



**ADDIS ABABA UNIVERSITY
COLLEGE OF DEVELOPMENT STUDIES
CENTER FOR POULATIO STUDIES**

**EXPLORING THE RELATION BETWEEN WOMEN'S ECONOMIC
EMPOWERMENT AND THEIR FERTILITY INTENSION IN ADDIS
ABABA, ETHIOPIA**

**By
Biruk Kiflu**

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**A THESIS SUBMITTED TO CENTER FOR POPULATION STUDIES,
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POPULATION STUDIES**

Declaration

This is to certify that the thesis prepared by Biruk Kiflu, entitled: *Exploring women economic empowerment and their fertility intention* fulfillment of the requirements for the Degree of Master of Science (Population Studies) complies with the regulations of the University and meets the accepted standards with respect to originality and quality. I, the undersigned, declare that this thesis is my own work and has not been presented for a degree in any other university and that all the sources of the material used in this have been duly acknowledged.

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Acronyms

AAU	Addis Ababa University
AOR	Adjusted Odd Ratio
ANC.....	Antenatal Care
COR	Cured Odds Ration
EDHS.....	Ethiopian Demographic Health Survey
FP	Family Planning
GDP	Growth Domestic Product
INGO	International Non-Government Organization
MDG	Millennium Development Goals
PNC	Post Natal Care
RMNCH	Reproductive, Maternal, Newborn, and Child Health
SDG	Sustainable Development Goals
TFR	Total Fertility Rate
TPB	Theory of Planned Behavior
UN	United Nation
WHO.....	World Health Organization

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Abstract

Women's empowerment is an important indication of societal transition, and it is a global priority because it has implications on population size, development, health, and education. Many women in developing country like Ethiopia had low economic empowerment and had also large population size. Therefore, exploring women economic empowerment and relationship with fertility intention could show the key controlling and balancing the economy and population size. The study aims to explore women's economic empowerment and their fertility intention in Addis Ababa. Cross-section study was applied for the study. Double population proportion sample size was used to calculate the sample of 605. Two stage cluster sampling techniques were applied. Frequency, t-test, and binary and multiple regression were used in the analysis. The result show economically empowered women who marry between the ages of 28 and 37 have 7.1 times the fertility intention of married women aged 18 to 27 (p-value= 0.022) (AOD 95%CI: 7.1: 1.3-38.1). In contrast, those women economical empowered and those employed women had 95% low fertility intention among those who were not employed (p-value 0.002) (AOD 95% CI: 0.05: 0.08-0.3). Economically empowered women face barriers to become high fertility intention the barriers were mentioned, mothers' lack of intention to carry a child and the perception that having a minimum number is more civilized. Age at marriage also effects on fertility intention, with women nearing menopause having a stronger intention to have children than those who are far from menopause in both economically and non-economically empowered women. To maintain fertility rates in other parts of the country, it is important to enhance women's economic empowerment through income-generating activities such as employment and trade. This can be done through various stakeholders, including government bodies, using Addis Abeba as an example.

Keywords: Fertility intention, women economic empowerment, desired number of children.

Chapter One: Introduction

1.1. Background of the study

Women empowerment has different definitions with different aspects, but the process by which those who have been denied the ability to make strategic life choices acquire these abilities (Kabeer, 1999). Which is one way of thinking about power is in terms of ability to make choices. Moreover, the European Institute for Gender Equality defines it as the ‘process by which women gain power and control over their own lives and acquire the ability to make strategic choices’ (Gupta & Roy, 2023).

Women's empowerment is an important indication of societal transition, and it is a global priority because it has implications for development, health, and education, among other things. Women's empowerment is not a prominent issue in affluent countries. However, throughout the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) periods, this has been one of the programs in many developing countries (Bayeh, 2016).

Women’s economic participation and empowerment are fundamental to strengthening women’s rights and enabling women to have control over their lives and exert influence in society. It is about creating just and equitable societies. The economic empowerment of women is a prerequisite for sustainable development, pro-poor growth, and the achievement of all the country developments (DAC Network on Gender Equality, 2011).

Empowerment is seen to occur at several different levels, to cover a range of different dimensions and to materialize through a variety of different processes. However, central to the idea of empowerment is the idea of “Power”. One way of thinking about power is in terms of the ability to make choices. Power has also could be interpreted to access in relation to resource since choices for resource is different from access (Kabeer, 1999).

Women’s Economic empowerment: It is a combination indicator that has access to resources and sustainable incomes and decision making (Malhotra & Schuler, 2002). In addition, one of the studies conducted on measuring women economic empowerment in center for development they put conceptual framework which consist of a block of three things Resource, agent, and outcome. On the resource block it has material, human, and

social resources that serve to enhance the ability to exercise choice, including actual allocation as well as future expectations. Agent defines the ability to act, and effect change in spheres that are important to the individual. In the context of economic empowerment, it is about having the skills and regular resources to compete in markets; fair and equal access to economic institutions; and the power to make and act on decisions and control resources (Buvinic et al., 2020).

Based on the above concept women's economic empowerment is defined with women that have regular income, access to resource and make decision on here property. the detail definition as follows:

Income: A woman that have her own regular income and she can decide to expense for any cost.

Regular income: income that that generated a fixed time or uniform time. This can be employer, traders, and service giver like transportation service (Upadhyay et al., 2014).

Access to resources: a woman who have any property (land, vehicle etc), that have value of money or that could generate income. If she is employed, being educated is also a resource.

Decision: a woman who have able to sale, buy, and manage the resource. This includes for those married person could manage the resource jointly with their spouse (Upadhyay et al., 2014).

Fertility intention: a woman that wish to have a child in the future.

Desired number of children: a women wish to have number of biological children on her reproductive age time.

Africa's women make up more than half of the continent's population, but have low levels of education, health, and economic status. They often bear the burden of supporting children in the absence of their husbands due to death, divorce, abandonment, or other reasons (Klaa, 2020a). Therefore, most women tend of be less economical empowered and that makes also different barriers to their life.

According to the ministry of women report of 2020, Ethiopia is committed to increase women empowerment and put plan on Sustainable Development Goal (SDG). Among the 6 plans undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance, and natural resources, in accordance with national laws are the major plan for women in economic empowerment.

Thus, based on the plan the national plan commission reported on SDG in 2017 women received trainings in various agricultural skills and were made aware of benefits of engaging in agriculture. In the Ethiopia 2022/23, 4,324,000 women benefited from agriculture (backyard vegetable farming, poultry, beekeeping, cattle fattening, etc.) and 895,188 women benefited from the use of irrigated agriculture. Same fiscal year, 9,520,763 women participated in watershed development works and 89.8 thousand youths were deployed to farming on rehabilitated and fertile lands.

Over the last three decades gender issues and women's empowerment have received greater visibility and attention on global, regional, and country level development agendas resulting in modest and uneven attainments in most regions in general, and in Sub-Saharan Africa (SSA) in particular (Dejene, n.d.).

One of the problems to address is women's decision-making regarding their right to reproductive health. Different approaches have been applied, including raising awareness but not beholding expected results. Traditional, social, and economic beliefs limit women's rights and opportunities to manage their own lives, as well as participate in and contribute to community and national life. Empowering women is the best sustainable solution to tackle women's rights to reproductive health (Tadele, 2019).

1.2. Statement of the problem

Population growth is one of the challenges in developing country like Ethiopia. The population growth has an impact on pressuring resource since resource have limitations. The rapid population growth puts significant pressure on natural resources such as land, water, and forest this has impact on the economy (Alemu, 2020). Hence, for developing countries a strategy that makes balance of the population growth against economy is vital. One the global issue in this century is women empowerment.

The Ethiopian population is equivalent to 1.57% of the total world population. According to the recent Ethiopian central statistics projection in 2022, the Ethiopian population is estimated to be around 105,166,458, rank 11 in the world population. Which shows that the population is growing rapidly (CSA, 2013).

Meanwhile, the Total Fertility Rate (TFR) in Ethiopia has been declining slowly since the early 2000s, falling from 5.5 to 4.6 per woman in 2016 as the population grew by 2.6% annually. In fact, estimations from the EDHS surveys showed a significant decrease in pregnancy-related deaths. In Ethiopia, the mortality rate was 676 deaths per 100,000 live births in the 2011 EDHS survey and 412 deaths per 100,000 live births in the 2016 EDHS survey (Mini EDHS, 2019). Therefore, in our country the population is getting to grow from time to time at the same time women empowerment is a concerning agenda for the country.

In Addis Ababa, the fertility rate is low compared to other regions, as a reason which might be described women empowerment in education. empowered in economy, availability of health services, and so on. Apart from the migration from the rural areas to the city, Addis Ababa has ordinary population growth with a TFR of 1.8. At the national level this can be a good lesson learned to control the population growth.

Women empowerment could provide access to resources and rights on reproductive health, and that essential power could make them healthy. Likewise, women's economic empowerment has the power to change their total fertility rate. In Ethiopia, it is well known that most women are not economically empowered, especially in rural areas. Many studies have indicated that a lack of economic empowerment results in a high

fertility rate, limited reproductive autonomy, high risk for women and children, and unintended pregnancy (Ram et al., 2022).

One of the problems in Ethiopia is the country's high fertility rate in rural area and at the same time low women economic empowerment in rural areas. Fertility impacts population dynamics and plays a crucial role in changing the size and distribution of the population. Recently, the Ethiopian population has grown rapidly. Currently, Ethiopian women have an average of 4.6 children. Fertility varies according to residence and region. Among women in urban areas, women in rural areas have an average of 5.2 children, compared to 2.3 children among women in urban areas. Fertility was lowest in Addis Ababa 1.8 children per woman and highest in Somali 7.2 children per woman (EDH, 2016).

As an urban city, most women at least they have exposed to write and read in relation to education specially for the past 20 years majority of have more than writing and reading. The government and different stakeholders have taken different activities to enable women in economic empowerment through income-generating activities, advocacy on women's education, and preparing for engaging in political status. This could be a reason to have low fertility rate of women in Addis Ababa. Being educated and economically empowered has an additional impact on fertility through access to and practicing reproductive rights. On other hand having low fertility rates also affect the country's development. Obviously, there will be a shortage of labor power if more women's attitudes are based on their economic empowerment.

There are many studies that show the relationship between women's economic empowerment and fertility intention. Majority of the study was done either from Ethiopia Demographic and Health survey (EDH) or systematic review. For example, a systematic literature review in Bangladesh revealed a significant positive association between women's empowerment and fertility, but methodological it was used from EDH data which are not up to date and the direction of the relationship was not always correct (Upadhyay et al., 2014). Another study done in Mozambique found that different domains of women's empowerment influenced fertility-related outcomes and

contraceptive practices, but it also highlighted the low uptake of modern contraceptives and the presence of unmet need for contraception among women (Lopes et al., 2022).

Study conducted in Ethiopia shows that emphasis more on women empowerment and fertility intentions. One of the studies shows that women empowerment broader which can affect fertility intention and vis versa (Macquarrie et, 2021). Another study done on women empowerment and fertility intention focus on married women their fertility intention and women empowerment and conquered fertility intention could affect the women empowerment (Tadesse, 2018). Both this study uses EDH data which have a limitation on existing information such as the implication of economical growth of ethiopia, women education in ethiopia has also grown, globalization think on women empowerment, COVID-19, recent internal conflict, price inflation many things can be described. These barriers are several factors that can change the fertility intention.

Moreover, the above-mentioned research shows as factors age at marriage, age at first birth, education, working status, involvement in household decision-making, and economic participation, were associated with fertility-related outcomes. Apart from the above factors this study will consider perception on the value of child, culture, lifestyle of a women.

Therefore, this study tries to fulfil by conducting primary data and considering culture perception, perception on value of child, social norm, and socio-demography on fertility intention. Exploring a certain variable that controls women's economic empowerment on fertility it gives us a different deeper understanding of dynamic shaping population growth and at the same time and inform effort to prompt women empowerment for sustainability development.

1.3.Objective of the study

1.3.1. General Objective

The general objective of the study is to explore women's economic empowerment and their fertility intention behavior in Addis Ababa.

1.3.2. Specify objectives.

The specific objectives of this study are to:

- Examine the effect of women's economic empowerment on their fertility intention in Addis Ababa.
- Analyze factors associated with fertility intention and economically empowered women in Addis Ababa.

1.4. Research questions.

- ✓ What are the factors that are associated with fertility intentions with women economic empowerment and fertility intention?
- ✓ Exploring variables that effect on both economic empowered and not economical empowered women.

1.5. Scope of the study

Women's economic empowerment is a complex concept that refers to education, society, economics, decision making and politics. The aspects of women empowerment include daily life, such as access to education, job opportunities, and economic resources. Many scholars have provided different definitions, some of them aligned with choice, on the capacity to change something, and some of them to make any decision (Huis, 2017). This study were defines women economic empowerment is a women that have regular income, access to resource and make decision on here property.

Fertility is the capacity of a person or couple to conceive naturally through sexual activity. It is widely acknowledged that fertility, especially in developing nations, is the single most significant factor influencing population increase. Thus, identifying the relationships between women's economic empowerment and fertility intention was the focus area by inputting other variables that could contribute to the outcomes, such as demographic characteristics, personal factors, and social and cultural norms.

In terms of geographical Addis Ababa City was the study area. Addis Ababa was selected because of women in Addis Ababa City were exposed to engaging both economic empowered women as well as non-empowered women as per the definition. Meanwhile, health facility was targeted because of since our target to see the reproductivity you can easily get women at health facility for treatment and care.

The Municipality consists of eleven sub cities. In addition to ensuring that residents receive high-quality services that adhere to international standards, the Addis Ababa City Administration oversees social welfare and urban development.

1.6. Significant of the study

Globally, reducing gender inequality is a top priority for policies, and women's health depends on their rights reproductive health and access to resources. Except developed countries gender inequality specifically in the developing country like Ethiopia has impact on the population and economic growth. Researching on fertility intention and women economic empowerment can drive different intervention and increase the quality of health of women which vital for development of the country.

Fertility is an underlying component of population growth, which is also influenced by individual perceptions, community attitudes, economies, and different variables. Therefore, studying the relationship between women economic empowerment and fertility intention it gave deep understanding on the effect of women's. Moreover, it has fundamental instrument and to see that effect of the two relationships so that it will be useful population reduction through contributing on policy development.

This study can contribute by identifying contribution factors that could associate with women economical empowered at the same time non empowered so that it is very useful for strategy or policymakers, and other researcher as an input.

1.7.Limitation of the study

The study was done at health facility level which is considered those attends at health facility and those who were not attend at health facilities were not captured. It will be very help full to study at community level to increase the generalization with wider scope.

Methodologically the study was used a cross-sectional study which may not show the cause and effect hence it is very recommend using case control study to see the cause and effect of the relationship between women economic empowerment and their fertility intention. Moreover, the study applied only quantitative approach to study this research and it could have been very exciting if it included also qualitative information to strengthen the evidence.

1.8. Organization of the study

This research is divided into five main chapters. The context of the study, the problem statement, the research questions, the general objectives, the significance of the study, its scope, and thesis organization are all covered in the first chapter. A review of the relevant literature is presented in the second chapter. The study methodology, data sources, sampling techniques and processes, data collection, data-gathering procedures, and data analysis methods are covered in the third chapter. Chapter Four addresses the topics of results and discussion about the results. The conclusion and recommendations are presented in Chapter Five.

Chapter Two: Review of Related Literatures

2.1. Conceptual of women economic empowerment and fertility intention

2.1.1. Fertility intention

Fertility intentions indicate the plan to have a child. Intention of fertility is confronted with individuals' current situation. Fertility intentions, which are a component of fertility decision-making, are a major predictor of childbearing. Fertility intentions have been defined in several ways, focusing on fertility desires, attitudes or behaviors (Preis et al., 2020).

According to the United Nations fertility in sub-Saharan Africa stood at 5.1 births 2005 to 2010 more than double the replacement. This high fertility combined with declining mortality has resulted population growth 2.5 percent per year and the UN projects population to grow from 0.86 billion in 2010 to 1.96 billion in 2050 and 3.36 billion in 2100. Such unprecedented expansion of human number range of social, economic, and environmental challenges and make difficult for the continent to raise living standards. Hence the growth thought-provoking demographic trends in Africa among the researchers and policymakers (Bongaarts & Casterline, 2012).

In 1993, the Ethiopian government implemented a national population program that encouraged the use of contraception. As a result, total contraceptive use had increased from 4% in 1993 to 37% in 2016 (EDHs, 2016). Also, total fertility rate (TFR) has decreased from 5.5 in 2000 to 4.6 children per women within the last sixteen years. However, only 35.3% women in the reproductive age group used modern family planning (FP) methods with high (22.3%) unmet need for FP, which is among the highest rate in sub-Saharan African countries.

Ethiopia's FP service has demonstrated encouraging results in reducing fertility and alleviating the strain of a growing population. However, still in rural area the fertility is high even though across the region is different. Fertility has been high over the last decade, although FP coverage has stagnated due to a different reason for instance religion, culture political commitment, poor policy intervention in low FP intake and so on thus study with other natural perspective of fertility intention might support to decrease population growth (Choi et al., 2019).

2.1.2. Women economical empowerment

The terminology of women economic empowerment is very ambiguous to define. This is because the definition could be changed in terms of cultural, the dimension of view and religion. However, in recently different books describing economic programs for women has shifted gradually over the last decade. Previously it was defined increasing women income but now a day it has defined women efforts to increasing income, controlling and make decision on wealth. This shift in language makes sense intuitively and has solid conceptual backing in the women and later developments of researchers (Kabeer 1999; Narayan 2005; Golla et al. 2011).

The European Institute for Gender Equality defines it as the ‘process by which women gain power and control over their own lives and acquire the ability to make strategic choices’ (EIGE 2022), (Gupta & Roy, 2023b). Women's economic empowerment a strategy helping women to participate in the process of making decisions, supporting income increment, asset possession. Based on the above concept the study has also defined women economic empowerment with three dimensions a women can generate income- regularly, have access to resource and make decision on here income and resource by considering the cultural .

Women represent half the global population and one-third of the work force; they receive only one-tenth of the global income and less than one per cent of world property and does two-thirds of all working hours (Anil Dutta, 2014) . The issue of women's education in Africa, especially in sub-Saharan Africa, or the discontinuation of schooling at an early stage is the most important challenge to the social and economic status of women. The illiteracy rate in sub-Saharan Africa is the highest in the world, and the proportion of women represents about two-thirds of the illiterate in Africa, which negatively affects children's education and social life, especially in terms of their economic status and level of empowerment. Not only education, but also health and employment are also big challenges in Africa(Klaa, 2020b) .

2.1.3. Nexus on women economic empowerment and their fertility intention

The researcher has explored at the connection between women's autonomy on their economic and reproductive health outcomes, most of them relate to the use of contraceptives in Ethiopia. In addition, there are some insights into the relationship between women's economic empowerment and fertility rates in Ethiopia, but there is a lack of specific research comparative analysis women's economic empowerment and fertility intention. Having studied the nexus between women economical empowerment and fertility intention, this provides a chance to see theory, empirical evidence, and to draw a conceptual framework.

In sub-Saharan Africa, contraceptive use is significantly lower than in other emerging nations, and fertility rates are still greater (Tadesse, 2018). This is visible in Ethiopia according to the EDH 2019; the average household size in Ethiopia is 4.7 persons, urban households are slightly smaller than rural households 4.1 persons versus 5.0 persons. This indicated that one woman can have 5 children in her reproductive life span. This could be one reason to paid growth of the population.

Maintaining the advantages of women at the individual, home, community, and overall levels depends on empowerments. Empowerment has the result of positive and negative consequences based on the decision. Some findings show that women economic empowerment has a positive impact on women fertility and some show there is negative impact.

Women's economic empowerment can increase their access to family planning services and information, which can help them make informed decisions about their reproduction health. About 32% of those women empowered where able to decide about their own health care compared to 20% of those where were not empowered (Tadesse, 2013). Moreover, the odds of contraceptive use for women from middle or higher were 1.8 and 2.5 times higher, respectively, than those from the poor/poorest (bottom 40%) wealth quintiles Tadesse, 2013). This can show us women empowerment can make them decision maker by their own on their reproductive right.

Moreover, women who are economically empowered can choose to delay childbearing to pursue education or career opportunities, which can lead to lower fertility rate. Women who are economically empowered often prioritize education and pursue career opportunities. They may choose to invest in their education or establish themselves in their chosen profession before starting a family. Delaying childbearing allows them to focus on their personal and professional growth (Ministry of Women, 2020).

Apart from delaying childbearing being economically empowered women can lead to improved health outcomes (Arnoff, 2011). Women who are economically empowered may have better access to healthcare and nutrition, which can reduce infant and child mortality rates and lead to smaller family sizes. Hence investing on women economy, it improved the health outcome of women and girls.

Meanwhile, women's empowerment, including increased household decision-making power and access to information and health facilities, was associated with higher family planning utilization (Muluneh et al., 2021). In other hands, the above results can indicate that the more women's empowerment fertility can declined this can also be a problem in the developed of the country since it reduces the working force and military power.

Further, it doesn't mean that all women will choose to delay childbearing even if they are economically empowered. Personal preferences, cultural factors, husband or partner attitude on child and women's right and individual circumstances also play a role in fertility decisions. It is a personal choice that can vary among individuals (Tilahun et al., 2014).

Regarding personal and relationship goals, women with economic empowerment may have personal or relationship goals they want to fulfill before starting a family. They might prioritize building strong foundations in their relationships, pursuing personal interests, education, or achieving certain milestones before taking on the responsibilities of parenthood.

In summary, being economically empowered often means having access to reproductive healthcare services and information. Women can access contraception methods and family planning resources that help them make informed decisions about when to have

children. This access empowers them to delay childbearing until they feel ready. This leads to individual level economic wellbeing, good quality of education, and lifestyle. In terms of country wide sustainable growth, balanced population size.

2.2. Theoretical review

The theory behind women's economic empowerment and fertility intention is rooted in the idea that empowered women have a greater ability to make strategic decisions about various aspects of their lives, including fertility. The following are some of the key aspects of the theory.

The New Home Economics hypothesis examined the well-known economist Gray Becker's model, which stated that a woman's intention to have children will be influenced by her income and expenses, the quality of her offspring, and time and opportunity restrictions (Chiappori & Lewbel, 2015).

To establish a couple's choice of fertility, the model focuses on three factors: the relative costs of having children compared to other products, the couple's income, and their preferences for having children versus competing forms of consumption. It was determined that, in comparison to households with little income, women and families possessing consumption goods or income can postpone having children or have fewer children overall (Gammage et al., 2020).

Nevertheless, the model fails to consider the way that society views children. For example, in Ethiopia, children are seen as a great asset that can boost household income. among fact, having more children is more common among Ethiopian households with wealth, whether it be in the form of cash, land, or cattle, as many of them believe their children would be able to handle the riches when they are older. Another explanation explaining the intention behind fertility was also drawn from women's empowerment and fertility. There will be a low fertility rate if women are well empowered economically (Phan, 2013). Three things might be thought of when considering empowerment as a factor in fertility: women's autonomy, communication with spouses, and labor force participation.

This theory was more prevalent after the Second World War; possibly this is evident in industrialized nations. The fertility rate decreased in Europe, North America, and some Asian nations, including Japan and South Korea, because of women's empowerment in the political, economic, and social spheres. Nonetheless, for those who are growing, additional children are still desired even though women's emancipation has not yet reached the anticipated level. It is evident that the fertility rate in North Africa and several sub-Saharan African countries is more than two children per woman.

Demographic transition theory which explains the progression of societies from high fertility and high mortality to low fertility and low mortality (Caldwell, n.d.) Moreover, it states that fertility declines in response to development, thus wealth and fertility are negatively correlated. The theory suggests that the transition is driven by factors such as the reduction of death rates, changing cultural values, and the empowerment of women in reproductive decision-making. Demographic transition has a consist of most determinate factors, but it was not considered migration effect for instance, Addis Ababa was one of the cities that rural to urban migration is high among ethiopia cities and the fertility rate is small (TFR=1.8) compared to other regions this might because of the migration effects.

2.3. Empirical Review

Though there are different studies on women's economic empowerment and fertility intention. This study wants to show the empirical review with the impact of women economic empowerment on fertility intention which can express there is a cause effect relation between women's economical empowered and fertility intention.

2.3.1. Evidence on factors associate with women economic empowerment

Based on available data, a set of fundamental building blocks for the intricate process of women's economic empowerment are proposed. Ten important variables have been identified as potential barriers to women's economic empowerment. luck of education, skills development and training, Access to quality, decent paid work, address unpaid care and work burdens, access to property, assets and financial services, collective action and leadership, social protection, labor market characteristics, fiscal policy, legal, regulatory and policy framework and Gender norms and discriminatory social norms (Hunt & Samman, 2016).

The above factors are also observable in Ethiopia, one of the studies done in Wolita Zone shows age, family size, education level, household income, off-farm income, employment/doing any paid work, ownership of property, credit utilization, distance from the market, access of information and participation of community affairs were found to be a significant determinant of economic empowerment of rural women (Chama, 2019). The study revealed that family size has been hypothesized to have a negative relationship with women economic empowerment through agricultural activities the regression result has shown that, family size has negative influence on dependent variable with ($\beta = -0.624$) and statistically significant at 1%. Which indicated that the more the family size increase the less economical empowered women (Chama, 2019).

2.3.2. Evidence on women economic empowerment and fertility intention

The trend of fertility in Addis Ababa shown that decline since early which was 3.98 in 1967, declined to 3.23 in 1984, and further declined to 2.14 in 1994, and reached below replacement level in 2000, (Gurmu & Mace, 2008) and in 2016 it was 1.9. This might be the contraceptive use in the Addis Ababa was too high because majority of women have awareness on reproductive right of women since there were educated regular schools and yet on health facilities. This has been also supported with 2018 study conducted in Addis Ababa, Ethiopia, revealed that the use of modern contraceptives was significantly and favorably impacted by economical empowered women in both bivariate and multivariate binary logistic regression models (AOR=1.15, CI=1.01-1.31) and (COR=1.72, CI=1.54-1.92) (Tadesse, 2018). Women who feel empowered are more likely to utilize contemporary contraceptives, giving them the authority to decide whether to have children. This indicated that education is significant influence on fertility as economic empowerment women also tend to be educated more.

Moreover, a study done in Bale zone, nearly half of the women had lower control over financial resources and had lower autonomy in maternal health service utilization. The study found that household monthly income, having an employed husband, being in an extended family structure, being in a monogamous marriage, being knowledgeable and having a favorable attitude score towards maternal and child health care services were positively associated with women's autonomy. The factors identified in the multiple

logistic regression analysis that were associated with women's autonomy for health care utilization were monthly household income >1000 ETB have 3.32 time more autonomous than less than 1000 ETB income generated women in utilization of health service including maternal and health service (Nigatu et al., 2014). The study does not provide evidence for the influence of extraneous variables like peer and familial pressure. There are several potential contributing elements, including education, culture, religion, and the economic empowerment of women.

All the above evidence is used on the methodology of cross-sectional and EDH data. The effect of cross-sectional were observed that they did not use causal relationships to investigate women's economic empowerment and fertility intention.

On top of the low fertility other study argued that it could be positive relationship. One of the studies conducted in 2016 shows that the low economic class mother has 7.3% less than the expected number of children of otherwise identical characteristic mother of high economic class. The average number of children born from middle class mothers is significantly different from that of the low-class mother (RR=1.072, 95% CI (1.032, 1.123)). On the average a mother who gave live birth before the age of 16 years old has 30.7% more children ever born than otherwise identical mother who started to give live birth in twenties or later age (Muluneh et al., 2016) .

This study shows different idea compared to others study conducted on fertility and women empowerment which is low class mother have less children as per the expected. In other hand those who have economical empowered women have a chance of having many children as they desired. Due to the economic challenges in Ethiopia this might be the dominate belief in women. Currently the cost of living in Addis Ababa is getting high thus women could be discouraged to have the desired children since the cost of children to grow is getting high.

A range of factors contribute to the high number of children in Ethiopia, particularly in the context of women's economic empowerment. Early marriage and childbearing, low contraceptive knowledge, and the high economic value of children for subsistence agriculture are key determinants of high fertility rates (Getahun Desta, 2013). This could be evidenced by the latest study done in Jimma, value of children could increase the

numbers of children specially on women in average income (Tadesse & Asefa, 2001). Value of children also influencing factor whether you are economical empowered women or not.

Additionally, the relationship between women's empowerment and fertility intention can differ across countries and regions. Therefore, while women's empowerment can play a crucial role in shaping fertility preferences, the specific the relationship between the economy of women and desired number of children may vary based on contextual factors and the dimensions of empowerment being considered. Both higher fertility and low fertility evidence doesn't show the cause relationships and most of study were used secondary EDH surveys, and they all state that they did not examine causal correlations between women's economic empowerment and their intention to have children.

2.4. Conceptual framework

The conceptual framework for fertility intention and women's empowerment encompasses various dimensions. Women's empowerment is a key factor that can influence fertility preferences and decisions. Fertility intension will be affected in different perspectives such as attitudes, beliefs, and social norms. This study focuses on women's economic empowered against their fertility intension. In conceptual manner for this study theory of planned behavior model was used.

According to planned behavior model theory, subjective information in the form of behavioral, normative, and control beliefs provides the foundation for attitudes, subjective norms, and perceptions of control; and these variables lead to the formation of intentions which, ultimately, result in behavior changes.

This study conceptualized focus on three dimensions that drive fertility intension. The first one is the social demographic characteristics, second on individual perception and then social perception.

Socio- demographic characteristics are an independent variable that can describe the relationship between women's economic variables and fertility intension. The characteristic will consist of Education, Marital status, age of respondents , age at first birth, age at marriage. The socio-demographic characteristics will affect the belief of about the consequence of having a child and this also can change the attitude of women

on having a child therefore at the end the intention of having a child will be changed to reduce or increase.

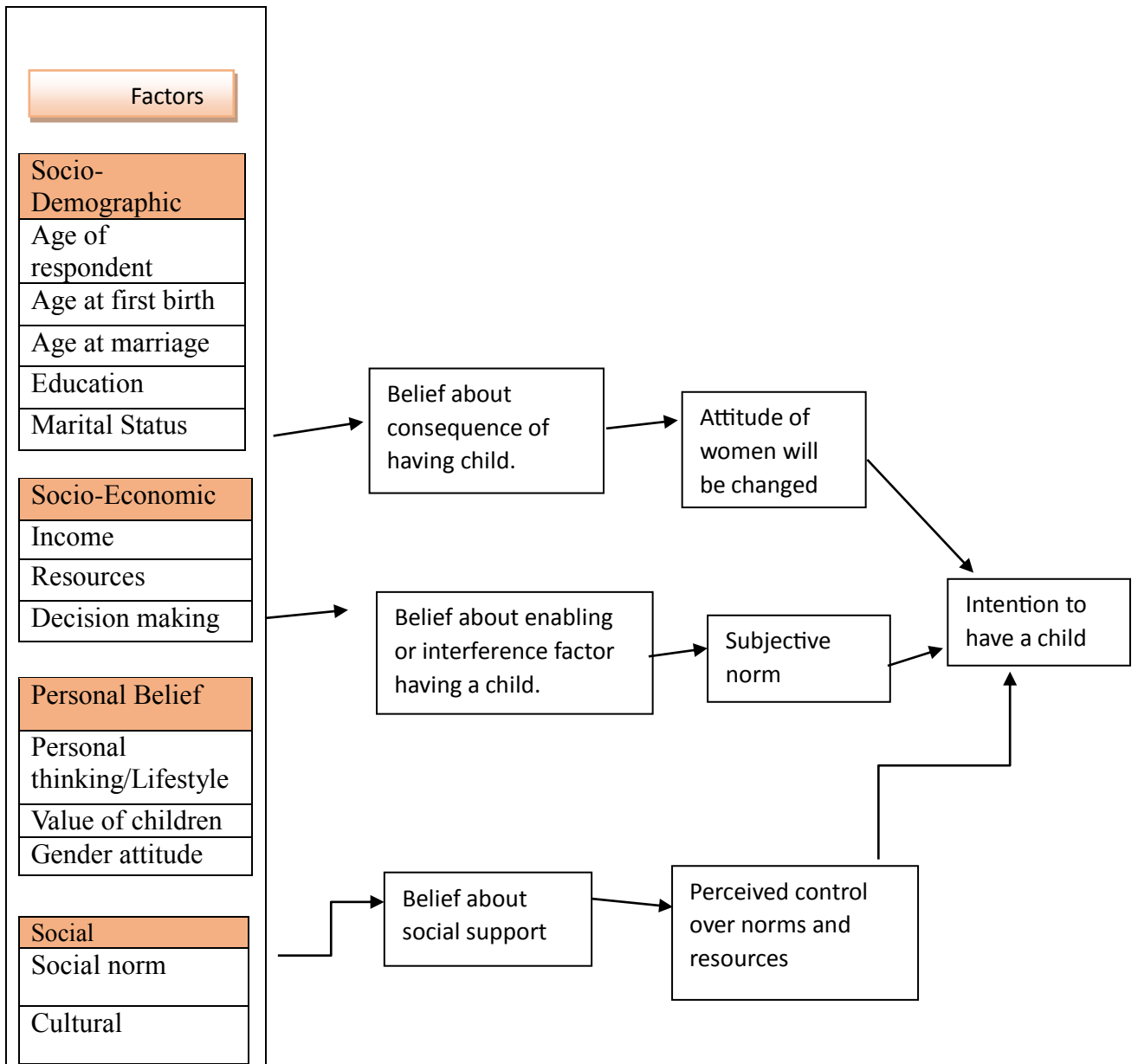
Socio-economic characteristics are also variable that have income, resources and decision making. This is also affecting the consequence of having a child and resulted on the belief or perception of women then the attitude of women which again influence on the intention of children.

Personal characteristics are another independent variable which consists of personal belief about fertility intention, value of children belief and gender attitude. This affects the enabling or interference on having child which subjectively influencing through norms and that affect fertility intention directly or indirectly.

Social-norms characteristics are one of the curial independent variables which consist of social norms and cultural affection. These factors first effect on the belief about the social support for having child and this affect the perception perceived to control over the women and that affect fertility intention.

Conceptual framework was adapted from the theory of planned behavior. Theory of Planned Behavior (TPB) was developed by Icek Ajzen as an attempt to predict human behavior (Ajzen, 1991)

Figure 1: The Conceptual framework of the study



Source: Theory of planned action adapted from Icek Ajzen (1991)

Chapter three: methodology of the research

3.1 Background of the Study area

The study area is Addis Ababa city. Addis Ababa's in 2022 population is estimated at 3,859,638 refenced from 2007 CSA data projection. Among the total population 2,037,948 which accounts 52.8% of them were female (CSA & Ababa, 2013). The economy of Addis Ababa is dominated by the service sector, which contributed 75% of the cities GDP in 2022. The service sector is followed by the industry sector which accounted for 24.3 % of GDP (Berhe et al., 2017).

Women employment in Addis Ababa is higher compared to other region thus comparative women economic empowerment is higher compared to other regions with only employment dimension (Berhe et al., 2017). Among eleven sub cities two sub cities were selected randomly to have the same opportunity. Bole sub city and Lemi-Kuia sub city was selected randomly. Four health facilities were targeted across the two sub cities for each sub city two health facilities were selected for this study.

3.2. Study design and approach

The design was a comparative cross-sectional study since there a comparative analysis. The two comparative groups are woman who have empowered in economic, and women not empowered against their fertility intention. Quantitative information was gathered through survey questionnaire women's that come to the health facilities for RMNCH service.

3.3. Study population and Sample unit

The study was done at health facility level in Addis Ababa city. Women aged 15-49 that are taken a service on Reproductive, Maternal, Newborn, and Child Health (RMNCH) at the health facilities was the study population. RMNCH were consist of ANC, PNC, delivery and FP. The study unit was women aged 15-49 years old.

3.4 Sample size and Sample procedures:

3.4.1. Sample size:

The sample size is determined using double population proportions since we use comparative analysis. Comparing women economic empowerment and not empowered against their fertility intention could explore more variables thus using two sample size proportion is best method to draw sample. The following is a formula used to calculate the sample size (Charan & Biswas, 2013).

$$n_{ini}=D [z_{\alpha/2} \sqrt{2P(1 - P)} + z_{1-\beta} \sqrt{p_1(1 - p_1) + p_2(1 - p_2)}]^2 / p_1-p_2$$

$$N= n_{ini} + \text{non-response}$$

Were

n_{ini} = is the initial sample size required by the survey for each of the two points

N = Estimated sample Size

$z_{\alpha/2}$ = is the value from the normal probability distribution corresponding to a confidence level $1-\alpha = 0.95$ the corresponding value if $z_{0.95} = 1.64$

$z_{1-\beta}$ = is the value from the normal probability distribution corresponding to a confidence level $1-\beta = 0.80$, the corresponding value is $z_{0.80} = 0.84$

p_1 = is an estimated for the of percentage of women economic empowered and here desired number of children is low previous study was indicated 37.7% (Negash et al., 2023). However, to have the maximum sample size the percentage of women economic empowered and here desired number of children is low is taken 50%.

p_2 = is an estimated for percent of women's economic empowerment has effect on fertility in non-economic empowered women (10% increase) = 60%

$$P = \frac{p_1 + p_2}{2} = (50 + 60)/2 = 55$$

D = estimated design effect of in the survey. Is the adjustment for the sample size on the variance of the selected two populations 1.5. one point five will minimize the variation among the two-population based on the research guess.

The total population size was estimated women that have attended in ANC, deliver, FP and postnatal in 2023/24 in selected hospitals which is MCM was

3,500, Ajora 1000, Dilefire 800, and Sumit health center was 600. In total 5900 individuals targeted with the time frame of June 2023 to March 2024.

Table 1: Determining sample size.

Required variable	Estimation value
$Z_{\alpha/2}$	1.96
$Z_{1-\beta}$	0.84
p_1	0.50
p_2	0.60
P	0.55
N_i	385
D	1.5
n_{ini}	$577.5 \approx 576$
Non-response	5%
N	$604.8 \approx 605$

Based on this the above requirements the sample size is **605**.

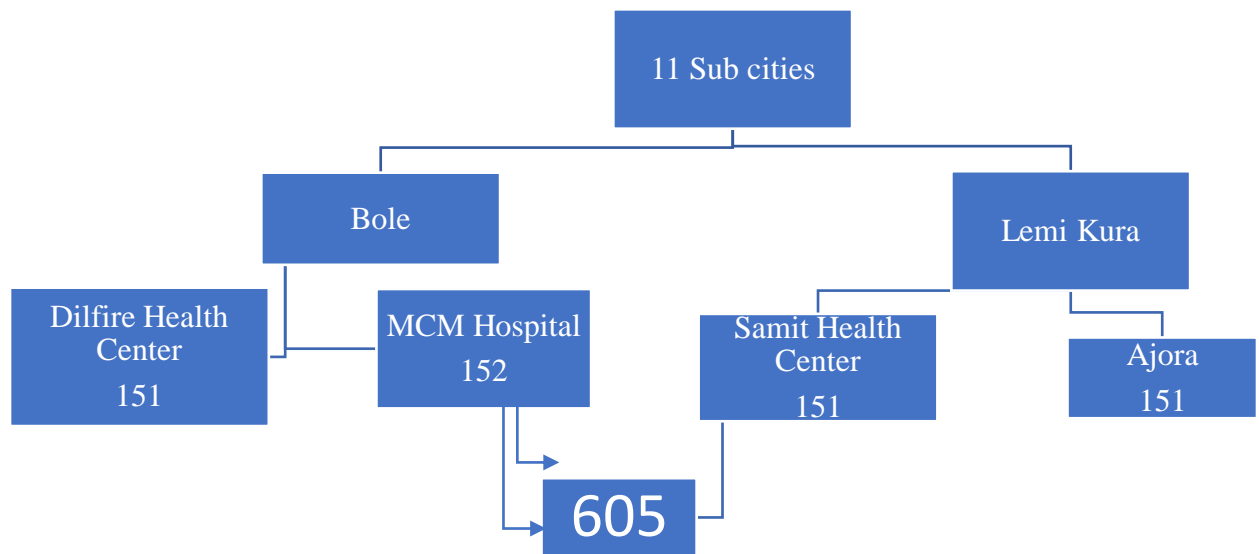
3.4.2 Sample procedure:

To select the interviewed person this survey was used a technique of two stage cluster sampling techniques were applied. Addis Ababa has 11 sub cities. Among the total sub cities two sub cities two selected using simple random technique. After the selecting the sub cities then selecting health facility were the next stage, hence, among the health facilities that are in the selected health facilities four health facilities were randomly selected. The random number was generated with a spreadsheet that content 1 up to 100 and list of sub cities and health facilities were gathered from the official web sites of MoH (**Annexed 1**). One hospital and one health center from each sub city was selected to get more varieties response among hospital users and health center users as well as private and government users.

The second stage was selecting respondent. In all RMNCH there is a registration book that shows list of clients. List of clients was taken as a sampling frame to randomly select the respondent. The list was taken from Antenatal care, Family planning, delivery, and

postnatal rooms so that by generating random number respondent was selected among the lists. The sample frame is **Annexed 2**.

Figure 2: Illustration of sampling producer



3.5. Data collection tools and variables definition.

The data collection tool was adapted from previous literature that has been tested and worked at ground level. A structured questionnaire administered by an interviewer to eligible participants was used. The questionnaire was first prepared in English and then translated to Amharic, as the study subjects speak Amharic, and then back to English to check the consistency.

This study has operationalized women economic empowerment, fertility intention and others-based EDH definitions as well as UN women and UN definition they use. The below table shows variables and their definition with their response code for the core variables. In fact, the all-variables definitions are attached in (**Annex 3**).

Table 2: Variables and their definitions

Group	Variables	Definition	Code	Categorization
Socio-demography	Age of the respondent	During the interview time respondent age in year Age limitation 18-49 years of old	Number	Age in 5 years will be categorized
Socio-demography	Marital Status	During the interview time the marriage status of the respondent	0. Singel 1. Married 2. Divorced 3. Separated 4. Widowed	no need to categorize
Socio-demography	Age at first marriage	Age in year while she was married	Number	Age in 5 years
Socio-demography	Number of children you have now	Number of biological children that the respondent has during the interview time	Number	Minimum and maximum Minimum will be less than and equal to 2
Socio-demography	Age at first child	Age in number while the mother has the first birth of children	Number	Age in 5 years
Socio-demography	Education	Highest level of education the household member attended	1. No education 2. Primary school (1-8) 3. High school 4. Vocational school 5. University	The lowest education is the questions is classified. in the "No education" category.

Socio-demography	Religion	The respondent owns spiritual believes during the interview period	<ol style="list-style-type: none"> 1. Orthodox 2. Protestant 3. Muslim 4. Other specify 	no need to categorization
Socio-economy	Are you involved income generating activities	A women process of generating revenue or income through various means	<ol style="list-style-type: none"> 0. No 1. Yes 	<p>If a woman able to generate any income and it is regular, then we can code she have income.</p> <p>Income 0. No, 1 Yes</p>
Socio-economy	Is the income generated regular	Fixed term revenue	<ol style="list-style-type: none"> 0. No 1. Yes 	Yes indicate income generated regularly
Socio-economy	If yes 2.2, your monthly income generated	Amount of cash she generated on monthly base	Number	The amount of cash generated on monthly base
Socio-economy	Are you currently employed in the gov't, private or NGO's	During the interview time employment status	<ol style="list-style-type: none"> 0. No 1. Yes 	Yes indicated employed and no indicated not employed
Socio-economy	Asset that you have by your own name/jointly with your spouse.	<p>Any resource she owns to generate income.</p> <p>If she is employed here education status also a resources</p> <p>Resource could be sold</p>	<ol style="list-style-type: none"> 1. House registered on her own. 2. Vehicle registered on her own. 3. Higher level education 4. Any property registered by her own. 	Higher level education starts at least at degree level.

Decision making	Are you able to decide on your own to sale or purchase your property or to utilize your income?	Decision making on the resource	0. No 1. Yes	If she has a resource and can decide, then it codes she has a resource.
Desired number of children	What is your number of biological children you desire to have?	During the interview time a woman that she has a biological child	Number of children	A women that have children alive during the survey period
Desired number of children	If she has children, did you fulfill the desire number of children?	Understanding here wish on desired number of children	0. No 1. Yes	Amount of children she deserve to have in here life time
Fertility intention	Do you want to have a child in the future	A women fertility intention in the future	0. No 1. Yes	A women future plan to have a child.
Desired number of children	If yes, and a woman doesn't have fulfilled here desired number children, what is your number of biological children you wish to have?	counting her desired number of children, she wishes to have	Number	A women wish to have in here reproductive age time (15-59).

3.6. Operational definition

Fertility intention: a woman that wish to have a child in the future

Women economical empowered: is a combination of income, resource and decision making. If a women have regular generate income, she has a resource and she can make decision on the asset

Desired number of children: a women wish to have number of biological children on her reproductive age time.

According to EDH 2016 survey the TFR of Addis Ababa is 1.8. which is approximately 2 children per women. If this is considered a low number of children which can be

considered low desire number of children, on other hand a heigh will be more than 2 children and consider as high fertility intention. Therefore, the desired number of children categorized as a low desired number of children is less than or equal to 2 and a high desired number of children is equal to more than 2 children.

Value of children: This is a combination of different variables. The variables were partners perceived on the size of their family, belief on children can contribute to the overall well-being and support in their family, belief on children can strengthen the family bond. Therefore, those respondents perceived their family size were first priority, those who believe children can support their family at older stage and can strengthen their family bond considered that they have a value on their children.

3.7. Data collectors and quality assurance

Each health facility had one enumerator and in total four data collectors were recruited. Apart from the data collectors one supervisor was assigned. Two-day training was provided for enumerators. All the data collectors were nurses and/or mid-wife that had knowledge of public health. On the first date, the detailed questionnaire to understand and common understanding among the enumerator, techniques that enable them to have less subjective response and the next day a pilot test was conducted. The pilot test was conducted out of the sample area. The pilot test was more than 5% of the total sample size. The interviewed people were gathered from other health facilities which are near to targeted health facilities.

Data was gathered through Kobo data collection tool. Kobo data collection tool is a digitalized data collection tool that has many futures to keep high data quality. Therefore, every validation, and consistency was done on the kobo toolbox. The supervisor's task was to keep the data quality through monitoring every day and evaluating their data day by day and provide feedback to them.

3.6.7. Reliability and validity of the Research

A reliability test was performed to ensure the data consistency. The reliability test was performed by categorizing the variables according to the conceptual framework, and Cronbach's alpha is a critical instrument for determining internal consistency and

analyzing the dependability of variables. Based on the Cronbach's alpha test about greater than or equal to $P \geq 0.70$ significance then it is acceptable range or below 0.70 it will be in the rejected range. Variables that content of negative question was revert the variables were made and thus included in the test. Therefore, on the test the following output was shown.

Table 3: Reliability test result of the study

Category	Test Result	Decision
Socio-Economic	0.747	Acceptable
Personal Belief	0.701	Acceptable
Social	0.702	Acceptable
Overall Reliability	0.716	Acceptable

Regarding the validity the result shows that p-value of 0.048 is considered valid data since the value is less than p. Value of less than 0.05.

3.7. Data management and analysis

Data cleaning was done before analysis. Data was cleaned through summarizing and quality assurance techniques like completeness, validity, reliability and missing values and outliers, analysis. The cleaning process was done through SPSS v18 tool.

After the cleaning process the data analysis was done using the software called SPSS v18. The analysis was done summarizing, bivariate, logistic, and multiple regression.

A summary analysis was done for the indicators of Socio-demographic, socio-economic and other factors variables.

Comparative of between women's economic empowered and non-empowered in economic was done using the independent t-value analysis. Binary regression and binary logistic regression were done for dependent and independent variables to predict the variables. The dependent variables are fertility intention with binomial data. Which consist of low and heigh. Independent variables are the social-demographic, economic, social norms, and personal beliefs.

The data model was
$$\text{Ln}(p/q) = \frac{\exp(\beta + \beta_1 x_1 + \beta_2 x_2 \dots)}{1 + \exp(\beta + \beta_1 x_1 + \beta_2 x_2 \dots)}$$

Where (p/q) consider as y dependent variable which is fertility intention that have No and Yes category.

Factors such as socio-economic, socio-demographic, personal belief, and social norms were considered as x_1 , x_2 , x_3 factors.

3.8. Ethical Consideration

This study was conducted in line with relevant ethical considerations. Primarily the gathering of any data in the study is preceded by the act of informing each of the potential participants about the study and its purpose. Consent was gathered from the participants during interviews time. Ethical clearance was also taken from the Addis Ababa University specific from center of population study by the ethical review committee.

About confidentiality of the data, during the interview time the data was synchronized in cloud so that only principal investigator will see the total response. Names, address, and other confidential information were not collected. In this regard, the researcher first described the objectives and purposes of the research to potential interviewees in clear and unambiguous language. In general, the Don't harm principles were applied.

- **Right to KNOW what the purpose of the study:** The importance of confidentiality and protecting the identity of all participants was emphasized during the training of data collection team members. Data collectors were explaining what topics were covered, what benefits to expect, what risks are involved and receive informed verbal consent at the beginning of the interview.

A formal letter from Addis Ababa university was obtained. The local authorities were informed about the study objectives through a letter written to the study area to enhance cooperation.

- **Right to freely CHOOSE whether to participate:** The participation in the study is only on voluntary basis and participants have the right to stop interviews at any time or to say they do not want to answer any question.
- **Right to PRIVACY:** No names or other personal identifying information was recorded in the questionnaires and data collectors discussed respondents' answers

with others. All information gained during the study was kept strictly confidential and was not shared with the third party.

- **Right to have NO HARM done to them:** The study was not caused any emotional, physical, or economic harm to those who choose to participate.

Chapter Four: Result and Discussion

4.1.Result

4.1.1. Demographic characteristics of Respondents

The number of questionnaires administered in this research was 605 which is 100% from the estimated sample. The average age of respondent was 32 and maximum of 44 and minimum was 25. On their marital status 91.7% (n=555) of them were married, 6.8%(n=41) of them were divorced, 1.2%(n=7) of them were single and 0.3%(n=2) of them were separated. Of those married, divorced and/or separated 71.1%(n=419) were married at the age of 23-27, next 21.3%(n=129) of them were married at the age of 28-32. About 55.5%(n=336) of them were orthodox religion, 23.6%(n=143) of them respondent religion was Muslim and 20.8%(n=126) of the 20.8%(n=126) of them were Protestant. The average number of children they had was 1.83 which is round 2 and a maximum of 6 children.

Table 4: Demographic characteristics of study participants

Variable	Category	Freq	%
Age Respondent	15-19	0	0.0%
	20-24	0	0.0%
	25-29	201	33.2%
	30-34	219	36.2%
	35-39	158	26.1%
	40-44	27	4.5%
	45-49	0	0.0%
	Total		598
Marital Status	Singel	7	1.2%
	Married	555	91.7%
	Divorced	41	6.8%
	Separated	2	0.3%
	Total		605
Religion	Orthodox Christians	336	55.5%

	Muslim	143	23.6%
	Protestant	126	20.8%
	Total	605	100%
Age at first marriage	18-22	32	5.4%
	23-27	419	70.1%
	28-32	129	21.6%
	33-37	18	3.0%
Total		598	

4.1.2. Socio -Economic character of the respondent

Respondent educational status was shown that 56.9% (n=344) of the respondent were completed university, 39.2%(n=237) of them were high school graduates, 1.3%(n=8) of them were basic education, 1.2% (n= 7) were vocational school and 1.2%(n=7) of them were not taken basic education. In terms of economic situation of the respondent, 50.1%(n=303) of them were involved in income generating activities and 49.9%(n=302) of them were not involved in income generating activities. Of those who generate income by themselves 94.1%(n=285) of them regularly generate income but 5.9%(n=18) of them the income is not regularly generated. Among whom generate income there is potential of maximum of 67 thousand per month and a minimum of 3,500 birr. In average they generate 12,627 birrs.

In relation to employment status 43%(n=260) of them were employed during the study period they were employed by the gov't, private or NGO's and the rest of 57%(n=345) of them were not employed. In addition, the study wants to find out that they have asset that they own during the interview period and founds out that 19.5%(n=118) of them had house, 20.5%(n=124) of them had vehicle, and 52.1%(n=315) of them had not have no asset that is registered by them. About 91.7%(n=555) of them were able to decide on their own to sale or purchase their properties.

Table 5: Socio-Economic characteristics of the studied participants

Variable	Category	Frequency	Percentage
Education	No basic education	7	1.2%
	Basic education	8	1.3%
	Primary school	2	0.3%
	High school	237	39.2%
	Vocational school	7	1.2%
	University	344	56.9%
Total		605	100.0%
Income generated	No	302	49.9%
	Yes	303	50.1%
Total		605	100%
Regularly income generated	No	18	5.9%
	Yes	285	94.1%
Total		303	100%
Currently Employed	No	345	57%
	Yes	260	43%
Total			100%
Registered asset	House	118	19.5%
	Vehicle	124	20.5%
	Nothing	363	52.1%
Total		605	100%

As per the operational definition to say a woman economical empowered she must generate income, the income should be regular, and she must decide on here properties. Based on the definition 43.6%(n=264) of them were considered as economical empowered women and 56.4%(n=341) of them were not considered as economical empowered women.

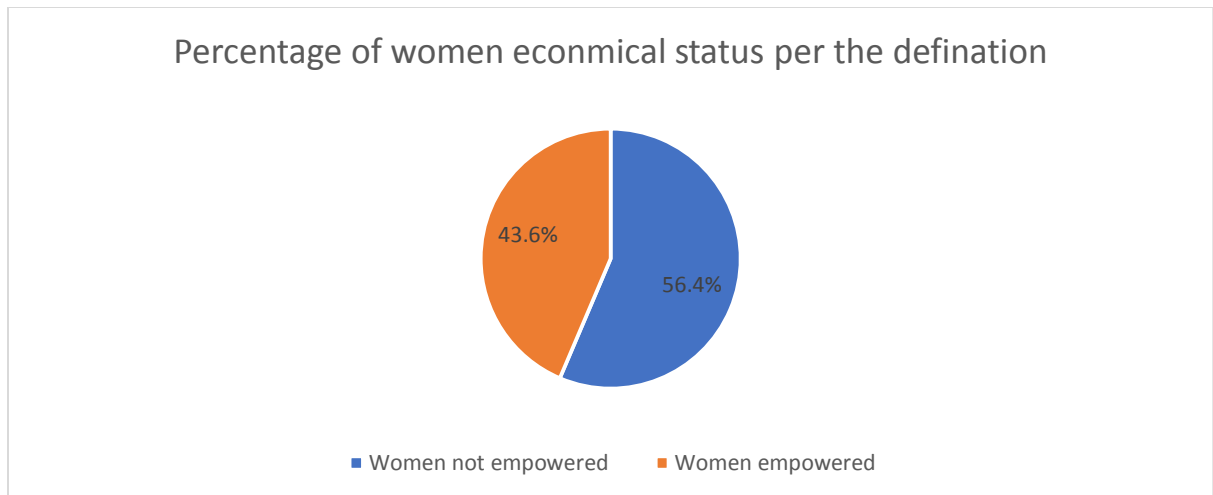


Figure 3: Economical status of the respondent as per the definition.

4.1.3. Fertility intention

According to the study's operational definition, if a woman intends to have biological children in the future, she has fertility intention; hence, 75.7% (n=458) of them had fertility intention, while 24.3% (n=147) did not. Meanwhile, 100%(n=458) of people with fertility intentions do not have the number of children they wish to have in their reproductive period. Moreover, those women who economical not empower 56.5%(n=259) of them have fertility intention and those economical empowered were 43.4%(n=199) of them had fertility intention.

The study considers that if a woman has less than or equal to 2 children considered that she has a low fertility intention and if she have more than 2 children then she have a high fertility intention. Based on the operational definition during the survey period women 62.9%(n=163) of them were low desired number of children and 37.1%(n=96) of them were high desired number children among women not economical empowered.

Among women economical empowered 20%(n=40) of them have more than 2 children to have which is high desire number of children and 80%(n=159) of them were wished to have less than or equal to 2 children which is low desired number. There is a different between women economic empowered and not empowered in relation to have higher

desired number of children t-value (37.1% Vs 20% p-value =0.0001), thus a smaller number of women economical empowered had low intention to have more than 2 number of children than those economical empowered.

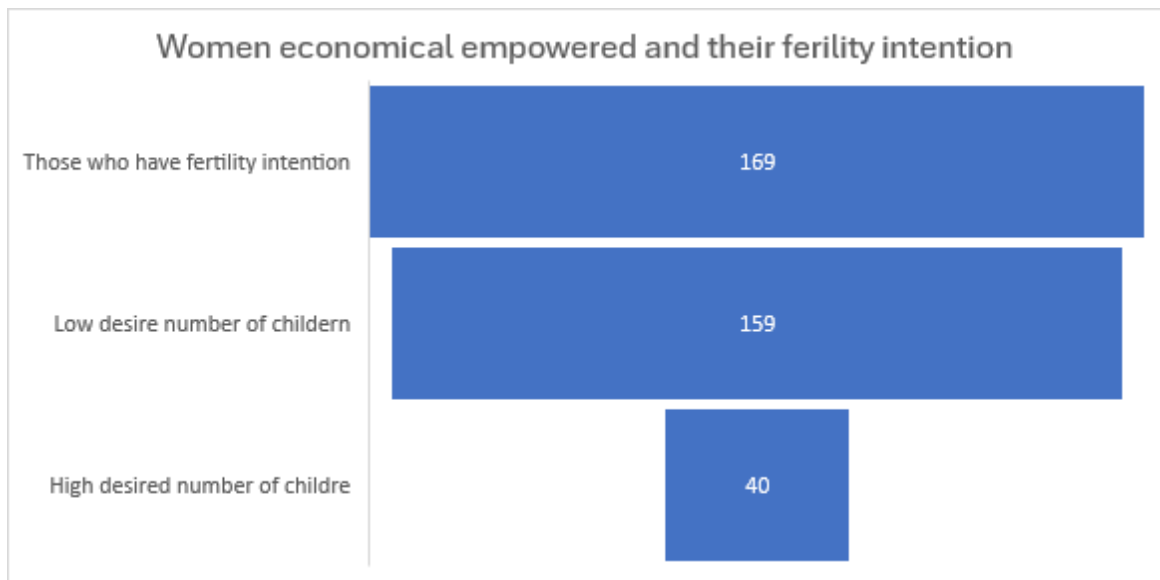


Figure 4: Number of women economical empowered and their fertility intention in the study area.

4.1.4. Person belief against desired number of children

The study participants provide a reason why they don't like to have more than 2 children, and it was 9.7%(n=25), 1%(n=2) it is hard to carry the children in women economical empowered and not economical empowered respectively. There is a difference with the two proportion between the women economic empowerment and not empowered (9.7% Vs 1% p-value= 0.0001). Those women economical empowered was mentioned as a reason hard to carry the children than economic empowerment.

Another reason 19.3%(n=50) women not economic empowerment group and 9%(n=18) in economical empowered group said the cost of children is too high. The t-test result shows (19.3 % Vs 9% p-value =0.0022). This indicates that not economic empowered has great portion to say the cost of children is too high compared to economical empowered.

About 0.04%(n=1) of them were said my husband doesn't like to have many children in those economically not empowered women and 3.5%(n=7) of them were from economical empowered group. Those in economically empowered, their husband doesn't like to have as many children as economically empowered (0.04 % Vs 3.5% p-value =0.0112) compared to not economically empowered.

Women economical empowered 9.5%(n=19) they don't like to have many children, and 1.5%(n=4) of them were also said among not economical empowered women. Those economical empowered has a greater proportion of compared to not economical empowered not to like many children (9.5% Vs 1.5%, p-value=0.0001)

As a reason 3.5%(n=9) of them had said having a minimum children could give us opportunity to have sufficient economy in not economical empowered women, and 6%(n=12) from the economical empowered. With this reason there is no difference between the two groups (3.5% Vs 6% p-value=0.119). The other reason they mention 0.08%(n=2) having a minimum children considered as a modern civilized person in not economical empowered women and 3.5%(n=7) from the economical empowered group. Comparing both groups (0.08% Vs 3.5% p-value= 0.035) which economical empowered women has said having minimum children considered as a modern compared to not economical empowered.

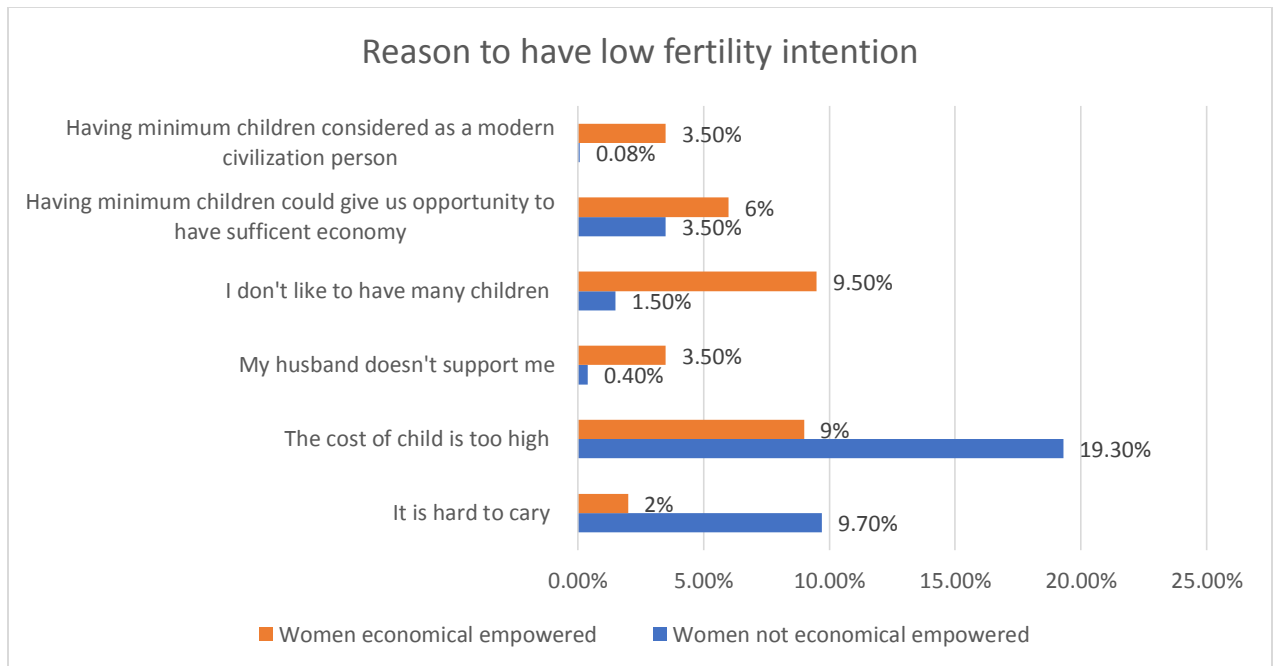


Figure 5: Participants reason to have low fertility intention on both groups.

Beside the women low fertility intention, there are also four reasons that are mentioned by the study participants to have high fertility intention, 33% (n=141) of them said I wish to have a diverse gender, 27% (n=116) of them said without any reason they need high fertility intention, 13% (n=57) of them said they wish to have large family since they have been from the large family, 51% (n=219) of them they were a part of large family and they want to sustain large family.

The study revealed that specific preference on time to have children among non-empowered women it was found that 37.4% (n=64) of them have high desired number of children they wish to have, and they have specific preference time to have a child which is within 5 to 10 years period. While 62.6% (n=107) of non-empowered women have low desired number of children and have specific preference time to have children which within 2-5 years of period.

Among those who have economical empowered women 24.8% (n=40) of them have high desired number of children they wish to have, and they prefer to have children within 5 to 10 years of time whereas, 75.2% (n=121) of them had fertility intention and specific preference to have children within 2-5 years of period. The rest of study participants don't have specific preference time to have children in both groups.

Regarding foresees to fulfill their desired number of children the study shows that among the non-empowered women with high desire number of children 19.4%(n=21) of them were responded they would get their desired number of children successful, and it is bright full for them, which means they don't worry for having they desired number of children. About 52.8%(n=66) with the little challenge they will get their high desired number of children. On other hand, on non-economic empowered and low fertility intention 80.6%(n=229) of them were get their desired number of children with successful in low desired number of children, whereas 47.2%(n=59) of them with low desired number of children, with a little challenge. In addition, 34.6%(n=9) and 65.4%(n=17) them where it is unlikely to see their desired number of children either low desired number of children or higher desired number of children.

In relation to women economic empowered group on those that desired higher number of children 10.8%(n=8) then they would ger their wish with successful, whereas 89.2%(n=66) with low desired number of children they would get successfully. Although, 25.8%(n=25) of them with little challenge would get their higher desired number of children and 74.2%(n=72) of them with little challenges they would get their low desired number of children.

Meanwhile, fertility intention of their spouse was also assessed and among women not economical empowered 84.4% (n=256) of them wish to have a child apart from what they have now. Whereas 15.4%(n=40) of them don't wish to have any children except what they had now. On the women economical empowered 90.7%(n=176) of then they wish to have a child and 9.3%(n=18) of them they don't like to have a child beside what they have now.

Comparing their proportion among women economical empower and wish to have a child against women not economical empower, there is a difference among the two groups women economical empowered had more eager to have a child than non-economical empowered (84.4% Vs 90.7% p. Value= 0.0466).

4.1.5. Perception on value of children among the two groups

The study asks about where does the size of their family ranks among other life priorities on both groups and found that women not economical empowered responded that 32.8%(n=85) of them confirmed to have a children is their highest priority, 50.6%(n=131) of them on the middle level priority, 16.6%(n=43) of them on the have low-level priority to have a child. At the same time those economically empowered 46.7%(n=93) highest level priority to have a child, 35.2%(n=70) of them middle level priority, and 18.1%(n=26) on the lowest level priority to have a child. On the highest priority women not economical empower have gave less attention on the size of their family comparing to women economical empowered (32.8% Vs 46.7% P-value 0.0012).

The study shows that 72.2%(n=187) of women not economical empowered believed that children can contribute to the overall well-being and support in old age while, 27.8%(n=72) of them they didn't believe the children could contribute at the old stage of the family. Meanwhile, 79%(n=159) of women economical empowered one was also believed on the contribution of children at the old stage and 20.1%(n=40) of then where doesn't believe.

Furthermore, women not economical empowered 36.3%(n=94) and 41.3(n=107) of them said children can strengthening the family bond very strongly and strongly respectively. About 18.5% (n=48) somewhat can strengthen the family bond and 3.9% (n=10) of them were said children could not have a strong value on strengthen the family bond. On other hand 32.2%(n=64) and 47.7%(n=95) women economical empowered said very strongly and strongly respectively. The rest 11.1%(n=22) and 9%(n=18) somewhat strong and not strong. There is no difference between the two groups in terms of the perception of children can strengthen the family bond.

The study investigated economic factors influence their views on the desired on the value of children and found that women not economical empowered 45.9%(n=119) of them perceived that having economical empowered make them to have desired number of children which could be high fertility intention 33.6%(n=87) of having economical unempowered make them to have minimum children which means low fertility intention

and 20.5%(n=53) economical unempowered make them to have many children which consider high fertility intention.

On those economical empowered women responded that 35.7%(n=71) of them perceived that being economical empowered make them to have their desired number of children and 33.7%(n=67) of them being economical unempowered make them to have minimum children and 30.7%(n=61) of them being economic unempowered make them to have many children.

When comparing their perception of economical influence against their desired number of children on those women economical empowered have greater proportion against that does not empowered women (45.9% Vs 35.7 p-value= 0.0271) to believe that being economically empowered could have a probability to have their desired number of children.

Table 6: Measuring perception of value of children on specific variables on both groups.

Variables	Response	Women not economical empowered		Women economical empowered	
		Freq	%	Frq	%
the size of your family rank among other life priorities	High priority	85	32.8	93	46.7
	Middle priority	131	50.6	70	35.2
	Low priority	43	16.6	36	18.1
Do you believe that having children contributes to the overall well-being and support in old age	Yes	187	72.2	159	79.9
	No	72	27.8	40	20.1
How do you perceive the	Very Strongly	94	36.3	64	32.2

role of children in strengthening family bonds					
	Strongly	107	41.3	95	47.7
	Somewhat strongly	48	18.5	22	11.1
	Not strongly	10	3.9	18	9.0
How did economic factors influence your views on the value of children	Having economic empowered make me to have desired number of children	119	45.9	71	35.7
	Having economic unempowered make me to have minimum children	87	33.6	67	33.7
	Having unempowered make me to have many children	53	20.5	61	30.7

4.1.6. Gender and Social perception on fertility intention

Of those economical empowered 65.8%(n=131) of them believe that it is a primary responsibility of a women to decide the number of children a couple and 34.2%(n=68) of them they don't believe that it is not a primary responsibility of women to decide the number of children. Among women not economical empowered 74.9%(n=194) of them were think it is primarily responsibility of a women to decide how many children a couple should have and 25.1%(n=65) of them were not believe that women were not the primary responsibility to decide.

There is a difference between the two groups in the perception of responsibility to decide the number of children a couple should have. Comparing their proportion through independent t-test for proportion women economical empowered are more believed on a women responsibility to decide the number of children they wish to have the couples than those not economical empowered (74.9%, 65.8% p-value 0.017).

Moreover, women not economic empowerment 66.8%(n=173) of them perceived that it is acceptable for women to express a preference for having fewer children than their partner desires at the same time women economic empowerment 91.5%(n=182) of also have the same thinking. On other hand 33.2%(n=86) and 8.5%(n=17) of doesn't think about it is acceptable for women to express a preference for having fewer children than their partner desires on women not economic empowerment and economic empowered respectively.

In addition, women not economical empowered 65.6%(n=170) of them perceived a couples share equal responsibility for family planning decisions including the number of children to have and 62.8%(n=125) of them were also from the women economical empowered. However, 34.4(n=89) and 37.2%(n=74) of them study participants a couples not to share equal responsibility for family planning decisions including the number of children to have.

Regarding to the social influence the study revealed that those women not economical empowered 75.3%(n=195) of them a communities perceived that the ideal number of children that a couple should have more than 2 children and 64.3%(n=128) of them have the same thing with the group of women economical empowered. On contrast 24.7%(n=64) and 35.7%(n=71) communities perceived that a couples could have less than or equal to 2 children's women not economical empowered and economical empowered respectively.

About 68.3%(n=177) of women not economical empowered said that the social perceived that having many children is valued and admired in our society and this is the same is true for 58.8%(n=117) of them among the women economical empowered. In the meantime, 31.7%(n=82) and 41.2%(n=82) of them believed that having many children is not valued and admired their society among the women not economical empowered and empowered respectively.

Comparing their proportion on the society view against number of children, women not economical empowered has more thinks about the society believed having many children is valued and admired in our society than economical empowered (68.3%, 58.3% p-value 0.034).

Table 7: Comparing the Gender attitude on fertility intention among the two groups.

Variable	Response	Women not empowered		Women empowered	
		Frq	%	Frq	%
Do you think it is primarily the woman's responsibility to decide how many children a couple should have	No	65	25.1	68	34.2
	Yes	194	74.9	131	65.8
you think it is acceptable for women to express a preference for having fewer children than their partner desires	No	86	33.2	17	8.5
	Yes	173	66.8	182	91.5
Should couples share equal responsibility for family planning decisions, including the number of children to have	No	89	34.4	74	37.2
	Yes	170	65.6	125	62.8

Table 8: Continued from Table 7 Comparing the Gender attitude on fertility intention among the two groups

Variable	Response	Women not empowered		Women empowered	
		Frq	%	Frq	%
In your community, what is the ideal number of children that a couple should have	Less than or equal to 2	64	24.7	71	35.7
	Higher than two	195	75.3	128	64.3
Do you think that having many children is valued and admired in our society	No	82	31.7	82	41.2
	Yes	177	68.3	117	58.8

4.1.7. Factors associated with desired number of children among the two groups.

The study finds out that age at marriage has a positive relationship with the fertility intention in both groups. The relationship is interpreted that age at marriage increases then fertility intention also increases. Those women married at the age group of 28-37 has at least 4.2 times fertility intention than in the age group of 18-27 years married women among women not economical empowered (p-value= 0.000) (COR 95%CI: 4.2: 2.4-7.4). At the same time on those women economical empowered women married at the age of 28-37 has 5.5 times fertility intention than in the age group of 18-27 year of married women's (p-value= 0.000) (COR 95%CI: 5.5: 2.5-12.2).

Religion doesn't have a relation with on those women economic empowered. However, religion has a positive relationship on fertility intention with women not economic empowered. Being Muslim 4.3 more likely to have fertility intention than Orthodox among not economical empowered women (p-value=0.000) (COR:95% CI: 4.3: 2.3-8.0) and 2.3 more likely to have fertility intention than Orthodox in economical empowered women (p-value=0.047) (COR: 95% CI: 2.3: 1.0 - 5.3).

On women economical empowered being employed has a negative relationship with fertility intention which is being an employed lead to less fertility intention. Among women economical empowered and those employed 94% time more likely to have less fertility intention on those who doesn't have an employed woman (p-value=0.000) (COR 95% CI: 0.06 0.02-0.23). In case of women not economical empowered doesn't have any relationship with fertility intention.

The study revealed that there is a positive relationship on predict of their future to have their desired number of children and fertility intention on both women economical and not economical empowered. Women's that have economical empowered who say I will get desired number of children with little challenge have 2.8 more likely to have high

fertility intention against who say a women get their desired number of children with bright full (p-value= 0.017) (COR- 95%CI 2.8 1.2-6.7).

At the same time those not economically empowered women 4.6 more likely to have their desired number of children with little challenges among those who envision without with a high bright full (p-value= 0.000) (COR 95% CI: 4.6: 2.5-8.3).

Spouse of a women that are engaged with economic empowerment has a negative relationship with fertility intention. On those economical empowered women their spouse has a high fertility intention 73% more likely to have low fertility intention than those women economical empowered and their spouse were low fertility intention (p-value =0.0013) (COR 95%CI: 0.27: 0.1- 0.75).

Giving priority to family size has a negative relationship with fertility intention. Those who give middle level priority for the size of the family 15% of them more likely to have desired number of children compared to the highest-level priority against not economical empowered women (p-value =0.000) (COR 95% CI: 0.15: 0.08-0.3) and yet 26% more likely among economical empowered women's (p-value =0.002) (COR 95% CI: 0.26 0.1-0.60).

Regarding gender attitude both economical empowered women and not empowered women have a positive relationship on woman that have believes women should take responsibility to decide how many children a couple should have. Empowered women that believe women is primary responsibility to decide how many children a couple should have 2.9 times more like for fertility intention than for those who doesn't believes (p-value=0.016) (COR 95% CI: 2.9: 1.2-7.04). Moreover, those not economical empowered and believe women are primary responsible to decided children size 2.6 time more like for fertility intention than those doesn't attitude (p-value =0.003) (COR 95% CI: 2.6: 1.3-5.1).

The social perspective on ideal number of children should a couple have, on women economical group the perception has a negative association with the fertility intention. Women economical empowered perceived that 71% of more likely to perceive the society to have a couples should have less than 2 children than more than 2 children (p-value

0.000) (COR 95%CI: 0.71: 0.02-2.67). Those not economically empowered have a positive association and they perceived that 3.3 times more like a society wish a couple to have more than 2 children than less than 2 children (p-value 0.001) (COR 95%CI: 3.3 1.6-6.5).

Table 9: Comparison of Cured odd ration among the two groups using binary logistic regression.

		Women not economical empowered				Women economical empowered			
Variable	Response	β	COR (95%CI)		P-value	β	COR (95%CI)		P-value
Age at marriage	18-27		1			1			
	28-37	1.45	4.2	(2.4-7.4)	0.000***	1.70	5.5 (2.5-12.2)		0.000** *
Religion	Orthodox		1						
	Muslim	1.46	4.3	(2.3-8.0)	0.000***	0.84	2.3 (1.0 - 5.3)		0.047
	Protestant	1.2	3.3	(1.6-6.8)	0.001***	0.09	1.1 (0.4 - 2.6)		0.836
Employment	No		1						
	Yes	-0.17	0.84	(0.2-3.4)	0.81	-2.60	0.06	(0.02-0.23)	0.000** *

p. Value <0.05*, 0.025**, 0.001***

Table 10: Continued from table 9, comparison of Cured odd ration among the two groups using binary logistic regression.

Variable	Response	Women not economical empowered			Women economical empowered		
		β	COR (95%CI)	P-value	β	COR (95%CI)	P-value
How did you envision to full your desired number of children	With bright full		1			1	
	With little challenge	1.50	4.6(2.5-8.3)	0.000***	1.1	2.8 (1.2-6.7)	0.017**
	Unlikely to get desired number of children	0.78	2.2 (0.8-5.6)	0.100	1.0	2.7 (0.9-8.4)	0.079
Spouse fertility intention	No		1			1	
	Yes	0.25	1.2 (0.63-2.6)	0.47	-1.2	0.27 (0.1-0.75)	0.013*
the size of your family rank among other life priorities	Highest priority		1			1	
	Middle priority	-1.80	0.15(0.08-0.3)	0.000***	-1.3	0.26 (0.1-0.60)	0.002**
	Low priority	-1.8	0.43 (0.07-0.4)	0.000***	-2.8	0.06 (0.07-0.44)	0.006**
How did economic factors influence your views on the value of children?	Economical empowered make me to have desired number of children		1			1	
	Economic unempowered make me to have minimum children	-1.68	0.18(0.08-0.390)	0.000***	-3.3	0.036(0.05-0.27)	0.001** *
	Economic unempowered make me to have many children	1.19	3.3(1.6-6.5)	0.001***	-0.03	0.99(0.47-2.1)	0.993

Table 11: continued from table 9, comparison of Cured odd ration among the two groups using binary logistic regression.

Variable	Response	Women not economical empowered			Women economical empowered		
		β	COR (95%CI)	P-value	β	COR (95%CI)	P-value
Responsibility to decide how many children a couple should have	No		1			1	
	Yes	0.98	2.6 (1.3-5.1)	0.003**	1.07	2.9 (1.2-7.04)	0.016**
In your community, what is the ideal number of children that a couple should have?	Less than or equal to 2		1			1	
	More than two	1.18	3.3 (1.6-6.5)	0.001***	-0.26	0.71(0.02-2.67)	0.000** *

The study also conducted multiple regression for both groups and discovered the following results after accounting for the multicollinearity impact. According to the adjusted odd ratio, women married between the ages of 28 and 37 have at least 8.6 times the fertility intention of married women between the ages of 18 and 27 who are not economically empowered (p-value = 0.004) (AOR 95% CI: 8.6: 1.9-37.8). At the same time, economically empowered women who marry between the ages of 28 and 37 have 7.1 times the fertility intention of married women aged 18 to 27 (p-value= 0.022) (AOR 95%CI: 7.1: 1.3-38.1).

Among women economical empowered and employed women have 5% time more likely to have high fertility intention than not employed woman (p-value=0.002) (AOR 95% CI: 0.05: 0.08-0.3). Those who give middle level priority for the size of the family 19% of

them more likely to have high fertility intention compared to the highest-level priority among not economical empowered women (p-value =0.000) (AOD 95% CI: 0.19 0.01-0.07).

In terms of in view of value of children those who think having economic unempowered make them to have minimum children 0.03% chance to have high fertility intention among those who think having economic empowered make them to have desired number of children in the women reproductive span (p-value= 0.000) (AOD 95% CI: 0.003: 0.0-0.02) among women not economical empowered. On women economical empowered having economic empowerment make them 10% of less chance to have high fertility among those who think having economic empowered make me to have desired number of children (p-value=0.000) (AOD 95% CI: 0.01: 0.01-0.1).

In terms of the social perspective on ideal number of children should a couple, among women economical empowered 4.1time more likely a society perceived to wish a couple to have more than 2 children compared to those wish less than 2 children (AOD 95%CI: 4.1: 0.5-30.2). Those who were not economical empowered 47 times more likely to say the society can perceived a couples should be more than 2 children than those less than 2 children (p-value 0.001) (AOD 95%CI: 47.0: 6.7-32.6).

Table 12: Comparison of Adjusted odd ration among the two groups using multiple regression.

Variable	Response	Women not economical empowered			Women economical empowered		
		β	AOR (95%CI)	P-value	β	AOR (95%CI)	P-value
Age at marriage	18-27		1			1	
	28-37	2.15	8.6 (1.9-37.8)	0.004**	1.96	7.1 (1.3-38.1)	0.022*
Religion	Orthodox		1			1	
	Muslim	0.04	1.04 (0.32-3.3)	0.945	1.3	3.8(0.75-19.4)	0.105
	Protestant	0.59	1.8 (0.48-6.7)	0.373	-1.3	0.26 (0.05-1.3)	0.115
Employment	No		1			1	
	Yes	-0.16	0.84 (0.09-7.31)	0.849	-2.9	0.05 (0.08-0.3)	0.002**
Spouse fertility intention	No		1			1	
	Yes	1.36	3.7 (0.99-13.9)	0.051	-0.6	0.57 (0.05-5.2)	0.577

Table 13: Continued from table 12, comparison of Adjusted odd ration among the two groups using multiple regression.

Variable	Response	Women not economical empowered			Women economical empowered		
		β	AOR (95%CI)	P-value	β	AOR (95%CI)	P-value
the size of your family rank among other life priorities	Highest priority		1			1	
	Middle priority	0.71	0.19 (0.01-0.07)	0.000***	-1.0	0.35 (0.06-1.9)	0.227
	Low priority	0.78	0.22(0.04-1.05)	0.580	-2.9	0.05 (0.04-0.7)	0.028*
How did economic factors influence your views on the value of children?	Having economic empowered make me to have desired number of children		1			1	
	Having economic unempowered make me to have minimum children	-5.7	0.003(0.0-0.02)	0.000**	-4.4	0.01(0.01-0.1)	0.000** *
	Having economic unempowered make me to have many children	-1.6	0.19 (0.03-1.0)	0.050*	-0.07	0.93 (0.31-2.8)	0.93
A woman's responsibility to decide how many children a couple should have	No		1			1	
	Yes	2.8	16.2 (2.9-90.4)	0.001***	1.1	3.2 (0.7-14.2)	0.124
In your community, what is the ideal number of children that a couple should have?	Less than or equal to 2		1			1	
	More than two	3.8	47.0 (6.7-32.6)	0.000***	1.41	4.1 (0.5-30.2)	0.16

4.2. Discussion

Based on the results economical empowered women have a barrier to have a high fertility intention. The mentioned barriers were, it is hard to carry a child, a belief on having a minimum children consider as a civilized person and the influence of husband to have the desired number of children. The mentioned reason also occurred in the developed country which considered as civilized person the fertility rate is low, and one of the reasons mentioned was the cost of carry a child is increasing from time to time and perception on children value (Golini, n.d., 2010).

The results indicate that women who live in urban areas are more likely to be exposed for civilization and economic empowerment, which may be a contributing factor to Addis Ababa's for low fertility intention. For a variety of reasons, including job progress, financial concerns, and lifestyle preferences, women may decide to have fewer children as they become more economically independent, educated, and have access to more possibilities (Upadhyay et al., 2014).

The prevalence of fertility intention was recorded 75.7% (95%CI: 72.1, 78.9). Comparing this study against one of the studies conducted in Mekelle is shows 63.3% (95%CI:62.2 ,64.8%) which is shows in Addis Ababa has high fertility intention compared to Mekelle (Tsegaye Negash, 2023). However, Addis Ababa have below replacement fertility intention this might be the cause of women economical empowered in Addis Ababa through education, decision making on the generated income. This might have a positive effect on women empowerment as well as economic growth since women has a vital role in economic growth of the household as well as country level.

Age at marriage has meaningful impact on fertility intention on both economically empowered and not empowered women. If a women age at marriage near to her menopause, then there will be high intention to have child. This is also confirmed with the study done in Mekelle (Tsegaye Negash, 2023). The odd of fertility desire was higher among women of age 20-34 years (AOR 95%CI: 2.5: 1.5,4.0) and women of age 35-49 years (AOR 95%CI:12.2,45.4).

Employment also has an association with fertility intention, those who have employed had less fertility intention than those who were not employed. This could be when the perception of a women on once they gave birth, they might disconnect from employment due to caring their children. Other study done commercial farm employment and fertility in Ethiopia shows that for the negative association between working for pay in the farms and fertility intention (Desta, 2022). In fact, it is also in line with wealth flow theory of Caldwell, when income increase fertility intention is decreased.

In terms of the value of children, economically unempowered women affect them to have fewer children, this mentioned in both economical and not economical empowered women. Therefore, economics has a role on fertility intention. The moment on changing women economy has an impact for low fertility intention. This also confirmed in a study done in Nigeria effectively empower adolescent girls has an associated to respect young women's rights to control their own sexuality (Odotolu et al., 2003).

Regarding gender attitude women that have an attitude on the responsibility of having a child on couple decision. Most of the respondent perceived that it is a primary responsibility of a women to decide how many children a couple should. This indicated that most women have some knowledge on women reproductive right.

Despite the knowledge of women reproductive right the social perspective emphasizes a couples to have more than 2 children. In Addis Ababa culture and society perspective are more acknowledgeable with the society hence, this could pressure a women fertility intention specifically for old age women's, their expectation that having a child and to have more child (Ajzen & Klobas, 2013).

Chapter Five: Conclusion and Recommendation

5.1. Conclusion

Economically empowered women face barriers to high fertility intention due to mothers' lack of intention to carry a child and the perception that having a minimum number is more civilized. This indicated that women economical empowered have a contribution on low fertility occurred in Addis Ababa`.

Despite there are a lot of individuals that are wish to high fertility intention on both economical empowered and not economical empowered women, the study finds out that there is a low fertility intention among women economical empowered compared to the none empowered. Hence, women economic empowerment is key to reduce fertility rate. Increasing women engagement on income generating activities could be useful to reduce fertility rate. In the meantime, employment is linked to fertility intention which is being employed has an advantage to reduce fertility rate.

Giving high priority attention to family size is related to fertility intention. Those economically empowered women give low attention to family size compared non economical empowered women. the attitude of women economical empowered shows low to have more than 2 children this could show us due the engagement in the process of generating economy their intention leads to low.

Age at marriage also impacts fertility intention, with women nearing menopause having a higher intention to have children than those who have far from the menopause in both economical and not economical empowered women.

There is a positive attitude on children value for the family on both women economical empowered and not empowered women. In relation to gender attitude have a good perspective view on both groups. This means women has a right to decide on here reproductive right were recognized in both groups.

However, in relation to social perspective on the desire number of children the society has a perspective of a women should have more than two children. If this assumption progress through unwritten rules and regulation it could affect women's that are

economical empowered on their future of having through peer and psychologically pressure.

Generally, women economical empowered has an impact on reducing fertility. There are a lot of contributing factors that tend to be less fertility intention like age at first marriage, employment status and individual thinking on childbearing.

5.2. Recommendation

After considering the research findings and achieved results about the main objective of the study. The following recommendation was made.

- ✓ Since women economic empowerment has a role for low fertility rate in Addis Ababa, enhancing women economic empowerment through engaging income generating activities like creating employment, engaging on different trade and so on, to maintain fertility rate in other part of the country through different stakeholders including concerning government body by considering as exemplar of Addis Ababa.
- ✓ Economic empowerment will have two advantages for country one economic growth and other to balance population thus, strengthen the monitoring system like vital registration to monitor the fertility rate so that on those high fertility rates, working on women economic empowerment could significantly benefits both economy and maintain to reduce population growth.
- ✓ In Addis Ababa there is low fertility intention, if this low fertility intention is not monitored well in the future, it would have its own implication on reducing the population size which can affect shortage of human power, therefore, regular monitoring requires from Addis Ababa vital and event registration.
- ✓ Early marriage contributes to high fertility intention thus ministry of women and children affairs and ministry of labor and social affairs should monitor and evaluate the implementation of marriage policy.
- ✓ The community attitude on number of family a coup could have led to high fertility, through pressuring or psychological. Therefore, organizing awareness on the advantages and disadvantages of population growth in society through different communication channels like broadcasting, social media etc by government or broadcast medias and other stakeholders that are working on society.

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Annex1: List of Health facilities



Annex 1 List of
private hospital and G

Annex 2: Sampling Framework



Annex 2 Sampling
Frame.xlsx

Annex 3: Questionnaire



Final questionnaire
for women's economi