RES
017
C2

MARIE STOPES INTERNATIONAL - ETHIOPIA

REPRODUCTIVE HEALTH KNOWLEDGE, ATTITUDE AND PRACTICE: A BASE LINE SURVEY REPORT - DESSIE TOWN

CCRDA

PRINCIPLAL INVESTIGATOR:

Antenane Korra

October, 2001
Addis Ababa

SUMMARY OF FINDINGS

Conducted in Dessie, South Wollo Zone of Amhara Regional State among a sample of 1008 women age 15-49, this Knowledge, Attitudes and Practices Survey has a primary purpose of establishing a benchmark information. In more precise terms this amounts to generating information on reproductive health knowledge and use, fertility preferences, unmet need for family planning methods, and knowledge of HIV/AIDS.

Background Characteristics

Background characteristics of the respondents' showed that about half of the interviewed women are adolescents and young adults between the ages of 15 to 24. Mean age of the interviewed women is estimated to be 26.1 years. Literacy was somewhat high, with 13.6% of women had no formal education. As Dessie being in the regional state of Amhara, the majority of the respondents are affiliated to the Amhara ethnic group. Religion wise, both Orthodox Christian and Muslim found to be dominant.

Fertility

The reported and adjusted total fertility rate (TFR) of the study women estimated to be 2.3 and 3.8 children per woman respectively. The peak age of fertility for the study women is the 30-34 age group. Moreover, the finding indicated that the contribution of adolescent fertility to the total fertility is below 10%. The mean age at first birth of the entire sampled women who reported having at least one child is estimated to be 18.9 years and a little over half of women in the surveyed area had had a child before they were 18 years old.

CCRDA

Family Planning

Knowledge of Contraception. Knowledge of at least one contraceptive method is widespread among women in the catchment area for the intervention, with 89% of women age 15-49 have heard at least one method of pregnancy prevention. However, whether these respondents are adequately and accurately informed about the methods they know warrants further investigation. In a large measure, the most commonly heard method among women is the pills followed by injectables. Vaginal and long acting contraceptive methods (IUCD, female and male sterilization) were the least recognized modern methods.

Contraceptive Use. About 42% of women age 15-49 had ever used contraceptive methods. From these women, the majority (78.7%) were those who tried the pills at least once in their reproductive life. Proportion of contraceptive current use (CPR) of any method among women was estimated to be 21.6% and the pills turned out to be the most commonly used method among women followed by the injectables. Crude examination of the difference between proportion of ever users against current users indicated that the prevalence of method discontinuation rate of 20%. The government health institutions (Hospitals, Health Centers and clinics) were identified as the most single sources of contraceptive supplies for women. Intention for future contraceptive use appeared to be high (63%) among women who never used any method before. Future demand for injectables appeared to be high.

Unmet Need for Family Planning. Findings of the survey indicate that there is a total unmet need for family planning method of 24.2% for limiting among women. With the met need of 21.6%, the total demand for contraception estimated to be 45.8%.

CCRDA

Fertility Preference

The survey findings revealed that of those currently married women or living with a man, about 44% do not want to have any more babies and thus have a potential demand for methods to limit childbearing. Among those who showed a desire for additional children, 19.8% couldn't give a specific number of children they want to have and said it is up to God. While 31.9% want to have two children.

Maternal and Child Health

The estimated level of infant mortality rate of the catchment area population was found to be 90.3 per 1000 live births. The estimate of under five mortality rate is 127.3 per 1000 life births. As a result of these mortality estimates, the expectation of life at birth is about 56 years.

The survey data showed that nearly half of the live births occurred during a year preceding the survey were delivered at home. Among these, about three percent were occurred without any assistance and the rest 24 percent assisted by untrained traditional birth attendants. These facts show either poor utilization the existing health services or poor awareness of the pregnancy risk factors. So, it is essential to make community aware of the availability of services and pregnant women should be informed about the life-threatening complications of labor and delivery so that treatment can be sought at health facilities on time.

GCRDA

Awareness of HIV/AIDS

Awareness of HIV/AIDS is nearly universal in the study area, with 99.5% of women having heard of the disease and about three in ten women noted that they have seen a person who has HIV/AIDS and/or died of AIDS. With regard to women's knowledge of modes of transmission of HIV/AIDS, the large proportion of women (95.1%) responded by indicating that sexual intercourse as the single most mode of HIV/AIDS transmission.

There was also a positive attitude towards limiting the number of sexual partner among women participated in the study as best method to prevent HIV/AIDS infection, with 62.8% of women indicating this.

In conclusion, MSIE should provide a comprehensive and high quality reproductive health services including post abortion care to ensure that women who have unsafe abortions are treated appropriately and promptly. Various service delivery modes, such as clinics, community based services, outreach and other have to be sought to reach the under served segment of the population.

CCRDA

CHAPTER I: INTRODUCTION

1.1. Background

Ethiopia, with a land area of 1.088 million sq. km, is situated in the interior Horn of Africa. The location of the country within the tropical zone and the high variations in altitude and rainfall has produced a multitude of different climates, nutritional patterns and living conditions. The country comprises of a central highland mass surrounded by lowlands. Most of the highland areas consist of high plateau and mountain ranges with precipitous edges cut by many rivers, which run through deep gorges and valleys.

According to the medium variant projection made by the Central Statistical Authority (CSA), the population size of the country estimated at about 65.3 million for the year 2001 (CSA, 1998). Of this, 85 percent of the population live in rural areas. The population growth rate of the country is among the highest in sub-Sahara Africa, with 2.7 percent per annum in 2001 (CSA, 1998). If the present demographic trends continue, there could be more than 129 million Ethiopians by the year 2030. It is apparent that rapid population growth exacerbates critical gaps in basic health services especially when growth of the economy is low or per capita income is in decline.

The health status of the population is among the worst in the world. This is partly reflected in the high morbidity and mortality rates among the general population and particularly among infants, children and mothers. The infant and child mortality rates are estimated at 97 per 1000 and 166.2 per 1000 life births respectively (CSA, 2000). The 1997 nation wide reproductive health needs assessment result has also showed that there are high levels of maternal mortality, unsafe abortion, HIV/AIDS, unwanted & high risk pregnancies, sexual transmitted diseases and harmful traditional practices throughout the country (WHO, 1999).

Malaria and tuberculosis are the most widely spread disabling diseases. The prevalence of STDs is also high, and AIDS is threatening lives of many Ethiopians. In sum, poor environmental conditions and sanitation, rapid population growth, inadequate facilities and resources, and low

CCRDA

CHAPTER IX. DISCUSSION AND RECOMMENDATIONS

The above analysis provides a benchmark information on the background characteristics of the respondents, fertility levels and preferences, and more importantly, the levels of contraceptive knowledge, practices, and intention for future use among women aged 15-49 years. Maternal health, child and infant mortality of the study area have also been assessed.

Although only descriptive results were presented, several important findings have been established. Fertility level in the study area is persistently low like other urban centers. On the average, a woman from the study area is expected to give birth to 3.8 children during her entire childbearing period if she passes through the current age-specific fertility schedule.

Moreover, the findings revealed that marriage starts very early in the study areas (mean age at first marriage of 16.9 years) and women resume child bearing immediately after marriage (mean age at first birth of 18.9 years). Thus, in the area whereby contraceptive use experience is relatively low, early age of marriage has a direct and positive effect on the reproductive performance of women.

Level of knowledge about contraception was found to be high among Dessie women, 89% of women age 15-49 have heard of at least one method of contraception. However, whether these women are adequately and accurately informed of the method they know warrants further investigation. The pill was the most widely known method, with 94.6% and 4.1% have unprompted and prompted knowledge respectively. This knowledge level is followed by injection. Long acting contraceptive methods (Female and male sterilization) were the least recognized modern methods. However, whether these women have adequate and accurate information about the methods they know is a concern. Therefore, the project has to develop a viable IEC strategy to adequately inform and educate about the advantages, disadvantages and proper use of the available methods.

About 42% of women had ever used contraceptive methods and the majority (about 79%) were those who tried the pills at least once. Current use of any method (CPR) among women was

CCRDA

estimated to be 21.6%. There is substantial difference between ever use and current use of contraception.

The survey results indicated that there is a wide gap between knowledge and use of contraceptives. There is also a substantial unmet need for contraception for limiting childbirth. In view of these facts, therefore, the upcoming reproductive health program of intervention to the area has to play a role to make contraceptive methods/services easily accessible, available and affordable to those who need it. Furthermore, long acting contraceptive methods (IUCD, Norplant and Voluntary Surgical Contraception) appeared to be the least recognized and used methods, indicating there is limited access to these methods. Thus, the clinical component of the project should give due emphasis to these effective methods.

Awareness of HIV/AIDS is universal in the study area, with 99.5% of women having heard of the disease and the large proportion of women (95.2%) indicated that sexual intercourse as the single most mode of HIV/AIDS transmission.

Although contraceptive use experience of the respondents appeared to be high compared to the national average and high awareness with regard to HIV/AIDS, there is still a need for reproductive health services in the areas to bring about a positive attitudinal change towards family planning in general and condom use in particular.

The level of awareness of the most common modes of transmission of HIV/AIDS infection such as mother to child, circumcision taboos and blood transfusion was found to be very low among the study population. This suggests the need for appropriate IEC intervention program to raise awareness of the community about the possible way of transmission of HIV/AIDS infection. In the process, opinion leaders (political and religious leaders) must be sensitized to the current problem of HIV/AIDS to ensure the effective implementation of the intervention programs.

The survey data indicates that 38.5% of women mentioned that using condoms during sexual intercourse could prevent HIV/AIDS infection. So more emphasis should given to raise the

CCRDA

awareness of the community on the importance of using condoms while having sexual intercourse to protect themselves from sexually transmitted diseases including AIDS.

The survey data showed that nearly half of the live births occurred during a year preceding the survey were delivered at home. Among these, about three percent were occurred without any assistance and the rest 24 percent assisted by untrained traditional birth attendants. These facts show either poor utilization of the existing health services or poor awareness of the pregnancy risk factors. So, it is essential to make community aware of the availability of services and pregnant women should be informed about the life-threatening complications of labor and delivery so that treatment can be sought at health facilities on time.

Data on immunization were collected, however, it was found out low response rate (only 50 women responded). As a result it could not be possible to make analysis on immunization based on very few cases.

The survey data showed that a noticeable number of women know someone who had an abortion and they themselves had at least one abortion in their reproductive life. This directly indicates the high level of unwanted pregnancy among the study population as the result of either poor awareness or lack of access of high quality of family planning services. So, MSIE should provides a comprehensive and high quality reproductive health services including post abortion care to ensure that women who have unsafe abortions are treated appropriately and promptly. Various service delivery modes, such as clinics, community based services, outreach and other have to be sought to reach the under served segment of the population.

CCRDA

REFERENCES

Central Statistical Authority (CSA), 1993: The 1990 National Family and Fertility Survey Report.

Central Statistical Authority (CSA), 1998: The 1994 Population and Housing Census of Ethiopia, Volume I Statistical Report.

Central Statistical Authority (CSA), 2000: Ethiopian Demographic and Health Survey

Economic Commission for Africa (ECA), 1994: Family Planning Targets in relation to Fertility Reduction and Reproductive Health Care in ECA Member States.

International Family Planning Perspectives, vol.5, No. 2, June 1989

International Family Planning Perspectives, vol.17, No. 3, September 1991

International Family Planning Perspectives, vol5, No. 4, September 1991

Joint United Nations Program on HIV/AIDS (UNAIDS), 2000: Report on the global HIV/AIDS epidemic.

Mohammed B. And Curt F., 1991: Community Based FP Services in Africa : The Program Mangers Perspective

Office of the Prime Minister, 1993: National Population Policy of Ethiopia

Open file, May/June 1997

UN 1983: Manual X: Indirect Techniques for Demographic Estimation

WHO, 1995: Community Based Distribution of Contraceptives: A Guide for Program Managers.

WHO, 1999: An assessment of Reproductive Health Needs in Ethiopia.

CCRDA

Acknowledgments

I would like to thank Marie Stopes International - Ethiopia for providing me the opportunity to undertake this baseline survey and for making all the necessary arrangements. Also, I am grateful to the management team of the organization for reading an earlier draft of the report and providing me invaluable comments and suggestions. Their constructive comments molded the study report to the present form.

Women who participated in the study were very instrumental for the successful completion of this assessment. Without whose active participation, this study could not have been possible. Thus, I owe them my sincere thanks and appreciation. I would also like to extend my acknowledgement to the enumerators who efficiently and honestly filled out the questionnaires.

Antenane Korra

CCRDA

TABLE OF CONTENTS

Page

ACKNOWLEDGMENTS----------i

TABLE OF CONTENTS ----------ii

LIST OF TABLES ----------iii

LIST OF ACRONYMS ----------v

EXECUTIVE SUMMARY----------vi

CHAPTER I :INTRODUCTION ----------1

1.1 Background ----------1

1.2. Marie Stopes International - Ethiopia (MSI-E)----------2

1.3. Profile of Project Area ----------3

1.4. Objective of the Survey ----------4

1.5. Survey methodology and coverage ----------5

1.6. Data Analysis----------6

1.7. Structure of the report----------6

CHAPTER II:- BACKGROUND CHARACTERISTICS OF WOMEN ----------7

2.1. Age distribution of the survey Women----------7

2.2. Education ---------- 7

2.2.1. School Attendance---------- 8

2.2.2. Educational Attainment ---------- 8

2.3. Current Marital Status ---------- -9

2.4. Age at first marriage ---------- 10

2.5. Religion and Ethnic composition ----------11

CHAPTER III. FERTILITY LEVELS AND PATTERNS----------12

3.1 Current Fertility----------12

3.2 Life-time Fertility----------14

CCRDA

3.3 Age at First Birth----------17

CHAPTER IV. CONTRACEPTION KNOWLEDGE, PRACTICE AND ATTITUDE--19

4.1 Knowledge of Contraception----------19

4.2 Knowledge about Specific Contraceptives----------21

4.3 Ever Use of Contraception----------23

4.4 Current Use of Contraception----------26

4.5 Source of Supply of Current Method----------30

CHAPTER V. FERTILITY DESIRE AND INTENTION TO USE CONTRACEPTION

5.1 Desire for more children----------31

5.2 Unmet need for family planning----------33

5.3 Intention to use contraception in the future----------34

5.4 Reasons for non-use of contraception----------36

CHAPTER VI. INFANT AND CHILD MORTALITY ----------38

CHAPTER VII. MATERNAL HEALTH CARE ----------39

7.1: Antenatal care ----------39

7.2. Timing and number of ANC visits ----------39

7.3. Place of delivery and assistance during delivery ----------41

7.4: Terminated Pregnancies and Related Cares ----------42

CHAPTER VIII. KNOWLEDGE OF HIV/AIDS ----------44

8.1 Awareness of means of transmission of HIV/AIDS ----------44

8.2. Knowledge of prevention of HIV/AIDS ----------45

CHAPTER IX. DISCUSSION AND RECOMMENDATION----------47

References ----------49

Annex I: Questionnaire ----------50

CCRDA

LIST OF TABLES

Table 2.1. Percentage age distribution of study population ----------7
Table 2.2. Percentage distribution of sampled women by status of school attendance ---8
Table 2.3. Percentage distribution of Literate women by highest level of school attendance ---------- 9
Table 2.4. Percentage distribution of Women by Marital Status ----------9
Table 2.5. Percent distribution of women by age at first marriage ----------10
Table 2.6. Percentage distribution of women by Religion and Ethnic composition------11
Table 3.1. Reported and adjusted ASFR and TFR----------13
Table 3.2. Percentage Distribution of Women by CEB, age and mean parity----------14
Table 3.3. Reported MCEB by selected variables----------16
Table 3.4. Percentage Distribution of Women by Age at First Birth and Mean age of women at first birth----------18
Table 4.1 Percentage of women who know any contraceptive method by selected variables----------20
Table 4.2. Percentage Distribution of women who have heard of contraception by specific method----------22
Table 4.3. Percentage of women who ever used contraceptive method by selected variables----------24
Table 4.4. Percent Distribution of women who ever used contraception by type of method used----------26
Table 4.5. Percent Distribution of women who are currently using contraception method by specific method----------27
Table 4.6. Percent of women currently using contraceptive method by selected variables----------29
Table 4.7. Percent distribution of women who are currently using contraception by source of supply----------30
Table 5.1. Percentage distribution of currently married women by desire for more children and CEB----------31

CCRDA

Table 5.2. Mean number of additional children desired by CEB----------32
Table 5.3. Unmet need and total demand for contraception and CPR by current age of women----------34
Table 5.4. Percentage distribution of currently married non-users of FP by intention to use in the future and preferred method----------35
Table 5.5. Percentage distribution of women not intending to use contraception in the future by reason for not intending to use----------37
Table 7.1. Percentage of women aged 15-49 by births in the last 12 months by antenatal care practice ----------41
Table 7.2. Percentage of women aged 15-49 by births in the last 12 months by place and assistance of delivery ----------42
Table 7.3. Percentage of women aged 15-49 by type of terminated pregnancies and related cares ----------43
Table 8.1. Percentage of women who have heard of HIV/AIDS, who know someone who has HIV/AIDS and who died from AIDS----------44
Table 8.2. Percent distribution women who know about modes of HIV/AIDS transmission----------45
Table 8.3. Percent of respondents knowledge about means prevention of HIV/AIDS --46

CCRDA

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASFRs	Age Specific Fertility Rates
CEB	Children Ever Born
CPR	Contraceptive Prevalence Rate
CSA	Central Statistical Authority
DHS	Demographic and Health Survey
DPPB	Disaster Prevention and Preparedness Bureau
DPPC	Disaster Prevention and Preparedness Commission
FP	Family Planning
HIV	Human Immunodeficiency Virus
IEC	Information Education and communication
MCH	Maternal and Child Health
MORTPAK	Mortality Package
MSIE	Marie Stopes International Ethiopia
NGO	Non Governmental Organization
PAS	Population Analysis and Spreadsheet
RH/FP	Reproductive Health/Family Planning
SNNPR	Southern Nations, Nationalities and Peoples' Region
SPSS/PC+	Statistical Package for Social Science
STDs	Sexual Transmitted diseases
TFR	Total Fertility Rate
US	United States
WHO	World Health Organization

CCRDA

health service coverage contribute to the high morbidity and mortality of the Ethiopian population.

The contraceptive prevalence rate (CPR) of the country is the lowest in the world. The results of the 2000 Demographic and Health Survey (DHS) indicate that 81.5% of all women aged 15-49 had knowledge of at least one method of family planning. Out of all women aged 15-49, 13.4% reported to have ever used at least one method of family planning. For the currently married and non pregnant women, the percentage of current users of family planning was found to be only 8.1% for the country as a whole, 4.3% for rural, and 35.6% for urban. The contraceptive prevalence rate (CPR) for Amhara regional state was 7.5%.

About 6.3% of the total currently married women in the country were currently using modern methods, while the rest use other methods. The major modern method used was the injectables constituting for 3.1% of all users, followed by pills (2.5%), sterilization (0.3%), condom (0.3%), and IUD (0.1%). Traditional methods were also practiced by only 1.7% of women (with 1.5% periodic abstinence and 0.2% withdrawal).

Further, the DHS results indicated that 36% of currently married women have an unmet need for family planning, with 22% for spacing and 14% for limiting. The survey further showed that unmet need is higher among rural women (37%) and 25% for rural women. The difference is more pronounced for unmet need for spacing than for limiting. The overall unmet need for family planning is highest in the Amhara Region (41%).

CCRDA

1.2 Marie Stopes International - Ethiopia (MSI-E)

Marie Stopes International –Ethiopia (MSIE), an affiliate of Marie Stopes International (MSI), is a non-governmental, non-profit organization established in May 1990 following the bilateral agreement signed with Ministry of Health. The first clinic was opened at Arada, Addis Ababa, in August 1990. In the last quarter of 1994, three additional clinics, two in Addis Ababa (Kirkos and Tekle Haimanot) and one in Dire Dawa, became functional following the tripartite project agreements signed with the Disaster Prevention and Preparedness Commission (DPPC) and the Ministry of Health. In 1998, four more clinics - in Awassa, Bahir Dar, Jimma and Shashemane -

became operational, following the tripartite agreements signed with the respective Disaster Prevention and Preparedness Bureaus (DPPB) and Health Bureau of the regional governments of SNNPR, Amhara and Oromiya.

MSIE expanded its service coverage by almost double in year 2001 with the financial assistance from the David and Lucile Packard Foundation. These project sites are located in seven towns namely Nekemet, Assela and Ambo of Ormiya Regional State; Dessie, Debre Markos and Debre Berhan of Amhara Regional State and Mekele in Tigray Regional State. The main objective of this project is to ensure couples and individuals to have access to FP / RH information and services in order to meet their reproductive goals and to reduce the incidence of high-risk pregnancies, HIV/AIDS, morbidity and mortality. Services are planned to be delivered through clinical facilities, Community Based, In-School and Work-Based programs.

1.3. Profile of Project Area

Dessie covers an area of 15.08 sq. kms. The town is the capital of South Wello administrative zone of Amhara regional state. The 1994 population and housing census estimated the total population size of Dessie at about 129, 431 of which 63,373 are females.

The government health facilities available in the town are 3 hospitals with 341 beds, seven health centers and 89 clinics - hardly meet the health service needs of the people. There are only two Gynecologists/Obstetricians for the whole zone. Data obtained from regional health bureau indicate that there is low level of MCH/FP coverage in the zone (antenatal care 23.7%, institutional delivery 4% and Contraceptive Prevalence rate 20.1%).

The contraceptive knowledge and practice is low and FP services are rendered only for little eligible population. The annual service data from the zonal health department reveals that contraceptives were provided to 97,652 women, which is 17.8 percent of the total eligible population of the zone. Such lack of health services has increased the incidence of unplanned and unwanted pregnancies and the resultant induced abortions. Abortion remains to be one of the top ten causes of admission to hospitals. Discussions with the medical professionals of Dessie Hospital revealed that induced abortion constituted about 6.7 percent of the total hospital admitted cases.

CCRDA

Different studies conducted by different sectors revealed a high incidence of HIV/AIDS in South Wello Zone in general and Dessie town in particular. According to data obtained from Dessie Hospital, a referral Hospital of the South Wello Zone, HIV/AIDS cases accounted for seven percent of the total hospital admitted deaths.

1.4. Objective of the Survey

The main objective of the survey is to collect data that would serve as a benchmark information for the Dessie Clinic and community Based program. The data will also enable MSIE to track progress toward project objectives and to evaluate the overall impact at the end of the project period

The survey is specifically designed to meet the following objectives.

- To collect data on the demographic and social backgrounds of women in the catchement area.
- To obtain data about knowledge, attitude and practice of family planning among the reproductive age women in the target area.
- To collect data on the future intention of using contraceptive among non-users of family planning.
- To collect data that will estimate the current level of infant & Child mortality and life expectancy in the target area.
- To collect data on the delivery and antenatal care practices among women of the reproductive age group
- To assess the level of awareness of the target population about HIV/AIDS.

CCRDA

1.5. Survey methodology and coverage

The prime targets of the survey population were women in the reproductive ages (15-49 years). Dessie town has a total of 20 kebeles. For this survey, eight kebeles were selected systematical considering their geographical location. The selected kebeles were Kebele 02, 03, 07, 08, 11,15,17 and 20. The sample size was determined after considering the requirements of report writing and the need for high quality of information. A total of 1,079 women of the reproductive age group (15-49) were determined using a standard sample size calculation from EPI-Info computer program with an assumption of 15 percent of contraceptive prevalence and allowing 3 percent margin of error, 5 percent loss and 95 percent confidence. Using probability proportionate to size of the population of Kebeles, the sample sizes were allocated among the eight kebeles. The households were systematically selected based on a pre-determined household sample interval. The response rate was found to be adequate, that 93.4% (1008) of the sampled women were successfully interviewed.

The questionnaire was administered to all women of reproductive age who were usual residents of the sampled household. It provides information on women's background characteristics of the study population such as age, marital status, age at first marriage, education; childbearing experience, age at first birth, number of children ever-born; antenatal care, place of delivery, assistance during pregnancy, general knowledge of FP and knowledge of specific contraceptive methods (Prompted & Unprompted), current use of FP; desire for more children, unmet need for FP, intention to use contraceptive in the future, timing of future use, preferred method and knowledge of source of supply for future use, reason for non-use of contraception; infant and child mortality, life expectancy at birth; awareness of HIV/AIDS, awareness of means of transmission, knowledge of prevention of HIV/AIDS.

Nine female interviewers most of whom had experience in conducting interviews in other national household surveys, including the 1990 Family and fertility survey and DHS survey were recruited, trained and deployed for data collection. The overall fieldwork activities were supervised by a supervisor and one field work coordinator. In order to maintain uniform survey procedures, instruction manual was prepared. The manual described the various components of

CCRDA

the survey, its objectives, interviewing techniques as well as field procedures. A two-day training was given to the interviewers and supervisors. The training consisted of discussion on each topic of the questionnaire and filling the questionnaire through mock interview. The fieldwork took place between June 16 and 26, 2001.

1.6. Data Analysis

The data entry and analysis were made using SPSS/PC+ computer package. The adjusted total fertility rate (TFR) was estimated by fitting the Gompertz function to reported age-specific fertility rates and the average number of children ever born by age of the woman using the Population Analysis Spreadsheet (PAS) computer program. The level of Infant and Child mortality as well as the expectation of life at birth were estimated using the MORTPAK and QFIVE computer program based on the Trussell regression equation with Coale-Demeny West Model Life Tables.

1.7 Structure of the Report

Including this introductory chapter the report is organized into nine chapters. Chapter two presents background characteristics of the study population. Chapter three considers fertility levels and patterns. Chapter four discusses the knowledge and use of contraceptive methods. Chapter five deals with fertility desire and future intention to use family planning. Chapter six describes the infant and child mortality. Chapter seven discusses maternal health care. Chapter eight presents knowledge of HIV/AIDS and the last chapter presents discussion and recommendations.

CCRDA

CHAPTER II BACKGROUND CHARACTERISTICS OF THE STUDY WOMEN

2.1 Age distribution of the survey women

Age distribution is important characteristics to study fertility, contraception behaviour and reproductive health. Demographic and health surveys have focused on breakdowns of the study population into conventional broad age groups. Table 2.1 presents the distribution of women who participated in the interview by five-year age group. As can be seen from the table, the proportion of women in the successive age groups decreases as age increases except in the age group 35-39, which presented a slightly higher proportion of women than the preceding age range. Overall, half of the interviewed women are adolescents and young adults between the ages of 15 to 24. Mean age of the interviewed women is estimated to be 26.1 years.

Table 2.1. Percentage age distribution of study women, Dessie town 2001

Age Group	Percent	Number of women
15-19	30.9	311
20-24	19.2	194
25-29	18.9	191
30-34	8.9	90
35-39	10.2	103
40-44	6.1	61
45-49	5.7	57

CCRDA

2.2. Education

Education is one of the key determinants of the life style and status of individuals in a society. It affects almost all aspect of human life, including demographic and health behaviour. Studies have consistently shown that educational attainment has strong effects on reproductive behaviour, contraceptive use, fertility, infant and child mortality, morbidity and issues related to family health and hygiene. Data on both educational attainment and literacy status were collected by asking a woman if she was attending or had ever attended formal or non-formal schooling

and, if so, the highest grade that she had completed.

2.2.1. School Attendance

All sampled women were asked on status of school attendance as categorized as attending now, attended in the past and never attended. The compiled data on school attendance is presented in Table 2.2. The survey data showed that about 14% of women had no formal education. Those women who had attended school in the past was found to be about 70%, while those women who were attending some form of formal education at the time of the survey was 16.2%.

Table 2.2. Percentage distribution of sampled women by status of school attendance, Dessie town 2001.

School Attendance	Percent	Number of women
Currently attending	16.2	163
Attended in the past	70.1	707
Never attended	13.6	137

CCRDA

2.2.2. Educational Attainment

Data on educational attainments were collected for all sampled women who attended any form of formal education. The data showed that 21.5% of literate women have completed grade 1-6 (primary level), 20.6% and 38.7% were completed junior and senior secondary level respectively. Women who completed above grade 12 (all 12+1 categories, university and higher education) accounted for about 19%.

Table 2.3. Percentage distribution of Literate women by highest level of school attendance, Dessie town 2001.

Grade completed	Percent	Number of women
Grade 1-6	21.5	187
Grade 7-8	20.6	179
Grade 9-12	38.7	337
Grade 12 and above	18.7	163

2.3. Current Marital Status

Marital or union status, regarded as one of the primary direct determinants of fertility in any population, may be used to identify the degree to which women of reproductive age are sexually active. The survey categorises marital status into five main groups; namely never married, currently married, living with a man (consensual marriages), widowed and divorced.

Table 2.4 presents the percentage distribution of women by marital status. The data revealed that for the sample as a whole, 38.8% of the respondents were married at the time of the survey, while 36% were single. The survey data further showed seven percent of respondents were widowed and 15.2% were either divorced or separated.

CCRDA

Table 2.4 Percentage Distribution of Women by Marital Status, Dessie town 2001

Marital Status	Percent	Number of women
Never married	36.0	363
Living with a man	3.0	30
Currently married	38.8	391
Widowed	7.0	71
Divorced/Separated	15.2	153
Total	100.0	1008

2.4. Age at first marriage

Age at first marriage is strongly associated with fertility. In the absence of a strong family planning program, women who marry early tend to initiate childbearing early and have a large completed family size compared to those who marry late. Data on age at first marriage can assist planners and program managers in designing strategies to raise the age at first marriage. All ever-married women were asked the year of their first marriage and the results are presented in Table 2.5 below.

Table 2.5. Percent distribution of women by age at first marriage, Dessie town 2001

Age at First Marriage	Percent	Number of women
Below 15	29.5	190
15-17	37.2	240
18-19	13.3	86
20-21	7.8	50
22-24	5.4	35
25 and above	2.3	15
Don't know	3.3	21
Not stated	1.2	8

CCRDA

The survey data shows that most marriages occurred between the ages of 15-17 years (37.2%). Nearly three out of ten women married before the age of 15 years and 13.3% of women entered into marital union between ages of 18-19. About 16% of women were entered into marriage at the age of 20 and above. Overall, the mean age at first marriage of the study women is estimated to be 16.1 years.

2.5. Religion and Ethnic composition

Religion is one of socio-cultural characteristics of a population that affects the level of contraceptive use and fertility. In the survey each respondent was asked about her religious affiliation and classified as one of the following: Orthodox, Protestant, Catholic, Other Christian, Muslims, Traditional and others religion.

According to the survey results, more than half of the interviewed women (53%) were Orthodox Christians. About 45% of respondents were Muslims. Protestants and Catholics accounted one percent.

Regarding ethnic composition, the overall majority of the respondents were Amara (96%). The Tigrawai accounted for 3.6% and other ethnic group accounted only 0.8% of the total sample women.

CCRDA

Table 2.6. Percent distribution of women by Religion and Ethnic composition of women, Dessie town 2001

Category	Percent	Number of women
Religion		
Orthodox Christian	53.1	535
Protestant	0.7	7
Catholic	0.4	4
Muslim	45.3	457
Other	0.5	5
Ethnicity		
Amhara	95.6	963
Tigre	3.6	36
Others	0.8	8

CHAPTER III FERTILITY LEVELS AND PATTERNS

Fertility refers to the actual performance of a woman to reproduce. The capacity to bear children is possessed only by women in the age range 15 to 49. There are various measures of fertility. The study of age pattern of fertility throws considerable light on several aspects of reproduction for that community or segment of the population. It gives indication of the age when women start participating in the reproduction process, tempo of childbearing and the average family size etc.

Each woman selected for the study was asked to provide information on the number of sons and daughters ever born, the number living with her, the number living elsewhere and the number of sons and daughters who died. A birth that had occurred during the year preceding the survey was also collected.

This chapter, therefore, examines current fertility levels, lifetime (cumulative) fertility and age pattern of fertility.

CCRDA

3.1 Current Fertility

Age Specific Fertility Rates (ASFR) and Total Fertility Rate (TFR) were used to show the current level of fertility of women under investigation. The rates are derived from data collected on total number of live births that occurred within 12 months prior to the survey date.

According to the findings of the survey, on the average a woman from the study area is expected to give birth to 2.5 children during her entire childbearing period, if she passes through the current age-specific fertility schedule (Table 3.1). This is lower than the figure obtained from the recent DHS for urban. Reported TFR in the 2000 DHS for the entire urban was 3.3 children per woman (CSA, 2001).

The fertility data in most cases are affected by errors of under reporting of births due to memory laps. The reported age specific fertility rates are adjusted for errors of under reporting by fitting the Gompertz function to the reported age specific fertility rates and the average number of CEB by age of women. The adjusted TFR for Dessie town was estimated at about 3.8 children per woman is a little higher than the reported TFR. Hence, the adjusted TFR (3.8) provides the best estimate of current fertility.

Table 3.1: Reported and adjusted age specific and total fertility rates, Debre Markos town

Age of Women	Reported ASFR	Percent
15-19	0.048	9.6
20-24	0.149	29.8
25-29	0.167	33.5
30-34	0.067	13.4
35-39	0.068	13.6
40-44	-	-
45-49	-	-
TFR	**2.5**	

CCRDA

When the pattern of childbearing is assessed along the age groups, it appears to be low in the old and young age groups.

The peak age of fertility for the study women is the 25-29 age group. The reported fertility rate indicated that women of this age group contributed about a third of the TFR (33.5%), showing a mid peak fertility schedule.

The data further revealed that the contribution of adolescent fertility to the total fertility is about 10% (9.6%). The reported adolescent fertility rate indicated for Dessie town is found to be almost the same when compared to the proportion obtained in the DHS survey for Urban

Ethiopia. According to the results of DHS the contribution of adolescent fertility to the total fertility was found to be 9.1% (CSA, 2001).

3.2`Life-Time Fertility

The total number of children ever born to a woman of given age provide lifetime fertility from the beginning of the reproductive life to age at the time of the survey. Mean number of children ever born is expected to increase with age until the end of the reproductive span of women, if there is no error of omission of children ever born, particularly among older women. The corresponding children ever born to woman at an older age group (45-49) can be taken as an indicator of the level of completed fertility.

Percentage distribution of women by children ever born and age as well as mean number of children ever born (MCEB) to a woman are presented in Table 3.2 below.

Table 3.2: Percentage Distribution of Women by CEB and Age and Mean Parity, Dessie town 2001

Age	Number of Children Ever Born								Total	No.	MCEB
	0	1	2	3	4	5	6	7+			
15-19	91.0	7.7	1.3						100.0	311	0.10
20-24	49.5	33.5	14.9	1.5	0.5				100.0	194	0.70
25-29	24.1	31.9	20.4	11.5	8.9	1.6	1.0	0.5	100.0	121	1.62
30-34	6.7	14.4	21.1	31.1	12.2	10.0	3.3	1.1	100.0	90	2.78
35-39	4.9	9.7	14.6	13.6	12.6	16.5	12.6	15.5	100.0	103	4.14
40-44	3.3	8.2	13.1	11.5	9.8	18.0	13.1	22.9	100.0	61	4.52
45-49	10.5	3.5	3.5	12.3	8.8	22.0	12.3	26.5	100.0	57	5.12
Total	44.1	17.9	11.5	8.0	5.3	5.3	3.3	4.7	100.0	1007	

CCRDA

As revealed by the findings of the survey, the age pattern of fertility of the surveyed women increases as age advances (Table 3.2). The reported mean number of children ever born (0.10) to women in the lowest age group (15-19) increases to 4.14 children per woman for those aged 35-39 and reaches its maximum (5.12) for those in the oldest childbearing age group (45-49). In general, the mean parity of the study women is estimated to be 1.7.

Theoretically, if fertility remained constant in the past and both children ever born and births prior to the survey were correctly reported the completed fertility and the total fertility rate should be equal in magnitude. Accordingly the results of the survey showed some difference between completed fertility (5.12) and TFR (2.9) of women under investigation suggesting a somewhat decline in the fertility rate of women in the study area.

The survey results further indicate that among women age 15-19 years, 91% were childless. Proportion of childless women decreases as age advances, except for those aged 45-49. At the end of reproductive ages (45-49 years), nearly one in ten women was childless. Childlessness appeared to be higher among Dessie women than Debre Markos. Findings of the survey also showed that by the end of reproductive period a little over quarter of the interviewed women reported to have seven or more children.

CCRDA

An attempt was also made to examine the differentials in fertility among women by some selected variables. Mean number of children ever born to women is used as the fertility measure. Variables considered for this analysis include educational status of women, ethnicity, work status, religion and marital status.

Table 3.3, therefore, presents the mean number of children ever born by some selected variables. The results shown in the table indicate that fertility level is high among women who attended education in the past (two children) and low among those who attended now. With regard to work status, the reported mean CEB of working women was slightly higher than the parity of non-working women. A similar pattern has been observed with Debre Markos finding. It is not expected that non-working women achieve lower fertility compared to those who work outside

home. The observed unexpected pattern could be attributed to the lower number of women who reported working outside their home.

Table 3.3: Reported Mean Children Ever Born by Selected Variables, Dessie town 2001.

Variables	MCEB	Number
Educational status		
Attending now	0.22	163
Attended in the past	2.06	707
Never attended	1.66	137
Ethnicity		
Amhara	1.68	963
Tigrie	2.44	36
Others	1.43	7
Working outside home		
Yes	2.4	166
No	1.6	838
Religion		
Orthodox	1.65	535
Protestant	1.57	7
Muslim	1.78	457
Marital Status		
Never Married	0.04	363
Living with a man	2.00	30
Currently Married	2.81	391
Widowed	4.17	71
Divorced	1.65	153

CCRDA

Table 3.3 indicates that the overwhelming majority of women participated in the survey belong to Amhara ethnic group, thus it is difficult to compare CEB differences between ethnic groups, although the Tigrians appeared to have high fertility performance. Regarding mean CEB by

religion, women who belong to Muslim religion seem to have high fertility performance (1.78) as compared to women from Orthodox Christian, which exhibited a mean parity of 1.65.

The relationship between fertility and marital status was examined and found out that widowed women appeared to have higher fertility (4.17 children) followed by currently married women (2.81 children) and among women living with a man (two children). The average number of children to never married women appeared to be almost negligible (see Table 3.3).

3.3 Age at First Child Birth

Early entry into motherhood is one of the most common reproductive features in many parts of developing countries, as illustrated by world fertility survey (WFS)(Hebcraft J, 1985).

Examination of the onset of the first birth is very essential in the determination of the level of maternal and child health requirements, and designing appropriate measures to control the fertility level.

In addition to reducing family size, delaying the first birth has other benefits: others factors being equal, women who postpone marriage and motherhood until their 20s are more likely to stay in school. Adolescents especially those having their first pregnancy, are much more likely to develop pregnancy-related complications than women aged 20-29. Mothers aged 15-19 is two or three times more likely to die in childbirth than those in the 20-24 age group are. Those under 15 are five times more likely to die (Open File, May/June 1997).

In view of these and other related facts, data on age at first birth were collected from those women who reported having at least one birth. This group of women is estimated to be 52.6% (530) of all women covered by the survey. The findings of the survey revealed that the onset of childbearing seem to concentrate among teenage women.

The mean age at first birth of the entire sample women who reported having at least one child is estimated to be 18.9 years. Nearly two in five (37.7%) women in the surveyed area had had a

CCRDA

child before they were 18 and 60.5% gave birth before reaching age 20. Less than one in ten women reported that they gave birth after the age of 25 (Table 3.4).

Table 3.4: Percentage distribution of women by age at first birth and mean age of women at first birth, Dessie town 2001.

Age at first birth	Percentage	Number of Women
15 and below	10.9	58
16-17	26.8	142
18-19	22.8	121
20-24	31.3	166
25+	8.1	43
Mean age	**18.94**	**530**

CCRDA

Closer examination of the data on mean age at first birth by current age of women revealed that there is no marked difference among age groups, except among the cohort age 25-29 and 30-34. The mean age at first birth is 19.5 years for women aged 25-29 and 19.6 years for those aged 30-34 (table not shown).

In conclusion, despite early marriage and childbirth experience, it was found out that fertility level is low in the area under investigation. Although the proportion of childless women at older ages (45-49 years) appeared to be low (10.5%), there seem to be a need to develop a program to help infertile couples.

CHAPTER IV CONTRACEPTION KNOWLEDGE, PRACTICE AND ATTITUDE

4.1 Knowledge of Contraception

Information about knowledge of contraception was obtained by first asking the respondents to name ways or methods by which a couple could delay or avoid pregnancy. If the respondent failed to mention a particular method spontaneously, the interviewer described the method and asked if the respondent had heard of it. Eight modern methods were described. Other methods also described by the respondent, such as abstinence, withdrawal, douche and other traditional medicine.

Knowledge of at least one method of family planning was found to be high among Dessie women, 89% of women age 15-49 have heard of at least one method of pregnancy prevention. This proportion, however, appeared to be lower by about 10 percentage points as compared to the level of knowledge of Debre Markos women. The observed high level of awareness warrants further investigation whether these women are adequately and accurately informed of the method they know.

CCRDA

Table 4.1 presents proportion of women who have heard of at least a method of family planning by selected socioeconomic and demographic characteristics of women.

Although the general knowledge level is considerably high among the entire women, the proportion of women who are aware of at least a FP method varies between 86% for older women aged 45-49 and 92.3% for those aged 20-24 years.

Education is positively associated with level of knowledge of contraception, as expected. Those who had never attended any school programs relatively have little knowledge about contraceptive methods (70.1%) than those who attended in the past (90.9%) and attending now (96.3%) (Table 4.1).

Table 4.1: Percentage of women who know any contraceptive method by selected variables, Dessie town 2001

Variables	Percent	Number of women
Total	**89.0**	**897**
Age		
15-19	87.8	273
20-24	92.3	179
25-29	89.5	171
30-34	88.9	80
35-39	87.4	90
40-44	90.2	55
45-49	86.0	49
Educational Status		
Currently attending	96.3	157
Attended in the past	90.9	643
Never attended	70.1	96
Marital Status		
Never Married	90.6	329
Living with a man	93.3	28
Currently Married	91.8	359
Widowed	83.1	59
Divorced	79.7	122
Ethnicity		
Amhara	88.7	854
Tigrie	97.2	35
Religion		
Orthodox	89.9	481
Muslim	87.7	401
Work outside home		
Yes	91.0	151
No	88.5	742
Number of CEB		
0	87.6	390
1	88.9	160
2	89.7	104
3	92.6	75
4+	90.3	168

CCRDA

Knowledge of contraception among divorced women appeared to be relatively lower (79.7%) as compared to other marital status category (83.1% for widowed women, 90.6% for never married women, 91.8% for currently married, and 93.3% for women who live with a man). Women who belong to Tigrie ethnic group and Orthodox religion seem to have relatively higher knowledge level as opposed to other ethnic and religious groups.

Number of children ever born to women also seem to have some effect on knowledge about contraception, with 87.6% for childless women and 92.6 and 90.3% for women with three children and four or more children respectively.

In general, some differences were observed in the level of awareness among women across various background variables.

4.2 Knowledge about Specific Contraceptives

In the following discussion, respondents are considered to know of a method if they spontaneously mentioned it or said they had heard of it after it was described to them. Results are presented in Table 4.2 for all women.

Therefore, data on general knowledge of family planning methods was obtained by asking women age 15-49 whether they have ever heard about specific contraceptive method. If the response to the question was yes then they were considered to have a spontaneous knowledge of at least a contraceptive method. Women who reported to have heard of contraceptive methods and who did not mention a specific method were further given the name and description of a method and were asked whether they have heard of that particular method. Thirteen modern and traditional methods were described. After probing, if a woman recognized a method, she was considered to have a prompted knowledge of family planning method. Those who could not recognize a method, even after probing, were considered to have had no knowledge at all of the specific contraceptive method.

CCRDA

Table 4.2: Percentage Distribution of Women who have heard of contraception by Specific Method, Dessie Town 2001.

Method	Knowledge	
	Spontaneous	Probed
Modern Method		
Pills	94.6	4.1
IUD	34.9	29.4
Injections	73.8	22.4
Diaphragm/Foam/Jelly	11.5	26.5
Condom	54.1	39.4
Female Sterilization	9.4	48.3
Male Sterilization	4.8	20.1
Norplant	34.0	41.8
Traditional Method		
Periodic Abstinence	16.9	52.5
Sexual Abstinence	8.8	61.2
Withdrawal	6.5	43.1
Douche	4.1	19.7
Traditional Medicine	1.8	10.9

CCRDA

Table 4.2 indicates that modern methods were more widely known than the traditional methods among women of the study area. Among the modern methods, the pill was the most widely known method, with 94.6% and 4.1% have unprompted and prompted knowledge respectively. This knowledge level is followed by injections. About 74% of women have unprompted and 22.4% prompted knowledge of this method. Nearly half of the interviewed women reported to have unprompted knowledge of Condoms, 34.9% know of IUCD and 34% Norplant. Vaginal and long acting contraceptive methods (Female and male sterilization) were the least recognized modern methods without probing. After probing, however, female sterilization was known by about half of the interviewed women.

Of the traditional methods, periodic abstinence was recognized by the majority of women, followed by sexual abstinence and withdrawal (Table 4.2). In sum, the interviewed women have good knowledge of specific contraceptive methods after probing. Thus, there is a tendency that

this group of women could be more knowledgeable about all the available method if they get a well-organized information and education. Therefore, intensive and organized IEC program need to be established in the project areas and all methods should be publicized equally including their advantages and disadvantages.

4.3 Ever Use of Contraception

Women who said that they had heard of a particular method of contraception were asked whether they or their partners had ever used particular method of contraception.

The percentage of those who had ever used contraception against all sample women (including those who have never heard of the method) irrespective of any differentials was taken as a measure of ever use of contraception to enable an assessment of overall contraceptive practice.

Table 4.3 presents the percentage of women aged 15-49 years who have ever used a specific family planning method by some socioeconomic and demographic characteristics.

A glance at Table 4.3 shows that 41.6% of women aged 15-49 had ever used contraceptive method, higher by about 10 percentage points as compared to Debre Markos. From these women, the majority (about 78%) are those who tried the pill at least once (See Table 4.4).

The ever use rate is found to be relatively lower in the younger age group (11.9%) and oldest (35.1%) age groups. Otherwise proportions of ever user is above the overall proportion (41.6%) in all the age groups. The highest rate of ever use was observed by women in the age group 25-29 (62.8%) followed by age groups 30-34 years (61.1%) and 35-39 (58.3%). Generally, the relationship between age and ever use among women appeared to be curvilinear.

The influence of education on practice of contraception was found to be as expected, with the highest rate of ever use (50.1%) among those who had attended any schooling in the past. Among those who never attended any school programs 31.4% reported to have ever used any

CCRDA

Table 4.3: Percentage of women who Ever used contraceptive methods by selected variables

Variables	Percent	Number of women
Total	**41.6**	**419**
Age		
15-19	11.9	37
20-24	50.5	98
25-29	62.8	120
30-34	61.1	55
35-39	58.3	60
40-44	47.5	29
45-49	35.1	20
Educational Status		
Currently attending	13.5	22
Attended in the past	50.1	354
Never attended	31.4	43
Marital Status		
Never Married	6.9	25
Living with a man	70.0	21
Currently Married	70.8	277
Widowed	39.4	28
Divorced	44.4	68
Ethnicity		
Amhara	40.9	394
Tigrie	61.1	22
Religion		
Orthodox	42.8	229
Muslim	40.3	184
Work outside home		
Yes	51.8	86
No	39.6	332
Number of CEB		
0	11.2	50
1	65.6	118
2	67.2	78
3	67.9	55
4+	63.4	118

CCRDA

contraception and those who are currently attending schools exhibited the lowest ever use rate (13.5%).

Marital status of women looks to have some effect on the use of contraception as expected. According to the data, currently married women and those who claimed to live with a man have the highest prevalence of ever use (70.8% vs. 70%); while among never married women only 6.9% reported ever use. Likewise, 39.4% of widowed and 44.4% of divorced women ever used any form of contraception in the past.

With regard to the effect of ethnic affiliation on ever use, findings of the survey revealed that those women who belonged to the Tigrie ethnic groups were the highest ever users (61.1%) and among the Amharas 40.9% have tried any method of contraception in their life.

Examination of ever use by religious affiliation shows that women from the two predominant religions (Orthodox Christian and Muslim) in the survey area have ever use rate of 42.8 and 40.3% respectively.

Study of the influence of work status on ever use indicates that with the rate of 51.8%, women working outside home reported the highest proportion. Table 4.3 further showed that ever use of contraception is lower (11.2%) among women who have had no living children at the time of the survey as opposed to those having at least one child.

Analysis of data on ever use of contraception by specific method of contraception ever tried reveals that the pill which is the most widely known method remains to be the most popular single method ever used by ever users. Considering all the methods tried by women, the finding reveals that a little over three-fourths of women reported to have ever used the pill. Those who ever used injectable accounted for 39.8% of the interviewed women who ever used at least a method. Among the traditional methods, periodic abstinence reported to have ever been used by most women (Table 4.4).

CCRDA

Table 4.4: Percentage Distribution of Women Who Ever used Contraception by Type of Method Used, Dessie Town 2001.

Method ever Used	Percentage of Ever Users
Pill	78.7 (330)
IUD	6.7 (28)
Injection	39.8 (167)
Diaphram./Foam/Jelly	0.5 (2)
Condom	12.6 (53)
F. Sterilization	1.0 (4)
M. Sterilization	0.5 (2)
Norplant	2.4 (10)
Periodic. Abstinence	14.1 (59)
Sexual Abstinence	5.5 (23)
Withdrawal	4.2 (18)
Other Traditional	3.6 (15)

NOTE: Figures in parenthesis indicate number of respondents

CCRDA

4.4 Current Use of Contraception

One of the purposes of the survey was to estimate the level of current use of contraception among women of the survey area in the reproductive ages (15-49 years). Current use of contraception is computed based on the entire sample of surveyed women to enable an assessment of overall contraceptive use at the time of the survey.

Current use of any method among women was estimated to be 21.6% (Table 4.5). There is substantial difference between ever use and current use of contraception. Proportion of ever use (41.6%) is nearly twice than current use. This difference holds among pills users, with 78.7% ever use and 42.2% current use. The proportion of women who currently using injectables (29.8%) also appeared to be lower than ever users (39.8%). The finding showed that ever users of the two popular methods were either discontinued using the method or switched to other methods.

As shown by the same table, pills turned out to be the most frequently used method among Dessie women, followed by the injection. About 42% of the interviewed women were current users of the pills and 29.8% were practicing injections at the time of the survey. The results of the survey, therefore, showed that there is limited access to contraceptive methods. Thus, initiating reproductive health program in the areas under consideration is appropriate.

Table 4.5: Percent Distribution of Women Who are currently Using a contraceptive method by specific method, Dessie, 2001.

Method	Percent	Number of Women
Total	**21.6**	**218**
Pills	42.2	95
Injection	29.8	67
IUCD	6.2	14
Condom	5.3	12
Female Sterilization	0.4	1
Norplant	3.1	7
Periodic Abstinence	5.8	13
Sexual Abstinence	4.0	9
Withdrawal	1.8	4

CCRDA

As indicated above, crude examination of the difference between proportion of ever users against current users indicate the prevalence of methods discontinuation in the survey area. A drop out rate of 20 percentage points was observed. An effort had been made to identify the reasons for the discontinuation of methods used. The main reason cited by a relatively large proportion (about 34%) of defaulters was marriage dissolution followed by health concern (25.8%) and wanted to become pregnant (20.5%). Less than three percent discontinued using contraception because of husbands disapproval (2.6%), inconvenience to use method (2.1%), problem of access (0.5%) and due to high cost (0.5%) (table not shown).

Comparative analysis of data of current users with respect to some major background variables reveals few but salient results. Table 4.6 presents the level of current use of contraception by selected socio-demographic variables.

The relationship between proportion of current use and age is somewhat curvilinear; it increases with age and then decreases as age advances. The proportion is comparatively high among young women aged 20-24 (69.7%) and drops to 21.4% among women aged 40-44 year olds. With regard to education status of women, contraceptive prevalence rate is high among those who attended any schooling in the past (55.2%) and among those who never attended any (55%).

There is no substantial difference among women by ethnic group. A little over half of women who belong to Amhara (55%) and Tigrie (52.4%) ethnic group were using any form of contraception at the time of survey. Likewise, Muslims are more likely to use contraceptives at the time of the survey than their Orthodox Christians counterparts (57.6% versus 52.3%).

As indicated in Table 4.6, the percent of women using contraception varied by marital status. Contraceptive prevalence was the highest (75%) among women who live with a man/partner followed by among currently married women (64.8%). Moreover the data revealed that 45.8% of never married women, 28.1% divorcees and 12% of widowed women were current users of contraceptives. It was also found out that work status of women did not show the expected pattern. Women working out side home reported to have less contraceptive prevalence rate (51.3%) than those who stayed at home (55.7%).

The current use of contraception shows a curvilinear relationship with number of children ever born. As the number of children ever born increases from zero, the level of current use also increases and then declines. The percentage of women using contraception increases from 46.8% among those who have had no children to 67.6% among those who have had two children and thereafter it decreases to 46.5% among women who have had more than four children.

CCRDA

Table 4.6: Percentage of women currently using contraceptive methods by selected variables, Dessie town 2001

Variables	Percent	Number of women
Total	**21.6**	**218**
Age		
15-19	48.6	17
20-24	69.7	62
25-29	65.8	75
30-34	55.8	29
35-39	37.3	22
40-44	21.4	6
45-49	35.0	7
Educational Status		
Currently attending	50.0	11
Attended in the past	55.2	185
Never attended	55.0	22
Marital Status		
Never Married	45.8	11
Living with a man	75.0	15
Currently Married	64.8	171
Widowed	12.0	3
Divorced	28.1	18
Ethnicity		
Amhara	55.0	205
Tigrie	52.4	11
Religion		
Orthodox	52.3	112
Muslim	57.6	102
Work outside home		
Yes	51.3	41
No	55.7	176
Number of CEB		
0		
1	46.8	22
2	61.1	69
3	67.6	48
4+	50.0	26
	46.5	53

CCRDA

4.5 Source of Supply of Current Methods

Attempts were made to identify the source that current users obtained their most recent methods. Accordingly, government health institutions (Hospital, Health station and clinics) were identified as the sources of contraceptive supply by majority of the women in the surveyed areas (about 38% of women mentioned this). The non-governmental organization's (NGOs) health facilities also mentioned by about a third of interviewed women. Among others private clinics, Pharmacies and community based workers were the sources of supply for 7.1%, 4% and 1.3% of women respectively (Table 4.7).

Table 4.7: Percentage Distribution of Women who are Currently Using Contraception by Source of Supply, Dessie town 2001.

Source of Supply	Percentage
Government Health Institutions	37.8 (85)
Private Clinics	7.1 (16)
NGOs Health Facilities	30.2 (68)
Pharmacy	4.0 (9)
Community Based Workers	1.3 (3)
Other	19.6 (44)

CCRDA

CHAPTER V. FERTILITY DESIRE AND INTENTION TO USE CONTRACEPTION

5.1 Desire for more children

Out of those currently married women or living with a man and fecund women, 43.9% do not want to have any more babies and thus have a potential demand for methods to limit childbearing. About half (50.5%) want additional children some time in the future and the remaining 5.6% could not decide (Table 5.1). From this result it can be concluded that there exists a need to control and space childbearing and thereby suggesting a potential need for FP services in the project area.

The same table indicates that the proportion of currently married women who reported they do not want any more children increases with the number of children ever born to women. Among currently married and fecund women with no children ever born, 9.8% do not want any children at all and increases to 76.8% among those with four or more children.

CCRDA

Table 5.1 Percentage Distribution of Currently Married Women by Desire for More Children and Children Ever Born, Dessie Town 2001.

Number of CEB	Desire for More Children			Total	Number of Women
	Have another	No More	Not Decided		
0	90.2	9.8	-	100	41
1	64.1	29.9	6.0	100	117
2	52.1	39.7	8.2	100	73
3	42.0	48.0	10.0	100	50
4+	20.0	76.8	3.2	100	95
Total	**50.5**	**43.9**	**5.6**	100	376

Among those who showed a desire for additional children, 19.8% couldn't give a specific number of children they want to have and said that it is up to God and nearly a third (31.9%) of women want to have two children. About one fourth want to have only one child (table not shown).

Fertility preference of the study women was further analyzed by computing mean number of additional children desired. Table 5.2 presents mean number of additional children desire by children ever born to women. As shown in the table, women of the study area want to have an average of 2.18 additional children. As expected, the data showed that there is an inverse relationship between desired number of additional children and children ever born with an exception. Mean number of additional children decreases slightly as the number of children ever born increases, with 2.64 children among women with no children ever born and 1.47 for those with three children. This mean value appeared to be exceptionally high (2.27 children) among women with four or more children (Table 5.2).

Table 5.2: Mean number of Additional Children Desired by CEB, Dessie Town 2001

CEB	Mean	Number of women
0	2.64	25
1	2.31	65
2	1.85	28
3	1.47	17
4+	2.27	11
Total	**2.18**	**146**

CCRDA

5.2 Unmet Need for Family Planning

Women with an unmet need for family planning constitute a significant proportion in developing countries. Data from 27 Demographic and Health Surveys (DHS) that are conducted between 1990 and 1994 showed an unmet need of ranging from 11 percent in Turkey to 37 percent in Rwanda (Casterline, et al, 1997). The unmet need is most prevalent in Sub-Saharan Africa in the same period. Meeting the unmet need for family planning in Sub-Saharan African in particular could reduce fertility by an average of about one birth per woman (Population report, No.13, 1997).

Likewise, majority of currently married Ethiopian women wants to control their future fertility. According to the 2000 Ethiopia Demographic and Health Survey report, nearly one-third of women do not want to have any more children (CSA, 2001).

In this study, an attempt was made to estimate the unmet need for family planning to limit childbearing among currently married and fecund women. Thus, women who wanted no additional children, but not using contraception were considered to be in need of family planning services.

Table 5.3 presents the distribution of women by their need for contraceptive services and current age. There is a total unmet need of 24.2% for limiting among women who reside in Dessie town at the time of this survey. With the met need of 21.6%, the total demand for contraception appeared to be 45.8%.

Data on unmet need for contraception presented in table 5.3 show that unmet need for limiting found to be 25% among women of younger ages (15-19 years) and nil for older (45-49) ages. In the remaining age groups it increases with age. The highest proportion (46.7%) of unmet need is observed among women aged 40-44 followed by those aged 35-39 (36.1%).

CCRDA

Table 5.3: Unmet need and total demand for contraception, and contraceptive Prevalence by Current age of women, Dessie town 2001.

Current Age of Women	Percent for Unmet need for limiting	Contraceptive Prevalence	Total Demand for Contraception
15-19	25.0	5.5	30.5
20-24	10.7	31.9	42.6
25-29	20.0	39.3	59.3
30-34	26.3	32.2	58.5
35-39	36.1	21.3	57.4
40-44	46.7	9.8	56.5
45-49	0.0	12.3	12.3
Total	**24.2**	**21.6**	**45.8**

CCRDA

The total demand for contraception, which is the sum of unmet and met needs for contraception, estimated to be 59.3% for women aged 25-29, of which 39.3% was met. For old age group the proportion appeared to be 12.3%. Generally, women in potential fertile age groups exhibit the highest demand for contraception.

5.3 Intention to Use Contraception in the Future

It has now become apparent that if programs are to increase prevalence further, attention must be focused explicitly on non-users who are in need of contraceptive services.

All the interviewed women (610) responded to the question presented as have you or your spouse though of using any family planning method in the future? The result computed from this question reveals that nearly two-thirds (63%) of the women have an intention of using

contraception any time in the future, while the remaining 37% reported that they had already decided not to use any method (Table 5.4).

Table 5.4: Percentage Distribution of Currently Married Non-Users of Family Planning by Intention to Use in the Future and Preferred Method, Dessie Town 2001

Intention to Use/ Preferred Method	Percent	Number of currently married and non-users
Intention to use	63.0	384
No intention to use	37.0	226
Preferred Method		
Pill	17.6	67
IUCD	1.8	7
Injection	40.4	154
Condom	2.6	10
Female Sterilization	0.3	1
Norplant	8.9	34
Traditional Methods	6.0	23
Not decided	21.3	81

CCRDA

With regard to specific method, although about one in five women reported that they have not yet decided, future demand for injectables appeared to be high. Nearly two in five (40.4%) women identified this as the most preferred method for future use followed by the pill which accounts for 17.6% (Table 5.4). Very few respondents mentioned other methods, such like, Norplant (8.9%), condom (2.6%), and IUCD (1.8%) as preferred methods for future use. Like many other societies in the country (CSA, 2001), injection becomes popular method of contraception.

Eventhough a high proportion of women are aware of condom, most widely known barrier method, only 2.6% of women have expressed their intention of using it. In this era where the deadly HIV/AIDS and other STDs are highly prevalent, the use of condom for reason of protection as well prevention of pregnancy is a necessity. Promotion of condom to particular groups such as women with different partners and sexually active adolescents who have a very low level of contraception use in general have to be the focus of attention in this regard. Therefore, project should address this gap by promoting all contraceptive methods in general and condom in particular with equal vigor. Service providers should have to play a role towards this.

The two traditional methods of contraception intended to be used by few (6.0%) women are periodic abstinence (5.2%) and withdrawal (0.8%). These and other traditional methods should also be encouraged especially for those not likely to accept modern family planning methods. For instance, abstinence until marriage should be promoted especially for those age groups not yet involved in sexual activity. As to women's knowledge on source of supply, the overwhelming majority (93.5%) of those who intend to use contraception in the future noted that they know where to get the method they prefer.

5.4 Reasons for Non-Use of Contraception

All women who are not intending to use contraceptive methods in the future were asked to state their primary reason.

The main reasons cited for no intention was menopausal or infecundity (28.3%) followed by fatalistic (23.9%). Fear of side effect, religious prohibition and lack of knowledge were cited by 5.7 and 5.2% of women respectively. Very few women mentioned personal opposition, inconvenience for use and cost of services (See Table 5.5) as a deterrent to contraception. It worth mentioning that 16.5% of women are unsure about the method they wish to use in the future.

CCRDA

Table 5.5: Percentage Distribution of Women Respondents not intending to use Contraception in the Future by Reason for Not Intending to Use, Dessie Town 2001

Reason for not using	Percent	Number of women
Fatalistic	23.9	55
Menopausal/sub fecund	28.3	65
Religious Prohibition	5.7	13
Side Effect	5.7	13
Lack of knowledge	5.2	12
Opposed to FP	1.3	3
High cost	0.4	1
Inconvenience to use	0.9	2
Other	12.2	28
Unsure	16.5	38

CCRDA

CHAPTER VI: - INFANT & CHILD MORTALITY

Ethiopia does not have a vital statistics system to generate data that can be used for the estimation of mortality levels. So far, death information was collected in censuses and surveys through direct and indirect approaches to estimate mortality rate. According to the recent demographic and health survey result, the national infant and child mortality rates were estimated 97 and 166.2 per 1000 live births respectively.

This section deals with the level of infant and child mortality and life expectancy at birth of the catchement area. All women aged 15 to 49 were asked the total number of children ever born and the total number of children died. Infant mortality refers the probability of dying between birth and first birthday per 1000 live births while under five mortality refers the probability of dying between birth and the fifth birthday per 1000 live births.

The estimation of infant and child mortality rates were computed using an indirect techniques developed by Brass and later modified by Sullivan and Trussell. This technique converts the proportion dead among children ever born into probabilities of dying. Estimates of infant and child mortality rates and life expectancy at birth are obtained according to the Trussell equation of the West Model mortality pattern of the Coale and Demeny Life Tables. Infant Mortality and life expectancy are computed using the MORTPAK-LITE computer program while Child mortality rate is computed using QFIVE Computer Program developed by the United Nations.

CCRDA

Accordingly, the estimated level of infant mortality rate of the catchment area population was found to be 90.3 per 1000 live births. The estimate of under five-mortality rate is 127.3 per 1000 life births. As a result of these mortality estimates, the expectation of life at birth is about 56 years.

CHAPTER VII MATERNAL HEALTH CARE

Information on maternal health has a great role for implementing population and reproductive health programs. This chapter is therefore presents about the status of women with respect to current pregnancy, and antenatal and delivery cares. In addition, terminated pregnancies-still births miscarriages and abortions as well as related practices have been discussed.

7.1 Antenatal care

Antenatal care is important for both the mother and child health. The number and timing of antenatal care visits are considered to be important to prevent adverse pregnancy outcome. A pregnant woman can receive antenatal care (ANC) by visiting health professionals in a medical institution or by visited at home by health workers/Traditional Birth Attendants (TBAs) or both. In this survey each woman who had a live birth during the year preceding the survey was asked whether she had received antenatal services and, if so, the number of services she had received. Overall 71% of women who had live births during the year preceding the survey received antenatal care during pregnancy. Among those women who received antenatal care, the overwhelming majority (91%) received the ANC services from Health professional and the rest nine percent of women received ANC from Trained Traditional Birth Attendants (TTBAs).

CCRDA

7.2 Timing and number of ANC visits

Antenatal care is more beneficial in preventing adverse pregnancy when it is sought early in the pregnancy. Health professionals recommended that the first antenatal visit should occur within the first three months of pregnancy and continued on a monthly basis through the 28th week of pregnancy and fortnightly up to the 36th week (or until birth).

The survey has collected information on the total number of ANC visits as well as the time of the first ANC visit among those women who have given births a year preceding the survey and had received ANC. Table 7.1 showed that about six out of ten women were made less than five ANC visits during their entire pregnancy. About 15% of women were made five visits and 11% made

six visits and 17% of women made seven and more ANC visits. The median number of antenatal care visits was found to be 5 and this is 2.5 times less than the recommended number of 12 or 13 visits.

Regarding the timing of the first antenatal care visit, about 27% of women were carried out their first antenatal care visit before the four-month of pregnancy. More than half of women (53%) were made their first antenatal care visit after the five-month of pregnancy. The median duration of pregnancy for the first antenatal care visit is 4 months and this indicates that the women of the study area start antenatal care during the fourth month of pregnancy.

CCRDA

Table 7.1: Percentage of women aged 15-49 by births in the last 12 months by ANC practices, Dessie town 2001.

Categories	N	%
Antenatal Check-up		
Had check-up	66	71.0
Had no check-up	27	29.0
Person who provided ANC		
Health Professional	60	90.9
TTBA	6	9.1
Month of pregnancy at first ANC visit		
1	1	1.5
2	5	7.6
3	12	18.2
4	13	19.7
5	11	16.7
6	13	19.7
7	6	9.1
8	4	6.1
9	1	1.5
Media	5 months	
Number of ANC visits		
1	4	6.1
2	8	12.1
3	18	27.3
4	10	15.2
5	8	12.1
6	7	10.6
7+	11	16.6
Median	4 visits	

CCRDA

7.3 Place of Delivery and Assistance during Delivery

The majority of maternal deaths and much of the chronic morbidity resulting from childbirth are due to complications at the time of delivery. It is essential that delivery be administered under proper conditions with the assistance of trained medical practitioners.

Among the total live births during the year preceding the survey, half of them were took place at home and the rest had delivered in a health service center. The proportion of births by source of

assistance during delivery is also presented on the same table. Untrained Traditional Birth Attendants (UTTBAs) attended about 24% of births, and Trained Traditional Birth Attendants (TTBAs) attended 22%. About 47% of all live births attended by medical professionals such as health assistants, nurses and doctors (12%, 25% and 9.8% respectively).

Table 7.2: Percentage of women aged 15-49 by births in the last 12 months by delivery practices, Dessie town 2001

Categories		
	N	%
Place of Delivery		
At home	45	49.5
Health service center	46	50.6
Delivery Assistant		
Without assistant	3	3.3
Untrained traditional birth	22	23.9
Trained traditional birth	20	21.7
Health Assistant	11	12.0
Nurse	23	25.0
Doctor	9	9.8
Other	4	4.3

CCRDA

7.4 Terminated Pregnancies and Related Cares

As presented in Table 7.3, among all women in the reproductive age, 2.4% and 6.8% had a still birth and miscarriage respectively. The majority (87%) reported they had only one pregnancy ended in stillbirth and the rest 8.7% and 4.3% were reported two and three pregnancies ended in stillbirth respectively. Regarding to the number of miscarriage, about 75% reported one pregnancy ended in miscarriage and 17.6% had two pregnancies ended in miscarriage and about four percent of women had three pregnancies ended in miscarriages.

Information on abortion indicated that although 15% of women claimed that they know someone, who had done abortion, only 6.5% of women admitted they had done it at least once in the reproductive life. Of these, three fourth were carried out abortion and the rest 25 had two abortions. Of all women aged 15-49 who had an abortion or a miscarriage, only 62% had got a

medical treatment for the last occurrence. The majority of women sought treatment from government heath institutions (84%). Non-governmental Organizations (NGOs) and private health institutions contributed 8.2% each.

Table 7.3: Percentage of women aged 15-49 by type of terminated pregnancies and related cares, Dessie town 2001.

Categories	N	%
Still Births		
Had still birth	24	2.4
Had no still birth	982	97.4
Not Stated	2	0.2
Miscarriage		
Had miscarriage	68	6.8
Had no miscarriage	940	93.3
Abortion		
Had abortion	8	6.5
Had no abortion	115	93.5
Medical Treatment for Last		
Had treatment	47	61.8
Had no treatment	29	38.2
Service Giving Center For Last		
Government	41	83.7
NGO	4	8.2
Private	4	8.2

CCRDA

The number of women who reported about immunization was found to be low (only 50 cases) and this data are not adequate enough to make analysis.

CHAPTER VIII KNOWLEDGE OF HIV/AIDS

The survey included a set of questions on HIV/AIDS in order to assess the knowledge and attitude of respondents regarding transmission and prevention. To assess the level of awareness about HIV/AIDS, respondents were first asked if they had ever heard of HIV/AIDS. Persons who had heard of HIV/AIDS were also asked whether they have ever seen person/s with HIV/AIDS and person/s who died with AIDS. Persons who have had knowledge of HIV/AIDS were further asked to name the means of transmission of HIV/AIDS virus and possible prevention mechanisms of HIV/ AIDS.

The survey result showed that almost all women (99.5%) ever- heard of the disease HIV/AIDS. About 30% of respondents say that they know someone who has HIV/AIDS and 32.9% know someone who has died from AIDS.

Table 8.1. Percentage of women who have ever-heard of HIV/AIDS, who has know someone who has HIV/AIDS or who has died from AIDS, Dessie town 2001

Categories	No	%
Have Ever-heard of HIV/AIDS	1003	99.5
Know someone who has HIV/AIDS	301	30.4
Know Someone who has died from AIDS	338	32.7

CCRDA

8.1. Awareness of means of transmission of HIV/AIDS

There are several modes of transmission of HIV/AIDS virus. The most common ones are sexual intercourse, mother to child through placenta, blood transfusion, using contaminated blades and needles. Respondents who had heard of AIDS were asked on how HIV/AIDS virus could be transmitted. The percentage distribution of respondents with knowledge of specific modes of HIV/AIDS transmission is given in Table 8.2.

Table 8.2. Percent distribution women who had specific knowledge of AIDS by specific means of HIV/AIDS transmission, Dessie town 2001

Mode of transmission	No.	%
Sexual Intercourse	954	95.1
Mothers to child	62	6.2
Using contaminated razors & syringes	729	72.7
Blood transfusion	434	43.3
Circumcision taboos	57	5.7
Other	36	3.6
Do not know	30	3.0

The majority of women who had knowledge of HIV/AIDS (95.1%) know that the virus can be transmitted through sexual intercourse. The second most frequently cited modes of transmission was using contaminated razors and syringes (72.7%), followed by blood transfusion (43.3%). Only 6.2% of the respondents mentioned mother to child transmission and about four percent of women cited circumcision taboos as a mode of transmission of the virus (see Table 8.2).

8.3. Knowledge of prevention of HIV/AID

Women who have knowledge of HIV/AIDS were also asked what a person could do to reduce the risk of getting HIV/AIDS infection. The percentages spontaneously mentioning means of preventing HIV transmission are shown in Table 8.3.

The survey result revealed that only 1.6% of women able to mention any means to avoid HIV/AIDS transmission. Relatively large proportion of respondents (62.6%) mentioned limiting the number of sex partners as a means of avoiding HIV/AIDS. About 42% of the respondents cited use of sterilized instruments to prevent HIV/AIDS infection. About 36% of the respondents mentioned that using condoms during sexual intercourse could prevent HIV/AIDS infection. Abstaining from sex and avoiding sex before marriage were mentioned as a means of HIV/AIDS infection prevention by 34.8% and 12.1% of women respectively (see Table 8.3).

CCRDA

Table 8.3:- Percent of respondents by means of preventing AIDS infection, Dessie town 2001

Means of preventing AIDS infection	No.	%
Abstaining from sex	349	34.8
Avoid sex before marriage	121	12.1
Limiting sex partner to one person	630	62.8
Using Condom	365	36.4
Avoid using un-sterilized sharp instruments	423	42.2
Others	38	3.8
Do not know	17	1.7

CCRDA

Annex I.

MARIE STOPES INTERNATIONAL-ETHIOPIA

PACKARD FUNDED RH/FP PROJECTS, BASELINE SURVEY
JUNE 2001

SECTION 1- AREA IDENTIFICATION

1.REGION _____ ⌊_⌊_⌋ 2. TOWN _____ ⌊_⌊_⌋

3.KEBELE ⌊_⌊_⌋

4. NAME OF HEAD OF THE SELECTED HOUSEHOLD _____

5. NAME OF WOMAN _____

6. NAME OF INTERVIEWER: _____ SIGNATURE _____ DATE _____

7. NAME OF SUPERVISOR _____ SIGNATURE _____ DATE _____

8. INTERVIEW CALLS	1	2	3	FINAL VISIT
9. DATE				⌊_⌊_⌋ ⌊_⌊_⌋ MONTH YEAR
10. INTERVIEWER'S NAME				
11. SIGNATURE				
12. RESULT *				
13. NEXT VISIT DATE TIME				

CCRDA

_____

* RESULT CODES
1. COMPLETED
2. NO COMPETENT RESPONDENT AT HOME
3. POSTPONED/ DEFERRED
4. PARTLY COMPLETED
5. REFUSED
6. DWELLING VACANT
7. DWELLING DESTROYED/ NOT FOUND
8. OTHERS _____
(SPECIFY)

SECTION 2 RESPONDENTS BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
201.	How old w[ ][ ]at your last birthday?	Age in completed years ----------	
202.	Are you currently attending or have you ever attended any school programmes either formal, adult literacy programme, religious or other non formal education?	Currently attending------- 1 Attended in the past------ 2 Never attended ---------- 3	204
203.	What (is/[ ][ ] highest grade/ level of school you completed?	Grade completed University/ Other higher education ----------13 Literacy programme------14 Other non formal---------15	
204.	What ethnic group do you belong to?	Amhara---------- 1 Oromo- ---------- 2 Tigre---------- 3 Gurage ---------- 4 Other/specify---------- 5	
205.	What is your religion?	Orthodox---------- 1 Protestant---------- 2 Catholic---------- 3 Muslim/ Islam----------4 Animist/ Traditional religion ----------5 Other religion----------6	
206	What is your marital status?	Never Married .....1 Living with a man/ partner----------2 Currently Married----------3 Widowed----------4 Divorced/Separated--------5	——208
207	How old were you when you get married for the first time? [ ][ ]	Year /DK=98/ ———	
208	Are you presently working outside home?	Yes .....1 No 2	

CCRDA

SECTION 3 LIVE BIRTH HISTORY

NO.	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
301.	Now I would like to get a complete record of all the births that you have had during your life. Have you ever given birth to a baby born alive?	Yes---------- 1 No---------- 2	307
302	How old w[illegible] the first time you gave birth/had a child? ☐☐	Age …….. Can't remember ……98	
303.	Do you have any sons or daughters you have given birth to who are now living with you?	Yes---------- 1 No---------- 2	305
304.	How many sons live with you? How many daughters live with you? INTERVIEWER: If no in question 302 enter "00"	Sons at home ☐☐ Daughters at home ☐☐	
305.	Do you have any sons or daughters you have given birth to who are alive but who do not live with you?	Yes---------- 1 No---------- 2	307
306.	How many sons are alive but do not live with you? How many daughters are alive but do not live with you?	Sons elsewhere ☐☐ Daughters elsewhere ☐☐	
307.	Have you given birth to a boy or a girl who was born alive but latter died? **INTERVIEWER**: IF NO PROBE: Any (other) boy or girl who cried or showed any sign of life but only survived a few hours, or day.	Yes----------1 No----------2	309
308.	How many sons have died? How m[illegible]rs have died? ☐☐ **INTER[illegible]**: IF NONE ENTER "00"	Sons dead Daughters dead	
309.	INTERVIEWER: Sum answers to Q303, Q305, Q307 and enter total	Total---------- ☐☐	
310.	**INTERVIEWER**: CHECK Q 308 Just to make sure that I have this right, you have had in total _____ live births during your life. Is this correct? YES ☐ NO ☐ (Probe and correct Q 301-309 as necessary)		

CCRDA

NO.	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
311.	Did you have a live birth during the last 12 months?	Yes----------1 No----------2	320
312	If you [ ] live birth during the last 12 months. How [ ]? How many are daughters?	Sons---------- Daughters------	
313	Did you see anyone for antenatal care for this pregnancy?	Yes ..... 1 No 2	317
314	Whom did you see?	Health Professional ……..1 Trained Traditional birth attendant ……2 Untrained Traditional birth attendant……3 Other (Specify)_____ 4	
315	How m[ ][ ]ths pregnant were you when your first received antenatal care for this pregnancy?	Months …… Don't know …….. 98	
316	How m[ ][ ] did you receive antenatal care during this pregnancy?	No. of times Don't know …….. 98	
317	Where was the child delivered?	Home---------- 1 Health Institution---------- 2 Other/Specify _____ 3	
318	Who assisted you during the delivery of the child?	No one ---------- 1 UTBA ---------- 2 TTBA ---------- 3 Health Assistant --------- 4 Nurse/Midwife ---------- 5 Physician ---------- 6 Other ---------- 7 (specify _____)	
319	Is the child living or dead?	Living …….. 1 Dead ……..2	
320	Did you ever have any pregnancy that ended in still birth?	Yes----------1 No----------2	322
321	How many pregnancies ended in still birth?	Sill births---------- [ ]	
322	Did you ever have any pregnancies that ended in miscarriages?	Yes----------1 No----------2	324
323	How many pregnancies ended in miscarriage?	Miscarriages---------- [ ]	
324	When a woman becomes pregnant, she can do various things to stop the pregnancy and avoid having a baby. This deliberate termination of pregnancy before full term is called abortion, have you ever heard of this?	Yes----------1 No----------2	328
325.	Do you know someone who has done this?	Yes----------1 No----------2	328

CCRDA

NO.	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
326.	Have you ever done this?	Yes----------1 No----------2	328
327.	How many abortions did you have?	No. of abortions--------⌊__⌋	
328.	**INTERVIEWER**: check Q 318 and Q 322	Had a miscarriage or an abortion----------1 No miscarriage and/or abortion----------2	331
329	Did you seek treatment for your last miscarriage or abortion?	Yes----------1 No----------2	331
330	From whom did you seek the treatment?	Gov't Health Institution --1 NGOs Health Institution --2 Private Health Institution -3 Other/Specify _____ 4	
331	Do you have children aged 12-24 months?	Yes .....1 No 2	336
332	If yes, does he/she have immunization card?	Yes ..... 1 (see the card) Yes, not available now ...2 No 3	336 335
333	**INTERVIEWER**: Please see the EPI card and circle "1" if the vaccination was give and Circle "2" if the vaccination was not given BCG DPT1 DPT2 DPT3 Measles Fully immunized **(If the child is fully immunized go to question 336)**	 Yes.....1 No .....2 Yes.....1 No .....2 Yes.....1 No .....2 Yes.....1 No .....2 Yes.....1 No .....2 Yes.....1 No 2	
334	Why is you child not fully vaccinated?	Not informed by the health personnel .....1 Fear of side effect .....2 Other disapprove .....3 Poor access to health facilities .....4 Other/Specify _____ 5	
335	Why is your child not vaccinated at all?	Lack of knowledge .....1 Opposed to vaccination...2 Fear of side effects .....3 Poor access of health facilities..... 4 Other/Specify _____ 5	
336	Are you pregnant now?	Yes ..... 1 No .....2 Unsure 3	401 401
337	For how many months have you been pregnant?	Months----------⌊__⌋	

CCRDA

SECTION 4: FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
401.	Now I would like to ask you some questions about family planning? Have you ever heard of family planning?	Yes----------1 No----------2	

402. There are various ways or methods that a couple can use to delay or avoid pregnancy. Which of this methods have you heard about? **INTERVIEWER:** circle code 1 in Q 403 for each method mentioned spontaneously. The proceed down the column reading the name and description of each method not mentioned spontaneously. Circle code 2 in Q403 if method is recognized, and code 3 if not recognized. Then for each method with code 1 or 2 circled in Q403, ask Q 404.

NO.	METHOD	403 Have you ever heard of (method)? Read description	404 Have you ever used (method)?
01.	**PILL**: women can take a pill every day.	Yes/spontaneous/-----1 Yes/probed/----------2 No----------3	Yes----------1 No----------2
02.	**IUD**: women can have a loop or coil placed inside them by a doctor or nurse.	Yes/spontaneous/-----1 Yes/probed/----------2 No----------3	Yes----------1 No----------2
03.	**INJECTIONS**: women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	Yes/spontaneous/-----1 Yes/probed/----------2 No----------3	Yes----------1 No----------2
04.	**DIAPHRAGM/FOAM/JELLY**: women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	Yes/spontaneous/-----1 Yes/probed/----------2 No----------3	Yes----------1 No----------2
05.	**CONDOM**: men can use a rubber sheath during sexual intercourse.	Yes/spontaneous/-----1 Yes/probed/----------2 No----------3	Yes----------1 No----------2
06.	**FEMALE STERILIZATION**: women can have an operation to avoid having any more children.	Yes/spontaneous/-----1 Yes/probed/----------2 No----------3	Yes----------1 No----------2
07.	**MALE STERILIZATION**: men can have an operation to avoid having any more children.	Yes/spontaneous/-----1 Yes/probed/----------2 No----------3	Yes----------1 No----------2
08.	**NORPLANT**: women can have a birth control method on their left arm	Yes/spontaneous/-----1 Yes/probed/----------2 No----------3	Yes----------1 No----------2
09.	**PERIODIC ABSTINENCE**: couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	Yes/spontaneous/-----1 Yes/probed/----------2 No----------3	Yes----------1 No----------2
10.	**SEXUAL ABSTINENCE**: couples can avoid having sexual intercourse continuously for a long time to prevent the woman from becoming pregnant.	Yes/spontaneous/-----1 Yes/probed/----------2 No----------3	Yes----------1 No----------2
11.	**WITHDRAWAL**: men can be careful and pull out before climax.	Yes/spontaneous/-----1 Yes/probed/----------2 No----------3	Yes----------1 No----------2
12.	**DOUCHE**: women can clean(wash)their sexual organ immediately after intercourse to prevent pregnancy.	Yes/spontaneous/-----1 Yes/probed/----------2 No----------3	Yes----------1 No----------2
13.	**TRADITIONAL METHODS OR MEDICINE**: couples can use traditional herbs or medicine to	Yes/spontaneous/-----1 Yes/probed/----------2	Yes----------1 No----------2

CCRDA

	prevent the woman from becoming pregnant. (METHOD USED FOR FP ONLY) (Specify)_____	No----------3	
14	**Others/Specify** _____	Yes/spontaneous/-----1 No ----------2	Yes----------1 No----------2

NO.	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
405.	**INTERVIEWER**: Check Q404	Ever used a method--------1 Never used a method-----2	416
406.	**INTERVIEWER**: Check Q336	Currently pregnant..... 1 Not currently pregnant/ Unsure.. 2	414
407.	Are you currently using any method of family planning?	Yes----------1 No----------2	414
408.	Which method are you using	PILL----------01 IUD----------02 INJECTION----------03 DIAPHRAGM, FOAM, JELLY----------04 CONDOM----------05 FEMALE STERILIZATION---06 MALE STERILIZATION------07 NORPLANT----------08 PERIODIC ABSTINENCE-----09 SEXUAL ABSTINENCE-------10 WITHDRAWAL----------11 DOUCHE----------12 TRADITIONAL METHODS--13 OTHERS----------14	
409	Who chose this method for you?	Self .....1 Husband/Partner .....2 Both ..... 3 Friends/Relatives ..... 4 Clinic staff ..... 5 Other/Specify_____.....6	
410..	For how long have you been using (NAME) continuously?	No. of months ☐☐	
411.	Where do you frequently obtain the method you are currently using?	Government Health Institutions..1 Private Clinics .....2 NGOs Clinic ..... 3 Pharmacy ..... 4 Community Based Workers ..... 5 Other/Specify _____....6	
412.	Does you husband/partner know that you are currently using FP method?	Yes .....1 No 2	501
413	Doe he approve?	Yes .....1 No ..... 2 Don't know 3	**ALL GO TO 501**

CCRDA

NO.	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
414.	What was the last method you used?	PILL----------01 IUD----------02 INJECTION----------03 DIAPHRAGM, FOAM, JELLY----------04 CONDOM----------05 FEMALE STERILIZATION---06 MALE STERILIZATION------07 NORPLANT----------08 PERIODIC ABSTINENCE-----09 SEXUAL ABSTINENCE-------10 WITHDRAWAL----------11 DOUCHE----------12 TRADITIONAL METHODS--13 OTHERS----------14	
415.	What was the main reason for you to stop using (NAME)?	Wanted to become pregnant------1 Health concern----------2 Problems of access/availability--3 Inconvenient to use----------4 Cost----------5 Partnership or marriage dissolved----------6 Husband's disapproval----------7 Others----------8	**ALL GO TO 501**
416.	Have you or your spouse thought of using any family planning method in the future	Yes----------1 No----------2	419
417.	Which method of family planning do you prefer to use?	PILL----------01 IUD----------02 INJECTION----------03 DIAPHRAGM, FOAM, JELLY----------04 CONDOM----------05 FEMALE STERILIZATION---06 MALE STERILIZATION------07 NORPLANT----------08 PERIODIC ABSTINENCE-----09 SEXUAL ABSTINENCE-------10 WITHDRAWAL----------11 DOUCHE----------12 TRADITIONAL METHODS--13 OTHERS----------14 NOT DECIDED ---------- 15	
418.	Do you know where you or your spouse can get the method?	Yes----------1 No----------2	**ALL GO TO 501**

CCRDA

NO.	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
419.	What is the main reason that you do not want to use a method of family planning?	Religious prohibitions----------1 Opposed to FP----------2 Husband disapproves----------3 Other relatives disapproves-------4 Side effects----------5 Lack of knowledge----------06 Difficult to obtain----------07 Cost too much----------08 Inconvenient to use----------09 Fatalistic----------10 Menopausal/Subfecund----------11 Others _____ --------12 (specify) Unsure/ DK----------13	

SECTION 5 - FERTILITY PREFERENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
501.	**INTERVIEWER**: Check Q 206	Currently married or living with a man----------1 Never married/ widowed/ divorced----------2	601
502.	**INTERVIEWER**: Check Q 404 line 06&07	None of the spouse sterilized-----1 One of the spouse sterilized------2	601
~~503.~~	As far as you know is it physically possible for you and your husband to bear a child in the future?	Yes----------1 No----------2	601
504.	**INTERVIEWER**: ~~Check Q~~ 336 and mark box Not pregnant or unsure ☐ Would you like to have a (another) child or would you prefer not to have any (more) children? ☐ Pregnant After the child you are expecting, would you like to have another child or would you prefer not to have any (more) children?	 Have another----------1 No more----------2 decided or DK----------3	 601 601
505.	**INTERVIEWER**: Check Q 309 and mark box Had a live birth ☐ How many more children do you want to have? Had no live birth ☐ how many children do you want to have?	 (Additional) children---------- ☐☐ Up to God---------- 98	

CCRDA

SECTION 6. KNOWLEDGE OF HIV/AIDS AND AIDS PREVENTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
601	Have you ever heard of a ~~disease~~ called AIDS?	Yes .....1 No 2	 END
602	Do you know anyone who has HIV/AIDS?	Yes .....1 No 2	
603	Do you know anyone who is died from AIDS?	Yes .....1 No 2	
604	How is AIDS transmitted? [**INTERVIEWER**: Don't read list but prompt by asking "Any other way" and circle all that apply]	Sexual intercourse.....1 Mother to child ..... 2 Shaving/Razors .....3 Injection .....4 Transfusion of Infected blood...5 Circumcision, taboos ..... 6 Other/Specify _____... 7 Don't know 8	
605	How can people protect themselves from getting AIDS? [**INTERVIEWER**: Don't read list but prompt by asking "Any other way" and circle all that apply]	Do not have sex at all .....1 Avoiding sex before marriage....2 Limit number of sexual partners 3 Use condoms during sex .....4 Sterilize blades/ Syringes/ Needles ..... 5 Avoid prostitutes ..... 5 Other (specify) ..... 6 Don't Know 7	

CCRDA