Ethiopia

Demographic and Health Survey 2000

World Summit for Children Indicators: Ethiopia 2000

		Value
	BASIC INDICATORS	
Childhood mortality	Infant mortality rate	97.0 per 1,000
	Under-five mortality rate	166.2 per 1,000
Maternal mortality	Maternal mortality ratio	871 per 100,000
Childhood undernutrition	Percent stunted (of children under 5 years)	51.5
	Percent wasted (of children under 5 years)	10.5
	Percent underweight (of children under 5 years)	47.2
Clean water supply	Percent of households within 15 minutes of safe water supply[1]	10.1
Sanitary excreta disposal	Percent of households with flush toilets	0.3
Basic education	Percent of women 15-49 with completed primary education	10.7
	Percent of men 15-49 with completed primary education	20.5
	Percent of girls 6-12 attending school	23.5
	Percent of boys 6-12 attending school	28.0
	Percent of women 15-49 who are literate	18.5
Children in especially difficult situations	Percent of children who are orphans (both parents dead)	0.8
	Percent of children who do not live with their natural mother	15.2
	Percent of children who live in single adult households	7.6
	SUPPORTING INDICATORS	
Birth spacing	Percent of births within 24 months of a previous birth[2]	19.7
Safe motherhood	Percent of births with medical prenatal care[3]	26.7
	Percent of births with prenatal care in first trimester[3]	6.2
	Percent of births with medical assistance at delivery[4]	5.6
	Percent of births in a medical facility[4]	5.0
	Percent of births at high risk[4]	63.4
Family planning	Contraceptive prevalence rate (any method, married women)	8.1
	Percent of currently married women with an unmet demand for family planning	35.8
	Percent of currently married women with an unmet need for family planning to avoid a high-risk birth	29.1
Maternal nutrition	Percent of women age 15-49 with low BMI	30.1
Low birth weight	Percent of births at low birth weight[5]	12.4
Breastfeeding	Percent of children under 4 months who are exclusively breastfed	62.3
Iodized salt intake	Percent of households that use iodized salt[6]	28.4
Vaccinations	Percent of children whose mothers received at least one dose of tetanus toxoid vaccinations[3]	26.2
	Percent of children 12-23 months with measles vaccination	26.6
	Percent of children 12-23 months fully vaccinated	14.3
Diarrhea control	Percent of children with diarrhea in preceding 2 weeks who received ORS or RHF	18.6
Acute respiratory infection	Percent of children with acute respiratory infection in preceding 2 weeks who were taken to a health facility or provider	15.8

[1] Includes piped water and water from covered well and spring
[2] First births are excluded
[3] Refers to last births in the five years preceding the survey
[4] Refers to all births in the five years preceding the survey
[5] Standardized by mother's assessment of child's size at birth
[6] 25 ppm or more

Ethiopia Demographic and Health Survey 2000

Central Statistical Authority
Addis Ababa, Ethiopia

ORC Macro
Calverton, Maryland, USA

May 2001

The 2000 Ethiopia DHS was implemented by the Central Statistical Authority under the aegis of the Ministry of Health. ORC Macro provided technical assistance through its MEASURE *DHS+* program. The survey was funded principally by the Essential Services for Health in Ethiopia (ESHE) project through a bilateral agreement between the U.S. Agency for International Development (USAID) and the Federal Democratic Republic of Ethiopia. Funding was also provided by the United Nations Population Fund (UNFPA).

Additional information about the Ethiopia DHS may be obtained from the Central Statistical Authority, P.O. Box 1143, Addis Ababa, Ethiopia (telephone: 115131; fax 563885). Information about the MEASURE *DHS+* project may be obtained from ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (telephone: 301-572-0200; fax: 301-572-0999; e-mail: reports@macroint.com; internet: www.measuredhs.com

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FOREWORD

The 2000 Ethiopia Demographic and Health Survey (DHS) is the first of its kind to be conducted in the country. The survey was conducted by the Central Statistical Authority (CSA) under the aegis of the Ministry of Health and funded primarily by the United States Agency for International Development (USAID). Funding was also provided by the United Nations Population Fund (UNFPA). ORC Macro provided technical assistance under the MEASURE *DHS+* program. The survey collected information on family planning knowledge and use, fertility, infant and child mortality, maternal and child health, and knowledge of HIV/AIDS. Preparatory work for the DHS was initiated in June 1999 and fieldwork was carried out between early February and mid-June 2000.

The findings presented in this report will provide valuable information in the formulation of appropriate population and health policies and programs in the country. Key indicators relating to fertility, mortality and health are provided for the 9 regions and 2 administrative council areas of the country. In addition, data are also provided by urban and rural residence.

Findings from the DHS indicate that there has been some decline in fertility over the last decade. Knowledge of family planning is relatively high in Ethiopia. Nevertheless, the use of contraception is very low, with current use markedly lower than ever use. The mass media are not important sources of information on family planning, indicating tremendous potential for improving information, education and communication in Ethiopia. The majority of Ethiopian women and men prefer to space or limit the number of children that they have, and have a potential need for family planning. If all currently married women who say they want to space or limit the number of children were to use family planning, there would be a more than five-fold increase in the contraceptive prevalence rate in Ethiopia. DHS data also show that child mortality has declined over the last decade. Nevertheless, there is much scope for improvement in maternal and child health. Most mothers received no antenatal care, and the majority of deliveries is non-institutional and receives no assistance from health professionals. It is encouraging to note, however, that knowledge of HIV/AIDS in Ethiopia is high.

The Central Statistical Authority acknowledges the invaluable assistance of a number of institutions and individuals toward the successful completion of the Ethiopia DHS. The CSA is particularly thankful to USAID and UNFPA for funding the survey, to ORC Macro for providing technical assistance, and to UNICEF for providing weighing scales and salt-testing kits used in the survey. The CSA expresses its gratitude to the Ministry of Health and the National Office of Population for their support.

We highly appreciate and commend the dedicated effort of all persons involved in the Ethiopia DHS and in the timely completion of the fieldwork and publication of this report.

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SUMMARY OF FINDINGS

The 2000 Ethiopia Demographic and Health Survey (DHS) is a nationally representative survey of 15,367 women age 15-49 and 2,607 men age 15-59. The Ethiopia DHS is the first comprehensive nationally representative population and health survey conducted in Ethiopia and the first to be implemented as part of the worldwide Demographic and Health Surveys (DHS) project. The primary purpose of the Ethiopia DHS is to furnish policymakers and planners with detailed information on fertility, family planning, infant and child mortality, maternal and child health, and nutrition. In addition, the survey collected information on knowledge of HIV/AIDS and other sexually transmitted infections.

FERTILITY

Survey results indicate that fertility has declined in the last decade from 6.4 births per woman in 1990 to 5.9 births per woman in 2000, a decline of half a child. There are distinct differences by residence, with rural women having twice as many children as urban women. Fertility is highest in the Oromiya Region (6.4 births per woman) and lowest in Addis Ababa (1.9 births per woman). Education has a marked effect on fertility, with uneducated mothers having twice as many children as women with at least some secondary education.

Childbearing starts early. At current age-specific rates of childbearing, an Ethiopian woman will have had more than half of her lifetime births by age 30, and nearly three-fourths by age 35.

Several factors could account for the decline in fertility in Ethiopia. Over the last 10 years, there has been a decline in the percentage of women currently in union from 72 percent in 1990 to 64 percent in 2000. This decline in nuptiality is observed for all age groups. The median age at marriage has also risen over the last two decades from around 16 years for women age 30-49 to 18 years for women age 20-24. There has also been a rise in the median age at first birth during the last 10 years. In addition, the percentage of women married by age 15 has declined from 35 percent among women age 35-39 to 14 percent among those currently age 15-19.

The median age at first sexual intercourse for women is the same as the median age at marriage, while men become sexually active well before marriage. The median age at first sexual intercourse for men is 20.3 years, three years earlier than the median age at first marriage. In general, Ethiopian men marry more than seven years later than women.

Overall, 14 percent of currently married women are married to men who are in a polygynous union. Older women, rural women, women residing in the Gambela, Affar, and SNNP regions, and uneducated women more likely to be in a polygynous union than other women. About one in eleven men is in a polygynous union.

The interval between births is relatively long in Ethiopia. Fifty-seven percent of all births occur nearly three years after a previous birth. Postpartum insusceptibility is one of the major factors contributing to the long birth interval in Ethiopia. The median duration of amenorrhea is 19 months, postpartum abstinence is 2 months, and insusceptibility is 20 months.

FAMILY PLANNING

Knowledge of family planning is relatively high in Ethiopia, with 86 percent of currently married women and 92 percent of currently married men having heard of at least one method of contraception. The pill and injectables are the most widely known modern methods among both women and men.

Use of contraception is very low, with a noticeable discrepancy between ever use and current use. Seventeen percent of currently married women and 25 percent of currently married men have used a family planning method at least once in

their lifetime. However, only 8 percent of women and 15 percent of men are currently using a method. Current use of modern methods is even lower, with 6 percent of women and 9 percent of men currently using a modern method. Much of the male-female difference in current use is due to the higher level of reported use of the pill and injectables by men. Men are also three times more likely than women to report use of traditional methods, especially periodic abstinence. More than three in four current users of modern methods (78 percent) obtain their method from the public sector, while 16 percent and 6 percent, respectively, obtain their method from the private medical sector or other private sources.

The contraceptive prevalence rate in Ethiopia for all methods has increased over the last decade from 5 percent in 1990 to 8 percent in 2000. The use of modern contraceptive methods doubled over the 10-year period. Much of this increase can be attributed to increase in the use of injectables, from virtually nil in 1990 to 3 percent in 2000.

The mass media is not an important source of information on family planning. Only 17 percent of women and 29 percent of men have heard a family planning message on the radio and/or television. Although the large majority of women who know of family planning approve of its use (69 percent), only 38 percent believe that their husband approves of its use. Nevertheless, nearly one in two married couples approves of the use of family planning.

The desire for more children is the major reason given by currently married nonusers for not intending to use a method of contraception in the future. Forty-two percent of currently married women and 65 percent of currently married men reported this reason for non-use.

The majority of Ethiopian women (68 percent) and men (68 percent) prefer to space or limit the number of children they have, and have a potential need for family planning. More than one in three currently married women has an unmet need for family planning (36 percent). The need for spacing (22 percent) is higher than the need for limiting (14 percent). If all currently married women who say they want to space or limit the number of children were to use family planning, the contraceptive prevalence rate in Ethiopia would increase from 8 percent to 44 percent.

CHILD HEALTH

At current mortality levels, one of every 6 Ethiopian children will die before the fifth birthday, with 58 percent of these deaths occurring during the first year of life. The DHS data show, however, that mortality has declined over the last 15 years. Under-five mortality is 21 percent lower now than it was five to nine years ago, with the pace of decline in infant mortality (25 percent) somewhat faster than the decline in child mortality (18 percent).

Mortality is consistently lower in urban areas than in rural areas, with mortality lowest in Addis Ababa, the most urbanized area of the country. Nevertheless, even in Addis Ababa, one in nine children dies before the fifth birthday. The corresponding rates are about one in four in the Affar and Gambela regions. Maternal education is strongly correlated with child mortality. Neonatal mortality is 60 percent lower, infant mortality is 47 percent lower, and under-five mortality is 55 percent lower among mothers with some secondary education than among mothers with no education.

Survival of infants and children is strongly influenced by access to maternal health care. Neonatal death is 33 percent lower when mothers have access to either antenatal or delivery care, and 92 percent lower when mothers have access to both antenatal and delivery care, than when neither service is used. With the exception of child mortality, male children in general experience higher mortality than female children. Mortality is higher among children born to very young mothers (less than 20 years) and older mothers (more than 40 years), first births and births of order seven and higher, and children born within two years of a previous birth.

Twelve percent of children are fully vaccinated by 12 months of age, 41 percent have received the BCG vaccination, and 21 percent have been vaccinated against measles. Three in four children age 12-23 months received the first dose of polio vaccine by 12 months of age, one in two received the second dose, and about one in three received the third dose. While DPT and polio vaccines are often administered at the same time, polio coverage in Ethiopia is much higher than DPT coverage. This is primarily due to the success of the national immunization day campaign, during which polio vaccines are administered. While coverage for the first dose of DPT is relatively high (40 percent), there is a 55 percent decline in coverage between the first and third doses. The dropout between the first and third doses of polio is also marked—a 59 percent decline. There has been little change in the percentage of children fully vaccinated over the last four years; however, the percentage of children who received no vaccinations at all has declined from 31 percent among children age 48-59 months, to 25 percent among children age 12-23 months.

One in four children under age five showed symptoms of acute respiratory infection (ARI), in the two weeks before the survey. Use of a health facility for the treatment of symptoms of ARI is low, with only 16 percent of children taken to a health facility or provider.

Twenty-eight percent of children under five were reported to have had fever, a major manifestation of malaria, in the two weeks before the survey. Seventy-eight percent of these children received no treatment at all. Aspirin (8 percent) and antibiotics (6 percent) are the most commonly used treatments for fever. Few children with fever are treated with antimalarial medication.

Nationally, 24 percent of all children under five had diarrhea at some time in the two weeks before the survey. Only 13 percent of these children were taken to a health provider. Forty-five percent of children with diarrhea were treated with some kind of oral rehydration therapy (ORT): 13 percent were treated with ORS (solution prepared from ORS packets); 9 percent were given recommended home fluids (RHF) prepared at home; 19 percent received either ORS or RHF; and 35 percent were given increased fluids. A large proportion of children with diarrhea (39 percent) did not receive any type of treatment at all.

MATERNAL HEALTH

Twenty-seven percent of mothers who had a live birth in the five years preceding the survey received antenatal care from health professionals; less than 1 percent of mothers received antenatal care from trained and untrained traditional birth attendants. No antenatal care was received by nearly three-quarters (73 percent) of mothers. Only one in ten women make four or more antenatal care visits during their entire pregnancy. The median number of antenatal care visits is 2.5, about five times less than the recommended number.

Among mothers who received antenatal care one in four reported that they were informed about pregnancy complications during their antenatal care visits. Height and weight measurements were collected for 67 percent and 43 percent of mothers, respectively. Blood pressure measurement was included in the antenatal care for 69 percent of mothers, and urine and blood sampling was done for 21 and 25 percent of mothers, respectively. Seventeen percent of women who had a live birth in the five years preceding the survey received two or more doses of tetanus toxoid injections during pregnancy. Nine percent reported having received antimalarial medication.

An overwhelming majority of births in the five years before the survey were delivered at home (95 percent). Only 6 percent of births were delivered with the assistance of a trained health professional, that is, a doctor, nurse or midwife, while 4 percent were delivered by a trained birth attendant (TBA). The majority of births (85 percent) were attended by either an untrained TBA (26 percent) or a relative, or some other person (58 percent). Six percent of all births were delivered without assistance.

Postnatal care is extremely low in Ethiopia. Nine

in 10 mothers who had a live birth in the five years preceding the survey received no postnatal care (90 percent). Of those who received postnatal care, half (5 percent) were women who delivered in a health facility. Only 8 percent of mothers received postnatal care within the crucial first two days of delivery, and 1 percent received care three to seven days after delivery.

Breastfeeding and Nutrition

Breastfeeding is nearly universal in Ethiopia, and the median duration of any breastfeeding is long (26 months). Exclusive breastfeeding, on the other hand, is relatively short, with a median duration of 3 months; nearly one in seven children under 4 months of age is given other milk, and 6 percent receive other liquids. The use of a bottle with a nipple is common (13 percent of children under 4 months) and bottle-feeding starts as early as 0-1 month.

The level of malnutrition is significant with more than one in two Ethiopian children under five years of age stunted (short for their age), 11 percent wasted (thin for their age), and 47 percent underweight. In general, rural children and children of uneducated mothers are more likely to be stunted, wasted, or underweight than other children. Children in the Tigray, Amhara, and SNNP regions are more likely to be stunted, children in the Somali and Gambela regions are more likely to be wasted, and children in the SNNP, Amhara, and Affar regions are more likely to be underweight, than other children.

Survey results also show that the level of chronic energy deficiency in Ethiopia is relatively high. Nearly one in three women falls below the cut-off of 18.5 for the body mass index, which utilizes both the height and weight to measure thinness.

HIV/AIDS and STIs

Most women (85 percent) and men (96 percent) have heard of AIDS. The most important source of information on AIDS is community meetings, with 80 percent and 71 percent of women and men, respectively, having heard of AIDS at a community meeting. Men are much more likely than women to have heard about AIDS on the radio and television. Three times as many women as men said that they had not heard of AIDS or did not know if AIDS can be avoided, while 5 percent of women and 3 percent of men stated that there is no way to avoid getting AIDS. Twenty-nine percent of women and 6 percent of men do not know a specific way to avoid contracting the virus (HIV) that causes AIDS. Most respondents (53 percent of women and 70 percent of men) believe that having sex with only one partner is the single most effective way to avoid contracting HIV. Thirty-seven percent of women and 55 percent of men believe that a healthy-looking person can have the AIDS virus. Fifty-eight percent of women and 72 percent of men also recognize that the disease can be transmitted from a mother to her child during pregnancy, at delivery, or through breastfeeding.

One in four women and one in two men who are currently married or living with a partner have discussed the prevention of HIV/AIDS with their spouse or partner. Nearly twice as many women as men who have heard of AIDS believed that a person who knows that she/he has the AIDS virus should be allowed to keep this information private. About one in two women and men (45 percent and 50 percent, respectively) are willing to care for relatives who are infected with the AIDS virus in their house. Overall, a very small percentage of men (2 percent) said that they have been tested for AIDS. Nearly two in three men who have not been tested for AIDS say they want to be tested.

Thirty-seven percent of women and 19 percent of men did not know of any other STIs. One in four women and 14 percent of men did not know of any signs or symptoms of STIs in a man while 27 percent of women and 41 percent of men did not know of any signs or symptoms of STIs in a woman. About 3 percent of men mentioned that they had experienced an infection in the 12 months preceding the survey. One in three men sought advice or treatment from a government medical facility. Fifty-four percent of men with an STI or associated symptoms did not inform their partner and 58 percent took no action to protect their partner.

WOMEN'S STATUS

The DHS data shed some light on the status of women in Ethiopia. Fourteen percent of currently married women are in a polygynous union, with older women more likely than younger women to have a husband with several wives. There has been little change in the level of polygyny over the last decade.

While the majority of Ethiopians have little or no education, women are generally less educated than men. The male-female gap in education is more obvious at lower levels of education primarily because the proportion of males and females attending higher levels of education is so small. The net attendance ratio, which indicates participation in primary schooling among those age 7-12 years, and secondary schooling among those age 13-18 years, is also lower among females than males.

Fifty-six percent of women were working at the time of the survey, 7 percent were not working but had worked during the 12 months prior to the survey, and 37 percent did not work in the preceding 12 months. Agriculture is the dominant sector of the economy, employing 58 percent of women in the 12 months preceding the survey. Nearly half of the working women (48 percent) are self-employed, 43 percent work for a family member, and 9 percent work for someone else. Thirty-five percent of working women receive cash only, 5 percent are paid in cash and in kind, 19 percent are paid in kind only, and 41 percent do not receive any form of payment. Three-fourths of women who work for cash reported that they alone are mainly responsible for making decisions on how their earnings is spent, 16 percent said they make these decisions jointly with their husband/partner, and 2 percent said their husband/partner alone decides.

A sizable majority of women (85 percent) believe that a husband is justified in beating his wife for at least one reason. Two in three women believe that a husband is justified in beating his wife if she burns the food or neglects the children. A slightly smaller percentage agree that if a woman argues with her husband (61 percent), or goes out without telling him (56 percent), then he is justified in beating her. One in two women believe that a husband is justified in beating his wife if she refuses to have sex with him.

The practice of female circumcision is widespread in Ethiopia, with 80 percent of all women having been circumcised. More than half of the women who had one or more living daughters reported that at least one of their daughters had been circumcised.

One in four Ethiopian women who died in the seven years preceding the survey died from pregnancy or pregnancy-related causes. The maternal mortality ratio, which measures the obstetric risk associated with each live birth, is 871 deaths per 100,000 live births for the period 1994-2000.