

# **FAMILY PLANNING SURVEY AMONG ETHIOPIAN DOMESTIC DISTRIBUTION CORPORATION EMPLOYEES IN ADDIS ABABA**

**Mathewos Wakbulcho. MD. MPH**

**ABSTRACT:** Of the 900 employees in the Head Quarter of the Ethiopian Domestic Distribution Corporation (EDDC), in the city of Addis Ababa, 201 were randomly selected and involved in the survey for assessing attitude, knowledge and utilization of Family planning. Results showed that 94% of the respondents knew at least one method of family planning. Eighty six percent of them had a positive attitude towards the service. Currently, 39% of the study population are using different contraceptive methods. No statistical significant ( $P > .001$ ) difference was found in knowledge, attitude, and practice of Family Planning between male and female respondents. Among non-users, 47% (55/117) intended to use contraceptives methods in the future. According to this information it was assumed that the number of Family Planning Service utilizers in an organized work area reached 71 % , considering current users as continuous acceptors. Sources of Family Planning information and factors related to discontinuation and non-users were discussed. In conclusion an in depth study regarding the launching of a national work area based FP programmes is highly recommended. [Ethiop. I. Health Dev. 1993;7(2):85-911

## **INTRODUCTION**

The concept of family planning as a means of influencing the family size is a very old one. Family Planning is the conscious effort to determine the number and spacing of births. It is the right of individuals and couples to freely and responsibly decide the number and spacing of their children and to have the information, education and means to do so (1). FP involves determinants of fertility, age of a person at first sexual intercourse, or marriage, postpartum lactation, contraception, sterilization and treatment of infertility (2). The family planning methods currently in use were developed with the progress in the fields of science and technology. Today, there are a variety of modern reliable FP methods; including hormonal pills (injectable & implants), barrier methods, and sterilization. The method chosen by the individual depends on individual preferences, available methods, costs, socio- cultural factors and the government's policy (3).

Family Planning services are often health institute based. However, since the 1950's in many parts of the world social marketing of contraceptives, work area based family planning programmes and Community Based Family Planning Services have surfaced(4). The Tata Iron and Steel Company in India (5), and Nikon Kokan (Japan) Steel Company (6) are pioneer companies to initiate work area (employment) based Family Planning Services by introducing a health institute or non-health institute based mode of delivery of contraceptives through health workers or laymen within working area premises to boost contraceptive accessibility for their employees.

The labour unions and management of large manufacturers, plantations and many other types of companies in India, Indonesia and Kenya have added Family Planning to the basic clinical health care services (7). In some Latin American and Caribbean countries, the National Social Security System incorporates family planning for employees and their families (8,9) Literature review

indicates that employees using family planning, have small family size and had less events of on job accidents (10,11) which are believed to have a maximizing effect on production (12).

The work area (employment) based FP services became very popular world wide for they are a means of providing easy and accessible services to employees. Such programmes have become an integral component of maternal and child health care services which are the core of PHC (13).

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Family Health Department, Ministry of Health

As a member state of World Health Organization, Ethiopia adopted PHC into the National Health Policy and launched a MCH/FP programme in 1979. On the other hand private physicians and Family Guidance Association of Ethiopia started provision of FP Services in 1963 and 1966 respectively. However, Family Planning services are mostly limited in health institutions in the country. This and other FP services constraints have resulted in low National Contraceptive Prevalence Rate of about 2% (14).

Moreover, the work area Contraceptive Prevalence Rate (CPR) and FP service provision system are hardly documented in Ethiopia. The objective of this survey is to assess knowledge, attitude and practice of Family planning among Ethiopian Domestic Distribution Corporation (EDDC) employees and also to formulate pertinent recommendation for the development of work area based FP programme.

## **METHODS**

A survey was done on the employees of the Ethiopian Domestic Distributions Corporation (EDDC) in April 1990. EDDC is owned by the Ethiopian government and distribute domestic goods through a number of branches at the regional & district level. EDDC has its own central clinic staffed by two health assistants and a part time employed physician providing curative service to the employees. This survey included only employees at the Head Quarter, located in Ketchenae district, in the city of Addis Ababa. A study population of 201 employees, 145 men and 56 women were selected by systemic random sampling, every 41h personnel of the 900 employees from the computerized payroll roster was registered. A Structured questionnaire and an instruction manual were prepared for the interviewers. The questionnaire was pre-tested on 50 of the employees; who were later excluded from the main study. A minor modification was made on the questionnaire according to the pre-test results. Four interviewers, two males and two females were trained and involved in the pre-testing and interviewing of the male and female respondents respectively.

Collected data included; age, educational level, ethnicity, religion, martial status, number of children ever born to the couple, the desired ideal number of children in life, and the number or children born to employees within the last 12 months. Furthermore, data concerning FP knowledge, attitude and its utilization were collected. Respondents who knew at least one method of FP were categorized as knowledgable, and their attitudes towards FP utilization were recorded as either positive or negative. Respondents who have used FP services in the past were categorized

as ever used and those who were using contraceptives during the survey as current users. The primary sources of family planning information to the respondents were obtained and factors associated with FP never users and discontinuers were identified using the developed formats. The data was compiled and analyzed using descriptive statistical methods and chi square was applied to investigate the existence of differences in FP knowledge, attitude and utilization among male and female respondents.

## **RESULTS**

**Socio Demographic Characteristics:** Table I shows the age and sex distribution of the respondents. Almost all of them were within the reproductive age groups between the ages of 15-44 (92 percent). The study population has a common language, Amharic, and a literacy rate of 98% and formal education rate of 95%. Among the ethnic groups, Amhara form 65% of the total number of the respondents, followed by Ormos, and Guragae, making 16.5% and 9% respectively. Ninety two percent of the respondents were christians and the rest 8% muslims. As shown in table 2, 62.2% of the study populations were married and 32.3% were single. **Fertility Status:** Table 3 shows the number of ever born children per family. The mean number of children to ever married respondents was 2.2 however, the mean number of desired children is 4.3 (table 4).

Although the number of the study population is small, 10 children were reported to have been born within the last 12 months prior to the survey, showing an estimated crude birth rate of 49.7 per 1000 population of the respondents.

**Family Planning Knowledge:** Ninety four percent (189/201) of the study population at least knew one method of Family Planning (table 5). Half of the respondents knew two methods and quarter of them knew three or more methods.

**Attitude and practice of family planning:** Among the respondents who were aware of Family planning, 86% had a positive attitude towards utilization of the methods; and 42% of them ever used Family Planning methods. Current users rate is 39%; condom was found to be the most popular, used by 37.5% of the male; while the pill was being used by 32.5% of the females. Natural FP methods (Rhythm & Breast feeding) are practised among 25% of the respondents and Intrauterine Contraceptive Device was on use by 5% of women. No statistical significant difference ( $P > .001$ ) was found in knowledge, attitude and practice of Family Planning between male and female respondents. Both male and female in the age group 25-34 years (male 41% and Female 37%) are common and predominant users of contraceptives than those in the age group 15-

24 (male 23% & female 36%) and 35-44 (male 19% & female 17%). Users in the age group 45-54 (male 6% & female nil) were rare and their number negligible. Fifty eight percent of the study women and 35% of men in wedlock reported that either they or their partners were using contraceptives. Whereas, 52% of unmarried men and 22% of unmarried women were using contraceptives during the study time. Since the respondents were more or less homogenous in education, religion, ethnicity, and other socio-economic factors, categoric comparison according to these factors was found to be insignificant. Of the non-users (117 respondents who knew FP methods out of 201) 47% of them intend to use contraceptives in the future.

Source of information: The respondents main source of information regarding Family Planning were radio (35%), relatives (20%), health worker (17.5%), school (10.5%), TV (5.3%) and the rest from other mass media sources. As shown in table 6, the major reasons for not using contraceptives were rumours of contraceptives as being the causes of illnesses such as Cancer, Liver disease, reduced sexual desire,etc. (30%); and disagreement of spouse 19% .Other problems mentioned were unavailability (13%), high costs (8% ) and socio-cultural incompatibility with the use of contraceptives (12%), etc.

Table 1:- Number of study population by age and sex in EDDC, 1990

Age Groups	Male	Female	Total	Percent
15-24	30	11	41	20.4
25-34	46	27	73	26.3
35-44	53	18	71	35.3
45-54	16	-	16	8
Total	145	56	201	100

Table 2: Number and Percentage distribution of study population by marital status in EDDC,1990

Marital status	Male		Female		Both sexes	
	No	%	No	%	No	%
Married	94	65	31	55.3	125	62.2
Single	46	32	18	32.2	64	31.8
Divorced	5	3	3	5.3	8	4
Widowed	-		3	5.3	3	1.5
Separated	-		1	1.8	1	0.5
	145	100	56	100	201	100

Table 3: Number and percentage distribution of study population (ever married) by number of ever born children in EDDC, 1990.

Number of Ever born children	Number of respondents	%
0	0	
1- 3	116	85.3%
4- 6	18	13.2%
> 7	2	1.5%
Total	136	100

Mean number of ever born children to the respondents were 2.2.

Table 4: Percentage distribution of study population by number of children desired in EDDC, 1990.

Desired number of children in life	Number of respondents	%
0	0	
1-3	65	32.3%
4-6	105	52.2%
>7	26	13%
Not specified	5	2.5%

Mean number of children desired to (201) the respondents were (100) 4.3

Table 5: Number and percentage distribution of study population by family planning knowledg, by sex EDDC, 1990

FP status	Male	%	Female	%	Total	%
All respondents	145		56		201	
Know FP methods	138	(98)	51	(91)	189	(94)
Positive attitudes towards FP	117	(85)	46	(90)	163	(86)
Ever used FP	61	(42)	23	(41)	84	(42)
Current FP users	57	(39)	22	(39)	79	(39)
Discontinuers	4	(6.5)	1	(4.3)	5	(6)
Non-users	84	(58)	33	(59)	117	(58)
Intended to use FP	39	46)	16	(48)	55	(47)

Table 6: Percentage distribution of study population by reasons for not using and not intended to use contraception among non-users and discontinuers in EDDC, 1990.

Sr.No	Reasons	Number	(%)
1	Affect Health	36	29.5
2	Spouse disagreement	23	18.9
3	Unavailability of contraceptive	16	13.1
4	Cultural & religious incompatibility	15	12.3
5	Do not know	12	9.8
6	Costly	10	8.2
7	Want more children	8	6.6
8	Other	2	1.6
	Total	122	100

## DISCUSSION

This survey was conducted in a relatively homogenous community, where all were employed and worked in the same environment, almost all were literate, had a permanent monthly income, a common language and showed high awareness and utilization of FP methods and a positive attitude towards utilizations.

The mean number of ever born children to the respondents was 2.2 which indicates regulated fertility. But, the age of the study population particularly the female are predominantly (68% ) below 35 years, so it is expected, that the family size at the end of the fecundity age will be higher. This is reaffirmed by table 4 where the mean number of children desired is 4.3. Furthermore, the

crude birth rate of 49.7 per 1000 in the study population needs serious consideration (15); since it is greater than the Addis Ababa city crude birth rate of 23.2 per 1000 (1984 census report).

Nonetheless, almost all of the respondents (94% ) were aware of the existence of FP methods and even a large number of them (86% ) had a positive attitude towards the utilization of contraceptives. The current contraceptive user rate of 39% among the respondents was higher than that of the Addis Ababa city proper, which is less than 20% (16). The contraceptives method mix (condom 37.5%) is better than the national method mix, which is predominantly pill (63.5%) and condom used only by 9.1% (17). As far as sources of information for Family planning are concerned, radio is the top source followed by interpersonal influences. This pattern is also found in other developing countries (18).

Since the employees collect contraceptives from various sources regularity or irregularity of supply could not be determined. This study could not also determine the number of averted unwanted pregnancies/births due to unestablished contraceptive distribution system. However a maternal mortality survey in Addis Ababa by KWASTB. revealed that 54% of the maternal deaths were due to septic abortions, which are consequences of unwanted pregnancy (19) and indicate the need for extensive Family Planning Services in the city.

The prevailing high knowledge of FP and positive attitudes towards its utilization among the respondents were facilitated by the high educational status of the employees. Improvements to meet existing unmet needs (47%) of Family Planning service; by strengthening Information Education and Communication programme, counselling services and contraceptives accessibility deserve to be taken into consideration. The method mix, relatively greater use of condom (37.5%) is encouraging for HIV/AIDS control and prevention as part of FP programme.

Furthermore, the relatively higher number of contraception use among married women (58%) and unmarried men (35%) is encouraging for wide prevention of unwanted pregnancy and greater involvement of male in FP programme.

To increase the Contraceptive Users Prevalence rate, the employees need reassurance and education regarding rumours of medical, social and cultural consequences of the use of contraceptives. This may be achieved through improved communication mechanisms.

The accessibility of the Family Planning methods at the working area needs to be improved to meet the demands of the 47% non-users, who intended to use Family planning services in the future. It was speculated that if work area FP programme is in effect the service coverage may reach 71 % of the employees. Such a rate within working areas may not be possibly achieved in the near future. This kind of systems are cost- effective, promote CPR and reduces unwanted/unplanned pregnancies (20). Experiences in Asia, African and Latin America has shown that the work area based contraceptive distribution is much more successful when all concerned groups, employees, the local labour union, the employer and the management are actively involved (21, 22, 23). It is recommended to utilize the EDDC's favourable facilities (available clinic and a

health personnel) to initiate working area based FP services within the corporation domain. Furthermore, in-depth study is recommended to assess working areas status to launch national working area based FP programme.

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### **REFERENCE**

1. United Nation. Population Fund, population Issues, Briefing kiu1993.
2. John, M Last, Maxcy-Rolenau Public Health and preventive Medicine. Twelfth Edition, 1986; 52:1591-1592.
3. Eamest Havemann., The Editon of time-life Book.. Birth Control. A special Report in Text and Picture., 1967; 2:21-25, 4:53-58.
4. Numbudiri., C.N.S & SHARMA. B.R. Strategy for Family Planning in the Indian Industrial lector. New Delhi, Sterling publishen, 1977; p.100.
5. S .MonUgue, J. back Ground paper prepared for conference on Family Planning in the Commercial lector. Nairobi, Oct. 1986; 7-10, P43 (Mimeo).
6. Aoki, H. The New Life Movement Through Enterprise. in Japan. Tokyo, Family Planning Association of Japan, 1971; P21.
7. International Labour Office (ILO) Population issue in Developing Countries: Their Impact on Indu.tri.l Relationa and Human Reaource. Development. Geneva, ILO, 1979; PII.
8. Winikoff B., Sullivan M. Assessing the role of Family Planning in Reducing maternal mortality. Studies in Family Planning, May-June, 1987; 18(3):128-142.
9. Robert A., Hhatcher M.D. Contraceptive Technology International Edition, 1989; 2:3,6:81-82.
10. PopulationCentre Foundation. Worker Health, Welfare and productivity, July 10 1985; PJ (unpublished).
11. International Labour Office (ILO) population Issues. in Developing Countries.. Their Impact on Industrial Relation and Human Reaource. Development. Geneva, ILO, 1979; Press
12. International Labour Organization. Labour and Population Team for Asia and Pacific Tata Fw Prognmrne Achieve. Succesaes. Labour and population Activities in Asia and Pacific, June,1985; No.20 PJ.
13. World Health Organization (WHO). Director-General and United Nationa Children's Fund Executive Director. Primary Health Care (International Conference on Primary Health Care, Alm-Ata, USSR, September 6-12, 1978;) New York, WHO, P49.
14. World Bank. Population health and Nutrition. Sector Review Ethiopia, September 301"85; P vi (12).
15. Office of the Population and Housing Census Commission. Population and Housing Census of Ethi~ia, 1984; JV:177.
16. Agonafer Tek.legne. Barrien to access to modem contraception. A thesis submitted for Master of Science, Jimma Institute of Health Sciences. 1988.

17. World Bank Population, Health and Nutrition Sector Review Ethiopia, September 30, 1985; P16.
18. Levin H.L, Gillespie R.W The use of radio in Family Planning Oklahoma City. Oklahoma, World Neighbour, 1971.
19. Kwast B.E. Roohat R.W, Kidanemariam W. Maternal Mortality in Addis Ababa, Ethiopia. Studies in Family Planning, Nov-Dec, 1986; 17:(6) 288-301.
20. Kleinman R.L. Barrier contraceptive in Family Planning hand book for Doctors. London, International Planned Parenthood Federation, 1980; 79-89.
21. Scirra L.I. Discussion summary (of risks, benefits, and controversies in fertility control). In Sciarra, J. I. Zatuchni, G.I., and Speidel, L.I. ed.. Risks, Benefits, and controversies in fertility control (proceedings of the workshop, Arlington, Virginia, March 13-16, 1977;) Hagerstown, Maryland, Harper and Row, 1978; (part of Series on Fertility Regulation). P52-54.
22. Anonymous Nepal Contraceptive Retail Sales (CRS) Company Pvt. Ltd at a glance, 1983; P11. (Un published).
23. Lucaire E. (Needham, Porter, Novelli, Inc.) [Contraceptive social Marketing programme Management] personal communication, May 20, 1985;

