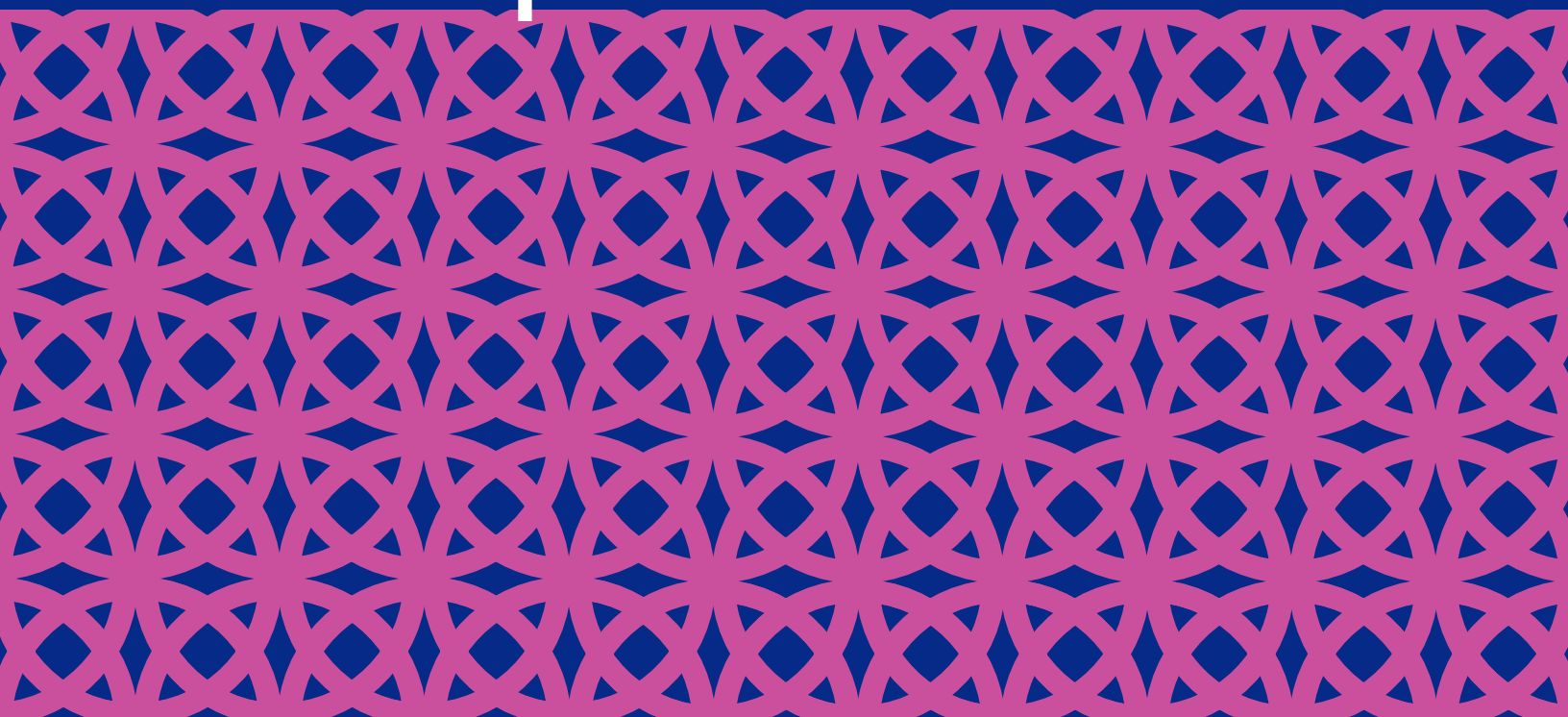


Ethiopia



**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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CONTENTS

	Page
Tables and Figures	vii
Foreword	xiii
Acknowledgments	xv
Summary of Findings	xvii
CHAPTER 1 INTRODUCTION	1
1.1 History, Geography, and Economy	1
1.2 Population	1
1.3 Health and Family Planning	2
1.4 Objectives and Organization of the Survey	3
CHAPTER 2 HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS	5
2.1 Demographic Characteristics of Households	5
2.2 Household Composition	7
2.3 Household Education	8
2.4 Housing Characteristics	12
2.5 Household Possessions	13
2.6 Bednets	14
2.7 Health Facilities	14
CHAPTER 3 RESPONDENT'S CHARACTERISTICS AND STATUS	17
3.1 Background Characteristics of Respondents	17
3.2 Educational Attainment by Background Characteristics	19
3.3 Literacy	21
3.4 Exposure to Mass Media	21
3.5 Employment	24
3.6 Occupation	27
3.7 Employer and Form of Earnings	29
3.8 Decision on Use of Earnings	30
3.9 Women's Attitude toward Wife Beating	31
3.10 Female Circumcision	33
CHAPTER 4 FERTILITY	37
4.1 Current Fertility	37
4.2 Fertility Differentials	39

4.3	Trends in Fertility	40
4.4	Children Ever Born and Living	41
4.5	Birth Intervals	43
4.6	Age at First Birth	44
4.7	Teenage Pregnancy and Motherhood	46
CHAPTER 5 FERTILITY REGULATION		47
5.1	Knowledge of Contraception	47
5.2	Ever Use of Contraception	50
5.3	Current Use of Contraceptive Methods	52
5.4	Knowledge of Fertile Period	58
5.5	Trends in Contraceptive Use	58
5.6	Use of Social Marketing Brands	58
5.7	Decision on Use of Contraceptives	59
5.8	Number of Children at First Use of Family Planning	60
5.9	Source of Family Planning Methods	61
5.10	Intention to Use Family Planning among Nonusers	63
5.11	Reasons for Nonuse	63
5.12	Preferred Methods of Contraception for Future Use	64
5.13	Exposure to Family Planning Messages	65
5.14	Exposure to Family Planning Messages through the Print Media	67
5.15	Contact of Nonusers with Family Planning Providers	68
5.16	Discussion of Family Planning between Spouses	69
5.17	Attitudes toward Family Planning	70
CHAPTER 6 OTHER PROXIMATE DETERMINANTS OF FERTILITY		73
6.1	Marital Status	73
6.2	Polygyny	75
6.3	Age at First Marriage	76
6.4	Age at First Sexual Intercourse	78
6.5	Recent Sexual Activity	80
6.6	Postpartum Amenorrhea, Abstinence, and Insusceptibility	83
6.7	Termination of Exposure to Pregnancy	84
CHAPTER 7 FERTILITY PREFERENCE		85
7.1	Desire for More Children	85
7.2	Need for Family Planning Services	90
7.3	Ideal Family Size	90
7.4	Fertility Planning	94

Page

CHAPTER 8	INFANT AND CHILD MORTALITY	97
8.1	Assessment of Data Quality	97
8.2	Levels and Trends in Infant and Child Mortality	99
8.3	Socioeconomic Differentials in Childhood Mortality	100
8.4	Demographic Differentials in Mortality	102
8.5	Perinatal Mortality	103
8.6	High-Risk Fertility Behavior	105
CHAPTER 9	ADULT AND MATERNAL MORTALITY	107
9.1	Data Quality Issues	107
9.2	Adult Mortality	108
9.3	Maternal Mortality	109
CHAPTER 10	MATERNAL AND CHILD HEALTH	111
10.1	Antenatal Care	111
10.2	Antenatal Care Content	113
10.3	Tetanus Toxoid Coverage	115
10.4	Antimalarial Medicine	116
10.5	Eating Taboos	117
10.6	Delivery Care	117
10.7	Assistance at Delivery	118
10.8	Delivery Characteristics	120
10.9	Postnatal Care	121
10.10	Exposure to Sunlight	124
10.11	Perceived Problems in Accessing Women’s Health Care	125
10.12	Vaccination Coverage	127
10.13	Trends in Vaccination Coverage	129
10.14	Acute Respiratory Infection	131
10.15	Fever	132
10.16	Stool Disposal	134
10.17	Prevalence of Diarrhea	136
10.18	Knowledge of ORS Packets	136
10.19	Diarrhea Treatment	137
10.20	Feeding Practices	139
10.21	Women’s Status and Children’s Health Care	139
CHAPTER 11	INFANT FEEDING AND CHILDHOOD AND MATERNAL NUTRITION	141
11.1	Initiation of Breastfeeding	141
11.2	Breastfeeding Status by Age	142
11.3	Duration and Frequency of Breastfeeding	144

11.4	Types of Supplemental Food	145
11.5	Frequency of Food Supplementation	146
11.6	Iodine Intake	148
11.7	Micronutrient Intake	149
11.8	Early Termination of Breastfeeding	152
11.9	Nutritional Status of Children	152
11.10	Nutritional Status of Women	156
CHAPTER 12 HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS		159
12.1	AIDS Awareness	159
12.2	Knowledge of HIV/AIDS Prevention	163
12.3	Knowledge of HIV/AIDS-related Issues	165
12.4	Social Aspects of HIV/AIDS Prevention and Mitigation	167
12.5	Knowledge of Signs and Symptoms of Sexually Transmitted Infections	169
12.6	Prevalence and Treatment of STIs	171
12.7	Sexual Behavior	172
12.8	Knowledge of Condoms	175
12.9	Use of Condoms by Cohabiting and Noncohabiting Partners	176
REFERENCES		179
APPENDIX A SAMPLE DESIGN		181
APPENDIX B ESTIMATES OF SAMPLING ERRORS		189
APPENDIX C DATA QUALITY TABLES		197
APPENDIX D SURVEY PERSONNEL		203
APPENDIX E QUESTIONNAIRES		207

TABLES AND FIGURES

	Page
CHAPTER 1 INTRODUCTION	
Table 1.1	Basic demographic indicators 2
Table 1.2	Results of the household and individual interviews 4
CHAPTER 2 HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS	
Table 2.1	Household population by age, sex, and residence 6
Table 2.2	Household composition 7
Table 2.3	Children's living arrangements 8
Table 2.4	Educational attainment of household population 9
Table 2.5	School attendance ratios 11
Table 2.6	Housing characteristics 13
Table 2.7	Household durable goods 14
Table 2.8	Possession of bednets 14
Table 2.9	Use of health facility services 15
Table 2.10	Types of health facilities utilized 15
Table 2.11	Utilization and source of drugs 16
Figure 2.1	Population pyramid of Ethiopia 6
Figure 2.2	Age-specific attendance rates 12
CHAPTER 3 RESPONDENT'S CHARACTERISTICS AND STATUS	
Table 3.1	Background characteristics of respondents 18
Table 3.2	Differential characteristics between spouses 19
Table 3.3	Educational attainment by background characteristics 20
Table 3.4	Literacy 22
Table 3.5	Exposure to mass media 23
Table 3.6.1	Employment: women 24
Table 3.6.2	Employment: men 26
Table 3.7.1	Occupation: women 27
Table 3.7.2	Occupation: men 28
Table 3.8	Employer and form of earnings 29
Table 3.9	Decision on use of earnings 31
Table 3.10	Women's agreement with reasons for wife beating 32
Table 3.11	Prevalence of female circumcision 33
Table 3.12	Daughters' circumcision experience 34
Table 3.13	Age at circumcision for daughters 34
Table 3.14	Person who performed the circumcision 35
Table 3.15	Severity of circumcision 35

Figure 3.1	Percent distribution of women age 15-49 by employment status	25
Figure 3.2	Percent distribution of employed women age 15-49 by type of earnings	30

CHAPTER 4 FERTILITY

Table 4.1	Current fertility	37
Table 4.2	Fertility by background characteristics	39
Table 4.3	Trends in fertility	40
Table 4.4	Trends in age-specific fertility rates	41
Table 4.5	Children ever born and living	42
Table 4.6	Birth intervals	44
Table 4.7	Age at first birth	45
Table 4.8	Median age at first birth by background characteristics	45
Table 4.9	Teenage pregnancy and motherhood	46
Figure 4.1	Age-specific fertility rates by urban-rural residence	38
Figure 4.2	Total fertility rates by selected background characteristics	40

CHAPTER 5 FERTILITY REGULATION

Table 5.1	Knowledge of contraceptive methods	48
Table 5.2	Couples' knowledge of contraceptive methods	49
Table 5.3	Knowledge of contraceptive methods by background characteristics	50
Table 5.4	Ever use of contraception	51
Table 5.5	Current use of contraception	53
Table 5.6.1	Current use of contraception by background characteristics: women	55
Table 5.6.2	Current use of contraception by background characteristics: men	57
Table 5.7	Knowledge of fertile period	58
Table 5.8	Trends in current use of contraception	58
Table 5.9	Pill brands	59
Table 5.10	Condom brands	59
Table 5.11	Decision on use of contraceptives	60
Table 5.12	Number of children at first use of contraception	61
Table 5.13	Source of contraception	62
Table 5.14	Time taken to reach source of contraception	62
Table 5.15	Future use of contraception	63
Table 5.16	Reason for not intending to use contraception	64
Table 5.17	Preferred method of contraception for future use	64
Table 5.18.1	Exposure to family planning messages on radio and television: women	65
Table 5.18.2	Exposure to family planning messages on radio and television: men	66
Table 5.19	Exposure to family planning messages in print media	67
Table 5.20	Contact of nonusers with family planning providers	68
Table 5.21	Discussion of family planning with husband	69

Table 5.22	Women's approval of family planning	70
Table 5.23	Couple's approval of family planning	71
Table 5.24	Wife's perception of husband's attitude toward family planning	72
Figure 5.1	Current use of contraception by sex	54
Figure 5.2	Current use of contraceptives among currently married women age 15-49	56

CHAPTER 6 OTHER PROXIMATE DETERMINANTS OF FERTILITY

Table 6.1	Current marital status	74
Table 6.2	Number of co-wives and wives	75
Table 6.3	Age at first marriage	77
Table 6.4	Median age at first marriage	78
Table 6.5	Age at first sexual intercourse	79
Table 6.6	Median age at first sexual intercourse	80
Table 6.7	Recent sexual activity: women	81
Table 6.8	Recent sexual activity: men	82
Table 6.9	Postpartum amenorrhea, abstinence, and insusceptibility	83
Table 6.10	Median duration of postpartum insusceptibility by background characteristics	84
Table 6.11	Menopause	84
Figure 6.1	Marital union by age and sex	74

CHAPTER 7 FERTILITY PREFERENCE

Table 7.1	Fertility preferences by number of living children	85
Table 7.2	Desire for more children among monogamous couples	87
Table 7.3	Fertility preferences by age	88
Table 7.4	Desire to limit childbearing by background characteristics	89
Table 7.5	Need for family planning	91
Table 7.6	Ideal and actual number of children	92
Table 7.7	Mean ideal number of children by background characteristics	93
Table 7.8	Fertility planning status	94
Table 7.9	Wanted fertility rates	95
Figure 7.1	Fertility preferences of currently married women age 15-49	86
Figure 7.2	Desire to limit childbearing among currently married women and men, by number of living children	87

CHAPTER 8 INFANT AND CHILD MORTALITY

Table 8.1	Early childhood mortality rates	99
Table 8.2	Early childhood mortality by socioeconomic characteristics	100
Table 8.3	Early childhood mortality by demographic characteristics	102

Table 8.4	Perinatal mortality	104
Table 8.5	High-risk fertility behavior	106
Figure 8.1	Under-five mortality by selected demographic characteristics	103

CHAPTER 9 ADULT AND MATERNAL MORTALITY

Table 9.1	Adult mortality rates	109
Table 9.2	Direct estimates of maternal mortality	110

CHAPTER 10 MATERNAL AND CHILD HEALTH

Table 10.1	Antenatal care	112
Table 10.2	Number of antenatal care visits and stage of pregnancy	113
Table 10.3	Antenatal care content	114
Table 10.4	Tetanus toxoid injections	115
Table 10.5	Antimalarial medication and eating taboos	116
Table 10.6	Place of delivery	118
Table 10.7	Assistance during delivery	119
Table 10.8	Delivery characteristics	120
Table 10.9	Postnatal care by background characteristics	122
Table 10.10	Postnatal care providers	123
Table 10.11	Exposure to sunlight	124
Table 10.12	Perceived problem in accessing women's health care by background characteristics	125
Table 10.13	Vaccinations by source of information	127
Table 10.14	Vaccinations by background characteristics	129
Table 10.15	Vaccinations in first year of life	130
Table 10.16	Immunization campaigns	131
Table 10.17	Prevalence and treatment of acute respiratory infection	132
Table 10.18	Prevalence of fever and sources of treatment	133
Table 10.19	Treatment of fever	134
Table 10.20	Disposal of children's stool	135
Table 10.21	Prevalence of diarrhea	136
Table 10.22	Knowledge of ORS packets	137
Table 10.23	Diarrhea treatment	138
Table 10.24	Feeding practices during diarrhea	139
Table 10.25	Women's status and children's health care	139
Figure 10.1	Antenatal care, tetanus toxoid (TT) vaccinations, place of delivery, and delivery assistance	113
Figure 10.2	Vaccination coverage among children age 12-23 months	128

CHAPTER 11 INFANT FEEDING AND CHILDHOOD AND MATERNAL NUTRITION

Table 11.1	Initial breastfeeding	142
Table 11.2	Breastfeeding status by child's age	143
Table 11.3	Median duration and frequency of breastfeeding	144
Table 11.4	Foods consumed by children in preceding 24 hours	146
Table 11.5	Frequency of foods consumed by children in preceding 24 hours	147
Table 11.6	Frequency of foods consumed by children in preceding 7 days	148
Table 11.7	Iodized salt	149
Table 11.8	Micronutrient intake among children	150
Table 11.9	Micronutrient intake and night blindness among mothers	151
Table 11.10	Children who stopped breastfeeding early	152
Table 11.11	Nutritional status of children	154
Table 11.12	Nutritional status of women by background characteristics	156
Figure 11.1	Weight-for-age among children under age 5 by selected characteristics	155
Figure 11.2	Percentage of women age 15-49 with a low body mass index (BMI) by background characteristics	157

CHAPTER 12 HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

Table 12.1	Knowledge of AIDS	160
Table 12.2.1	Source of information on AIDS: women	161
Table 12.2.2	Source of information on AIDS: men	162
Table 12.3	Knowledge of ways to avoid HIV/AIDS	163
Table 12.4.1	Knowledge of programmatically important ways to avoid HIV/AIDS: women	164
Table 12.4.2	Knowledge of programmatically important ways to avoid HIV/AIDS: men	165
Table 12.5	Knowledge of HIV/AIDS-related issues	166
Table 12.6	Discussion of HIV/AIDS with partner	167
Table 12.7	Social aspects of HIV/AIDS	168
Table 12.8	Testing for AIDS	169
Table 12.9.1	Knowledge of signs and symptoms of STIs: women	170
Table 12.9.2	Knowledge of signs and symptoms of STIs: men	171
Table 12.10	Self-reporting of sexually transmitted infection and STI symptoms	172
Table 12.11	Number of sexual partners of married women and men	173
Table 12.12	Number of sexual partners of unmarried women and men	174
Table 12.13	Knowledge of condoms	175
Table 12.14.1	Use of condoms: women	176
Table 12.14.2	Use of condoms: men	177

APPENDIX A SAMPLE DESIGN

Table A.1.1	Sample implementation: women	186
Table A.1.2	Sample implementation: men	187

APPENDIX B ESTIMATES OF SAMPLING ERRORS

Table B.1	List of selected variables for sampling errors,	192
Table B.2	Sampling Errors - National sample	193
Table B.3	Sampling Errors - Urban sample	194
Table B.4	Sampling Errors - Rural sample	195

APPENDIX C DATA QUALITY TABLES

Table C.1	Household age distribution	197
Table C.2	Age distribution of eligible and interviewed women	198
Table C.3	Completeness of reporting	198
Table C.4	Births by calendar years	199
Table C.5	Reporting of age at death in days	200
Table C.6	Reporting of age at death in months	201
Table C.7	Data on siblings	201
Table C.8	Indicators of data quality	202
Table C.7	Sibship size and sex ratio of siblings	202

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.