Girls' Education and Family Planning

Data from the 2011 Ethiopia Demographic and Health Survey

This report summarises the findings on girls' education and family planning from the 2011 Ethiopia Demographic and Health Survey (EDHS), which was carried out under the aegis of the Ministry of Health (MOH) and implemented by the Central Statistical Agency (CSA). The testing of the blood samples for HIV status was handled by the Ethiopia Health and Nutrition Research Institute (EHNRI). ICF International provided technical assistance as well as funding to the project through the MEASURE DHS project, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide. Funding for the EDHS was also provided by the government of Ethiopia and various international donor organizations and governments: the United States Agency for International Development (USAID), the HIV/AIDS Prevention and Control Office (HAPCO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Kingdom Department for International Development (DFID), and the United States Centers for Disease Control and Prevention (CDC). The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organisations.

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Introduction

About the Survey

The 2011 Ethiopia Demographic and Health Survey (EDHS) is the third in a series of national surveys conducted in Ethiopia. It is designed to measure levels, patterns, and trends in demographic and health indicators.

In the 2011 EDHS, a nationally representative sample of 16,702 women age 15-49 and 14,110 men age 15-59 were interviewed. Overall, 95% of eligible women and 89% of eligible men agreed to be interviewed. The sample design for the 2011 EDHS provides estimates at the national (total, urban, and rural) and regional levels. Young women were a large proportion of female survey respondents; 6,857 women age 15-24 participated in the 2011 EDHS.

Introduction

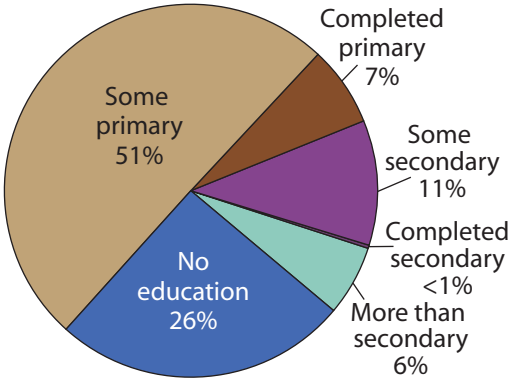
Education is the cornerstone of any society. The wellbeing of a country's population is inextricably linked to its education system. Investments in the education of women yield dramatic returns in the health of women, children, and communities. The Demographic and Health Surveys conducted in more than 90 countries have consistently shown a positive relationship between education and improved health and lowered fertility. In Ethiopia, the most educated women (those with secondary or higher education) are usually in the best health. Yet, only a small proportion of Ethiopian women have received this level of education. At what level of education does an improvement in health become noticeable? Using data from the 2011 EDHS, this booklet examines the impact of education on the fertility and family planning outcomes of young women. This analysis does not control for the confounding variables of urbanity, wealth, culture, or other variables requiring more sophisticated statistical techniques, which is beyond the scope of this report.

Overview: Education in Ethiopia

Overall, about one-quarter (26%) of Ethiopian women age 15-24 have received no formal education, while 17% have at least some secondary or higher education. The largest proportion (51%) of women age 15-24 have some primary education, but have not completed primary school. Education is lowest in the Affar and Somali regions, where 6 in 10 young women have no formal education. In contrast, more than one-third of young women living in Harari (35%), Dire Dawa (36%), and Addis Ababa (44%) have some secondary or higher education.

Education

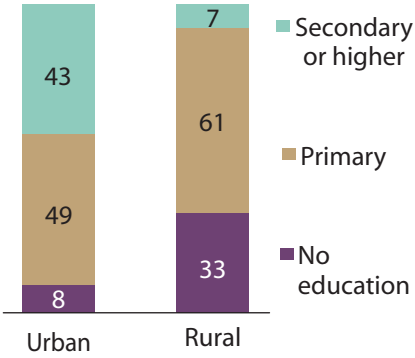
Percent distribution of women age 15–24 by highest level of education



For the remainder of this report, education has been collapsed into three categories to ensure there are adequate numbers of cases in each category. The three education categories are: no education, primary (some or completed primary), and secondary or higher (some secondary, completed secondary, or more than secondary). Level of education varies greatly by residence; 8% of young women in urban areas have no formal education, compared to 33% of young women in rural areas. Similarly, the proportion of young women with secondary or higher education is more than six times higher in urban areas than in rural areas (43% and 7%, respectively).

Education by Residence

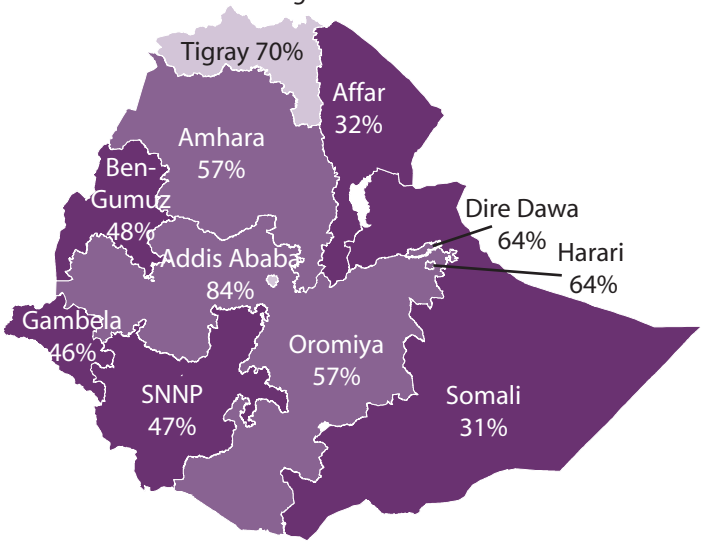
Percent distribution of women age 15–24 by highest level of education



Literacy and Exposure to Mass Media

Literacy

Percent of women age 15-24 who are literate

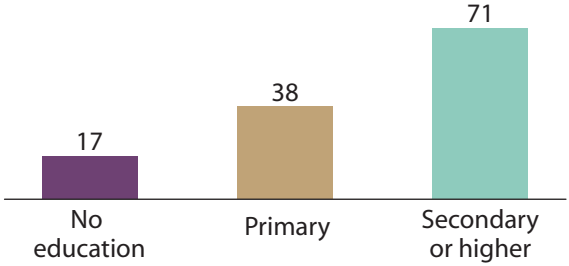


More than half (57%) of women age 15-24 are literate. Literacy is higher among women age 15-19 (64%) than among women age 20-24 (48%), indicating an improvement over time. Literacy is lowest among women in the Somali (31%) and Affar regions (32%), and is highest among women living in Addis Ababa (84%).

Nearly 4 in 10 (38%) young women report that they are exposed to mass media (newspaper, television, or radio) weekly. Not surprisingly, exposure to mass media increases dramatically with level of education. Just 17% of women with no education report being exposed to mass media weekly, compared to 71% of women with secondary or higher education. Similarly, exposure to mass media increases with household wealth; 13% of young women living in the poorest households are exposed to mass media weekly, compared to 66% of young women living in the richest households.

Exposure to Mass Media by Level of Education

Percent of women age 15–24 who read a newspaper, watch television, or listen to the radio weekly

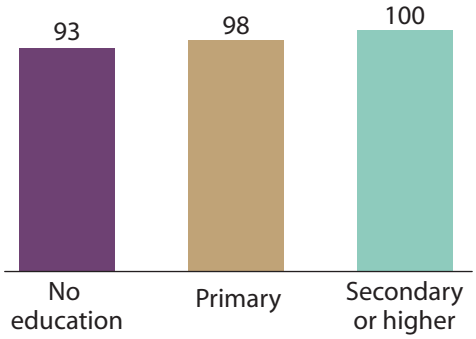


Family Planning Knowledge

Knowledge of modern methods of family planning is nearly universal among Ethiopian women age 15-24. Young women with no education are slightly less likely than women with secondary or higher education to know a modern method of family planning (93% versus 100%). Injectables and the pill are the most commonly known modern methods among women, regardless of education level. However, knowledge of the male condom varies dramatically by education; 61% of young women with no education know that the male condom is a family planning method, compared to 98% of young women with secondary or higher education. Overall, 53% of young women know a traditional method of family planning, such as withdrawal or the rhythm method.

Knowledge of Modern Contraceptive Methods by Level of Education

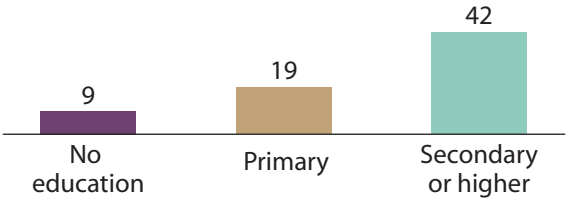
Percent of women age 15–24 who know a modern method of contraception



Although the large majority of young women have heard of a modern method of family planning, knowledge of the fertile period is low; only 1 in 5 women age 15-24 know that the fertile period is halfway between two menstrual periods. Women with secondary or higher education are markedly more likely to know of the fertile period than women with no education (42% versus 9%).

Knowledge of the Fertile Period by Level of Education

Percent of women age 15–24 who know the fertile period is halfway between two menstrual periods



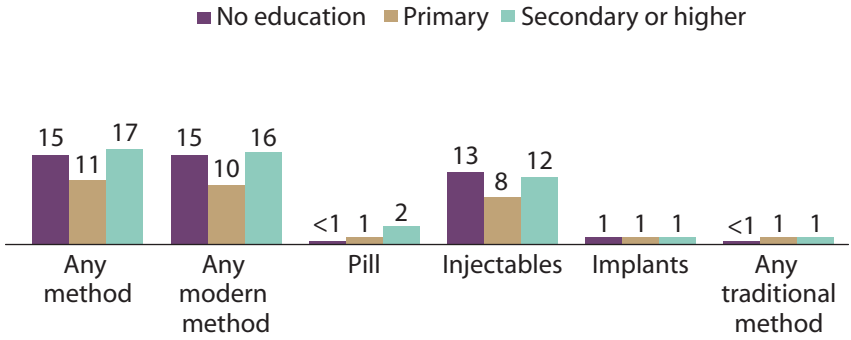
Use of Family Planning

In Ethiopia, 13% of all women age 15-24 are currently using a method of family planning. However, women age 15-19 are markedly less likely to be using any method of family planning than women age 20-24 (5% and 23%, respectively). The relationship between education and the use of family planning is mixed; use is slightly higher among women with secondary or higher education (17%) than among women with no education (15%), while use is lowest among women with primary education (11%).

Among current users, the majority (12%) are using a modern method of family planning, while just 1% are using a traditional method. The most popular modern method of family planning, regardless of education level, is injectables. Implants and the pill are the next most popular methods. Women with secondary or higher education are more likely to use the pill (2%) than implants (1%), while approximately equal proportions of women with little or no education use implants and the pill.

Contraceptive Use by Level of Education

Percent of women age 15–24 who are currently using contraception



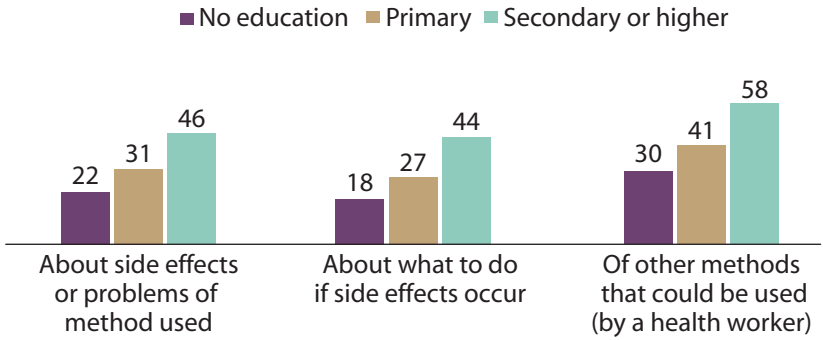
Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. Overall, just 28% of Ethiopian women age 15-49* were informed about possible side effects of their method, 24% were informed about what to do if they experience side effects, and 37% were informed about other available family planning methods.

As level of education increases, so does the proportion of women who were informed about family planning methods. The disparity between levels of education is most dramatic among women who were informed about what to do if side effects occur; women with secondary and higher education were nearly two and half times more likely to be informed about what to do if side effects occur than women with no education (44% versus 18%).

Informed Choice by Level of Education

Among women age 15–49 who started their last episode of modern contraceptive use in the five years before the survey, percent who were informed:



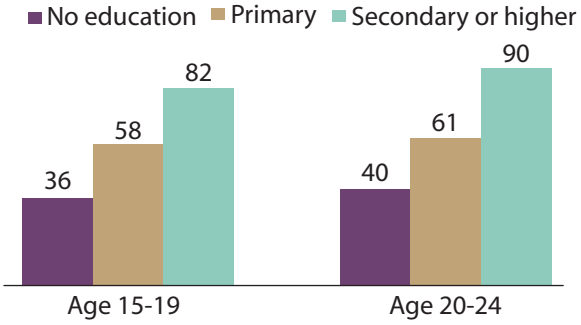
**Please note the data about informed choice refers to women age 15-49 because there were too few cases of women age 15-24 who started their last episode of modern contraceptive use in the past five years.*

Exposure to Family Planning Messages

Overall, 57% of women age 15-19 and 59% of women age 20-24 heard or saw a family planning message on the radio; on television; in a newspaper; in a pamphlet, poster, or leaflet; or at a community event, in the few months before the survey. Young women with secondary or higher education were more than twice as likely as young women with no education to have been exposed to a family planning message in the past few months.

Exposure to Family Planning Messages by Level of Education

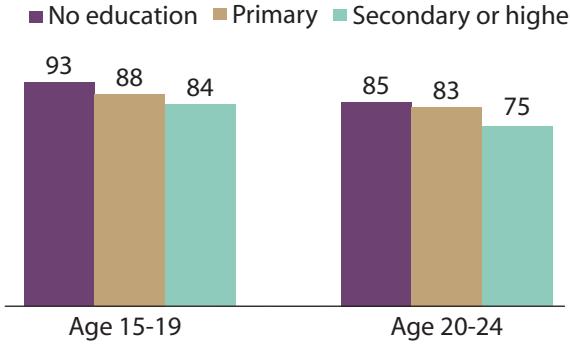
Percent of women age 15–24 who heard or saw a family planning message on the radio, on television, in a newspaper/magazine, in a pamphlet/poster/leaflet, or at a community event in the past few months



Among all young women who are not currently using family planning, 89% of women age 15-19 and 82% of women age 20-24 did not discuss family planning with any health worker. Young women with no education were least likely to have discussed family planning with any health worker.

Missed Opportunities by Level of Education

Among women age 15–24 who are not using contraception, percent who neither discussed family planning with fieldworker nor at a health facility

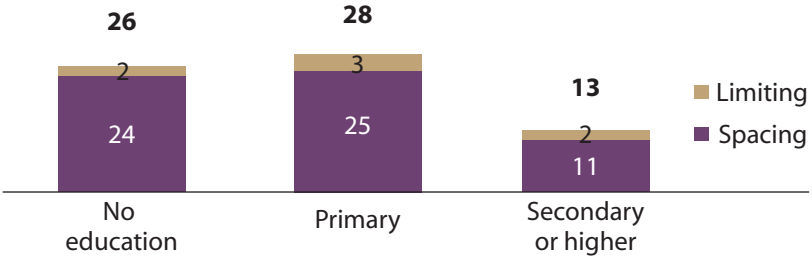


Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of currently married women who want to space their next birth or stop childbearing entirely but are not using contraception. Overall, 26% of currently married women age 15-24 have an unmet need for family planning; 23% have an unmet need for spacing and 2% have an unmet need for limiting. Unmet need for family planning is lowest among young women with secondary or higher education and highest among young women with primary education (13% and 28%, respectively).

Unmet Need for Family Planning by Level of Education

Percent of currently married women age 15–24 who have an unmet need for family planning



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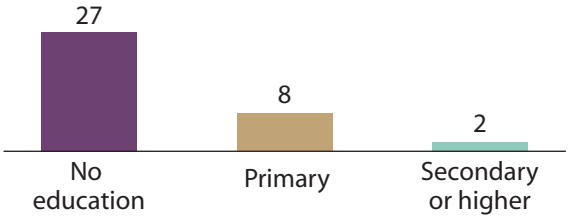
Age at First Marriage

In Ethiopia marriage marks the point in a woman's life when childbearing becomes socially acceptable. Age at first marriage has a major effect on childbearing because women who marry early have on average a longer period of exposure to the risk of pregnancy and give birth to a greater number of children over their lifetimes. More than 1 in 10 (12%) young women age 15-24 were married by age 15. Early marriage varies dramatically by education; 27% of young women with no education were married by age 15, compared to just 2% of young women with secondary or higher education.

Early Marriage by Level of Education

Percent of women age 15–24 who were married by age 15



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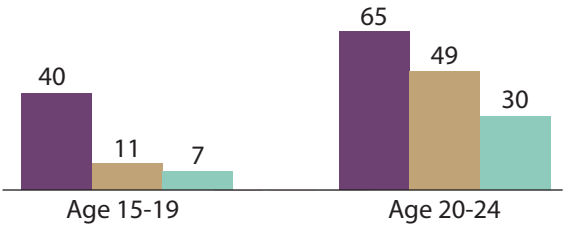
Sexual Activity

Over half (51%) of women age 20-24 had sexual intercourse in the four weeks before the survey, compared to 16% of women age 15-19. Not surprisingly, young women who are married or living together are more likely than young women who have never been married or those who are divorced, separated, or widowed to have had sex in the four weeks before the survey. The association between level of education and recent sex is particularly dramatic among women age 15-19; 40% of women age 15-19 with no education had sex in the four weeks before the survey, compared to just 7% of women age 15-19 with secondary or higher education. Similarly, the proportion of women age 20-24 who had sex in the four weeks before the survey decreases as level of education increases.

Recent Sex by Level of Education

Percent of women age 15–24 who had sex within the past four weeks



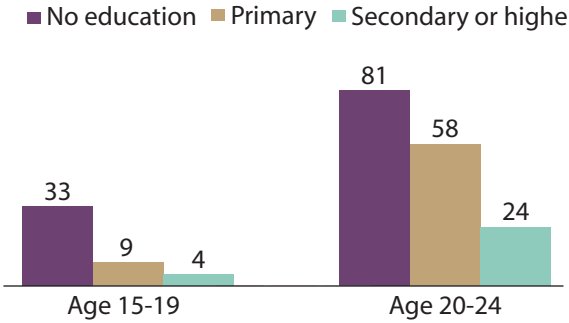
Adolescent Childbearing

According to the 2011 EDHS, 12% of women age 15-19 and 59% of women age 20-24 have already begun childbearing. Among women age 15-19, 10% are already mothers and 2% are pregnant with their first child, while 57% of women age 20-24 are already mothers and 3% are pregnant with their first child. Adolescent childbearing among women age 15-19 is least common in Addis Ababa (3%) and most common in Gambela (21%). One-quarter of women age 20-24 living in Addis Ababa have begun childbearing, compared to 73% of women age 20-24 in Benishangul-Gumuz.

Women age 15-19 with no education are eight times more likely than women age 15-19 with secondary or higher education to have begun childbearing (33% and 4%, respectively). Similarly, women age 20-24 with no education are more than three times as likely as women age 20-24 with secondary and higher education to have begun childbearing (81% and 24%, respectively).

Adolescent Childbearing by Level of Education

Percent of women age 15–24 who have had a live birth or who are pregnant with their first child

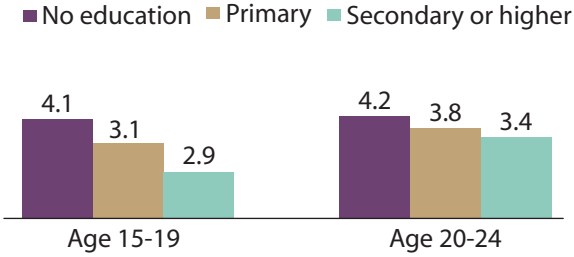


Fertility Preferences

Women age 15-19 report that they would like an average of 3.3 children, which is slightly lower than the mean ideal number of children among women age 20-24 (3.9 children). On average, young women living in rural areas desire more children than young women living in urban areas. The mean ideal number of children for women age 15-24 is highest in the Somali region (8.4 children) and lowest in Addis Ababa (2.9 children). As women's level of education increases, the mean ideal number of children decreases; women age 15-19 with no education want, on average, 4.1 children, compared to 2.9 children among women age 15-19 with secondary or higher education. Similarly, the mean ideal number of children among women age 20-24 with no education is 4.2, while women age 20-24 with secondary or higher education desire 3.4 children.

Mean Ideal Number of Children by Level of Education

Mean ideal number of children for women age 15–24



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