

Original article

Unmet need and the demand for family planning in Addis Ababa

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Abstract: A study was conducted in 1993 to estimate the unmet need for family planning service in Addis Ababa. The city was categorized for the purpose of the study, based on population density. Five kebeles were

selected from each category and one hundred households from each kebele and a total of seven hundred fifty women were included. Among the interviewed, the total unmet need was 49% (368), of which 43.7% (328) want to limit and 5.3% (40) want to space. The prevalence of contraceptive use (met need) was 21.6% (162), indicating a great deal of potential users and the need for appropriate method to reach them. It was found that age, knowledge about contraception and level of education of respondents were the most important factors affecting unmet need and there was no significant interactive effect. [Ethiop. J. Health Dev. 1995;9(1):41-45]

Introduction

A favourable balance between population growth and socio-economic development is a necessary part of the strategy for development. There is an explosive urban growth in almost all parts of the developing countries and the population of cities in these countries is growing at 3.6% per year compared to 0.8% in developed countries (1). As a result, there is more demand for social services (including health and education services) which are limited in number. Family Planning is, in addition to being a right of an individual, a demographic necessity which will help to maintain a permanent decline in fertility, thereby minimizing its contribution to socio-economic problems (1). But this decline in fertility will only be reached by widespread voluntary uses of modern family planning (FP) methods.

Extending FP services has, therefore, become a priority target of the development program, both as an end in itself and to promote other development goals (1). Addis Ababa is now facing the strongest migratory pressure, in addition to its natural population growth. According to the reports of the Central Statistics Authority (CSA), the population of the city is estimated to be 2.4 million at present, while according to the 1984 census, it was 1.4 million (2). This shows that the population of the city has increased by 71.4% within 8 years. Obviously, this has contributed a lot to the increase in the level of unemployment and the pressure on education and health services.

It is plausible that governments should establish FP goals on the basis of the demand for the service and that they should impose demographic goals on FP providers (3). However, in developing countries, there is lack of reliable measurement of the demand for FP to enable FP agencies to scale their service based on the demand for FP. Using the estimate of women FP users in the reproductive age group will over-estimate the scale of the service, for it includes those women who are currently using, and do not need, the service (4).

Currently, the contraceptive prevalence for the country is estimated to be 4.8% and 32.8% for Addis Ababa, for currently married women, with a total fertility rate of 6.4 and 2.6, respectively

(5). Although the degree of unmet need in Addis Ababa is not well quantified, it is probably similar to other reports from the capital cities of developing countries, where the unmet need varies from 40% in Togo (6) to 60% in Kenya (7). It is estimated that the creation and successful implementation of national population policies can help nations to

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achieve their development goals and improve the quality of life of their citizens (8). In view of this fact, given the more immediate local concerns like provision of public services and rehabilitation of the post-war economy and social system, the promulgation of the national population policy of Ethiopia and its ongoing implementation will have a positive impact in promoting the supply and use of FP services. This study was conducted from April 1993 to November 1993 to estimate the unmet need for family planning services among ever married women in Addis Ababa.

Methods

The study measured unmet need for FP based on the respondents' statement (while they are not currently using contraception) that they want no more children (limiting) and want to delay the next (whether the first or not) pregnancy for two or more years (spacing). That is, measuring the proportion of women who are not using contraception but wish to control their fertility -limiting or spacing their birth.

The demand for FP is the sum of contraceptive prevalence (met need) and unmet need for FP (those who want to limit or space their birth but are not using contraception) (9). The region of Addis Ababa served as the sampling frame for the study. There were a total of 179, 169 married women in the city with an average of 631 married women per kebele (there are 284 kebeles) (2). And the sampling frame was all married women in the city according to the 1984 census. There is a clear difference in population density between the densely populated inner part and the relatively sparsely populated periphery. The population per kebele and the area of each kebele was considered in categorizing the kebeles as densely and sparsely populated.

Five kebeles were selected from each category and seven hundred fifty ever married women were selected from the kebeles.

Households from each kebele were selected randomly and in case of more than one ever married woman in a household, the one who owns the house or is registered at the kebele was taken.

All selected kebeles were initially approached by the investigators and discussion was made

Table 1: Percentage of ever married women with unmet and met need for FP by age, Addis Ababa, 1993

	Unmet need for FP	
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Age group	Want to limit (n=328)	Want to space (n=40)	Total (n=368)
20-24	7.0	27.9**	34.9
25-29	18.9	16.7	35.6
30-34	31.4	4.3	35.7
35-39	46.1	3.5	49.6
40-44	62.3	0	62.3
45-49	70.8**	1.2	72.0**
Overall	43.7	5.3	49.0
	met need for FP		total (n=157)
	Limiting (n=122)	Spacing (n=35)	
20-24	13.9	7.0	20.9
25-29	18.9	15.6**	34.5**
30-34	21.3	6.7	28.0
35-39	14.3	1.7	16.0
40-44	13.8	2.2	16.0
45-49	14.1	0	14.1
Overall	16.7	4.9	21.6

**p < 0.001

with the concerned authorities on how to implement the project. Enumeration was carried out by female high school graduates who were trained for one day for this purpose. The enumerators were selected from each kebele under study, and were assigned to their respective kebeles to collect data. A standard precoded questionnaire for family planning studies (10), which contains information of importance to the study, was pretested, modified and administered.

Data processing and analysis were done using Dbase III Plus (Ashtone- Tate Corp. 1990), SPSS/PC (SPSS Inc, Chicago, 1987) and GLIM (Royal Statistical Society, 1986) programs.

Results

A model was fitted, using SPSS/PC's loglinear modelling (considering all seemingly important variables which include parity, number of live children, religion and ethnic group), and it was found that age, knowledge about contraception and education of respondents were (in order of importance) the most important variables affecting unmet need for FP .

Among the interviewed, the total unmet need was 49.0%, of which 43.7% want to limit and 5.3% want to space their birth. Almost half of the women are with unmet need, while the proportion of women who are currently using any type of contraception are 21.6% .This means that, if the unmet need was to be satisfied, the prevalence would rise to 70.6% - the total demand for FP .

Table 2: Percentage of women with unmet need for FP by knowledge about contraception, Addis Ababa, 1993.

Knowledge unmet need for FP			
	Want to limit (n=328)	Want to space (n=40)	Total (n=368)
Yes	30.7	5.2*	35.9
No	78.5**	2.5	81.0**

* P<0.005, ** P<0.001

The total unmet need for FP increases as the age of women increases (Table I). Unmet need for limiting increases as age increases while unmet need for spacing decreases. This depicts that the major component of unmet need is that for limiting. The trend of total unmet need is determined by that of unmet need for limiting. Likewise, demand for limiting takes the greatest share in the distribution of the total demand for FP The prevalence of contraceptive use is high among those women aged 25-34 years, while it is low among those women at the two ends of the age spectrum.

This is an important indication for policy makers that, though the prevalence is higher for limiters, still a great effort has to be made to reach the demand of those who want to limit their birth.

Those women who are ignorant about contraception have a higher unmet need than those who know about it (Table 2). Women who do not know about contraception have a higher unmet need for limiting than those who know. But in the case of unmet need for spacing, those women who know about contraception have a higher unmet need than those who do not know.

As indicated in Table 3, those women with higher level of education have a lower unmet need for FP than those with lower level of education. This is also true in the case of unmet need for limiting, while for spacing, it is those women with a higher level of education who have a higher unmet need than those with a lower level (Table 3). The prevalence of contraceptive use is high among those with a higher level of education than the others. Most of the women who use contraception use it for limiting rather than spacing. In the case of total demand for FP, those women with a low level of education have the highest total demand for FP. Women with a low level of education have more unmet need than those with a high level of education. The marital status of women has an important implication for policy makers in that those who are in union with their husbands have a lower unmet need for limiting

Table 3: Percentage of ever married women with unmet need for FP by education, Addis Ababa 1993.

Level of education	Unmet need for FP		
	Want to limit (n=328)	want to space (n=40)	Total (n=368)
Illiterate	67.9** (76.1**)	0.9 (2.7)	68.8** (78.8**)
Elementary	55.9 (67.2)	5.0 (7.6)	60.9 (74.8)
High school+	19.6 (46.6)	5.4* (16.1*)	25.0 (62.5)

Note: Percentages in parenthesis indicate total demand for family planning service.

than those who are not in union; and those in union have a higher unmet need for spacing than those women who are not in union (Table 4).

This implies that there is a need for FP service to reach, in addition to the conventional target group, women who are not in union with their husbands. Since unmet need is defined as the proportion of women who are not currently using contraception but want to limit or space their birth, it is important to look into the reasons why these women are not using contraception.

The reasons for not currently using contraception are: want children (30.6%), difficult to obtain (17.3%), health concern (13.6%), religious reason (3.6%), opposed to FP (2.8%), husband opposed

(1.4%), and costs too much (0.4%).

The first group (who want children) are excluded from the analysis while considering unmet need. Most of the women who want to control their fertility do not currently use contraceptives because they could not obtain any; some think it causes health related problems. Furthermore, there are others who do not use contraception for religious reasons, their husbands' opposition or their own opposition to FP .

Discussion

The unmet need for FP in Addis Ababa (49%) approximates that of developing countries like Kenya (60%) (7) and Togo (40.1%) (6). This shows that there are a great number of potential users of contraception. An appropriate method has to be designed to reach them.

Age is an important variable in determining the unmet need and thereby the demand for FP. The younger women need spacing births rather than limiting, while the older women prefer to limit. This is also true for Sudan (11). This indicates that the FP service has to take into account these needs and to use a method to suit the need of the target group - temporary contraception for the younger age and a permanent one for the older age-group.

Family planning programs have a major impact on child survival. The chance of survival of a child is much higher if couples are able to space births, to limit the number of children and avoid pregnancies too early or too late in the life of the other .

There is an obvious gap between knowledge and use of contraceptives. Not all who know about contraception practice it. This is due to many reasons, including limited access to the service and fear of side effects. Those who are not using contraception because of lack of access to it might practice it if the service was made accessible, but still there are those women who are not using contraception and will not use it even if the service was made accessible. Definitely, these groups need a more effective communication, including consultation and advice rather than making the service accessible. However, those who have knowledge about contraception are more likely to seek the service and they have the highest to unmet need.

Education was found to be one of the key factors in changing patterns of contraceptive

Table 4: Percentage of ever married women with unmet need for FP by union status, Addis Ababa, 1993.

Current union	Unmet need for FP		
	Want to limit (n=328)	Want to space (n=40)	Total (n=368)
in union	45.0	6.1*	51.1

Divorced	64.0	2.7	67.6
Separated	72.1	1.2	73.3
Other	76.7**	0	76.7**

use. This is in line with previous studies conducted by CSA (5). Educated women are more likely to know about what service is available and are more likely to seek and use the service. That is why women with a higher level of education have a much higher level of contraceptive use.

Girls in general, and particularly those from families living at subsistence level, are unlikely to get the opportunity to attend school partly because of male preference and partly because of the fact that children, especially girls, are needed as unpaid child labour. This necessitates the importance of FP education, apart from formal education, that can be organized by FP agencies. Further investigation, in relation to women's choice of contraception method, is required to know why the majority want to limit their children than to space their birth.

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