



# Trend in Family Planning Equity in Ethiopia from 2000–2011:

Did the Health Extension Program make a difference?

November 13, 2013

2013 International Conference on Family Planning

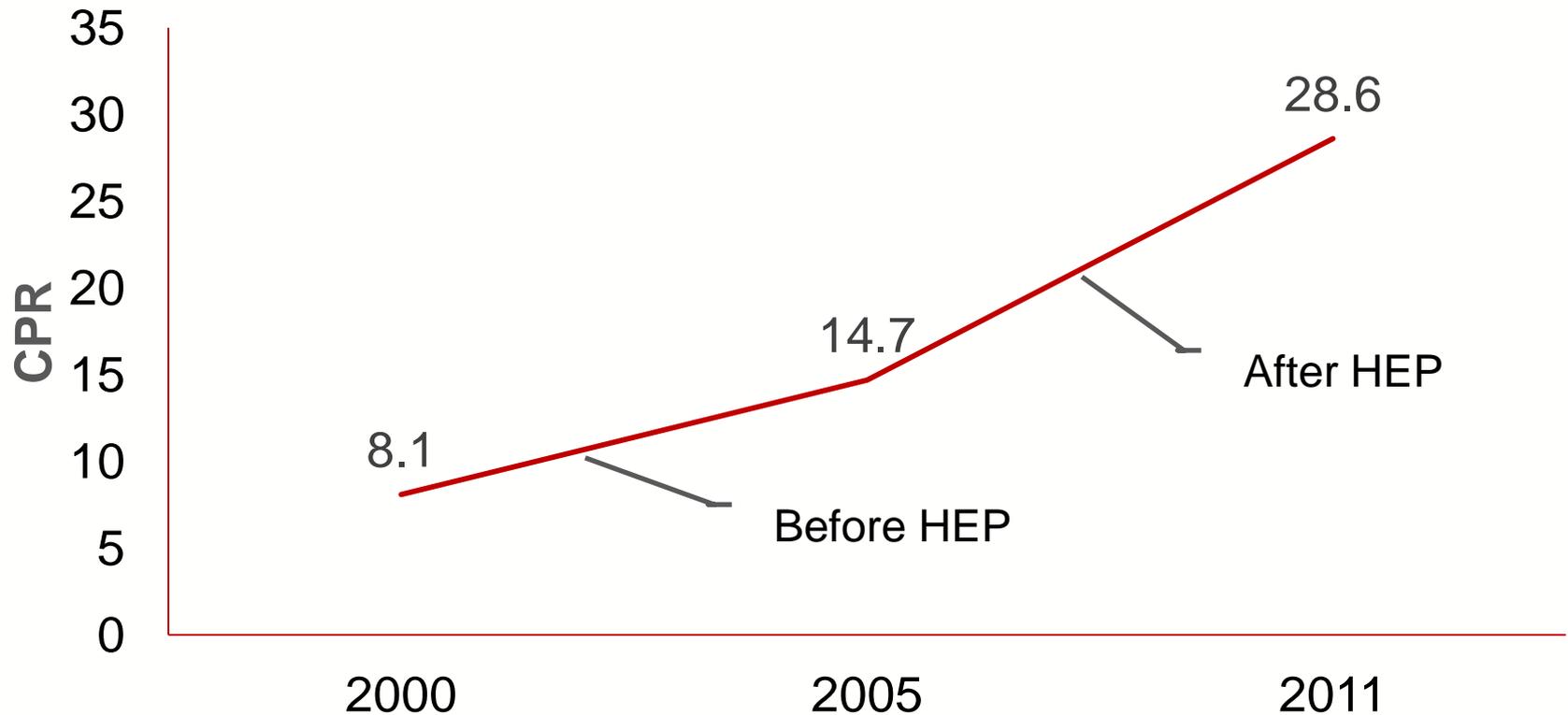
Addis Ababa, Ethiopia

# Background

- The Health Extension Program (HEP) was initiated in 2004 to ensure equitable primary health care including family planning (FP) services
- By 2011 HEP deployed >34 thousand female Health Extension Workers (HEWs) and established >14 thousand health posts
- Two female HEWs, with one year pre-service training, posted at Health Post to serve 1,000 HHs (5,000 population)



# Contraceptive Prevalence Rate increased at a Higher Rate with the Expansion of HEP



# Research Question

Did the introduction of HEP make a difference in the equity of FP services in Ethiopia?

# Study Design

- Secondary analysis of Ethiopian Demographic & Health Surveys (EDHS) 2000, 2005 & 2011
- Changes in the equity of FP services between 2000 and 2005 (i.e., before HEP) is compared with changes in the equity of FP services between 2005 and 2011 (i.e., after HEP)

# Limitation

- By the time EDHS 2005 was conducted the HEP had already started to expand; as such, any effect of HEP on equity will be underestimated

# Variables of Interest

## **Percentage of total demand satisfied:**

Percentage of women of reproductive age and in union, who want to limit or space birth, are currently using contraceptives

## **FP targeting:**

Percentage of women with unmet need given FP advice by any health worker during the last 12 months

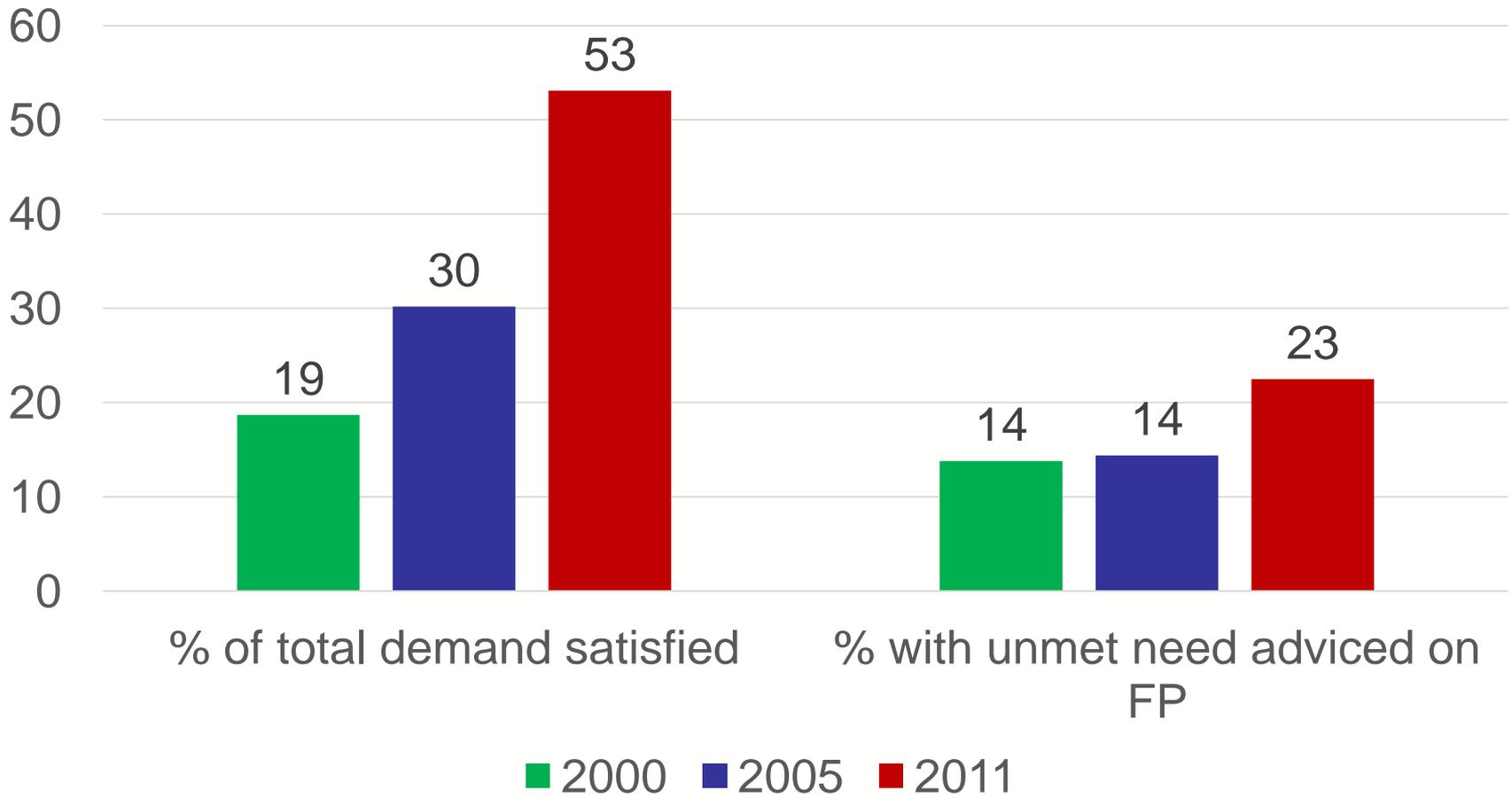
## **Equity factors:**

Age, education, wealth, and urban-rural residence

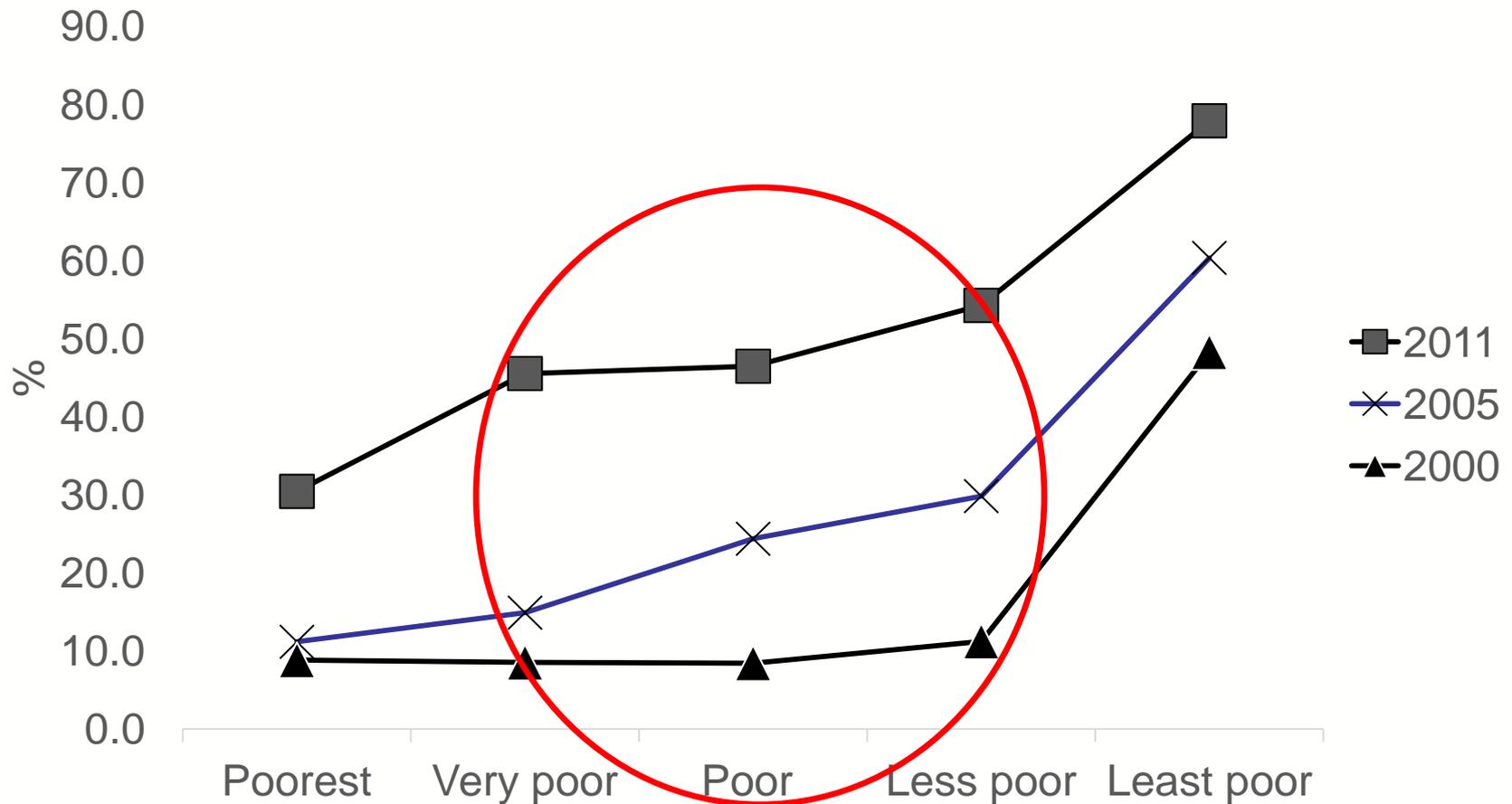
# Measuring Equity

- Graphical observation
- Inequity is concluded based on concentration index (CI). The index takes the value between -1 and +1; '0' representing no disparity; (+) ve values indicate unequal concentration of the outcome benefiting the more advantaged group; and, (-) ve values indicate the opposite
- 95% confidence intervals of the CI and its changes are constructed to assess their statistical significance
- Only statistically significant results are interpreted
- Absolute difference of the FP outcome between the urban and rural population

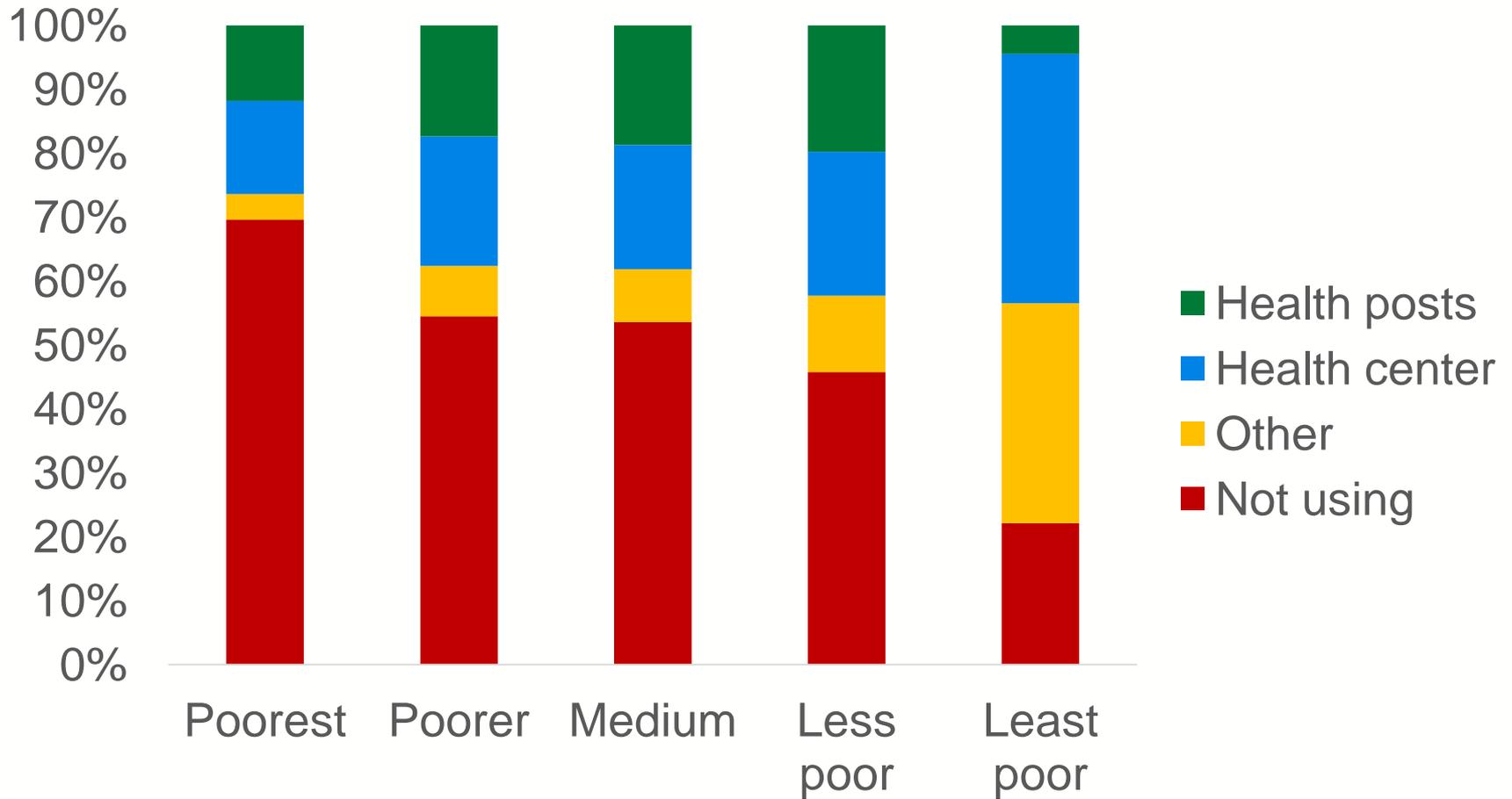
# Trend in FP Indicators, 2000 – 2011



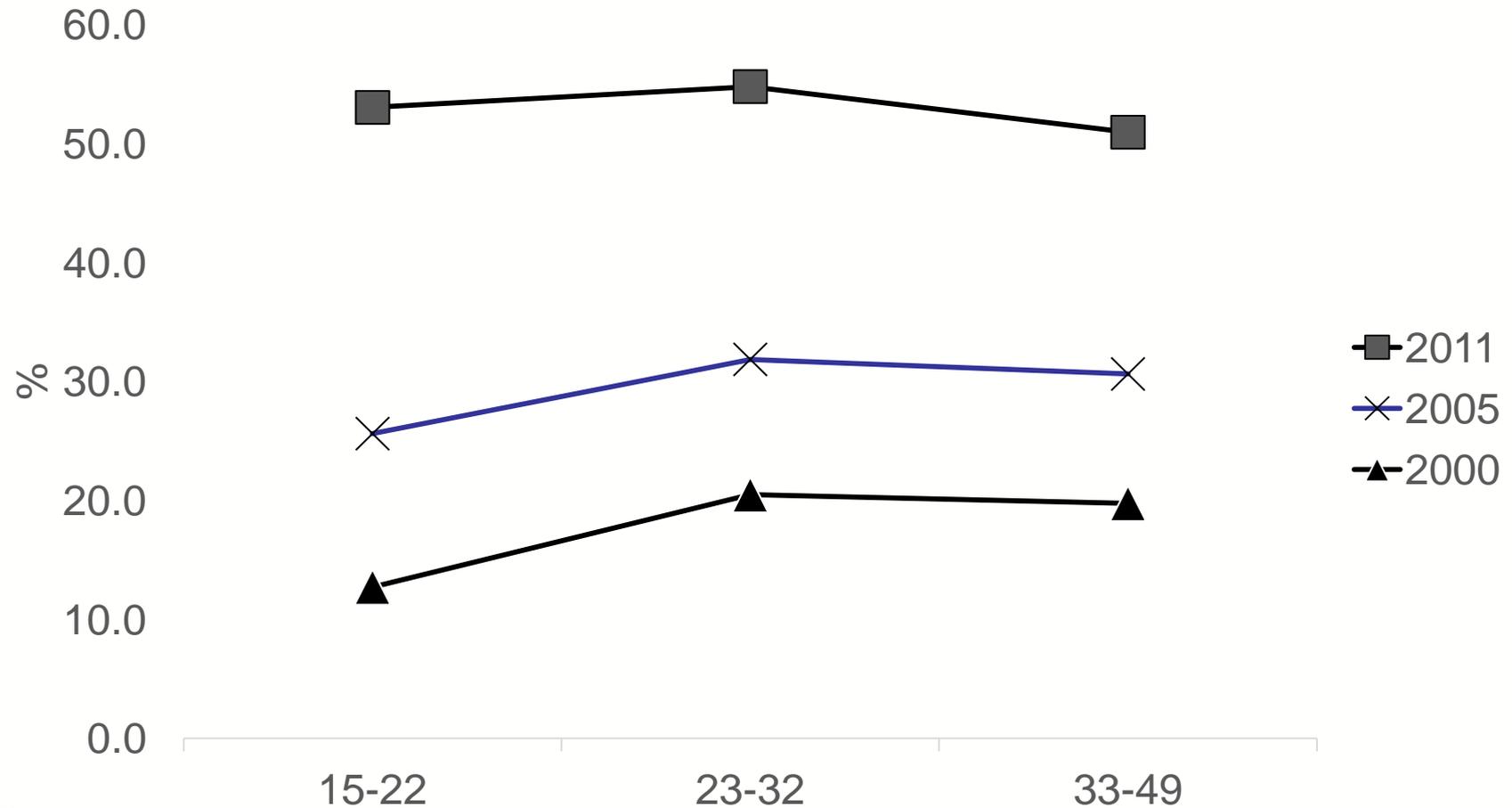
# Percentage of Total Demand Satisfied (PDS) by Wealth Quintile, 2000 – 2011



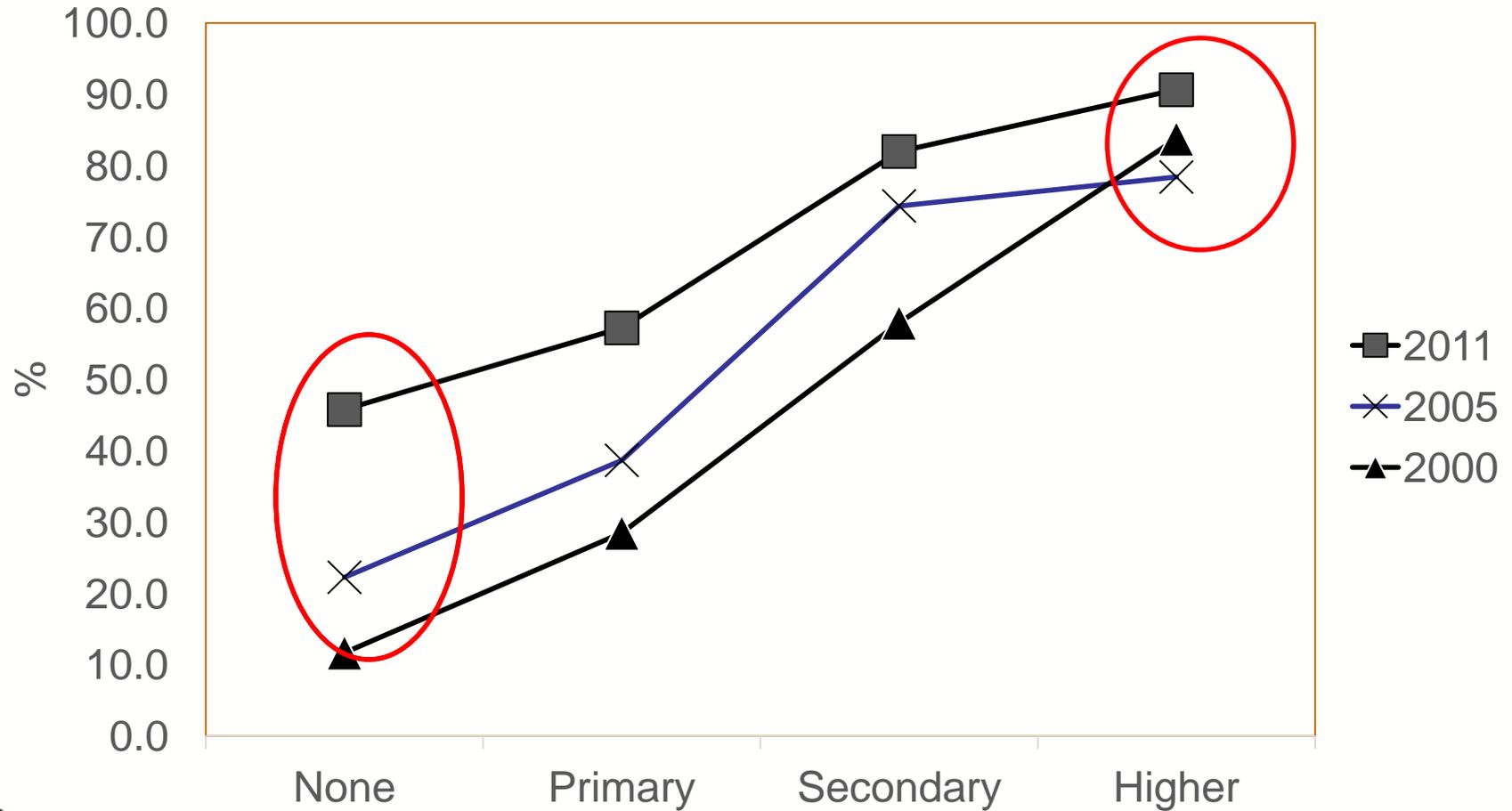
# Percentage of Total Demand Satisfied according to source



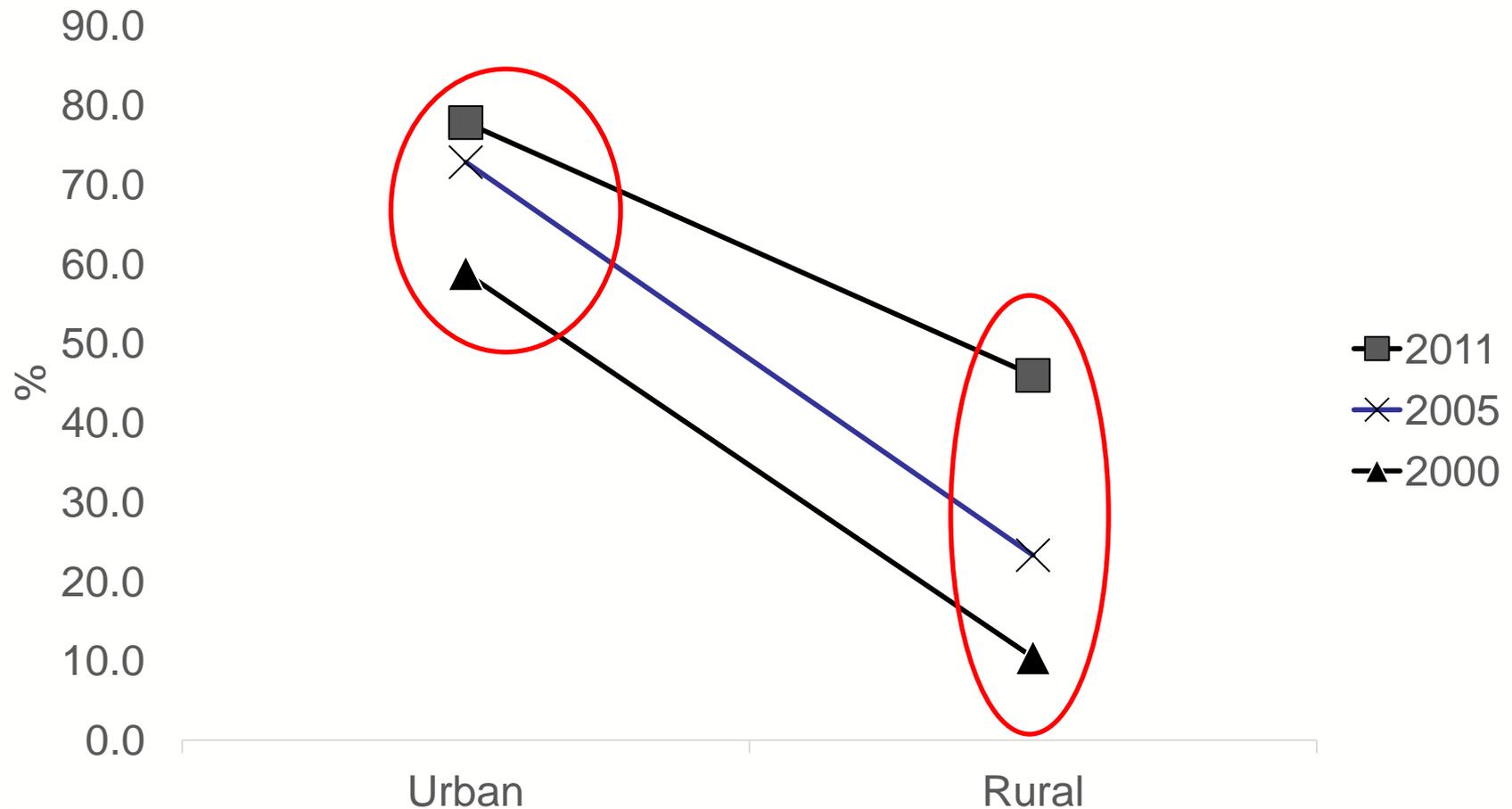
# Percentage of Total Demand Satisfied (PDS) by Age Group, 2000 – 2011



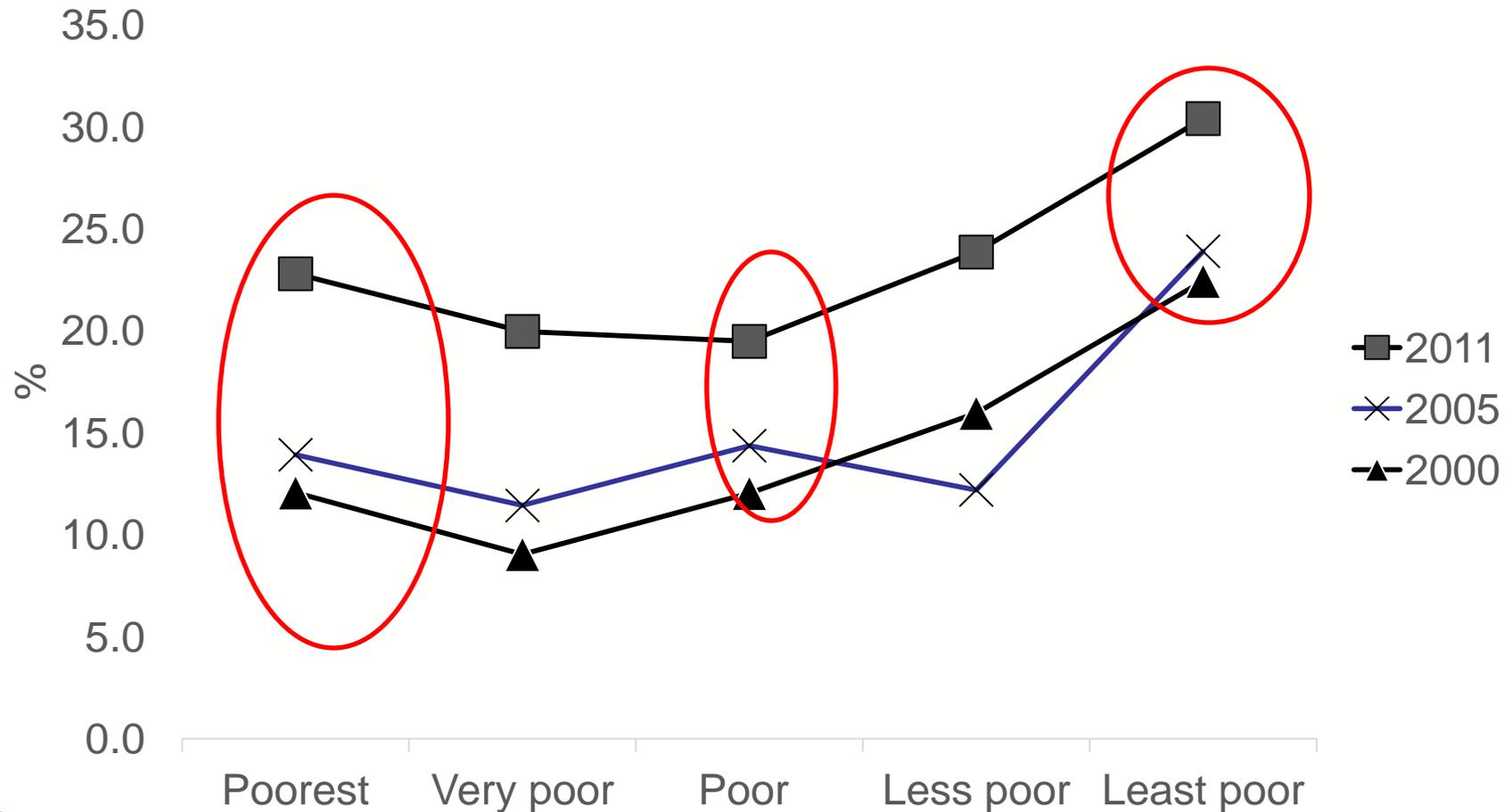
# Percentage of Total Demand Satisfied (PDS) by Education, 2000 – 20011



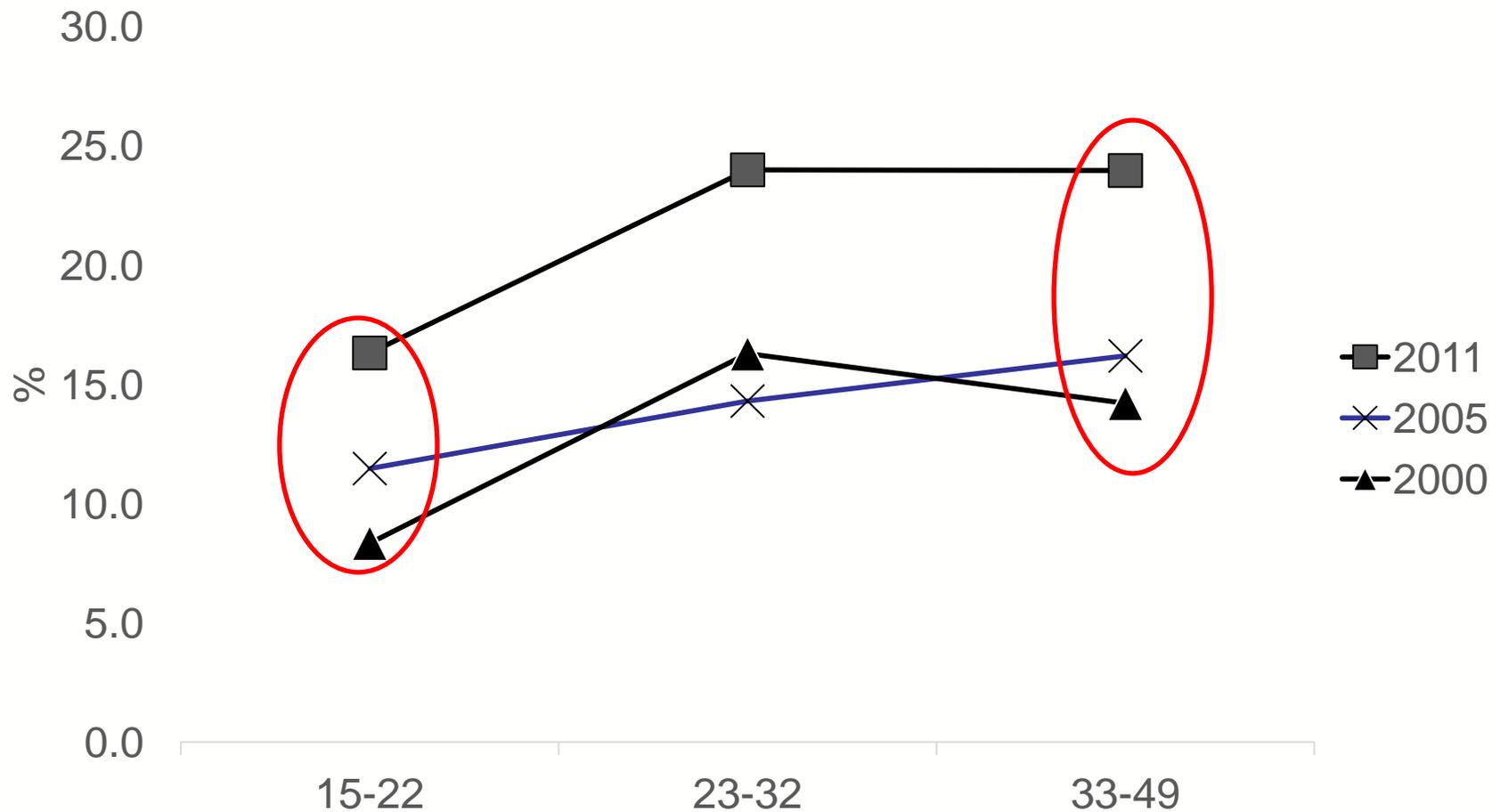
# Percentage of Total Demand Satisfied (PDS) by Residence, 2000 – 2011



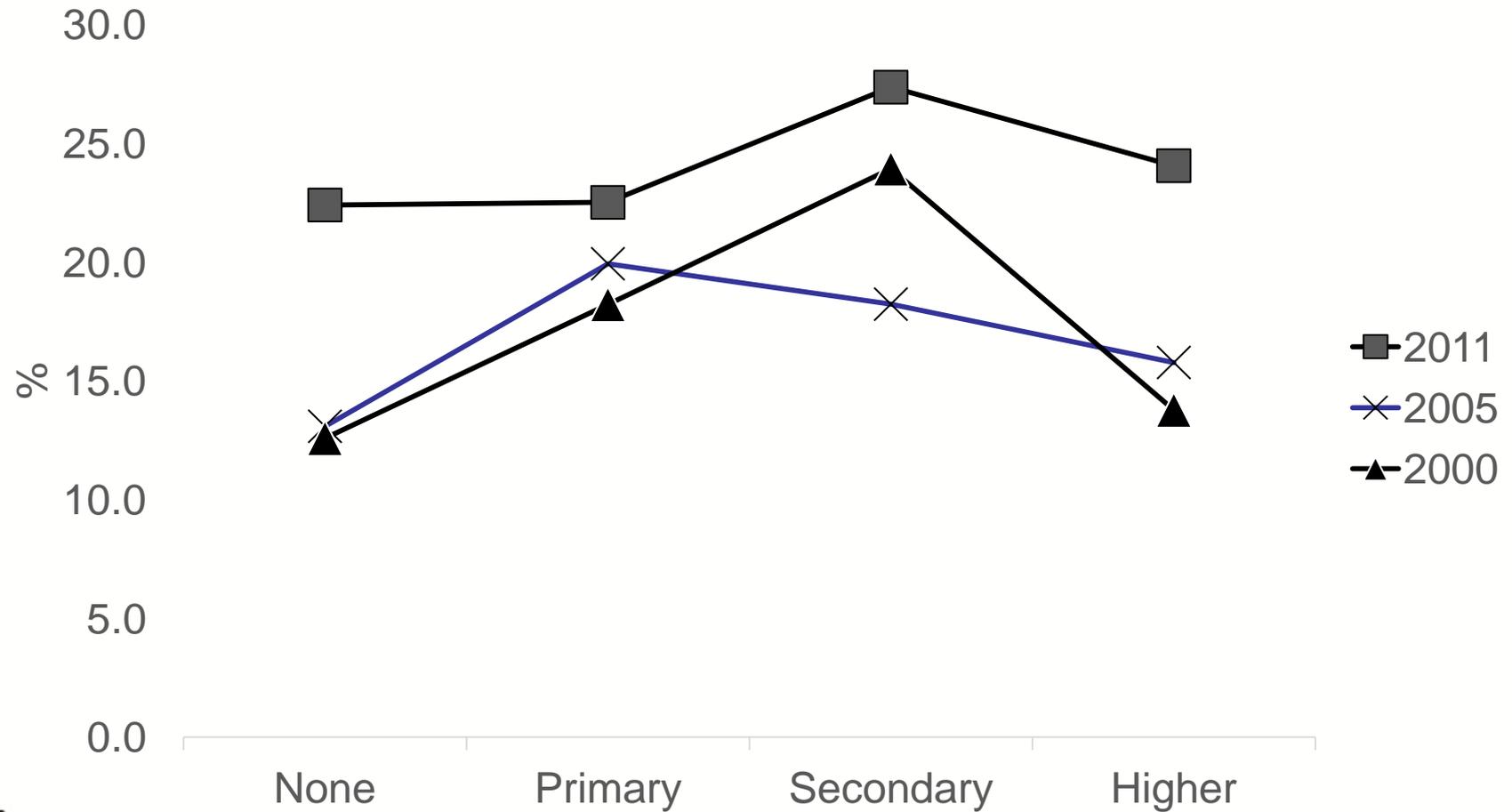
# Percentage with Unmet Need Targeted for FP Advice by Wealth Quintile, 2000 – 2011



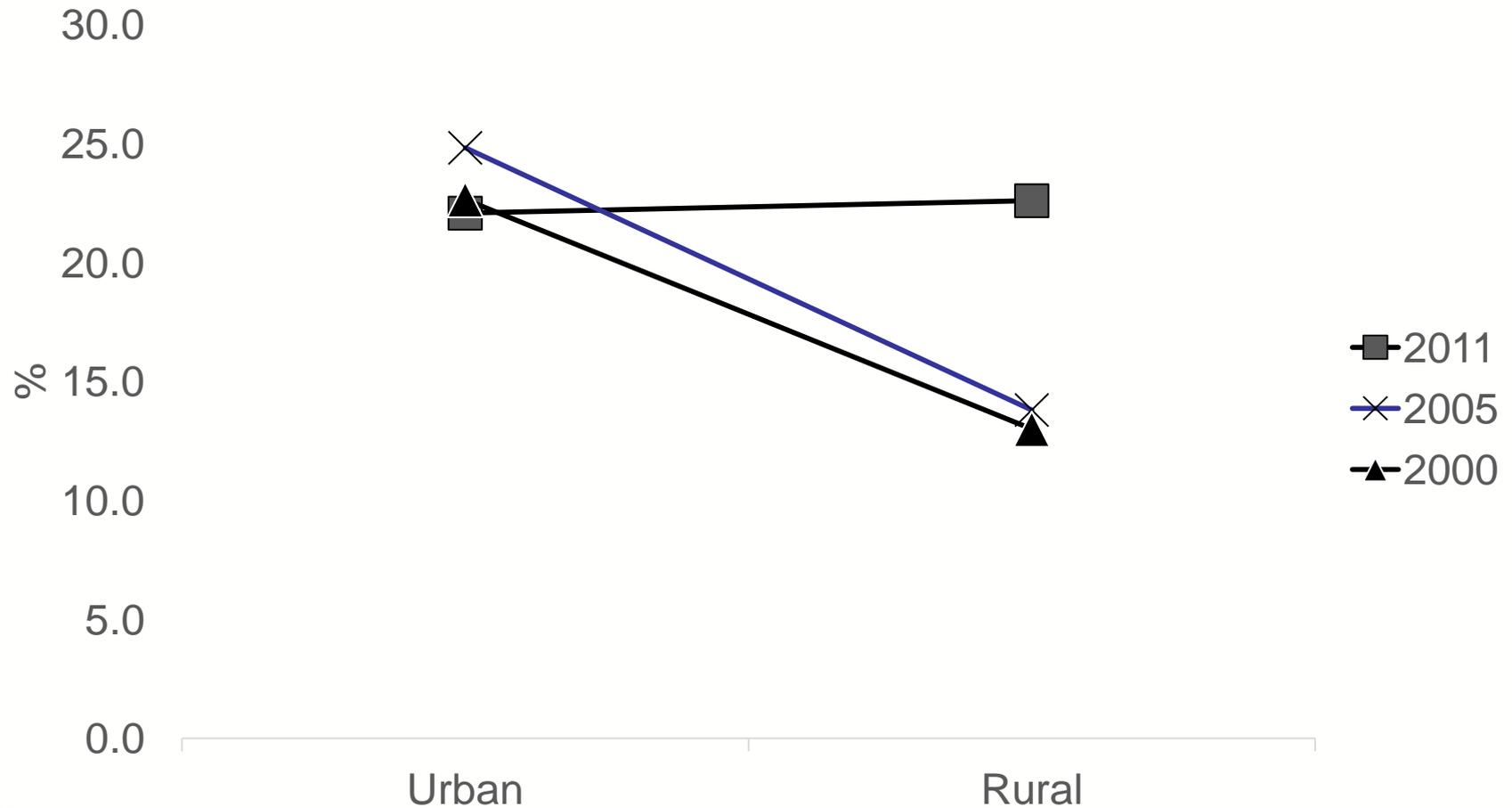
# Percentage with Unmet Need Targeted for FP Advice by Age Group, 2000 – 2011



# Percentage with Unmet Need Targeted for FP Advice by Education, 2000 – 2011



# Percentage with Unmet Need Targeted for FP Advice by Residence, 2000 – 2011



# Summary of Findings

- Improvements in the percentage of demand satisfied and the percentage with unmet need targeted for FP were seen after the expansion of HEP; however, still not optimum
- Wealth, education, and urban-rural disparity in the percentage of demand satisfied improved after the expansion of HEP; however, wealth and education disparity needs to be further improved

# Summary of Findings

- The poorer and less educated are more likely to obtain method from health posts; while least poor and more educated obtain methods from health centers
- There are no disparities in targeting FP messages for wealth and education
- Urban-rural disparities in FP targeting disappeared after the expansion of HEP
- Age disparity in targeting FP present

# Implications

- Targeting FP messages towards couples with unmet need needs special attention
- Targeting FP strategies should give special attention towards young adults, women who are poorer and less educated
- Girl's education paramount for FP improvements
- Equity in FP should be regularly monitored and should inform program strategy