

Original article

# Community awareness and practice of family planning in an urban community in Addis Ababa, Ethiopia

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**Abstract:** To assess community awareness and practices concerning family planning in an urban community in Addis Ababa, Ethiopia, a survey was carried out in June and July 1993. Of the 536 people interviewed 332 (61.9%) had heard about family planning. The contraceptive prevalence rate in the community was 29.5%, with oral contraceptive pills being the most popular method. Contraceptive methods usage rate was observed to be significantly higher among people with permanent job (OR=1.98), among highly educated (OR=3.82) and among people with larger family size (OR=1.92) compared to the others. Health workers and radio were the main sources of family planning information, by 70% and 20% of the study population, respectively. The major barriers to contraceptive use were fear of side-effects and religious taboos. Only 4% of the study population obtained their contraceptives from hospitals and private clinics, and over 90% of the respondents suggested that contraceptives be distributed free of charge. The study demonstrated that there still exists a wide gap between the knowledge about contraception and actual use. Expansion of family planning services through inexpensive and more accessible means and strengthening of individual counselling are recommended as ways to reduce this gap. [*Ethiop. J. Health Dev.* 1995;9(3):133-139]

## Introduction

Family planning is an important component of the safe motherhood initiative that has received increased attention worldwide because of the ever expanding population, high maternal mortality rates, as well as the economic and health care demands that uncontrolled fertility imposes on the family and on society in general (1).

Since the 1960s family planning services have become major national activities to influence fertility worldwide. In 1965 family planning was supported by only 21 countries, but in less than two decades, in 1983, access to modern family planning methods was limited by law in only seven

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countries, which represents only less than 1% of the world's population (2).

In developing countries, where fertility, population growth, and infant and maternal mortality rates are very high, the need for family planning is urgent. These countries will surely not be able to achieve progress in socioeconomic development and protecting their natural environments from

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constant deterioration imposed by ever increasing population without fertility regulations (3).

In Ethiopia, where the total fertility rate is 7.5 children/woman, infant mortality rate is 110/1000 live births and the maternal mortality rate is 500-1000/100,000 live births, all of which are among the highest rates in the world, the need for family planning is clear. Unless efforts are consolidated and urgent interventions are taken with respect to the present population growth rate of over 3%, the lives of most individuals are likely to worsen (4,5,6).

The 1990 National Family and Fertility survey has reported an ever use rate of 7.5% for the nation and also indicated that contraceptive use was higher among women in Addis Ababa (12). Previous smaller scale studies on contraceptive prevalence rate (CPR) in Ethiopia have indicated the CPR to range from 1%-40% (7-11). Studies have also indicated that lack of knowledge, the desire to have more children, the lack of services and fear of side-effects were some of the barriers to the use of modern contraceptives in this country and elsewhere (8,13,14).

Knowledge about the availability of family planning methods was observed to be quite high and the method most known by the women was the oral contraceptive pill according to the studies done in Addis Ababa. Health workers, friends, school and radio were identified as a major source of family planning information. Private health services were the last on the list of the sources of information about family planning methods (8). Similar observations were also made concerning the knowledge of contraceptives in a rural set-up (11).

Radio has been used widely for family planning communication in many Asian countries like India, South Korea, the Philippines and Taiwan. What makes radio preferable to other communication channels is its ability to reach large audiences, the reasonable cost of programming radio messages, and the low price to purchase the receiver. The limitations observed to the use of radio include that radio cannot be used as a reference, radio receivers break down and are difficult to repair in many rural places, batteries are difficult to obtain and expensive, and that radio lacks the glamour of television (15).

This study was intended to provide an up to date information on the knowledge and practice of family planning in an urban set-up. It is also believed to enrich and make the local literature readily available for health professionals, particularly for those working in the regions. Lack of information in health and particularly on family planning were reported earlier (9,11).

### Methods

The study implemented a cross-sectional design and a survey questionnaire, and was carried out in June and July, 1993 in Yeka, in Addis Ababa.

This study was part of a census survey conducted with the collaboration of the Department of community Health, Addis Ababa University (DCH, AAU), the McGill-Ethiopia Community Health Project and CARE-Ethiopia. The neighbourhood (Kebele) was the site for urban Food-for-Work program of CARE-Ethiopia and is located on a hill-side in the eastern part of Addis Ababa, the capital of Ethiopia. The population in the neighbourhood is stable, with more than 90% of its 5020 people reporting to having lived there for more than 5 years, and it is predominantly Orthodox Christian (96%). Unemployment and poverty are widespread: 71% of the population of 15-64 year old had no job, and 82% of the families were earning less than 250 Birr (35 US dollars) per month during the survey time. Environmental Sanitation in the neighbourhood is poor; latrines are available to 45% of the families and only 19% of the families dispose their garbage properly.

All respondents between 15 and 49 years of age were included in this study. Data were collected using a pretested questionnaire, which was administered in Amharic, the local language. All data collectors/interviewers were 12th grade graduates and all had at least one experience in conducting interview surveys. For the purpose of this study a two day, theoretical as well as practical, training was conducted for the data collectors and their supervisor. Informed consent and commitment were obtained from all study participants. Questionnaires were checked for completeness and consistency by the supervisor as well as by the principal investigators before entry.

The data were processed using EPI-INFO (Version 5) statistical software. Descriptive statistics as well as analytic methods were explored during analysis and presentation of the data.

### Results

A total of 536 individuals participated in the study. Only people aged 15 to 49 years were included in the study. Most of the study population were female (68%), Orthodox Christians (95%) and married (71%) as indicated in Table 1. Of the 536 people interviewed in this study 332 (61.0%) were found to have heard about family planning, and almost all these knew at least one advantage of it. Oral contraceptive pills were the most popular contraceptive method (Table 2).

Health workers and radio were identified as a major sources of family planning information by 70% and 20% of the study population, respectively. About 90% of the participants said that they would prefer to receive family planning information from health workers (Table 2).

Modern contraceptives were perceived as a good means to control fertility by 276(83%) of

the respondents who claimed to having heard about family planning. One hundred fifty eight of the 536 respondents reported that they were using contraceptive methods at the time of the survey making the contraceptive prevalence rate (CPR) 29.5%. The median duration of contraceptive usage was three years, and the continuous contraceptive usage rate among those who use modern contraception was 84%.

Table 1: Family planning users characteristics, Addis Ababa, 1993. [Users number = 158 (29.5%)]

	Users	Non-users	OR (95% CI)
Age Distribution			
15-24	12	40	1.00
25-34	50	86	1.96(0.88,4.32)
35-49	96	252	1.27(0.61,4.68)
Religion			
Christian	155	361	
Muslim	3	17	0.41(0.09,1.51)

Marital Status			
Singe	12	42	1.00
Married	128	251	1.78(0.87,3.72)
Divorced/widowed	18	85	0.74(0.30,1.82)
Employment status			
Not or temporary work	96	281	1.00
Permanent work	62	97	1.87(1.24,2.83)*
Educational Level			
Illiterate	34	169	1.00
Primary ed.	33	95	1.73(0.97,3.07)
Secondary ed.	70	91	3.82(2.30,6.38)*
Higher/tertiary ed.	21	23	4.54(2.14,9.66)*
Family Size			
Low (#4 children)	39	146	1.00
High (>4 children)	119	232	1.92(1.24,2.98)*

\* Significant at P<0.05

Table 2: **Knowledge and information source about family planning, Addis Ababa, 1993**

	Number	Percent

Eve heard about family planning		
Yes	332	61.9
No	204	38.1
Total	536	100.0
Perception of family planning		
limiting family according to one=s earnings	171	51.5
Spacing births	123	37.1
Avoiding unwanted ptrhnsnv	23	6.9
Others	15	4.5
Total	332	100.0
Known contraceptive methods (>1 answer possible) n=332		
Pill	250	75.3
Rhythm method	62	18.7
Condom	58	17.5
IUD	55	16.6
Injectable	29	8.7
Abstention	21	6.3
Diaphragm	14	4.2
Spermicidal creams/tablets	10	3.0
Known more than three methods	37	11.1
Don=t know	34	10.2
Actual sources of FP information		
Health Workers	234	70.5
Radio	66	19.9
Television	10	3.0
Other	22	6.6
Total	332	100.0
Preferred sources of FP information		
Health Workers	299	90.1
Radio	11	3.3
Other	22	6.6

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Total	332	100.0
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Health related problems were the main reasons for discontinuing the use of contraceptives. Oral contraceptive pills were used by the majority (88%) of the users, with IUDs next, applied by 8% of the users. Other methods of contraceptives were not commonly used. The likelihood of using contraceptive methods was observed to be higher among those who had permanent job (OR=1.87), among relatively better educated (OR>3.82) and among people with larger family size (OR=1.92). All demonstrated a statistically significant ( $p<0.05$ ) association independent of each other (Table 1).

The major barriers to the use of contraceptives were fear of side effects of the contraceptives and religious taboos as indicated in Table 3. Other reasons cited were wanting to have a baby, dead spouse, not married and menopause. Health problems, preference to natural methods and wanting to have more babies were also found to be the major barriers to future modern contraceptive use.

**Table 3: Reasons for Not Using Family Planning Methods, Addis Ababa, 1993.**

Reason	Number	Percent
Want to have a baby	48	26.8
for health reasons	24	13.4
Don't want to use religious taboo	19	10.6
Practise natural methods	18	10.0
Spouse dead	14	7.8
Not married	13	7.3
Menopause	12	6.7
Other	31	17.3
Total	179	100.0

As shown in Table 4, hospitals and private clinics are not common places to obtain contraceptives, with only 4% of the users in this study population obtaining their contraceptives from them. The majority obtained from health centres (62%), followed by the Family Guidance Association (17%) and health stations (13%). Over 90% of the

**Table 4: Current Sources and Suggested Mode of distribution of Contraceptive Methods Among Users, Addis Ababa, 1993**

	Number	Percent
Main places where contraceptives are obtained		
Health centre	97	61.4
Family Guidance Association of Ethiopia	28	17.7
Health station	19	12.0
Pharmacy/drug vender	6	3.8
Private clinic	6	3.9
Hospital	2	1.3
Total	258	100.0
Suggested mode of contraceptives distribution		
Free	154	97.5
Charged	4	2.5
Total	158	100.0

## Discussion

Results of this study indicate that most people in the urban neighbourhood are aware of and have correct perceptions about family planning. This may indicate that the family planning messages being communicated to the public are at least being understood, though acceptability (with only 29.5% use rate) is questionable. This study agrees with earlier studies (8,14) in finding that the radio and health workers are the actual and preferred sources of family planning information in Ethiopia.

Also consistent with other studies, our results indicate that oral contraceptive pills are the most popular method of contraception (8,11,12). This might be a reflection of limited choice available to the service seekers, the lack of knowledge about other contraceptive options, or the convenience of using the pill. Therefore, family planning service providers must consider the expansion of contraceptive choices and public education along-side with service expansion.

The contraceptive prevalence rate (CPR) of 29.5% found in this study community reflects the gap that exists between the knowledge about contraception and actual use (11,16). Considering the fact that people generally have a positive attitude towards family planning and are fairly knowledgeable about it, probably it is time to strengthen individual counselling in order to increase coverage. The authors' feeling is that general education through the media may not be enough to enable people to make the choice whether to use family planning methods or not. It is also important to pay proper attention to the medical

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care and advice provided at the family planning clinics, since many respondents indicated their concerns about the side-effects contraceptives might have on their health. The quality of family planning care and concerns about the side-effects of contraceptives were observed to preclude current use of modern contraceptives and were among the reasons for not using the family planning methods in the future. Similar observations were made by Wakbulcho and Mamdani et al (12,16,18).

Terefe and Larson have also indicated that fear of side-effects as a result of inadequate information was one of the major barriers to use of contraceptive methods in Addis Ababa. They tested the effectiveness and recommended the introduction of home visitation and involvement of husbands in family planning program to improve contraceptive use rate (14). This is also in agreement with our suggestion that a more accessible and individual (couple) targeted interventions be explored. Husbands disapproval was also reported as one of the major reasons for not using a method among women who do not want to have any more child in the National Family and Fertility survey (12).

The reason for the under-utilization of hospitals and private clinics for family planning consultation is not clear except the possible perceived high cost of these facilities by individuals, as also indicated by Moses and his colleagues in Kenya (15). This needs further study. Another barrier, too, might be the high expectations of the public for family planning services to be free, although it has been shown that the introduction of a small fee for contraceptives does not curtail use (19,20). Any way, improving access at these facilities for family planning consultation is something to be explored.

Bias as a possible explanation of the findings of the study was minimized by giving every member of the neighbourhood an equal chance to participate in the study, by using a uniform pretested questionnaire, by providing training to research assistants to avoid information bias and by implementing a vigorous supervision during data collection. Data quality was controlled by a field supervisor and principal investigators daily throughout the study period.

It is concluded from the findings of this study that successful family planning services are dependent upon expansion of the services through inexpensive and more accessible outlets. Strengthening the mandate of mid and lower level health service providers together with provision of more opportunities for individual counselling are recommended for improving the family planning services.

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### **References**

1. National Seminar on Safe Motherhood - Seminar report and recommendation. Ministry of Health. Addis Ababa. 1989.
2. Population Reports. Laws and Policies Affecting Fertility: A decade of change. Series E. Number 7. November 1984.
3. Population Reports. The Environment and Population Growth: Decade for action. Series M, Number 10. May 1992.
4. Kwast BE, Kidanemariam W, Saed EM, and Fowkes FGR. Epidemiology of maternal mortality in Addis Ababa: a community based study. *Ethiop Med J* 1985; 23:7-16.
5. Central Statistics Authority. Population and Housing Census of Ethiopia 1984. Update for Addis Ababa. CSA, Addis Ababa. 1987.
6. United Nations Children's Fund (UNICEF). *The State of the World's Children 1992*. London, England: Oxford University Press; 1991.
7. Ministry of Health. Handbook and guidelines on integrated MCH/FP services. MOH. Addis Ababa. 1992.
8. Tekalegn A. Barriers to Access to Modern Contraception. Masters Thesis. Addis Ababa University. Addis Ababa. 1988.
9. Larson C and Desie T. Health in Ethiopia: A Summary of 52 District Health Profiles. *Ethiop J Health Dev* 1994;8(2):87-98.

1986; Series J NO.33

11. Berhanu B. Fertility and Contraceptive use in rural Dalle, southern Ethiopia. *Ethiop. J. Health Dev.* 1994;8(1):11-21.
12. Central Statistical Authority. Population Analysis and Studies Center. The 1990 National Family and Fertility Survey Report. CSA, Addis Ababa. 1993: 109-253.
13. Kebede F. Characteristics Influencing Usage of Modern Contraception. Masters Thesis. Addis Ababa University. 1989.
14. Terefe A and Larson C. Modern Contraception Use in Ethiopia: Does Involving Husbands Make A Difference? *American Journal of Public Health.* 1993;83(11):1567-1570.
15. Population Reports. Radio - Spreading the Word of Family Planning. Series J. Number 32. September/October 1986.
16. Wakbulcho M. Family planning survey among Ethiopian Domestic Distribution Corporation employees in Addis Ababa. *Ethiop J Health Dev* 1993;7(2):85-91.
17. Moses S, Manji F and Bradely J. Impact of users fees on attendance at a referral centre for STDs in Kenya. *Lancet* 1992;340:463-466.
18. Mamdani M, Garner P, Harpham T and Campbell O. Fertility and Contraceptive use in poor urban areas of developing countries. *Health Policy and Planning.* 1993;8(1):1-18.
19. Mekonnen A. Health institution versus community-based contraception distribution: Does payment for modern contraceptive influence utilization. Masters Thesis. Addis Ababa University. 1993.
20. Stanton B and Clemens J. Users fees for health care in developing countries: a case study of Bangladesh. *Soc Sci and Med* 1989;29:1199-1205.

