

ETHIOPIA:  
KNOWLEDGE, ATTITUDES AND PRACTICES IN  
FAMILY PLANNING  
RESULTS FROM SEPTEMBER 2004 SURVEY OF  
AMHARA, OROMIA, SNNPR AND TIGRAY REGIONS



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Cover: Sunrise view from babile hills, Eastern Ethiopia  
Inside cover: A young mother of five, craving for FP service



# **Knowledge, Attitudes, and Practices in Family Planning**

**Results of a September 2004 Survey**

**in  
Amhara, Oromia, SNNPR  
and Tigray Regions of  
Ethiopia**

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## ACRONYMS AND ABBREVIATIONS

<b>CBRH</b>	Community Based Reproductive Health
<b>CBRHA</b>	Community Based Reproductive Health Agent
<b>CEB</b>	Children Ever Born
<b>CPR</b>	Contraceptive Prevalence Rate
<b>CSA</b>	Central Statistical Authority
<b>CSPRO</b>	Statistical Software for Census & Surveys
<b>DHS</b>	Demographic Health Survey
<b>EA</b>	Enumeration Area
<b>EDHS</b>	Ethiopian Demographic Survey
<b>FP</b>	Family Planning
<b>GDP</b>	Gross Domestic Product
<b>HHS</b>	House Holds
<b>IEC</b>	Information, Education and Communication
<b>IUD</b>	Intra Uterine Contraceptive Device
<b>KAP</b>	Knowledge Attitude and Practice
<b>NGO</b>	Non Governmental Organization
<b>OC</b>	Oral Contraceptives
<b>PA</b>	Peasant Association
<b>PRB</b>	Population Reference Bureau
<b>R</b>	Rural
<b>RH</b>	Reproductive Health
<b>SNNP</b>	Southern Nations, Nationalities and Peoples
<b>SNNPR</b>	Southern Nations, Nationalities and Peoples Region
<b>SPSS</b>	Statistical Software Program for Social Sciences
<b>TFR</b>	Total Fertility Rate
<b>TTBA</b>	Trained Traditional Birth Attendance
<b>U</b>	Urban
<b>UN</b>	United Nation
<b>USAID</b>	United States Agency for International Development

## FORWARD

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By all accounts Ethiopia is classed among the countries with persistent food insecurity. To us in the population programs and other experts the root cause of the perpetual food crisis is the high population growth rate (2.7 % per year) that is not matched with the lower growth rate of agricultural productivity and food production. Population pressure on the land as a whole has also contributed to the low growth rate in agricultural productivity because of increasingly diminishing farmland holdings and degradation of soils and the environment that support crop production. The debilitating poverty that the population of the country suffers from is, no doubt, also fueled by the rapid population growth.

Ethiopia's population increased from about 19 million to the current estimate of 74 million over the last 50 years. The fertility level is one of the world's highest, at about 6 children per woman. At the current rate of growth the population is estimated to double in less than 25 years from now.

The relatively progressive Population Policy of Ethiopia has been promulgated nearly 12 years ago and a National Population Office has been established as well even though it lacks the expected legal basis for rigorously coordinating the implementation of the policy. Those of us in population programs also lament the absence of forceful backing of the Population Program from the top leadership of government, as was the case in many other countries that have succeeded in harmonizing their population growth rate with that of their development efforts.

Despite those shortcomings and problems the population program in Ethiopia is showing some signs of maturity. As the study of this report indicates and as the Federal Ministry of Health's service data also supports, the Contraceptive Prevalence rate in the project areas seems to hover at about 23%, which is indeed a leap from the 8% rate that was estimated with the EDHS of 2000. Yet, more than 36% of women in child bearing age have unmet family planning (FP) needs for spacing or limiting their children. This means, more than a third unintended pregnancies could have been averted with adequate access to FP services. The acute shortage of contraceptive supplies and the dysfunctional contraceptive logistics system are the major factors in failing to meet the demand for Family Planning services. Consequently many unwanted pregnancies end with unsafe abortions, and post-abortion complications are a major cause of maternal mortality in the country. The health statistics indicate that 850 mothers die in childbirth among every 100,000 live births, a frighteningly high figure by world standards.

Moreover for many households, large families mean poor nutrition. More than half of the children under the age of five are nutritionally stunted, which will negatively affect their future well-being and productivity.

Since 2002, Pathfinder International has implemented a USAID-funded RH/FP project in four focus regions of Tigray, Amhara, Oromia and SNNPR, home to more than 80 percent of the national population. Pathfinder provides capacity building; technical and material

support to the Ministry of Health and to local NGO partners, including faith based organizations and CBOs, helping them to promote access to quality RH/FP services to under-served rural communities. Over the long-term, the program aims to improve the living standards of the people of Ethiopia, enabling families to better feed, clothe, educate, and provide health care for their children. It seeks to bridge current gaps in government health services and to enhance the reproductive health status of women, men and adolescents through access to quality reproductive health, family planning and post abortion care services. The project promotes reproductive rights, gender equity and equality, and Adolescent sexual and reproductive health while building capacity for sustainable development in the context of the Government's poverty reduction plan and effort.

Despite deep inroads made by the Pathfinder implemented projects in recent years, however, a large portion of the Ethiopian population remains under-served in family planning. This comprehensive survey of the FP knowledge, attitudes and practices of urban and rural communities gives important insight into the results that have been achieved so far, and the areas where more education and RH/FP services are urgently needed. It is my sincere hope that the set of data assembled in the report will inform and guide decision-makers as they go forward to expand and improve RH/FP services in Ethiopia.

In this endeavor it gives me pleasure to acknowledge that the generous support provided to Pathfinder International by USAID is also supplemented by grants from the David and Lucile Packard Foundation, the Swedish International Development Agency (SIDA), and UNICEF. However all of this undertaking would not have been possible without the willingness and open door policy of the Federal Ministry of Health and the respective Regional Health Bureaus who have availed the over 1,400 referral health facilities and their personnel to support the RH/FP services provided by Pathfinder through 43 implementing partner organizations who have in turn deployed over 7,000 Community Based Reproductive Health Agents to provide a house-to-house services.

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## **EXECUTIVE SUMMARY**

### ***Introduction***

This report presents the findings of a September 2004 survey on the current level of knowledge, attitudes and practices related to family planning in the Amhara, Oromia, SNNPR and Tigray regions of Ethiopia, home to more than 86% of the country's population.

### ***Methodology***

The study employed a stratified multistage sampling design with the four regional states and their urban-rural residences as the six reporting domains. The design provided a representative sample for each regional domain, as well as the urban-rural classification. Geographic stratification was used, in order to make sampling and implementation of survey activities efficient. A total of 58 woredas, drawn from each of the four regions, constituted the primary sampling units. For each selected woreda, lists of rural and urban kebele administrators or Peasant Associations (Pas) were obtained, from which a systematic sample of kebeles was made. A total of 176 kebeles (113 rural and 63 urban) was included in the study.

From each selected kebele, one or two villages were chosen and fresh listings of all households drawn up. From these lists 20 households were selected from each village using systematic sampling design. Assuming an average of 1.1 women per household, a total of 3,671 women were contacted and provided complete information (response rate of 95.3%).

A structured questionnaire was used to collect information on attitudes towards and understanding of family planning and child spacing, including patterns of spousal communication and decision making, knowledge of supply sources, access to services, actual family planning use with reasons for nonuse, intention for future use of contraceptives, and level of unmet need.

### ***Findings***

#### ***Age***

- Women between the ages of 20-34 accounted for about half of all respondents, in both urban and rural areas.
- Women older than 35 represented 25 percent of those in urban areas and 30 percent in rural areas.
- About a third of the women in Tigray and SNNPR, and nearly 40% in Amhara and Oromia were in the peak childbearing age (20-29 years).

#### ***Literacy and educational level***

- Female literacy was much lower in rural than in urban settings in all four regions, averaging 38 percent in urban areas and 64 percent in rural areas.
- About 20 percent of rural women and 38 percent of urban women had finished primary school, with the numbers for secondary school falling to 7 percent in rural areas and 24 percent in urban areas.

#### ***Marital Status***

- Close to three-quarters of rural women were currently married and only 14% had never been married. The numbers of married women in cities were lower (52% in Tigray and Amhara, 62% and 63% in Oromia and SNNPR).
- Divorce rates were markedly higher in Tigray and Amhara in both urban and rural areas, going as high as 23 percent in urban Tigray as opposed to 2.8 in urban SNNPR.

Overall, widowed women accounted for about 6%, and the number of women living with a partner was very low, peaking at 4 percent in urban Tigray.

### ***Age of Marriage***

- Nearly 27 percent of rural women in Tigray and 48 percent in Amhara were married before the age of 15. This contrasts with 13 percent in Oromia and 7 percent in SNNPR. Urban marriages before 15 years are fewer (19 percent in Tigray, 28 percent in Amhara, 10 percent in Oromia, and 14 percent in SNNPR).
- A high percentage of women are married between 15 and 17 in all regions, but in Oromia and SNNPR, 40 percent or more marry after the age of 18.
- Of potential significance is a tendency for a higher proportion of the younger cohort to be delaying marriage until after the age of 18, particularly in urban areas.

### ***Fertility***

- The average Total Fertility Rate for all regions was 5.6 children per woman with little significant difference between regions. Urban fertility is 26% lower than rural fertility for all the four regions combined.
- Most women give birth while they are in their teens, as a consequence of the early age of marriage.
- Among women currently pregnant, a significant proportion (about 40% in Tigray, a little over 40% in Amhara, 31% in Oromia and 37% in SNNPR) reported that the pregnancy was unwanted or mistimed suggesting that these pregnancies could have been prevented if women had had access to family planning services.

### ***Birth attendance and place of delivery***

- Relatively few women receive professional assistance when giving birth. Those who were assisted by a relative or neighbor, or had no assistance at all, during delivery of their last child were 67% in Tigray, 57% in Amhara, 69% in Oromia and 71% in SNNPR.
- Slightly over a quarter of all births were assisted by trained traditional birth attendants.
- Health professionals attended only about 7 % of the reported births. The corresponding figure for urban and rural was 14 and just about 6 percent in urban and rural areas.
- About 87 % of births were delivered at home (72% in urban and 89 % in rural).

### ***Knowledge on Fertility Regulation***

- Although the level of knowledge of family planning appears to be high in the population under consideration (86%), knowledge of long-term and permanent methods is very low. Fewer than one in three women mentioned knowledge of female sterilization, and only one in five women mentioned about male sterilization.

### ***Source of family planning information***

- The major sources of information on family planning in these regions are health institutions, social gatherings, radio, CBRH workers and friends or relatives. In rural areas, CBRH agents emerged as an important source of family planning information.

### ***Respondents having ever used family planning***

- More than 36 percent of women in Oromia reported having ever used contraception, followed by those in Amhara region (33%), Tigray (30%), and SNNPR (25%).
- For all regions combined the proportion of women who reported ever used any method was 32 percent.

### ***Current use of family planning***

- Current use of any method of contraception among all women of reproductive age was found to be highest in Oromia (24%), followed by Tigray and Amhara with 20% each, and SNNPR at 17%. However, the levels of use for modern methods was lower (21 % in Oromia, 17% in Tigray, 18% in Amhara, and 14% in SNNPR).
- The use of contraception was considerably higher among currently married women in all the four regions, compared to all women of reproductive age. Twenty seven percent of currently married women in Tigray, 31% in Amhara, 32% in Oromia, and 23% in SNNPR reported use of any method of contraception.
- Current use of modern methods was a little lower (22% in Tigray, 27% each for Amhara and Oromia, and 18% in SNNPR). These figures are significantly higher if we look at urban areas alone: (50% in Tigray, 44% in Oromia, 38% in Amhara, and 32% in SNNPR).
- Contraceptive use among women with no living children is very low in all areas. In most urban parts, CPR is higher among married women with one or two children, while in rural areas, the peak level is observed among women with three or four children.
- Two-third of current FP users (72% in Tigray, 65% in Amhara, 60% in Oromia and 80% in SNNPR) began using contraception within the last two year or so.
- Temporary methods (pills and injectables) are the most widely known and used methods in both urban and rural areas.
- Partner approval of contraceptive use appears modest in Tigray (50%), but very low in other regions (36% in Amhara, 23% in Oromia, and 33% in SNNPR).

### ***Sources of Contraceptives***

- Health institutions (hospitals, health stations and health posts) were reported as main sources of contraceptive supplies to about two-third of the users in Tigray and SNNPR, 84% in Amhara, and 70% in Oromia.
- Health stations and health posts specifically were important sources in rural areas while health stations were the primary source in urban areas. CBRHAs are more visible as providers of contraception in rural areas than in urban areas.

### ***Intention for future use of contraception***

- Future intention to use family planning among non-users is relatively high in both rural areas (59%) and urban areas (65%).. The main reason for non- users were inconvenience to obtain and shortage of supplies followed by demand for more children.
- The total unmet need was higher in rural areas (35.4 %) compared to urban (28%). and the level of unmet need is higher in Oromia and SNNP regions compared to the other two regions.

- Unmet need for spacing births was high among the younger women aged 15-24 years while unmet need for limiting was higher among older women.

## RECOMMENDATIONS

Based on the findings of the survey, the following recommendations are made to improve reproductive health in the four regions:

### *Social Issues:*

- **Early marriage** is widely practiced and is associated with high-risk pregnancy and complications during delivery, often leading to maternal morbidity and mortality. Moreover, the early onset of childbearing typically leads to large family size. Raising the age of first marriage is likely to reduce the high level of teenage pregnancy and childbirth
  - **Focus efforts to raise public awareness about the hazards of early marriage.**
- **Large family size** continues to be desired, especially in rural areas. Fertility was also noted to be high, especially, in rural parts of the regions. The desire for large family size still prevails.
  - **Focus efforts to inculcate the desire for small families in the population.**
- **Knowledge of specific contraceptive methods** remains low, although knowledge of at least one method of contraception is high in the population. Knowledge of long-term and permanent methods of contraception is extremely low.
  - **Broaden the knowledge of all methods of family planning, their merits and disadvantages and appropriateness for specific conditions.**
- Spousal communication on family planning issues has to be promoted to initiate discussion among couples to decide jointly on desired family size and adoption of services.
- Most commonly, family planning programs are designed to reach women only and in most cases do not involve men. But, in countries like Ethiopia, where men play a dominant role in the household decision-making, the programs may not be that effective without men's involvement, and hence, an effort has to be made towards this end.
- **Illiteracy** remains a burden for the major proportion of women especially in rural areas, and those with secondary and above level of education are negligible.
  - Develop activities and programming that will assist and encourage young girls to remain in school and pursue higher levels of education. More educated women tend to have the knowledge and are motivated to use reproductive health services.

### *Service Delivery Issues*

- **The CBRHAs** are effectively providing RH services in rural underserved communities in the form of non-clinical contraceptives, counseling, and referrals for clinical methods and other RH services.
  - Continue to strengthen the collaboration and synergy between CBRHAs and the public sector.

- **Births without trained assistance** are the norm. The majority of these births occur at home suggesting underutilization of available services.
  - Increase awareness about the benefits of facility based deliveries. Improve access to and the quality of services in health facilities.
- **Contraceptive methods** of all kinds, both short- and long-term, need to be made reliably available. Currently, short-term methods, such as pills and injections predominate, even for women who want to stop childbearing. While making effort to create demand for a wide range of methods, supply of injectables, particularly, in rural health facilities must be strengthened to meet local demand.
  - Expand and stabilize the supply of all methods, while encouraging women to use long-term and permanent methods and training service providers to make these services available.
- A **high dropout rate** among ever-users of contraception is documented by the survey. Reasons given include the desire for more children, inconvenience of use and side effects of contraceptives.
  - Continue to improve quality of services and overcome contraceptive shortages.
- Survey results demonstrate a need to address the contraceptive needs of women according to their ages and stages of child bearing. Married women aged 15-24 had a high unmet need for spacing births, while older women, particularly those residing in urban areas seek to stop births altogether.
  - Family planning methods should be intensively promoted to women according to their particular needs, with particular emphasis on long-term methods for those women who are ready to accept them.

***Public Policy Issues:***

- **Poverty reduction** is directly linked to progress in family planning.
  - Continue advocating and educate decision-makers in the vital role of reproductive health/family planning services in poverty reduction and attaining the millennium development goals.

***Communication:***

- Dissemination efforts:
  - Use all available **public fora** to disseminate RH/FP information to the population such as annual farmers' conferences organized by many of the Woredas in Amhara and Tigray regions.
  - **Radio** is emerging as the main source of information in both urban and rural settings, suggesting its potential to disseminate research-based, culturally sensitive and relevant information about reproductive health issues. This calls for more effort to use the radio as a means of disseminating information.

## CHAPTER I

### INTRODUCTION

#### 1.1 Background

Population growth is a major concern in developing countries in view of its impact on broader socio-economic development. In Sub-Saharan Africa, including Ethiopia, continued high fertility levels, along with declining mortality rates, have resulted in a wide gap between birth and death rates, and subsequently in high annual population growth rate. Factors contributing to high fertility include low socio-economic development, deeply-ingrained cultural values for large family size, and low levels of contraception (Bertrand, J.T., et al, 1993). The resulting high rate of population growth has led many countries to adopt population policies aimed at reducing the prevailing high birth rate.

With a population of 72.4 million in mid-2004 (PRB, 2004), Ethiopia is the second most populous country in Sub-Saharan Africa next to Nigeria, having increased by almost **four-fold** in just half a century, from 19.2 million in 1950 (UN, 2004). According to the medium variant projection of the CSA, it is projected to reach 106 million in 2020 (CSA, 1999). Children under 15 years of age account for about 45 percent of the population, indicating a built-in momentum for future growth. More than 80 percent of the population lives in rural areas with poor access to health and educational services. Although the gross population density was 59 persons per square kilometer in 2000, there are areas where the density exceeds 700 persons per square kilometer. Such population growth places pressure on resources - particularly the environment - by extending agricultural activities into environmentally fragile areas and those inhospitable to traditional farming.

Agriculture contributes 55 percent of GDP and involves 90 percent of the labor force, while industry and services together account for 45 percent (7 percent industry and 38 percent services) (Earth Trends, 2001). The country remains the least developed in the world with GDP per capita of US\$ of 116 (Earth Trends 2001). Nearly half of the population lives in absolute poverty, and close to half of children under the age of five are stunted.

In recent decades, adverse climatic conditions, combined with demand on the environment for food production, animal feed, construction and fuel energy have been increasing, along with deforestation, soil erosion, and land fragmentation. Consequently, agricultural production has steadily declined (Assefa, 2003). Significant population growth in a predominantly agrarian economy leads to fragmentation of land holdings with each generation. These factors, when combined with low levels of modern farm inputs, signal a decline in agricultural output and food security at the household level.

Women are the most seriously affected members of the population. Frequent pregnancies and childbearing expose women to high risks of maternal morbidity and mortality. The average Ethiopian woman gives birth to about 6 children (DHS 2000). Approximately 5 million married women are in need of family planning services. Unwanted or mistimed pregnancies are common and often lead women to clandestine abortion, which results in serious health complications or even death.

Since 1993, the government has initiated policies to improve the reproductive health status of Ethiopian women.<sup>1</sup> Many NGOs not previously involved in reproductive health have reoriented

their programs to include these services, while those already in the field have expanded their coverage, resulting in a gradual increase in contraceptive prevalence. Use of modern contraceptives increased from 4 percent in 1990 to 6 percent in 2000 (CSA, 1990, CSA and Macro 2001). Since 2000, many new health posts have been built and NGOs have increased their coverage in rural areas. However, there are no current data to gauge the level of contraceptive practice. Estimates have been consistently biased upwards.

This report presents the findings of a survey conducted September 2004, on current level of knowledge, attitudes and practices related to family planning in the Amhara, Oromia, SNNPR and Tigray regions of Ethiopia, home to more than 86% of the country's population. Including this introductory chapter, the report is compiled in five chapters. The brief introduction in chapter one is followed by analysis on respondents' background characteristics and level of fertility in chapter two and three. Chapter four present a detailed finding on fertility regulation (status in family planning practice). Finally chapter five summarizes the main findings of the study and provides key programmatic recommendations for consideration in the design and implementation of reproductive health services.

## **1.2 Objective**

The main objective of this study was to generate recent and reliable information on the current Contraceptive Prevalence Rate (CPR), as well as data on knowledge, attitudes and practices related to family planning in the regions of Tigray, Amhara, Oromia, and SNNPR, home of more the 86% of the country's population.

Specifically, the study addresses the following key issues.

- ◆ Attitudes toward and understanding of family planning and child-spacing;
- ◆ Factors that influence use of family planning methods;
- ◆ Patterns of communication about family planning;
- ◆ Family planning decision-making patterns;
- ◆ Knowledge of sources of contraceptive supply;
- ◆ Access to services;
- ◆ Family planning use, reason for nonuse, and intension for future use of contraceptives;
- ◆ Method mix;
- ◆ Level of unmet need.

## **1.3 Study Design and Sample Size**

The study employed a stratified multistage sampling design with eight reporting domains, including the four regional states of Amhara, Tigray, Oromia, and SNNPR and for urban and rural areas of each region. The design provided representative sampling for urban as well as rural areas of each region.

In the design, geographic stratification was used to make sampling and implementation of survey activities efficient, and to simplify the selection of the allocated number of units from each stratum. A total of 58 woredas from the four regions constituted the primary sampling units (See AnnexI, Table1.1). For each selected woreda, lists of urban and rural kebele administrations were obtained, and from which a systematic sample of kebeles were made. A total of 176 kebeles (113 rural and 63 urban) was included in the study. A village was then selected at random from each

kebele administration (See AnnexI, Tables 1.1 and 1.2).

A complete list of household was carried out for selecting legible women for an interview. The households listing in sampled villages involved the preparation of a location map of the village and layout sketch of the structure and recording details of the household in the village. The listing was done in such a way that households that have no eligible women of reproductive age were filtered out and the selection of the 20 households was performed randomly from the list of households with at least one member who is within the specified age limit. Of the original interview target of 3,852 women of reproductive age (assuming an average 1.1 such women in each selected household), a final total of 3,671 women were contacted and provided complete information.

#### **1.4 The Questionnaire**

A structured questionnaire with pre-coded answers was developed and administered. The questionnaire was designed to gather information on: -

- ◆ Attitude toward and understanding of family planning and child spacing;
- ◆ Patterns of communication about family planning between spouses;
- ◆ Family planning decision making;
- ◆ Knowledge of source of supply;
- ◆ Access to services;
- ◆ Family planning use, reason for nonuse, intention for future use of contraceptives and;
- ◆ Level of unmet need.

The questionnaire was initially drafted in English and then translated into Amharic and pre-tested before it was used for the actual data collection.

#### **1.5. Manual of Instruction for Interviewers and Supervisors**

To maintain uniform survey procedure, a manual of instruction was prepared for use by both interviewers and supervisors. The manual described the various components of the survey, its objectives, interviewing techniques and field procedures, as well as a detailed discussion of each of the questions in the questionnaires.

#### **1.6 Recruitment, Training and Data Collection**

##### **1.6.1 Recruitment**

Since the quality of data largely depends on the performance of data collectors, the recruitment of interviewers (80) and their supervisors (20) were carried out circumspectly. Effort was made to include interviewers who had worked in fertility and family planning-related surveys and who spoke the local language fluently. Similarly, supervisors were recruited based on their level of education and previous experience on similar surveys.

##### **1.6.2 Training**

Training was done at the regional level. Manuals and questionnaires were distributed to the trainees prior to beginning the training to familiarize them with the material. Training was interactive, encouraging participants to take an active part and share their experiences. They were

also trained on the methods of sampling eligible women. A number of rehearsal interviews were held and discussions were initiated based on mock-interviews and demonstrations.

### **1.6.3 Data Collection**

A number of data collection teams, composed of a team leader, supervisors and interviewers, were assigned in each region, depending on its size. The team leader assigned supervisors and interviewers to the respective zones and closely monitored the overall data collection.

Data was collected from September 1-26, 2004. Although the initial plan was to complete the fieldwork within ten days, due to the magnitude of the work, poor roads slowing data collectors, and lack of cooperation by officials in some zones and woredas, it took more than three weeks (September 1 - September 26, 2004) to complete the data collection from all the regions.

### **1.7 Data Analysis**

The data collected was entered into the computer using CSPro, a software recently developed with more enhancement than its predecessors Integrated Microcomputer Processing System (IMPS) and Integrated System for Survey Analysis (ISSA). The software has options for “verification” which allows an interactive double entry for accuracy purposes and allows data entry in a format that can be analyzed using SPSS. Urban areas were over sampled due to the minimum sample size required for generating estimates for urban domains of each region. However, in order to remove the effect of the disproportionately larger sample taken from urban areas, estimates were generated by weighting the data with the corresponding population size of sampled areas.

## **CHAPTER II**

### **BACKGROUND CHARACTERISTICS OF THE RESPONDENTS**

In the survey, information was collected on selected socio-demographic background characteristics of the respondents such as age, education, marital status, age at first marriage, religion and ethnicity. This chapter presents an insight on respondents background based on the survey return on these characteristics.

#### **2.1 Age Distribution of Respondents**

Age is a key demographic variable closely related to fertility and current use of contraception. For better understanding of the age distribution of respondents, analysis is made separately for those residing in urban versus rural areas.

Women between the ages of 20-34 accounted for about half of all respondents, in both urban and rural areas. Women older than 35 represented 25 percent of those in urban areas and 30 percent in rural areas. About a third of the women in Tigray and SNNPR, and nearly 40% in Amhara and Oromia were in the peak childbearing age (20-29 years). See Annex, Tables 2.1A and 2.1B, for the regional five-year age group distributions of women in rural and urban areas, respectively.

#### **2.2 Literacy Status and Level of Education**

Women's educational levels play a significant role in delaying the age of first marriage and creating better opportunities for employment. Moreover, it affects positively women's attitudes towards contraceptive use and puts them in a position to negotiate contraception adoption. The educational analysis was made separately for rural and urban settings for each region as presented in Tables 2.2A and 2.2B respectively (See Annex).

In general, illiteracy levels are higher in rural than urban settings in all the four regions, but they were far higher in Tigray and Amhara, where they reached nearly 70 percent. Fewer than half a percent in most rural areas attained a certificate or higher level of education, and about 20 percent attained a primary level of education. In most of the regions, nearly 5 percent of the rural respondents reported having completed secondary education, though that figure was doubled in Oromia Region.

Surprisingly, in almost all regions there were considerably higher proportions of illiterate women in the urban settings as well. On the average about 40 percent women in urban areas were illiterate. The situation was slightly better in Oromia with approximately 30 percent reported illiterate. About a quarter of the women in urban centers had completed secondary level of education and nearly one-fifth had completed primary level. About 15 percent of women in urban areas had also attained junior secondary level of education and those who had the privilege of attaining certificate or above, accounted only for 3 percent. See Table 2.2B in Annex.

#### **2.3 Marital Status**

Marriage is an act, ceremony or process by which the legal relationship between a man and a woman in the form of husband and wife is constituted. The legality of the union may be established by civil, religious or other means as recognized by the laws of a country. Marriage usually marks the onset of child bearing in a socially acceptable and respectful manner. In view of these facts, marital status of women is regarded as an important factor in understanding women's reproductive behavior. Thus,

information was collected on current marital status of respondents.

### **2.3.1 Current Marital Status**

Combining rural data from all four regions, an average of 73 percent of women were currently married, while only about 14 percent were never married.

However, urban data shows significant variations. In Tigray and Amhara, almost 52 percent of women were married, as compared to Oromia and SNNPR with more than 62 percent married. About 25 percent of the respondents in urban parts of Amhara, Oromia and SNNPR had never married, though only 9 percent in Tigray.

Divorce in Tigray and Amhara, is at about 11 percent in rural areas, but reaches urban levels of 23 percent in Tigray and 13 percent in Amhara. Rural and urban divorce is only about 4 percent for Oromia and SNNPR rural regions. The significant increase in marriage breakdown in Tigray and Amhara may be partly due to the early age of marriage as discussed elsewhere in this chapter.

Women living in consensual union was one percent or lower in rural and urban areas, except for urban Tigray region, where more than 4 percent of the women reported such unions.  
(See Annex, Tables 2.3A and 2.3B )

### **2.4 Age at first marriage**

In populations where fertility regulation is not widespread, age at first marriage is highly correlated with fertility. In such populations, women who marry early tend to initiate childbearing early, have a longer lifetime exposure to pregnancy, and have a large completed family size, compared to those who marry late. Data on age at first marriage can assist planners and program implementers in designing strategies to increase the age at first marriage.

Ethiopia is characterized by early marriage. According to the 2000 Ethiopian Department of Health Survey, the mean age at first marriage was less than 17 years (CSA, 1993; DHS, 2000). In general terms, the present survey found that 25 percent of the women in Tigray, 45 percent in Amhara, 13 percent in Oromia, and 7 percent in SNNPR got married before the age of 15.

Nearly half (48 percent) of rural Amhara women and 27 percent of rural Tigray women married before 15 years of age. In most cases rural girls in Tigray marry between ages 15 and 17, but in Oromia and SNNPR more than 43 percent married after the age of 18.

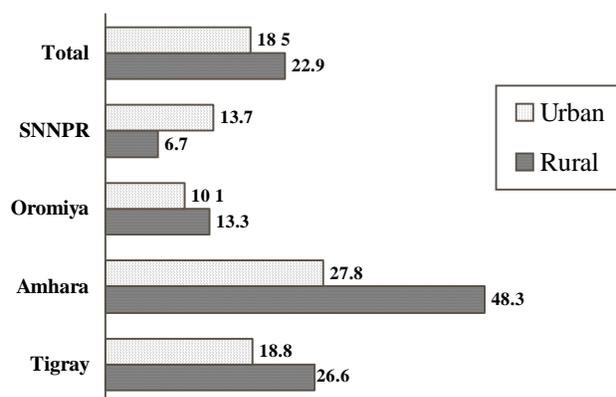
The analysis shows that the proportion of those married after the age of 18 is higher among younger women than the old, which would indicate a trend towards delaying marriage.

The proportion of those women who married before age 15 is lower in almost all urban regions, compared to rural settings. Nearly 40 percent of the women in urban areas married between 15 and 17. Those who married after age 18 accounted for 30 percent in Tigray and about 25 percent in urban parts of Amhara. The figures are even higher in Oromia and SNNPR with proportions of 48 percent and 41 percent, respectively.

In SNNPR, contrary to the situation in rural areas, 14 percent of women surveyed in urban centres married before the age of 15 years. An analysis of this group of women by various characteristics found that most of them were currently above 30 years of age and belonged to the Wolayta ethnic group that had probably migrated years ago to the urban centres of the region.

First marriage after the age of 25 was very low and accounted only for 3 percent of the urban residents and the corresponding figure for women in rural areas was 2 percent for most of the regions and 3 percent for SNNPR. See Fig. 2.1 below and Tables 2.4 A – D in the annex for further details.

FIG. 2.1 PERCENTAGE OF MARRIED WOMEN WHO GOT MARRIED BEFORE THE AGE OF 15 BY REGION AND PLACE OF RESIDENCE



## 2.5 Religious Affiliation of Respondent

Religious affiliation is a major cultural factor affecting the use of FP methods. The Catholic Church condemns the use of artificial modern birth control methods, which strongly discourages Catholic women from their use. Adherents of religions that favor large family size are characterized by lower use of contraception.

When asked their religion, the overwhelming majority (94 percent) of respondents in Tigray, 82 percent of those in Amhara region, 50 percent in Oromia, and 30 percent in SNNPR were found to be followers of Orthodox Christianity. In SNNPR, about 42 percent of the women were Protestants. Oromia reported 30 percent Muslim women, while other regions were lower, with 15 percent in Amhara, 18 percent in SNNPR, and only 4 percent in Tigray. Higher proportions of Muslims were reported in the urban centers of Tigray and Amhara regions, while in SNNPR, the proportion of Muslims was much higher in rural areas. (See Annex, Table 2.5.)

## 2.6 Ethnic Background of respondents

The ethnic composition of a population is important because it indicates the socio-cultural diversity, which could affect FP use. Respondents are more or less homogenous by region except in SNNPR, where there are diverse ethnic groups. In Tigray and Amhara regions, the predominant ethnic groups are Tigraway and Amhara, respectively and the Oromo dominate in Oromia as well as some Amharas. On the other hand, in SNNPR, Wolayata, Amhara, Keffa, Gurage, Kambata and Sidama constitute significant proportions. ( See Annex, Table 2.6.)

## CHAPTER III

### FERTILITY

One of the objectives of the survey was to provide a measure of fertility for the areas covered by all reporting domains. Estimates of fertility are obtained by collecting information on the number of children ever born and the number of births that occurred during the 12 months prior to the survey. However, in populations where birth registration is uncommon and literacy is low, women tend to underreport the number of births they have had. The Brass (1975) approach was used in this survey to reduce underreporting of children ever born. Using this approach, each woman of reproductive age is asked to provide information on the number of sons and daughters ever born to her, the number of sons and daughters who died as well as any birth that occurred during the 12 months preceding the survey. These data provide estimates of lifetime and current fertility.

#### 3.1 Current fertility

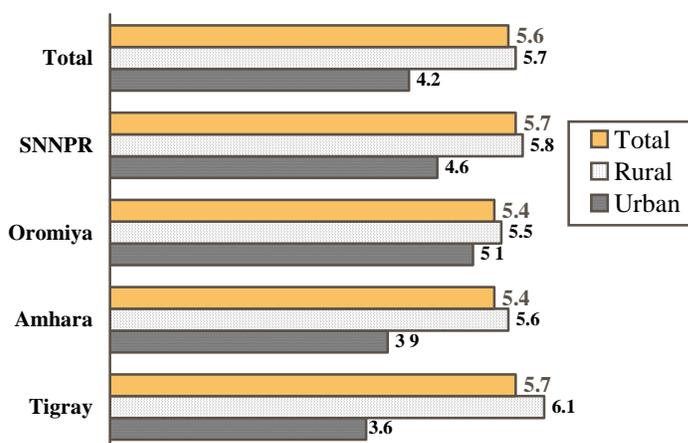
The reported Total Fertility Rate (TFR) is calculated as the sum of the age-specific fertility rates over the whole range of reproductive ages for a particular period (usually a year). It can be interpreted as the number of children a woman would have during her lifetime if she were to experience the fertility rates of the period at each age. It provides an overall summary of the fertility level of the population. Levels of age-specific fertility rates and TFR are shown in Annex Table 3.1 and Figure 3.1 respectively.

The overall fertility for the four regions combined was 5.6 children per woman. Tigray and SNNPR appear to have a relatively higher fertility (TFR of 5.7 children per woman each) followed by Amhara and Oromia, which have a TFR of 5.4 children per woman each.

Urban fertility in all regions is considerably lower than rural fertility, and it appears to vary regionally. Urban TFR is lowest in Tigray (3.6) followed by Amhara (3.9). Oromia had the highest urban TFR at 5.1, followed by SNNPR at 4.6.

Higher TFR was observed in the rural areas of all regions. Women in rural Tigray at 6.1 appear to have exceptionally higher fertility, followed 5.8 in SNNPR, 5.6 in Amhara and 5.5 in Oromia. See Annex Table 3.1 and Fig. 3.1 below.

FIG. 3.1 LEVEL OF CURRENT FERTILITY (TFR) BY REGION AND PLACE OF RESIDENCE



### 3.2 Cumulative fertility

The number of children ever born (CEB) to women of reproductive age can be summarized and used as an indicator of a society's cumulative childbearing experience.

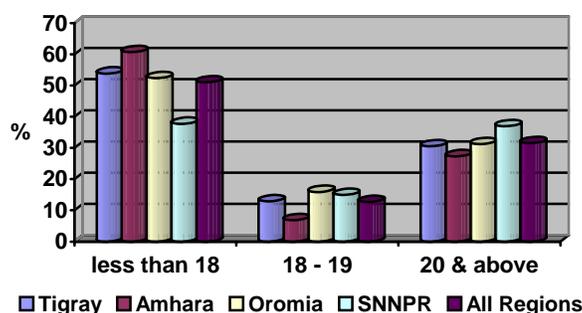
The overall mean number of children ever born to women in the age group 40-44 can be considered as a reliable measure of completed family size, as women above age 45 may not provide correct information due to memory lapse. Accordingly, completed fertility for the survey area is 6.3 children per woman. Women in Tigray had a completed family size of about 6.2 children, while in Amhara it was 5.3, in Oromia 6.6 and in SNNPR 7.4. There is also an expected higher number reported for rural areas over those that are urban. (See Annex Table 3.2).

### 3.3 Age at first birth

The onset of childbearing is an important indicator of the level of fertility in populations where contraceptive prevalence is low. In such populations, postponement of a first birth can make an important contribution to the overall fertility rate. Women reporting one or more live births were asked about their age at the time of first birth.

Overall, more than half of the women with at least one live birth had their first baby before 18 years of age. This result seems consistent with the distribution of age at first marriage. In rural areas especially, parents of a newly-wed couple expect a child soon and couples usually do not use contraception to delay the first birth. In Tigray, Amhara and Oromia, 53 percent, 61 percent and 52 percent, respectively, of the women with at least one child had their first baby before their 18<sup>th</sup> birthday, indicating that child bearing starts quite early in these regions. In SNNPR, the corresponding proportion was 38 percent. More than two-thirds of the women in Tigray, Amhara and Oromia regions had their first birth while they were in their teens. Only women in SNNPR tend to delay their birth to ages later than 18 years. (See Fig. 3.2 below and Annex Table 3.3)

**Fig 3.2 Women by age at fist birth**



Analysis is made of median age at first birth by level of education and marital status for each of the regions. The results indicate that women with secondary or higher levels of education had higher median age at first birth than those with lower levels, irrespective of place of residence. (See Annex Table 3.4)

### 3.4 Place of delivery and assistance during delivery

Facility-based deliveries - especially those assisted by health professionals - greatly improve the health condition of both mother and child, making place and assistance important aspects of RH service provision. Data reveals that 88 percent of women in Tigray, 87 percent in Amhara, 86 percent in Oromia and 89 percent in SNNPR delivered their most recent births at home.

Though the situation looks better in urban centers, still a considerably high proportion of the women delivered their last child at home. For instance, 80 percent of the women residing in urban parts of Amhara region reported to have delivered their last birth at home, as did more than 78 percent of those in urban areas of SNNPR, 62 percent in Oromia, and 60 percent in Tigray. (See Annex Table 3.5)

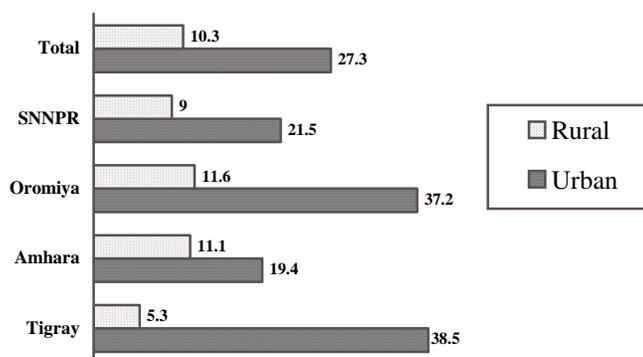
### 3.4.1. Assistance at birth:

As would be expected, far more births in rural than urban areas are assisted by relatives or neighbors, but the numbers of women attended by someone with no medical know-how remain high everywhere.

Rural assistance: In Tigray, 67 percent of last deliveries were attended by friends or neighbors, and 18 percent by traditional birth attendants (TTBAs). In Amhara, 57 percent were neighbors and 30 percent TTBAs; in Oromia, more than 67 percent had neighbors and 21 percent TTBAs, and in SNNPR more than 62 percent were neighbors/friends, while 22 percent were TTBAs. The numbers of Trained Birth Attendants, physicians, and nurses were universally low in rural areas. Inadequacy of health facilities combined with poor quality of services might have contributed to this extremely low utilization of maternity services.

Urban deliveries by physicians/nurses/health assistants were highest at 26 percent in Tigray, with 11 percent in Amhara, 14 percent in Oromia, and 12 percent in SNNPR. (See Fig. 3.3 and Annex Table 3.5)

FIG. 3.3 PERCENTAGE OF WOMEN WHO DELIVERED THEIR LAST CHILD AT HEALTH FACILITY BY REGION AND PLACE OF RESIDENCE



### 3.5 Unwanted Pregnancy

In populations where most women of reproductive age do not have access to contraception, unwanted or mistimed pregnancies occur frequently. These pregnancies are sources of major social and health problems. Most victims of unwanted pregnancy are adolescents, who are expelled from school, often ending their formal education and the potential for meaningful future employment. For fear of being expelled from school, many adolescent girls resort to clandestine abortion, which often results in serious complications or death (Assefa et al, forthcoming). To assess the magnitude of unwanted/mistimed pregnancy, currently pregnant women were asked whether or not the current pregnancy was wanted, unwanted or mistimed. Results are presented in Annex Table 3.6.

Of the currently pregnant women in Tigray, 33 percent reported that the pregnancy they were carrying was unwanted. Similarly, in Amhara region 26; in Oromia 28, and in SNNPR 23 percent did not want their current pregnancies. Current pregnancies considered mistimed by the mother accounted for 7 percent in Tigray, 10 percent in Amhara, 3 percent in Oromia and 12 percent in SNNP regions. Together these results suggest that about 40 percent of the pregnancies in Tigray and Amhara, and nearly a third of those in Oromia and SNNP regions would have been prevented if women had had access to family planning services.

## **CHAPTER IV**

### **FERTILITY REGULATION**

Untimely and unwanted pregnancies adversely affect the health of women and their children. Family planning gives women control over the number and timing of the children they bear. It also increases the chances of children's survival. This chapter examines the level of knowledge about family planning, attitudes towards it, and the extent of use of contraceptive methods in the study areas, all of which is of particular importance to policy makers and program administrators for formulating policies and strategies to improve and expand reproductive health services.

Women of reproductive age were asked about their knowledge of family planning methods. A woman with knowledge of any method was asked whether she had ever used a method of family planning and those who had ever used a method were asked whether or not they were currently using.

#### **4.1 Knowledge of family planning methods**

Generally, knowledge of family planning methods appears to be very high among women of reproductive age in the four regions covered by the survey. Over 95 percent of women in Tigray, 86 percent of those in Amhara and Oromia regions, and 84 percent of the women in SNNPR reported that they had heard of at least one method of family planning. With regards to knowledge of specific methods of contraception, knowledge about pills was the highest in all regions, followed by injectables and condoms. Despite the continuous national campaign to spread knowledge and use of condoms, knowledge of condoms was at only 19 percent in SNNPR and their use was not well established. On the other hand, the level of knowledge about condoms is relatively higher in other regions, reaching 77 percent and 60 percent for Tigray and Amhara regions, respectively and 55 percent in Oromia. Generally, knowledge of condoms was much higher in urban settings than in rural areas in all the four regions. (See Annex Table 4.1)

Nevertheless, despite the level of high family planning knowledge in the population under consideration, knowledge of long-term and permanent methods is very low. For example, only 28 percent of the women in Tigray, Amhara and Oromia regions mentioned female sterilization, and the percentage is even lower among women in SNNPR. In the case of male sterilization, the figure declines to about 20 percent, indicating that a limited proportion of the women in the four regions know about these permanent methods.

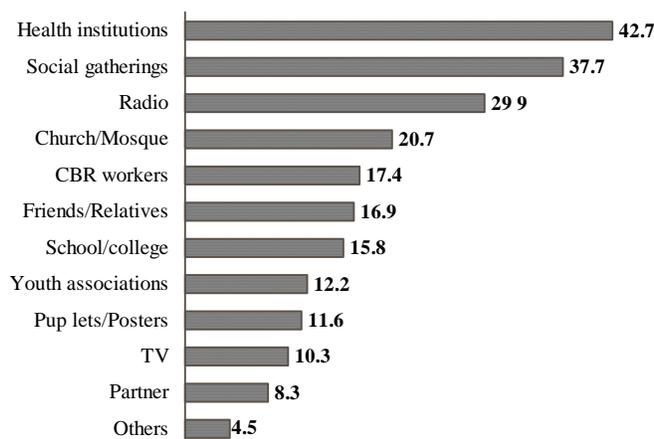
#### **4.2 Source of family planning information**

Knowledge of individuals' source of information on reproductive health or family planning can be used to evaluate IEC efforts and design new strategies. Information on family planning can be obtained from various sources, including partners, relatives or friends, health workers, schools, workplace, marketplaces, religious institutions, community meetings, or through printed media or radio and TV broadcasts. To identify major sources of information on family planning in the regions covered, respondents with knowledge of at least one method of family planning were asked to report their principal source of that information. The results are presented in Annex Table 4.2.

The major sources of information on family planning in these regions are health institutions, social gatherings, radio, CBRH workers and friends or relatives. Significantly numbers of respondents also mentioned other sources such as pamphlets, posters, schools, youth associations, churches and mosques. Not surprisingly, a greater proportion of urban respondents compared to those in the rural areas obtained

family planning information from electronic media. Overall, however, the role of radio and television in providing family planning information to the rural population appears to be minimal, mainly because of lack of access to these channels of communication.

FIG. 4.1 PERCENTAGE OF WOMEN BY MAIN SOURCE OF FAMILY PLANNING INFORMATION



CBRH agents are more important in providing family planning information in rural areas. This can be observed from the high proportion of respondents who mentioned social gatherings and church/mosques. CBRH agents disseminate IEC messages in these settings.

### **4.3 Ever-use of family planning**

All women who had heard of a method of family planning were further asked if they had ever used a method in their entire life. Annex Table 4.3 presents the percentage of women who had ever used family planning according to type of method used and region. As can be seen from the table, ever-use of methods of contraception was highest among women of reproductive age in Oromia Region, where about 36 percent of the women reported to have ever used at least one method of family planning, followed by those in Amhara region (33 percent), Tigray (30 percent), and SNNPR (25 percent).

When looking at the difference by place of residence, as expected, there were more women in urban than rural areas who had ever used family planning. The difference was wider in Tigray region and narrower in SNNP, with a difference of 27 and 8 percentage-points, respectively. Of the ever-users in urban settings, the proportions were higher among those in Tigray and Oromia regions with levels of about 52 percent and 47 percent, respectively. It was lower among urban women in SNNPR, at about 32 percent.

When asked about specific methods ever used, pills and injectables were the ones that women most frequently mentioned in all the regions. The least common methods mentioned were male and female sterilization, consistent with the low level of knowledge about these methods.

#### 4.4 Current use of family planning among all women of reproductive age

Women who reported to have ever used any method of family planning were also asked whether or not they were doing so at the time of the survey. Those who were using at the time of the survey were considered “current users”. The survey has shown that current use among respondents is highest in Oromia (24 percent) followed by Tigray and Amhara (each about 20 percent) and the SNNPR (slightly over 17 percent). For all regions combined current use was reported at 21 percent (See Annex Table 4.4).

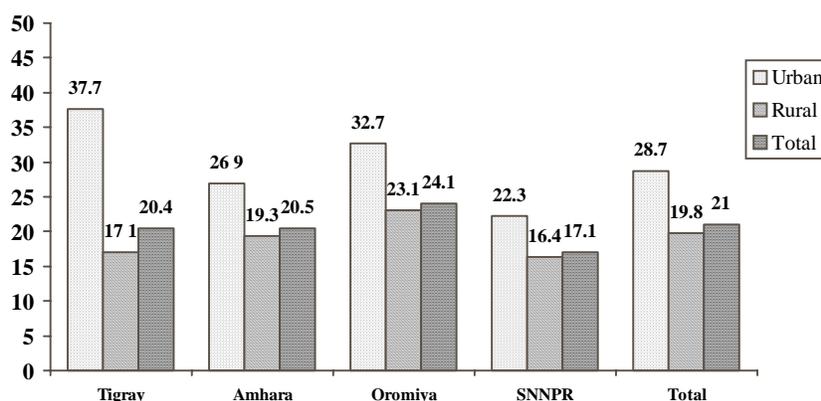
Levels of use of modern methods are slightly lower in all four regions, suggesting that certain proportions of the women are using less effective traditional methods. For instance, use of modern methods was reported by 17 percent in Tigray and 18 percent in Amhara region, indicating that the remaining three percent were relying on other traditional methods. The percentages of women currently using modern methods in Oromia and SNNP regions were 21 percent and 14 percent, respectively.

The findings are consistent with the results from other surveys undertaken in these regions recently. For instance, in Amhara Region, a CPR of 15 percent was reported from a survey conducted in 56 woredas in 2002. Studies conducted in Oromia and SNNPR also reported results that closely agree with the findings in this survey.

The method mixes among current users reveal that oral contraceptives (OCs), injectables and, to a lesser degree, condoms are being used in these regions. Injectables were by far the most commonly used methods, followed by OCs. See Table 4.4. Women prefer injectables because of the convenience of use, as a single shot affords them three months protection.

In all the regions, current use was higher among urban residents than rural and method mixes were wider among urban users than their rural counterparts. As in the case of ever-use, the difference in current use by place of residence was wider in Tigray region and lower in SNNPR.

FIG. 4.2 PERCENTAGE OF WOMEN WHO ARE CURRENTLY USING ANY METHOD OF FAMILY PLANNING BY REGION AND PLACE OF RESIDENCE



Data was collected and analyzed to see if there were significant differences among users based on selected demographic and socio-economic background variables. As Annex Table 4.5 shows, in all the regions, most of the users are those in the peak childbearing ages (25-34 years of age). Usually,

women in this age group need to space their births after having their third or fourth child. Data on current use by number of children show that very few women with no surviving children use contraception. Although one would expect contraceptive use to increase with higher numbers of surviving children, this does not seem to be the case in some of the regions. The same situation was also observed in current use of family planning methods among all women by level of education. This is probably because this particular analysis involved all women irrespective of their marital status, and the denominator may have included those who may not need to use contraception and affected the percentages. In fact, similar analysis has been made separately for married women in the following section, and readers can see the analysis for married women so as to draw meaningful conclusions.

#### **4.4.2 Duration of use**

Current users were also asked about the how long they had been currently using contraception. Results are presented in Annex Table 4.6. Most of the current users of contraception (72 percent in Tigray, 65 percent in Amhara, 61 percent in Oromia and 80 percent in SNNPR) began their most recent use of contraception within the last two-year or so before the survey date.

The fact that most of the current users started using contraception recently (in the last 2 years) attests to the effort made in the last two or so years in improving access to family planning services.

#### **4.5 Current contraceptive use among currently married women**

In the preceding discussion, current contraceptive levels were calculated for all women of reproductive age except those pregnant at the time of the survey. In populations where extra-marital sex is uncommon, this approach usually under-estimates contraceptive prevalence. Thus, in order to obtain a more accurate estimate of the level of CPR, women not at risk at the time of the survey, that is, those who were not in marital union and those who were pregnant must be excluded from the denominator. The analyses made in this subsection are based on this refinement.

Annex Table 4.7, presents the percentage of currently married non-pregnant women who were using contraception by rural-urban residence and region. Overall, contraceptive prevalence rate among currently married women was considerably higher in all regions compared to that of all women. Current use of any method among currently married women was about 27 percent in Tigray, 31 percent in Amhara, 32 percent in Oromia, and about 23 percent in SNNPR. The percentages using modern methods was however a bit lower, standing at 22 percent for Tigray, about 27 percent each for Amhara and Oromia, and 18 percent in SNNPR.

In all four regions, current use among currently married urban women is considerably higher than married women in rural areas. Current use of modern methods among married urban women was highest in Tigray at 50 percent, 44 percent in Oromia, 38 percent in Amhara, and 32 percent in SNNPR

Pills and injectables emerge once again as the methods of modern contraception most commonly used by married women. A significant proportion of currently married women also use traditional methods of family planning. See Annex Table 4.7.

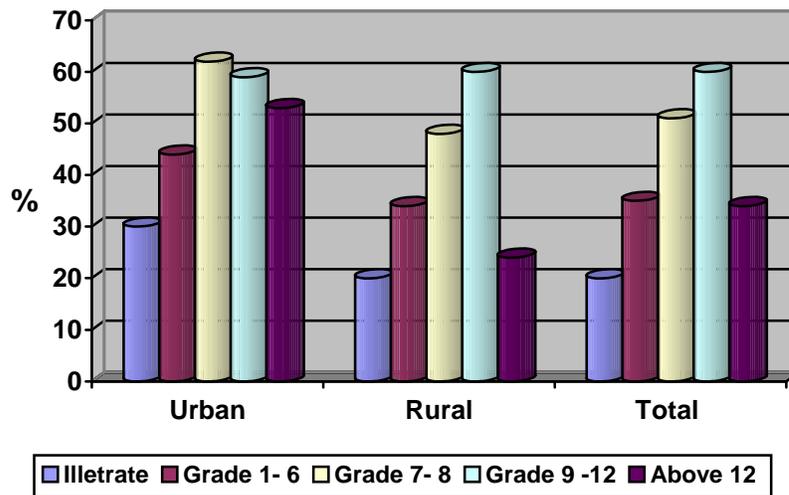
As in the case of all women, analysis is made of current use of family planning methods among the currently married women by certain background characteristics. The results are presented in annex Table 4.8. In all four regions, the contraceptive prevalence rate is significantly higher among married women ages 20-34 than those in the remaining age groups. Current use is much lower at the extreme ends of the reproductive years. Between 15 and 19, women may want to have their first child soon, and women in

the age group 45-49 may be menopausal.

When considering the level of current use by women's level of education, higher rates were reported among married women with secondary or above level of education in all regions. An almost consistent increase in level of CPR with an increase in level of education is observed among urban married women in all the four regions, but in some cases, exceptionally higher levels of CPR are observed among women with junior secondary education. See Annex Table 4.8., Annex4.

Current use was noted to be generally lower or nil among married women with no surviving children. In most urban areas, CPR is higher among married women with one or two children, indicating that women in urban centers wanted to space their births after having their first children. For rural married women, use peaks among those who have had three or four children, suggesting that rural women prefer larger families than their urban counterparts and delay the move for spacing until they have three or four children. Considerably higher proportions of married women with five or more surviving children were not currently using any method of family planning, but, many of them could be older and in menopause already, and thus, may not need to use contraception.

FIG 4.3 DISTRIBUTION OF MARRIED WOMEN WHO ARE CURRENTLY USING FAMILY PLANNING BY EDUCATION AND PLACE OF RESIDENCE



#### 4.6 Current use and husband's approval

Currently married women using contraception were asked whether or not they think their husbands knew that they were using contraception and, if so, whether he approved. Half of the married women in Tigray reported that their husbands know that they are using contraceptives, which means, surprisingly, that, in half of the cases, the husbands do not know. This clearly indicates a frequent absence of spousal communication on such issues. The situation is better in the other regions. For example, 64 percent of the married women in Amhara, 77 percent in Oromia and two-third of those in SNNPR said that their

husbands know that they use. But, still, a considerable proportion of the husbands did not know that their wives were using contraception. Of those who reported that their husbands did know, an overwhelming majority also approves the use. It was also noted that husbands' approval was slightly lower in Oromia and SNNP regions compared to others. See Annex Table 4.9.

Currently married non-pregnant women were also asked, "who chose the method you are currently using?". An overwhelming majority (88 percent) of current users reported that they themselves chose the methods currently used. About 6 percent of the users in Tigray, 11 percent in Amhara region, and one percent in Oromia and SNNPR reported that the methods currently used were chosen jointly with husband/partner. Although, the majority of users chose the methods themselves, in the remaining cases it can be said that the method used is more likely to have been chosen by the husband than jointly by the couple. Joint selection of method was relatively higher in Amhara region than the others. The results in Annex Table 4.10, indicate that the role of health workers, relatives or friends in influencing the choice of a contraceptive method is minimal.

#### **4.7 Source of supply of current methods**

All current users were asked to report their sources of contraceptive supplies to assess the relative importance of these sources. Annex Table 4.11, summarizes the results on sources of methods. Overall, government and non-governmental health institutions, consisting of hospitals, health stations and health posts, are reported as main sources of contraceptive supplies in all regions. Specifically, health stations were by far the most important source of contraceptive methods. When looking the combined percentages of the three major health institutions (hospitals, health stations, and health posts), we find that about two-third of the users in Tigray and SNNPR receive contraceptives from these health institutions, while in Amhara the percentages are even higher and stand at 84 percent. In Oromia, these institutions serve about 70 percent of users. Health stations and posts appear to be more important sources of contraceptive supplies in rural areas and urban users predominantly rely on health stations for the supply.

The proportion of users who reported Community Based Reproductive Health Agents (CBRHAs) as their provider of contraceptives was much higher in rural areas than urban. Since the primary objective of establishing CBRH service outlets is largely to reach the rural population who in most cases does not have easy access to health facilities, the finding was inline with expectation. Near one-fifth of the rural users in Tigray rely on CBRHAs for their supply, as do 6 percent in Amhara, 8 percent in Oromia, and 11 percent in rural part of SNNPR. It must however, be noted that this actually under-reports the contribution of the CBRHAs. Clients referred by CBRHAs to health facilities for clinical methods are reported as receiving services from the clinic. This is true, for example, for the injectable users who are referred to clinics for services by CBRHAs.

Workplaces, pharmacies, shop/kiosks and private doctors were also reported as sources of contraceptive for about 4 percent of users in Urban areas of Tigray, Amhara and Oromia (see Annex Table 4.11 for details).

#### **4.8 Time taken to travel to sources of contraceptive supply**

Time taken to reach the source of a contraceptive supply is an important indicator of access to family planning services. In order to assess the convenience of service, current users were asked to report how long it takes them to arrive at a service delivery point in a single trip on foot. Annex Table 4.12 presents

travel time to the service delivery point by urban-rural residence and region.

Excepting for Oromia, the majority of users travel for half an hour or less to reach to the service delivery point (57 % in Tigray, 51 % in Amhara and 61% in SNNPR). As one would expect, more than two-third of the users in urban areas reported that it takes them half an hour or less to reach a source of contraceptive supply. The corresponding proportion for Oromia was 35 percent. As one would expect, more than two-third of the users in urban areas reported that it takes them half an hour or less to reach a source of contraceptive supply. It should be however noted that, the assessment is based on users who in real terms have access to such a facility. It does not include women who would have been users had it not been for the long travel time to get access to such services.

A significant proportion of the users are traveling for more than one hour to get a family planning supply. For instance, about 30 percent of the users in Tigray and Amhara and Oromia regions travel for more than an hour to get the method they use. In fact, as many as 15 and 16 percent of users in Amhara and Oromia regions are traveling for two or more hours to get to their source of contraceptive supply. As women are already overburdened with household chores, they would have no time left to walk for tow hours or more looking for family planning services. A major explanation for the low contraceptive prevalence in Ethiopia is therefore, likely to be due to lack of access to family planning services.

#### **4.9 Reason for Discontinuation of Contraception**

As reported in the discussion of ever-use of contraception, the number of ever-users was considerably higher than that of current users. This is an indication of a significant dropout rate. To assess the reasons for the dropout, women who had ever used, but were not using at the time of the survey, were asked to report about the reason for discontinuing contraceptive use. The result is summarized in Annex Tables 4.13A and 4.13B, for rural and urban residents, respectively.

The reason most commonly cited for discontinuing contraceptive use, in both urban and rural areas of all regions, was the demand for more children. The other common reason mentioned among the rural women was health concerns, which accounted for discontinuation of 36 percent in SNNPR, as well as nearly a quarter of the dropouts in rural parts of Amhara and Oromia. .

Although demand for more children was universally the main reason for discontinuation, in urban parts of Tigray and Amhara regions, dissolution of union was more important reason for discontinuation than health concerns. Readers should take note of the high marriage dissolution discussed earlier in Chapter Two. These results are consistent with the marital background of the users. About 31 percent of the women residing in urban parts of Amhara and a quarter of them in Tigray region said that they were not living with their husbands or partners, and thus, there was no need to use contraception, as they were not exposed to the risk of conception. Health concerns were relatively higher among women in urban parts of Oromia and SNNPR than others, with about a quarter mentioning them.

#### **4.10 Intention for future use**

Non-pregnant women currently not using contraception were also asked whether or not they intend to use family planning in the future. This can, in crude form, indicate the pool of future demand for the service. Those who replied that they do not intend were further asked about the reasons for not intending to use family planning in the future. Again, the analysis was made by place of residence to show the underlying reasons for rural and urban areas separately. The result is tabulated in Annex Tables 4.14A and 4.14B.

It can be seen from Table 4.14A that a high proportion of non-users (41 percent) in rural parts of the

regions did not intend to use family planning methods in future. These future nonusers were highest in rural parts of Amhara, where nearly half of current non-users do not intend to use in the future, and they were fewer in Tigray. The main reason given was - inconvenience to obtain and shortage of supplies followed by demand for more children. Contraceptive shortage has frequently been reported - especially in the Amhara Region. Those who said that they were in menopause also accounted for considerable proportion of non-users, followed by concerns, as well as lack of knowledge of methods among the rural women.

#### **4.11 Unmet Need for Family Planning**

Conventional, currently married, non-pregnant and fecund women who do not want any more children or want to wait at least two years before having another child, but are not using contraception, are considered to have an unmet need for family planning. Estimates of unmet need for family planning serves as a basis for planning future programs and interventions.

Usually, the measurement of unmet need is divided into two categories: unmet need for spacing and unmet need for limiting or stopping childbearing. Unmet need for spacing refers to currently married non-pregnant women, who are not using family planning but want to wait for two or more years before the birth of the next child. Those with an unmet need for limiting are currently married, non-pregnant women, who want no more children at all, but are not currently using any method.

Women who have been sterilized or whose husbands have been sterilized, and those who are incapable of conceiving (infecund) are not considered to have unmet need, as they do not need family planning methods. In the analysis women in this category are excluded.

##### **4.11.1 Unmet Need for Spacing and Limiting**

To help readers see the levels of unmet need for both spacing and for limiting, analysis is made for both components separately, and the results are presented in Annex Tables 4.15A and 4.14B. Generally, unmet need for spacing births was higher among younger women age 15-24 years in all regions but SNNPR. In SNNPR, however, unmet need for spacing was higher among women in their twenties and lower among the teenagers. This is consistent with the age at first marriage - which was higher in this region- that women in their teens may not need to use methods of family planning.

In most cases, rural women had higher levels of unmet need for spacing than their urban counterparts, but there are specific sub-groups of urban women who have higher level of unmet need for spacing than the rural. For instance, in Oromia, women of age 20-24 had higher level of unmet need for spacing in urban areas than the rural (24 percent versus 16 percent). Unmet need for spacing was lower among older women, who may have reached the desired number of children and probably opt for limiting than spacing.

The analysis for unmet need for spacing by level of education indicates that the need varies more by region than educational status. In Tigray, for example, the proportion of women who had unmet need for spacing consistently increased with an increase in level of education in both urban and rural areas. A similar pattern was observed among rural residents of Oromia region. In the remaining areas, illiterate women and those with at least primary level of education seem to have higher unmet need for spacing than others.

Unlike the case of spacing, women of age above 35 were found to have higher levels of unmet need for spacing in all regions as well as places of residence. Women in urban areas had higher unmet need than

their rural counterparts, which could be explained by the difference in attitudes towards larger family size. Unlike most urban settings, in rural areas, larger family size is still preferred, and women in these areas may opt for even more children, offering a lower level of unmet need for limiting.

The unmet need for limiting was relatively higher in Oromia region, but the level was highest among rural women. About a quarter of the women in SNNPR had unmet need for spacing irrespective of place of residence. Women in rural Amhara did not seek to limit their births, wanting to have more and more children irrespective of their age. Much effort must be made to change beliefs about large family size, from both the economic point of view and for the health of mothers and children.

Educational status of women appears to have a somewhat negative relation with unmet need for limiting. Relatively more women with primary or lower levels of education had unmet need for limiting than those with secondary or higher level of education. In SNNPR, however, both in urban and rural areas, women with secondary level of education were found to have higher unmet need for limiting (See Annex Table 4.15B).

#### **4.11.2 Total Unmet Need for Family Planning**

Total unmet need for family planning is the sum of unmet needs for both spacing and limiting. It reflects the overall pool of demand for the service in the area and gives insight into the extent of potential users by place of residence, region and specific group that need immediate response.

Annex Table 4.16 presents the percentage of currently married non-pregnant and fecund women, who want to space births for two or more years or want no more children at all, but are not currently using any method (Total unmet need). They are offered by region and specific characteristics. It can be seen from the table that generally, there is higher level of unmet need for family planning services in rural settings than urban and that the level of unmet need is higher in Oromia and SNNP regions.

The age distribution of women with an unmet need indicate that women in the extreme ends of the reproductive ages, that is, between ages 15-24 and 40-49 had relatively higher level of unmet need for family planning services. On the other hand, unmet need was somehow lower in the age group 25-34 years. When looking at the distribution of unmet need by level of education, generally, illiterate and those with primary education have higher level of unmet need than others. This was particularly true among women in urban and rural areas of Oromia and SNNPR.

## **CHAPTER V**

### **CONCLUSION AND RECOMMENDATIONS**

Based on the findings of the survey, the following recommendations are made to improve the reproductive health services in the surveyed regions:

1. Early marriage is still common in these regions, despite the efforts being made to raise the age of marriage to 18 years. The health consequences of early marriage are well known. This calls for more work in this area. Moreover, creating opportunities to promote the education of girls, particularly, in rural settings of these regions, contributes significantly to the delay of first marriage and also help them to shape their future.
2. Fertility also continues to be high, especially in rural parts of the regions, and the desire for large family size still prevails. Concerted effort has to be made to inculcate small family size norms in the population.
3. A strong understanding of the vital role that reproductive health/family planning services play in poverty reduction must be developed, as well as their contribution to attaining the millennium development goals.
4. The annual farmers' conferences organized by many woredas in Amhara and Tigray regions should be used as opportunities to spread knowledge about FP/RH services to children and mothers, emphasizing how it benefits the welfare of the family. In addition, these forums could be used to convince men of the benefits of family planning services, which they often resist, by emphasizing the overall benefit for the welfare of the whole family.
5. The survey demonstrated that a considerable proportion of women in urban centers are illiterate and those with a secondary and above level of education are negligible. This calls for assisting and encouraging young girls to pursue education, especially at higher levels.
6. The survey has also shown that the majority of the births are delivered at home in all regions, irrespective of place of residence, without the assistance of trained health personnel. This suggests underutilization of the services, and it may be a factor contributing to Ethiopia's maternal mortality, which is the among the highest in the world. This calls for increasing awareness about the benefits of facility-based deliveries. It also calls for improving the quality of services in health facilities, including access to services.
7. Although knowledge of any method of contraception is high in the population, knowledge of specific methods is very low - particularly of long-term and permanent methods of contraception. Therefore, there is need to broaden the knowledge of such methods of family planning.
8. Radio is becoming the main source of information in both urban and rural settings, suggesting the potential the media has to disseminate research-based and culturally sensitive and relevant information about reproductive health issues. This calls for more effort to use the radio as a means of disseminating information.

9. The method mix is predominated by short-term pills and injections. Even women who want to limit births are on these methods. While creating demand for a wide range of options, the supply of injectables must be strengthened, particularly, in rural health facilities where these are the main source of contraception. Moreover, there is need to encourage women to use long-term and permanent methods and to train service providers in the provision of such methods.
10. There is high dropout rate among ever-users of contraception. Reasons for this as shown in the report include the desire for more children, inconvenience of use, side effects of contraceptives and disapproval. There is need to do more work on quality of services and to overcome contraceptive shortages.
11. The survey also indicated that married women aged 15-24 have a high unmet need for spacing births. Focus has to be made to reach these specific groups to satisfy their contraceptive demand for spacing. On the other hand, unmet need for limiting was higher among older women, particularly those residing in urban areas. Intensive promotion of long-lasting or permanent methods of family planning could be made available for these women, as their intention is to stop childbearing.
12. The effort to raise the social and economic status of women has to be further strengthened by creating enabling environments and opportunities for education and employment. New income-generating schemes for women may liberate them from economic dependence on men and their children and de-emphasize the economic value of children and increase their contraceptive use.
13. Spousal communication on family planning issues has to be promoted to initiate discussion among couples to decide jointly on desired family size and adoption of services.
14. Most commonly, family planning programs are designed to reach women only and in most cases do not involve men. But, in countries like Ethiopia, where men play a dominant role in the household decision making, programs may not be effective without men's involvement, and hence, an effort has to be made towards this end.
15. The CBRHAs are making significant contributions in providing RH services in rural underserved communities through the provision of non-clinical contraceptives, counseling and making referrals for clinical methods and other RH services. There seems to be good collaboration and synergy between CBRHAs and the public sector. This needs to be strengthened further.

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## ANNEX TABLES

**Table 1.1. Distribution of Samples by Domain and Sub domain**

Region	Number of Woredas Sampled	Number of Kebele administrations sampled		Number of villages sampled		Total number of villages sampled	Number of HHs per village sampled		Overall number of HHs Sampled
		Rural	Urban	Rural	Urban		Rural	Urban	
Tigray	8	20	10	20	10	30	20	20	600
Amhara	14	30	15	30	15	45	20	20	900
Oromia	20	35	22	35	22	57	20	20	1140
SNNPR	16	28	16	28	16	44	20	20	880
<b>Total</b>	<b>58</b>	<b>113</b>	<b>63</b>	<b>113</b>	<b>63</b>	<b>176</b>	<b>2260</b>	<b>1260</b>	<b>3520</b>

**Table 1.2. Distribution of Sampled Woredas, Villages and HHs by Stratum and**

Region	Stratum	Total number of Sample Woreda	Number of Sampled Villages			Total number of HHs Sampled
			Urban	Rural	Total	
<b>Tigray</b>	North West Tigray, West Tigray	4	5	10	15	300
	Central Tigray, Southern Tigray, Mekele	4	5	10	15	300
<b>Amhara</b>	North Gonder & South Gonder	3	3	7	10	200
	West Gojjam, East Gojjam, Agwawi & Bahir Dar	5	6	9	15	300
	North Wollo & Wag Hemra	3	3	7	10	200
	North Shoa & South Wello	3	3	7	10	200
<b>Oromia</b>	Bale & Arsi	4	4	7	11	220
	East Wellega & West Wellega	4	4	7	11	220
	Illubabor & Jimma, Jimma Town	4	5	7	12	240
	East Hararghe & West Hararghe	4	4	7	11	220
	North, East & West Shoa, Nazareth	4	5	7	12	240
<b>SNNPR</b>	Guraghe, Hadiya, Silte, Kambata, Tambaro, Alaba....	4	4	7	11	220
	Sidama, Gedeo, Amaro, Burji	4	4	7	11	220
	Wolaita, Dawro, Konta, South Omo, Gamo Gofa, Konso, Derashe....	4	4	7	11	220
	Keffa, Sheka, Bench, Maji, Yem, Basketo....	4	4	7	11	220
<b>Total</b>		<b>58</b>	<b>63</b>	<b>113</b>	<b>176</b>	<b>3520</b>

**Table 2.1A Percent distribution of respondents in rural areas by Age group and region**

Age Groups	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	%	Number	%	Number	%	Number	%	Number	%
15 – 19	78382	11.6	481007	16.4	642487	17.3	432542	16.9	1634417	16.6
20 – 24	75843	11.2	531035	18.1	658838	17.8	436346	17.1	1702062	17.2
25 – 29	128508	19.0	562902	19.2	780508	21.1	556581	21.8	2028499	20.6
30 – 34	121333	18.0	433879	14.8	583074	15.7	365296	14.3	1503581	15.2
35 – 39	135822	20.1	402171	13.7	480057	13.0	338593	13.3	1356643	13.7
40 – 44	58235	8.6	309827	10.6	352855	9.5	203712	8.0	924629	9.4
45 – 49	77001	11.4	214486	7.3	208933	5.6	220499	8.6	720919	7.3
<b>Total</b>	<b>675124</b>	<b>100.0</b>	<b>2935306</b>	<b>100.0</b>	<b>3706752</b>	<b>100.0</b>	<b>2553568</b>	<b>100.0</b>	<b>9870750</b>	<b>100.0</b>

**Table 2.1B Percent distribution of respondents in urban centers by Age group and region**

Age Groups	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	%	Number	%	Number	%	Number	%	Number	%
15 - 19	16396	12.5	136967	24.3	108596	25.0	80245	26.0	342203	23.8
20 - 24	25483	19.5	111509	19.8	85165	19.6	48391	15.7	270548	18.8
25 - 29	23890	18.3	124686	22.1	82401	19.0	49183	15.9	280160	19.5
30 - 34	19769	15.1	64915	11.5	54286	12.5	41682	13.5	180651	12.6
35 - 39	21461	16.4	61424	10.9	49908	11.5	42143	13.7	174936	12.2
40 - 44	13188	10.1	43600	7.7	33823	7.8	25883	8.4	116494	8.1
45 - 49	10585	8.1	20170	3.6	19552	4.5	20887	6.8	71194	5.0
<b>Total</b>	<b>130772</b>	<b>100.0</b>	<b>563270</b>	<b>100.0</b>	<b>433731</b>	<b>100.0</b>	<b>308414</b>	<b>100.0</b>	<b>1436186</b>	<b>100.0</b>

**Table 2.2A Percent distribution of respondents in rural areas by level of education**

Level of Education	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	%	Number	%	Number	%	Number	%	Number	%
Illiterate	473307	70.1	2082386	70.9	2132484	57.5	1605441	62.9	6293618	63.8
Primary (1-6)	127355	18.9	501573	17.1	779435	21.0	633221	24.8	2041583	20.7
Junior Sec. (7-8)	41997	6.2	177006	6.0	390278	10.5	184501	7.2	793782	8.0
Secondary (9-12)	29604	4.4	164222	5.6	365904	9.9	118614	4.6	678343	6.9
Certificate And above	2862	0.4	10119	0.3	38651	1.0	11792	0.5	63425	0.6
<b>Total</b>	<b>675124</b>	<b>100.0</b>	<b>2935306</b>	<b>100.0</b>	<b>3706752</b>	<b>100.0</b>	<b>2553568</b>	<b>100.0</b>	<b>9870750</b>	<b>100.0</b>

**Table 2.2B Percent distribution of respondents in urban centers by level of education**

Level of Education	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	%	Number	%	Number	%	Number	%	Number	%
Illiterate	53548	40.9	240358	42.7	132330	30.5	120061	38.9	546297	38.0
Primary (1-6)	18491	14.1	93451	16.6	111794	25.8	74663	24.2	298400	20.8
Junior Sec. (7-8)	21475	16.4	75118	13.3	70757	16.3	45238	14.7	212589	14.8
Secondary (9-12)	32943	25.2	135861	24.1	107737	24.8	66006	21.4	342547	23.9
Certificate And above	4314	3.3	18481	3.3	11112	2.6	2446	0.8	36353	2.5
<b>Total</b>	130772	100.0	563270	100.0	433731	100.0	308414	100.0	1436186	100.0

**Table 2.3A Percent distribution of respondents in rural areas by marital status and region**

Marital Status	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	%	Number	%	Number	%	Number	%	Number	%
Currently married	498980	73.9	1943133	66.2	2800531	75.6	1959384	76.7	7202028	73.0
Widowed	34042	5.0	193242	6.6	160648	4.3	168928	6.6	556859	5.6
Divorced	73661	10.9	335978	11.4	155259	4.2	35453	1.4	600352	6.1
Separated	3023	0.4	59942	2.0	47275	1.3	35157	1.4	145397	1.5
Living with partner	7316	1.1			26862	0.7	4207	0.2	38384	0.4
Single	58102	8.6	403012	13.7	516177	13.9	350439	13.7	1327730	13.5
<b>Total</b>	675124	100.0	2935306	100.0	3706752	100.0	2553568	100.0	9870750	100.0

**Table 2.3B Percent distribution of respondents in Urban centers by marital status and region**

Marital Status	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	%	Number	%	Number	%	Number	%	Number	%
Currently Married	68466	52.4	289324	51.4	269465	62.1	195647	63.4	822902	57.3
Widowed	7588	5.8	47308	8.4	22508	5.2	26855	8.7	104260	7.3
Divorced	29746	22.7	74780	13.3	17428	4.0	8749	2.8	130704	9.1
Separated	7636	5.8	7951	1.4	13272	3.1	1949	0.6	30808	2.1
Living with Partner	5581	4.3	1479	0.3	3998	0.9	3926	1.3	14983	1.0
Single	11754	9.0	142428	25.3	107059	24.7	71288	23.1	332529	23.2
<b>Total</b>	130772	100.0	563270	100.0	433731	100.0	308414	100.0	1436186	100.0

**Table 2.4A Percent distribution of ever-married women in rural areas by age at first marriage and region**

Age at first marriage	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	%	Number	%	Number	%	Number	%	Number	%
Less than 15	162746	26.6	1215754	48.3	425582	13.3	147794	6.7	1951875	22.9
15 – 17	281180	46.0	689873	27.4	1339000	42.0	814448	37.0	3124502	36.7
18 – 24	143143	23.4	395529	15.7	1312318	41.1	879530	39.9	2730520	32.0
25 and above	3124	0.5	36950	1.5	70309	2.2	67666	3.1	178049	2.1
Do not know	21265	3.5	179528	7.1	43366	1.4	293691	13.3	537850	6.3
<b>Total</b>	<b>611457</b>	<b>100.0</b>	<b>2517634</b>	<b>100.0</b>	<b>3190575</b>	<b>100.0</b>	<b>2203129</b>	<b>100.0</b>	<b>8522795</b>	<b>100.0</b>

**Table 2.4B Percent distribution of ever-married women in urban centers by age at first marriage and region**

Age at first marriage	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	%								
Less than 15	22107	18.8	115295	27.8	33083	10.1	32492	13.7	202977	18.5
15 – 17	50820	43.1	157944	38.1	127684	39.1	94295	39.8	430743	39.3
18 – 24	31633	26.9	90978	21.9	146540	44.9	95719	40.4	364871	33.3
25 and above	5041	4.3	15492	3.7	11237	3.4	1928	0.8	33699	3.1
Do not know	8180	6.9	35023	8.4	8128	2.5	12690	5.4	64022	5.8
<b>Total</b>	<b>117782</b>	<b>100.0</b>	<b>414732</b>	<b>100.0</b>	<b>326672</b>	<b>100.0</b>	<b>237125</b>	<b>100.0</b>	<b>109631</b>	<b>100.0</b>

**Table 2.4C - Percent Distribution of married women in urban areas by current age and age at first marriage**

Current Age	Less than 15		15 – 17		18 - 24		25+		Don't Know	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
15 - 19	23261	24.7	49446	52.6	15784	16.8	NA	NA	5562	5.9
20 - 24	19745	9.8	81529	40.6	94070	46.8	NA	NA	5449	2.7
25 - 29	51874	19.4	108727	40.6	88779	33.2	7906	3.0	10404	3.9
30 - 34	39596	22.8	63383	36.6	54665	31.5	3907	2.3	11807	6.8
35 - 39	26793	15.5	52090	30.2	65028	37.6	12658	7.3	16161	9.4
40 - 44	21287	18.3	43155	37.0	37627	32.3	6107	5.2	8318	7.1
45 - 49	20422	28.7	32413	45.5	8919	12.5	3120	4.4	6320	8.9
<b>Total</b>	<b>202977</b>	<b>18.5</b>	<b>430743</b>	<b>39.3</b>	<b>364871</b>	<b>33.3</b>	<b>33699</b>	<b>3.1</b>	<b>64022</b>	<b>5.8</b>

**Table 2.4D - Percent Distribution of married women in rural areas by current age and age at first marriage**

Current Age	Less than 15		15 – 17		18 - 24		25+		Don't Know	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
15 - 19	177648	28.0	376706	59.3	51180	8.1	NA	NA	29514	4.6
20 - 24	332274	22.5	561109	37.9	541254	36.6	NA	NA	41019	2.8
25 - 29	399532	20.6	652183	33.6	786391	40.5	25630	1.3	79907	4.1
30 - 34	340312	23.0	506602	34.2	490355	33.1	18208	1.2	126642	8.5
35 - 39	322977	24.0	448140	33.3	450173	33.4	47378	3.5	78255	5.8
40 - 44	221219	24.1	327941	35.7	238209	25.9	38489	4.2	93346	10.2
45 - 49	157913	22.0	251820	35.1	172959	24.1	44967	6.3	89167	12.4
<b>Total</b>	<b>1951875</b>	<b>22.9</b>	<b>3124502</b>	<b>36.7</b>	<b>2730520</b>	<b>32.0</b>	<b>178049</b>	<b>2.1</b>	<b>537850</b>	<b>6.3</b>

**Table -3 Percent Distribution of all married women (urban+rural) by current age and age at first marriage**

Current Age	Less than 15		15 - 17		18 - 24		25+		Don't Know	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
15 - 19	200909	27.6	426152	58.4	66963	9.2	NA	NA	35076	4.8
20 - 24	352019	21.0	642638	38.3	635324	37.8	NA	NA	46468	2.8
25 - 29	451405	20.4	760910	34.4	875170	39.6	33536	1.5	90312	4.1
30 - 34	379908	22.9	569985	34.4	545020	32.9	22115	1.3	138449	8.4
35 - 39	349769	23.0	500230	32.9	515201	33.9	60036	4.0	94416	6.2
40 - 44	242507	23.4	371096	35.8	275835	26.6	44596	4.3	101664	9.8
45 - 49	178335	22.6	284233	36.1	181878	23.1	48088	6.1	95487	12.1
<b>Total</b>	<b>2154852</b>	<b>22.4</b>	<b>3555245</b>	<b>37.0</b>	<b>3095391</b>	<b>32.2</b>	<b>211747</b>	<b>2.2</b>	<b>601871</b>	<b>6.3</b>

**Table 2.5 Percent distribution of women by Religion and region**

Religion	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	%	Number	%	Number	%	Number	%	Number	%
Orthodox	758790	94.2	2884421	82.4	2067462	49.9	846589	29.6	6557262	58.0
Catholic	7383	0.9	81152	2.3	191188	4.6	193549	6.8	473271	4.2
Protestant	7909	1.0	1627	0.0	553577	13.4	1187382	41.5	1750496	15.5
Muslim	30234	3.8	523164	15.0	1225599	29.6	513993	18.0	2292989	20.3
Others	1580	0.2	8212	0.2	102657	2.5	120469	4.2	232918	2.1
<b>Total</b>	<b>805895</b>	<b>100.0</b>	<b>3498576</b>	<b>100.0</b>	<b>4140483</b>	<b>100.0</b>	<b>2861982</b>	<b>100.0</b>	<b>11306936</b>	<b>100.0</b>

**Table 2.6 Percent distribution of women by Ethnic background and region**

Ethnic Group	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	%	Number	%	Number	%	Number	%	Number	%
Amhara	7275	0.9	2913717	83.3	767619	18.5	133970	4.7	3822581	33.8
Oromo	0	0.0	91875	2.6	3135264	75.7	74534	2.6	3301672	29.2
Tigrawi	789470	98.0	8070	0.2	18683	0.5	14614	0.5	830836	7.3
Gurage	0	0.0	4893	0.1	64049	1.5	85250	3.0	154192	1.4
Kambata	0	0.0	0	0.0	0	0.0	120264	4.2	120264	1.1
Hadiya	0	0.0	0	0.0	2005	0.0	29183	1.0	31187	0.3
Wolaita	0	0.0	0	0.0	8150	0.2	475273	16.6	483424	4.3
Sidama	0	0.0	0	0.0	0	0.0	240799	8.4	240799	2.1
Agew	619	0.1	349866	10.0	0	0.0	0	0.0	350485	3.1
Keffa	0	0.0	0	0.0	22847	0.6	260632	9.1	283479	2.5
Others	8531	1.1	130155	3.7	121866	2.9	1427463	49.9	1688016	14.9
<b>Total</b>	<b>805895</b>	<b>100.0</b>	<b>3498576</b>	<b>100.0</b>	<b>4140483</b>	<b>100.0</b>	<b>2861982</b>	<b>100.0</b>	<b>11306936</b>	<b>100.0</b>

**Table 3.1 Reported age-specific fertility rates and Total Fertility Rate (TFR) by place of residence and region**

Age Group	Tigray			Amhara			Oromia			SNNPR		
	Urban	Rural	Total									
15 –19	0.026	0.168	0.143	0.030	0.025	0.026	0.084	0.196	0.180	0.084	0.103	0.100
20-24	0.213	0.256	0.245	0.144	0.247	0.229	0.280	0.243	0.247	0.256	0.236	0.238
25–29	0.228	0.233	0.232	0.204	0.255	0.246	0.269	0.235	0.238	0.182	0.224	0.221
30-34	0.092	0.217	0.199	0.255	0.227	0.231	0.213	0.192	0.194	0.178	0.208	0.205
35-39	0.073	0.212	0.193	0.096	0.215	0.199	0.111	0.116	0.116	0.114	0.153	0.149
40-44	0.081	0.118	0.111	0.057	0.140	0.130	0.067	0.109	0.105	0.105	0.122	0.120
45-49	0.000	0.014	0.012	0.000	0.012	0.011	0.000	0.001	0.001	0.001	0.107	0.098
<b>TFR</b>	<b>3.6</b>	<b>6.1</b>	<b>5.7</b>	<b>3.9</b>	<b>5.6</b>	<b>5.4</b>	<b>5.1</b>	<b>5.5</b>	<b>5.4</b>	<b>4.6</b>	<b>5.8</b>	<b>5.7</b>

**Table 3.2 Mean Number of Children Ever Born by Age of Woman**

Age Group	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R	U	R	U+R									
15 - 19	0.4	0.4	0.4	0.1	0.2	0.2	1.1	1.3	1.3	1.2	1.4	1.4	0.3	0.6	0.5
20 - 24	1.2	1.3	1.3	1.2	1.4	1.4	1.7	2.1	2.1	1.8	2.2	2.2	1.4	1.8	1.8
25 - 29	2.0	2.9	2.8	2.1	2.8	2.7	2.7	3.2	3.2	3.6	3.5	3.5	2.5	3.1	3.1
30 - 34	3.2	4.0	3.9	2.8	4.2	4.0	3.9	4.7	4.6	4.8	4.8	4.8	3.6	4.5	4.4
35 - 39	3.7	5.4	5.2	4.0	5.2	5.0	5.5	6.0	6.0	5.3	6.0	5.9	4.7	5.7	5.6
40 - 44	4.2	6.7	6.2	4.6	5.4	5.3	5.7	6.7	6.6	6.0	7.6	7.4	5.2	6.5	6.3
45 - 49	4.9	6.6	6.4	5.5	6.5	6.4	6.3	7.2	7.1	7.9	7.9	7.9	6.3	7.1	7.1
<b>Total</b>	<b>2.6</b>	<b>3.9</b>	<b>3.7</b>	<b>2.1</b>	<b>3.2</b>	<b>3.0</b>	<b>3.7</b>	<b>4.3</b>	<b>4.2</b>	<b>4.4</b>	<b>4.6</b>	<b>4.6</b>	<b>2.9</b>	<b>4.0</b>	<b>3.8</b>

**Table 3.3 Percent distribution of women by age at first birth**

Age at first birth	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R
Less than 18	50.6	53.8	53.3	52.0	62.1	60.7	45.5	53.0	52.3	49.9	36.4	37.7	49.4	51.2	51.0
18 – 19	9.1	13.6	12.9	8.1	6.7	6.9	15.4	15.9	15.9	13.3	15.0	14.9	11.5	12.9	12.7
20 and above	38.2	29.0	30.5	35.2	26.0	27.3	37.4	30.6	31.2	32.4	37.4	36.9	35.6	31.0	31.5
Don't Know	2.2	3.5	3.3	4.7	5.3	5.2	1.7	0.5	0.6	4.4	11.1	10.5	3.5	4.9	4.8

**Table 3.4 Median age at first birth by Educational level and Marital status**

Background Characteristics	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R
<b>Education</b>															
Illiterate	18	18	18	18	17	17	18	18	18	18	19	19	18	18	18
Primary (1-6)	18	19	19	19	17	18	19	18	18	18	19	19	18	18	18
Junior Sec. (7-8)	18	19	19	17	21	20	19	18	18	18	19	19	18	19	19
Secondary (9-12)	20	20	20	20	20	20	19	18	19	19	19	19	19	19	19
Certificate and above	19	16	18	22	25	25	21	19	19	22	23	22	21	19	20
Total	18	18	18	18	17	17	19	18	18	18	19	19	18	18	18
<b>Marital Status</b>															
Currently married	19	18	18	18	17	17	19	18	18	19	19	19	18	18	18
Widowed	19	18	18	20	17	17	18	18	18	18	20	20	19	18	18
Divorced	18	18	18	19	18	18	19	18	18	18	18	18	18	18	18
Separated	20	20	20	18	20	20	19	16	19	17	17	17	19	18	19
Living with partner	17	20	20	17	0	17	18	0	18	18	20	20	17	20	20
Single	0	0	0	18	.	18	18	19	18	16	19	19	18	19	18
Total	18	18	18	18	17	17	19	18	18	18	19	19	18	18	18

**Table 3.5 Percentage of women with at least one live birth by place of delivery and assistance during delivery of the last child**

Place of last birth delivery	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R
<b>Place of last birth delivery</b>															
At home	60.4	93.2	87.9	80.2	88.5	87.3	62.1	87.9	85.5	78.5	90.3	89.2	72.2	89.1	87.2
Health institution	38.5	5.3	10.7	19.4	11.1	12.3	37.2	11.6	13.9	21.5	9	10.2	27.3	10.3	12.2
Others	1.1	1.5	1.4	0.4	0.4	0.4	0.7	0.5	0.6	0.0	0.7	0.7	0.5	0.6	0.6
<b>Who assisted last birth delivery</b>															
Relatives/Neighbors	39.3	67	62.5	46	57	55.4	26.3	67.5	63.6	46.9	62.2	60.7	39.6	63	60.4
TTBAs	18.5	18	18.1	34.6	29.6	30.3	48	20.8	23.4	29.8	22	22.8	35.7	23.4	24.8
TBAs	7.2	7.8	7.7	3	3.7	3.6	1	1.1	1.1	1.1	0.8	0.8	2.4	2.3	2.3
Physician/Nurse/Health assistance	25.8	2.6	6.3	10.5	8.9	9.2	13.8	6.2	6.9	12.4	3.6	4.4	13.6	6	6.9
None	7.6	3.7	4.3	4.7	0.7	1.3	10.6	4.1	4.6	9.9	10.8	10.6	7.9	4.8	5.2
Others	1.7	0.9	1	1.3	0.2	0.3	0.3	0.4	0.4	0.0	0.7	0.6	0.8	0.4	0.5

**Table 3.6 Percentage of women who have experienced unwanted pregnancy by background characteristics**

Timing of last or current pregnancy	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R
<b>Last pregnancy was wanted/not</b>															
Wanted	75.5	80.5	79.7	75.1	70.5	71.2	64	66.7	66.4	67.2	83.6	82	70.1	73.3	72.9
Never wanted	13.4	9	9.7	19.1	22.6	22.1	27.7	24.4	24.7	24.8	9.2	10.7	22.3	18.7	19.1
Preferred if it were	11.1	10.5	10.6	5.8	6.8	6.7	8.2	8.9	8.8	8.1	7.2	7.2	7.6	8.0	7.9
<b>Are you currently pregnant?</b>															
Pregnant	11.2	14.1	13.6	11	7.7	8.2	9.5	10.6	10.5	14.5	13.4	13.5	11.3	10.7	10.8
Not pregnant	87.9	84.3	84.9	88.2	92.1	91.5	90.3	87.3	87.6	83.3	84.9	84.7	87.8	87.9	87.9
Not sure/don't know	0.9	1.6	1.5	0.8	0.2	0.3	0.2	2.2	2	2.2	1.7	1.8	0.96	1.43	1.37
<b>Is the current pregnancy intentional?</b>															
Wanted	65.4	59.5	60.3	56.2	65.5	63.5	70.1	69	69.1	63	65.7	65.3	62.4	66.3	65.8
Never wanted	34.6	32.9	33.1	33.5	24.3	26.3	27.4	28.4	28.3	17.8	23.5	22.9	27.7	26.3	26.5
Preferred if it were	0.0	7.6	6.6	10.2	10.3	10.3	2.5	2.7	2.7	19.2	10.8	11.8	9.85	7.38	7.71

**Table 4.1 Percent distribution of respondents by knowledge of specific methods of family planning and region**

Family Planning methods	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R												
Heard of any Method	98.1	94.3	94.9	93.2	84.5	85.9	92.0	84.8	85.5	89.5	83.3	84.0	92.5	85.0	85.9
Never heard any method	1.9	5.7	5.1	6.8	15.5	14.1	8.0	15.2	14.5	10.5	16.7	16.0	7.5	15.0	14.1
<b>Heard of any Modern method</b>	<b>98.1</b>	<b>94.3</b>	<b>94.9</b>	<b>93.2</b>	<b>84.3</b>	<b>85.8</b>	<b>91.5</b>	<b>84.3</b>	<b>85.1</b>	<b>83.8</b>	<b>73.7</b>	<b>74.8</b>	<b>91.1</b>	<b>82.3</b>	<b>83.4</b>
<b>Specific methods</b>															
Pills	98.1	93.9	94.6	92.6	83.1	84.6	88.5	82.3	83.0	74.4	66.3	67.2	87.9	79.2	80.3
IUD	61.4	30.9	35.9	53.0	25.1	29.6	43.2	29.3	30.8	23.7	5.8	7.7	44.5	22.1	24.9
Injectables	97.1	88.2	89.6	88.7	80.2	81.6	87.7	80.0	80.8	72.0	62.5	63.5	85.6	76.1	77.3
Condom	94.3	73.7	77.0	78.8	56.1	59.7	75.7	52.3	54.7	41.6	16.6	19.3	71.3	45.6	48.9
Norplant	61.7	28.7	34.1	51.4	26.5	30.5	52.8	34.2	36.1	24.7	9.5	11.1	47.0	25.1	27.9
Female Sterilization	49.0	23.3	27.5	41.1	25.9	28.4	42.5	26.1	27.9	14.5	4.4	5.5	36.5	20.3	22.3
Male sterilization	43.3	16.6	20.9	34.6	20.1	22.5	32.1	18.0	19.5	9.8	2.4	3.2	29.3	14.5	16.4
Abstinence	68.0	42.4	46.6	56.8	38.8	41.7	37.9	26.8	28.0	18.9	2.1	3.9	43.9	25.1	27.5
Withdrawal	60.3	30.4	35.3	42.8	27.2	29.7	41.3	27.0	28.5	13.7	2.7	3.9	37.7	21.0	23.1
Breastfeeding	65.0	37.1	41.7	34.2	34.9	34.8	40.9	25.6	27.2	12.3	2.3	3.4	34.3	23.1	24.6
Calendar	76.9	35.3	42.0	41.2	30.7	32.4	44.2	29.6	31.1	13.4	3.2	4.3	39.4	23.5	25.5
Other methods	42.3	19.5	23.2	21.6	14.4	15.6	28.9	17.4	18.6	7.7	2.0	2.6	22.7	12.7	14.0

**Table 4.2 Percent of respondents by source of family planning information**

Source of Information	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R
Radio	83.5	36.1	43.8	56.5	19.4	25.4	54.3	32.0	34.3	50.3	22.2	25.3	57.0	26.0	29.9
TV	43.6	7.6	13.5	25.7	4.7	8.1	25.8	11.6	13.1	23.5	6.3	8.2	26.9	7.9	10.3
Social gatherings	60.0	68.2	66.9	30.8	32.8	32.5	42.0	35.3	36.0	40.8	38.1	38.4	39.0	37.5	37.7
Health institutions	79.0	61.5	64.3	46.3	45.3	45.5	46.9	39.7	40.5	47.5	34.9	36.3	49.7	41.6	42.7
Church/Mosque	34.7	32.5	32.9	14.2	16.3	16.0	27.1	23.5	23.9	17.8	18.5	18.4	20.7	20.7	20.7
School/college	43.4	27.0	29.6	22.1	12.4	14.0	19.6	18.0	18.2	8.4	11.1	10.8	20.3	15.2	15.8
Youth associations	38.6	28.5	30.1	14.8	6.0	7.4	16.7	12.4	12.8	9.5	12.3	12.0	16.4	11.6	12.2
CBR workers	56.4	45.4	47.2	21.5	17.0	17.7	19.5	12.5	13.2	15.0	14.6	14.6	22.6	16.6	17.4
Friends/Relatives	59.3	34.2	38.3	20.7	15.7	16.5	19.1	14.4	14.9	22.3	13.3	14.3	24.1	15.9	16.9
Pup lets/Posters	48.3	26.4	30.0	14.4	8.5	9.5	19.4	12.1	12.9	22.9	5.2	7.1	20.8	10.2	11.6
Partner	37.0	23.3	25.5	7.7	5.8	6.1	13.5	8.1	8.7	13.3	4.7	5.6	13.3	7.6	8.3
Others	24.4	11.2	13.4	3.6	3.7	3.7	6.1	4.9	5.0	4.1	2.1	2.3	6.4	4.2	4.5

**Table 4.3 Percent of respondents reporting ever use of specific methods of contraception**

Ever used FP methods?	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R												
Ever used any method	51.6	25.2	29.5	43.2	31.0	33.0	46.6	34.9	36.2	32.0	23.7	24.6	42.6	30.2	31.8
Never used any method	48.4	74.8	70.5	56.8	69.0	67.0	53.4	65.1	63.8	68.0	76.3	75.4	57.4	69.8	68.2
<b>Ever use of any modern Method</b>	<b>48.3</b>	<b>23.6</b>	<b>27.6</b>	<b>41.5</b>	<b>28.5</b>	<b>30.6</b>	<b>42.9</b>	<b>31.5</b>	<b>32.7</b>	<b>28.4</b>	<b>21.3</b>	<b>22.1</b>	<b>39.7</b>	<b>27.4</b>	<b>29.0</b>
Pills	24.7	13.4	15.2	23.8	14.6	16.1	24.5	20.9	21.3	9.0	9.6	9.6	20.9	15.6	16.3
IUD	3.9	0.7	1.3	1.7	1.2	1.3	2.9	1.6	1.7	1.3	2.5	2.4	2.1	1.7	1.7
Injectables	33.8	14.3	17.4	28.0	21.1	22.2	28.9	18.6	19.7	17.5	14.1	14.5	26.6	17.9	19.0
Condom	2.4	0.7	1.0	2.5	0.0	0.4	4.2	3.1	3.2	3.7	2.2	2.4	3.3	1.8	2.0
Norplant	2.4	0.0	0.4	1.1	0.3	0.5	2.1	1.8	1.8	1.8	1.2	1.2	1.7	1.1	1.1
Female Sterilization	1.9	0.9	1.0	0.6	0.0	0.1	2.3	1.8	1.8	0.3	0.8	0.8	1.2	0.9	1.0
Male Sterilization	1.0	0.4	0.5	0.3	0.2	0.2	1.2	0.7	0.8	0.2	0.8	0.8	0.6	0.6	0.6
Abstinence	2.9	0.8	1.1	1.1	0.2	0.3	1.4	1.2	1.2	0.6	1.1	1.0	1.3	0.8	0.9
Withdrawal	2.8	0.0	0.5	0.9	0.3	0.4	2.1	0.7	0.9	0.5	1.3	1.2	1.3	0.7	0.8
Breastfeeding	2.4	0.2	0.6	0.3	0.3	0.3	2.8	2.1	2.2	0.5	1.2	1.1	1.3	1.2	1.2
Calendar	5.7	0.1	1.0	1.4	0.9	0.9	2.1	1.3	1.4	0.2	1.3	1.2	1.7	1.1	1.2
Other methods	0.5	0.0	0.1	0.8	0.2	0.3	1.4	1.1	1.1	0.3	1.2	1.1	0.9	0.7	0.8

**Table 4.4 Percent of respondents currently using specific contraceptive Methods**

Currently Using Method of family planning?	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R												
Any method	37.7	17.1	20.4	26.9	19.3	20.5	32.7	23.1	24.1	22.3	16.4	17.1	28.7	19.8	21.0
Not currently using	62.3	82.9	79.6	73.1	80.7	79.5	67.3	76.9	75.9	77.7	83.6	82.9	71.3	80.2	79.0
<b>Any Modern method</b>	<b>33.9</b>	<b>14.2</b>	<b>17.4</b>	<b>23.1</b>	<b>17.3</b>	<b>18.2</b>	<b>30.1</b>	<b>20.4</b>	<b>21.4</b>	<b>20.7</b>	<b>13.5</b>	<b>14.3</b>	<b>25.7</b>	<b>17.3</b>	<b>18.3</b>
Pills	9.4	5.2	5.8	7.3	3.5	4.1	6.6	6.4	6.4	4.6	4.2	4.2	6.7	4.9	5.1
IUD	1.4	0.0	0.2	0.0	0.2	0.2	0.0	0.3	0.3	1.3	0.6	0.7	0.4	0.3	0.3
Injectables	18.8	8.1	9.9	14.6	13.3	13.5	21.5	12.6	13.6	10.1	9.3	9.4	16.1	11.7	12.2
Condom	2.3	0.5	0.8	0.9	0.2	0.3	0.7	0.4	0.5	4.4	1.4	1.7	1.7	0.6	0.7
Norplant	1.0	0.0	0.2	0.3	0.2	0.2	0.9	0.6	0.6	0.6	1.3	1.2	0.6	0.6	0.6
Female Sterilization	1.4	0.2	0.4	0.9	0.0	0.1	0.5	0.3	0.3	0.2	0.5	0.5	0.6	0.3	0.3
Male Sterilization	0.9	0.7	0.8	0.0	0.4	0.3	1.2	0.3	0.4	0.3	0.5	0.5	0.5	0.4	0.4
Abstaining	0.5	0.4	0.5	0.0	0.0	0.0	0.0	0.1	0.1	0.5	0.5	0.5	0.1	0.2	0.2
Withdrawal	2.4	0.0	0.4	0.3	0.3	0.3	0.5	0.6	0.6	0.0	0.7	0.6	0.5	0.5	0.5
Breastfeeding	0.0	0.7	0.6	0.8	0.5	0.6	0.0	0.4	0.4	0.5	1.0	0.9	0.4	0.6	0.6
Calendar method	0.5	0.0	0.1	1.1	0.2	0.3	0.7	1.0	1.0	0.2	1.2	1.1	0.7	0.8	0.8
Other Methods	0.0	0.1	0.1	0.3	0.2	0.2	0.2	0.5	0.4	0.0	0.8	0.7	0.2	0.4	0.4

**Table 4.5 Percent of respondent currently using contraceptives by selected Background characteristics**

Background Characteristics	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R
<b>Age Group</b>															
15 – 24	29.7	14.9	19.3	31.7	22.5	24.5	29.8	17.8	19.5	32.4	30.0	30.3	30.9	21.6	23.2
25 – 34	45.9	49.6	48.5	52.8	51.8	52.1	50.1	54.8	54.2	40.9	53.6	51.8	49.1	53.4	52.6
35 +	24.3	35.5	32.2	15.5	25.6	23.5	20.1	27.4	26.3	26.7	16.4	17.9	20.0	25.0	24.1
<b>Level of education</b>															
Illiterate	32.9	72.9	60.9	40.8	65.0	59.9	26.2	50.6	47.1	22.0	44.5	41.3	31.7	54.8	50.8
Primary (1-6)	13.3	18.8	17.2	23.2	25.4	25.0	29.7	23.4	24.3	28.8	36.5	35.4	25.2	26.5	26.3
Junior Sec. (7-8)	23.1	5.3	10.6	12.2	3.5	5.4	18.7	14.4	15.0	18.7	13.2	14.0	16.8	10.4	11.6
Secondary (9-12)	28.2	1.8	9.7	21.8	5.1	8.6	24.0	11.6	13.4	29.2	5.8	9.1	24.6	7.9	10.8
Certificate and above	2.5	1.2	1.6	2.0	0.9	1.1	1.4	0.0	0.2	1.4	0.0	0.2	1.8	0.3	0.6
<b>Children ever born</b>															
No child	3.7	2.7	3.0	7.5	3.7	4.5	0.0	0.0	0.0	0.0	0.0	0.0	3.2	1.2	1.6
1 – 2 children	43.4	21.7	28.2	52.0	34.5	38.1	44.8	28.2	30.6	38.7	24.5	26.5	46.3	28.9	31.9
3 – 4 children	37.5	31.4	33.3	24.0	25.5	25.2	24.2	28.0	27.4	30.1	32.8	32.4	26.7	28.5	28.2
5 or more children	15.3	44.1	35.5	16.5	36.3	32.1	31.0	43.8	42.0	31.2	42.7	41.1	23.8	41.4	38.4

**Table 4.6 Percent of respondent currently using contraceptives by duration of use**

Duration of use	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R
Less than 6 months	24.6	36.8	33.1	28.4	19.9	21.6	16.0	21.7	20.9	21.6	37.7	35.4	22.5	25.5	25.0
7 – 12 months	20.6	26.4	24.6	15.7	23.3	21.7	26.7	19.1	20.2	14.3	26.6	24.9	19.8	22.3	21.9
13 – 18 months	2.5	6.9	5.6	4.2	6.3	5.9	4.4	5.5	5.4	8.0	7.3	7.4	4.7	6.2	6.0
19 – 24 months	7.5	9.3	8.8	13.4	16.5	15.9	16.6	13.6	14.0	12.3	12.8	12.7	13.6	14.0	14.0
25 – 36 months	20.5	6.3	10.6	11.6	13.6	13.1	9.5	16.3	15.3	14.3	6.8	7.9	12.4	12.9	12.8
Over 36 months	22.9	9.9	13.8	25.8	18.6	20.1	26.8	23.8	24.3	29.4	8.7	11.7	26.4	18.3	19.7
Not Stated	1.3	4.4	3.5	1.0	1.9	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.8	0.8

**Table 4.7 Percent of currently married non-pregnant women currently using specific family planning methods**

Family Planning Methods	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R												
Currently using	57.2	22.1	26.7	45.4	28.5	30.6	48.9	30.8	32.4	35.4	21.5	22.7	45.2	26.8	28.7
Not using	42.8	77.9	73.3	54.6	71.5	69.4	51.1	69.2	67.6	64.6	78.5	77.3	54.8	73.2	71.3
<b>Current use of any modern method</b>	<b>51.0</b>	<b>17.7</b>	<b>21.7</b>	<b>37.6</b>	<b>23.6</b>	<b>25.5</b>	<b>43.6</b>	<b>25.6</b>	<b>27.2</b>	<b>32.0</b>	<b>16.4</b>	<b>17.8</b>	<b>39.3</b>	<b>22.0</b>	<b>23.8</b>
Pills	26.0	25.1	25.3	31.1	17.5	20.0	18.4	31.0	29.4	10.7	25.2	23.2	22.9	24.8	24.5
IUD	5.3	0.0	1.5	0.0	1.2	1.0	0.0	0.9	0.8	0.0	3.6	3.1	0.7	1.6	1.4
Injectables	54.5	48.0	49.8	55.3	68.0	65.7	70.7	55.4	57.4	55.5	62.0	61.1	59.8	60.7	60.5
Condom	5.3	3.5	4.0	0.0	0.9	0.7	3.6	0.9	1.3	25.3	9.2	11.3	6.4	3.0	3.5
Norplant	0.0	0.0	0.0	0.0	0.9	0.7	1.2	0.0	0.2	3.7	6.0	5.7	1.0	1.7	1.6
Female sterilization	3.6	1.8	2.3	0.0	0.0	0.0	0.0	0.9	0.8	0.9	2.6	2.3	0.6	1.0	1.0
Male sterilization	0.0	3.7	2.6	0.0	2.2	1.8	2.4	1.0	1.2	0.9	2.6	2.3	0.9	1.9	1.8
Abstinence	0.0	3.4	2.5	0.0	0.0	0.0	0.0	1.0	0.9	2.8	2.6	2.6	0.5	1.2	1.1
Withdrawal	1.8	0.0	0.5	1.5	2.0	1.9	0.0	3.8	3.3	0.0	3.6	3.2	0.8	2.9	2.6
Breastfeeding	0.0	5.1	3.7	2.7	3.0	3.0	0.0	0.9	0.8	1.9	6.0	5.5	1.4	3.1	2.8
Calendar	0.0	0.0	0.0	5.4	1.0	1.8	2.4	6.9	6.3	0.0	5.3	4.6	2.9	4.2	3.9
Other methods	0.0	1.1	0.8	1.4	1.0	1.0	1.2	0.9	1.0	0.0	4.8	4.1	0.9	1.8	1.7

**Table 4.8 Percent of currently married women using contraception at the time of survey by selected background characteristics**

Background Characteristics	Tigray			Amhara			Oromia			SNNP			All Regions		
	U	R	U+R												
<b>Age Group</b>															
15 – 19	33.0	7.4	9.8	42.7	7.5	12.0	35.6	16.8	18.4	14.6	9.2	10.0	30.3	12.1	14.2
20 – 24	64.7	29.8	38.0	50.2	28.1	31.4	44.7	19.5	22.1	47.2	24.2	26.4	49.0	23.7	26.8
25 – 29	57.9	28.2	32.1	43.1	36.0	37.2	57.4	40.7	42.1	31.6	23.4	23.9	46.7	33.8	35.2
30 – 34	84.6	23.8	30.3	58.1	27.2	30.5	61.1	33.5	36.1	53.2	30.1	31.9	60.5	30.1	32.9
35 – 39	44.9	17.0	19.5	33.4	30.7	31.0	44.3	34.9	35.6	23.9	21.8	22.0	34.8	28.5	29.1
40 – 44	14.3	27.3	26.1	24.7	21.8	22.1	31.7	24.9	25.5	47.8	3.9	8.3	33.1	19.1	20.3
45 – 49	27.1	12.3	13.9	12.1	6.2	6.7	0.0	6.5	6.0	0.0	0.0	0.0	8.1	5.1	5.3
<b>Total</b>	<b>54.6</b>	<b>21.5</b>	<b>25.5</b>	<b>43.4</b>	<b>26.5</b>	<b>28.7</b>	<b>47.0</b>	<b>29.1</b>	<b>30.7</b>	<b>34.2</b>	<b>20.0</b>	<b>21.2</b>	<b>43.3</b>	<b>25.4</b>	<b>27.2</b>
<b>Level of Education</b>															
Illiterate	45.7	20.9	22.3	32.9	21.3	22.3	33.4	22.8	23.3	17.0	13.3	13.5	30.0	19.7	20.4
Primary (1-6)	43.5	21.5	24.2	44.3	44.4	44.4	49.3	32.2	34.3	36.6	31.2	31.8	44.0	33.8	35.1
Junior Sec. (7-8)	64.9	27.4	40.9	63.1	41.0	49.3	59.2	52.7	53.7	62.6	46.8	49.3	61.7	48.3	51.1
Secondary (9-12)	61.7	20.3	48.0	58.7	63.8	61.0	62.3	71.6	69.1	52.6	37.1	43.5	58.7	60.3	59.7
Certificate and above	100.0	100.0	100.0	49.8	100.0	72.9	40.2	0.0	9.4	66.3	0.0	17.4	52.4	24.3	33.8
<b>Total</b>	<b>54.6</b>	<b>21.5</b>	<b>25.5</b>	<b>43.4</b>	<b>26.5</b>	<b>28.7</b>	<b>47.0</b>	<b>29.1</b>	<b>30.7</b>	<b>34.2</b>	<b>20.0</b>	<b>21.2</b>	<b>43.3</b>	<b>25.4</b>	<b>27.2</b>
<b>Children ever born</b>															
None	24.9	13.6	14.7	31.9	12.1	15.1	0.0	0.0	0.0	0.0	0.0	0.0	31.4	12.0	14.8
1 – 2	57.7	19.7	28.3	51.3	31.4	35.1	58.7	30.1	33.3	46.6	20.4	23.3	53.5	27.5	31.1
3 – 4	64.2	23.8	29.1	40.5	25.6	27.6	43.6	33.4	34.4	53.6	22.1	23.9	46.2	27.2	29.0
5 +	39.4	21.8	22.8	37.4	27.1	27.9	37.7	26.2	27.0	20.4	18.4	18.6	31.2	23.9	24.4
<b>Total</b>	<b>54.6</b>	<b>21.5</b>	<b>25.5</b>	<b>43.4</b>	<b>26.5</b>	<b>28.7</b>	<b>47.0</b>	<b>29.1</b>	<b>30.7</b>	<b>34.2</b>	<b>20.0</b>	<b>21.2</b>	<b>43.3</b>	<b>25.4</b>	<b>27.2</b>

**Table 4.9 Percent of current users by status of husband knowledge and approves**

	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R
<b>Did your husband/partner know that you are using FP methods?</b>															
Yes	40.4	54.3	50.7	64.5	63.8	63.9	69.4	77.7	76.5	90.1	64.8	67.0	66.3	68.9	68.5
No	59.6	45.7	49.3	35.5	36.2	36.1	30.6	22.3	23.5	9.9	35.2	33.0	33.7	31.1	31.5
<b>Does your husband/partner support using FP methods?</b>															
Yes	95.1	90.5	91.8	93.9	90.7	91.4	86.5	86.1	86.1	83.5	86.9	86.3	89.3	87.8	88.1
No	4.9	9.5	8.2	6.1	8.0	7.6	13.5	12.5	12.6	15.9	10.8	11.8	10.5	10.7	10.7
Don't know	0.0	0.0	0.0	0.0	1.3	1.0	0.0	1.4	1.2	0.6	2.3	2.0	0.1	1.5	1.2

**Table 4.10 Percent distribution of currently married non-pregnant contracepting women according to who chose method**

Who chose the method?	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R
Self	83.1	88.7	87.1	80.0	77.4	77.9	95.2	95.1	95.1	86.5	88.3	88.0	86.5	88.0	87.7
Husband/Partner	8.5	5.2	6.2	9.6	6.4	7.1	2.4	4.2	4.0	8.2	9.8	9.5	6.9	6.2	6.3
Both	7.0	6.0	6.3	5.2	12.4	10.9	2.4	0.7	0.9	4.8	0.0	0.8	4.4	4.3	4.3
Friends/Relatives	0.0	0.0	0.0	2.1	0.9	1.2	0.0	0.0	0.0	0.6	1.1	1.0	0.9	0.5	0.6
Health professional	1.4	0.0	0.4	3.1	2.9	2.9	0.0	0.0	0.0	0.0	0.8	0.7	1.3	1.0	1.1

**Table 4.11 Percent distribution of current users of contraception by principal source of supply**

Source of FP method	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R
Hospital	28.3	11.0	16.0	12.1	19.7	18.2	10.1	5.9	6.5	9.2	12.1	11.6	12.6	11.8	12.0
Health station	37.5	28.9	31.4	67.6	33.1	40.0	72.1	59.1	60.9	66.8	30.2	36.6	65.5	42.9	46.9
Health post	9.6	21.7	18.3	3.9	31.6	26.1	0.9	12.7	11.1	0.5	23.7	19.7	2.9	21.5	18.2
CBRHAs	5.7	19.0	15.2	1.0	5.8	4.8	4.5	7.7	7.3	1.1	10.7	9.1	2.6	8.4	7.4
Youth center	0.0	0.0	0.0	2.2	0.7	1.0	0.8	2.0	1.8	0.0	1.7	1.4	1.0	1.4	1.3
Work place	1.5	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0
Pharmacy	1.3	0.0	0.4	1.0	0.0	0.2	1.5	0.0	0.2	0.5	0.7	0.7	1.1	0.2	0.3
Shop/kiosk	2.6	0.0	0.8	2.0	0.0	0.4	1.5	0.7	0.8	1.1	1.0	1.0	1.7	0.5	0.7
Private doctor	0.0	0.0	0.0	1.0	0.0	0.2	0.8	2.0	1.8	0.0	0.0	0.0	0.6	0.8	0.8
Friends/Relatives	0.0	0.0	0.0	3.0	0.8	1.2	0.0	1.9	1.6	0.5	0.0	0.1	1.2	1.0	1.1
Others	13.5	19.3	17.7	6.2	8.3	7.8	7.8	8.1	8.0	20.2	19.9	19.9	10.5	11.4	11.2

**Table 4.12 Time taken by client to source of contraceptive supply**

Time Taken	Tigray			Amhara			Oromia			SNNPR			All Regions		
	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R	U	R	U+R
Less than 30 minutes	76.7	49.2	57.1	74.9	44.3	50.7	60.0	30.7	34.8	58.8	61.0	60.6	67.0	42.4	46.7
30 – 59 minutes	12.9	13.2	13.1	17.3	23.9	22.5	22.8	17.1	17.9	38.2	16.0	19.6	22.8	18.6	19.4
60 – 89 minutes	8.8	16.8	14.5	1.1	10.2	8.3	10.2	24.3	22.3	1.8	9.3	8.1	5.0	16.4	14.4
90 – 119 minutes	1.6	11.8	8.9	3.4	3.8	3.7	0.8	10.0	8.7	0.0	3.6	3.0	1.6	6.9	6.0
120 or more minutes	0.0	9.0	6.4	3.4	17.8	14.8	6.3	18.0	16.3	1.2	10.1	8.7	3.5	15.7	13.5

**Table 4.13A: Percent of Women residing in rural area who have discontinued using contraception by reason for discontinuation and region**

Reason for discontinuation	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Want more children	22124	40.2	101514	29.5	127866	29.2	66830	36.0	318335	31.1
Health concern	10848	19.7	84908	24.6	101651	23.2	67689	36.5	265096	25.9
Not in union	13887	25.3	84459	24.5	86206	19.7	9460	5.1	194012	18.9
Inconvenient to obtain	0	0.0	0	0.0	26661	6.1	3634	2.0	30295	3.0
Inconvenient to use	0	0.0	0	0.0	15737	3.6	9878	5.3	25615	2.5
Partner oppose	0	0.0	0	0.0	5349	1.2	3635	2.0	8983	0.9
Others	8131	14.8	73816	21.4	75026	17.1	24513	13.2	181485	17.7
<b>Total</b>	<b>54991</b>	<b>100.0</b>	<b>344697</b>	<b>100.0</b>	<b>438495</b>	<b>100</b>	<b>185638</b>	<b>100.0</b>	<b>1023822</b>	<b>100.0</b>

**Table 4.13B: Percent of Women residing in urban centers who have discontinued using contraception by reason for discontinuation and region**

Reason for discontinuation	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Want more children	8199	45.0	25826	28.2	15154	25.1	7290	24.4	56469	28.2
Not in union	4318	23.7	28469	31.1	13408	22.2	2911	9.7	49105	24.5
Health concern	3745	20.6	13867	15.1	14310	23.7	6873	23.0	38796	19.4
Partner oppose	0	0.0	0	0.0	2024	3.4	484	1.6	2508	1.3
Inconvenient to obtain	0	0.0	0	0.0	1031	1.7	507	1.7	1537	0.8
Inconvenient to use	0	0.0	0	0.0	0	0.0	962	3.2	962	0.5
Others	1951	10.7	23445	25.6	14376	23.8	10911	36.4	50682	25.3
<b>Total</b>	<b>18212</b>	<b>100.0</b>	<b>91607</b>	<b>100.0</b>	<b>60302</b>	<b>100.0</b>	<b>29938</b>	<b>100.0</b>	<b>200059</b>	<b>100.0</b>

**Table 4.14A: Percent of Women non-users residing in rural areas not intending to use FP methods in the future by reason and region**

Intention/Main reason for not intending	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Intention to use</b>										
Intend	345625	69.1	1000414	51.5	1748500	62.9	1119328	57.5	4213867	58.8
Do not intend	154763	30.9	942719	48.5	1030203	37.1	826909	42.5	2954594	41.2
<b>Total</b>	<b>500389</b>	<b>100.0</b>	<b>1943133</b>	<b>100.0</b>	<b>2778703</b>	<b>100.0</b>	<b>1946237</b>	<b>100.0</b>	<b>7168461</b>	<b>100.0</b>
<b>Main Reason for not Intending</b>										
Want more children	73458	47.5	318672	33.8	196153	19.0	173067	20.9	761349	25.8
Menopausal	18188	11.8	82651	8.8	100729	9.8	96030	11.6	297597	10.1
Health concern	5741	3.7	52929	5.6	26234	2.5	66733	8.1	151637	5.1
Lack of knowledge	0	0.0	23970	2.5	48023	4.7	33139	4.0	105132	3.6
Fatalistic	4606	3.0	20646	2.2	5275	0.5	15644	1.9	46170	1.6
Religious prohibition	5252	3.4	14451	1.5	10750	1.0	12434	1.5	42887	1.5
Partner disapproves	0	0.0	6140	0.7	5563	0.5	30584	3.7	42287	1.4
Costs too much	1571	1.0	5199	0.6	15477	1.5	8277	1.0	30524	1.0
Fear of side effects	0	0.0	9708	1.0	10494	1.0	6754	0.8	26955	0.9
Other relatives Disapproves	0	0.0	4501	0.5	0	0.0	4082	0.5	8583	0.3
Opposed to FP	1549	1.0	0	0.0	0	0.0	0	0.0	1549	0.1
Inconvenient to obtain/ Shortage of supplies & Others	44399	28.7	403852	42.8	611506	59.3	380166	46.0	1439924	48.7
<b>Total</b>	<b>154763</b>	<b>100.0</b>	<b>942719</b>	<b>100.0</b>	<b>1030203</b>	<b>100.0</b>	<b>826909</b>	<b>100.0</b>	<b>2954594</b>	<b>100.0</b>

**Table 4.14B: Percent of Women non-users residing in urban centers not intending to use FP methods in the future by reason and region**

Intention/Main reason for not intending	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Intention to use</b>										
Intend	53206	71.9	183967	63.6	178774	67.9	116463	58.6	532411	64.5
Do not intend	20841	28.1	105313	36.4	84559	32.1	82143	41.4	292856	35.5
<b>Total</b>	<b>74047</b>	<b>100.0</b>	<b>289281</b>	<b>100.0</b>	<b>263333</b>	<b>100.0</b>	<b>198606</b>	<b>100.0</b>	<b>825267</b>	<b>100.0</b>
<b>Main Reason for not intending</b>										
Want more children	6295	30.2	34949	33.2	8346	9.9	11806	14.4	61396	21.0
Menopausal	2491	12.0	3039	2.9	15424	18.2	9468	11.5	30422	10.4
Health concern	1851	8.9	3086	2.9	7156	8.5	6384	7.8	18477	6.3
Fatalistic	0	0.0	0	0.0	1014	1.2	6925	8.4	7939	2.7
Costs too much	0	0.0	3106	2.9	3032	3.6	960	1.2	7099	2.4
Religious prohibition	0	0.0	4551	4.3	0	0.0	969	1.2	5520	1.9
Partner disapproves	0	0.0	3347	3.2	0	0.0	0	0.0	3347	1.1
Opposed to FP	0	0.0	0	0.0	1031	1.2	971	1.2	2002	0.7
Fear of side effects	0	0.0	1627	1.5	0	0.0	0	0.0	1627	0.6
Others	10204	49.0	51607	49.0	48556	57.4	44660	54.4	155027	52.9
<b>Total</b>	<b>20841</b>	<b>100.0</b>	<b>105313</b>	<b>100.0</b>	<b>84559</b>	<b>100.0</b>	<b>82143</b>	<b>100.0</b>	<b>292856</b>	<b>100.0</b>

**Table 4.15A Percentage of Currently Married, Non-pregnant and Fecund Women With Unmet Need for Spacing Pregnancy by Background Characteristics and region**

Background Characteristics	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
<b>Age Groups</b>										
15 – 19	37.5	37.5	8.3	24.0	4.0	12.5	14.3	5.6	8.0	15.7
20 – 24	21.4	46.7	10.9	30.5	24.1	15.6	16.7	15.5	17.1	18.4
25 – 29	3.7	26.6	8.3	8.8	12.0	12.1	6.7	18.9	7.7	14.1
30 – 34	12.5	23.0	7.1	16.4	2.0	4.4	4.0	9.3	1.5	11.0
35 – 39	4.3	16.7	3.3	4.4	2.4	5.4	8.6	8.7	3.7	6.7
40 – 44	14.3	0.0	0.0	0.0	3.6	0.0	0.0	4.5	2.6	1.1
45 – 49	0.0	3.3	0.0	0.0	0.0	0.0	0.0	2.6	0.0	1.0
<b>Total</b>	<b>11.6</b>	<b>21.5</b>	<b>7.1</b>	<b>13.2</b>	<b>9.2</b>	<b>8.5</b>	<b>8.6</b>	<b>11.8</b>	<b>7.3</b>	<b>11.1</b>
<b>Education</b>										
Illiterate	7.0	18.9	9.8	14.4	12.0	7.9	10.4	12.2	8.9	11.3
Primary (1-6)	12.0	29.4	4.5	10.6	13.3	9.3	11.3	11.9	8.4	11.6
Junior Sec. (7-8)	13.0	33.3	9.5	0.0	2.1	10.5	4.2	6.3	6.2	8.8
Secondary (9-12)	17.1	50.0	0.0	0.0	5.3	12.5	0.0	14.3	3.6	10.3
Certificate and Above	0.0	0.0	0.0	0.0	0.0	0.0	25.0	0.0	3.3	0.0
<b>Total</b>	<b>11.6</b>	<b>21.5</b>	<b>7.1</b>	<b>13.2</b>	<b>9.2</b>	<b>8.5</b>	<b>8.6</b>	<b>11.8</b>	<b>7.3</b>	<b>11.1</b>

**Table 4.15B Percentage of Currently Married, Non-pregnant and Fecund Women With Unmet Need for Limiting Births by Background Characteristics and region**

Background Characteristics	Tigray		Amhara		Oromia		SNNPR		All Regions	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
<b>Age Groups</b>										
15 – 19	0.0	16.7	8.3	4.0	32.0	22.9	23.8	33.3	21.6	20.7
20 – 24	3.6	6.7	5.5	5.1	12.1	34.4	22.2	24.3	11.2	23.5
25 – 29	7.4	10.9	13.9	7.5	16.0	28.2	28.9	24.2	17.4	20.6
30 – 34	4.2	11.5	11.9	6.6	25.5	36.3	12.0	18.6	17.0	20.5
35 – 39	17.4	11.1	20.0	6.7	33.3	40.5	31.4	29.0	30.3	26.1
40 – 44	28.6	20.0	26.7	6.1	57.1	37.7	21.4	43.2	30.8	32.5
45 – 49	50.0	43.3	13.3	4.5	71.4	57.1	40.0	35.9	41.0	37.4
<b>Total</b>	<b>12.4</b>	<b>15.1</b>	<b>12.9</b>	<b>6.2</b>	<b>27.3</b>	<b>34.6</b>	<b>25.3</b>	<b>27.1</b>	<b>20.5</b>	<b>24.3</b>
<b>Education</b>										
Illiterate	9.3	16.8	7.5	5.3	37.0	38.3	28.6	29.3	20.2	25.5
Primary (1-6)	32.0	7.8	25.0	8.5	22.7	28.9	24.5	22.2	24.7	22.1
Junior Sec. (7-8)	4.3	16.7	9.5	25.0	27.7	26.3	16.7	21.9	16.3	25.5
Secondary (9-12)	8.6	0.0	17.9	0.0	14.0	12.5	25.0	28.6	18.0	11.4
Certificate and Above	0.0	0.0	25.0	0.0	33.3	0.0	25.0	0.0	30.7	0.0
<b>Total</b>	<b>12.4</b>	<b>15.1</b>	<b>12.9</b>	<b>6.2</b>	<b>27.3</b>	<b>34.6</b>	<b>25.3</b>	<b>27.1</b>	<b>20.5</b>	<b>24.3</b>

**Table 4.16 Percentage of Currently Married, Non-pregnant and Fecund Women With Unmet Need (Total) for Family Planning by Background Characteristics and region**

Background Characteristics	Tigray		Amhara		Oromia		SNNPR		Total	
	Urban	Rural								
<b>Age Groups</b>										
15 – 19	37.5	54.2	16.7	28.0	36.0	35.4	38.1	38.9	29.7	36.4
20 – 24	25.0	53.3	16.4	35.6	36.2	50.0	38.9	39.8	28.3	41.9
25 – 29	11.1	37.5	22.2	16.3	28.0	40.3	35.6	43.2	25.0	34.8
30 – 34	16.7	34.4	19.0	23.0	27.5	40.7	16.0	27.9	18.5	31.5
35 – 39	21.7	27.8	23.3	11.1	35.7	45.9	40.0	37.7	34.0	32.8
40 – 44	42.9	20.0	26.7	6.1	60.7	37.7	21.4	47.7	33.4	33.7
45 – 49	50.0	46.7	13.3	4.5	71.4	57.1	40.0	38.5	41.0	38.4
<b>Total</b>	<b>24.0</b>	<b>36.7</b>	<b>19.9</b>	<b>19.4</b>	<b>36.5</b>	<b>43.1</b>	<b>33.9</b>	<b>38.9</b>	<b>27.9</b>	<b>35.4</b>
<b>Education</b>										
Illiterate	16.3	35.7	17.3	19.8	49.1	46.2	39.0	41.5	29.2	36.8
Primary (1-6)	44.0	37.3	29.5	19.1	36.0	38.1	35.8	34.1	33.1	33.7
Junior Sec. (7-8)	17.4	50.0	19.0	25.0	29.8	36.8	20.8	28.1	22.6	34.3
Secondary (9-12)	25.7	50.0	17.9	0.0	19.3	25.0	25.0	42.9	21.7	21.7
Certificate and Above	0.0	0.0	25.0	0.0	33.3	0.0	50.0	0.0	34.0	0.0
<b>Total</b>	<b>24.0</b>	<b>36.7</b>	<b>19.9</b>	<b>19.4</b>	<b>36.5</b>	<b>43.1</b>	<b>33.9</b>	<b>38.9</b>	<b>27.9</b>	<b>35.4</b>