ADDIS ABABA UNIVERSITY
School of Graduate Studies

Determinants of Family Planning Non-Use and Unmet Need in Urban Ethiopia

By
Daniel Sahleyesus

Demographic Training and Research Centre
Institute of Development Research

Approved by Examining Board

Chairman, Department Graduate Committee	Signature
Advisor	Signature
External Examiner	Signature
Internal Examiner	Signature

Dedicated to the memory of my late brother Dereje Sahle-Yesus
(1965 - 1982)

ACKNOWLEDGEMENTS

Throughout the writings of this thesis I have had the benefit of assistance and encouragement from the academic staff, friends, relatives and others. Too numerous to list.

First I would like to extend my sincere gratitude for my thesis advisor, Dr. Assefa Hailemariam for his valuable guidance and supervision from the inception to the completion of this thesis. Apart from his guidance and supervisory role, Dr. Assefa is very helpful and encouraging in all matters directly related to academic affairs or otherwise, for which I am indebted.

I am thankful to the Central Statistical Authority for allowing me to have access to the data used in the study. My thanks goes also to the Ministry of Planning and Economic Development for sponsoring me to take graduate work at Demographic Training and Research centre.

I would like to extend my special thanks to Ato Napoleon Kifle for always being with me in my academic efforts and the editorial assistance he rendered during the writings of the thesis. Ato Sisay Worku of MOPED deserves due thanks for the provision of equipment essential for the project.

I am very grateful to Yared Mekonen, Tekabe Ayalew, Tesfaye Admassie, Hailie Mekonen and Tewoldebirhan Girma for their assistance in data analysis and computer related works. Thanks are extended to my friends Abebe Geletu, Solomon Mamo, Daba Oria, Melaku Eshetu, Dilnesahu Asrat, and Eshetu Gurmu for encouraging and helping me either way throughout my stay in this program.

Special appreciation is due to w/t Tizita Sahle Yesus, Ejigayehu Berhanu, Emebet Zerfu and Welela Berhanu for their kind assistance in typing their share of the manuscript.

Finally I would like to express my deepest gratitude for my sister Amakelech Belayneh and my brother Mesfin SahleYesus for their motivation and considerable financial support throughout my stay at the Graduate School. I am also extremely thankful for the encouragement and concern of my father Ato Sahle-Yesus Telake,my mother w/o Teginesh Belayneh, Seyoum Teffera, Woinshet K/Michael, Menen and Fasil SahleYesus.

TABLE OF CONTENTS

PAGE

Dedication i
Acknowledgement ii
List of tables iv
Abstract vi

CHAPTER I
1.1 Introduction 1
1.2 Background and Justification 4
1.3 Review of Literature 8
1.3.1. Demographic factors 13
1.3.2. Socioeconomic factors 15
1.4 Objectives of the study 18

CHAPTER II MATERIALS AND METHODS
2.1 Research Hypotheses 19
2.2 Operational definition of concepts 19
2.3 Determining the study population 21
2.4 Data 25
2.5 Method of Analysis 26
2.6 Limitations of the study 27

CHAPTER III FINDINGS OF THE STUDY
3.1 Demographic Characteristics 28
3.2 Socio-economic Characteristics 32
3.3 Knowledge and Practice of contraceptives 36
3.3.1 Everuse and Current use of Family planning 37
3.3.2 Current non use of Family planning 39
3.3.3 Intentions to use Family planning in the future among the non users 41
3.3.4 Reasons for not using Family planning among the non users 44
3.4 Unmet need: Estimates and Total Demand. 46
3.4.1 covariates of Unmet need 47
3.4.2 Intentions to use Family planning among those who wanted to limit or space their birth 52
3.4.3 Reasons for not using Family planning although wanted no more children or wanted to space 53

CHAPTER IV DETERMINANTS OF FAMILY PLANNING UNMET NEED AND CONTRACEPTIVE NON USE 55

CHAPTER V CONCLUSION AND RECOMMENDATIONS 63

REFERENCES 73

LIST OF TABLES

PAGE

TABLE 1: Percentage Distribution of Respondents by Age Group, urban Ethiopia, 1990 29

TABLE 2: Distribution of Women by Children Everborn, Average Parity, Children Surviving and Age, Urban Ethiopia, 1990 30

TABLE 3: Percentage Distribution of All and Currently Married Women by Preferred Size of Family, Urban Ethiopia, 1990 31

TABLE 4: Percentage Distribution of Women by Age and Marital Status, Urban Ethiopia, 1990 33

TABLE 5: Percentage Distribution of All and Currently Married Women by Selected Socio-Economic Characteristics, Urban Ethiopia, 1990 . . . 34

TABLE 6: Husband Education and Employment Status 36

TABLE 7: Distribution of All and Currently Married Women by Knowledge and Practice of Contraceptives, Urban Ethiopia, 1990 37

TABLE 8: Distribution of Currently Married Women by User Status and Selected Demographic Variables, Urban Ethiopia, 1990 38

TABLE 9: Distribution of Currently Married Women by User Status and Selected Socio-Economic Variables and Husband Characteristics, Urban Ethiopia, 1990 39

TABLE 10: Distribution of Currently Married Contraceptive Non-users (Never Users) by Future Intention to Use Family Planning and Selected Background Characteristics, Urban Ethiopia, 1990 42

TABLE 11: Main Reasons Not to Use or to Stop Family Planning Method Among Non-users by User Status, Urban Ethiopia, 1990 44

TABLE 12: Unmet Need for Family Planning Among Currently Married Women, in Urban Areas of Selected Sub-Saharan African Countries 46

TABLE 13: Distribution of Currently Married, Fecund Contraceptive Non-users, Desiring No More Children (Limiters) and Wanting to Space the Next Birth (Spacers) by Selected Demographic Variables, Urban Ethiopia, 1990 48

TABLE 14: Distribution of Currently Married, Fecund Contraceptive Non-Users, Desiring No More Children (Limiters) and Wanting to Space the Next Birth (Spacers) by Selected Socio-Economic Variables and Husband Characteristics, Urban Ethiopia,1990 51

TABLE 15: Percentage Distribution of Currently Married Women with Unmet Need by Reasons for not Using a Method, Urban Ethiopia, 1990 . . 54

TABLE 16: Logistic Regression Estimates of Demographic and Socio-economic Variables, on Family Planning Unmet Need, Urban Ethiopia, 1990 61

TABLE 17: Logistic Regression Estimates of Demographic and Socio-economic Variables, on Women's Contraceptive Non-use Urban Ethiopia, 1990 62

ABSTRACT

This study focuses on the socio-economic and demographic determinants of contraceptive non-use in urban Ethiopia using data collected in the 1990 National Family and Fertility Survey conducted by the Central Statistical Authority (CSA). The survey collected information from a total of 2,844 urban resident women of reproductive age.

Both bi-variate and multi-variate statistical techniques were used for data analysis using socio-economic and demographic background variables. The relative importance of the explanatory background variables was examined by using the logistic regression model. Unmet need and contraceptive non-use are treated as dichotomous dependant variables in the model.

The results of the analysis show that over 93 percent of these women know at least one method of family planning, but only 27.3 percent had ever used a method. Among the reasons for the non-use for family planning, side effects and fatalistic attitudes towards family planning play dominant role. Unmet need for family planning stood at 35.5 percent of which 11.5 percent was for spacing purposes while 24 percent was for limiting the number of births. The total demand for family planning in urban Ethiopia in 1990 was 59.7 percent of which only 40 percent was satisfied.

The number of surviving children and ideal family size are found to be the most important determinants of unmet need for family planning in urban Ethiopia. Unmet need for family planning was strongly related with the number of surviving children, while its relationship with place of childhood residence, religion, employment status and contraceptive knowledge was not statistically significant. Nevertheless, it indicates that the relatively less educated, and those with rural origin are the needy ones for family planning services.

The study concludes by suggesting that making concerted effort to motivate people through effective family planning information, education and communication, making family planning services accessible, affordable and safe and integrating family planning services with other development activities will increase the level of contraceptive prevalence rate. It further suggests the need for a more detailed research, anthropological in nature, in order to understand the socio-cultural determinants of unmet need and contraceptive non-use in urban Ethiopia.

CHAPTER I

1.1 INTRODUCTION

World population is increasing from time to time at an unprecedented speed. From day to day it is becoming a global concern as many countries in many parts of the world face the difficulties of sustaining their population.

In most developing countries in general and in Africa in particular, the problem of population growth is acute. In Africa, where the problems of civil strife, famine, and political upheaval are inherent, the problem of population is another burden that needs due attention.

In addition to the above mentioned lists of misery, Africa's economic problem is so tangled that it is not in a position to pace with the already increasing population growth. Nevertheless, in this regard, the major concern is not over population but the gap created between the ever increasing population and the basic needs of the society. Population pressure has made living a costly business. Besides, it has led to dire consequences by depleting natural resources as activities such as deforestation for fuel wood and arable land has denuded the land. More and more forest land is being cleared for settlement and agriculture.

Ethiopia being one of the most populous countries in Africa could not escape this grim reality. Its population size is estimated at about 55 million with an annual growth rate

of 3.2 percent (TGE - OPM, 1993:6). It is stated that the present high growth rate of the country's population is largely attributed to the persistent high fertility and the moderately declining mortality.

The country's total fertility rate (TFR) has been increasing from year to year dramatically. The TFR was 5.2 children per woman in 1970, but increased to 6.8 in 1981 and it further increased to 7.5 in 1984 and in 1980 it reached 7.7 children (Assefa, 1992:3). As a result of this high and increasing fertility, the country is characterized by a youthful age structure. Nearly half of the country's population is under the age of 15. Since this category is not economically active it is largely dependent. Apart from dependency, this cluster of young population implies the continual growth of the population for the forthcoming years even under the assumption of rapidly declining fertility due to the inbuilt momentum in the age structure (Abdullahi, et. al 1994:2).

It is clear that the problem of population growth is imminent in this country. A look at the agricultural sector reveals that eventhough agriculture is the backbone and life blood of the majority of the population, its growth is arrested. In the period between 1987/88 - 1990/91, it registered an average growth rate of 0.2 percent while per capita agricultural production declined by 2.7 percent (TGE, 1991:6). As a result, it has become incompatible with the 3.2 percent population growth rate. Furthermore, an estimated 90 percent of the rural households is food insecure and the majority of the urban population is unable to meet its daily requirement of calories. It only gets 71 percent of what is required (UNICEF, 1993:95).

The shortage of food coupled with the poor health condition (only 46 percent or less of the population has currently access to health service) (TGE, OPM, 1993:12) has largely contributed to the present state of undernourishment and the prevailing high level of infant, child and maternal mortality. In fact, infant mortality rate stands at 101 per 1000 live births and that of children under five is 152 per 1000 while maternal mortality is 700 per 100,000 live births (UNICEF, 1993:53). Among the major factors contributing to the high rate of maternal mortality are illegal abortions which are unsafe and teenage pregnancy.

To alleviate the ills of the economy, the Transitional Government of Ethiopia has set a new economic strategies, that is, Agricultural led Industrialization. However, for the success of the program, the issue of population should be given due emphasis. Thus, cognizant of the problem and to ameliorate the difficulties incurred by population pressure, the government has adopted a population policy in 1993.

The policy has set as its objective increasing contraceptive prevalence rate from the 1990 level of 4 percent to 44 percent by the year 2015. As is pronounced in the policy, to bring fertility reduction, the introduction of an efficient programme of family planning is necessary. Lessons drawn from countries such as Indonesia, Brazil and Bangladesh have proved that through strong family planning effort, it is possible to bring fertility reduction, promote the health of women and children and thereby reducing the high maternal, infant and child mortality.

However, the contraceptive prevalence rate in Ethiopia has not only been low but has not shown a significant rise compared to other African countries such as Kenya and Zimbabwe. Thus, investigating the factors that attribute to the high rate of contraceptive non use and determinants of unmet need would be of paramount importance since the current high fertility combined with the relatively declining mortality causes a high rate of population growth. Consequently, the present study focuses on factors contributing to the very low level of contraceptive prevalence rate (CPR) in the country with special emphasis to urban areas. The study also attempts to search for the reasons of contraceptive non-use and to address the causes of unmet need in urban Ethiopia. It is hoped that the findings will enable policy makers and planners to identify target groups and focus on areas for a possible intervention.

1.2 - BACKGROUND AND JUSTIFICATION

It is a widely accepted fact that contraceptive use plays an important role in fertility reduction. It is a major proximate determinant of fertility within marriage and is believed to be responsible for the fertility transition of many developing countries (Bongaarts, Laphan and Mauldin cited by Abdullahi et al,1994:). Since Ethiopia is one of the developing countries characterized by high fertility, wide spread use of contraceptives becomes an indispensable way out to move from such a high level of fertility to lowlevel. However, this is not practical at present. Recently Abdullahi et.al (1994) using data from the 1990 National Family and Fertility Survey applied the Bongaarts model to see the contribution of the proximate determinants on fertility levels and differentials.

They suggested that in the short run, raising the level of contraceptive prevalence should be a major area of intervention to reduce fertility at the national level.

According to the results of the National Family and Fertility Survey, overall knowledge of contraception is reported to be 62.7 percent (CSA,1993:170). That is 62.7 percent of women covered by the survey reported to have heard of at least one method of family planning. Out of those who responded to have heard of any method, when further asked whether they or their husbands had ever used one or any particular method, only 8 percent reported ever use (CSA,1993:180). Further investigation of the data indicated that only 3.9 percent of women in their reproductive years were currently using a contraceptive method (CSA, 1993:192).

From these findings, one can conclude:

- 37.3 percent of respondents never heard of a family planning method;
- Those who had never used contraception out-numbered those who had used and currently using. Never users of contraception constitute 92 percent among those with the knowledge. This large percentage is the excess of those with the knowledge of a contraceptive less ever users. Among the never-users, 26 percent (CSA, 1993:273) indicated their intention to use in the future, while the majority (74 percent) did not show any intention of future use. Past users are those who used to practice contraception at one point in time but not at the time of the survey. This group constitute 3.9 percent of all women of reproductive age and half of the ever-users.

The aggregate of never-users and past-users provides us the percentage of current non-users of contraceptives. Thus, 95.5 percent of all women aged 15 - 49 are currently non-users of contraception, which definitely has a great impact on the fertility level of the country.

Two groups were found among those women who are at a greater risk of conception; those who want to limit their birth and those who want to space. Consequently, these group of women depict the extent of unmet need for contraception.

In Ethiopia, estimates drawn from available data indicate that unmet need for contraceptives was 56 percent in 1990. A further breakdown of this percentage shows that the proportion of spacers out-number those of limiters i.e 32 percent Vs 24 percent (NOP-OPM, 1994:28). This phenomenon is common for many countries, as most young women prefer to space rather than limit births. Tekabe and his colleagues (1994:1) estimated the level of unmet need among ever married women in Addis Ababa to be 49 percent (1.8 percent spacers Vs 47.2 percent limiters).

In a high fertility country like Ethiopia, it is not surprising to find a high level of unmet need. Westoff (1992) shows that even in low fertility developing countries unmet need about family planning ranges from 15 - 18 percent while their contraceptive prevalence rates range between 53 - 66 percent. In Zimbabwe, for instance unmet need was 22 percent which is considered to be the lowest; while Ghana, Kenya and Togo exhibit levels of unmet need of 35 percent or higher (Klitsch,1992).

Prevalence of high percentage of unmet need may reflect low contraceptive use or strong desires to space or stop child bearing. On the other hand, the desire to have additional children is so high that nearly 65 percent of women reported the need to have additional child (CSA,1993:237). Though the percentage declines with the number of surviving children, surprisingly enough, 16 percent of those women with ten or more children desired additional children (CSA,1993:239).

So, why do some people neglect contraception although they have the knowledge? What are the factors responsible for such a high percentage of current non-usage (95.5 percent) of contraceptives and what are the differentials in the level of unmet need? The most probable explanations might be lack of knowledge about contraceptives, fear of methods, husband's disapproval, cultural or religious taboos, service inaccessibility, etc. It is therefore important to examine the factors that lead to such conditions. Such an investigation is important in any effort to expand family planning services since unmet need explains part of the total demand for contraceptives i.e. the potential demand, the contraceptive prevalence (met need) being the actual demand.

The purpose of this study therefore is, to determine the level of current contraceptive non-use and that of unmet need in urban Ethiopia. It also attempts to investigate the relationship between contraceptive non-use and unmet need on one hand and selected demographic and socio-economic variables on the other.

The basic reasons for the study to focus on urban areas include :

a/ despite the fact that the urban population has better exposure to new ideas and access to health service facilities compared to the rural population ; the contraceptive prevalence rate is not as high as it is expected to be.

b/ In most countries, as the DHS findings indicate, unmet need is greater for the urban populations of some sub-saharan African countries and varies little between urban and rural areas in others (Westoff and Ochoa, 1991:12). It is believed that the case holds true in Ethiopia. Besides, abortion (one indicator of the prevalence of unmet need) as a means of resolving the problem of unwanted pregnancy is frequent in urban areas. In the case of Addis Ababa for instance, it accounts for nearly 30 percent of all maternal deaths (UNICEF, 1993:82).

C/ interms of time and cost, it is difficult to manage the national data.Therefore, it is preferable to limit the scope of the study to urban areas.

1.3 - REVIEW OF LITERATURE

Even though people are knowledgeable about one or more methods of contraception, they are not practicing accordingly. A case in point is that in most of the developing countries, the proportion of those who are currently using a contraceptive method compared to those who have heard of a method is not significant. Findings from the Demographic and Health Survey (DHS) on Knowledge and Practice of contraceptive

methods in Sub-Saharan Africa shows that among currently married women of reproductive age, 44 percent in Nigeria, 71 percent in the Sudan, 92 percent in Senegal, 93 percent in Kenya, 96 percent in Botswana and 99 percent in Zimbabwe know any method of contraception and only 6, 9, 12, 27, 35, and 45 percent respectively use a contraceptive method (Population reports, 1992:13-14).

On the other hand, a study from St. Paul hospital here in Addis Ababa indicates that out of a total of 673 abortion cases - over two third of the women (65 percent of the spontaneous and 74.4 percent of the illegal abortion cases) had knowledge of contraception. However, 67.6 percent of the spontaneous and 66 percent of the illegal cases had never used any method of contraception (cited by Mekonen,1991:97).

There is inconsistency between women's child bearing preferences and their use of contraceptives. Bongaarts et. al after analyzing data from 40 developing countries has estimated that about 21 percent of current fertility in the third world is unwanted (Bongaarts et.al,1990:305). Among those exposed women who do not want to have additional children, only 4 percent in Ivory Cost, 17 percent in Kenya, 16 percent in the Sudan and 4 percent in Nigeria are currently contracepting (Frank,1987:184). A contraceptive prevalence survey which was carried out in Nepal indicated that among the 51 percent urban married women aged between 15 to 49 and who do not want additional children, only 24 percent were currently protected by a contraceptive method (Shuler and Goldstein, 1986:67). Nevertheless, most families (67 percent in the case of Nepal) when asked responded that they had already exceeded their ideal family size.

Eventhough most women do not want additional children, they do not use a contraceptive method due to various reasons: such as ignorance, lack of access to methods, conflicting socio-cultural values, husbands disapproval, lack of motivation ,...,etc (Westoff, 1988:225). The final result of such a situation is the occurrence of unplanned pregnancies.

The extent of unwanted births is explained by the gap between desired fertility and actual fertility. Westoff in an attempt to calculate a "desired total fertility rate" came up with the result that if women were to bear the exact number of children that they desired, in virtually every country outside sub-Saharan Africa, the fertility would be below three children per woman. In sub-saharan Africa except in Botswana, Kenya and Zimbabwe the desired total fertility rate is above five children per woman (Population Reports, 1992:22).

Similarly, Odile Frank, based on results of WFS, argued that the majority of women in Africa desire more children. The proportion of these group of women ranges from almost 70 percent in Kenya to 90 percent in Ivory Coast (Frank,1987:181). Thus, in such a situation (when women want more children), the focus of a family planning program should be at convincing couples of the value of having fewer births or of increasing birth intervals and also at providing accessible effective services for those who want fewer number of children (Larson and Mitra,1992:127).

Part of the unwanted births, if not all, could have been averted by adopting improved programs and by practicing efficient method of contraception to bring a significant

decline in fertility (Bongaarts, 1990:306). Westoff et, al (1989 :91), show that countries like Peru, Colombia and Dominican Republic could reduce their TFR from 4.5 to 2.9, from 3.8 to 2.8 and from 3.3 to 2.8 respectively if all unwanted births were prevented.

In the hypothetical case in which all unwanted births were prevented, the population size of developing countries could be reduced further by 2.2 billion at the end of the next century (Bongaarts, 1990:307). The reasons for such unplanned births are: actual or perceived drawbacks of contraceptive methods , contraceptive method failure, failure of individuals to use any method at all, lack of access to and quality of family planning services especially in rural areas, weak motivation to practice contraception, opposition from spouses and relatives (Bongaarts, 1990:305).

The effects of unplanned pregnancies, in addition to numerous socio-economic problems are among the causes for the high rate of maternal and infant mortality. Thus, since the goal of a country's family planning program is to address the unsatisfied demand for contraception, this will have great contribution to lower IMR and maternal mortality. In Ethiopia, the provision of family planning services within the context of primary health care (PHC) was recommended to achieve safe motherhood (Debessai,1991:85).

In most countries, women prefer to have longer birth interval. Lightbourne (1987 :21) argues that if women were able to fully implement their intention for postponing and stopping births, fertility would decline by 58 percent in Ecuador, 25 percent in Ghana, 42 percent in Malaysia and 31 percent in the Republic of Korea. Hence, if a country could reduce the level of contraceptive non-use by providing the essential facilities for

the non-users, it can very well raise the contraceptive prevalence rate, thereby addressing the unmet need for contraceptives.

Though family planning should focus on the non-users at large, there are groups who need greater emphasis. These are women who are not using contraceptive but are at a greater risk of pregnancy and who do not want to have additional children. Women considered being at risk include those currently not pregnant, not amenorrheic, sexually active and fecund. The unmet need for contraception is defined as the number of fecund women currently in union and not using any contraceptive method who are either not pregnant or amenorrheic and want a child later or not at all (Klitsch M., 1992).

According to Westoff (1992):

> "unmet need for contraception for spacing births include pregnant or amenorrheic women whose pregnancy was unplanned and fecund non-users who want to wait at least two years before the next birth. Unmet need for contraception for limiting births consists of pregnant or amenorrheic women whose pregnancy was unwanted and fecund non-users who do not want any more children."

The levels of non-use and unmet need for contraception vary from country to country. There are different factors accountable as to why the non-users do not adopt a method and the unmet need is not addressed. These factors may be grouped into two broad categories: viz, demographic and socio-economic.

The study made by Sayed et al (1985: 164,177) reveals that the percentage of contraceptive non-users increases with age especially for those approaching the end of child bearing period. Furthermore, the percentage of spacers and limiters also varies greatly due to age. It is observed that women at younger age tend to space while those at a relatively older age want to limit. According to Westoff (1989) women under 20 desiring spacing had contraception need five times higher than women desiring limitation. A study made by Odile Frank (cited earlier) reveals that in Sub-Saharan Africa, the majority of currently married fecund women who were practicing contraception, either wanted more children or desired a family size greater than they had (or both). Hence, it implies that contraception among all currently married fecund women is practiced primarily for spacing purposes (Frank,1987:188). In Mali, among the non-users who were exposed to the risk of conception 10.9 percent did not use contraception because they wanted a child soon (SFP, Vol 20, No.6,1989:362).

The need for family planning is positively related with the number of surviving children (Sayed et al, 1985:176). The percent in need increases with the number of living children. For instance in Egypt, out of those women with no living children, only 3 percent were in need of family planning while 35 percent of the women with seven or more living children were in need. In case of Mali the same result was observed. The intention among non-users to start contraception soon rose from 7.7 percent for those with no children to 14.7 percent for those with four surviving children (SFP,Vol.20,no.6,1989:362). Similar result was recorded by Tizazu (1994:53) that the number of current contraceptors increased with the number of living children.

A survey result from Burkina-Faso indicates that 23 percent of women with children did not want additional children. Average age of this group was 35 years with 6.5 live births and five living children (McGinn T. et.al, 1989:328). An additional 47 percent of the same group reported that they wanted to delay birth of their next child. Their average age was 26 years with 3.3 live births and 2.6 living children. Therefore, those women at their earlier years of reproductive career wanted to space while those who are some what older wanted to limit their pregnancy.According to the study by Shuler and Goldstein (1986), in Nepal out of the 67 percent who had exceeded their ideal family size, nearly half were not using contraceptive method. The proportion of non-users was higher among couples with more than one extra child. Similarly in Egypt, being amenorrheic or menopausal are the primary factors explaining lack of need among women with three or more children. Current pregnancy or the desire to have a child in the near future are the main factors associated with lack of need among lower parity women (Sayed, 1985:176).

A recent study from the Sudan indicates that a good proportion of non-users were not using a method because they were not currently at risk of conception or they desired an immediate birth (Swar El-dahab, 1993:368).

1.3.2 - Socio-Economic Factors

Among the socio-economic factors that may affect contraceptive non-use and unmet need, place of residence, religious or fatalistic reasons, work status/occupation, education, husbands or other relatives disapproval, lack of knowledge about

contraceptive methods, actual or perceived fear of side effects are considered to be important. As Sayed et.al. (1985: 173) noted, among one quarter of all currently married women in Egypt who were in need of family planning, the proportion of rural women is somewhat larger than urban women (28 percent vs. 21 percent). Data which are supposed to represent countries of the developing world from three continents also indicate that the need for family planning services is higher in rural areas compared to urban areas (29 percent against 23 percent) (Westoff et.al, 1989:94). Available research findings confirm that the need for family planning services is highest for the less educated as compared to the relatively better ones. Data from Egypt indicates that family planning service need ranges from 27 percent among women with no education to 18 percent among women with at least a preparatory education (Sayed et.al, 1985:176). Data from Yergalem Family Planning Project in Ethiopia also indicates that the majority of contraceptive acceptors never had formal education (Tizazu,1994:52).

Among the most important socio-cultural factors inhibiting contraceptive use in most of the developing countries, fatalistic reasons, husbands or other relatives disapproval play greater role. For instance, a study conducted in Indonesia regarding contraceptive decision making shows that an estimated 27.8 percent of contraceptive non-use in Jakarta could have been prevented if husbands disapproval of contraceptive use had been eliminated (Joesoef et.al 1988:166).

Though the degree is much higher, findings of a study from urban Sudan also provide similar result . That is, husbands opposition is reported by 57.1 percent of women (Swar El-dahab, 1993:370). In Malawi and Egypt, husbands' opposition contribute 10.4 and

Lack of knowledge about contraception is an important factor in influencing contraceptive non-use. Knowledge might be rudimentary (ever heard of a method) or detailed knowledge such as sources of supply, alternative methods and their usage. In Mali, 39.6 percent, in the Sudan 17.6 percent and in Egypt 1.2 percent of exposed non-users did not have correct information (SFP,1990, Swar El-dehab,1993, SFP,1989).

On the other hand, Frank (1987:197) argues differently as to the causes/constraints of contraceptive non-use especially in Sub-Saharan Africa. She relates the contraceptive non-use with the uncertainties of achieving large healthy families in the context of Sub-Saharan Africa. These uncertainties include the risks of infant and child death and the belief that children will be handicapped or disabled. Thus, these uncertainties are translated into normative reproductive behavior, where high fertility is firmly bound within a network of supporting institutions.

1.4 - OBJECTIVES OF THE STUDY

This study has four major objectives:

a/ to determine the level of unmet need among married women aged 15 - 49;

b/ to identify the demographic and socio-economic determinants of contraceptive non-use and unmet need for family planning;

c/ to determine the relative importance of socio-economic and demographic variables in explaining variations in unmet need and non-use;

d/ to suggest policy implications and address areas of intervention.

CHAPTER II

MATERIALS AND METHODS

2.1 - Research Hypotheses

Based on the aforementioned objectives, the study aims at testing the following hypotheses:

a) **Lack of knowledge of contraceptive methods, number of surviving children, preferred family size and traditional values and norms (such as fatalistic reasons, fear of side effects, religious prohibition, husband's disapproval) contribute** significantly to contraceptive non-use; and unmet need for family planning.

b) The level of unmet need for contraception exhibit an increasing trend as age increases and decreases with increasing level of education. In addition, the level is highest for currently not working women.

2.2 - Operational definition of concepts

In order to overcome problems which might arise in defining certain key concepts by different scholars, with the context of the present study the following working definitions are adopted:

a. Contraceptive non-users: are those women who have never used any contraceptive method in their entire life, up to the time of the survey and those women who have used a contraceptive method in the past but were not using at the time of the survey.

b. Unmet need: refers to the contraceptive needs of currently married, fecund, non-pregnant women who intend to limit or space pregnancy but not practicing contraception currently.

limiters - refers to currently married, fecund, non-pregnant, women who want no more children

Spacers - refers to currently married, fecund, non-pregnant women who want to delay their next birth at least for two years.

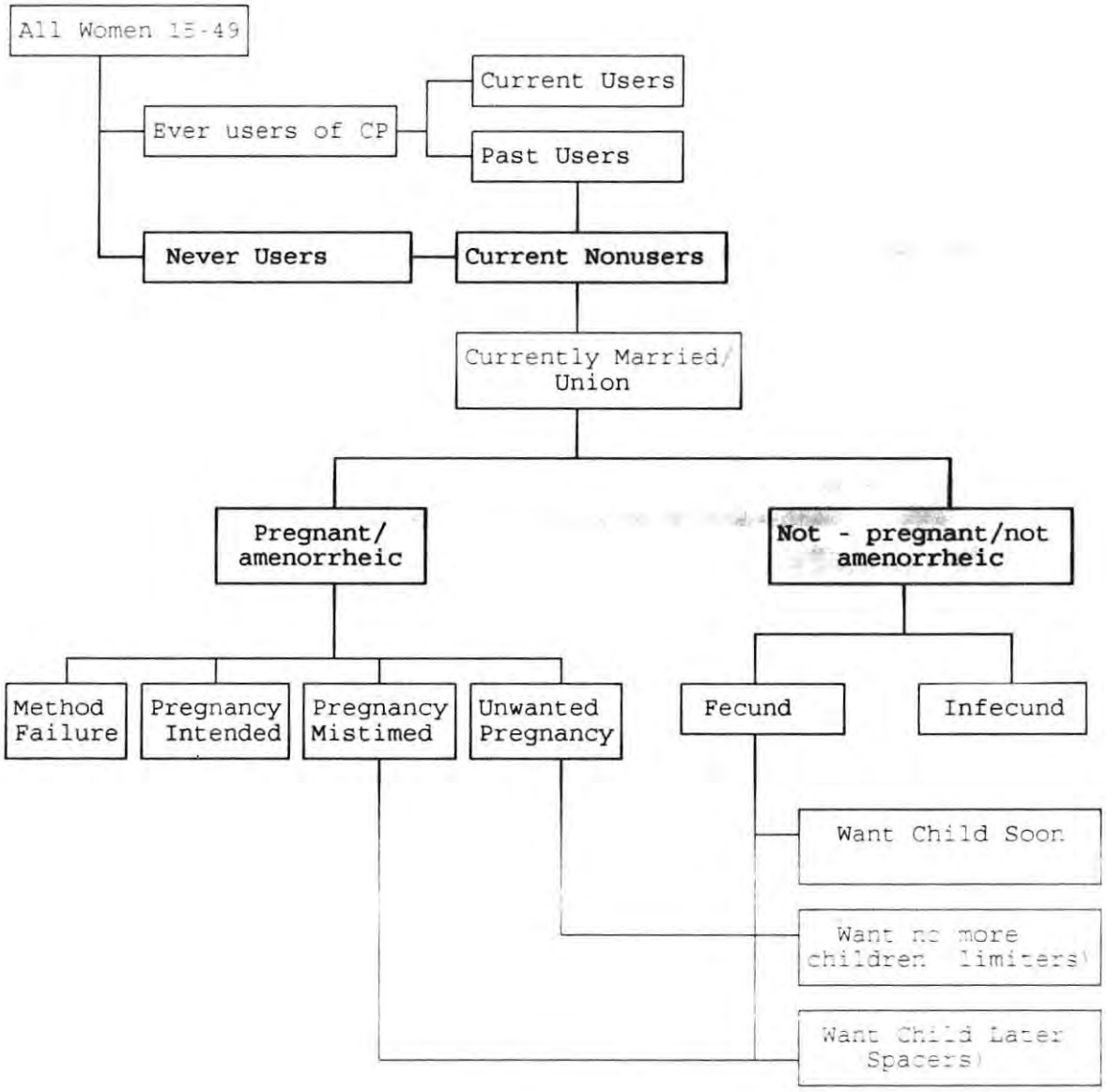
Fecund - refers to the physiological capacity to reproduce. In the NFFS it is determined by asking a question "is it physically possible for you and your husband to have children if you want one ?"

Non-amenorrhoeic - refers to women whose menustration had resumed since the birth of the last child.

Therefore, it is obvious that women who are considered as in need of family planning immediately are those currently married non users of any contraceptive methods, non pregnant, non amenorrheic, fecund, sexually active and who want to space their birth at least for two years and who want no more children. The aggregate of the last two groups (limiters and spacers) provide the level of total unmet need for family planning. Pregnant women for whom the pregnancy occurred earlier than desired and those for whom it was unwanted are also included in determining unmet need.

However, it is difficult to strictly follow the "proper" determination of the study group as presented in figure 1. Primarily, data on whether the current pregnancy is wanted or not is not available. Secondly, due to traditional cultural barriers, women by and large may not provide reliable information on their coital frequency and amenorrheic status. Hence, using such information may lead to a downward bias in the estimation of the level of unmet need. Instead based on the working definition provided earlier, the study group is determined as presented in figure 2 for the purpose of this study. Therefore, in determining the group currently married fecund non-pregnant women who want to space or limit their birth for two or more years are only considered.

Fig. 1 Determination of Unmet Need for Family Planning Among Currently Married Women/Union (Westoff Methodology)*



* Adopted and modified by the writer from the diagram by Westoff and Ochoa.

2.4 - DATA

The data used in this study are obtained from the 1990 National Family and Fertility Survey conducted by the CSA. The survey gathered information from 8757 women aged 15-49 (out of which 2844 were from urban areas), on the current level of fertility, mortality, contraceptive use and other demographic and socio-economic characteristics.

Following the official administrative divisions that existed at the time of the survey, and based on size, varying ecology and hetrogenity of the population, the country was divided into eight sampling domains: two urban and six rural.

The questionnaire used to collect data in the National Family and Fertility survey had six parts; namely, the household questionnaire (designed to identify eligible women), questionnaire for collecting information on the socio-economic characteristics of the household, women's questionnaire (administered to those women aged 15-49), the husband's questionnaire (administered to husband s of selected group of women covered in the survey), community leader's questionnaire (administered to obtain information on the attitude of the community towards population affairs), and the community questionnaire (administered at the kebele or PA level to generate information on different issues of the community). For details please refer to CSA 1993.

The present study is based solely on the information collected by the women's questionnaire from all urban areas. The questionnaire has seven sections: respondent's background, marriage history, birth history, health and breastfeeding practices, knowledge, attitude and practice of family planning, fertility preference, woman's work

2.6 - LIMITATION OF THE STUDY

As any research exercise does not exhaustively explain a problem area by itself this study is no exception. The data used here being secondary the study may have a number of limitations inspite of its contributions.

One major limitation is that, women in the category of unmet need are only those currently non-pregnant. The DHS result include pregnant or amenorrheic women whose current pregnancy is unintended as being in need of family planning. However, the present study does not include this group since data does not permit to do so.

The exclusion of women with unwanted or mistimed pregnancy leaves out a good percentage of women from the analysis of unmet need. According to Westoff and Ochoa

(1991:16) such women account for about 40 percent of total unmet need in most sub-saharan African countries. This definitely introduces a downward bias on the level of unmet need, especially if the number of pregnant women is high. Luckily enough the number of pregnant married women was only 114 (9 percent) in the case of the present study. And it is clear that not all but a portion of these women are with mistimed or unwanted pregnancy. Hence, despite the limitation, the effect on the estimated level of unmet need is not an exaggerated one.

CHAPTER III

FINDINGS OF THE STUDY

Before presenting the theme of this study in detail, it is important to look at the background characteristics of the study population i.e, women included in the survey. The sections that follow represent the characteristics of women included in the survey.

3.1 - Demographic Characteristics

Age

The greatest concentration of respondents (28 percent) were observed in the ages 15-19, and more than half of the respondents (59.4 percent) were in the first three younger age groups. The proportion of women decreases sharply towards the last two age groups. The age distribution is according to one's expectation, where a systematic decline in number is observed from the lower to the higher age groups. Compared to the female age distribution of the 1984 census, the National Family and Fertility Survey age distribution does not show a marked deviation.

Table 1 Percentage distribution of respondents by age group urban Ethiopia, 1990

AGE GROUP	NUMBER	PERCENT
15-19	796	28.0
20-24	468	16.5
25-29	423	14.9
30-34	**396**	**13.9**
35-39	383	13.5
40-44	218	7.7
45-49	**160**	**5.6**
TOTAL	**2844**	**100**

The mean and median ages of the population were 27.4 and 26 years respectively.

Parity, Number of children surviving, Desired number of children

While calculating average parities for each age group from reported number of children everborn, one expects average parity to increase with advancing age. Around 40.8 percent of women were with zero parity while 31.6 percent had four or more children. The majority of the women with zero parity are within the 15-19 age group (64.5 percent) followed by the 20-24 . Those with four or more children ever born were higher in the 35-39 age group. The mean number of children ever born was 2.5. Similarly, most women (around 85 percent) with zero surviving children belong to the first two young age groups, whereas the majority of those with four or more surviving children belonged to the middle and later reproductive ages (Table 2).

TABLE 2 **Distribution of Women by Children Everborn, Average Parity, Children Surviving and Age; Urban Ethiopia, 1990.**

Age group	Children Everborn						Children Surviving					Total Number of Women
	0	1	2	3	4+	Average parity	0	1	2	3	4+	
15-19	748	43	4	1	-	0.068	752	41	3	-	-	796
20-24	257	100	64	34	13	0.840	262	110	64	26	6	468
25-29	84	63	88	79	109	2.408	90	76	92	84	81	423
30-34	31	29	37	59	240	3.985	36	38	48	69	205	396
35-39	17	31	42	35	258	4.812	27	35	48	49	224	383
40-44	11	14	13	17	163	5.876	13	18	18	21	148	218
45-49	11	14	8	11	116	5.844	15	15	9	16	105	160
Total	1159	294	256	236	899	2.498	1195	333	282	265	769	2844
percent	(40.8)	(10.3)	(9.0)	(8.3)	(31.6)		(42)	(11.7)	(9.9)	(9.3)	(27.0)	(100)

In the NFFS, women were asked "how many children they would have if they could start childbearing over again". Despite the hypothetical nature of the question and the unreliability of the reply, it is an important indicator of the society's reproductive norms besides providing the state of family planning interest. The following table shows the preferred family size of all and currently married women.

Table 3 Percentage distribution of all and currently married women by preferred size of family; urban Ethiopia, 1990.

PREFERRED SIZE OF FAMILY	ALL WOMEN		CURRENTLY MARRIED	
	Number	Percent	Number	Percent
0	37	1.3	12	0.9
1	20	0.7	7	0.6
2	257	9.0	53	4.2
3	82	2.9	25	2.0
4+	1467	51.6	622	49.1
UP TO GOD	981	34.5	549	43.3
Total	2844	100.0	1268	100.0
MEAN (excluding those who respond "up to God")	4.4		5.0	

As shown in the above table, only 1.3 percent of all women and 0.9 percent of currently married women preferred to remain childless in their entire life. Excluding those who preferred to remain childless 12.6 percent of all and 6.8 percent of currently married women preferred to have less than three children. The greater percentage (51.6 percent) of women and 49.1 percent of currently married women prefer to have four or more children. On the other hand 34.5 percent of all women

and 43.3 percent of currently married women were unable to decide on the number of children they would have. They have left the decision in God's hands. Excluding those who couldn't decide, the mean preferred family size[1] was 4.4 per woman for all women and 5.0 for currently married women. Thus, it is quite clear that women prefer large families even in urban areas.

3.2 _ Socio-Economic Characteristics

Marital status

Among the women covered in the survey ever married women constitute 62.2 percent. The percentage declines to 44.6 percent when currently married women are considered. The percentage includes women in formal marriage and those in union. Only 2.9 percent of currently married women were within the age group 15-19. Most currently married women (57 percent) were between ages 20-34 years.

---

[1] Mean preferred family size is obtained as follows: Preferred number of children by women in an age group multiplied by the number of women in that age group multiplied by the proportion currently married.

Table. 5 Percentage distribution of all and currently married women by selected socio-economic characteristics; urban Ethiopia, 1990

CHARACTERISTICS	ALL WOMEN		CURRENTLY MARRIED WOMEN	
	Number	Percent	Number	Percent
EDUCATION				
no education	226	7.9	133	10.5
primary	1449	50.9	830	65.5
junior/senior sec	1110	39.0	274	21.6
higher education	59	2.9	31	2.4
EMPLOYMENT STATUS				
currently working	1141	40.1	516	40.9
not currently working	1702	59.8	752	59.3
CHILDHOOD RESIDENCE				
rural	1060	37.3	615	48.6
urban	1780	62.6	650	51.4

As indicated in the table, education is classified in four categories. The first category comprises those with no education at all, the second category those with non-formal education and those in literacy classes as well as those with primary level of education. The third group consists of those with junior or senior secondary education. Those with university or any other higher education level are included in the fourth group. Thus from the table it is indicated that half of all women and 65.5 percent of those currently married had a primary level of education. The percentage of illiterate women was 7.9 percent for all women and 10.5 percent for currently

married women. Those with University or other higher level of education constituted 2.9 percent of all and 2.4 percent of currently married women. Nearly 60 percent of the women were unemployed at the time of the survey. The same holds true for currently married women.

Regarding childhood residence, 37.3 percent of all the women and 48.6 percent of currently married women had lived in rural areas during their childhood (i.e, until they were 12 years old). This suggests that the majority of women were born and brought up in urban areas.

Husband's Background Characteristics

As compared to the women, the level of their husband's education appears to be higher. Only 8 percent of the husbands were with no education, 52.7 percent with a primary education, 32 percent with junior/senior secondary education, and 7.3 percent were with a higher education . Although there is difference of level as is the case for most women, most husbands had a primary level of education. This implies that of all educated couples, a little more than half had a level of education below junior/senior secondary. The percentage of husbands who were employed were more than twice as compared to the number of employed women.

TABLE 6 Husband Education and Employment status; urban Ethiopia, 1990.

EDUCATION	Number	Percent
no education	101	8.0
Primary	668	52.7
Junior/senior sec.	405	32.0
Higher education	93	7.3
EMPLOYMENT STATUS		
currently working	1211	95.6
Not currently working	56	4.4

3.3 KNOWLEDGE AND PRACTICE OF CONTRACEPTION

Knowledge

Contraceptive knowledge seems universal among all as well as currently married women. That is 93.1 percent and 93.6 percent of all and currently married women respectively can name at least a method of family planning either spontaneously or after being probed (Table 7). Consequently, 6.0 percent of all women and 6.5 percent of currently married women responded spontaneously. Among currently married women with the over all knowledge of family planning methods, knowledge for traditional methods was 72.4 percent while for modern methods it was 93.3 percent.

Table 7: Distribution of all and currently married women by knowledge and practice of contraceptives; Urban Ethiopia, 1990.

	All Women		Currently married women	
	Number	Percent	Number	Percent
Contraceptive knowledge				
. have knowledge	2646	93.1	1187	93.6
. do not have knowledge	150	5.3	63	5.3
. knowledge for traditional method	-	-	918	72.4
. knowledge for modern method	-	-	1183	93.3
User status				
. current users	441	15.5	307	24.2
. past users	335	11.8	213	16.8
. never users	2067	72.7	748	59.0
Total	2844	100.0	1268	100.0

3.3.1 Ever use and current use of Family Planning Method

Inspite of the high level of awareness it surprising to observe a very low level of family planning use. Of all the women included in the survey 27.3 percent had ever used while only 15.5 percent were current users of family planning method. Among the currently married women, 24.2 percent were practicing family planning (Table 7). The percentage of current users increased with age and exhibits a declining trend towards the end of the reproductive years. The highest percentage of current users (56.4 percent) belongs to the 25-34 age group (Table 8). Most of the currently married current users had primary level of education (53.1 percent) followed by those with Junior/Senior secondary education (40.1 percent). Among the current users 55 percent were not employed. As expected, most (59 percent) of current users were

TABLE 9: Distribution of currently married women by user status and selected socio-economic variables and husband's characteristics, urban Ethiopia, 1990.

Characteristics	User Status			
	Current Non Users			Current Users
	Never Users	Past Users	Total	
All currently married Married women (1268)	748 (59.0)	213 (16.8)	961 (75.8)	307 (24.2)
Women's Education				
Illiterate (no education)	122 (16.3)	5 (2.3)	127 (13.2)	6 (2.0)
Primary (1-6)	545 (72.9	122 (57.3)	667 (69.4)	163 (53.1)
Junior /Sen. H.school(7-12)	75 (10.0)	76 (35.7)	151 (15.7)	123 (40.1)
Higher Education (12+)	6 (0.8)	10 (4.7)	16 (1.7)	15 (4.9)
x^2 209.05287***				
Women's work status				
Currently working	290 (38.8)	88 (41.3)	378 (39.3)	138 (45.0)
Not working	458 (61.2)	125 (57.3)	583 (60.7)	169 (55.0)
Childhood Residence				
Rural	411 (54.9)	79 (37.1)	490 (51.1)	125 (41.0)
Urban	336 (44.9)	133 (62.4)	469 (48.9)	181 (59.0)
x^2 30.58824***				
Husband Education				
Illiterate (no education)	90 (12.0)	4 (1.9	94 (9.8)	7 (2.3)
Primary (1-6)	468 (62.6)	87 (40.8)	555 (57.8)	13 (36.8)
Junior/ Sec. H/school(7-12)	174 (23.3)	95 (44.6)	269 (28.0)	136 (44.3)
Higher Edu. (12+)	16 (2.1)	27 (12.7)	43 (4.5)	50 (16.3)
x2 184.58779***				
Husband's work status				
Currently working	709 (94.8)	206 (96.7)		296 (96.4)
Not currently working	38 (5.0)	7 (3.3)		11 (3.6)

Significant at *** P<0.001

3.3.2 Current non-use of Family Planning

Eventhough the level of family planning knowledge is quite high among currently married women, 59 percent of them had never used a family planning method and another 16.8 percent were past users (Table 7). The aggregate of these two percentages (75.8 percent) indicates the level of current family planning non-use

among married women. The percentage distribution of currently married contraceptive non-users is lower for the first age group and higher towards the middle and last broad age groups.

Among the non-users 41.4 percent were between the peak fertility ages of 25-34. Age of a women appears to be strongly associated with contraceptive non-use ($p<.001$). Among all currently married women who are not currently using family planning,13.2 percent had no education and about 70 percent had an elementary level of education. As the educational level of women increases, the percentage of non-users decreases (Table 9). The result of bivariate analysis confirms the existence of strong relationship between women's educational achievement and their contraceptive non use ($p<.001$).

Among all currently married women, 60.7 percent of current family planning non-users (47.7 percent never users and 13.0 percent past users) among all currently married women were not employed. The analysis showed that employment status of women has no significant relationship with current contraceptive non use.

In general around 51.1 percent of current non-users had originated from rural areas while 48.9 percent were from urban areas.. However as opposed to the greater percentage of past users originating from urban areas, most never users were grown up in rural areas. And the association is statistically significant at $p<0.001$.

Of the total currently married women who were not using family planning, the greater percentage had four and above surviving children (never users 29.2 percent

and past users 8.3 percent). Childless non-users comprise 7.2 percent of all currently married women. The number of living children women have appears to be significantly associated with their contraceptive non use ($p<.001$).

Although low level of non-use among childless women, is reasonable the greater percentage of non-use among women with four and above children is not an expected finding. Most husbands of family planning non-users had primary level of education. That is, the husbands of 37 percent of never-users and 6.9 percent past-users had a primary level education. Among the husbands of non contraceptive users, 7.4 percent were illiterate. When employment status was considered, majority of the husbands were employed (Table 9).

3.3.3 Intentions to use Family Planning in the Future and Reasons for Non-use

In urban Ethiopia, among all currently married women 75.8 percent were not using Family Planning method . Of this 59 percent were the never-users. When asked whether they intend to use or not to use family planning in the future, almost three quarter of the women responded that they have no plan to use Family Planning in the future. These currently married non-users who did not indicate any intention to use family planning in the future constitute 44 percent of all currently married women. Future plan of never users to use or not to use contraceptives by selected background characteristics are shown in Table 10.

Table 10. Distribution of currently Married Contraceptive non-users (never users) by Future Intention to use FP & selected background Characteristics, urban Ethiopia 1990.

Characteristics	Intend to use	Do not intend to use
All currently married women (1268)		
CP non-users(never users) (748)	187	560
Age		
15-24	**50(42.4)**	**68(57.6)**
25-34	**89(32.0)**	**189(68.0)**
35-49	**48(13.7)**	**303(86.3)**
x^2 50.25259***		
# of Children Surviving		
0	**14(15.9)**	**74 (84.1)**
1	**27(26.0)**	**77(74.0)**
2	**23(25.6)**	**67(74.4)**
3	**26(27.0)**	**70(73.0)**
4+	**97(26.3)**	**272 (73.7)**
Preferred size of Family		
1	-	2(100)
2	8(40.0)	12(60.0)
3	4(25.0)	12(75.0)
4+	**117(37.9)**	**192(62.1)**
Upto God	**58(14.5)**	**342(85.5)**
x^2 83.72879***		
Women's Education		
Illiterate (no education)	13(10.7)	109(89.3)
Primary	136(25.0)	408(75.0)
Junior/senior high sch.	38(50.7)	37(49.3)
Higher education	-	6 (100)
x^2 41.70145***		
Childhood Residence		
Rural	97(23.6)	314(76.4)
Urban	90(26.9)	245(73.1)
Employment Status		
Currently working	62(31.4)	228(78.6)
Currently not working	125(27.4)	332 (72.6)
Knowledge of CP		
. Have knowledge	181(23.9)	493(73.1)
. do not have knowledge	2(3.2)	61(96.8)
x^2 17.30893***		

Significant at *** P<0.001

A further look at the age structure of non-users who do not plan to adopt family planning in the future revealed that 34 percent were found in the peak fertile age group of 20-34.

Among the non-users with no education and primary education 89.3 percent and 75 percent respectively were with out any plan to use family planning in the future. Of the non-users who came originally from rural areas 76.4 percent had no plan to use family planning in the future. Similarly 73 percent of those with urban background, have the same position. This implies that place of residence does not make any difference with respect to future family planning use. Similarly whether the women were employed or not more than 70 percent had no intention to use family planning in the future.

Examining the fertility performance of non-users, out of those with zero parity 84.1 percent, of those with one child 74 percent, of those with two children 74.4 percent, of those with three children 73 percent and of those with four or more children, 73.3 percent did not indicate any intention to use family planning in the future. Among the never users with an ideal family size of four and above, 62.1 percent were with out a future plan. And out of those who responded that it is up to God to decide their family size 85.5 percent were with no future plan. Thus preference for a larger number of children and the perception that having fewer number of living children is not good seem possible factors for the non-use of contraception.

3.3.4 Reasons for not using family planning among non-users

The reasons given by currently married non-users for not practicing contraception are provided in Table 11.

Table.11 Main reasons not to use or to stop FP method among non-users by user status urban Ethiopia, 1990

NEVER USERS

Reasons	Number	Percent
Religious prohibition	**14**	**2.5**
Opposed to FP	**10**	**1.8**
Husband disapproves	**14**	**2.5**
Side effects	**75**	**13.4**
Lack of knowledge	**58**	**10.4**
Difficult to obtain	2	0.4
Costs too much	1	0.2
Fatalistic	196	35.0
Menopausal/subfecund	**61**	**10.9**
Others	**111**	**19.8**
Unsure / Donot know	18	3.2
Total	560	100.0

PAST USERS

Reasons	Number	Percent
Wanted to get pregnant	61	28.6
Health concern	79	37.1
Problem of access/availability	1	0.5
Inconvenient to use	7	3.3
Husband disapproval	11	5.2
Others	53	24.9
Missing	1	0.5
Total	213	100.0

Slightly over one third of never-users (35 percent) mentioned fatalistic reason for not currently using contraception. The fatalistic attitude towards contraception is widely spread among the relatively older women and with those who have primary and

lower level of education. Women with rural as well as urban background dominated equally by fate associated factors in their non-use of contraceptives.

The third largest group of never-users include those women who fear contraceptive side effects. Fourth in the group are those who considered themselves as not being at risk of conception due to menopausal or subfecundity reasons. Lack of knowledge was also mentioned by 10.4 percent of the never-users as the reason for non-use. The smallest group of non-users reported problem of accessibility to service and costs.

Among past users, the prime constraint for not currently using family planning is health related (37.1 percent). Unfortunately information is not recorded as to the types of health related effects the women faced, whether they were actual or perceived side effects on their health. The next largest group of past-users (28.6 percent) did not use contraception because they wanted to get pregnant.

Different social, cultural and personal factors are some of the obstacles for contraceptive practice among women. Thus, among current non-users in urban Ethiopia religious prohibition, disapproval of husbands and lesser motivation to use family planning play their part for non-use of contraception among currently married women. The aggregate of such socio-cultural factors are mentioned by 6.3 percent of the non-users. Data indicates that half of this was due to husband's disapproval of contraceptive practice. In a male dominated society, like Ethiopia, it is not surprising to observe that most decisions within the family including the wife's contraceptive use are made by husbands.

3.4 Unmet Need: Estimates and Total Demand

Family planning program activities should primarily focus on those women who are in need of the service, but not using contraceptives. Women classified as being in the category of unmet need in urban Ethiopia are shown in fig 2. Currently married fecund, women who are non-pregnant, and want to limit or space their births are 35.5 percent, out of which 11.5 percent have unmet need for spacing and 24 percent for limiting. This implies that the greater proportion of unmet need in urban Ethiopia is for the purpose of limiting. This is an interesting finding since it is quite different from what has been found and is observed in most sub-Saharan African countries. Among the population's of sub-Saharan Africa spacing is the predominant component of unmet need (Table 12).

TABLE 12: Unmet need for family planning among currently married women, in Urban areas of selected Sub-Saharan African countries.

Country	Year	Unmet Need		
		ForSpacing	For Limiting	Total
Ethiopia*	1990	11.5	24.0	35.5
Botswana	1988	14.9	7.3	22.2
Brundi	1987	21.6	8.4	29.9
Ghana	1988	24.9	10.5	35.4
Kenya	1989	22.8	10.7	33.6
Togo	1988	31.4	12.9	44.3
Mali	1987	24.3	6.3	30.6
Uganda	1989	22.9	7.3	30.2

SOURCE: Compiled form tables 5.1, 5.2, and 5.3 Unmet Need and the Demand for Family Planning, DHS Comparative Studies, No.5 Colombia, Maryland: IRD.

* Figures for Ethiopia are calculated by the writer.

The percentage of married women currently using a contraceptive method in urban Ethiopia (24.2 percent) together with the estimated unmet need (35.5 percent) provides a total family planning demand of 59.7 percent in all urban centres. This estimate of total demand is comparable to other Sub-Saharan African countries. For instance, total demand for family planning in urban areas of these countries ranges from a low of 42.4 percent in Mali to a high of 66.8 percent in Botswana. However if the already mentioned cases of mistimed and unwanted pregnancy were incorporated in the estimated level of unmet need it would be a little higher.

It is also possible to estimate the percentage of total demand for family planning that is currently satisfied by dividing the current contraceptive prevalence rate to the total demand. i.e, the sum of unmet need and contraceptive prevalence. Thus, the percentage of total family planning demand that is satisfied in urban Ethiopia is 40.5 percent.

3.4.1 Covariates of unmet need

The extent of unmet need for family planning varies with the women's socio-economic and demographic characteristics. Among these socio-economic and demographic characteristics, childhood residence, education, employment, age, number of surviving children and selected features of husbands characteristics are included in the analysis that follows. Table 13 and 14 presents the distribution of women with unmet need according to these characteristics.

TABLE 13: Distribution of currently married, fecund contraceptive non-users, desiring no more children (limiters) and wanting to space the next birth (spacers) by selected demographic characteristics, urban Ethiopia, 1990.

Characteristics	Unmet Need for		Total Unmet Need
	Limiting	Spacing	
Total	304	146	450
Age			
15-24	23(32.4)	48.(67.6	71 (15.8
25-34	128 (63.4)	74 (36.6)	202 (44.9)
35-49	153 (86.4)	24 (13.6)	177 (39.3)
x2 70.46695 ***			
No. of Children Surviving			
0	1 (16.7)	5 (83.3)	6 (1.3)
1	2 (5.3)	36 (94.7)	38 (8.4)
2	28 (50.0)	28 (50.0)	56 (12.4)
3	33 (49.3)	34 (50.7)	67 (14.9)
4+	240 (78.9)	43 (15.22)	283 (62.9)
x^2 130.8984***			
Preferred family size			
0	3 (75.0)	1 (25.0)	4 (0.9)
1	1 (66.7)	2 (33.3)	3 (0.7)
2	11 (78.6)	13 (21.4)	14 (3.1)
3	6 (60.0)	4 (40.0)	10 (2.2)
4+	145 (68.4)	67 (31.6)	212 (47.1)
Upto God	138 (66.7)	69 (33.3)	207 (46.0)

Significant at ***P<0.001

Age

Unmet need is specially high among women in the 25-34 age group (44.9 percent). Smaller percentage of women in need of family planning were found in the youngest age group of (15-24) and oldest age group of (35-49). In the case of younger women, the reason might be that they have not yet achieved their desired number of children while the older women might have considered themselves as no more at risk of conception due to perceived or actual subfecundity and menopausal state.

Examining the age distribution of unmet need from the spacers and limiters perspective, there exists difference in the age pattern. As expected, family planning unmet need for limiting increases with age and concentrates towards the later age groups. As indicated in Table 13, among the limiters (50.3 percent) were in the age group 35-49. Whereas among younger women (15-24) only 7.6 percent wanted to limit child birth. Among currently married women in the 35-49 age group 86.4 percent had an unmet need for limiting while only 13.6 percent had unmet need for spacing. The study findings indicate the prevalence of strong association ($p<.001$) between age and unmet need.

On the other hand family planning unmet need for spacing concentrates around the relatively younger age groups and declines towards the last age groups. As compared to 32.4 percent limiters in the 15-24 age bracket, 67.6 percent were spacers. Of the women aged 25-34 with unmet need, 36.6 percent were spacers as compared to 63.4 percent limiters. As expected, only a small proportion of spacers were found in the last child bearing age groups.

Number of Children Surviving

Observing the data in Table 13, one can conclude that as the number of surviving children increases, women tend to increase their need for family planning. The total unmet need for family planning in urban Ethiopia extends from a low of 1.3 percent for those childless women to that of 62.9 percent for those with four or more living children. Hence, a positive relationship is observed between number of surviving children and the need for family planning services. Statistically the relation between number of surviving children and unmet need shows significant association.

Among childless women, only 3.4 percent want to space and only one out of six women had reported as having an unmet need for limiting of births. Furthermore, only two women with one surviving child did wish to stop child bearing and 24.7 percent with a child mentioned their desire to space their birth for the next two or more years. In general, almost one third of spacers were with four or more living children while well above three quarters of the limiters were with similar number of surviving children. Thus, unmet need for family planning and specifically for limiting births predominates among women with four or more surviving children.

This finding leads to a conclusion that most women in urban Ethiopia strongly desire to have not less than four children. This situation seems factual since the values and attitudes that exist in a predominantly rural society like Ethiopia advocates the importance of a big family, which in turn is reflected in the life of the urban resident.

TABLE 14: Distribution of currently married, fecund contraceptive non-users, desiring no more children (limiters) and wanting to space the next birth (spacers) by selected socio-economic variables and husband characteristics, urban Ethiopia, 1990.

Characteristics	Unmet Need for		Total Unmet Need
	Limiting	Spacing	
Total	304	146	450
Women's Education			
. No education	**27 (62.8)**	**16 (37.2)**	**43 (9.6)**
. Primary	**235 (71.6)**	**93 (28.4)**	**328 (72.9)**
. Junior/senior high school	**36 (51.4)**	**34 (48.6**	**70 (15.6)**
. higher education	**6 (66.7)**	**3 (33.3)**	**9 (2.0)**
x^2 11.25917**			
Childhood Residence			
. Rural	**177 (71.7)**	**70 (29.3)**	**247 (55.1)**
. Urban	**125 (62.2)**	**76 (37.8)**	**201 (44.9)**
x^2 4.52471*			
Women's Employment Status			
. Currently working	**112 (64.7)**	**61 (35.3)**	**173 (38.4)**
. Not currently working	**192 (69.3)**	**85 (30.7)**	**277 (61.6)**
CP knowledge			
. Have knowledge	287 (68.0)	135 (32.0)	422 (95.5)
. Do not have knowledge	13 (65.0)	7 (35.0)	20 (4.5)
Husband Education			
. No education	**20 (61.6)**	**13 (39.4)**	**33 (7.3)**
. Primary	188 (70.1)	80 (29.9)	268 (59.6)
. Junior/senior high school	82 (66.7)	41 (33.3)	123 (27.3)
Higher Education	148 (53.8)	12 (46.2)	26 (5.8)
Husband Employment Status			
. Currently working	289 (67.4)	140 (32.6)	429 (95.3)
. Not currently working	15 (71.4)	6 (28.6)	21 (4.7)

Significant at * P<0.05 ** p<0.01

Childhood Residence

As is the case in most countries, total unmet need for family planning is greater for those women with rural than urban background (55.1 percent Vs 44.9 percent). This fact holds true especially for those women with unmet need for family planning for the purpose of limiting as 58.6 percent of these women were brought up in a rural environment. While a little more than half of the spacers were from urban areas by origin.

Education, Employment Status and Husbands' Background Characteristics

Total unmet need as well as unmet need for limiting and spacing is greater among women with primary level of education. In fact this category includes those who attended literacy class and those with other non-formal education. Thus, it is clear that unmet need is highest among women with low level of education. Almost three quarters of the total unmet need was observed among women with a primary level of education. Only 9.6 percent of those with unmet need were illiterate. Unmet need declines as the education level of women improved. The association is significant at 10 percent level (Table 14).

Total unmet need as well as unmet need for limiting and spacing is greater among unemployed women. Looking into the characteristics of husbands of women with unmet need reveals that most husbands (59 percent) had primary education like the women themselves. Almost 96 percent of the husbands were employed at the time of the survey. However, the relationship between employment status, husband characteristics and unmet need for family planning was not statistically significant.

3.4.2 Intentions to use family planning and reasons for non-use

As is the case in many of the sub-saharan African countries, in urban Ethiopia the majority of women with unmet need never used contraception. That is, exactly three quarters of women never used contraception in their life time. The proportion of women who had ever used a contraceptive method among those with unmet need for family planning, constitute only one quarter of all women with unmet need.

Further investigation on women's intention to use family planning method sometimes in the future indicates that the majority do not intend to use. In fact the response was obtained only from the never-users of contraception. However, these women form a larger portion of all women with unmet need. Thus, among women with unmet need and who have never used contraception, only 34.2 percent intend to use contraception sooner or later. Where as, the highest proportion (65.5 percent) want to remain as non-users in the future.

Past users in the category of unmet need were not asked as to their future intention of using family planning. It is only the never users who were asked and responded to the question. If we assume that past contraceptive users with unmet need were with out any intention to use family planning in the future, the percentage of women with no future plan rises to 74.2 percent. Therefore, inorder to deal with the problem of unmet need and design programmes accordingly, it would be imperative to investigate the main reasons or factors that are responsible for the loss of interest in adopting method of family planning among women.

3.4.3 Reasons for Not-Using Family Planning

Currently married, fecund, women who want either to limit or space their birth but were not using a family planning method were further asked to state the reasons for not using. The data in Table 15 provides the responses given by the ever-users (past users) and never-users separately. Some of the responses can be aggregated to obtain values for all women with unmet need who do not have future plan to use family planning.

Table.15: Percentage distribution of currently married women with unmet need by reasons for not using a method; urban Ethiopia, 1990

NEVER USERS		
Reasons	Number	Percent
. Religious prohibition	6	2.7
. Opposed to FP	5	2.3
. Husband disapproves	9	4.1
. Side effects	59	26.8
. Lack of knowledge	28	12.7
. Costs too much	1	0.5
. Fatalistic	78	35.5
. Menopausal/subfecund	3	4.0
. Others	21	9.1
. Unsure / Donot know	9	4.1
Total	220	100.0

PAST USERS		
Reasons	Number	Percent
. Wanted to get pregnant	24	21.1
. Health concern	48	42.1
. Inconvenient to use	7	6.1
. Husband disapproval	8	7.0
. Others	25	21.9
. Missing	2	1.8
Total	114	100.0

The majority of never user women (35.5 percent) with unmet need and do not intend to use family planning in the future gave fatalistic reasons as their reason of non-use. This is followed by reasons of side effect (26.8 percent), lack of knowledge (12.7 percent). Among those who have past experience in using contraception the primary reason of non-use mentioned was health concern (42.1 percent) followed by those who wanted to get pregnant (21.1 percent).

In general the main reasons of non-use mentioned by women with unmet need in their order of importance were fear of side effects or health related reasons (31.8 percent), fatalistic reasons (23.2 percent), and lack of knowledge (8.3 percent). Otherwise disapproval of husbands, religious prohibition, factors associated with cost and convenience of use seems to play limited role.

CHAPTER IV

DETERMINANTS OF FAMILY PLANNING UNMET NEED AND CONTRACEPTIVE NON-USE

Multivariate Analysis

To estimate the effects of different Demographic and socio economic variables on a woman contraceptive non-use and unmet need for family planing the logistic regression model is used here. The two dependent variables are dichotomous (cp non-use Vs cp use and unmet need Vs otherwise). Two separate models are fitted, one for each dependent variable. The model defines the logodds of contraceptive non-use and unmet need for currently married women along with different demographic and socio economic characteristics. The major independent variables included are number of surviving children and preferred family size (continuous), age, education, childhood residence, employment status and religion (all dummy coded categorical variables). Age is segmented in to three broad groups and the 15-24 group is used as a reference group. Similarly for education the non-educated group is a reference, rural for childhood residence, not working for employment status. Orthodox and protestant christians combined together for religion.

The estimated logistic regression model has the following form:

$$\ln(P_i/(1-P_i)) = B_0 + B_1 \text{ chi. surv.} + B_2 \text{ pref.fam. size} + B_3 \text{ age} + B_4 \text{ educ.} + B_5 \text{ chi.residence} + B_6 \text{ emp.status} + B_7 \text{ religion}$$

where $\ln(P_i/(1-P_i))$ is the log odds of a woman being in the category of unmet need against not /the logodds of being in the category of contraceptive non-user against user.

B - Regression coefficients

chi. surv - The number of living children a woman have out of the total number of CEB to her

pref. fam - preferred family size of a woman is determined by asking the question "if you could choose exactly the number of children to have in your life how many would that be?"

age - a woman's age in completed years

educ - education of women

chi. res - childhood residence refers to a woman's usual residence until she were 12 years old.

emp. status - employment status refers to whether a woman is working or not at the time of the survey

religion - orthodox, protestant and other christians were grouped together while catholic and muslim are treated separately. Other types of religions were omitted

The multiplicative model takes the following form:

$$(P_i/(1-P_i)) = e^{Bo} . e^{B1\ chi.surv.}\ e^{B2\ pre.fam.size}\ e^{B3\ age}\ . e^{B4\ educ}$$

$$. e^{B5\ residence}\ . e^{B6\ emp.status}\ . e^{B7\ religion}$$

The logistic regression estimates of the determinants of contraceptive non-use and unmet need for currently married women in urban Ethiopia is presented in tables 16 and 17.

Demographic Factors

Despite its statistical non-significant, age is positively associated with unmet need. This finding agrees with the results of the univariate analysis. Age is an important factor when total unmet need is decomposed into need for spacing and need for limiting. Otherwise its importance becomes negligible. Hence age is not an important determinant of total family planning unmet need.

The number of surviving children a woman has is found to be positively associated with her need for family planning. The higher the number of surviving children the higher the woman's need for family planning.The relationship is statistically significant ($p<0.001$). The coefficient of number of children surviving suggests that as the number of living children a woman has increased by one the logodds of her family planning need increased by a factor 0.7667. The multiplicative estimate indicates also the odds of family planning unmet need is 2.1527 times higher for every additional surviving child a woman has than those with one child less. This is not inaccordance with one's expectation. That is most women in their early stages of fertility want to space and those with a large number of children want to limit. Thus like age, the effect gets neutralized so as not to show any association between total unmet need and the number of living children. Despite this fact the findings of the present study shows different pattern where the percentage of women in need of family planning increases as the number of surviving children increase. Those women with more living children are more prone to accept family planning. This is because while unmet need for limiting rapidly increased with the number of living children unmet need for spacing did not show marked decline accordingly.

Preferred family size of women shows negative relation with unmet need for family planning. This negative association is statistically significant. The estimated coefficient of preferred family size suggests that, an increment in the woman's preferred family size by one child reduces the likelihood of family planning need by 0.7697. The result underscores the importance of ideal family size in determining the need for family planning that is even in the urban setting women do not intend to adopt family planning before achieving a certain level of family size that meets their ideal preference.

Socio-Economic Factors

Among four socio-economic variables included in the model non is found to be significant. This result confirms the results of the bivariate analysis. The implication might be that there exist a sampling bias.

Inspite of the fact that non of these variables are found to be significant predictors of family planning unmet need, it is possible to forward a cautious inferences based on the direction of relationship. Education at the primary and higher level show negative relationship with unmet need for family planning, while for those with junior or senior secondary level, it shows a positive relationship. The logodds of family planning need decreases by a factor of 0.1939 for those with a primary level education compared to those with no education or non-formal education. Similarly the odds of family planning unmet need is lower by a factor of 0.3885 than those with no education. This finding is inaccordance with expectations, i.e., in most cases family planning service need is highest for the relatively less educated. This is possibly due to the

reason that the level of awareness of the possibility of fertility control and preference for a smaller number of family is less understood among the less educated while the better educated women appreciate the values of small planned family as well as the means in achieving it .

childhood residence shows different direction of association for different places. For instance a woman with her childhood residence in Addis Ababa has the logodds of family planning need which is lower by a factor of 0.4116 than her rural counterpart. Whereas the odds of family planning unmet need for a woman with childhood residence of "other urban" areas is 1.093 times higher than the woman with rural origin. The results are comparable with the realities that exist in other African countries (such as Egypt) that women with rural background have a greater need for family planning services. There may exist several reasons for the greater family planning need of women from rural areas. More are less educated, and family planning services are inadequate or non existent in rural areas compared to urban areas.

Employment status indicates a negative form of relationship with unmet need. The need for family planning services is lower for unemployed women compared to those employed.

Contraceptive Non-use

The logistic regression result shows that there is a negative relationship between age and women's contraceptive use. The relation is slightly significant at $p<0.05$ level for

the 35-49 age group and non-significant for the 25-34 age group. The odds of a woman's contraceptive non-use in the 35-49 age group is 0.6573 times lower compared to the youngest age group of 15-24. similarly the multiplicative beta coefficient for the 25-34 age group suggest that the likelihood of contraceptive non-use decreases by a factor 0.7589 times than those in the 15-24 age group. In other words, as the age of women increased they tend to use contraceptives or contraceptive non-use is relatively higher in the youngest age groups.

The number of children surviving has negative relationship with contraceptive non use and it is significant at $p<.001$ level. That is an increase in the number of surviving children reduces the logodds of being a contraceptive non-user by a factor 0.1518. Thus as women have more surviving children they tend to switch to the status of contraceptive user.

The coefficient estimate for preferred family size indicates the existence of positive relationship with contraceptive non use though the association is statistically not-significant. An increase in the family size preference of women increases the odds of contraceptive non-use by 1.0447 times than the odds of contraceptive use. That is women with larger ideal family size want to stay or remain as contraceptive non-users.

Table 16 Logistic Regression estimates of Demographic and Socio-economic variables, on family planning unmet need, urban **Ethiopia, 1990**

variables	Beta co-efficient	Stan.Error	Exp(Beta)
Age			
25-34	0.1874	0.4508	1.2061
35-49	0.1738	0.3280	1.1898
No. of surviving children	0.7667***	0.0947	2.1527
Preferred family size	**-0.2618*** **	**0.0589**	**-0.1955**
Education			
1-6	-0.1939	0.5169	0.8238
7-11	0.4849	0.4831	1.6240
12+	-0.4569	0.5298	0.6333
Childhood residence			
Addis Ababa	-0.4116	0.4676	0.6626
Other Urban	0.0891	0.3286	1.0932
Employment status			
Not working	-0.3841	0.2934	0.6811
Religion			
Catholics	0.2555	0.4852	1.2911
Muslims	1.9435	1.3719	6.9834
-2 log likelihood	325.495		
Degrees of freedom	326		

*** Significant at 1%

Reference: Women's age of 15-24
. No education /non-formal education
. Rural
. Currently working
. Orthodox/Protestant Christians

Table 17 Logistic regression estimates of Demographic and Socio-economic variables, on women's contraceptive non-use urban Ethiopia, 1990.

Variables	Beta co-efficient	Stan.error	Exp(Beta)
Age			
25-34	-0.2759	0.3155	0.7589
35-49	-0.4196*	0.2187	0.6573
No. of surviving children	-0.1518***	0.0461	0.8591
Preferred family size	0.0437	0.0385	1.0447
Childhood residence			
Addis Ababa	**0.2987**	**0.3241**	**1.4272**
Other urban*	**0.4333**	**0.8596**	**1.4936**
Employment status			
not working	**-0.2400**	**0.1871**	**0.7866**
Religion			
Catholics	0.3557	0.3241	1.4272
Muslims	0.4012	0.8596	1.4936
-2 log likelihood	794.402		
Degrees of freedom	701		

*** Significant at*** 1% level * at 5%

Reference: Women's age of 15-24
. No education /non-formal
. Rural
. Currently working
. Orthodox/Protestant Christians

CHAPTER V

CONCLUSION AND RECOMMENDATIONS

So far an attempt is made to look the different factors associated with the present high level of contraceptive non-use among currently married women in urban Ethiopia. Effort was made especially to estimate the level and identify the determinants of unmet need for family planning. For this purpose the data collected by the Central Statistics Authority during the 1990, National Family and Fertility Survey was used. The analysis was based on data collected from 2844 urban women of reproductive age.

The age distribution of women by the conventional five year age group implied a broad based distribution where the majority of the women were in the youngest groups. The mean preferred family size was found to be 5.0 children for currently married women. The majority of these women had a primary level of education and were unemployed.

About 93.6 percent of currently married women had at least one method of contraceptive knowledge. The level of knowledge was found to be higher for modern methods. Despite the high level of awareness contraceptive use was limited. Of all the women 27.3 percent had everused a family planning method and 15.5 percent were current users. It is found that 24.2 percent of married women were using family planning method.

Among all current non-users, only 25 percent showed interest to use family planning in the future. Future intention to use family planning did not differ by area of childhood residence and employment status of women. Future intention to use family planning showed positive relationship with education. The relatively less educated women were less motivated to adapt family planning in the future.

Future intention for family planning use appeared to be negatively affected by preferred family size of women. Desire for higher family size was found to be **associated with lesser motivation to use contraceptives. Future plan to use Family planning tended to increase with number of surviving children. However, despite their large families almost three quarters of women did not show any intention for use in the future.**

Different reasons were forwarded by non-users for their failure to use contraceptives. The major constraints from the perspective of non-users were fatalistic attitude, religious prohibition, fear of side effects and husband disapproval. since most constraints linked with traditional values and norms, inculcating modern ideas and information on method choice availability should be prior areas of program intervention with quick service delivery to be followed. In the mean time, investigating major factors associated with women's preference for large families should be given due emphasis. Moreover, the reasons for lesser motivation to accept family planning among women of higher number of surviving children should be studied and appropriate measures to raise acceptance level should be designed.

It is true that currently all users may not need family planning services. In this regard an attempt is made to identify those women who want to limit or space their fertility

but not using any form of contraception at present. These women are currently married, fecund and non pregnant. This is important because it helps to know the contraceptive demand in the future and to select target groups for family planning programme intervention.

Thus it is found that the level of unmet need for family planning service is 35.5 percent among currently married, fecund, non-pregnant women in urban Ethiopia in 1990. Though this estimate is about the same as those of the sub-Saharan Africa countries covered by DHS, it is lower compared to the CSA national estimate which is 56 percent.

One possible reason for this discrepancy is that the CSA estimates include the fertility preference of pregnant women which this study excludes. Information from pregnant woman doesn't tell much about their fertility desire. This is because their current pregnancy influences heavily their intentions. Thus it may lead to a misleading conclusion. The result is also different from what Tekabe and colleagues found (49 percent). However, their study estimates unmet need among ever married women in Addis Ababa. Thus the definition used in their study doesn't take into account fecundity and pregnancy status of women which are considered in the present study.

Unmet need for family planning has two components-unmet need for spacing and unmet need for limiting. In this study it is found out that 24 percent of unmet need in urban areas was for limiting and the remaining 11.5 percent for spacing. This study found that the greater percentage of unmet need in urban Ethiopia is for the purpose of limiting which is different from the DHS result for other Sub saharan countries. However, the finding is similar with that of Tekabe and colleagues for the case of Addis Ababa.

The estimated level of unmet need (35.5) together with current contraceptive prevalence (24.2) depicts the percentage of total family planning demand in urban Ethiopia, which was 59.7 percent in 1990, of which only 40.5 percent was satisfied. These findings of total unmet need, total demand and percent of demand satisfied are favorably comparable with the findings of the DHS for other African countries.

Examining family planning unmet need across various demographic, social and economic variables suggests that unmet need for family planning is affected by some of these variables.

It is found out that younger women prefer to space their births while the older women prefer to limit. Thus the need for limiting increases with the age of the women. The relationship of unmet need for family planning with number of surviving children is significant at 10 percent level. Whereas, childhood residence, employment status, contraceptive knowledge and preferred family size were found to be statistically non-significant though all shows existence of some relationship.

In order to conduct family planning programme the other important aspect is the intention of women with unmet need so as to use family planning in the near future. In this connection, the results obtained indicates that only one-third of the women with unmet need (among the never users) in urban Ethiopia has an intention to use family planning method sooner or later. Otherwise the majority do not intend to use any method of family planning in the future. This finding is much lower compared with the planning status of women in some of the sub-saharan Africa countries such as Kenya and Botswana by the DHS.

Meanwhile results shows that fatalistic attitude followed by fear of side effects plays dominant role for the non-use of contraceptives among women with unmet need who had never practiced family planning in their life time. Whereas among those women with prior experience of contraceptives, the main reason was to be health concern for discontinuity.

At this point it seems that women who do not plan to use family planning in the future reduce the actual amount of unmet need and consequently the total family planning demand. However looking into the reasons of non-use discussed above it is possible to argue that most of these constraints can be corrected by allowing more time for IEC activities. Those women who express their intention to use family planning in the future could become acceptors in the short run given the service is available. It is only a matter of time to satisfy the needs of all women with unmet need. Therefore, it is very likely for the levels of unmet need and total demand to extend to the estimated level.

Hence it is necessary for family planning programme planners to design specific programs for those with prior family planning experience and for those with out prior use of family planning. For the first group it is essential to create awareness and provide a range of effective contraceptive method. For instance most women do not know the availability and feasibility of contraception after unprotected sex better known as "emergency contraception" according to a recently published article (Network, 1994:4). Studies also support the idea that women with knowledge of several effective methods are in a better position to switch to another method before they easily get dissatisfied and discontinue. On the other hand, programs for those with no family planning experience should be directed towards changing their attitude

and convincing them on the rewards of family planning usage. Results of the bivariate analysis indicates factors such as husband disapproval, religious prohibition, cost, availability and accessibility plays minimal role for the lesser motivation of women to use family planning.

The results of the logistic regression indicates that the number of children surviving and preferred family size are found to be the most important determinants of unmet need for family planning. Both variables are statistically significant ($p < .001$).

Women with large number of surviving children have a greater unmet need for family planning than those women with relatively less number of living children. On the other hand women with a higher ideal family size have lower need for family planning services. The findings suggest that women prefer to go for their ideal number of children before accepting a family planning method.

Age is found to be statistically non-significant and less important in explaining total unmet need. This is according to expectation. The effect of age is more discernible in explaining family planning need when total unmet need was divided into need for spacing and need for limiting. That is unmet need for spacing is higher among young women and unmet need for limiting is higher among older women. When the analysis extends to total unmet need, the need for spacing by the youngsters and the need for limiting by the older women balance each other to make the effect of age negligible.

Synonymously the same result was observed by most of the countries covered by the Demographic and Health Survey (DHS) such as Ghana and Uganda. Furthermore similar result was obtained for the determinants of contraceptive non use. Here based

on the findings it is necessary to observe that for age group 35-49 age is slightly significant ($p<.05$). Consequently, it is possible to conclude that as age increases contraceptive non-use decreases.

The probability of those women with more surviving children to use contraceptive is very high. In this regard, preferred family size or desired number of children contribute positively to contraceptive non use.

The other variables such as childhood residence, education, employment status, religion and contraceptive knowledge show little association with unmet need for family planning and contraceptive non-use. However from the direction of association it may be concluded that the need for family planning is highest for the relatively less educated, for those women of rural origin, and for the employed.

Therefore, this study proves the validity of the hypotheses forwarded at the initial stage ;

1- The number of living children women have and the size of family women prefer contribute significantly to family planning unmet need and to the non use of contraceptives. In other words as the number of living children increased the need for family planning services becomes greater. And the larger the preferred family size of women, the higher the contraceptive non use and the lesser the need for family planning.

2- Traditional values and norms contribute to the non-use of contraceptives. That is, fatalistic attitude, religious prohibition and fear of contraceptive side effects among women are factors responsible for the higher level of contraceptive non use.

3- Total unmet need decreases with increasing level of education. In other words as women becomes more educated they become more exposed and receptive to modern ideas which contribute to their higher level of contraceptive use. Hence, the need for family planning among the better educated is much less than those illiterates or with non formal education.

Where as the study failed to prove that total unmet need for family planning exhibit an increasing trend as age increases. This is because unmet need for **spacing was concentrated in the younger age groups which declines with advancing age and just the opposite for unmet need for limiting. This situation distributes the level of unmet need for all ages almost evenly. Therefore, total unmet need is not found to increase as age increases.**

To sum up, to reduce the level of contraceptive non-use and effectively address family planning service needs in the near future, the following steps are suggested.

1- concerted effort should be made by government and non-government organizations to reduce infant and child mortality so as to boost the confidence of mothers on the higher survival chance of their children which encourages them to have trust and accept family planning method

2- At community level, mothers with more surviving children should be encouraged to limit their future fertility by a well coordinated and integrated family planning programme.

3- Information, education and communication service of family planning should focus at convincing woman in general and expectant mothers about the values of fewer births or at spacing births. Similarly husbands should be motivated to appreciate the use of family planning.

4- The provision of accessible effective forms of contraception should be focus areas of intervention for those who already appreciate the ideas of family planning but not using any method.

5- Programs should motivate people to be more receptive for new ideas and practices. The programs should advocate the minimal risk or side effects associated with contraceptive methods compared to health problems and maternal death incurred by unsafe abortion.

6- Since family planning is a painstaking effort eduction of contraceptive method should be inclusive in the curriculum with the already proposed sex eduction.

7- In order to curb the cultural barrier it is necessary to enlist the help of religious and community leaders to explain the necessity of having a limited number of children. Although the situation is delicate it is possible for this group to convince the community through time.

8- The role of NGO's in conducting family planning programmes should be further strengthened not only in the provision of services but in assessing and identifying the needs of specific target groups such as adolescents the displaced and similar clusters.

9- combined programs of family planning and development should be initiated and encouraged. Such programs link contraceptive services and efforts in addressing the causes of abject poverty, low infant and child survivorship rates, education and women's low social status. Income generating schemes for women should be encouraged to create more job opportunities for those who are un-employed.

10- Further research, in the area of unmet need preferably anthropological in nature must be conducted. This helps to measure the extent of unmet need in a more refined form, so as to understand the socio-cultural constraints of contraceptive non-use. Moreover, unmet need among adolescents, un-married women and even males should be an area of focus for further research.

REFERENCES

Abdullahi Hassen; Assefa Haile Mariam; and Yacob Zewoldi (1994). **Proximate Determinants of fertility in Ethiopia: An Application of the Bongaart's Model** Demographic Training and Research Center, AAU.

Assefa Hailemariam and Helmut Kloss (1993). Population. In Helmut Kloos and Zein Ahmed Zein eds., **The ecology of health and disease in Ethiopia.** Boulder, westview press.

Assefa Hailemariam (1992). **An overview of the determinants of high fertility in Ethiopia.** Ethiopian Journal of Development Research, vol.14,no.2

_____ (1994). **Population dynamics and their underlying implications for development in Ethiopia.** Proceedings of the national workshop on integrating population and development planning (IPDP). Ministry of Planning & Economic Development,Addis Ababa.

Barbara Barnet (1994). Family planning and Development. **Network** vol 15, no 1 FHI

Bongaarts J.; Mauldin W.P.; and Phillips J.F. (1990), The Demographic Impact of Family Planning Programs. **Studies in Family Planning,** Vol, 21, No.6, New York, Population Council.

Carl Lynn Blaney (1994). Contraception After Unprotected Sex. **Network** vol 15, No 2 FHI

Central Statistical Authority (1991). **The 1984 Population and Housing census of Ethiopia: Analytical Report At National Level.** Central Statistical Authority, Addis Ababa.

_____ : Population Analysis and Studies Center (1993) **The 1990 National Family and Fertility Survey Report.** Addis Ababa.

_____ (1994) **Population situation in Ethiopia and its impact on major socio-economic sectors.** A.A.

Debesai Haile(1991). **Safe motherhood initiative in Ethiopia.**Twenty five years of family planning services in Ethiopia,special issue commemorating the silver jubilee anniversary of FGAE,A.A.

ECA (1985). **African population studies series no.9** A.A.

Ekanem. I.I. **Summary of theory of demographic transition** (unpublished)

IRD/Macro International, Inc.(1991) **Proceedings of the Demographic and the Health Surveys World Conference**, Washington, D.C., 1991. 3 vols. columbia, Maryland.

Janoulitz B.,Bailey P., Ochoa J.,and Swazo M. (1987). Contraceptive Use and Fertility in Honduras 1981 - 84. **Studies in Family Planning**, Vol.18, No.5, New York, Population Council.

Joesoef MR et.al (1988). Husbands Approval of Contraceptive Use in Metropolitan Indonesia: Program Implications. **Studies in Family Planning**, Vol,1.19, No. 3, New York, Population Council.

Klitsch M (1992). The Demand for Family Planning - Estimates for Developing Countries, **Family Planning Programs and Fertility,** Edited by James F. Phillips and John A. Ross. Oxford.

Kobayashi F. (1986) Contraception, **Summary of Eighteenth National Survey on Family Planning**, Compiled by Mainichi, New Papers, Population Research Council, Tokyo.

Larson A, and Mitra S.N. (1992) Family Planning in Bangladesh: An Unlikely Success Story, **International Family Planning Perspectives, No. 18.**

Lightbourne R,; (1987) New Approaches for Estimating the Demand for Children. **Population Bulletin of the United Nations, Nos.23/24, New York.**

Lindsay B and Thapa Shyam (1984). Family planning experience, **Populi,** vol 11 no. 1 Journal of UNFPA. New York.

Mekonen Bekele(1991), **Adolescent pregnancy and family planning.**Twenty five years of family planning services in Ethiopia,special issue commemorating the silver jubilee anniversary of FGAE.A.A

McGinn T., Sebgo P., Fenn T., and Bamba A. (1989) Family Planning in Burkina Faso: Results of a Survey. **Studies in Family Planning**, Vol.20, No.6, New York, Population Council.

Odile Frank (1987). The Demand for Fertility Control in Sub-Saharan Africa. **Studies in Family Planning**, New York, Population Council.

Population Information program,The John Hopkins University(1992). **Population Reports**,series M,no.6.

Richards, et.al 1988) Contraceptive Use and Fertility in Paraguay, 1987. **Studies in Family Planning** Vol. 19, No.5, New York, Population Council.

Sayed H.A., El-Khorazaty MN and Way A.A. (1989) **Fertility and Family Planning in Egypt, 1984.** Egypt, national Population Council, Cairo.

Shuler Sidney Ruth and Goldstein C. Mewyn (1986). Family planning in Nepal from the user's and non-user's perspectives, **Studies in Family Planning**, vol 17 no. 2, Newyork, Population Council.

Studies in Family Planning (1989) Vol. 20, No. 6. Mali 1987: Results from the Demographic and health Survey.

Studies in Family Planning (1990) Vol. 21, No. 6, Egypt 1988, Results from the Demographic and Health Survey.

Swanhilde p.de Jong and Araya Demessie(1989). **Characteristics of family planning acceptors in Addis Ababa** Ethiopia,FGAE.

Swar-Eldahab A.M. (1993) Constraints on Effective Family Planning in Urban **Sudan, Studies in Family Planning,** Vol. 24, No. 6, New York, Population Council.

Tekabe A. Amare D and Yared M (1994) **Unmet Need and the Demand for Family Planning in Addis Ababa,** Unpublished.

TGE (1991). **Ethiopia's Economic Policy During the Transitional Period: An official translation, Addis Ababa.**

TGE-OPM(1993). National population Policy of Ethiopia, A.A.

TGE/UNICEF (1993). **Children and Women in Ethiopia,** a situation Report.

Tizazu Abebe(1994). **Differentials in use effectiveness of contraceptives in Dale wereda,South Ethiopia.** Mph Thesis.

Westoff C. F., Pebley AR (1982) Alternative Measurements of Unmet Need for Contraception in World Fertility Surveys of Developing Countries. **Unmet Need for Contraception in World Fertility Surveys of Developing Countries.** East-West Population Institute.

Westoff C.F. (1988) Is the KAP - Gap Real? **Population and Development Review**, Vol.14, No. 2.

Westoff C.F., Moreno L., and Goldmann (1989) The Demographic Impact of Changes in Contraceptive Practice in Third World Populations. **Population and Development Review** Vol. 15, No.1.

Westoff C.F., and Ochoa LH. (1991) **Unmet Need and the Demand for Family Planning Demographic and Health Surveys Comparative Studies, No. 5**, Institute for Resource Development/Macro International, Maryland.

Westoff C.F. (1992) The Demand for Family Planning Estimates for Developing Countries. **Family Planning Programs and Fertility**. Edited by James F. Phillips and John A. Ross, Oxford.

William K. Agayei (1989) **Fertility and Family Planning in the Third World: A Case Study of Papua New Guinea.**

DECLARATION

I, the undersigned declare that this theses is my original work, and has not been presented for a degree in any other university and that all sources of material used for the thesis have been duly acknowledged.

Name Daniel Sahle-Yesus

Signature 

Place Demographic Training and Research Centre-IDR - AAU

Date of Submission June,1995