

**Attitudes Toward Family  
Planning and Reasons  
for Nonuse among  
Women with Unmet  
Need for Family  
Planning in Ethiopia**



MEASURE DHS+

**Attitudes toward Family Planning and Reasons for  
Nonuse among Women with Unmet Need for  
Family Planning in Ethiopia**

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## 1 Introduction

Effective family planning programs make the rapid spread of voluntary modern family planning methods possible in any country. Such programs help people achieve their personal reproductive goals (Robey et al., 1994).

Many women in developing countries use family planning methods to prevent unwanted and unplanned pregnancies. Contraceptive use levels have increased from 10 percent in the 1960s to more than 50 percent in the 1990s in developing countries (Robey et al., 1994), including some sub-Saharan countries.

Despite the recent increase in contraceptive use in sub-Saharan Africa, the region is still characterized by high levels of fertility and considerable unmet need for contraception (Babalola et al., 2001). For instance, in Malawi, use of modern contraceptive methods has dramatically increased from 7 percent in 1992 to 26 percent in 2000, while the fertility level has slightly decreased from 6.7 children per woman to 6.3 during the same period. However, nearly one in three currently married women has an unmet need for family planning and the demand for family planning is satisfied for only half these women (CSA and ORC Macro, 2001).

Ethiopia has also experienced a fairly slow decline in fertility over the past decade. The reported total fertility rate (TFR) was 6.4 children per woman in 1990 (CSA, 1993), and by the year 2000, it had decreased to 5.9 children per woman (CSA and ORC Macro, 2001). Although the contraceptive prevalence rate among women of reproductive age (15-49 years) has doubled during the last ten years, it still remains very low. This may indicate the existence of some barriers that prohibit couples from using family planning even if they desire to limit or delay births.

In the developing world, a substantial gap exists between women's stated reproductive preferences and their use of contraception. This discrepancy is referred to as the *unmet need for family planning* (Bongaarts and Bruce, 1995). Unmet need is important for the design of family planning programs because it affects the potential demand for family planning services and has important implications for future population growth. Its definition, however, has changed over time.

Currently married women have an unmet need for family planning if they say that they want no more children (unmet need for limiting) or want to wait at least two years before having another child (unmet need for spacing) but are not using contraception. Pregnant married women whose pregnancy is unwanted or mistimed and who became pregnant because they were not using contraception also have an unmet need. Amenorrheic women whose pregnancy was unintended are also considered to have an unmet need (CSA and ORC Macro, 2001).

Many married women and women living in a union in developing countries have unmet need for spacing or limiting (Robey et al., 1996). On average, the level of total unmet need for contraception in sub-Saharan Africa is more than 20 percent. In some countries this is even higher with one in three women having an unmet need (30 percent in Malawi and 37 percent in Rwanda). Ethiopia is one of the countries with a high level of unmet need. The 2000 Ethiopia Demographic and Health Survey (DHS) indicates that the unmet need for family planning among currently married Ethiopian women is 36 percent, with 22 percent having a need for spacing and 14 percent having a need for limiting (CSA and ORC Macro, 2001). In contrast, the met need for family planning is only 8 percent. The unmet and met need together constitute the *total demand*

for family planning, which is 44 percent at the national level. Because of the low level of contraceptive use, the proportion of demand that is satisfied is only 18 percent (15 percent for spacing and 24 percent for limiting) (see Table 1). This proportion is much lower than in Ghana (40 percent) and sub-Saharan Africa in general (41 percent) (Govindasamy and Boadi, 2000; Bongaarts and Bruce, 1995).

Table 1 Percentage of currently married women with unmet need for family planning, current use of contraception, demand for family planning, and demand satisfied	
Category	Percent
<b>Unmet need</b>	
For spacing	21.8
For limiting	13.9
Total	35.8
<b>Current use</b>	
For spacing	3.7
For limiting	4.3
Total	8.1
<b>Demand for contraception</b>	
For spacing	25.5
For limiting	18.2
Total	43.9
<b>Demand satisfied</b>	
For spacing	14.5
For limiting	23.6
Total	18.4
Number	9,789

Given the prevailing low level of contraceptive use in Ethiopia, an analysis of unmet need and a critical assessment of the underlying factors are relevant. An understanding of the underlying causes of unmet need is important for designing effective programs to reduce the prevailing high level of unmet need.

Therefore, a major concern is which factors are contributing to the observed high level of unmet need for family planning in Ethiopia and which strategies can best bring about changes to the current situation. Many factors may contribute to the observed discrepancy in unmet need and met need; however, this study focuses on demographic and socioeconomic factors and individual perceptions and attitudes.

The broad objective of this analysis is to examine the underlying factors of unmet need for family planning among Ethiopian women. Specifically, this study seeks to accomplish the following:

- Analyze the characteristics of women with unmet need
- Examine attitudes toward family planning among women with unmet need
- Assess the major reasons for nonuse among women with unmet need
- Identify the main factors responsible for nonuse among women with unmet need for family planning.

## 2 Literature Review

Since 1990, researchers around the world have used DHS data to investigate unmet need for family planning. This review focuses on studies that assess factors influencing the use of family planning methods.

In most parts of the world, women want to have smaller families; hence rapid population growth will not be an ongoing phenomenon. Worldwide, nearly 100 million married women would prefer to avoid pregnancy but are not using any method of family planning, which means that they have an unmet need for family planning (Robey, et al., 1996).

Viable family planning programs could be devised through reliable and accurate estimates of the magnitude of unmet need for family planning. In most cases, women in the unmet need category are targets of family planning programs since there is a discrepancy between their fertility goals and contraceptive practice (Westoff and Bankole, 1998).

According to data generated from 27 DHS surveys between 1990 and 1994, unmet need for family planning ranges from 11 percent in Turkey to 37 percent in Rwanda (Casterline et al., 1997). In the same period, it was found that unmet need is most prevalent in sub-Saharan Africa. On average, the fertility level in sub-Saharan Africa could be reduced by about one birth per woman if it were possible to meet the unmet need for family planning (Robey et al., 1996).

Likewise, the majority of currently married Ethiopian women want to control their future fertility. According to the 2000 Ethiopia Demographic and Health Survey report, nearly one-third of Ethiopian women do not want to have any more children, a figure that rose from one-quarter in the 1990 National Family and Fertility Survey (NFFS). In the 1990 NFFS, unmet need for family planning to limit childbearing was less than 1 percent among currently married women, whereas this figure was 14 percent in the 2000 Ethiopia DHS survey. This implies that there is an increasing demand for fertility control (CSA, 1993; CSA and ORC Macro, 2001). Thus, meeting the unmet need for family planning may play an important role in slowing the pace of population growth, improving maternal and child health, and minimizing problems with natural resources and the environment that prevail in Ethiopia. In many countries, the stated targets of population policies, i.e., increasing contraceptive use and decreasing fertility levels, could be achieved by eliminating the unmet need for family planning (Ross and Mauldin, 1994; Westoff and Bankole, 1995).

Although unmet need has considerable demographic and social significance, its root causes are still largely unknown (Dixon-Mueller and Germain, 1992). Analysis of data from 13 DHS surveys by Bongaarts and Bruce (1995) showed that lack of knowledge, fear of side effects, and husband's disapproval were the principal reasons for nonuse among women who were otherwise motivated to use family planning. A study by Westoff and Bankole (1995) using DHS-II data indicated that lack of information about family planning, opposition to family planning, and ambivalence about future childbearing were the principal factors responsible for unmet need for family planning.

Using the 1990 NFFS, Sahelyesus (1995) studied determinants of contraceptive nonuse and unmet need among married women in urban Ethiopia. His findings showed that the number of

surviving children and ideal family size are the most important determinants of unmet need for family planning in urban Ethiopia.

Similarly, reasons for not using a contraceptive method among Ghanaian women were assessed by Govindasamy and Boadi (2000) using data collected in the Ghana Demographic and Health Surveys that were conducted in 1988 and 1998. According to their results, a significant number of women mentioned fertility-related reasons (infrequent sex, menopausal/subfecund, postpartum/breastfeeding, and wanting more children) as principal reasons for nonuse. Method-related reasons, particularly fear of side effects for method use, were also cited as reasons for nonuse. In Uganda, community mobilization in family planning programs has also been difficult and has been hindered by opposition to family planning on the part of some religious and community leaders (Okwero et al., 1994).

Another report presented a review of literature on male attitudes and behaviors concerning family planning and male initiatives in Africa. The results indicated that men often have positive attitudes toward family planning, but women believe that their husband disapproves of family planning. The report further noted that spousal communication was positively associated with family planning method use (Toure, 1996). However, another study conducted by Ezeh (1993) in Ghana showed that spousal influence, rather than being mutual or reciprocal, is an exclusive right of the husband. According to the Demographic and Health Surveys, many married women who want to avoid pregnancy are not using contraception because their husband objects. Nearly one in ten married women with unmet need cited husband's disapproval as the principal reason for nonuse of contraception (Drennan, 1998).

A similar study of family planning programs in India's rural Bihar state indicated that improved access to services, expanded choice of available methods, and increased knowledge of family planning were important for the acceptance of contraception. However, opposition from husbands and in-laws, the desire for at least two sons, and lack of trust of voluntary health workers from a different caste or religion were obstacles to the acceptance of contraception (Rudranand et al., 1995)

As indicated in the previous subsections of this analysis, the unmet need for family planning is high (about 36 percent) in Ethiopia. Therefore, this study looks at whether the factors that have been mentioned are associated with the prevailing high level of unmet need for family planning in Ethiopia.

There have been numerous research endeavors on factors associated with the use of family planning methods in most parts of Africa and Asia. However, such studies are limited in Ethiopia, but there are a few fragmented descriptive studies that have been carried out by scholars, mainly dealing with the reasons for nonuse of contraceptive methods. To fill these gaps, this study assesses the socioeconomic and demographic factors, as well as individual attitudes and perceptions, influencing use of family planning in Ethiopia. It is hoped that this study will contribute to the improvement of family planning services in the country through appropriate service delivery approaches and strategies.

### **3 Methodology**

The data used in these analyses are from the 2000 Ethiopia Demographic and Health Survey. The survey covered a nationally representative sample of 15,367 women age 15-49 and 2,607 men age 15-59. The sample was weighted to make the survey base more accurately represent the population from which the sample was drawn. Thus the descriptive tables are based on weighted numbers. However, since multivariate analyses are run to clarify the relationship between and/or among individual responses to questions and how they relate to an overall measure, it is based on unweighted data because it preserves the one respondent/one response relationship. For further details about the design of the survey, refer to the 2000 Ethiopia Demographic and Health Survey final report (CSA and ORC Macro, 2001).

The analyses is restricted to fecund nonusers who express a desire to space or limit the number of children they want and those who have a met need, that is, those who are currently using contraception. Excluded from these analyses are women who want another child within two years and infecund and menopausal women. These women total 4,291 when weighted. The bivariate analyses provide a preliminary look at the characteristics of women with unmet need. These analyses call for an examination of why women in some categories have a greater unmet need than in others, and the extent to which their unmet demand is satisfied. They also provide a basis for the selection of the more important variables to be included in the multivariate analysis. The multivariate analyses examine the importance of each variable when the influence of other variables are controlled, to get a clearer picture of some of the factors that determine unmet need. The total number of relevant cases in the multivariate analyses is 3,885.

### **4 Conceptual Framework**

Figure 1 lays the conceptual framework for this study. Two groups of variables are used to examine factors influencing unmet need for family planning (Table 2). The independent variables, which influence the unmet need for family planning of the study population, are subdivided into three sets. The first two are the underlying factors that are indexed by some important demographic and socioeconomic variables. The third group of independent variables is the proximate determinants that are indexed by various indicators of women's knowledge, attitudes, and perceptions.

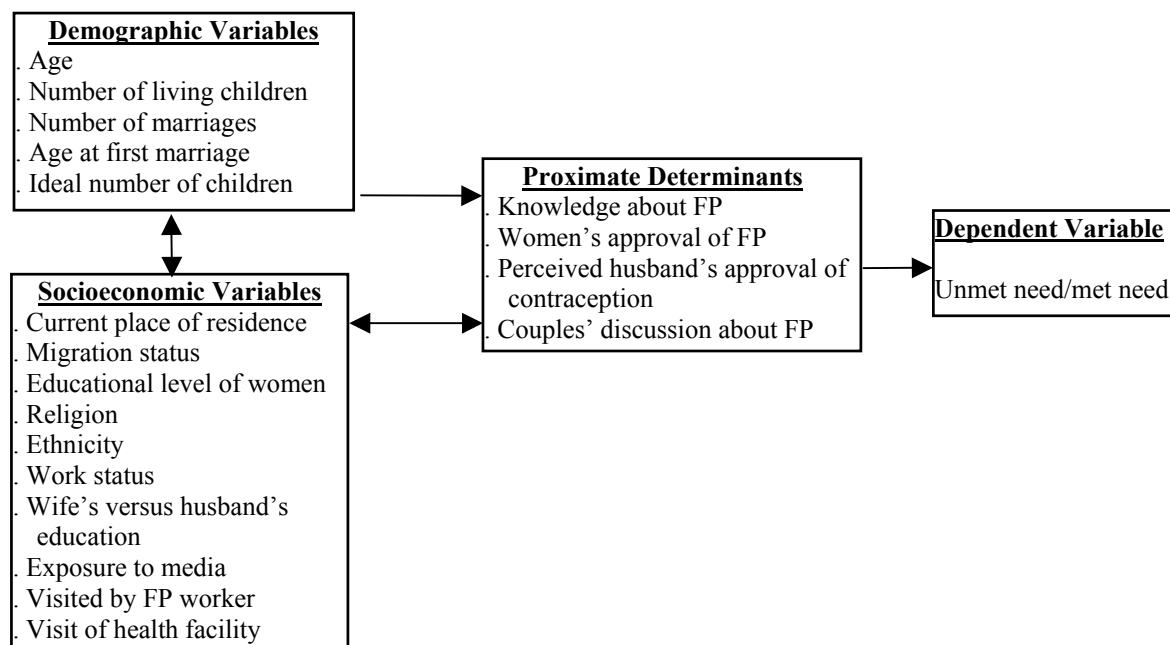
For this particular study, two dependent dichotomous variables are considered (unmet need and met need). Demographic and socioeconomic factors are assumed to be the underlying determinants of the unmet need for family planning. That is, the effect of the underlying factors is expected to reach the ultimate dependent variable, unmet/met need through the assumed proximate variables, namely, knowledge, attitudes, and perceptions concerning family planning.



**Figure 1**

**CONCEPTUAL FRAMEWORK OF UNMET NEED FOR FAMILY PLANNING**

**Independent Variables**



**Note: Arrows indicate hypothesized relationships**

**Table 2**

**VARIABLES INCLUDED IN THE ANALYSIS**

**Dependent Variable**

- Contraceptive use status

**Categories**

Unmet need, met need

**Independent Variables**

**Demographic Variables**

- Age 15-19, 20-24, 25-29, 30-34, 35+
- Number of unions Once, more than once
- Age at first marriage <15, 15-17, 18-24, 25+
- Number of living children 0, 1-2, 3-4, 5+
- Ideal number of children 0, 1-2, 3-4, 5+

**Socioeconomic Variables**

- Current residence Urban, rural
- Migration status Nonmigrant, Rural-urban migration, rural-rural, urban-urban, urban-rural
- Education No education, primary, secondary
- Religion Orthodox, Catholic, Protestant, Muslim, other
- Ethnicity Amhara, Oromo, Sidama, Tigre, other
- Working in the last 12 months No, worked in the past year, currently working
- Wife's and partner's education Wife=partner, Wife<partner, wife>partner
- Exposure to media Radio/TV/newspapers, none of them
- Visited by FP worker No, yes
- Health facility visit Not visited, visited and told FP, visited but not told FP

**Proximate Variables**

- Knowledge of FP No knowledge, has knowledge
- Discussion of FP with partner Never, once or twice, more often
- Woman's approval of FP Disapproves, approves
- Husband's approval of FP Disapproves, approves

## 5 Bivariate Analysis

Tables 3, 4 and 5 show currently married women with unmet and met need by various descriptive variables. Overall, 82 percent of currently married women have an unmet need for family planning, with nearly one in two women having an unmet need for spacing and nearly one in three having an unmet need for limiting. Only 18 percent of women are using contraception, that is, they have met their need. Eighty-five percent of women's demand for spacing is not being met, and 76 percent of women's demand for limiting is not being met.

### **Demographic profile of women with unmet need for family planning**

Table 3 shows some variation in unmet need by women's age. Unmet need is highest among women age 15-19 (91 percent), declines to 84 percent among women age 20-24 and varies little after age 24 (around 80 percent). There is a marked decline in the unmet need for spacing with age falling from 81 percent among the youngest group of women to 25 percent among women age 35 and over. At the same time the unmet need for limiting increases with age from 10 percent among women age 15-19 to 55 percent among women age 35 and over. There is a clear U-shaped pattern in the percent of demand for spacing not being satisfied, with the youngest (15-19) and oldest (35+) women much more likely to not have their spacing needs met than women in the age groups 20-34. This U-shaped pattern is less marked with reference to the percent of demand for limiting not being satisfied.

There is little difference in total unmet need by number of unions. However, unmet need for spacing and the demand for spacing needs is higher among women who have been married only once as opposed to women who have been involved in more than one union, while the unmet need and demand for limiting is higher among the latter than the former group of women. Nevertheless, the percent of women whose need for spacing and limiting has been satisfied does not differ much by number of unions.

Women who married for the first time before the age of 18 exhibit a lower demand for spacing than women who have been married for the first time after the age of 18. Alternatively, the former group displays a higher demand for limiting the number of children. The majority of women (more than 80 percent) who have been first married before the age of 25 are not able to satisfy their need for both spacing and limiting. On the other hand, about one in two women first married at age 25 or after have satisfied their demand for contraception.

In general, unmet need for spacing decreases with the number of living children, while the unmet need for limiting increases as the number of living children increases. This trend is clearly seen in Table 3. While there is little difference in the percent of total demand satisfied by number of living children, women who have five or more children are least likely to have their spacing demands satisfied, and women with no living children are least likely to have their limiting demands satisfied.

There is variation between women with spacing and limiting needs and the ideal number of children. The unmet need for spacing increases with the ideal number of children, while the unmet need for limiting decreases as the ideal number rises. Women who have 0 children and 5 or more children are least likely to have their spacing demands satisfied, while women with 1-2 children are least likely to have their limiting demands met.

Table 3 Percentage of currently married women who have an unmet or met demand for family planning, and whose demand for family planning is not met, by demographic characteristics, according to spacing and limiting needs

Demographic Characteristic	Spacing				Limiting				Total			Number
	Unmet need	Using	Demand	Demand not met	Unmet need	Using	Demand	Demand not met	Unmet need	Using	Demand	
<b>Age</b>												
15-19	80.8	7.4	88.2	91.6	10.4	1.4	11.8	88.1	91.2	8.8	100.0	382
20-24	69.9	13.6	83.5	83.7	13.6	2.9	16.5	82.4	83.5	16.5	100.0	818
25-29	60.7	12.2	72.9	83.3	18.7	8.4	27.1	69.0	79.4	20.6	100.0	960
30-34	44.2	9.3	53.5	82.6	37.0	9.5	46.5	79.6	81.2	18.8	100.0	751
35+	24.6	2.9	27.5	89.5	54.8	17.6	72.5	75.6	79.5	20.5	100.0	1,381
<b>Number of unions</b>												
One	52.7	9.8	62.5	84.3	28.1	9.4	37.5	74.9	80.8	19.2	100.0	3,024
More than one	42.8	5.4	48.2	88.8	40.6	11.2	51.8	78.4	83.4	16.6	100.0	1,264
<b>Age at first marriage</b>												
<15 years	44.1	5.2	49.3	89.5	39.6	11.1	50.7	78.1	83.7	16.3	100.0	1,292
15-17 years	49.9	8.0	57.9	86.2	31.9	10.2	42.1	75.8	81.8	18.2	100.0	1,761
18-24 years	56.5	11.7	68.2	82.8	23.9	7.9	31.8	75.2	80.4	19.6	100.0	1,175
25+ years	37.5	30.2	67.7	55.4	17.5	14.8	32.3	54.2	55.0	45.0	100.0	63
<b>Number of living children</b>												
0	70.1	15.4	85.5	82.0	14.2	0.3	14.5	97.9	84.3	15.7	100.0	304
1-2	68.1	12.8	80.9	84.2	14.2	4.9	19.1	74.3	82.2	17.8	100.0	1,317
3-4	51.3	9.4	60.7	84.5	28.8	10.5	39.3	73.3	80.1	19.9	100.0	1,212
5+	27.7	2.5	30.2	91.7	53.9	15.9	69.8	77.2	81.7	18.3	100.0	1,459
<b>Ideal number of children</b>												
0	31.5	3.9	35.4	89.0	45.4	19.2	64.6	70.3	76.9	23.1	100.0	129
1-2	32.8	13.6	46.4	70.7	43.0	10.6	53.6	80.2	75.8	24.2	100.0	258
3-4	42.7	10.7	53.3	80.1	33.7	13.0	46.7	72.3	76.4	23.6	100.0	1,479
5+	58.1	8.0	66.0	88.0	25.9	8.0	34.0	76.2	84.0	16.0	100.0	1,786
Non-numeric response	53.9	4.0	57.9	93.1	36.2	5.9	42.1	86.0	90.1	9.9	100.0	630
<b>Total</b>	49.8	8.5	58.3	85.4	31.8	9.9	41.7	76.3	81.6	18.4	100.0	4,291

Note: Total includes 3 women with missing information on number of unions and 9 women with missing information on ideal number of children, who are not shown separately.

### Socioeconomic profile of women with unmet need for family planning

The magnitude of the demand for family planning services also varies across various socioeconomic characteristics. This information is presented in Table 4. There is a distinct difference by place of residence. Unmet need for family planning is substantially higher among

Table 4 Percentage of currently married women who have an unmet or met demand for family planning, and whose demand for family planning is not met, by background characteristics, according to spacing and limiting needs

Background Characteristic	Spacing				Limiting				Total			Number
	Unmet need	Using	Demand	Demand not met	Unmet need	Using	Demand	Demand not met	Unmet need	Using	Demand	
<b>Residence</b>												
Urban	22.7	28.8	51.5	44.1	18.5	30.0	48.5	38.1	41.2	58.8	100.0	722
Rural	55.2	4.4	59.7	92.5	34.5	5.8	40.3	85.6	89.7	10.3	100.0	3,569
<b>Migration status</b>												
Non-migrant	54.3	5.8	60.1	90.3	32.6	7.3	39.9	81.7	86.9	13.1	100.0	2,542
Rural-urban	25.4	25.7	51.1	49.7	22.2	26.7	48.9	45.4	47.6	52.4	100.0	250
Rural-rural	52.6	3.7	56.3	93.4	37.5	6.2	43.7	85.8	90.1	9.9	100.0	945
Urban-urban	18.9	31.0	49.9	37.9	18.0	32.1	50.1	35.9	36.9	63.1	100.0	253
Urban-rural	49.0	14.4	63.4	77.3	25.6	11.0	36.6	69.9	74.6	25.4	100.0	165
Visitor	44.8	15.0	59.8	74.9	30.5	9.7	40.2	75.9	75.2	24.8	100.0	113
<b>Education</b>												
No education	52.7	4.0	56.7	92.9	35.8	7.5	43.3	82.7	88.5	11.5	100.0	3,243
Primary	48.3	15.5	63.8	75.7	23.4	12.7	36.2	64.6	71.7	28.3	100.0	674
Secondary and higher	27.4	34.8	62.2	44.1	12.0	25.8	37.8	31.7	39.4	60.6	100.0	374
<b>Religion</b>												
Orthodox	43.1	9.4	52.5	82.1	36.3	11.2	47.5	76.4	79.4	20.6	100.0	2,366
Catholic	(63.8)	(9.6)	(73.4)	(86.9)	(19.8)	(6.8)	(26.6)	(74.4)	(83.6)	(16.4)	(100.0)	34
Protestant	59.6	7.8	67.4	88.4	25.6	7.0	32.6	78.5	85.2	14.8	100.0	660
Moslem	55.9	7.7	63.6	87.9	27.2	9.1	36.4	74.7	83.1	16.9	100.0	1,101
Traditional	62.7	3.5	66.2	94.7	25.3	8.5	33.8	74.9	88.0	12.0	100.0	121
<b>Ethnicity</b>												
Amhara	38.6	9.8	48.4	79.8	38.2	13.4	51.6	74.0	76.8	23.2	100.0	1,586
Oromo	55.5	5.9	61.3	90.5	30.1	8.6	38.7	77.8	85.6	14.4	100.0	1,432
Sidamo	66.7	3.1	69.8	95.6	23.7	6.6	30.2	78.5	90.3	9.7	100.0	204
Tigraway	47.9	16.7	64.6	74.1	23.5	11.9	35.4	66.4	71.3	28.7	100.0	258
Other	57.7	9.5	67.3	85.7	27.1	5.6	32.7	82.9	84.9	15.1	100.0	812
<b>Employment status</b>												
Not working	52.8	9.6	62.3	84.8	29.4	8.2	37.7	78.0	82.2	17.8	100.0	1,474
Worked in the past year	51.4	7.2	58.6	87.7	32.7	8.7	41.4	79.0	84.1	15.9	100.0	310
Currently working	47.9	8.1	56.0	85.5	32.9	11.1	44.0	74.8	80.8	19.2	100.0	2,502
<b>Wife versus husband's education</b>												
Same	48.0	7.1	55.0	87.3	36.0	9.0	45.0	80.0	83.9	16.1	100.0	2,813
Wife less than husband	55.4	10.8	66.3	83.6	22.6	11.1	33.7	67.1	78.1	21.9	100.0	1,213
Wife more than husband	40.1	14.3	54.4	73.7	31.1	14.4	45.6	68.2	71.3	28.7	100.0	243
<b>Exposure to family planning in media</b>												
Exposure to radio, TV, newspaper	34.8	20.5	55.3	62.9	21.6	23.0	44.7	48.3	56.5	43.5	100.0	824
No exposure	53.3	5.7	59.0	90.3	34.2	6.8	41.0	83.4	87.5	12.5	100.0	3,467
<b>Visited by FP worker in the last month</b>												
No	50.2	8.2	58.4	86.0	31.8	9.7	41.6	76.4	82.0	18.0	100.0	4,175
Yes	33.7	19.7	53.4	63.1	31.1	15.6	46.6	66.7	64.8	35.2	100.0	117
<b>Visited a health facility</b>												
Did not visit	52.7	5.4	58.0	90.9	35.8	6.1	42.0	85.2	88.5	11.5	100.0	2,165
Visited and discussed FP	34.5	17.7	52.2	66.1	26.0	21.8	47.8	54.4	60.5	39.5	100.0	706
Visited but did not discuss FP	52.9	8.8	61.7	85.7	28.6	9.7	38.3	74.7	81.5	18.5	100.0	1,421
<b>Total</b>	49.8	8.5	58.3	85.4	31.8	9.9	41.7	76.3	81.6	18.4	100.0	4,291

Note: Total includes 23 women with missing information on migration status, 9 women who belong to 'other' religion, 6 women with missing information on employment status, 17 women who don't know their husband's education and 5 women with missing information on education, who are not shown separately. Numbers in parentheses are based on 25-49 unweighted cases.

rural women than among their urban counterparts (90 percent versus 41 percent), while met need is almost six times higher among urban women than rural women. The vast majority of rural women do not satisfy their unmet need for spacing or limiting (93 percent and 86 percent respectively). At the same time, a relatively lower percent of urban women have their unmet need for spacing and limiting satisfied (44 percent and 38 percent, respectively). Rural women may have a higher prevalence of demand not satisfied compared with urban women because of the limited availability, accessibility, and acceptability of contraception in the rural community.

Women whose current place of residence is different from their place of birth are considered migrants, while women who have resided continuously in one place from birth are considered nonmigrants. Migrants are further subdivided into four categories: rural-urban, rural-rural, urban-urban, and urban-rural. Unmet need is higher among non-migrants, women who have moved between rural places, and women who have moved from an urban place of residence to a rural place. Unmet need is also relatively higher among visitors. In contrast, the women who are migrants within an urban community and women who have moved out of a rural community to an urban community have a lower unmet need. The non-migrant community is most likely to not have their demand for family planning satisfied, while migrants within an urban setting are most likely to have their demand met.

As evidenced elsewhere, better-educated women have less unmet need than women with little or no education. This could be due to the fact that educated women are better informed about the various methods and their availability and have greater access to family planning. Educated women are also more likely to live in urban areas, which are better served by family planning services. This pattern is evident in Ethiopia as well. The percentage of women with an unmet need for spacing decreases from 53 percent among uneducated women to 27 percent among women with at least secondary education, with the unmet need for limiting falling from 36 percent to 12 percent. Ninety-three percent of women with no education are unable to meet their demand for spacing while 83 percent of uneducated women are unable to meet their demand for limiting.

Differences in total unmet need are not that obvious by religion. Some variation exists in the demand for spacing methods however with Orthodox Christian women most likely to have their demand for spacing satisfied. With regard to ethnicity, total unmet need is highest among the Sidamos and lowest among the Tigraways. The Amharas have the lowest unmet need for spacing, while the Sidamos and Tigraways have the lowest unmet need for limiting. The Sidamos are least likely to be using a method of contraception and hence least likely to have their unmet for spacing and limiting satisfied.

The data in Table 4 also show that there is little difference in total unmet need by employment status. However, unmet need for spacing is lowest among women who are currently working, while the unmet need for limiting is lowest among women who are not working. Women who are not currently working but have been in the past 12 months are slightly less likely than other women to satisfy their need for both spacing and limiting methods.

Unmet need differs with respect to women's educational level vis-à-vis their husband's. Women whose educational level is the same as that of their husband's express the greatest need for family planning services (84 percent). On the other hand, women who are more educated than their husband are most likely to use a method of family planning and hence least likely to have an unmet need. The unmet need for spacing is highest among women who are less educated than their husband, while the unmet need for limiting is highest among women whose education level

is the same as that of their husband. This latter group of women is also least likely to have their demand for both spacing and limiting satisfied.

Media exposure exerts a considerable influence on unmet need. Women who are exposed to any one of three media, namely, radio, television, or newspapers, have a lower unmet need for family planning (57 percent) compared with women who have had no media exposure at all (88 percent). Women with media exposure are about four times as likely to use a method of family planning as women with no media exposure. At the same time, women with no media exposure are highly unlikely to have their demand for family planning satisfied (90 percent of demand for spacing is not met and 83 percent of demand for limiting is not met).

Family planning programs recognize that contact with women either at home or at a health facility is important in addressing questions and concerns about contraceptives and are crucial to the adoption of family planning. As Table 4 shows, women who have been visited by a family planning worker at home and women who visited a health facility and discussed family planning are twice as likely to use contraceptives as women who had not been visited by a family planning fieldworker or women who visited a health facility but did not discuss family planning. Conversely, nine in ten women who have had no contact with a family planning worker at home and who did not visit a health facility are not able to satisfy their demand for family planning.

### **Attitudes and perceptions about family planning**

Attitudes and perceptions of currently married women and their partners are examined by considering four selected variables: women's knowledge about family planning, whether they ever discussed family planning with their husband, and women's and husband's approval of family planning.

By definition women who have no knowledge of family planning do not use contraceptives. As such all of these women have an unmet need for family planning, and demand that is not met. This is obvious from the data shown in Table 5. On the other hand, nearly one in two women with knowledge of family planning has an unmet need to space, and one in three has an unmet need to limit, with the percent of demand not satisfied among these women being 84 percent and 75 percent for spacing and limiting, respectively.

Spousal communication is an important precursor to the adoption of family planning methods. Seven percent of women who have never discussed family planning with their husband use a method of contraception compared to 27 percent of women who discuss family planning once or twice and 40 percent of women who discuss family planning more often. Three in five women have an unmet demand for spacing with 95 percent of this demand not met. Furthermore, one in three women have an unmet demand for limiting with 90 percent of this demand not being met. Women's attitude towards family planning impacts their willingness to use a method of contraception. The majority of women who disapprove of family planning (96 percent) have an unmet need for family planning. Use is five times lower among these women than among women who approve of the use of family planning, resulting in a high percent of women who disapprove of family planning unable to satisfy their need for family planning. A similar pattern is also seen among women who are unable to define their attitude towards family planning.

Table 5 Percentage of currently married women who have an unmet or met demand for family planning, and whose demand for family planning is not met, by knowledge of family planning (FP), whether discussed family planning with spouse, and whether respondent or spouse approve of family planning, according to spacing and limiting needs

Knowledge, discussion and approval of FP	Spacing			Limiting			Total			Number		
	Unmet need	Using	Demand	Demand not met	Unmet need	Using	Demand	Demand not met	Unmet need			
<b>Knowledge of FP</b>												
No knowledge	72.3	0.0	72.3	100.0	27.7	0.0	27.7	100.0	100.0	0.0	100.0	376
Has knowledge	47.6	9.3	56.9	83.7	32.2	10.9	43.1	74.7	79.8	20.2	100.0	3,916
<b>Discussed FP with husband</b>												
Never	59.3	3.1	62.4	95.0	33.8	3.8	37.6	89.9	93.1	6.9	100.0	2,426
Once or twice	43.3	13.8	57.2	75.7	29.2	13.6	42.8	68.2	72.6	27.4	100.0	952
More often	31.3	17.3	48.6	64.4	29.1	22.3	51.4	56.6	60.4	39.6	100.0	911
<b>Respondent approves of FP</b>												
Approves	44.9	10.5	55.3	81.2	32.4	12.3	44.7	72.5	77.2	22.8	100.0	3,322
Disapproves	66.5	2.2	68.7	96.8	29.9	1.4	31.3	95.5	96.4	3.6	100.0	626
Don't know	67.0	1.3	68.3	98.1	29.6	2.1	31.7	93.4	96.6	3.4	100.0	341
<b>Husband approves of FP</b>												
Approves	37.8	14.7	52.5	72.0	30.9	16.6	47.5	65.1	68.7	31.3	100.0	2,009
Disapproves	62.4	3.7	66.1	94.4	29.5	4.5	33.9	87.0	91.9	8.1	100.0	1,019
Don't know	58.6	2.7	61.3	95.6	35.1	3.6	38.7	90.7	93.7	6.3	100.0	1,260
Total	49.8	8.5	58.3	85.4	31.8	9.9	41.7	76.3	81.6	18.4	100.0	4,291

Note: Total includes 2 women with missing information on discussion of FP with spouse, 3 women with missing information on respondent's approval of family planning and 2 women with missing information on husband's approval of family planning, who are not shown separately.

Men's involvement in family planning decision-making is also vital in shaping the reproductive behavior of women. Women who believed that their husband approves of family planning have a lower unmet need (69 percent) than women who believed that their husband disapproved of the use of contraceptives (92 percent), or women who are unaware of their husband's attitude towards family planning (94 percent). These latter two groups of women are least likely to have their unmet need for spacing or limiting satisfied. Conversely, use of contraceptives is much higher among women who believe that they have their husband's support.

### Reasons for nonuse of family planning methods among women with unmet need

Identifying the major reasons for nonuse of contraceptives is important in designing and implementing appropriate family planning intervention strategies. There could be numerous reasons that prohibit women from using contraceptives. In the DHS, reasons for nonuse were categorized into: fertility-related reasons; method-related reasons; opposition to use; and lack of knowledge.



Table 6 presents the percentage of women with unmet need by reasons for not currently using contraceptive methods. The most important reasons for nonuse of contraceptives identified by women with unmet need are fertility-related reasons, particularly breastfeeding and postpartum amenorrhea (21 percent and 20 percent, respectively). Another 12 percent cited fatalistic reasons for not using contraceptives. Breastfeeding was the most important reason cited for nonuse among women with an unmet need for spacing (24 percent), a fatalistic attitude to nonuse was cited by 14 percent of women and only 3 percent cited postpartum amenorrhea as a reason for nonuse. In contrast, 15 percent of women with an unmet need for limiting mentioned postpartum amenorrhea, 18 percent mentioned breastfeeding, and 10 percent mentioned fatalistic reasons for nonuse.

Lack of knowledge of family planning was found to be another important reason for nonuse among women with unmet need. Seventeen percent of women had no knowledge of a source for a method while 13 percent of women did not know of a method. This holds true for women with unmet need for spacing and limiting.

Table 6 Percentage of women with unmet need for family planning by reason for not currently using a contraceptive method			
Reasons for not using contraceptive method	Unmet need		
	For spacing	For limiting	Total
<b>Fertility-related reasons</b>			
Not having sex	1.8	2.8	2.2
Infrequent sex	0.6	1.9	1.2
Menopausal/hysterectomy	0.0	0.2	0.1
Subfecund/infecund	0.1	2.2	1.0
Postpartum amenorrheic	2.8	15.4	19.6
Breastfeeding	24.3	17.5	21.3
Fatalistic	13.8	10.1	12.2
<b>Opposition to use</b>			
Respondent opposed	5.0	3.5	4.4
Husband opposed	10.3	9.0	9.7
Others opposed	1.2	0.7	1.0
Religious prohibition	4.1	4.5	4.3
<b>Lack of knowledge</b>			
Knows no method	13.5	11.2	12.5
Knows no source	16.2	17.4	16.7
<b>Method-related reasons</b>			
Health concerns	10.0	17.6	13.3
Fear side effects	4.7	8.5	6.3
Lack of access/too far	3.1	4.3	3.6
Costs too much	1.6	1.8	1.7
Inconvenient to use	0.9	1.2	1.0
Interference with body processes	1.5	0.9	1.3
Other	2.1	3.0	2.5
Number of women	1,358	1,037	2,395
Note: Percentages do not add to 100 percent because each woman could give more than one response.			

Opposition to use (from respondents themselves, husbands, others, or religious prohibition) was an important reason for nonuse mentioned by 19 percent of women, with 21 percent of women with an unmet need for spacing and 18 percent of women with an unmet need for limiting citing this as a reason.

Among method-related reasons, health concerns was cited as a factor for nonuse of family planning by 13 percent of all women with unmet need, 10 percent of women with an unmet need for spacing, and 18 percent of women with an unmet need for limiting. Six percent of all women with an unmet need also mentioned fear of side effects as a reason for nonuse.

### **Reasons for not intending to use contraceptive methods in the future**

If programs are to increase use of family planning methods, attention must be focused explicitly on nonusers who are in need of contraceptive services. Hence, analyzing respondents' future intention of using family planning and identifying reasons for not intending to use in the future have important implications for programs.

Currently married nonusers were asked whether they or their spouse intended to use any family planning method in the future. The top panel of Table 7 shows the results to this query. Two-thirds of women with unmet need intend to use contraceptives some time in the future. Women with unmet need for limiting are more likely than those with unmet need for spacing (73 percent versus 65 percent) to use contraceptives in the future. Nearly a third (31 percent) of women reported that they do not intend to use any family planning method in the future.

To address the issue of unmet need promptly and to identify program options, it is imperative to examine the factors that are responsible for the nonuse of family planning methods among women. In view of these, therefore, all women who are not intending to use contraceptive methods in the future were asked to state their primary reason for nonuse.

The data in the bottom panel of Table 7 gives a breakdown by reasons for nonuse among women who do not intend to use a method in the future and women who are unsure if they would use in the future. A substantial proportion of women with unmet need do not intend to use contraceptives because of fertility-related reasons (28 percent), primarily the desire to have more children (24 percent). This reason is especially important among women with an unmet need for spacing (35 percent).

Opposition to the use of family planning methods was another important deterrent to future contraceptive use (27 percent), with religious prohibition (13 percent) being more important than opposition from respondents (8 percent) and opposition from husbands (6 percent).

The data further indicate that 24 percent of women with unmet need who do not intend to use family planning in the future cited method-related reasons for nonuse. Women with an unmet need for limiting are more likely than those with an unmet need for spacing (35 percent versus 18 percent) to cite method-related reasons. Of all method-related reasons identified, health concerns are mentioned most frequently (16 percent), and women with unmet need for limiting are more likely to cite this reason than woman with unmet need for spacing (24 percent versus 11 percent).

Table 7 Percent distribution of women by future intention to use family planning and reasons for not intending to use family planning, according to unmet need			
Intention/reasons for nonuse	Unmet need		Total
	For spacing	For limiting	
<b>Future intention</b>			
Intend to use	64.5	72.5	67.6
Do not intend to use	33.5	26.8	30.8
Unsure about use	2.0	0.7	1.5
Total	100.0	100.0	100.0
Number	1,946	1,244	3,190
<b>Reason for not intending to use</b>			
<b>Fertility-related reason</b>	<b>36.0</b>	<b>13.2</b>	<b>28.4</b>
Infrequent sex/no sex	0.7	4.1	1.8
Menopausal/hysterectomy	0.0	1.2	0.4
Subfecund/infecund	0.0	6.7	2.2
Wants more children	35.3	1.2	24.0
<b>Opposition to use</b>	<b>27.0</b>	<b>28.1</b>	<b>27.2</b>
Respondent opposed	8.6	8.2	8.4
Husband opposed	7.1	5.0	6.4
Religious prohibition	11.3	14.9	12.5
<b>Lack of knowledge</b>	<b>14.8</b>	<b>16.7</b>	<b>15.3</b>
Knows no method	11.2	14.9	12.4
Knows no source	3.6	1.8	3.0
<b>Method related reason</b>	<b>18.0</b>	<b>35.2</b>	<b>23.6</b>
Health concerns	11.3	24.3	15.5
Fear side effects	4.8	8.5	6.0
Lack of access	0.3	0.3	0.3
Cost too much	0.0	0.9	0.3
Inconvenient to use	0.4	0.0	0.3
Interference with body	1.2	1.2	1.2
Other	2.6	2.9	2.7
Don't know	1.6	4.1	2.4
Total	100.0	100.0	100.0
Number	689	342	1,031

Lack of knowledge of family planning was cited by 15 percent of women with unmet need who do not intend to use a method in the future. Lack of knowledge of a method (12 percent) is a much more important reason than lack of knowledge of a source of a method (3 percent). Women with an unmet need for limiting were more likely to mention lack of knowledge of a method (15 percent) as a reason for nonuse than women with an unmet need for spacing (11 percent).

## 6 Multivariate analysis

The dichotomous relationship between the unmet need and met need and various predictor variables was analyzed using logistic regression. This relationship was examined for 3,885 women who had an unmet or met need for spacing (n=2,217) and an unmet need or met need for limiting (n=1,668). Recall that this analysis is restricted to fecund nonusers who express a desire to space or limit the number of children they want and those who have a met need, that is, those who are currently using contraception. Three logistic regressions are applied for spacing, limiting, and total unmet need. The odds ratio for explanatory variables with at least one significant difference at the 95 percent confidence interval ( $p < 0.05$ ) with the reference category is shown in Table 8. The odds ratio is the exponent of the coefficient of the regression estimates,

and takes a value between zero and infinity. The reference group always has an odds ratio of one. All other groups are compared on the basis of the reference group. An odds ratio of less than one implies a lower probability than that for the reference group. Similarly, an odds ratio greater than one implies a higher probability than that for the reference group. The log of likelihood function measures the fit between the model and the data. The smaller this value the better the fit.

Total unmet need is significantly lower among women age 20 and over. For example, women age 20-24 are half as likely to have an unmet need than met need as women age 15-19. When total unmet need is decomposed into the need for spacing and the need for limiting, a clear difference emerges between spacers and limiters. Women age 20-49 are significantly less likely to have an unmet need for spacing as women age 15-19. However, this difference though significant for each of the five-year age groups becomes less pronounced with age. For example, while women age 20-24 are half as likely to have an unmet need for spacing as women age 15-19, women age 35 and over are only 10 percent less likely to have an unmet need for spacing as the youngest group of women. On the other, young women (15-19) are much less likely to have an unmet need for limiting than older women (25+). For example, women age 35 and over are almost five times as likely to have an unmet need for limiting as women age 15-19.

Age at marriage is not a significant determinant of the overall unmet need but emerges as significant when spacing and limiting needs are considered separately. Women married for the first time before age 15 are significantly less likely to have an unmet need for spacing, and more likely to have an unmet need for limiting, than women married for the first time between age 18 and 24.

Table 8 also shows that the number of living children a woman has is directly related to her demand for family planning services. Not surprisingly, women with living children are much more likely (about twice) to have an unmet need for family planning than women with no living children. Spacing needs are significant only with respect to women with five or more children compared to women with no children, with the former half as likely to have a need for spacing as the latter. On the other hand, women with 3-4 children and five or more children are twice as likely and nearly four times as likely, respectively, to have a need for limiting, as women with no living children.

As women's ideal number of children increases, so does their unmet need for spacing. Women whose ideal number of children is 3-4 and 5 and over, are twice as likely and four times as likely, respectively, as women with zero ideal number to have an unmet need for spacing. Women who gave a non-numeric response are also much more likely to have an unmet need for spacing as the reference group. This pattern is in contrast to the unmet need for limiting, where women whose ideal number is 3 or more, and those who are unable to articulate a number, less likely to have an unmet need for limiting, as women who desire no children.

The magnitude of unmet need for family planning varies with socioeconomic factors. Women in rural areas are more than four times as likely as women in urban areas to have an unmet need for family planning services, with the unmet need for spacing nearly three times higher among rural than urban women. The observed discrepancy could be explained by the fact that women in rural areas are most likely to be far from health facilities, less educated, and least aware of family planning than those in urban areas. Therefore, strategies have to be devised to reach the large segment of the rural community with family planning information and services, but recognizing that rural women have a significant need to space rather than limit the number of children that

Table 8 Logistic Regression: Determinants of unmet need for spacing, unmet need for limiting and total unmet need

Explanatory variables	Unmet need for spacing	Unmet need for limiting	Total unmet need
<b>Age</b>			
15-19 <sup>R</sup>			
20-24	0.487***	ns	0.527**
25-29	0.366***	1.678**	0.415***
30-34	0.248***	2.530***	0.410**
35+	0.091***	4.743***	0.330***
<b>Age at first marriage</b>			
<15 years <sup>R</sup>			
15-17 years	ns	ns	ns
18-24 years	1.544***	0.756**	ns
25+ years	ns	ns	ns
<b>Number of living children</b>			
0 <sup>R</sup>			
1-2	ns	ns	1.664**
3-4	ns	2.130**	1.860**
5+	0.459**	3.852***	1.907**
<b>Ideal number of children</b>			
0 <sup>R</sup>			
1-2	ns	ns	ns
3-4	2.029**	0.544**	ns
5+	4.442***	0.261***	ns
Non-numeric response	3.255***	0.365***	ns
<b>Current residence</b>			
Urban <sup>R</sup>			
Rural	2.982***	ns	4.386***
<b>Ethnicity</b>			
Amhara <sup>R</sup>			
Oromo	1.512***	ns	1.418**
Sidamo	2.504**	0.532**	ns
Tigraway	2.011***	0.572***	ns
Others	1.346**	ns	1.351**
<b>Husband versus wife education</b>			
Same			
Husband>wife	ns	0.816**	ns
Wife>husband	ns	ns	ns
<b>Migration status</b>			
Nonmigrant <sup>R</sup>			
Rural-urban migrant	ns	ns	0.673**
Rural-rural migrant	ns	ns	0.671**
Urban-urban migrant	ns	ns	0.658**
Urban-rural migrant	0.635**	ns	0.470**
Visitor	0.615**	ns	ns
<b>Education</b>			
No education <sup>R</sup>			
Primary	0.667**	ns	0.513***
Secondary or above	ns	0.348***	0.387***
<b>Exposure to media</b>			
No <sup>R</sup>			
Yes	0.795**	ns	ns
<b>Visited by fieldworker and discussed FP</b>			
No <sup>R</sup>			
Yes	ns	0.606**	0.611**
<b>Health facility visit</b>			
Not visited <sup>R</sup>			
Visited and told FP	0.723**	0.725**	0.467***
Visited but not told FP	ns	ns	ns
<b>Discussion of FP with partner</b>			
Never <sup>R</sup>			
Once or twice	0.772**	0.719**	0.446***
More often	0.660**	0.691**	0.429***
<b>Woman's approval of FP</b>			
Disapproves <sup>R</sup>			
Approves	0.539***	ns	0.255***
Don't know	ns	ns	0.367**
<b>Partner's approval of FP</b>			
Disapproves <sup>R</sup>			
Approves	0.702**	ns	0.620**
Don't know	ns	ns	ns
Number of cases	2,217	1,688	3,885
Log of likelihood function	3,836.45	3,816.78	2,876.33

Note: \*\*p<0.05 \*\*\*p<0.001  
R = Reference category

they have. Surprisingly, the impact of residence is not significant in determining the unmet need for limiting.

In terms of ethnicity, the Amharas are less likely to have an unmet need than other groups. This relationship is especially significant with spacing needs, with the Oromos, Sidamos and Tigraways, about twice as likely to have an unmet need for spacing as the Amharas. On the other hand, the Sidamos and Tigraway people are half as likely as the Amharas to have an unmet need for limiting.

The educational difference between husband and wife is generally not a significant predictor of the unmet need for family planning. The only exception being women whose husbands are better educated, who are significantly less likely to have a limiting need, as women whose educational level is the same as that of their husband.

In general, nonmigrants are more likely to have an unmet need than migrants. However, the strength of this relationship diminishes when unmet need is broken down into spacing and limiting needs. Women who moved from an urban to a rural place of residence and visitors to the household are significantly less likely to have an unmet need for spacing than nonmigrants. The unmet need for limiting is not significant for this variable.

Women's education exerts a powerful influence on unmet need. Educated women are significantly less likely to have an unmet need, with women who have a primary education, two-thirds less likely to have an unmet need for spacing, and women with at least a secondary level schooling, one-third less likely to have an unmet need for limiting, as women with no education.

Media exposure is significant only with respect to the unmet need for spacing, where women who have been exposed to the media 80 percent less likely to have an unmet need for spacing as women with no exposure.

Contact and discussion of family planning exerts a positive influence in meeting women's unmet need. Women who discussed family planning with a fieldworker are significantly less likely to have an unmet need, and especially an unmet need for limiting. At the same time, women who visited a health facility and who discussed family planning with a health worker are significantly less likely to have an unmet need, both for spacing and limiting than women who did not visit a health facility in the 12 months prior to the survey.

Spousal communication is important in influencing family planning use among Ethiopian women. Women who discuss family planning with their partner are about 40 percent less likely to have an unmet need for family planning services than women who have never discussed family planning with their partner. This pattern is consistent for both the unmet need for spacing and limiting. This finding is consistent with similar studies done elsewhere (Omrana et al., 2001; Toure, 1996).

The analysis also confirms that women who approve of family planning, and women who believe that their husband approves of family planning, are less likely to have a need for family planning services than women who disapprove, or women who believe that their husband disapproves of family planning use. However, this relationship is significant only in relation to the unmet need for spacing.

## 6 Summary and Conclusion

This study has focused on an examination of a variety of factors associated with unmet need for family planning in Ethiopia. Attempts have also been made to assess major reasons for nonuse of contraceptives among women with unmet need. This analysis has shown that unmet need is significantly higher among young women age 15-19, women who have at least one living child, women who reside in rural areas of the country, women who belong to the Oromo ethnic group, nonmigrants, uneducated women, women who have never discussed family planning with a health worker either at a health facility or at their home, women who have never discussed family planning with their husband, women who disapprove of family planning and women who believe that their husband disapproves of family planning.

At the same time, the analysis underscores the importance of recognizing that demographic, socioeconomic and attitudinal factors impact women's unmet need for spacing and limiting differently. Very young women have a greater need to space than limit, whereas older women have a greater need to limit than space. Women who marry young have a greater need to limit than space, than women who married for the first time between age 18 and 24. The unmet need for limiting increases with the number of living children, while the unmet need for spacing increases with ideal number of children. Rural residence is an important determinant of the unmet need for spacing but not limiting. The Amhara women are less likely to have an unmet need for spacing than all other women, but a greater need to limit than Sidamo and Tigraway women. The migrant status is an important predictor of the unmet need for spacing among urban-rural migrants and visitors, but unimportant in influencing the unmet need for limiting. Although educated women are less likely to have an unmet need for family planning, primary education impacts spacing needs more significantly whereas secondary education impacts limiting needs more significantly. Exposure to media impacts spacing but not limiting needs. Contact with a family planning fieldworker decreases the unmet need for limiting alone but contact at a health facility exerts a positive influence in addressing the unmet need for both spacing and limiting. Discussing family planning with one's spouse has a significant positive impact in reducing both spacing and limiting needs. Finally, spacing rather than limiting needs are more likely to be met when women approve of family planning or believe that their husband approves of family planning.

Some overall strategies to address the unmet need for family planning are recommended, based on the findings of this study. Education contributes significantly to the quality of women's lives. Improving women's access to education and encouraging continuous and constant exposure would significantly increase use of family planning and reduce unmet need. Community-based family planning services need to be expanded and strengthened in rural Ethiopia so as to disseminate information, education, and counseling on family planning and provide services to the needy, especially to the unreached and underserved populations. Community-based family planning services introduced in many parts of Africa and Asia have played a paramount role in increasing access to and supply of contraceptives by having a network of suppliers (community-based distribution agents) who live in the community. By bringing family planning services closer to users, it is possible to improve accessibility and availability of contraceptives. Various performance assessment studies that have been carried out in Ethiopia have shown a substantial increase in the prevalence of contraceptive use in rural areas where there were interventions from community-based family planning services (Korra, 1997; Mengistu et al., 1999; Walie and Mengistu, 2001). Missed opportunities could be minimized with increased effort on the part of service providers at the institutional level. Service providers have to be encouraged and provided with the necessary training and motivation to effectively promote family planning

services in health facilities on a regular basis. A study carried out in Pakistan has shown the importance of increasing access to basic family planning services for meeting much of the substantial unmet demand for family planning (Shelton et al., 1999). In a traditional society like Ethiopia, where men are dominant in decision-making, encouraging spousal communication and involving men in family planning decision-making is important in bridging the gap between met and unmet need.

Nevertheless, programs designed to meet women's need for family planning in Ethiopia should also devise strategies to address spacing and limiting needs differently, and target women accordingly. An overall strategy, although easier to implement, would be less effective than a need specific approach. The various program options to meet the unmet need for family planning in Ethiopia are discussed in greater detail in a companion analysis to this publication (Ahmed and Mengistu, 2002).





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