth of population is greater than the rate of growth of the national economy, social and economic problems inhibiting progress are intensified and hence become detrimental to social and economic growth. It is also true that the rate of population growth especially in the developing countries like Ethiopia is phenomenal, unusual and the trend is not born out of historical evidence from the west. A brief out look into the trend of world population growth will highlight this point of view.

The world population has been increasing at an alarming rate since 1950's. Most of this increase is observed in the developing countries. During 1950-1955 it was estimated that out of the total average annual increment of 47 million to the world population, 77 percent was contributed by the less developed countries and only 23 percent by the developed nations. In 1985-1990, the share of the developing nations had increased to 93 percent out of the 88 million average annual increments to the world population and it is expected that the share of these developing nations will reach 97 percent by 2020-2025, leaving only 3 percent to the developed nations (UN, 1991).

Ethiopia is the second most populous country, after Nigeria, in Sub-Saharan Africa. The majority of Ethiopians live in rural areas, estimated as 85 percent of the total population (Population Reference Bureau, 2004). The Total Fertility Rate did not show any marked decline between to mid 1950s and early to mid 1980s, a time when it exhibits even a slight increase (UN, 2002). Since the later 1980s the fertility rate began to decline from 7.7 in 1984 to 6.4 in 1990 (CSA, 1993) and further to 5.9 in 2000 (CSA and ORC Macro, 2001).

However, this national trend marks a very important variation in fertility behavior across regions and sub regions within the country. Although the total fertility rate (TFR) for the country as a whole stood at 5.9 children per women in 2001, the TFR in urban areas is almost half the national total, at about 3.3, while that of the rural areas is at 6.4 (CSA and ORC Macro, 2001). An even more surprising finding from the 2000 Demographic and Health Survey, and the 1994 Census, in some urban centers are experiencing rates of fertility which are below replacement level. For example, the country's capital, Addis Ababa and Harar, an urban center located in eastern Ethiopia, have estimated TFR of 1.8 and 1.82 respectively.

In the past several studies in Ethiopia attempted to explore the course and causes of fertility change (for example) Abdulhi, 1989; Assefa, 1991, 1992; Yohnnes, 2000, 2001. Yohnnes (2004) argue that "cultural values regarding family formation and kinship structure that favor nuclear family arrangements, adverse economic circumstances that strongly influenced the housing sector and employment, and institutional change relating to the revolutionary experiences of the country" are fundamental in bringing the dramatic decline of fertility in Addis Ababa to below replacement level.

Based on community and family survey from the Southern Nations, Nationalities and People's Region of Ethiopia, a study by Hogan and Berhanu (2003) concluded that fertility differentials in this region are attributed to cultural factors particularly to 'social norms and preference about appropriate age at marriage, family size or contraceptive use'. In the same region, previous study found out that women's interest in birth spacing and contraceptive use is linked to house hold poverty, although poor women are less likely to act on these interests (Hogan, et.al., 1999). Especially at the beginning of the demographic transition, countries generally experience significant differences between urban and rural areas. However, the deference of three children and it applies to only four other countries of sub-Saharan Africa; Burkina Faso,

Tanzania, Togo and Uganda as indicated in their most recent Demographic and Health Surveys (ORC Macro, 2005).

Some researchers focused their attention on the dramatic fertility decline recorded in Addis Ababa (Yohannes, 2001; Lind storm and Woubalem, 2003; Sibanda et.al., 2003), but this study seeks to investigate questions on the preferred fertility of rural and urban women.

The population of Ethiopia would double it self in 25.3 years. However, this doubling time was 60 years between 1900 and 1960, when the population of Ethiopia increased from 11 million to 22mililion, due to slow rate of growth resulting from worst mortality situation. So the size and growth rate of population is recognized as potential problems.

The country formulated population policy, issued in 1993 was based on a close scrutiny of the demographic and development situations in the country which revealed that demographic and developmental factors reinforce each other. High fertility and rapid population growth exert negative influences on economic and social development and low levels of social and economic development provide the conditions favoring high fertility and hence rapid population growth (TGE, 1993). It is known that many of the health problems of women and children are linked to high fertility. Studies have shown that when fertility is high, maternal, infant and child mortality rates will also be high. High maternal, infant and child mortality rates are associated with such reproductive practices as short birth intervals, repeated pregnancies and pregnancies in women under the age of 20 and above the age of 35,poor utilization of health services ,most of the deliveries conducted at home and by un trained personnel.

1.2 Statement of the Problem

In view of its impact on broader socio-economic development and the environment, rapid population growth is one of the major challenges developing countries like Ethiopia are facing nowadays. A continued high birth rate along

with declining mortality rates are the two demographic factors responsible for the rapid increase in our population. The High fertility of the population is attributed to low levels of contraception, cultural values favoring large family size, low socio-economic development and higher infant and child mortality (Sibanda A. et al 2003).

Findings shows in the recent Ethiopian DHS, level of contraception is too low to influence fertility levels significantly, while on the other hand, there is a large unmet need for contraception either to space or limit their pregnancies.

Socioeconomic development is considered the main cause of decline overtime in the benefits of children and a rise in their costs. These changes in the cost benefit ratio lead parents to want fewer children, and mortality decline raises child survival so that families need fewer births to achieve the desired number of surviving children. These trends in turn raise the demand for birth control.

The study of fertility preferences has received considerable attention in recent years because of its relationship with and important bearing on the complex family building processes (Aminur, 1993). It has been suggested that fertility behavior is driven by fertility demand or motivation both of which are reflected in preferences that, in turn, influence contraceptive use, which represents the most significant determinant of fertility (Ajzen & Fissshbein,1980). Data on fertility preferences are useful as an indicator of general attitudes towards child bearing and of the possible future course of fertility. Moreover, it can help programs estimate future demand for family planning services and are useful in making projections of population growth (Westoff & Bankole, 2002).

Demographic and Health Surveys conducted recently in many countries of the developing world asked women whether they want to have another child soon or delay child bearing, their desired family size and other related indicators of fertility preferences. The surveys(DHS) showed that the percentage of married

women in developing countries who want to continue having children is about equal to the percentage who want to stop having children(Zlidar, Gardner, Rutstein etal,2003).In 27 of 60 developing countries surveyed, more than 50 percent of married women of reproductive age want to end child bearing. In sub-Saharan Africa, where fertility is the highest in the world, an average of one third of married women want to end child bearing(Ibid).Moreover, desired family size fell by about 0.2 children among married women in 32 developing countries with more than one survey since 1990(Zlidar, Gardner, Rutstein etal,2003).

The Ethiopian DHS has also shown that a third of women surveyed do not want any more children, 36 percent of women expressed a desire to space their next birth by at least two years and another 22 percent wanted child soon. Moreover, mean ideal family size among all currently married women in the reproductive age group was 5.3 children as of 2000 ((CSA, 2001). The mean desired family size is too high, particularly in rural areas. Families in rural Ethiopia continue to favor large family size for the economic and social value children play in the society. Yet, Demographic and Health Surveys fail to demonstrate the fertility behavior and intentions of women at regional levels and for small geographic areas. Thus, this study aims at exploring the fertility intentions and contraceptive practice of currently married women in Jimma Raaree area

1.3 Objectives

The overall objective of this study is to explore the fertility intentions and contraceptive practice of women in Jimma Raaree area.

The Specific Objectives of the Study are:

1. To identify socio economic and demographic factors related to fertility preferences and contraceptive practices among currently married women in the study area.
2. To investigate the fertility desire of women in the study area.
3. To describe the contraceptives prevalence rate in the study area
4. To measure the level of fertility in the study area

1.4. Hypotheses

1. Literate women are preferring lesser number of children than illiterate one
2. Women engaged in income generating activities have less desire for additional children than their women counter parts .
3. Women living in rural areas have more desire to have additional children than their urban counterparts.
4. The higher the number of living children that the women have the greater the chance of using contraceptives.

1.5 Research Questions

1. Does couples communication reduces the fertility desire?
2. Does exposure to mass media contribute to shaping the attitudes and behaviors of individuals towards contraceptive use?
3. Does place of residence have effect on contraceptive use?

1.6 Significance of the Study

The subject of parental attitudes and aspirations in relation to household fertility decision-making are important in fertility research since these seem to be related to the future course of fertility in a society. As it has been said earlier, the growth rate of population is mainly determined by fertility. Therefore, research in fertility preferences and contraceptive practices, particularly in developing countries like Ethiopia has received considerable attention in recent years. This is because of the usefulness of the information in forecasting the future course of fertility and to estimate the future demand for family planning services.

However, there has been rare research output as such so far on the issue related to fertility preference and contraceptive practices. Hence investing some of the fertility preference indicators can be significant for the following reasons:

- This study will help as a baseline study for further studies related to fertility or family planning in the population.
- It can demonstrate the need for family planning services to reduce fertility level of the population and improve maternal and child health.
- It is hoped that the finding of this study will give the opportunity for policy makers, planners and implementers to take measure in solving problems related to the current high fertility situations.
- It may enhance our understanding of couples' attitude towards fertility control and of their intention to use contraception because expressed preference regarding ideal family size and desire for more children should be related to their behavior.
- It may give sufficient information about couples preferred family size and its composition and how these preferences are likely to be affected in social, economic and demographic conditions of the individual.

1.7 Scope of the Paper

Research on fertility requires a wide scale study on different groups, levels and areas of the country. But, in order to make the study more manageable, its scope is delimited to one selected woreda of Horro Guduru Wellega zone of Oromia Regional State namely Jimma Raaree woreda. Based on their relevance to the problem only currently married women (15-49) in the woreda are including in the study.

1.8. Limitation of the Study

There are many factors that bear impacts on the completeness of this study. The sampling technique used particularly the purposive sampling method in the selection of households and the method adopted for the analysis of the data can have their own effects on the study. Since the analysis here included only currently married women, the results may not be generalizable to all women. Kasarada (1986) notes that restricting the analysis to currently married women under estimates the positive effect that some demographic and socio- economic variables have on the outcome variables.

CHAPTER TWO

2. Review of Related Literature

In the past 30 or 40 years interest has been growing both in understanding to socio-economic demographic and knowledge and family planning practice, forces that cause fertility to fall during the process of economic development and in devising policies that might harness these forces to accelerate the decline. As has been indicated in the foregoing, however, there is no comprehensive and systematic study made on the preference of fertility and contraceptive practice in Ethiopia. Thus, the literature review basically focuses on the variables that have been generally identified as indicators of fertility preference in developing countries like Ethiopia in general and Jimma Raaree woreda in particular.

2.1 Demographic Characteristics

The major demographic factors considered here are age, age at first marriage, duration of marriage, marital status and living children.

The age of an individual is one of the proximate determinants of fertility (Bongaarts, 1978; Davis and Blake, 1956), is associated with activities such as marriage, divorce and frequency of intercourse that affect fertility attitudes and behaviors (Summons, 1985). For a married couples or an individual, the higher the age the higher the likelihood of their being in a sexual union. This may increase their chances of having more surviving children. Thus shaping different contraceptive attitudes and behaviors among individuals who are in different stages of their life cycle. Similarly, those who marry at a young age may already have the desired number of children and therefore may choose different contraceptive behaviors than those who marry later in life.

The child bearing capacity of a woman is the function of the duration of marital union because most fertility in the developing world occurs within marital union. Thus, the earlier the age at marriage the longer would be the fertile years in conjugal unions setting other things being equal (UN, 1987; UN, 1981).

The argument is also indicated in the studies of Peters and Larkin (1989). They said that ages at which females marry is an important determinant of fertility in societies that have little or no contraceptive practice. It is logical that those who marry later will have fewer children on the average provided that there are few illegitimate births in line with this view. Analysis of World Fertility Survey data revealed that within countries, the completed family size of individual women age 40 and over was inversely related to her age of marriage (UN, 1983; UN, 1987).

The World Bank has elaborated the relationship between early marriage and high fertility by stating that:

A consequence of early marriage is the lengthening of the period that women are married and sexually active which without birth control or infecundity results in higher complicated fertility... the earlier the women marries, the younger she is when she bears her first child and the more children she has at the end of her reproductive age (World Bank Cited in UN, 1990).

Age at first marriage is generally low in developing countries. In Africa as in other developing regions early marriage is universal and culturally appreciated by the society (Jabir, 1997).

Other studies have also shown that early marriage is much more significant in Africa than in other developing areas. For instance, from the total married

women in the age group between 15-49 in developing countries the highest proportion is exhibited in Africa (UN, 1986).

As one of the African countries, women are often married at very young ages in Ethiopia. The 1990 National Fertility Survey indicated that among ever married women, 34percent were younger than 15 years at first marriage. 41percent were 15 to 17 years, and 12 percent were 18-19 years. Eight seven percent of ever married women were younger than 20 years at first marriage (CSA, 1993). In most areas tradition dictates that a girl marries as soon as she reaches puberty. This is to ensure that she is a virgin at marriage, as well as to guarantee that the best possible match is found for her. In most cases, parents don't have as good a chance of finding a suitable husband for their daughter if they wait until after puberty to look for a husband. In some areas of Ethiopia, child marriage (<10 years) is common. In the northern areas of Gonder and Gojjam, 75percent of women marry before age 15, and 15 percent marry before age 10 (Dagne, 1994).

Like other factors whether a woman is ever married or not has an impact on her fertility. A small proportion of unmarried women in a given population would have low fertility value. Studies in Africa have shown that consistent with the foregoing fertility is higher among married women than all women. All women here include both married and unmarried. This is by taking into consideration the possibility of child bearing for unmarried women. In Mauritius, for instance, fertility has been found to be higher among married women during the period 1962-1972. Another study in western Cameroon has also shown a higher fertility level for married women than all women (UN 1991).

Similar to other parts of Africa, one finds here in Ethiopia strong relationship between ever marriage and fertility accompanied by low contraceptive use, high illiteracy and low status of women.

There is also a variation even among the ever married women. For instance, in Ethiopia, the standardized mean parity according to the 1990 National Family and Fertility survey result indicated that 0.24 children for the never married, 3.86 for the currently married, and 2.56 for the divorced (CSA, 1993). This is attributed to women experiencing divorce have fewer children at the time of their divorce or widowhood than those in stable marriage.

Different studies provide several possible reasons for the strong association observed between number of living children and mean number of desired family size (Bankole and Westoff, 1995; Pritchett, 1994). First it is logical that women who have smaller desired family size would try to restrict their family once they achieved their preferred size, while women who want larger families would continue child bearing. Secondly, the reverse relation could hold with actual fertility behavior influencing fertility preferences. This is generally called the 'rationalization effect' where women have more children than they had actually desired family size so as to avoid implying that some of their children are unwanted.

According to the World Fertility Survey findings (WFS, 1981), number of living children is the single most important determinant of desire for a future birth. The survey result indicates that the proportion who want another child decreased sharply from 84 to 31 percent after the second child and further declines to 11 percent after the third child.

Razzaque (1996) in Bangladesh has proved the relation between the number of living children and mean desired family size preferences. This shows with minor exceptions the mean desired family size between those who had seven or more children was 0.8 children.

However, another study from India indicates that a woman after having two children, the desire for more children drops sharply that is 76 percent of

women with one child want another, compared with only 23 percent of women with two children (Wesley and Retherford, 2000 in Kassahun, 2003).

Fertility rates are eventually shaped by couples wish to avoid or delay having children or properly spacing them through use of contraception (Clifford, et al, 1987). Use of contraception varies with marital status, age, education, peer support for use of contraception and a couples' stage in life course (Fapohunda and Poukouta, 2002). Effectiveness of contraception increases with better communication between sexual partners.

The role of husband wife communication in the adoption of contraceptive methods has been well documented (Lasee and Becker, 1997; Sharan and Valente, 2002). The successful practice of contraception to a large extent depends up on the spousal communication regarding fertility desires and contraceptive choices. The frequency of couple's discussion is positively related to contraceptive use in general and method choice and effectiveness in particular. (Sakyi, 1992; Ullah and Chakraborty, 1993). Studies have also documented that in ease of difference between husband and wife about desired family size and attitudes towards family planning, the husband's preference often dominates (Cain, 1984; Axin, 1992).

2.2. Socio-Economic Characteristics

The socio-economic variables, which have a major effect up on fertility preference and contraceptive practices include maternal education, employment and type of occupation, place of residence and access to mass media. Ethnicity and religion as parts of the socio cultural characteristics of individuals are also included .The inclusion of these back ground variables in this study is with the rational that it is not only the economic but also the socio cultural characteristics also have an influence on the reproductive behavior of women along with other factors.

Maternal education has been found to be the most significant determinant of fertility behavior and its effect in lowering the number of children a woman desires has been observed in a variety of settings (Jejeebhoy, 1995; Uchudi, 2001). Female education can be expected to reduce desired family size for a number of reasons. First, education raises the opportunity cost of women's time and, generally, opens up greater opportunities for women that often conflict with repeated child bearing. This may lead educated women to want fewer children. Second, in developing countries like Ethiopia where there is marked son preference, the education of women may reduce their dependence on sons for social recognition or support in old ages. This too may lead to some regulations in desired family size, to the extent that large families are the consequence of a desire for an adequate number of surviving sons. Third, educated women may have higher aspirations for their children, combined with lower expectations to them in terms of labor services. This may also reduce desired family size, especially if there is a trade off between the number of children and the time available for each child. Fourth, educated women may be more receptive to modern social norms and family planning campaigns.

Studies further demonstrate that female education associates with lower fertility even after controlling for other factors that could mediate this relationship (Jejeebhoy, 1995; Caldwell, 1997, Kirk and Piller, 1998). Notwithstanding the wealth of empirical evidence that female education negatively associates with fertility desires in most developing countries, the negative effect of education on fertility is less pronounced in Sub-Saharan Africa and the results are often inconsistent (Cleland and Rodriguez, 1988, Rodriguez and Aravena, 1991; Van de Walle and Foster, 1990). The lack of strong correlation between education and fertility in Sub-Saharan Africa is compared to other developing regions is attributed to a high desire for large families even among educated and urban women (Uchudi, 2001). However, female education levels in Africa, especially Northern and Sub-Saharan Africa is lower as compared to the other regions of the world (Martin, 1995; Kravadal,

2002). This has led some researchers to argue that the strong correlation between education and low fertility is a common finding in societies in which fertility limitations is already being practiced and in which a large proportion of women have received education to have an opportunity to receive. In Ethiopian context, available evidence also indicate the existence of an inverse relationship between literacy status of women and fertility (Assefa, 1990 in Betemarian 1991).

Finally, female education may assist in achieving the planned number of birth, especially by facilitating knowledge of and access to contraception and by enhancing women's bargaining power within the family. Similarly, communication between spouses regarding contraception was observed to increase with education. Female's education was also found to be positively related to the use of contraception, with the biggest difference observed between illiterate women and those with basic education. These indicators suggest that educated women not only have different fertility goals, but are also better able to translate their aspiration to reality.

Various studies have indicated that women's participation in the modern economy is expected to associate with fertility behavior. The mechanism through which women's employment affected fertility are closely related with education because it is education that determines entry into the work outside the home. Employment influences fertility through delaying marriage, and increasing the costs of women's time within marriage, and increasing the costs of children as aspirations increases (Diamond, Newby and Varle, 1999).

Employment in the market also brings women into contact with new role models and new ideas and values that enhance a woman's self-worth and autonomy and exposes them to knowledge of women with small families and practicing modern family planning (Uchndi, 2001). Again the literature shows

that whether employment exerts a negative effect on fertility depends not much on the working for cash as the type of employment. Presumably, where the only opportunities are in low – paid, low status job, the only effect by the delay marriage; fertility preference may be affected less (Diamond, Newby and Varle, 1999).

When we come to the occupational status of women in Ethiopia, their participation in the modern sector is insignificant. By 1984, out of the total economically active women (6,161,029), about 87.6% were engaged in agriculture, animal husbandry and forestry. Those who had been working in governmental, NGO's and private organizations (modern sector) constitute only 6.9% (CSA, 1993). This implies that occupational status plays an insignificant role to decrease fertility in the country

Urban- Rural differences are among the most widely studied socio-economic differentials in individual fertility. It has been shown that variations in place of residence are related to variations in fertility.

The effect of a woman's place of residence is examined because urban women have significantly lower fertility than rural women, with rural women having about 1.8 more births than urban women (Cohen, 1993). Urban women have lower fertility because of superior educational attainment, working in the modern economy, and exposure to new ideas and values through the mass media and ease of access to family planning (Oheneba-Sakyi and Takyi, 1997; Diamond, Newby and Varle, 1999; Montgomery and Llyod, 1999). Additionally, every thing in the urban areas is subject to cash exchange which suggests that urban parents are more aware of the cost of having large families and have roles that are incompatible with child bearing. These factor and conditions are likely to exert a greater influence on women to desire smaller families and adopt family planning. Rural areas higher fertility is due to lower educational attainments, lesser or no use modern contraception (Bledsoe et al. 1999, Thomas, 1999) and strict adherence to traditional behaviors that favors large families.

The fertility behavior of a woman is also conditioned by the ethnic group to which she belongs. Not only does the extent to which education negatively affects fertility depends on the flexibility of the kinship structure to allow educated women to exercise control over fertility decisions that has been traditionally the preserve of male (Mason, 1993), but different ethnic groups have been differentially affected by the expansion in education opportunities. Moreover fertility behavior such as non use of modern contraception, duration of post partum abstinence, desire for large families are underpinned by ethnic traditional norms and values (Page and Lesthaeghe, 1981; Benefo, 1995; Ezeh, 1997), such as a greater preference for male children for old age security and for the sustenance of the lineage.

In addition to women's ethnic group her religion is another important socio-cultural factor that is likely to influence her fertility behavior. Religion which refers to a system of attitudes, beliefs and practices that individuals share in a group, is among the most influential social institutions that constricts expected standards of behavior, shapes attitudes, and hence influences the manner in which individuals act and respond in their socially constricted institutions including the family.

Different religious groups vary in their views of society and hence religious affiliation affects fertility behavior through its teaching and practice which shape a woman's beliefs, norms and value orientations including her attitudes towards reproduction and family size (Benefo, 1995; Gregson et al., 1999). An understanding of the attitudes and practices of a given community of believers is necessary for a full picture of the position of a given faith in relation to fertility.

Mass media communication is one of the ways through which people get educated. In most cases, there are two major communication components in

population information education programs-the mass media and interpersonal communication (Nigussie, 1990).

Rogers (1960) reported the contribution of media to awareness creation and the adoption of new ideas. Demographers also believe that the dissemination of information, education and communication can change couples' reproductive behaviors (Bongaarts et al. 1990). To be specific, exposure to family planning messages in television, radio, and newspaper is important in shaping individuals reproductive attitudes and behaviors (Agha and Rossem 2002; Sharan and Valente, 2002; Olenick, 2002, Westoff and Bankole , 1999). Such media exposure increases awareness of modern ideas about family, child bearing, consumption, individualism, and related issues that are communicated through these channels (Westoff and Bankole, 1999). Individuals exposed to various media improve their knowledge as well as shape their perceptions and attitudes about, among other things, their sexual and reproductive behaviors (Thapa and Mishara, 2003). And the attitudes and perceptions of individuals towards contraceptive use are important in influencing their contraceptive behaviors (Westoff and Bankole, 1999).

Empirical evidence also suggests that the mass media have an important role in shaping individual reproductive attitudes and behaviors. For example, Foreit et al. (1998) reported the importance of family planning advertising in sensitizing the audience to the issue of fertility regulation and for providing information on a wide range of contraceptive methods. They expected that such advertising campaigns might have a strong influence on disseminating family planning messages and family planning uses in areas where contraceptive prevalence is lower. Westoff and Bankole (1999) , in their study of south Asia, reported a significant impact by general media programming and family planning messages on reproductive attitudes and behaviors. Agha and Rossem (2002) provide evidence that exposure to a mass media campaign influenced female condom use among Tanzanian men and women because of

the resulting discussion with their sexual partner. In Nepal, Sharan and Valente (2002) provided evidence that exposure to radio programs encouraged interaction between spouses, and encouraged their use of family planning, especially contraceptives.

In Ethiopia studies indicate that exposure to mass media is generally low, with women having a lower level of exposure than men. Eighty-six percent of women, compared to 73 percent of men, have no exposure to mass media. The radio is the most commonly used media source among women and men. Nevertheless, only one out of 10 women and four men listen to the radio weekly (EDHS, 2005).

2.3 Indicators of Fertility Preference

Desire for more children is almost universal even in the modern world (Lucas and Meyer, 1994). In most societies childless marriage is considered incomplete children are not simply outlets for affection, but are obviously essential for achieving the social status of father). Desire for more children have two categories: wanting more and not wanting more children. Desire for more children is constructed from the responses to the following question: those who were pregnant or unsure were asked would you prefer to have a/another child or would you prefer not to have any more children? The pregnant women were asked after the child you are expecting would you prefer not to have any more children? The pregnant women were asked after the child you are expecting would you like to have another child? As Westoff (1990) has shown that the overall fraction of women wanting no more children in a country has high predictive power for future fertility rate. Although, it is not a measure of desired family size, it indicates what women are willing to do in the immediate future, given their current fertility.

2.4 Fertility Intention and Contraceptive Practices

Use of modern methods is the highest when both spouses want to stop child bearing and lowest when they want to have more children. only in Malawi, are couples more likely to be using modern methods when the husband wants no more children and the wife wants more on the other hand use of modern contraceptives seems to be higher among couples in Egypt, Kenya , Mali, Morocco, Pakistan and Uganda when the wife wants more. In Bangladesh and Brazil, level of use in the two groups of couple are very similar (Akinrinola et al., 1998).

It is recognized that contraceptive use will be more effective in house holds were both partners reported a common understanding that they are using a method of contraception. However, the emphasis in this study is on women current use of contraceptive since the primary focus is on women's reproductive behavior.

World wide contraceptive use by married women- increased by nearly a fifth over the decade, from 57 percent in 1990 to 67 percent in 2000. The developing world in general register similar increases of about a fifth. The rate rose by a quarter in south Asia and by nearly half in sub-Saharan African and in the middle East and north Africa, with sub-Saharan Africa starting a much lower level of contraceptive use (UN, 2000).

Finding from the EDHS indicates that contraceptive prevalence rate for currently Ethiopian women who are currently using a method of family planning are 15 percent. Almost all of these users are using modern methods (EDHS, 2005).

CHAPTER THREE

3. Data and Methodology

3.1 Profile of the Study Area

This study is based on primary data collected in Jimma Raaree woreda which is located in Horro Guduru Wollega Zone, one of the 19th zones in Oromia Regional State from February to March 2007. Jimma Raaree woreda (205.8km²) is the smallest district in Horro Guduru Wellega Zone bordering Jimma Horro, Guduru woreda and West Shewa Zone. The woreda's capital Wayou is 240kms away west of Addis Ababa and 96 kms North east of the Zonal capital Shambu.

According to the 1994 population and housing census, Jimma Raaree woreda has a total population of 40,240 of which 19,618 (48.7 percent) were males and 20, 652 (51.3 percent) are females. Male to female ratio is 1:1 and the woreda consists of 20 kebeles. The percentage distribution of Jimma Raaree woreda's population by ethnic group in dictated Oromo 97. 8 percent, Amhara 2.14 percents and the rest 0.15 percent include Arborie, Sebat bet Guraghie, Sodo Guraghie, Werji, Tigrawi and others. Population by religious groups Orthodox 26.5 percent protestant 19.3 traditional 52.1 percent Muslim 1.4 percent and others 0.6 percent.

3.2 Study Design

The major concern of this study is to explore the fertility intentions and contraceptive practice of currently married women in Jimma Raaree woreda. A community based cross sectional survey was conducted among women of childbearing ages living around the study area.

The first procedure adopted in the present investigation was reviewing an extensive literature that could serve as a conceptual frame work, to identify the points to be included in the study and to develop instruments and strategies of data collection. Secondly, the instruments were developed and discussed with Post graduate Afan Oromo students for further improvements .Then; pilot test was conducted and given valuable feed backs to the field investigations. Based on the feedbacks, the necessary amendments were made on the interview schedule.

The last procedure adopted was the selection of respondents, administering of the instruments and analyzing the information collected. The selection of the district was based on convenience of the location. The district is predominantly rural and no attempt has so far been made to study fertility preference and contraceptive practice. Moreover, accommodation for researcher was available

3.3 Population

3.3.1 Source Population:-All currently married women of child bearing age residing in the 20 kebeles in the study area.

3.3.2 Study Population: - were the sampled women from the source population.

3.4 Sample Size Determination and Techniques

3.4.1 Sample Size

There is little previous research study on fertility preferences in Ethiopia upon which to estimate sample size. The EDHS has shown that 56 percent of women surveyed prefer to have additional child, 36 percent of which will be after 2 years. It is estimated that 50% of women prefer to have additional child. Concerns related to cost are also considered in determining the sample size. At 95% confidence interval, an alpha level of .05, total sample size of 384 is obtained. To achieve the final sample size a 10% non – response rate is added. The formula used for the estimation of sample size is:

$$n = \frac{(Z_{\alpha/2})^2 P(1-P)}{d^2}$$

Z= the confidence limits of the survey result.

P= is an estimate of the proportion of women who prefer to have additional children

n= the total sample size.

d = the margin of sampling error tolerated

For non - response, 10 %(38) of the sample size is added .In sum a total sample size of 422 currently married women was collected in the age group of 15-49 during February to March 2007 .

Assumption:

- In the absence of the previous prevalence data on population under study, and to obtain the maximum sample size, p is assumed to be 50%
- Margin of error, e=5% is accepted
- A C.I of 95% is assumed ($Z_{\alpha}=1.96$).
- For non- response error, 10% of contingency added to the sample size.

3.4.2 Sampling Procedure

In order to collect the desired sample size the woreda is divided in to three strata. In Jimma Raaree woreda, there are four peasant associations and two urban centers (Wayou and Goben), and 20 kebeles, except shumbo, Hunde Jiregna Babala and the two urban centers each peasant association consisting of five kebeles and all were include in the study. Of those a total of six kebeles (30 percent) were selected using simple random sampling methods.

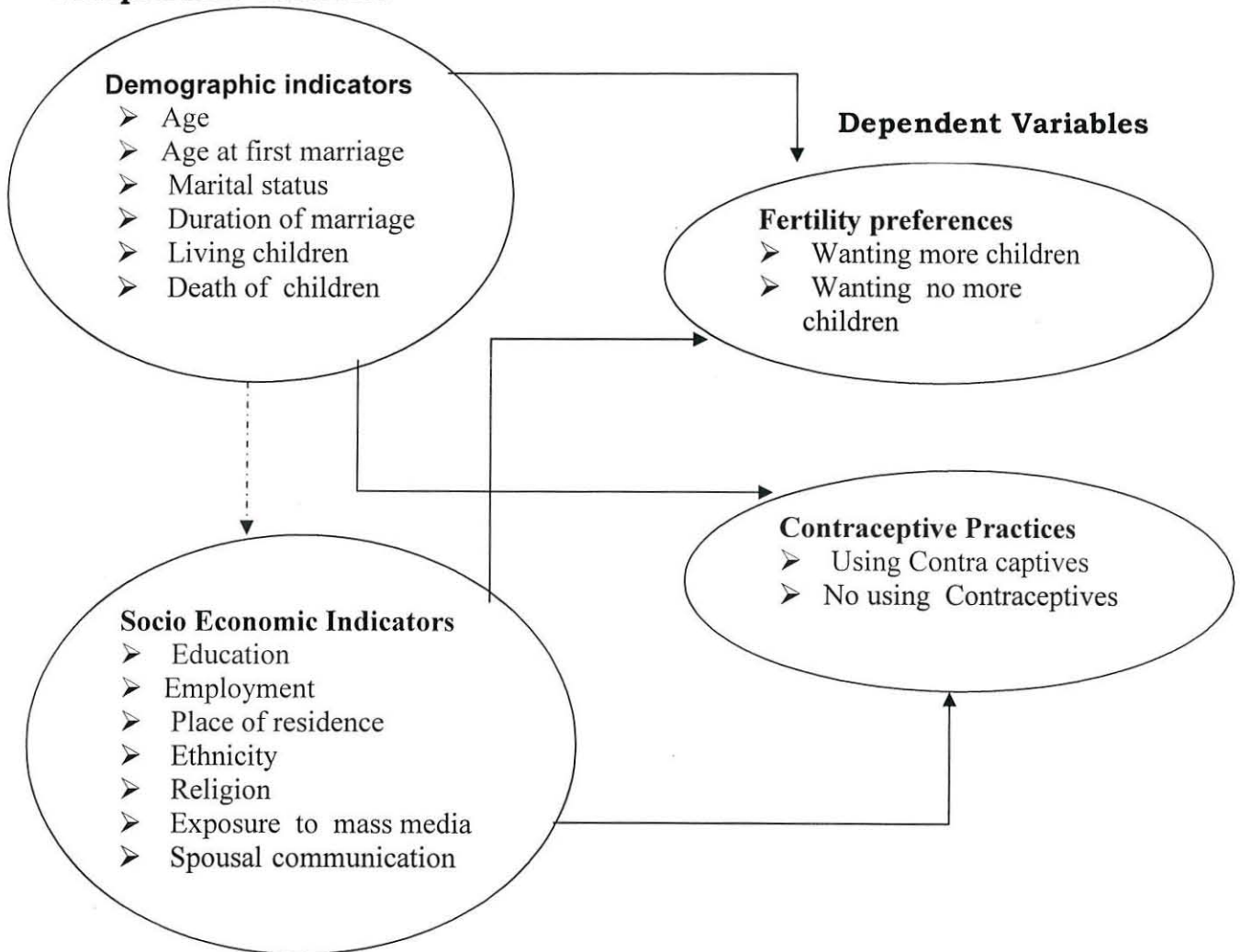
The sampling fraction from each of the selected kebeles was determined proportional to the size of the total population of each kebele. Once the number of population to be surveyed with in a kebele has been determined purposive sampling was used to selected the desired of sample size.

According to Patton (1987) in purposive sampling, the units of sampling are selected by the researcher who attempts to obtain a sample that appears to him/her to provide rich information.

3.5 Study Variables

The dependant variable were currently married women's fertility preferences, wanting more children or wanting no more children and contraceptive practice. The independent variables include some of the selected socio-economic and demographic, variables

Independent variables



Legend —————> Path that would be analyzed
 - - - - -> Path that would not be analyzed

Developed by the author, 2007

3.6 Data Collection Procedures

Interviewer administered structured questionnaires were employed to collect information from the field. The questioner was first prepared in English and then translated in to Afaan Oromoo, as the study area people speak Afaan Oromo. The questionnaire was back translated to English to check for consistency. Seven interviewers that had completed high school education were recruited as data collectors.

Data collectors were trained for three days on questions included in the questioner, on interviewing techniques, purpose of the study, and importance of privacy, discipline and approach to the interviewees and confidentiality of the respondents. Before conducting the main study, pretest was carried out on 42 currently married women, which was not included in the main study. Based on the result, data collectors were reoriented and the questionnaire has been modified whenever it is necessary. The researcher also checked filled questionnaires for their completeness every day.

3.7 Data Quality Control and Management

To ensure the quality of the data to be gathered through house to house survey, a range of mechanisms was used to monitor the quality of survey implementation. First the questionnaire was pre-tested on similar settings and necessary modifications were made on their clarity, ordering, and nature of questions. The researcher has made a day to day on site supervision during the whole period of data collection. At the end of each day, the questioner were reviewed and cross checked for completeness, accuracy and consistency by investigator and corrective discussion was under taken with all the research team members. A reminding remark was given during morning times on how to eliminate or minimize errors and take corrective actions timely. Moreover, the

data collected was entered into computer software immediately after the questionnaire is reviewed. Data was cleaned and edited after it is entered to the software.

3.7.1. Evaluation of Data

This section examines the quality of data collected in the survey. It is very important to assess the quality of data before doing detailed analysis using some statistical method.

3.7.1.1. Evaluation of Age and Fertility Data

Though age is an easy concept to understand, when it comes to measurement, there are several problems. In this study age of respondents was determined by asking "What is your age in completed years?" Misreporting of age is a common problem in developing countries. Very few parents keep record of data of birth of their children and celebration of ones birth-day or issuance of birth certificate is uncommon in this part of the world (CSA, 1998).

Ethiopia is not an exception. A number of studies revealed that demographic data suffer from various types of errors (Assefa, 1990). In particular distortion in age data have been observed. This study thus give a good indications that necessary care must be taken while collecting age data, particularly in rural areas where a sizeable proportion of the population are illiterate and does not know their exact age. In this study, data collectors were provided with calendar of historical events to get respondents to approximate their age as efficiently as possible. When the respondent fails to approximate her age, the enumerators were allowed to guess the age by the mere physical appearance of the respondent.

After the collection of data particular emphasis was given to the assessment of the magnitude of errors in age reporting. This is important because age is the only criterion to determine the eligibility for the study and it is also vital in the estimation of fertility and other demographic measures.

The method of assessing the quality of age data that was employed in this study was graphical display of the single year age distribution (one of the graphical analysis method) for women 15-49.

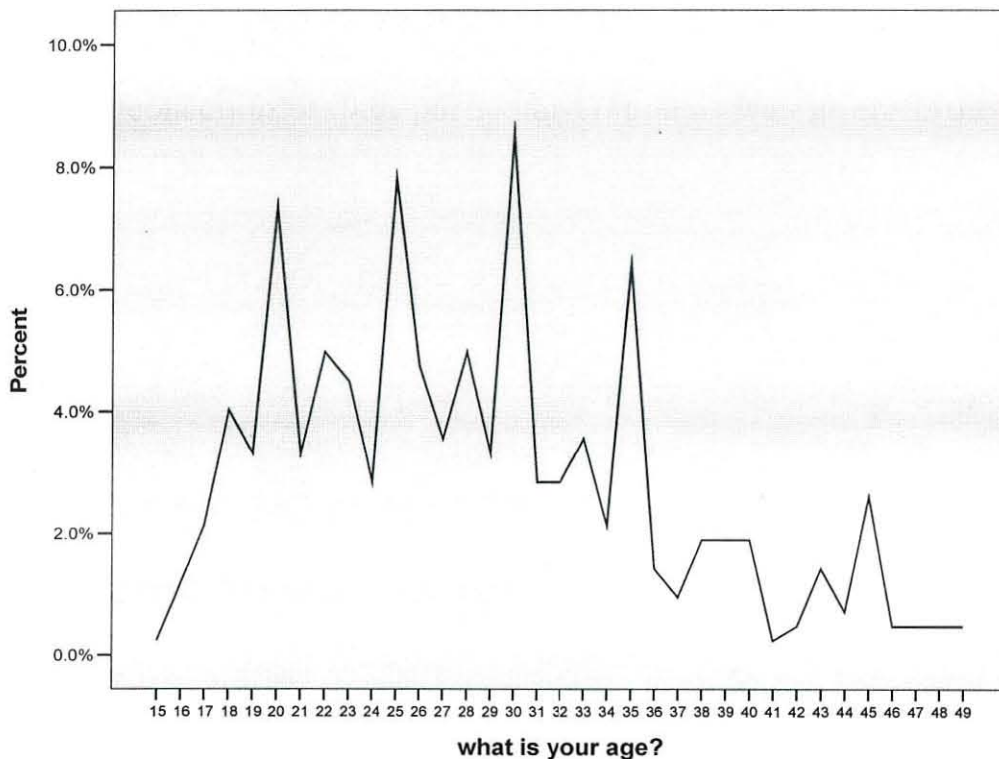


Fig -2 Percentage distributions of women aged 15-49 by single years of Age, Jimma Raaree Woreda, 2007

From the examination of single year age data, it is appeared that marked heaping in digits ending in zero and five.

In addition, the quality of single year age data was assessed through Myers' Blended Index. These methods are selected from a wide variety of techniques devised to detect errors in data. This was done for the simple reason that the

techniques are easy to compute and yield more or less similar result to others. The Blended percentages and their deviations from 10.0 percent indicate the degree of preference or avoidance for certain digits (Abdulahi, 1988).

Myers' Blended Index is usually used to measure degree of preference for each digit and it provides summary index for all terminal digits. The theoretical value of Myers' summary index ranges between 0 and 90; value of zero represents no age heaping, while value would be 90 if all ages are reported as number ending in the same digit. In other words, the lower the value of the index the lesser the degree of digital preference.

Table 1- Myers' Blended Index for Currently Married Women, Jimma Raaree woreda, 2007.

Terminal Digit	Deviation form 10 percent
	Female
0	+8.86
1	-5.68
2	-4.11
3	-2.48
4	-4.95
5	+4.87
6	-0.04
7	-0.63
8	+3.50
9	+0.66
Total	35.78
Summary index	17.89

Table 1 indicates the deviation from 10.0 percents for digits from '0' to '9' and the summary index. The summary index of digit preferences is 17.89 suggesting that females seem to report their ages better in the study area. In the study area, the most preferred digit is zero. The next preferred digits were, 5, 8, and 9, in that order.

3.7.1.2 Assessing the Quality of Data on Children Ever Born

One way of detecting errors that are correlated with fertility is to examine the pattern of the mean number of children ever born by single years of age. The number of children ever born to a woman refers to the number of live births in her life time up to the survey date irrespective of their survival status. Although women were asked to respond on the number of live born children correctly, there is always a chance for misreporting either due to omission associated with memory laps or deliberately. Children living away from home may be omitted or women may not want to report about their dead children. As a result, data on children ever born are usually subject to under reporting.

Mean parities by 5 years age of women are computed in order to see whether there was any such omission in this study.

All of the 422 respondents who were included in the study were asked about the numbers of children they ever had in their life time. Among all women the mean number of children ever born was found to be 5.6 and ranges from parity of 0 to 13.

The mean number of children ever born to a woman is an aggregate measure of her life time fertility experience up to the survey date and it is expected to be increasing with the age of the women until about 45 where it is expected to level off. Any deviation from this pattern in the absence of change in fertility may be attributed to omission of children ever born. Table 2 presents the mean parity by age of women. As figures indicated an increasing trend with age was observed up to age group 35-39. But a slight deviation from the normal situation was portrayed in Table 2 which indicates that omission of CEB because of memory lapse at the later ages.

Table 2 Children Ever Born by Age Group of Women, Jimma Raaree Woreda, 2007

Age group	Number of women	CEB	Parity
15-19	46	13	0.28
20-24	97	61	0.63
25-29	103	100	0.97
30-34	84	82	0.98
35-39	53	53	1.00
40-44	20	19	0.9
45-49	19	17	0.89

3.7.1.3. Inter-item Consistency of Family Size Preference

The difference between the mean ideal and mean desired family size given rise to the need to measure the inter item consistency of the two responses, as also done by Lightbourne (1985) and Ail (1989). To do this, responses to the two questions regarding fertility preference were divided into consistent responses and inconsistent responses. Responses were considered consistent if the women did not desire any more children when their current number of living children was less than their ideal number of children. Response were considered inconsistent when the women wanted more children in spite of having as many as, or more than, their ideal number, or when they did not want any more children despite having fewer than their ideal number. From these two categories, the proportion of consistent responses was calculated.

As Table 3 shows, 71.3 percent of the responses were consistent. This can be regarded as a satisfactory rate considering that Palmore and Concepcion (1985) find the consistency rate falling below 60 percent for some countries in Asia Pacific Region as cited in Nayab (2001). According to Nayab both Palmore and Concepcion observed that in several counties a large number of respondents, when asked about their desire to have additional children, though they stated a preferred total number of children that exceeded to number of living children.

Most inconsistent responses were given by those women whose actual family size was less than their stated ideal family size but said they wanted no more children. A similar finding is reported by Palmore and Concepcion (1985), and Shah and Palmore (1979) in their studies. These were mostly women who would have liked to have more children but their circumstance inhibited them from having more. For most of these women health and economic condition were the reasons that stopped them from wanting more children.

Table 3: Consistency of Women’s Responses on Ideal Family Size and Desired Family Size

	Number	Percent
Consistency response		
IFS=, AFS and want no more	32	7.5
IFS< AFS and want no more	145	34.3
IFS> AFS and want more	124	29.5
Total	301	71.3
Inconsistent Response		
IFS= AFS, and want more	21	5.00
IFS> AFS and want no more	74	17.5
IFS< AFS and want more	26	6.2
Total	121	28.7
Grand total	422	100

Note = IFS= Ideal family size

AFS =Actual family size

3.8 Statistical Tools

For the purpose of accomplishing the objectives of the study and answering the research questions stated earlier the data were edited, coded, entered and processed using SPSS Version 11.0 statistical packages. Using this package, frequency distributions, cross tabulation and proportions were employed to describe socio-demographic and other related variables.

The degree of association between dependent and independent variable was measured using odds ratio with 95% confidence interval. Bi-Variate and

multivariate logistic regression was carried out to control for the effects of confounding variables.

3.9 Operational Definitions

To have full understanding in concepts and ideas in this research, and to avoid confusion in relation to interpretation the following working definitions are used

Contraceptive prevalence –percentage of couples currently using a contraceptive method.

Fertility – The actual birth performance of children that a woman has during her reproductive span

Demand for children-is the number of children parents would choose to have.

‘Ideal’ or desired family size – refers to the information obtained by asking respondents at the time of the survey “if you go back to the time you did not have any children and could choose exactly the number of children to have in your whole life ,how many would that be

Desire for additional children–the number of children wanted by women in addition to what they already have. This information is obtained by asking a question: would you want to have more children?

Contraceptive knowledge- knowledge of at least one of the family planning methods

Current contraceptive practice (use) -Use of any method of family planning by the respondent or her partner at the time of the survey to avoid or delay pregnancy.

CHAPTER FOUR

4. Findings

4.1 Characteristics of the study Population

A total of 422 women of reproductive age group were interviewed and response was obtained from all women from whom data were collected making a response rate of 100 percent of the participants. Majority of the respondents were illiterate and they are not willing to respond to questions related to the family size, sex of children they prefer, their income, and whether they use contraceptives or not.

4.1.1 Demographic Characteristics

Seven variables were considered among the demographic variables. These are age, age at first marriage, duration of marriage, marital status, children ever born death of children and number of living children.

Table 4 presents the age distribution of the women. It is demonstrated that most of the women are found in the intermediate age group (25 - 39). The proportion of the women in the intermediate age groups account over 56 percent of the respondents in all the groups while those who are in the younger (15 - 19) and older (45-49) reproductive age groups constitute the rest, only 16 percent.

Regarding the marital status of respondents, all of the respondents (422) were currently married. As it is indicated in the review of the related literature, in Ethiopia, marriage marks the point in a woman's life when child bearing becomes socially acceptable. Age at first marriage has a major effect on child bearing because women who marry early have on average a longer period of exposure to pregnancy and a greater number of life time birth. Information on

age at first marriage was obtained by asking respondents the month and year, or age, at which they started living with first partner.

From table 4 one can easily understand that marriage is relatively early in the study area. Among the currently married women 394 (93.4 Percent) of the respondents married between the age of 15 to 24 and 17 (4 percent) married below age 15. The rest 2.6 percent of the respondents married beyond the age 25. The median age at first marriage of currently married women (respondents) was 18 years.

While the total number of children ever born, proportion of children dead and number of children surviving is measures of quantities of fertility, the latter measure is an indicator of the current family size. The number of children surviving refers to the number of live birth minus the number of children who have died.

Table 4 indicates that the majority of women have higher number of children ever born. The proportion of women with more than four children ever born accounts nearly 62 percent of the total respondents while the proportion of the women with zero number of children ever born are low 4.7 percent in all respondents.

It is also apparent from Table 4 that nearly three fourth (73 percent) of the women hand on the average three and more living children.

With respect to the proportion of dead children to women of these groups, the result shows that around 28 percent of the women had experience of death of children.

Table 4: Percentage distribution of currently married women by demographic characteristics, Jimma Raaree Woreda, 2007

Demographic Variables	Women	
	Number	Percent
Age group		
15 – 19	46	10.9
20 – 24	97	23
25 – 29	103	24.4
30 – 34	84	19.9
35 – 39	53	12.6
40 – 44	20	4.7
45 – 49	19	5.6
Age at first marriage		
<15	17	4.0
15 - 24	394	93.4
25+	11	2.6
Duration of marriage		
1 – 10	125	29.6
11 – 20	272	64.5
21+	25	5.9
Children ever born		
<3	132	37.7
4 – 6	155	44.3
7+	63	18.0
Number of living children		
0	92	27.1
0 – 2	173	50.9
3 – 5	75	22.1
6+		

4.1.1.1. Current Fertility

Among the total 422 respondents, a total of 143 live births have occurred in the preceding 12 months (reference period) of the study giving the ASFR of 1.7986. Nearly 93 percents of the births occurred between the ages of 20 and 39 years.

Teenage pregnancy (15-19 years) contributed for 6.3 percent of the births and late pregnancy (above the age 40) contributed for only 0.7 percent of the total births. Based on the findings the TFR is found to be 8.99 children per women of reproductive age (Table 5).

Table 5: Mean number of children ever born by the age women, Jimma Raaree Woreda, 2007.

Age group	Number of women	Number of life births in the preceding 12 months	CEB	ASFR per 1000 women	Mean parity
15-19	46	9	13	0.1957	0.28
20-24	97	33	61	0.3402	0.63
25-29	103	45	100	0.4369	0.97
30-34	84	38	82	0.4524	0.98
35-39	53	17	53	0.3208	1.00
40-44	20	-	19	-	0.9
45-49	19	1	17	0.0526	0.89
				1.7986	
Total	422	143	345	TFR=ASFRx5=8.993	5.65

4.1.2 Socio- Economic Characteristics

The socio economic characteristics of study subjects were summarized in Table 6. Owing to cultural diversities, fertility differentials among various ethnic groups inhabiting in a similar economic and environmental circumstances have been observed by several research. In some societies, the norms and values of certain ethnicities are more pro-natalist than the norms and values of other ethnicities (Tilaye, 1994). The Oromo ethnic group comprises the largest proportion of the study subjects about 85.3 percent followed by Amhara ethnic group accounting for 14.7 percent.

Religion like ethnic origin, presents a variety of differences in attitudes, practices and behaviors relating to demographic parameters. Religious beliefs

and practices can affect the systems and conditions of marriage, attitudes towards fertility and fertility related habits. As to religions composition about 45.9 percent of the women were protestant followed by orthodox 43.3 percent, Waqeffannaa ,10.9 percent and Muslim 0.7 percent respectively.

The majority of the respondents 80.8 percent were house wife by occupation. Employed women accounts for 16.8 percent of the study subject while merchant and manual constitutes less than 3 percent of the proportion of occupational categories.

The assessment of educational status of study women involved in the survey showed that 53.8 percent of study women were illiterate. About 21.8 attended primary education and 21.5 percent were secondary education and above.

Place of residence is another characteristics that determines access to services and exposure to information pertaining to reproductive health and other aspects of life. As it is indicated in Table 6, 71.6 percent of the respondents reside in rural areas and only 28.4 percent residing in urban areas.

The data findings show that about 20 percent of women were working during the time of the survey while 80 percent of women were not working any where.

Table 6- Percentage distribution of currently married women by socio economic characteristics

Socio economic variables	Women	
	Number	Percent
Ethnicity		
Oromo	360	85.3
Amhara	62	14.7
Religion		
Orthodox	183	43.3
Protestant	194	45.9
Waqeffannaa	42	10.9
Muslim	3	0.7
Occupation		
Professional and managerial work	71	16.8
Merchant	2	0.5
Manual	8	1.9
House wife	341	80.8
Education		
Illiterate	227	53.8
Basic education	12	2.8
1_4	52	12.3
5 – 8	40	9.5
Secondary	30	7.1
Institutions and college	49	11.6
University	12	2.8
Place of residence		
Urban	120	28.4
Rural	302	71.6
Working status		
Yes	84	19.9
No	338	80.1

4.1.3 Fertility Preference and Desire

Information on the fertility preference of women provides family programs with an assessment of trends in ideals about family size, the prevailing need for contraception, and the extent of unwanted and mistimed pregnancies.

Data on fertility preferences can also be useful as an indicator of future fertility trend.

Out of the total 422 women who were asked about their desire for additional children, 67.3 percent reported that they want to have additional children and 21.3 percent of the subjects do not want additional children. On average each married women prefer to have approximately three additional children in the future. The remaining 5 percent were unable to decide on their future fertility desire. Among these 67.3 percent who need additional children, 16.5 percent need to have as many children as possible while the remaining 83.5 percent specified the number of additional children they need. Accordingly, 3.1 percent and 142 reported that they need less than 3 and between four and six children while the remaining 19.4 percent and 36.5 percent reported 7 or more additional children receptivity. However, 6.7 percent of women gave non - numeric responses, which included answers like “up to God” does not matter, and not sure.

All 422 respondents were asked about their fertility preference. Those respondents who had one or more births were asked about the total number of children they wish to have if they had a chance to go back to the time they had no child, while the respondents who had no birth before were asked the total number of children they want to have at the end of their reproductive age if they have the ability to decide so. The mean preferred fertility for the study subject was 4.8.

While concerning the sex composition (preference) 59.0 percent of the study women preferred to have males. On the other hand 20.6 percent of the study subjects were preferred girls and the rest 16.8 percent preferred both sexes of the study subjects .About 85.3 percent discussed with their husband regarding the number of children they need to have and 13.5 percent did not.

Women who said they wanted to have another child were then asked how long they would like to wait before the birth of the next child. With regard to the timing of next birth, about 37 percent of the respondents would like to have the next child within less than two years, about 52 percent would like to have next child in two to three years, and only 10.9 percent reported that they would like to have the next child after four years.

Table 7: Fertility preference and desire of currently married women 15-49, Jimma Raaree, Woreda, 2007.

Variables	Women	
	Number	Percent
Desire to have more children		
Have a / another child	284	67.3
No more /none	90	21.3
Unable to decide	20	4.7
Non-Numeric responses	28	6.7
Desired Number of children		
1-2	99	23.5
3-4	296	70.1
>5	27	6.4
Sex preference		
Male	249	59.0
Female	87	20.6
Both	86	20.4
Discussed the number of Children with husband		
Yes	360	85.3
No	62	14.7
Waiting before the birth of the next child		
<2 years	156	37.0
2 to 3 years	220	52.1
>4 years	46	10.9

4.1.4 Contraceptive Knowledge and Practices

4.1.4.1 Knowledge of Contraception

The knowledge of contraceptive practice is the first step to use without having information about the available services including their advantages and disadvantages, no one is expected to use them properly. Based on this, a question was asked to the respondents to which of the following modern contraceptives they know and were expected to tell what they know. Accordingly the knowledge of family planning services is given in Table 8.

All study subjects were asked whether they had heard of family planning. About 80.6 percent of them reported that they know about or had heard of family planning, and 80.1 percent of them reported, as they were familiar with at least one of the contraceptive methods. Table 8 presents the percentage of respondents who knew the specific family planning methods. The most commonly reported method of family planning was the injection followed by Pills, condom, female sterilization and Norplant. Loop /IUD and Male sterilization were mentioned by less number of cases. The least known reported method was jelly.

All women in the study sample were asked their sources of information about family planning. As can be seen from Table 8 the most important source of information for family planning in the study area is the mass media 49.8 percent and clinics /hospitals 46.0 percent and other sources 29.9 percent, lady friend 29.6 percent, husband 28.4 percent stood second, third, fourth and fifth respectively, as important sources of information. This clearly shows that the role of family planning office, as a source of information for family planning is limited. Thus, this limited role of family planning may affect the level of knowledge of the subjects.

In order to assess the knowledge of FP methods respondents were asked, “Why are you and your partners using contraception?” 80.4 percent of respondents reported that they were using it for birth spacing and 19.6 percent reported that they were using it for birth limiting.

Table 8- Knowledge of contraceptive and source of information among users of currently married Women age, 15-49, Jimma Raaree, 2007

Variables	Women	
	Number	Percent
Ever heard of FP		
Yes	340	80.6
No	82	19.4
Know at least one method of FP		
Yes	338	80.1
No	84	19.9
Contraceptives heard by respondents		
Female sterilize	200	47.7
Male sterilization	101	23.9
Pills	249	59.0
Loop/ IUD	125	29.6
Injection	252	59.7
Condom	223	52.8
Norplant	132	31.3
Jelly	86	20.4
Sources of Information		
Clinches /hospitals	194	46.0
From pharmacies	81	19.2
From the news media	210	49.8
Public meeting	120	28.4
From husband	83	19.7
From lead friend	125	29.6
From family planning offices	32	7.6
From other sources	126	29.9
Reason for contraception (current users)		
To space birth	339	80.4
To limit child	83	19.6

• Percent is greater than 100 because of multiple response

4.1.4.2. Contraceptive Practices

Current contraceptive practice was reported by 82.9 percent of currently married, 28.7 percent were ever users and 23.5 percent were non users. 60 percent of the contraceptive users responded joint decision (husband and wife) to use contraception, however, the respondents (women) decision alone was reported by 26 percent and the husband/ partner alone was reported by only 14 percent.

4.1.4.3. Types of Currently used Contraceptive Methods and Reasons

Injections were the most commonly used method, by 46.8 percent. The second most commonly used method was pills, 38.7 percent) followed by Norplant (16.1 percent) respectively. The least used methods were IUD/ Loop and female sterilization at 1.6 percent and 0.8 percent respectively. The most commonly reasons for using contraception among currently users were child spacing 80 percent. The second most commonly mentioned reason was child limiting 19.6 percent.

4.1.4.4. Reason for non- use of Contraception

Those non- users of contraceptives were asked to list reasons that hindered them from the practice of certain contraceptive methods. Findings show that health condition 47.6 percent, desire for more children 37.2 percent, religious reasons 31.5 percent respectively as the main reasons for not practicing FP methods (Table 9). Thus, the predominant reason of subjects that hinder them from practicing contraceptives is fear of side effects of certain birth control methods. This study confirms the results of Guthries, et al. (1984); the resistance to acceptance and continuation of reliable methods of contraception were due to fears of immediate side effects and long term effects of contraception.

Regarding this result, Desire for son, love for children, moral and cultural reasons, lack of knowledge of contraception and FP services / methods are not depicted as the most important reasons of respondents for not practicing FP methods. Moreover, religious reasons such as ‘Sin against God’ found by Oyeka (1986) as causes for not practicing contraceptives are supported by this study.

Table 9: Practicing contraception and reason for non-use among currently married women age 15-49 Jimma Raaree, 2007

Variables	Women	
	Number	Percent
Type of contraceptive users		
Current user	130	30.8
Ever user	121	28.7
Non user	99	23.5
contraceptive practiced		
Injection	58	46.8
Pills	48	38.7
Norplant	20	16.1
IUD	2	1.6
Female sterilization	1	0.8
Biological methods	1	0.8
Reason for not practicing contraceptive		
Desire for more children	157	37.2
Health condition	201	47.6
Religions reasons	133	31.5
Moral and cultural reasons	63	14.9
Lack of knowledge of contraception	101	23.9
Family planning services/methods not available	43	10.2
Love for children	132	31.3
Desire for son	119	28.2

• Percent is greater than 100 because of multiple response

4.1.5 Exposure to Mass Media sources of Family Planning Messages

In developing countries like Ethiopia, the mass media is an important means of influencing attitude and behavior. Exposure to mass media provides the opportunity to be acquainted with new ideas and knowledge that is useful in various aspects of every day human life. In this study, exposure to mass media was assessed by asking respondents how often they listened to a radio, watching television, or reads news paper or magazines. This information is useful in determining which media may be more effective for disseminating health information to targeted audiences.

The common mass media that are used in disseminating information in the study area are radio, television, news paper (magazine), poster/ pamphlet and community events. About 90 percent of the women were exposed to media sources of family planning messages within the two months preceding the survey. Radio was the most widespread sources of family planning information reaching about 86 percent of respondents almost 12 percent of respondents reported seeing family planning messages in news paper or magazine , poster reached 8.5 percent and 9.5 percent reported community events. Twenty percent of women reported seeing family planning messages on television.

Table 10: Percentage of women age 15-49 who reported media exposure to family planning message in preceding two months by Media Type

Types Mass Media	Number	Percent
Radio	360	86.3
Television	85	20
News Paper/magazine	50	11.8
Community Event	40	9.5
Pamphlet /poster/leaf	36	8.5

. Percent is greater than 100 because of multiple response

4.2 Bi-variate Analysis for Demographic and Socio Economic Variables

4.2.1 Demographic Factors

Table 11 presents selected demographic variables of currently married women in relation to fertility preferences and contraceptive practices. Among selected demographic variables age at first marriage, children ever born and marital duration did not show any significant association with fertility preferences of individual women.

Age structure of a population is determined by the interplay of the three component of population change, namely, fertility, mortality and migration. The quantitative age structure of population provides the past, present and future demographic profile of a population. A look at the age data on Table 11 indicates that there is significant association between the desire to have additional children and age of respondents ($p < 0.001$). Currently married women who were between 15 to 24 and 25 to 34 years were less likely to have more children compared to women in the age group 35 years and above [OR: .015, 95% CI: (.005-.043)] and [OR: .073, 95 percent CI: (.037-.142)] respectively.

Table 11 also indicates that 43.5 percent of women in the age group 15 to 24 wanted more children while 34 percent wanted no more children and 49.2 percent of currently married women aged 25 to 34 years responded just wanted more children. Among women aged 35 years and above, 46.3 percent of them gave their responses wanted no more children at all.

Number of living children and respondents' fertility desire is presented in the same Table 11, the results of the bi-variate analysis shows that women's desires for more children have significant association with number of living

children. Women with currently living children of one to three are 7.4 times less likely to want for additional children when compared to women with currently living children of four and above [OR:.262,95%CI :(.140-.487)].

The proportion of women's desire to children increased from 42.3 percent among women who have 1 to 3 children to 57.7 percent among those who have four and above children. On the other hand, the percentage of women who did not want more children increased from 39.5 percent to 60.9 percent.

This could be the fact that large family sizes have adverse economic consequences at the family level, large family sizes also affect family welfare (the welfare of the individual child, the mother and the rest of the family). Because of this fact, both husband and wife who have large families wanted to cease to have additional children.

Nuptiality patterns are of great demographic importance, particularly for countries having high fertility levels. Women tend to marry quite early in the study area with median age of 18 years, thus prolonging their exposure to reproduction and potentially increasing the probability of conception. As Table 11 shows there is a consistent downward trend in fertility preferences as age at marriage increases. This decline is due to both natural and behavioral factors. If the initial age at first marriage is very young, women are more likely to come under the domination of her husband and his family, which may cripple her ability to regulate fertility even after the desired number and sex of children is attained. She might also feel more secure by producing as many children, especially male, in the absence of any other kind of social and economic security.

Even though early marriage lengthens the reproductive span in which conception can occur, in addition to its effect, through limited schooling and employment opportunities. However, the bi variate results showed in this study

that age at marriage is not significantly associated with respondents' desire for additional children.

Table 11 also indicates the relationship between marital duration and respondents' desire for more children. For the women respondent one to ten years of marriage duration, 9.9 percent of them reported to have additional children, while 11.2 percent of the respondents to have no desire for more children. The desire for more children decreased with increasing marriage duration that is from 72.9 percent to women who have 11 to 20 years of marriage duration to 17.1 percent of those who have 25 years and above.

Studies done regarding the effect of marriage duration on the desire for more children by Mason and Taj (1985) showed that the desire for more children is higher among women who have longer duration of married life. However, in this study marital duration has no significant association which could be mainly due to the experience that those women with longer marital duration had while the interest that those women with shorter marital duration have to see the children they want in life.

The finding of the bi-variate analysis have shown that there was significant association between dead children and the desire to have children ($p < 0.001$). Currently married women who had lost one to two children were about 3.2 times more likely to have additional children than those who had lost three to five children [OR:4.216;CI (2.416-7.356)]. The result from this study indicates that of those currently married women who experienced deaths of three to five children, none of them wanted more children, followed by 19.2 percent of women who had lost one to two children.

Table 11: Selected demographic determinants of fertility preference among currently married women, aged 15-49, Jimma Raaree Woreda, 2007.

Characteristics	Desire for additional children		
	Have	No more	Crude OR 95%CI
	N (%)	N (%)	
Age			
15-24	113(43.5)	55(34.0)	.015(.005-0.043)***
25-34	128(49.2)	32(19.8)	.073(.037-.142)
35-49	19(7.3)	75(46.3)	1.00
Number of living children			
1-3	110(42.3)	64(39.5)	.262(.140-.487)*
4+	150(57.7)	93(60.5)	1.00
Age at Marriage			
<15	8(3.1)	79(48.8)	.625(.031-1.24)
15-24	245(94.2)	78(48.1)	.320(.020-5.1)
25+	7(2.7)	75(3.1)	1.00
Marital Duration			
1-10	25(9.9)	19(11.2)	1.18(.723-1.92)
11-20	183(72.9)	102(59.3)	1.08(.64-1.84)
21+	43(17.1)	49(28.5)	1.00
Dead children			
Yes	51(19.6)	112(46.3)	4.216(2.416-7.356)**
No	129(49.6)	130(53.7)	1.00
CEB			
1-3	167(64.2)	63(28.1)	2.13(0.53-5.98)
4-6	28(10.8)	76(33.9)	1.62(0.28-3.89)
6+	3(1.2)	85(37.9)	1.00

* Significant at .05 alpha level, ** significant at .01 alpha level, *** significant at 0.001 alpha level.

4.2.2 Socio- Economic Factors

Among the selected socio economic factors, place of residence, education, work status and exposure to mass media showed significant association with desire for more children in analysis Table 12. However, inter spousal communication, religion; ethnicity did not show statistical significance.

For countries like Ethiopia where the majority of the population (85 percent) still lives in rural areas, differentiation is usually made between the fertility pattern of rural and urban areas. It is usually the urban areas (FBS, 1991. NIPS, 1992) which are found to have lower fertility in terms of preferences. An exposure to urban living makes a striking difference in the fertility pattern to the respondents. Women who are residing in urban areas had fewer fertility desires and aspired for fewer additional children.

The bi variate result in relation to the respondents' place of residence indicated that among the respondents whose place of residence is rural, 66.5 percent wanted more children while 73.5 percent of women respondent wanted no more children. On the other hand, urban residents, 33.5 percent wanted more children.

This confirms with the general argument that urban living and its Social environment inculcates values and attitudes which are conducive to smaller family size for women.

A look at the Table 12 the bi-variate result indicates that place of residence is significantly associated with the desire for additional children ($P < 0.05$). Study participants who were residing in rural areas were more than 1.2 times more likely to have more children compared to those who were residing in urban areas [OR:2.234, 95% CI: (1.224-4.066)].

In the same Table 12 work status of respondents presented with their desire for more children. The kind of inverse relationship found between female employment and fertility in developed countries is either absent or very weak in developing countries like Ethiopia. As found by United Nations (1985) and Kazi and Sathar (1993), more than employment by itself, it is the type of employment that determines its impact on reproductive intentions. Women who

were used to engage in any income generating activities were about 4 fold less likely to have additional children in odds ratios (OR:.586, 95%CI(.304-1.129).

Findings in many developing countries pointed out that educational status of women is one of the universal predictor of fertility. However, Derebsa in his study on Differential impact of educational level on fertility in Africa: the case of Ethiopia, educational level was shown to have no significant association on family size preference. Couples with primary school education want about as many as, on average, as those with secondary school education. Fifty percent and 36 percent of couples with primary education wanted 1 to 3 children respectively, while it is 60 percent and 30 percent for couples with secondary only 14 percent and 10 percent of the couples with primary and secondary school education wanted to 5 and more children respectively). However, the study by Wencheko et al. The influence of selected socio Demographic Factors on fertility: the case of Bahir Dar town, women's educational status was found to have inversely related with fertility. More over, this study also indicates that, there is an inverse relationship between fertility preferences and educational attainment of the respondents ($p < 0.001$)

Furthermore, the analysis revealed that the followers of orthodox religion desire significantly more children than women affiliated with other religion. The magnitude of the effect is also greater among the orthodox probably because the orthodox Christian is more pro-natalist than the other religious groups. However, the bi-variate result did not indicate statistical significance between different religious beliefs and the desire for more children.

The study revealed further that, apart from other socioeconomic and demographic factors, ethnicity has significant effects on desire for additional children. Two ethnic dummies are included in the analysis as shown in Table 12. The Amhara ethnic group is compared with the Oromo (used as the reference category in this study). The study revealed that the desire for more

children is smaller among the Oromo than the Amhara .The difference between the Amhara and the Oromo is not significant .However ,compared to the Oromo ethnic group in the study area, the Amhara appear to have a higher demand for children

Exposure to mass media is also one of the variables that affect respondent's potential desire for more children. Women who have been exposed to reproductive health related messages on radio, television, news paper, pamphlets and community events are less likely to desire more children than women who have not been exposed. This is statistically significant.

Interpersonal communication can help improve relations between the sexes and help to converge their ideas and attitudes on important household decisions, of which fertility is the most important. Most marriages in the study area, as in any other part of the country, were arranged by parents. This means that rapport between spouses, which can be a source of strength for women, took some time to develop, if it developed at all. The situation was worsened by the presence of age difference between spouses which further inhibited women from communicating with their husband. In the study area 85.3 percent of respondents said they talked about the desire they have on additional children while the remaining 14.6 percent did not. However, the bi - variates result did not show significant associations between spousal communication and the desire to have more children (Table 12)

Table 12: Selected socio- economic determinants of fertility preferences of currently married women aged 15-49, Jimma Raaree Woreda, 2007.

Characteristics	Desire for additional children		
	Have No (%)	No more No (%)	Crude Or 95% CI
Place of Residence			
Rural	173(66.5)	119(73.5)	2.232(1.224-4.068)*
Urban	87(33.5)	43(16.5)	1.00
Work status			
Yes	60(23.1)	63(38.9)	0.586(0.304-1.129)**
No	200(76.9)	99(61.9)	1.00
Educational (Read writes)			
Yes	135(51.9)	88(54.3)	.277(.179-.429)***
No	125(48.1)	74(45.78)	1.00
Religion			
Orthodox	114(36.2)	69(64.5))	1.25(.81-1.94))
others	210(63.8)	38(35.5)	1.00
Ethnicity			
Amhara	40(15.4))	22(13.6)	1.05(0.69-1.60)
Oromo	220(84.6	140(86.4)	1.00
spousal communication on the number of children to have			
Yes	234(84.6)	126(77.6)	1.35(.053-3.44)
No	26(10)	36(22.2)	1.00
Exposure to mass media			
Radio(yes ,no)	178(61.2)	182(64.5)	0.290(0.090-0.590)*
Television(yes, no)	49(16.8)	36(12.8)	.393(.197-.783)***
News paper /magazine(yes, no)	23(7.9)	27(9.6)	.638(.306-1.329)***
Pamphlets/leaflets(yes, no)	19(6.5)	21(7.4)	.493(.199-1.217)***
Community event (yes, no)	22(7.6)	16(5.7)	.930(.450-1.922)***

* Significant at .05 alpha level, ** significant at .01 alpha level, *** significant at 0.001 alpha level.

4.2. Current contraceptive practice

Table 13 presents the results of the bi-variate analysis of current contraceptive use/ knowledge by currently married women of the study area according to selected background variables: age, number of living children age at marriage, death of children, read and write (attaining education),

ethnicity, place of residence, work status spousal communication on contraceptive use, and mass media exposure.

The result of the analysis of independent variables in relation to the current practice of modern contraceptive methods (MCM) showed that women in the age group 15 to 24 and 25 to 34 years are 0.48 and 0.81 times less likely to practice contraceptive than women with the age group 35 years and above. This was statistically significant.

Existing literature has shown that women are less likely to use contraceptives in their early reproductive age. Generally, this is due to the fact that the expected number of children would not have been achieved at younger age (Monteith et al, 1985 and Mitra, 1987).

There is considerable amount of effects of the place of residence over contraceptive practice in Ethiopia. Women in urban places are practicing more than the rural women. The bi-variate result indicates that women residing in rural areas are less likely to use contraceptives than their women counterparts [OR: 4.00, 95% CI (1.214-13.179)].

This suggests that despite efforts to narrow that differences in access to FP services between rural and urban areas access to services could still be more difficult in rural areas.

Religion is another most important factor in predicting women's perception of fertility regulation. According to the results of this study, the difference between religious groups and current contraceptive use was found to be statistically significant ($P < 0.05$).

As expected, there was significant association between current use of contraception and education ($P < 0.001$). Women who are ever attend school are more likely to receive ideas of contraception than their women counterparts. Being able to read and write is two times more likely to practice MCM when compared to those women who were not able to read and write.

Modern contraception is likely to be linked to the number of living children that a woman has ever born. Studies have demonstrated that the likelihood of using contraception increases with increasing parity (Bertrand et al., 1989; Toroitich-Ruto, 2001) which suggests that they are likely to have achieved their fertility goals and desire to limit their fertility goals and desire to limit their fertility.

The results also revealed the importance of attained parity on fertility behavior. As the number of living children a woman has increase, so does the likelihood of her using modern contraception.

According to the findings of this study, women with currently living one to three children are less likely to practice modern contraception when compared to those women with four and above children. This findings add to the evidence from the sub-Saharan African that women who practice FP have already attained a high number of children (Bledsoe et al., 1994; Toritich-Ruto, 2001; Magadi and Curtis, 2003).

A strong association was found between communication about FP methods and current practice of modern contraceptive. The with interpersonal-spousal communication are 5.4 times more likely to practice FP methods when compared to those who did not reported the communication [OR:6.4;95% CI. (4.08-10.48)]

Exposure to mass media, on FP messages is amongst the variable that affects respondents' potential use of contraception. The study subject who were exposed to FP messages on radio, television, News paper, magazine, community event and pamphlets /poster/leaflets are much more likely to use contraceptives than those women who were not exposed to any of the forms of mass media. The bi-variate results also showed significant association at ($P < 0.001$). As it has been already said, exposure to mass media on FP messages facilitates the use of contraception by women to limit their fertility.

Table 13: Practice of modern contraceptive methods among current married women aged 15-48 Years in relation to selected socio-economic and demographic variables

Variables	Current use of contraception		Crude OR 95%
	Yes N (%)	No N (%)	
Age (Years)			
15-24	41(23.1)	110(39.4)	0.952(.096-9.473)
25-34	82(61.2)	103(36.9)	0.187(0.066-0.534)*
35-49	21(15.7)	66(25.7)	1.00
Age at Marriage			
<15	8(4.8)	9(3.5)	4.07(1.25-13.22)
15-24	124(75.6)	216(83.7)	2.09(0.41-10.66)
26+	32(19.5)	33(12.8)	1.00
Place of Residence			
Urban	85(48.0)	35(14.3)	4.00(1.214-13.179)**
Rural	92(52.0)	210(85.7)	1.00
Religion			
Orthodox	64(39.8)	116(44.4)	3.11(1.77-5.46)*
Others	97(60.2)	145(55.6)	1.00
Read and write			
Yes	90(62.9)	101(36.3)	3.063(1.020-5.200)***
No	53(37.1)	178(63.8)	1.00
Husband education			
literate	95(33.1)	27(20.0)	6.24(1.254-15.31)***
Illiterate	192(66.9)	108(80)	1.00
Currently living children			
1-3	102(37.0)	22(16.5)	0.63(0.47-0.87)*
≥4	187(63.0)	111(83.5)	1.00
Work status			
Yes	47(32.9)	37(13.3)	0.046(0.009-0.233)***
No	96(67.1)	242(86.7)	1.00
Discussed FP with wife			
Yes	107(70.9)	42(15.9)	6.4(4.08-10.48)*
No	44(29.1)	229(84.5)	1.00
Exposure to mass media			
Radio (Yes, No)	128(95.50)	232(83.2)	3.314(.144-6.684)***
Television (Yes, No)	54(40.3)	31(11.1)	2.220(.135-5.35)***
News Paper /magazine (Yes, No)	33(24.6)	17(6.1)	3.355(.205-8.615)***
Pamphlets /poster/leaflets (Yes, No)	24(17.9)	15(4.3)	2.257(.135-11.491)***
Community event (Yes, No)	25(18.7)	15(5.4)	1.519(.294-10.916)***

* Significant at .05 alpha level, ** significant at .01 alpha level, *** significant at 0.001 alpha level.

4.3 Multivariate Analysis

In the previous section, the bi-variate relationship of the various demographic and socio economic factors fertility preferences and contraceptive practices are examined.

Logistic regression technique by Enter or standard SPSS method was used hierarchically to assess the relative effect of demographic and socio-economic factors on the outcome factors (fertility preferences and contraceptive practices). To avoid many variables and unstable estimate in the subsequent model, only variables reached a p-value less than 0.3 at the bi-variate analysis were kept in the subsequent analysis. (WHO, 2004).

First the effect of selected demographic factors on fertility preference was assessed. In the second step of analysis socio –economic factor were included, and their effect was seen in the presence of demographic factors.

All selected demographic factors including total number living children and death of children of currently married women in the first step of analysis were not significantly associated in all levels of analysis except that age of the respondents showed significant association with fertility preference in the first (AOR:.072, 95% CI: (.017-.313) and (AOR: .191, 95% CI: (.077-.475)] and last (AOR. 0.009, 95% CI: (.003-.030) and (AOR: .063 95% CI: (.029-.162)) level analysis respectively.

Both work status and educational attainment of selected socio-economic factors added in the second step of analysis were remained significant in the final model. The relation between working status of respondents and the desire for more children both in the unadjusted and adjusted result confirms the hypothesis that women who engaged in income generating activities have less

desire for additional children than their women counter parts. The working women are relatively less likely to prefer addition children compared to those who were not in the first (OR: .586, 95% CI: (.304-1.129)) and final (AOR: 0.317, 95% CI: (.073-3.670)) model of analysis respectively.

Education is one of the major significant variables that affect respondents' desire for additional children. The fertility preferences of women who did not able to read and write, as expected is higher. The data shows that there is an inverse relation ship between educational attainment of women and fertility preferences. The result confirms the hypothesis that literate women prefer lesser children than illiterate one.

The effect of place of residence of currently married women on the desire for additional children showed an expected pattern. The logistic regression result indicates that women living in urban areas have lower desire for additional children than their rural counter part.

Respondents' exposure to the mass media is also one of the variables involved in the model. The results indicates that those respondents who have exposure to the mass media have lower desire for more than those who did not have.

The multivariate logistic regression analysis shows that exposure to fertility related information via the radio and television raise significantly the likelihood of limiting the desire for more children (Table 14). Exposure to fertility related information by news paper/magazine, pamphlets or leaflets and community event significantly increases the likelihood of limiting the desire for more children. However, after controlling further variable exposure to fertility related messages via news paper/magazine, pamphlets or leaflets and community event have no significant effects on women's propensity to limit the desire for additional children.

Although death of children, number of living children and exposure to mass media via news paper, pamphlets and community event showed significant association with desire for additional children in bi-variate analysis, their significance disappeared in the final step of analysis.

In general summary of the logistic regression analyzed in this study showed that age of the respondent, work status, education, place of residence and exposure to mass media via radio and television were remain significant in the final model /condensed model of analysis (Table14)

Table 14: Summary of the hierarchical logistic regression analysis of the relative effect of demographic and socio- economic factors on fertility preferences of currently married women, Jimma Raaree Woreda, 2007.

Characteristics	Adjusted OR (95%. CI)		
	Crud OR (95%CI)	Model 1	Final Model
Model 1 (Demographic Variables)			
Age			
15-24	.015(.005-.43)**	.072(.017-.313)***	.009(.003 .030)***-
25-34	.073(.037-.142)	.191(.077-.475)***	.62(.029-.162)***
35-49	1.00	1.00	1.00
Death of children			
Yes	4.215(2.416-7.356)***	.692(.267-1.799)	
No	1.00	1.00	
Number of living children			
1-3	.000(.000-5.511)***	1.66(0.96-2.89)	
≥ 4	1.00	1.00	
Model 2 (Demographic Variables +Socio economic)			
Work status (Yes & No)	.586(.304-1.129)***		.317(.073-3.670)***
Read and Write (Yes & No)	.493(.264-.733)***		.714(.074-3.798)*
Place of Residence			
Rural	2.232(1.224-4.068)*		1.49 (2.79-7.33)*
Urban	1.00		1.00
Exposure to mass med			
Radio (Yes & No)	.220(.111-.434)***		.162(.064-.406)***
Television (Yes & No)	.393(.197-.783)**		.246(.076-.795)*
News paper (Yes & No)	.638(.306-.434)***		1.494(.424-5.262)
Pamphlets (Yes & No)	.493(.199-1.217)***		.417(.085-2.039)
Community event (Yes & No)	.930(.450-1.922)***		2.119(.654-6.869)

* Significant at .05 alpha level, ** significant at .01 alpha level, *** significant at 0.001 alpha level.

In the previous section, the bi-variate relationship of the various demographic and socio economic factors on the use of contraception are examined. Except few variables, most of the background variables were used to be significantly correlated with contraceptive use at the bi-variate level). This part therefore, provides the detailed analysis of the selected variables on the use of contraception.

In order to determine their net impact on contraceptive knowledge/use, the background variables were controlled in the logistic regression model. The effect of each of the explanatory variables on the dependent variable (Contraceptive use) is indicated by the odds ratios for each variable relative to the reference category.

The logistic regression models may used to examine the effect of socio-demographic characteristics on the use of contraceptive method or modern methods (Table 15). The analysis of current use of contraceptive was limited to respondents who reported current usage of at least one method, while the regression analysis of contraceptive use was done for all respondents.

In the investigation of the impacts of all selected demographic and socio-economic variables, the following regression model is run including the entire selected variable together. The odds ratios showing the effect of these variables on the use of contraception are, therefore, presented in (Table 15).

The multivariate model shows that age which is one of the demographic variable is an important factor that determines the likelihood of a women adopting contraception ($P < 0.001$). A trend of rise in the use of contraception starting from the younger ages of reproduction until the age group 24-34 in the probability of method use becomes lower in the two consecutive age group of 15 to 24 and 25 to 34 with (AOR=.354) and (AOR=.886) indicating a

64 and 11 percent less likelihood of use of contraception respectively than those who are in the reference category.

Literature also indicates that in early marital life women are less likely to prohibit fertility since they are 'need' of certain number of children. As age increases, their demand for children starts decreasing with successive births.

Having larger numbers of surviving children increases the likelihood of contraceptive use significantly. The greater the use of contraception among women with more surviving children reflects use for birth spacing, as well as, and possibly to as a greatest extent than, use for stopping. Indeed the concept of stopping child bearing is anathema to some (Nazzar, etal, 1995).

The result from the same Table 15 indicates that women who have 1 to 3 living children are 6 percent (AOR=0.94) less likely to use contraception than those in the reference category. The finding is in agreement with proposed hypothesis that the higher the number of living children that the women have the greater the chance of using contraception.

As indicated by the correlation ratio, the contribution of the demographic variables in explaining contraceptive use is very insignificant as compared with that of socio economic variables accounting only 7.4 Percent ($R^2=0.074$). This indicates that the use of contraception is not mainly determined by women's demographic career as reflected by their age and number of living children.

Regarding the socio economic variable, which are examined here because of their greater association with contraceptive behavior of women in the bi-variate analysis are place of residence, work status, education and mass media exposure.

In the regression approach, religion is excluded since it is found to have insignificant effects over the response when it is considered in the multivariate model. Although the variable had played a significant role in a bi-variate modeling section, its exclusion from the multivariate model indicates that there is no reason to say that the excluded variables are strong enough to define women's characteristics towards contraceptive practice. Thus, the exclusion of 'religion' supports the comment of Michael and Uddin (1990).

Among the variables selected to be treated with multivariate analysis, place of residence became a significant predictor of contraceptive use ($P < 0.05$). As expected a marked difference is observed between rural and urban residents in terms of contraceptive use in the study area. It is apparent from the table that the likelihood of contraceptive use is 1.24 times (AOR= 2.24) higher among urban women than rural women are. It is not surprising to observe such greater discrepancy, in the use of contraception with respect to place of residence in counties like Ethiopia where most of the services and facilities are concentrated in urban areas. This result confirms the research question that place of resident has an effect on contraceptive use. For example, the result increases in the odds that women will express interest to use contraception.

Education has greater influence on the over all behavior of people. In this context, the more likely the women educated are the more likely to have a good knowledge of FP and use. Moreover, this study confirms the common expectation that women's educational attainment has important impact on the use of contraception, the likelihood of contraceptive use among those women who are able to read and write (literate) is found to be greater in this study as compared to those who were not able to read and write (illiterate). The women who are able to read and write were 1.23times (AOR=.2.23) more likely to use contraception than women of no education (illiterate) are.

The work status of women is also expected to have significant relationship with their contraceptive behavior. Although many studies have shown significance difference in the use of contraception, with respect to their difference in work status, this study also ascertain this general hypothesis. It is shown on table 15 that those women who were engaged in any income generating activities (AOR=1.43)were 4.3 times more likely to use contraception than those who were not.

Table15 also presents the results of the multivariate analysis predicting the net effects of exposure to mass media communication on the attitudes toward and practice of any modern contraception. The results indicate that the exposure to mass media positively contributed to shaping the attitudes of individuals towards contraceptive use (see table 15) currently married women who had ever listened to FP programming on radio were about 14 percent (AOR=.1.65) more likely to approve of contraceptive use as compared to those who had never listened to it. Similarly, an increase in exposure to television increased the odds of positive attitudes toward contraceptive use by 38 percent (AOR= 2.38). The net effect of exposure to news paper or magazine, community event and pamphlets /leaf lets were also shown statistical significant when those women who were exposed to these media communication as compared to those who were not. The result confirms the research question that exposures to mass media contribute to shaping the attitudes and behaviors of individuals towards contraceptive use. For example, having exposure to different mass media communication show that increased exposure increases the chance of using contraceptives.

In sum, the total variation in contraceptive use that is explained by the selected socio economic variables is 23.7 percent, as explained by the correlation ratio ($R^2=0.237$).

Table 15 Summary of the hierarchical logistic regression analysis of the relative effect of demographic and socio-economic factors on contraceptive use, among currently married women, Jimma Raaree wored, 2007.

Characteristics	Adjusted OR (95% CI)		
	Crud OR (95%CI)	Model 1	Final Model
Model 1 (Demographic Variables)			
Age			
15-24	0.952(.096-9.473)	.110(.020-0.810)*	.354(.216-.580)***
25-34	0.187(.066-.534)*	.140(.020-1.06)	.886(.471-1.667)
35-49	1.00	1.00	1.00
Number of living children			
1-3	.63(.47-.87)*	.237(.028-1.999)*	0.94(0.24-3.73)*
≥ 4	1.00	1.00	1.00
Correlation Ration (R ² = 0.074)			
Model 2 (Demographic Variables +Socio economic)			
Place of residence			
Urban	4.00(1.214-13.179)**		2.2.4(1.31-3.80)*
Rural	1.00		1.00
Read and Write			
Yes	3.063(1.020-5.200)***		2.23(1.49-3.35)**
No	1.00		1.00
Work status			
Yes	1.90(1.33-2.71)**		1.43-(1.13-2.78)*
No	1.00		1.00
Religion			
Orthodox	3.11(1.77-5.46)*		1.125(.060-21.087)
Others	1.00		1.00
Mass media exposure			
Radio (Yes & No)	3.314(.144-6.684)***		1.65(1.02-3.24)*
Television (Yes & No)	2.220(.135-5.35)***		2.38(1.79-3.18)***
News paper (Yes & No)	3.355(.205-8.615)***		2.05(1.3-3.23)***
Pamphlets (Yes & No)	2.257(.135-11.491)***		2.63(1.22-5.67)*
Community event (Yes & No)	1.519(.294-10.916)***		2.73(1.62-11.3)*
Correlation ratio (R ² =0.237)			

* Significant at .05 alpha level, ** significant at .01 alpha level, *** significant at 0.001 alpha level.

CHAPTER FIVE

5. Summary, Conclusion and Recommendation

5.1 Summary and Conclusions

This study attempted to explore the fertility intentions and contraceptive practice among women aged 15 to 49. In examination of these, only those women who are currently married were selected for the present study. Attempt was made to represent urban area of the woreda. Therefore, the results are applicable for both urban and rural areas of the woreda.

In this study it was revealed that the desire for children is so high among the study women. While the proportion of the women who want more children are about 67.3 percent, and around 21.3 percent of them want no more children. The result also indicates that 6.7 percent gave no numeric response to their desired number of children. They rely on God as the sole determinant of the number of children they will have.

Women in the study are striving for larger family sizes. Women's desire for more children was high at all age levels and number of living children. The desire for more children by women is, however, prominent at later ages, particularly at or above the age of 35 years. According to the present study, a great proportion about 57.7 percent of the study women, who already had three and above children, sought more children.

Results from the multivariate analysis do not show an ambiguous association between fertility preference and the selected socio- demographic variables. From the summary finding one can easily conclude that educational attainment, place of residence, work status, couples communication regarding the time when to have the next child and mass media exposure are

the most important factors in explaining variations in fertility preference of respondents followed by the demographic variables such as age of respondents, number of living children, death of children and children ever born.

Result of the bi-variate and multivariate analysis revealed that strong impact of mothers' educational status and their place of residence on fertility preference. In addition to these variables, the presence of any income of mothers was associated with the desire for more children; however, the association failed to be significant. The presence of any job (work status) also significantly associated with fertility preference.

The proportion of respondents wanting more children decreased with increasing the life cycle factors of respondents such as age, number of living children, children ever born and childless. Among these demographic related factors, the strongest association is observed with age of the respondent. It has been observed that women with age group 15 to 24 and 25 to 34 are less likely to have additional children than those women in the reference category.

The prevalence of contraception in the study area was 30.8 percent that the level is higher as compared to the contraceptive prevalence rate in the region in which case it is about 13 percent. The level of knowledge among currently married women is about 80 percent. Given the majority of the people in rural areas and less accessible to various health and family planning facilities, such a level of knowledge could be considered high. However, the prevalence of contraceptive use among this group of women is very low indicating 'KAP-gap'. As the data suggest, this may not be because of dearth of contraceptive knowledge and lack of exposure to family planning information. However, such a low level of contraceptive prevalence points out the fact that in a country like Ethiopia where the level of fertility is high the population can be said to be pro-natalist.

The modern contraceptive methods like IUD and female sterilization are poorly practiced in the study area and the main reason mentioned by the non-users in the study area for not practicing modern contraceptive methods were health conditions, desire for more children, religious reasons, love for children and desire for son. Most of the couples used contraceptive methods for birth spacing than for stopping having children in the study area and the family decision making role is mostly influenced by husband. This can be explained by less access to information, education communication and family planning services in the study area.

Regarding the source of information of contraceptive use, the result indicates that mass media and clinic/ hospital related sources were the best source of information for contraceptive for 30.8 percent of current users.

As the study indicates, among all the demographic variables included in this study, age of women and number of living children are found to have a significant influence on the use of contraception. It is observed that those women in the age groups of 35 years and above have higher prevalence of contraceptive use than the two preceding age groups (15 to 24 and 25-34). The high prevalence of contraception at the age group 35 years and above is, this is the stage of reproductive life at which women may have achieved the number of children they desire or begin to feel the pressure of family size. The general notion that death of children due to its behavioral and biological effects, has an influence on the use of contraception is not ascertained in this study. Although the findings of the study shows that the negative association that death of children has with the use of contraception, the relationship is not statistically significant.

As expected, the number of living children is found important in influencing contraceptive use in the study area. The increasing pattern of contraceptive prevalence as age increases is observed in this study

Regarding socio-economic determinants of contraceptive use, it is current place of residence, which is significantly able to explain contraceptive method. The results of this study shows that a very high differential in contraceptive use between rural and urban women. According to the results women residing in urban areas are four times more likely to use contraceptives than the rural women. Such discrepancy in contraceptive use between the two areas are attributed mainly to the variation in the distribution of social services including health, education and family planning.

In addition to place of residence the educational attainments of the women is found to have significant impact on contraceptive use in the study area. The likelihood of contraceptive use among those women who are able to read and write (literate) is found to be greater in this study as compared to those who were not able to read and write (illiterate). Similar to the education of women, there was strong statistical significance association between husband's educational attainment and contraceptive use.

Work status of women is also expected to have significant relationship with contraceptive behavior. According to this study those women who are engaged in income generating activities are more likely to use contraceptives than their women counter parts.

The communication between the husband and wife about the number of children they wish to have also the strongest predictors of current use. This finding has been significantly useful for policy implication. It is very essential to understand some of the necessary conditions that could facilitate the spousal communication resulting to the adoption of contraceptive methods. Any IEC

program of family planning should also focus to male as the results have revealed the significant impact on husband's approval on contraceptive adoption.

This study was demonstrates that exposure to family planning messages increases a women's likelihood of using contraception, whilst significant positive effects on the odds of using modern contraception of exposure to family planning message via radio, television, news paper/ magazine, leaflet and community events are evident it does little to explain difference in fertility preferences among women particularly leaflets and community event. The lack of an effect of mass media which is related to leaf lets and community event of fertility preference may be explained by the prevalence of other fertility preference inhibiting practices among women who have not been exposed to mass media message.

The general finding of this study indicates that among all the variables considered to have important effect in explaining fertility preference and contraceptive practices are the socio-economic variables is found to be the most significant predictor of fertility preference and contraceptive use. The demographic variables are found to be less dominant in affecting fertility preference and contraceptive use.

5.2 Recommendations

1. Because female education is associated with higher contraceptive use and lower fertility, it is necessary to continue or renew efforts to increase female education. Media and school promotion of family planning can contribute to the erosion of cultural barriers, to contraceptive use.
2. Programs need to be implemented to increase women's status in the fertility decision making process. These programs need to provide

women with a permanent income that will make them economically independent of their husbands, and that will compensate them for the loss of status from having fewer children.

3. Focus on women as well as men. Encouraging communication between couples and involving men in family planning, and increasing men's commitment, and joint responsibility in all areas of sexual and reproductive health by sensitizing men to gender issues in ensuring women's equality .
4. Place of residence was also found to be a strong differential of fertility preference and contraceptive practices. In programs focusing on reduction of fertility and important of contraceptive use the needs of addressing rural community have to be considered.

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Annex-A

Oromiffa Questionnaire

Caasaa Qo'annoo gaaffii wal hormaataa fi qusannoo maatiitti fayyadamuu aanaa Jimmaa Raareetti qorannoo tiaasifame.

Kabajama deebii laataa:

Akkam bultan /ooltan. Har'a ana Wajjin gaaffii fi deebii gochuuf fedhii gabaachuu kessaniif baay'iseen isin galateeffadha. Ani_____ miseensa garee qorattoota wal hormaataa fi mala itti dahumsa dubartoota yeroo ammaa heerumanii jiran aanaa Jimmaa Raareetti. Kaayyoon daawwannaa koo har'aa mata duree armaan olitti ka'erratti gaaffii isin gaafachuu dha.

Maqaan keessan uunka Kanarratti hin barreeffamu. Akkasumas odeeffannool naaf kennitaniif maqaan keessan hin dhahamu. Deebiin isinitti hin tolle kennuu ykn deebisuu hin qabdani. Haatta'u malee deebiin isin amanamummaadhaan gaaffii kanaaf deebistan haala wal hormaataa hubachuu fi haala ittisa isaatiin hubachuuf hedduu gumaacha qaba. Deebiin keessanis haala wal hormaataa karoorsuufi karoora sanas hojiitti hiknee rakkoo mul'atu dhabamsiisuuf bay'ee gargaara.

Gaaffilee kanaaf deebii kessaniif hedduu isin galateeffanna. Gaaffii Kana deebisuuf birqii (daqiiqaa) 15-20 fudhata.

001. Lakkofsa gaaffii_____

002. Lakkofsa namoota gaafataman addaan baasuu _____

003. Ido qo'annaan itti gaggeeffamu. Ganda_____

110	Yoo eye jettan, hojii akkami hojjechaa jirtuu?	1. Hojii ogummaafi bulchiinsaa 2. Hojii daldaalaa 3. Hojii humnaa 4. Hadha manaa 5. Kan biraa Yojiraatee _____		
111	Hojii kana manatti moo manaa alatti hojjettuu?	1. Manatti 2. Manaa alatti		
112	Bakki hojii keesan hangam fagaataa?	_____ (Km)		
113	Bakka hojii gahuuf yeroo hangam isinitti fudhataa?	Daqiiqaa____ Sa'aatii____		
114	Hojiin Keessan kun yeroo hangamii isinitti fudhataa?	Baatii ____ Wagaa____		
115	Hojii hojjetan kanaaf qarshii ykn akaakuudhaanji'a ji'aan kaffalitt qabduu?	1. Eyyee 2. Lakki		
116	Hojii kanaaf kaffaltiin Kesan Hammamii?	____ qarshii (Ykn akaa kuudhaan tilmamaa)		
117	Sabni Keessan maalii ?			
118	Amantiin keessan maalii ?			

Kutaa II: Fertility (Walhormaata).

Lakk	Gaaffilee	Deebii	Koodii	Tari
201	Hanga har'aattijoollee deesani gaaffachuun barbaada, ijoollee deessanii beektuu?	1. Eyyee 2. Lakki _____		→301

202	Ijoollee deesan keessa Yeroo ammaa kana ammamtu isin wajji Jiraataa?	Dhi ____ Dha____ Ida'ama____		
203	Hammamtu idoo biraa jiraataa?	Dhi ____ Dha____ Ida'ama____		
204	Ijoolee lubbuu qabattee erga fayyaa dhalattee booda kan isin jalaa lubbuun darban qabduu?	1. Eyyee 2. Lakki →		206
205	Ijoollee hammamiitu labbuu dhaan darbanii?	Dhi ____ Dha____ Ida'ama____		
206	Ji'oota 12n darban keessa daa'ima godhattanittuu?	1. Eyyee 2. Lakki →		301
207	Saalli daa'immichaa/ittii maalii?	Dhi ____ Dha____		
208	Daa'immichi/ittiin labbuun Yeroo ammaa jiraa?	1. Eyyee 2. Lakki		
209	Yoo lubbuun darbe, hammamiif lubbuun taree?	____ battii		

Kuraa Sadaffaa: Birth History (Seenaa Dhalootaa)

301	302	303	304	305
Sadarkaa umurii daa'immanii	Maqaa	Saala 1. Dhi 2. Dha	Yeroo ammaa lubbuudhaan jiruu	Umuriin isaa/ishee Yeroo du'e hammam turre?

1		1. Dhi ___ 2. Dha___	1. Eyyee __ 2. Lakki ___	1. Baatii___ 2. Wagga__
2		1. Dhi ___ 2. Dha___	1. Eyyee __ 2. Lakki ___	1. Baatii___ 2. Wagga__
3		1. Dhi ___ 2. Dha___	1. Eyyee __ 2. Lakki ___	1. Baatii___ 2. Wagga__
4		1. Dhi ___ 2. Dha___	1. Eyyee __ 2. Lakki ___	1. Baatii___ 2. Wagga__
5		1. Dhi ___ 2. Dha___	1. Eyyee __ 2. Lakki ___	1. Baatii___ 2. Wagga__
6		1. Dhi ___ 2. Dha___	1. Eyyee __ 2. Lakki ___	1. Baatii___ 2. Wagga__
7+		1. Dhi ___ 2. Dha___	1. Eyyee __ 2. Lakki ___	1. Baatii___ 2. Wagga__

Kutaa Arfaffaa: Waa'ee Haskaa/ Karoora maatii

Lakk	Gaaffilee	Deebii	Koo dii	Tarii
401	Waa'ee karoora maatii dhageessanii beektuu?	1. Eyyee 2. Lakki		→ 501
402	Maloota irsaaf niitiin ulfa dhow wuuf ittifayyadaman ni beektuu?	1. Eyyee 2. Lakki		→ 501
403	Kannen armaan gadii keessa maloota kam dhageessanii beektuu?	1. Dubartii masee nsuu 2. Dhiira masee nsuu 3. Kiniinii 4. Luppilii 5. Lilonoo 6. Koondoomii 7. Noorpilaanitti 8. Jeelii 9. Kan biraa kan beektan _		

404	Hanga yoonaaatti odeeffannoo qusannoo maatii (mala ulfa tursiisu) argattanii (Dhageessanii beektuu?	1. Eyyee __ 2. Lakki _____	→ 501
405	Yoo “eyyeen” jettu ta’e, odeeffanicha eessaa argatanii?	1. Kiliniika/hospitaala 2. Mana qorichaa 3. Meeshaalee subquunnamtii 4. Walga’iiuummataa 5. Abbaa manaa 6. Iriyyaa dubartii 7. Waajjira karoora maatii 8. odeeftannoo qaama kan biraa	
406	Maloota Kanatti nifayya damtuu?	1. eyyee 2. Lakki _____	→ 409
407	Yoo ztzi qayya damtu ta’e dhimma/Kaayoo malliif		
408	Gaaffii “406” yoo ‘eyyee’ jettu yoo tale, isa kamitti fayyadamtuu?	1. Fedhii yoollee baay’inaan godhachuu 2. Hubaatic fayyaa waan namattifiduuf	
409	Yoo “lakki” jettu tala hanga ammaatii, maloota ulfa dhoowwanitti akka hin fayyadamne kanisin taasise sababni maal fa’li?	3. Sababa amantaa 4. Hamilee fisababa aadaa 5. Karoora maatic irratti hubannaa dhabuu 6. Mala dhabinsa 7. Ijoollee jaal achuu 8. Fedhii ilmaa godhachuu	
410	Gara fulduraatti itti fayya	1. Eyyee __	

	damuuf kaayyoo qabduu?	2. Lakki	→ 501
411	Yoo “ ayyan” jettu ta’e, isa kamitti fayya damuufa yaadduu?		

Kutaa shanaffaa: Baay’ina daa’imman da’uu barbaadan (fertility Preference)

Lakk	Gaaffilee	Deebii	Koodii	Tarii
501	Ulfa amma garaadhaa qabdan kana erga deessani booda fulduratti ijoollee biraa dabalataan dayuu barbaaddu moo hin barbaaddan? (Ulfa warra ta’eef)	1. nan barbaada 2. hin barbaadu 3. Murteessuchhin danda’u 4. amma waaqayyo naaf kenne		
502	Fulduratti (daa’ima biraa) qabaachuu ni barbaaddu ykn ijoollee/biraa dabalataan qabaachuu hin barbaadani? (Ulfa warra hin taaneef)	1. nan barbaada 2. hin barbaadu 3. Murteessuchhin danda’u 4. amma waaqayyo naaf kenne		
503	Ulfa amma garaadhaa qabdan kana erga deessani booda fuulduraatti daa’ima biraa itoo hin dayiin hangam turuu barbaadduu? (Yoo ulfa ta’an)	1. Waagaa ___ 2. Baatii ___ 3. Yeroo dhiyootti hin barbaado 4. Kan birae ___		
504	Amma irraa kaastanii Osoo daa’ima biraahindayiin hamman turuu barbaadduu?	1. Waagaa ___ 2. Baatii ___ 3. Yeroo dhiyootti hin barbaado 4. Kan birae ___		
505	Osoo maatii hanga ammaa hin godhatiin dura osoo maatii horachuff barbaaddee ammamiin	1. Ijoollee___ 2. Hanga waaqayyo naaf muresse	→ 507	→ 507

	karoor fataa? (Ijoollee wara qabaniif)	3. Kanbiraa _____		506
506	Yoo daa'ima godhachuu karoorfatu ammam godhachuu feetaa?	1. Ijoollee _____ 2. Hanga waaqayyo naaf mureesse _____ 3. Kanbiraa _____		601 601 601
507	Ijoollee godhachuu barbaadan saalan addaan baasuun godhachuu feetuu?	1. Eyyee __ 2. Lakki _____		601
508	Yoo 'eyyeen' jettu ta'e saala kamirra filattuu?	1. Dhi 2. Dha		
509	Yoo deebii kee dhiira ta'e sababni isaa maali?			

Kutaa Jahaffaa: Waligaltee (Waligaltee abbaafi hadha manaa)

Lakk	Gaaffilee	Deebii	Koodii	Trai
601	Baay'ina daa'imman godhachuu barbaaddan abban manaa keesan wajjin mari'atanii beektuu?	1. Eyyee __ 2. Lakki ____		
602	Isiniifi abbaan manaa keessan dhimma walquunnamtii saalaa mar'atanii beektuu?	1. Eyyee __ 2. Lakki ____		
603	Itti fayyadamuu karoora maatii ilaalchisee abbaa manaa keessan wajjin'yaada waljijirtanii beektuu?	1. Eyyee __ 2. Lakki ____		
604	Malitti fayyaddamullf kan murteessu eeyyu ?	1. Abbaa manaa 2. Hadha manaa 3. Lamaanuu 4. Lam aanuu miti 5. Deebii hinqbu		

605	Walumaa galati abbaa manaafi haati manaa ijoollee xiqqoo godhachuu keessatti kan murteessue danda'u eenyu?	1. Abbaa manaa 2. Hadha manaa 3. Lamaanuu 4. Lamaanuumiti		
606	Ji'oota lamaan darban keessatti Waa'ee karoora maatii dhageessanii beektuu?	1. Raadiyoo 2. Televiziyiinii 3. Gaazexaa 4. Poosterii 5. Walgahii uummataa		

Kutaa Torbaffaa: Amaloota Seenaa abbaa manaa Agarsiisan

Lakk	Gaaffilee	Deebii	Koodii	Trai
701	Umurii abbaa manaa	Waggaa__		
702	Abbaan manaa keessan barnoota idilee irratti bobba'anii beekuu?	1. Eyyee __ 2. Lakki __		
703	Sadarkaa barnootaa inni guddaan inni xumure meeqa?			
704	Gosti hojii abbaa manaa keessanii maalii?			
705	Hojii hojjetaniif kaffalitii qabuu?			
706	Kaffaltiin isaanii ammamic?	__ qarshii		

Galatoomaa

Annex -B

English Questionnaire

Structured questionnaire for exploring fertility intentions and contraceptive practice in Jimma Raaree woreda

Confidentially and consent.

Dear Respondent

Good morning/Good afternoon. Thank you for your interest in talking with me today. I am _____ who is a member of _____ team conducting _____ a study to explore the fertility preference and contraceptive practices among currently married women in Jimma Raaree woreda. The purpose of my visit today is to ask you some questions related to the topic I have mentioned above.

Your name will not be written on this form and will never be used in connection with any of the information you will tell me. You may not answer any question that you do not feel comfortable with, and you may end this task any time you want to. However, your honest answers to these questions will help us in better understanding of the situation of fertility preferences and contraceptive practices factors in Jimma Raaree woreda, and will eventually help in designing and implementing appropriate intervention program to alleviate problems related to fertility preferences and contraceptive practices. We should greatly appreciate your help in responding to the interview. The interview will take 15-20 minutes.

001. Questionnaire Number _____

002. Identification number of Interviewer _____

003. Study Site: Kebele _____

Part 1. Back ground Characteristics

No	Questions	Responses	Code	Ski
101	Respondents age	_____Years		
102	How long have you been living continuously in Jimma Raaree Woreda	_____years		
103	In what year and month were you born	_____Years _____month		
104	In what year and month did your present marriage being?	_____Years _____month		
105	Can you read and write, for example a letter or a magazine or news paper?	1. Yes 2. No		
106	Have you ever attended any formal schooling?	1. Yes 2. No		
107	What is the highest grade level of school you completed ?	1. Illterate 2. Basic education 3. Elementary education 4. Junior secondary education 5. Secondary education 6. Institution and college 7. other , specify __		
108	Respondents place of residence	1.Rural 2. urban		
109	A part from household duties such as cooking, rearing children, etc do you have any other work?	1. Yes 2. No _____		117
110	If you response is "yes" for 109, what	1. Professional and		

	kind of work are you doing?	managerial 2. Business, sales services 3. Technical, clerical 4. House wife 5. Manual		
111	Do you do this work at home or away from home?	1. At home 2. Away for home		
112	How far away your work place from you home?	_____(in km)		
113	How long does it take, you to get there ?	____ minutes ____ Hours		
114	How long have you been doing this work?	____Months ____years		
115	Are you paid for your work whether in cash or in kind per month?	1.Yes 2. No		
116	How much are you paid for your work?	___birr (if in kind estimate the value of goods)		
117	What is your ethnicity?			
118	What is your religion?			

Part II: Fertility

The following questions are about the total number of children rate a mother born irrespective of their survival status.

No	Question	Responses	Code	Skip
201	Have you given any live births in your life?	1. Yes 2. No		301
202	How many children have you ever born alive?	Boys ___ Female ___ Total		
203	How many of these children are living with you?	Boys ___ Female ___ Total		
204	Have you ever given birth to any children who died later?	1. Yes 2. No		206
205	How many of your children died?	Boys ___ Female ___ Total		
206	Have you given birth to any children during the last 12 months?	1. Yes 2. No		301
207	Sex of the child	1. Male 2. Female		
208	If the child living	1. Yes 2. No		
209	If dead for how long did the child live?	__ months		
210	Total number of living children	Boys ___ Girls ___		

Part II: Birth History

Now I would like to ask you the history of all of your births, whether still alive or not, starting from the first you had.

301	302	303	304	305
Birth order	Sex 1. Male 2. Female	In what month and year did (name) born?	In he/she still alive?	How old was (name) when he/she died
1	1. Male 2. Female	1. Month 2. Year	1. Yes 2. No	1. ___ month 2. ___ Year
2				
3				
4				
5				
6				
7+				

Part IV. Knowledge and practice about modern contraception

No	Questions	Responses	Code	Skip
401	Have you ever heard of FP methods?	1. Yes 2. No		→ 501
402	Do you know any way or methods that women and men can use to delay or avoid pregnancy?	1. Yes 2. No		→ 501
403	Which of the following contraceptive methods do you know about?	1. Female sterilization 2. Male sterilization 3. Pills 4. IUD 5. Injectable		

		6. Condom 7. Implants (Nor plant) 8. Jelly 9. others, specific		
404	Have you ever got information about modern contraception?	1. Yes 2. No		
405	What is your source of information about modern contraception (FP)?	1. Clinics (Hospital) 2. pharmacies 3. the newly media 4. public meeting 5. husband 6. lady friends 7. Family planning office 8. Other specify___		
406	Are you using any of the method?	1. Yes 2. No		409
407	What is the purpose if you are currently using the contraceptive method?	1. Birth spacing 2. Limiting birth 3. other, specify ___		
408	If your answer for 407 is "yes", please mention its name.			
409	If your were not using any contraceptive method to delay or avoid pregnancy would you tell me the main reason?	1. Desire for more children 2. Health condition 3. Religion reason 4. Moral and cultural 5. Lack knowledge of contraception		

		6. Family planning methods/ services not available 7. Love for children 8. Desire to have male child.		
410	Do you intend to use any method to delay or avoid pregnancy at any time in the future?	1. Yes 2. No		501
411	If "yes" which method you prefer for use with your partner?			

Part V. Fertility Preferences

No	Questions	Responses	Code	Skip
501	After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? (If pregnant)	1. Have a/ another child 2. no more/none 3. Undecided 4. As God allows/ gives		
502	Would you like to have a /another child or would you prefer not to have any more children? (if not pregnant)	1. Have a/ another child 2. No more/none 3. Undecided 4. As God allows/ gives		
503	After the birth of the child you are expecting now, how long would like to wait before the	1. ___ year 2. ___ months 3. Do not know		

	birth of another child? (if pregnant)	4. Other, specify __		
504	How long would you like to wait from now before the birth of a/ another child? (if not pregnant)	1. ___ year 2. ___ months 3. Do not know 4. Other, specify __		
505	If you could go back to the time you did not have any child and could choose exactly the number of children to have in your whole life, how many would that be? (If ever given birth)	1. ___ Children 2. As Good allows 3. other, specific	→ 507 → 507 → 507	
506	If you could choose exactly the number of children to have in your whole life, how many would that be?(If no living child)	1. ___ Children 2. As Good allows 3. other, specific	→ 601 → 601 → 601	
507	Do you have any sex preference?	1. Yes 2. No		→ 601
508	If "yes" which sex do you prefer?	1. Male 2. Female		
509	If your answer is male what is the reason?			

Part VI Communication (Couples Communication)

No	Questions	Responses	Code	Skip
601	Have you ever discussed with your husband about the number of children you would like to have?	1. Yes 2. No		
602	Have you and your husband ever talked about sexual matter?	1. Yes 2. No		
603	Have you ever discussed with your husband about the use of contraceptive methods	1. Yes 2. No		
604	Who decide on the method of FP to be used ?	1. Husband 2. Wife 3. Both 4. Neither 5. No response		
605	In general if a couple wishes to avoid having too many children, should it be the husband or the wife who does something to avoid having them?	1. Husband 2. Wife 3. Both 4. Neither 5. No response		
606	In the last 2 moths, have you heard about family planning?	1. On radio 2. On the television 3. In a news Paper 4. In a pampered poster (leaflets) book lets 5. In community even		

Part VII: Husband Information

No	Questions	Responses	Code	Skip
701	Age of husbands	_____years		
702	Has your husband attended any formal schooling?	1. Yes 2. No		
703	The highest grade completed by your husband			
704	What type of work dose your husband do most of the time?			
705	Is he paid for his work?	1. Yes 2. No		
	How much is he paid for his work	__birr		

Thank you

DECLARATION

This thesis is my original work, has not been presented for a degree in any other university and the all source of materials used for thesis have been dually acknowledged.

Name: Begashaw Teshome

Signature  _____

Date – July 6, 2007

This thesis has been submitted for examination with my approval as a university advisor.

Name A.SATHIYA SUSUMAN

Signature  _____

Date 06/07/2007