policy

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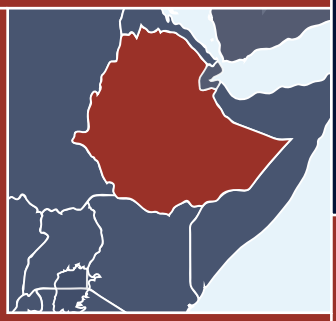
LEVELS, TRENDS, AND DETERMINANTS OF FERTILITY AND FAMILY PLANNING IN AMHARA

IN-DEPTH ANALYSIS OF EDHS 2011



Brief

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Background

With a total population of more than 19 million in 2012, Amhara is the second most populous regional state in Ethiopia (CSA, 2013). Over the last decade, family planning (FP) services and investments essential for improving the health of women and children have increased rapidly in both the country and the region, fostering economic benefits and maximizing gains in other development sectors. According to the Ethiopia Demographic and Health Survey (EDHS), in Amhara, women are now having 4.2 children on average, compared with a total fertility rate (TFR) of 5.9 more than a decade earlier. The use of contraception has increased nearly five-fold—from single digits in 2000 to over 33 percent today (CSA and ICF International, 2012). Nonetheless, challenges to women's health persist. As a result, addressing the pervasive barriers to access and use of family planning will prove a key intervention for safeguarding the well-being of women and families in the region.

Key Messages

- Strengthen multisectoral collaboration and promote an integrated effort to halt the incidence of early marriage
- Improve the capacity of the public sector to satisfy current unmet need and anticipated future demand
- Increase the involvement of the private sector in the provision of family planning services
- Eliminate barriers to family planning access, particularly for women in rural areas
- Improve the quality of services and provider-client interactions, particularly in the areas of education and counseling
- Improve women's educational attainment for the sustainable reduction of fertility to the required level

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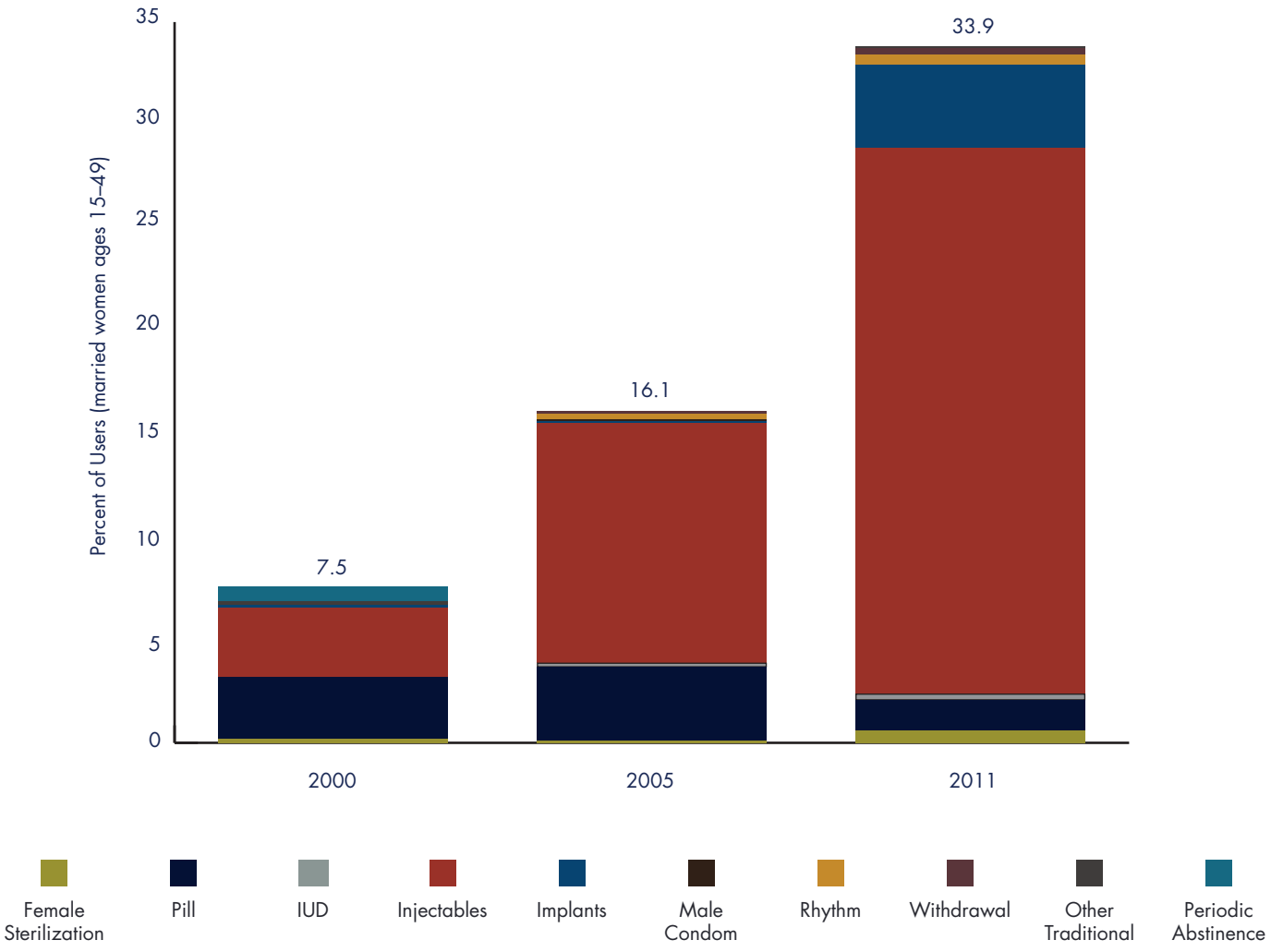
Major Findings

In Amhara, fertility—the key demographic driver of population growth—has declined by 1.7 children per woman over the last 10–15 years. Though the pace of the decline has accelerated in recent years, the level of childbearing remains high at 4.2 children per woman on average and varies significantly among sub-groups of women in the region. For instance, fertility is highest among women with no education (4.8 children) and lowest among those with secondary schooling (2 children) and beyond (1.1 children) (CSA and ICF International, 2012). These differentials can be explained by a number of proximate factors, particularly contraceptive use and marriage.

The timing and duration of marriage is an important determinant of childbearing, as this marks the onset of regular exposure to the risk of pregnancy. Early marriage is pervasive in the region. In fact, the median age at first marriage is lower in Amhara than in all other Ethiopian regions and chartered cities—half of women marry for the first time before age 14.7 (CSA and ICF International, 2012). Importantly, the median age at first marriage consistently increases with women's level of schooling—from 14 years among women with no education to 21 years for those with schooling beyond the secondary level (CSA and ICF International, 2012).

Figure 1. Trends in Contraceptive Prevalence and Method Mix in Amhara



Source: EDHS, 2000, 2005, 2011

Contraception is another key driver of fertility levels and an effective intervention for improving maternal, child, and newborn health outcomes by averting high-risk pregnancies and births. Though knowledge of family planning—a precondition for timely and effective use of services—is nearly universal in the region (at least one method), awareness is skewed toward hormonal methods like injections, the pill, and implants. In contrast, less than a third of women have heard of methods like the intrauterine device (IUD), male sterilization, the female condom, and emergency contraception (CSA and ICF International, 2012).

The use of family planning among married women in Amhara has increased significantly over the last decade—from 7.5 percent in 2000 to 33.9 percent in 2011. Injectables have consistently proven the most commonly used method, constituting nearly all use today (26.5%) (see Figure 1). Despite increased contraceptive use, however, significant disparities in uptake persist among various population sub-groups. For instance, current use is approximately twice as high among married urban women, as well as those with secondary education and beyond, compared with rural counterparts and women with no formal schooling (CSA and ICF International, 2012).

In addition to disparities in current use, the quality of services is another challenge to FP use in the region. Effective FP counseling, one dimension of quality, enables women to make free and informed choices about contraception and improves the utilization of services. In Amhara, however, less than a third of current users were informed of other available FP methods (30%) and the possible side effects associated with the method used (21%), while two-thirds (69.2%) were told what to do if side effects do occur (CSA and ICF International, 2012).

Beyond the third of married women using family planning in the region currently, an additional 22 percent of married women have an unmet need for family planning, meaning that they wish to space their births or stop having children, but are not using contraception. This brings the total demand for family planning in Amhara to 56 percent (CSA and ICF International, 2012).

Currently, the public sector—including government health centers, clinics, and health posts—provide contraception to 90 percent of users (CSA and ICF International, 2012). Moreover, both public and private sectors could generate additional demand for contraception through the dissemination of FP information. As of 2011, less than a third of women were exposed to FP messages via the radio (28.8%), television (14%), newspapers (6.9%), FP workers (20.3%), or health facility (30.5%). On average, a higher proportion of urban than rural women were exposed to messages from each source, with the exception of FP workers, pointing to gaps in coverage (CSA and ICF International, 2012). As a result, it is essential that FP providers scale up access to services and key FP messages to improve the use of services for those with unmet need, as well as possible future contraceptive users.

Recommendations

Based on the findings, the following actions are crucial for expanding and improving FP services and reducing fertility in the region:

- **Devise interventions/programs to address the incidence of early marriage:** Early marriage lengthens women's exposure to the risk of pregnancy, including unwanted pregnancy and births, and has a direct effect on maternal mortality. There should be a mechanism in place for promoting advocacy efforts and cementing early marriage as a top priority agenda item in the region.
- **Reach women in rural areas, women with no or little education, and women from low socioeconomic backgrounds:** Emphasis should be placed on removing barriers to access and use, including distance, cost, and skill/knowledge gaps. There should also be wide stakeholder involvement and multisectoral coordination to boost access to and use of services.
- **Strengthen the capacity of the public and private sectors to adequately respond to the FP service needs of the community now and in the future:** Public health facilities are the primary sources of FP information and services in the region. Given current high unmet need, and the substantial proportion of potential future users, the capacity of public and private health institutions should be strengthened with regard to service readiness and availability, addressing contraceptive commodity stockouts and availing adequate numbers and highly trained service providers.

- **Consider expanding and diversifying community-based FP information and services:** It is important to engage community groups through community-based reproductive health programs, such as health extension workers, a health development army, religious leaders, and other community mobilizers for promoting FP services, particularly in hard-to-reach and underserved areas. Information, education, and communication, as well as behavioral change communication, campaigns should be employed, particularly in rural areas; and they should be tailored to the specific needs of the sub-population in order to deliver effective FP messages.
- **Improve the skills of service providers, including counseling on the side effects and availability of various methods:** Building the skills of providers through in-service training should be an essential part of FP efforts to improve communication, avail client-friendly services, and ultimately enhance the quality of services.
- **Invest in education:** Given the disparities in fertility outcomes, investing in educational attainment—especially for girls—is essential for increasing FP uptake, while also delaying age at first marriage, an important determinant of fertility.

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For More Information

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