An Assessment of Fertility and its Determinants in Damot Woyde Woreda, Wolaita Zone; Ethiopia

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Abstract

The main objective of this study is to assess interrelationship between fertility and proximate determinants of fertility and socio- economic, cultural and other variables in Damot Woyde Woreda. Physical, demographic and socio-economic information were collected from 100 randomly selected rural households and rural town of Bedessa. High fertility which had been observed in study area was mainly caused by low practice of family planning, low age at first marriage and traditional attitudes and customs of people. As the study shows rural-urban fertility family income relationship is quite controversial. In rural areas the higher income group family has more children than the lowest income group family. The low level of family planning practice is the major cause behind high fertility in the study area. Hence, this paper point out controlling population growth through vigorous family planning practice in the district is vital

Keywords: Fertility, Proximate determinants of fertility, Mean children ever born (MCEB) & Socio-economic variables

1. Introduction

Fertility is childbearing performance of individuals, couples, groups or population. It is contrasted with fecundity, theoretical capability to reproduce, which may or may not lead to fertility. Some time the term natality is used to refer the most general analysis of child bearing, though used to over all aspects of reproduction (Pressar, 1985:81& Deneke, 2008). It is difficult process and essential for biological maintenance of a society. On demographic field it plays key role followed by mortality and migration. Fertility determinants are broadly divided in to two: proximate determinants of fertility and socio – economic and cultural variables. Proximate determinants of fertility play directly an important role on fertility. These are contraception, age at first marriage, induced abortion and post partum infecundity. The socio-economic and cultural variables influence fertility indirectly are education, religion, employment of women, value of children, status of women and amount of income of family (Alemseged, 1989:60 & CSA, 2007) . The imbalance between human population and economic resource is becoming a hot issue in the world today. The growth of population without equivalent change in economic situation and overall development of nations resulted in surplus labor force, unemployment, illiteracy, low per capital income, poor health condition and political instability for most governments and policy makers this has created a problematic condition. Such problems as the result of unchecked population growth are mainly unique to developing countries than developed ones (Deneke, 2008). Rapid population growth has brought mismatch between the number of population and existing resources. To meet their demand surplus population move from their place of origin to another areas. Those, an increase in migration also resulted on another problems both in areas of origin and destination (UN, 1994:4) the population of the world is increasing faster than ever before, and this fast growth is a recent occurrence, going back less than half a century.

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Although the population has increased in some industrialized countries, but it has been less than 2 percent per year, while in the low-income countries the increase has been above 2 percent in most cases. Around 1960's it was rising by 2.5 percent, while in some Sub-Saharan Africa where it is still around 3 percent (Maleka, 2004).
Unlike other developing countries the fertility rate in Africa has increased from time to time. The growth rate of the region was 2.4 percent in the year 1963-68 and rose up to 3.0 percent by the year 1980s(UN,1984:25). The high fertility level in Africa is due to the socio-economic and cultural values of children. Because of parent's agricultural economic activities, children participate on production of cash and food crops, they engage in fetching of water, looking after cattle etc. On the side of socio-cultural value large family size is considered as prestige, for old age security and strength for defense of external threat (UN, 1998:18 and Maleka, 2004). As being one of African countries, Ethiopian population problem becomes a challenging issue. Ethiopia has undertaken three nationwide census and different population survey. Based on the first and second population and housing census Ethiopian was 43 million with annual growth rate of 2.9 percent and 53.4 million population with annual growth rate of 3.1 percent respectively. After a two decade from first census, this number rose up to 73 million population with annual growth rate of below 2.7 % in the third census of 2007(CSA,2007). According to United Nations estimate the 2013 midyear population rise up to 86.6 million people. Even though, the enumeration and estimates were not free from error, the unexpected increase of population number through years leads country in to problem. So that the size of population have never been balanced with available resources in the country, which is highly demanded by people. (Deneke, 2008).

As indicated in Table 1 the 1984 population and housing census revealed that the CBR and TFR for the country were 46.4 and 7.5 respectively. However, the figure decreased to 44.1 and 6.7 in the second (1994) national population and housing census of the country. The decrement on the second and third census was expected to be due to minimum adoption of family planning and small change in development. But, still fertility remains high (CSA, 2007). Fertility in Ethiopia has declined modestly over the past decade. Currently, women in Ethiopia have an average of 4.8 children, down from 5.5 in 2000. Fertility varies by residence; women in urban areas have 2.6 children on average, compared with 5.5 children per woman in rural areas (CSA, 2011). Until now there was a large variation on fertility in between rural residents and people who live in urban area. Africa contains heterogeneous socio-economic and cultural status groups. The commonly accepted fertility determinants are occupation, education, marital status, amount of income of family and other cultural variables These variables plays on increasing and decreasing fertility situation of a given area. However, the strength of one variable in one area is different from another area. Therefore, policy makers encountered problem to make unified policy and programs through continental level. Each problem needs detail study with respective data (Adepouji, 1997: 12). Ethiopia is one of African countries with diversified topographic, ethnic, linguistic and cultural settings. Even though generalization is difficult based on one variable determines fertility, dealing with various variables within one specific area is crucial to give information and advice to policy makers in order to come better solutions of the problem. Wolaita is one of densely populated ethnic group in Ethiopia with average density of 360 persons /km2 (WZSEP, 2005:2; Talemos, 2007 and Deneke, 2008). Thus the high population pressure due to high fertility situation forced the researcher to study socio- economic, cultural and other variables play up on fertility increment. Therefore, this study was intended to assess interrelationship between fertility and proximate determinants of fertility and socio- economic, cultural and other variables in Damot Woyde Woreda.

2. Methods

2.1 Study Area/Setting

Damot Woyde is one of the twelfth rural woredas of Wolaita Zone in the Southern Nation Nationalities Region. The capital of the woreda, Bedessa, is located about 400kms away from Addis Ababa to the south and 26km, away from Soddo, the capital of Wolaita Zone, to the east. Damot Woyde Woreda lies between 6^0 50' and 6^0 59' latitudes, and 37^0 52'N and 38^0 04'E longitudes. This woreda is surrounded by other woredas like Soddo Zuria, Damot Gale, Humbo and Duguna Fango to the West, North, South and East respectively. See map of study area from Fig. 1 of annex part. Damot Woyde woreda has a total area of 210 km^2, which makes up about 4.8% of the total area of the zone (Deneke, 2008). Since the administrative re-structuring made in November/ Decembre 2006, there are now 23 administrative units (kebeles) in the woreda.

2.2 Research Design

As it is clearly stated in introduction part, the main purpose of this study was to assess interrelationship between fertility and socio- economic, cultural and other variables in Damot Woyde Woreda. To attain this objective, the researchers used a descriptive survey research design. In order to carry out this research, the researcher contacted the residents of study area, government officials and other concerned bodies with regard to the study theme.

2.3 Sampling Method and Samples

Due to inaccuracy of individual count the researcher determined to use head of house hold as sample frame from 2007 populations and census report of Ethiopia. For the study the sample is taken from both rural and urban areas. From rural areas two kebeles are randomly selected namely Mayo Kote and Degaga Lenda. The total numbers of households under study are 2950 persons. Out of these, 1770 are from rural area and 1180 from Bedessa town. About 100 heads are randomly selected as sample size. From these, 60 percent are from rural area and 40 percent from urban area.

2.4 Data Sources and Data Collection Tools

The data sources included both primary and secondary ones. Primary data were directly collected from the respondents while secondary data were found from published and unpublished materials such as books, journals, reports, magazines, internet, etc. To collect information from respondents, researchers used questionnaires, and interviews.

2.5 Techniques of Data Analysis

Since this study is more of descriptive type, the data drawn from questionnaires were analyzed through descriptive statistical techniques such as percentiles, averages, and ratios. Graphical and tabular analyses were used to examine the determinants of fertility and its interrelationship with socio-economic variables at the study area.

2.6 Data Collection Procedures and Ethics

Two experienced data collectors were trained on how to handle respondents and collect valid data. Concerning data collection procedures, consents and ethics-detailed emphases were given during data collection. In addition there was continuous follow up and supervision during data collection sessions were done by the researcher.

3. Results

The main objective of this research was to assess interrelationship between fertility and socio- economic, cultural and other variables in study area. With this regard the following results are explained.

According to Table 2 almost, 100% of the respondents were female because age at specific birth rate, mean child birth rate and total fertility rate issues were the main concern of female sexes. Concerning the age of respondents, no respondents were below 18 year, and 19-25 were 10%, 26-35 were 42%, and respondents above 35 were 48%. From this, it can be seen that almost 100% of the respondents' were in reproductive age. Concerning the educational status of respondents, nearly 47% were uneducated, followed by respondents who practice read and write (29%), while 24% of the respondents were junior and above. In regards of religion aspect of respondents more than half or 53% were Protestant followers, and followed by Orthodox adherents with 31%, Catholics 12% and 4% respondents were Muslims. (See Table 2)

3.1 Proximate Determinants of Fertility

Proximate determinants of fertility are direct causes of fertility that relates to the behavioral and biological aspects of fertility (Mogeus, 2000). Hence the prevalence of these direct indicators is very important in the study of fertility levels and trends of any society. An example of proximate determinants of fertility includes age at first marriage, contraceptive use and breast feeding.

3.1.1 Contraceptive Use and Fertility

Contraception is believed to be the most proximate determinants of fertility therefore information about contraceptive practice is important for policy makers, especially in developing countries where there is high fertility. As Table 3 reveals regarding to contraceptive use respondents were divided in to two. These are those who have and who haven't knowledge about modern contraception and contraceptive use (users and non-users).

To make relationship between fertility and contraceptive practice, the measures are compared with the mean children ever born (MCEB). The low mean parity was observed among those who have knowledge about modern contraception than with no knowledge of modern contraception (3.6 Vs 7.5 children per woman) and users and non-users (3.36 Vs 6.0 children per women). On the other hand, out of the total number of respondents only 2 percent of them responded that they do not know any modern method of contraception. The remaining 98% had knowledge about family planning. However, all people with knowledge of contraception were not users. Some have refrained from using contraceptive device due to fear of side effects, sterility, fear of child death and the desire to have more children. A great disparity was observed between rural-urban areas both in terms of usage of modern contraception. 100 percent of urban respondents have knowledge and 82.5 percent of them were users of the service. On the other side, about 96.6 percent of rural respondents have knowledge and 25 percent of them were users. Rural areas are out of contraceptive practice unlike urban areas. It has happened due to need of more number of children, fear of side effects and some have religious reason of the biblical say called "be multiply".

3.1.2 Age at First Marriage and Fertility

Age at first marriage has a direct relation to the number of children expected to be born. In order to analyze the effect of age at first marriage on fertility, the respondents were divided in to four categories in terms of their age during their first marriage namely, below age 15, 15-19, 20-25 and above 25 years. (See Table 4) As Table 4 depicts, the results obtained from the study based on survey indicated that 36.7 percent of the ever-married women in rural and 15 percent of those in urban areas got married for the first time before they attained age of 15. Further, about 26.7 percent in rural and 25 percent in urban did so at ages between 15-19 years. This shows that 63.4 percent of women in rural and 40 percent of those in urban joined their marital union before they reached age of 20; indicating the fact that a large proportion of women who were interviewed in the survey were the products of the regime of low ages at first marriage. There is great rural-urban disparity's on age at first marriage and means children ever born. From the total respondents in the rural areas 36.7 percent were found to be married before age 15 with mean parity of 7.4 children. The remaining 63.3 percent were married later than age of 15. The mean parity was decreasing for them 6.5 in the age group 15-19, 4.5 in from 20-25 and 2.17 for the age above 25. On the other hand, from the total urban (rural town) respondents 15 percent responded that they married before the age of 15 and the observed mean parity for the age group is 5.8 children. 25 percent respondents reported to be in age group 15-19, 35 percent is from 20-25 and 25 percent were get married age above 25. Their respective mean parity is 4.3, 3.3 and 2.0 children. The rural-urban differences were attributed to awareness of modern contraception education and generally change in attitude of urban residents. Over all in the study area the mean parity number of children is found to be highest for the age group below and at 15 at the time of their first marriage and subsequently decreasing where the at first marriage increases. The reason is short duration of marriage union for those who marry late than those who get in to marriage early.

3.2 Socio-Economic and Cultural Factors Affecting Fertility

Socio- economic and cultural variables influences fertility directly. These are education, religion, employment of women, value of children, status of women and amount of income of family.

3.2.1 Education and Fertility

Education is described as one of the factors that control fertility. In many situations there is an apparently inverse relationship between the level of educational attainment and fertility. According to Table 5, the findings of the study revealed that from the total 100 respondents 47 percent were illiterate with mean parity of 6.4 children. In the Woreda the mean number of children a woman could have since survey date decreases with increasing educational level. However, the proportions of literate (above junior secondary) respondents are very low. About 29 percent in read & write category and 24 percent are in junior and above with mean children ever born of 5.3 and 3.0 respectively. Educational attainment in the Woreda is very low. As it increases, the MCEB decreases. Of the total respondents 76.7 percent were illiterate, 16.7 percent were read and write category and 6.7 percent attended secondary and above. Mean children ever born since survey date was 6.4, 5.6, and 4.0 respectively. Almost more than three-fourth of rural respondents is illiterate class, so that high fertility was observed. In urban areas only 2.5 percent are illiterate, 47.5 percent are under read and write classification and 50 percent have attended junior and above with their sharp decreasing mean parity of 6.0, 5.1 and 2.8 respectively. There is great rural-urban disparity in both educational attainment and mean children ever born. Urban (rural town) respondents are better educated than rural ones.

Almost 77 percent of rural respondents are illiterate and only 2.5 percent urban respondents were illiterate. This discrepancy contributed to the urban respondents may have better access to education and fertility control. For instance, the prevalence of contraceptive used and late marriage a little bit common in urban than rural areas. Finally, the fertility and educational level relationship in the study area is found to be an inverse.

3.2.2 Type of Occupation and Fertility

Type of occupation is frequently cited as an important variable that controls fertility. Some type of works are easily related with child rearing, like agriculture while others like office work face difficulties in taking care for child. Population under study was divided in to three occupational categories. These are farming, small-scale vocational works (weaving, carpenter, tanning etc) and petty trade, and office works. (See Table 6) As presented on Table 6 the large proportions of respondents in rural areas were, engaged in farming activities. Their families also shared in non-paid family works such as fetching water, rearing children, collecting fire wood etc. Whereas the respondents in urban areas staffed different activities leading with office work. About 85 percent rural respondents practiced in farming and 13.3 percent in small scale trade and vocational work. Majority of the respondents in urban area participated in office work (about 55%), followed by small scale trade and different vocational activities. From the total respondents in the Woreda about 55 was engaged in farming. However, it is not an absolute value. The people intermix three of the occupational activities. The mean parity was highest for those engaged in farming (6.2 children per respondent) and lowest for office workers which is 3.0 children.

The high fertility level of people working in the agricultural sector can be attributed to the socio-economic and cultural values given by parents to their children. In addition to these, in agricultural society children are the natural and the necessary source of farm labor. In many instances, children are still considered to be the source of wealth and prestige. In traditional societies, the status of women measured by large number of children. Children are also as a source of economic and psychological support at old age or old age social security.

3.2.3 Family Income and Fertility

As the house hold income increases fertility decreases like in developed nations. In the study the analysis was made based on the annual income of family because of the difficult to find the monthly income of farmers. To limit inaccuracy of exact value, the respondents were divided in to four income groups. The maximum income group was 7500 Birr and above and the lowest was 4500 Birr and below. The class interval was 1500 Birr. (See Table 7) Most of the people in the Woreda live under severe poverty. From the total respondents half 50 percent have annual income of less than 4500 Birr. The mean ever born for this group was 5.34 children. Thus, there are more seven people, including mother and father, to depend on this amount of income. From the total rural respondents about 68% were in the income group of below 4500 Birr per year. In the rural area the highest mean parity is observed among those who earn above 7500 Birr annually (8.7 children), followed by 6001-7500 Birr income group (8.2 children). In rural areas the higher income group families have more children than the lowest income group family. Possibly it could happen due to high income family may not experience malnutrition which results on high infant mortality rate and polygamy is common in such type of family. Therefore, all other things being constant, in rural area family is directly related with number of family income. In urban areas there is substantial difference on fertility among the income groups. In contrary to rural area, the lowest income groups have more children than the highest income group family in urban areas. The mean parity of income group below4500 Birr is 6.0 children where as above 7500 Birr is 3.0 children per woman. So fertility is inversely related with the number of family income in urban areas. The possible explanation for the rural-urban variation of fertility income relationship could be in rural areas child labor is indispensable to carry out agricultural activities. Moreover, in rural area children are considered to be the source of wealth and prestige. A woman status is enhanced by the regular birth of children bareness or few children subject her to scorn and ridicule, where as many children assured respect. Beside to these, the former with large plot of farm land marry more than one wife to increase the number of children. Rural poor experience child death, which limit family size and could not get in to polygamy. Urban poor might look for more children not because they can permit to feed but in desire of their labor to improve the house hold income. Urban higher income group people worry to quality children and so as limit their number.

3.2.4 The Status of Woman and Fertility

The status of woman is one of the most important determinants of fertility, which cause rural-urban disparities in fertility level. As indicated on Table 8 about 77 percent of the respondents were participated in un-paid household work. The mean children ever born since the survey date in the study area was 5.16 children per woman. The remaining 23 percent categorized in to literate working group who engaged in economic production of the family. Great disparity was observed in rural-urban category. From all rural women respondents about 98.3 percent were engaged in non-working group whereas of 55 percent of urban women are in economically active (working) group. Women in urban areas with relatively better educational status than rural women and participate in non-agricultural work. They also experience low fertility than rural women with high fertility situation, who participate in household and agricultural work which is not paid for their earning. So they consider as non-working people the mean parity of them is 5.82 children per women unlike 3.0 children per woman of urban areas working group women. The high fertility among rural women may be attributed to little exposure to education and high demand of children to participate on agricultural work. They have no power to decide on the number of children would like to have in their reproductive age. On the other hand, the low fertility rate among urban women could be use to better educational status and participation of service earning non-agricultural works. Educational status influences a host of other socio-economic factors (indicators) which may include, among others, access to mass media, greater participation in decision making and a high level of inter-personal communication, greater motivation to regulate fertility, and a higher educational and socio-economic aspiration for children (Mogeus,2000). Thus, the educated or urban women have better power to decide on family affair and minimize the number of children they could have in their reproductive life span.

4. Conclusion

In this research an attempts has been made to assess the major determining factors that play on fertility in study area. Contraceptive use has a reducing effect on fertility. The study indicated that urban areas where, relatively low proportion of the population growth practices birth control methods, experience low fertility rate. Therefore, fertility rate is negatively related with contraceptive use. The age at which couples get in to marriage also influence fertility performance. Women married at age 30 and above have the lowest mean parity. Thus, it is possible to conclude that all other things remaining constant, fertility rate decrease with increasing age at first marriage. Looking at socio-economic and cultural variables in relation to fertility; educational attainment is negatively related with fertility performance. In other words, fertility rate decreases with increasing level of educational attainment. Thus illiterate women were found to have the highest mean parity. Women educated up to secondary level were experiencing the lowest mean parity in the Woreda/district. The disparity in fertility is observed among people in different occupational level. The study has revealed that fertility level is high among women engaged in agricultural activities and low among non-agricultural service oriented activities.

The study has also shown that women who were literate and currently employed have better social status related to low fertility. On the other hand, women who were illiterate and not currently employed (house wives) have low social status and high fertility. As indicated in the study rural-urban fertility family income relationship is quite controversial. In rural areas the higher income group family has more children (8.7 children) than the lowest income group family has (5.2 children per woman). Possibly it could happen due to high income of family may not experience malnutrition which results on high infant mortality rate and they considered children as to be the source of wealth and prestige. Beside to these, lower income experience child death, which limit family size and could not get in to polygamy. In urban area the lowest income group families have more children (6.0 children) than the highest income group family (3.0 children) urban poor might look for more children because expecting economic assistance and security at old age from their children and fear of child death. In other side urban higher income group people worry to quality children and so as to limit their number. Finally, more rural people are in position of seeking for additional children due to socio-economic and cultural reason. On the other hand, more urban people have negative intention towards more children due to cost of living and death during childbirth.

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Appendixes

Table 1: Fertility Trends in Ethiopia

Region	**1984**		**1994**		**2007**	
	CBR	TFR	CBR	TFR	CBR	TFR
Country	46.4	7.5	44.1	6.7	36	4.16
Rural	48.8	8.1	45.8	7.2	37.3	4.67
Urban	43.1	6.3	34.9	4.5	23.4	2.2

Source: CSA 1991, 1998 and 2007Report

Fig. 1: Map of Study Area

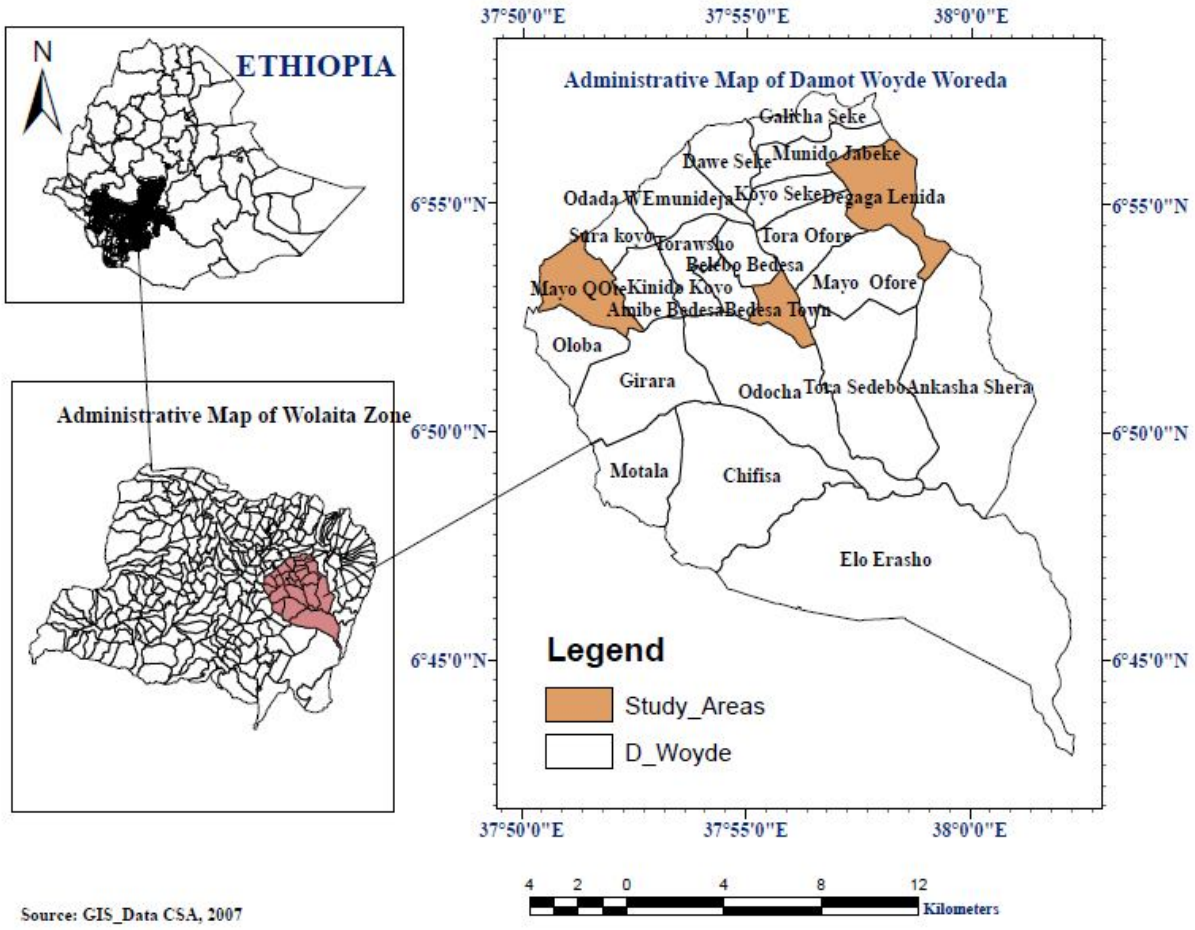

Table 2: Background Information of Respondents

No	Variables	Category	Frequency	(%)	Remark
1	Sex	M	0	0	
		F	100	100	
		Total	100	100	
2	Age	Below 18	--	--	
		19-25	10	10	
		26-35	42	42	
		Above 35	48	48	
		Total	100	100	
3	Education	Uneducated	47	47	
		Read & Write	29	29	
		Junior & above	24	24	
		Total	100	100	
4	Religion	Protestant	53	53	
		Orthodox	31	31	
		Catholic	12	12	
		Muslims	4	4	
		Total	100	100	

Source: Field Survey, 2014

Table 3: Contraceptive Practice and the Number of Mean Children ever Born (MCEB)

A. KNOWLEDGE OF COTRACEPTION									
Contraceptive Knowledge	Rural			Urban			Total		
	No of Respo.	%	MCEB	No of Respo.	%	MCEB	No of Respo.	%	MCEB
Who have knowledge	58	96.6	5.2	40	100	3.8	98	98	3.6
No knowledge	2	4.4	7.5	--	---	--	2	2	7.5
Total	60	100	5.76	40	100	3.8	100	100	4.99
B. CONTACEPTIVE PRACTICE									
Users	15	25	3.3	33	82.5	3.3	48	48	3.36
Non-users	45	75	6.26	7	17.5	5.0	52	52	6.0
Total	60	100	5.76	40	100	3.8	100	100	4.9

Source: Field Survey, 2014

Note: **MCEB=** $\frac{\text{CEB}}{\text{Total no of woman under observation}}$

MCEB (Mean parity)= Mean children ever born until survey date

CEB= Children ever born or sum of total number of children of the study population.

Table 4: Age at First Marriage and MCEB (Mean Parity)

Age at First Marriage	Rural			Urban			Total		
	No of Respo.	%	MCEB	No of Respo.	%	MCEB	No of Respo.	%	MCEB
Below 15	22	36.7	7.4	6	15	5.8	28	28	6.9
15-19	16	26.7	6.5	10	25	4.3	26	26	5.5
20-25	14	23.3	4.5	14	35	3.3	28	28	4.0
Above 25	8	13.3	2.17	10	25	2	18	18	2.1

Source: Field Survey, 2014

Table 5: Level of Educational Attainment of Respondents and MCEB

Educational level	Rural			Urban			Total		
	No of Respo.	%	MCEB	No of Respo.	%	MCEB	No of Respo.	%	MCEB
Illiterate	46	76.7	6.4	1	2.5	6.0	47	47	6.4
Read& write	10	16.7	5.6	19	47.5	5.1	29	29	5.3
Junior& Above	4	6.7	4.0	20	50	2.8	24	24	3.0

Source: Field Survey, 2014

Table 6: Type of Occupation and MCEB

Occupational level	Rural			Urban			Total		
	No of Respo.	%	MCEB	No of Respo.	%	MCEB	No of Respo.	%	MCEB
Farming	51	85	6.29	4	10	5.25	55	55	6.2
Small-scale & vocational work	8	13.3	4.38	14	35	4.1	22	22	4.27
Office work	1	1.7	3.0	22	55	3.0	23	23	3.0

Source: Field Survey, 2014

Table 7: Respondents by Family Income per year and MCEB

Income groups in Birr	Rural			Urban			Total		
	No of Respo.	%	MCEB	No of Respo.	%	MCEB	No of Respo.	%	MCEB
Below 4500	41	68.3	5.2	9	22.5	6.0	50	50	5.34
4501-6000	10	16.7	6.1	5	12.5	4.6	15	15	5.6
6001-7500	6	10	8.17	6	15	3.67	12	12	5.9
Above 7500	3	5	8.67	20	50	3.0	23	23	3.74

Source: Field Survey, 2014

Table 8: Labor force Participation of Women and Fertility

Status of women	Rural			Urban			Total		
	No of Respo.	%	MCEB	No of Respo.	%	MCEB	No of Respo.	%	MCEB
Not-working(HF)	59	98.3	5.82	18	45	5.16	77	77	5.8
Office Worker	1	1.7	3.0	22	55	3.0	23	23	3.0
Total	60	100	5.78	40	100	3.97	100	100	5.16

Source: Field Survey, 2014
Note: HF= House Wife