



Trends in Key Demographic and Health Indicators for Young Adults

Data from the 2000, 2005, and 2011
Ethiopia Demographic and Health
Surveys



This report examines trends in key demographic indicators among youth from the findings of the 2000, 2005, and 2011 Ethiopia Demographic and Health Surveys (EDHS). The 2011 EDHS was carried out under the aegis of the Ministry of Health (MOH) and was implemented by the Central Statistical Agency (CSA). The testing of the blood samples for HIV status was handled by the Ethiopia Health and Nutrition Research Institute (EHNRI). ICF International provided technical assistance as well as funding to the project through the MEASURE DHS project, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide. Funding for the EDHS was also provided by the government of Ethiopia and various international donor organizations and governments: the United States Agency for International Development (USAID), the HIV/AIDS Prevention and Control Office (HAPCO), the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), the United Kingdom Department for International Development (DFID), and the United States Centers for Disease Control and Prevention (CDC). The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organisations.

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Additional information about the survey may be obtained from the Central Statistical Agency (CSA), P.O. Box 1143, Addis Ababa, Ethiopia; Telephone: (251) 111 55 30 11/111 15 78 41; Fax: (251) 111 55 03 34; E-mail: csa@ethionet.et.

Additional information about the DHS programme may be obtained from MEASURE DHS, ICF International, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. Telephone: 1.301.572.0200; Fax: 1.301.572.0999; E-mail: reports@measuredhs.com.

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Introduction

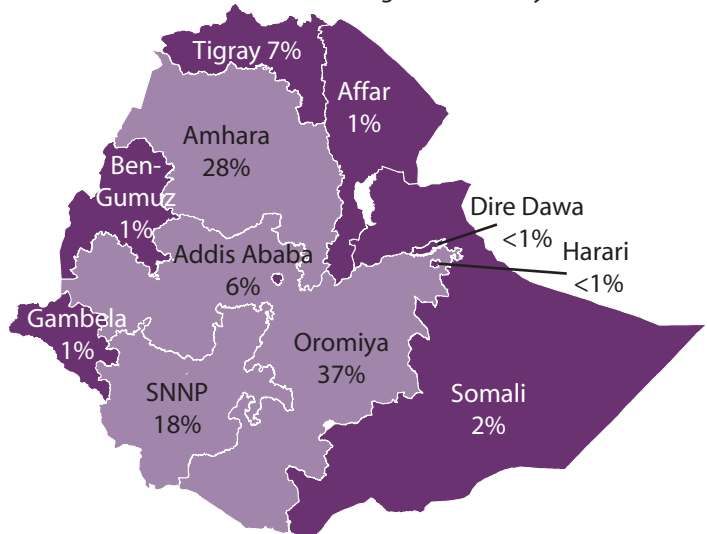
This report examines trends in key demographic indicators among youth from the three Demographic and Health Surveys conducted in Ethiopia – 2000, 2005, and 2011. The 2000 Ethiopia Demographic and Health Survey (EDHS) interviewed 6,428 women and 990 men age 15-24. The 2005 EDHS interviewed 5,869 women and 2,317 men age 15-24. The 2011 EDHS had the largest sample size, with 6,857 women and 5,162 men age 15-24 interviewed.

The data presented in this report may not match that which appears in the 2000, 2005, and 2011 EDHS final reports for a few reasons. First, the data have been restricted to the 15-24 age group, rather than the entire survey sample. Second, some indicators presented in this report have been modified to ensure comparisons can be made across all three surveys, e.g. multiple sexual partnerships among youth. Finally, the definitions of certain indicators have been updated and this report presents the latest definition, e.g. unmet need for family planning.

The map below shows the distribution of the 2011 EDHS respondents age 15-24 by region. The largest proportion of respondents were in the Oromiya (38%), Amhara (28%), and SNNP (18%) regions. Just 1% of respondents were from the Gambela or Benishangul-Gumuz regions and less than 1% of respondents were from Dire Dawa or Harari.

Regional Distribution of 2011 EDHS Respondents

Percent of women and men age 15-24 surveyed

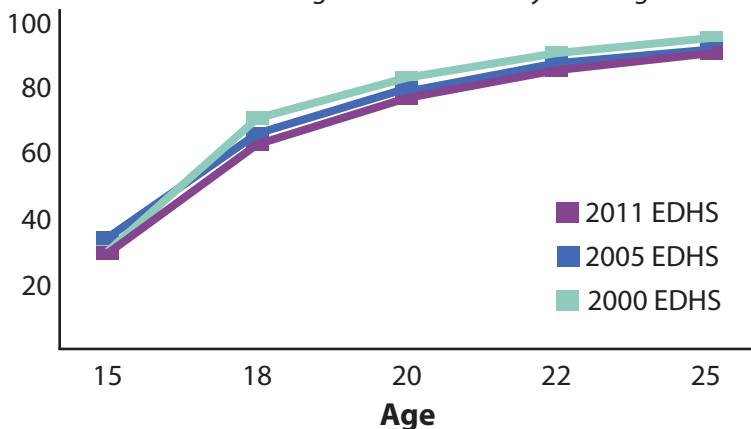


Age at First Marriage

The length of exposure to the risk of pregnancy depends primarily on the age at first marriage. Age at first marriage is increasing among women in Ethiopia; in 2000, the median age at first marriage among women age 25-49 was 16.0 years, while in 2011 it had increased to 16.5 years. The proportion of women who are married by age 18 decreased from 70% in 2000 to 63% in 2011. However, there has been little change in the proportion of women who are married by age 15; in 2000 31% of women age 25-49 were married by age 15, compared to 30% in 2011. In contrast, the median age at first marriage among men has remained relatively stable over the past decade.

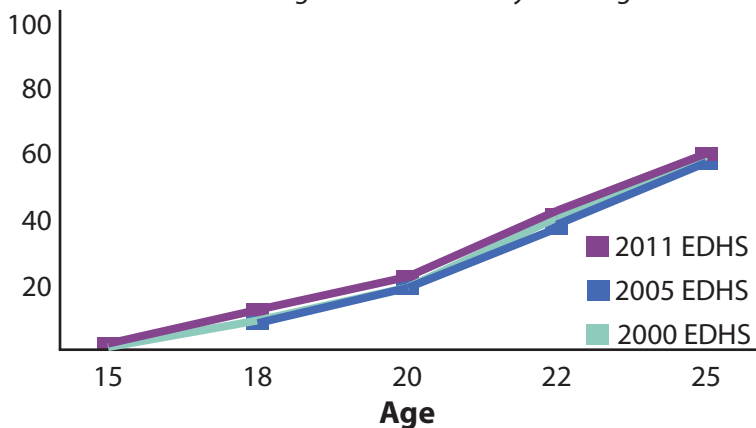
Trends in Age at First Marriage: Women

Percent of women age 25-49 married by exact age



Trends in Age at First Marriage: Men

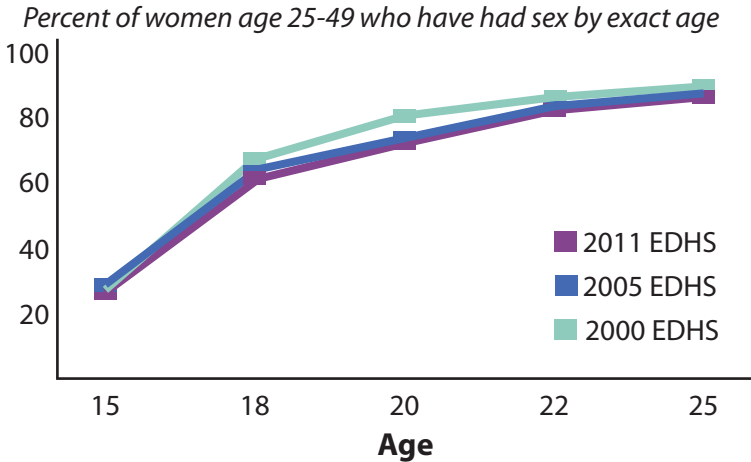
Percent of men age 25-49 married by exact age



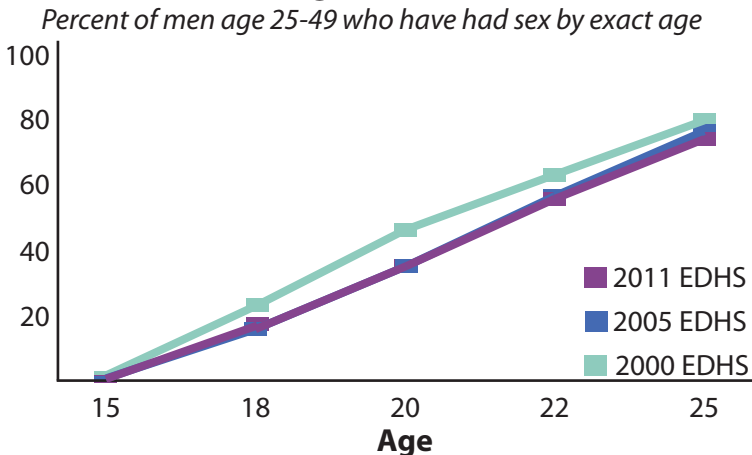
Age at First Sex

For the vast majority of Ethiopian women, the age at first sex coincides with the age at first marriage. Ethiopians are waiting longer to initiate sexual activity. The age at first sexual intercourse has increased among women age 25-49 from 16.0 years in 2000 to 16.6 years in 2011. Among men the increase is even more dramatic, from 20.2 years in 2000 to 21.2 years in 2011. While the proportion of women and men who have begun having sex by age 18 has decreased since 2000, there has been nearly no change in the proportion of the population who initiated sexual activity by age 15.

Trends in Age at First Sex: Women



Trends in Age at First Sex: Men

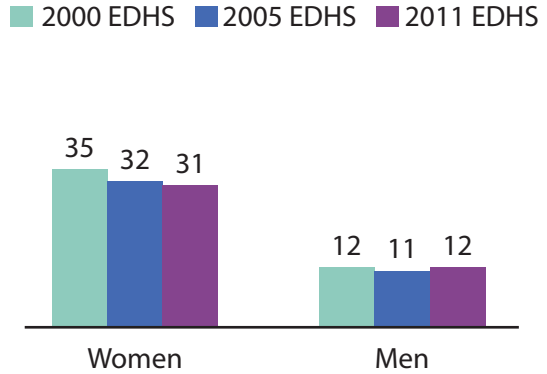


Sexual Activity

In the absence of contraception, the possibility of pregnancy is related to the frequency of sexual intercourse. Information on the frequency of sexual activity is therefore an important factor impacting exposure to pregnancy. In the EDHS, women and men were asked how long ago their last sexual contact occurred. There has been a slight decrease in the past ten years in the proportion of women age 15-24 who were sexually active during the four weeks preceding the survey; in 2000, 35% of women age 15-24 reported having sex in the past four weeks, compared to 31% in 2011. However, there has been no change in the proportion of men age 15-24 who reported having sex in the past four weeks.

Trends in Recent Sexual Activity

Percent of women and men age 15-24 who had sex within the past 4 weeks

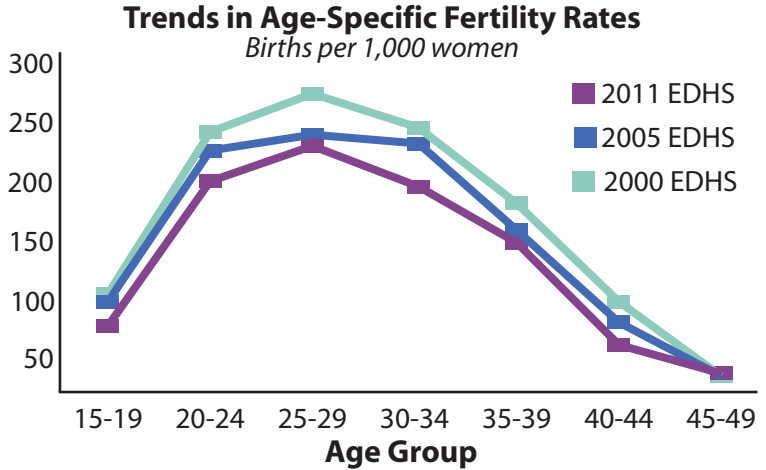


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Adolescent Childbearing

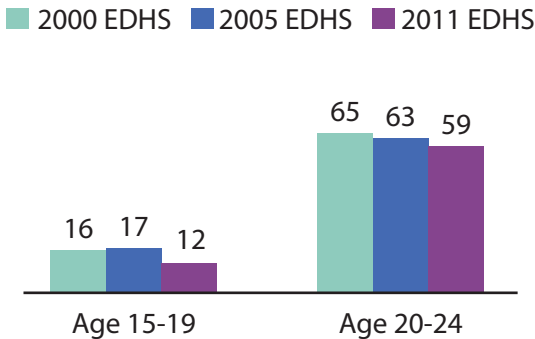
Age-specific fertility rates show the age pattern of fertility and measure the number of births per 1,000 women in a specific age group. The level of fertility in Ethiopia has declined over time, but the

age pattern of fertility has remained the same over the surveys, with fertility increasing from age 15-19 to age 25-29 and decreasing thereafter.



Trends in Adolescent Childbearing

Percent of women age 15-24 who have had a live birth or are pregnant with their first child



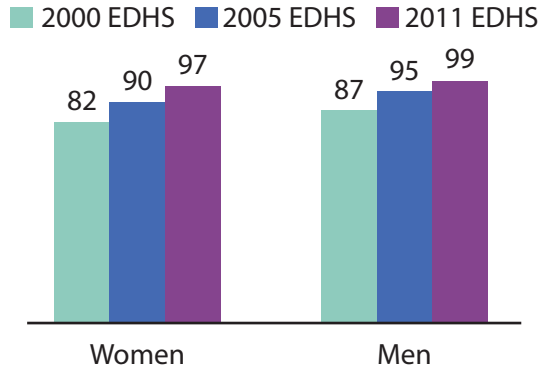
Similarly, the proportion of adolescent women who have begun childbearing has decreased over the past decade. In 2000, 16% of women age 15-19 were mothers or were pregnant with their first child, compared to 12% in 2011. Among women age 20-24, adolescent childbearing has decreased from 65% in 2000 to 59% in 2011.

Knowledge of Family Planning

Knowledge of contraceptive methods is an important precursor to their use. It is important that sexually active youth be aware of modern methods of family planning to protect themselves from the risk of pregnancy. In the DHS, knowledge refers to a respondent's ability to recognize a method when it is described to them. Comparison of the three Ethiopia Demographic and Health Surveys reveals that knowledge of modern contraceptive methods among women and men age 15-24 has increased markedly. Eighty-two percent of women age 15-24 knew a modern method of contraception in 2000, compared to 97% in 2011. Among men age 15-24, knowledge of modern methods of family planning has increased from 87% in 2000 to 99% in 2011.

Trends in Family Planning Knowledge

Among women and men age 15-24 who had sex in the 30 days before the survey, percent who know a modern method of contraception



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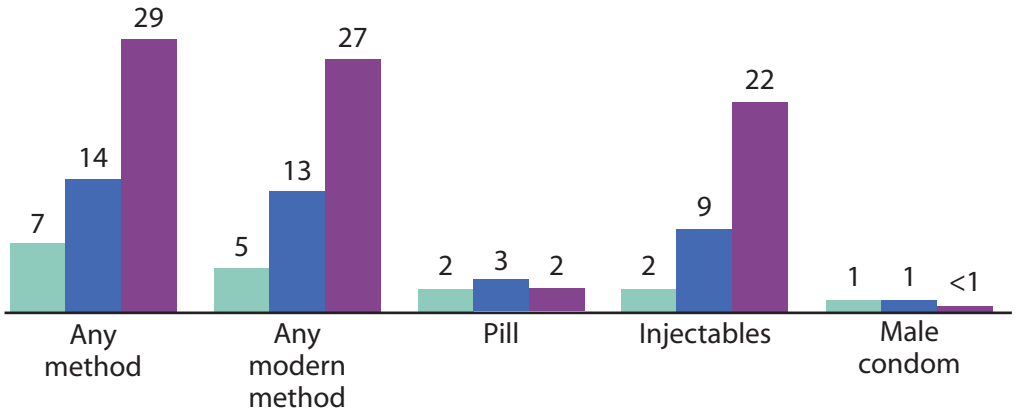
Use of Family Planning

Trends in the current use of contraception can be used to monitor the progress and evaluate the success of family planning programs over time. There was a four-fold increase in the use of contraception by sexually experienced women age 15-24 in the last decade. Use of any method of contraception increased from 7% of women in 2000 to 29% in 2011 and use of modern methods of contraception increased from 5% in 2000 to 27% in 2011. Preferences in specific modern methods of family planning have shifted over time. In 2000, the pill and injectables were equally popular methods (2%, each), followed by the male condom (1%). The 2011 EDHS reveals a dramatic increase in the popularity of injectables; 22% of sexually experienced women age 15-24 are using injectables, compared to just 2% of women who use the pill.

Trends in Use of Contraception

Percent of sexually experienced women age 15-24 who are currently using contraception

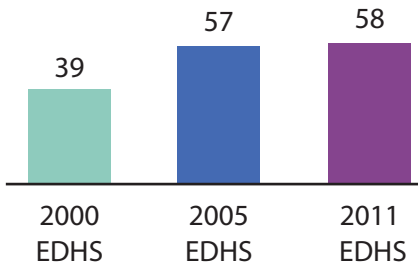
■ 2000 EDHS ■ 2005 EDHS ■ 2011 EDHS



Exposure to Family Planning Messages

Trends in Exposure to Family Planning Messages: Women

Percent of women age 15-24 who heard or saw a family planning message on the radio, television, in print media, or at community events in the past few months

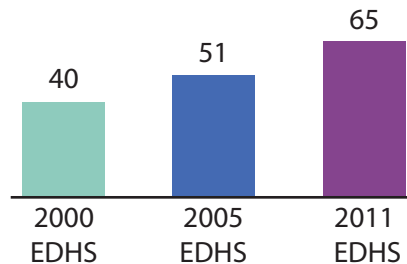


The proportion of women age 15-24 who were exposed to at least one family planning message in the past few months has increased from 39% in 2000 to 58% in 2011. However, there was no marked increase in the exposure to family planning messages in the last six years. Community events were the most popular source of family planning messages for women in 2000 and in 2005, while the radio was the most popular medium in 2011.

In contrast to women, men's exposure to family planning messages has steadily increased; 40% of men age 15-24 were exposed to at least one family planning message in 2000, compared to 65% in 2011. In 2000, the most popular source of family planning messages was community events, but since 2005, the radio has become the most popular medium.

Trends in Exposure to Family Planning Messages: Men

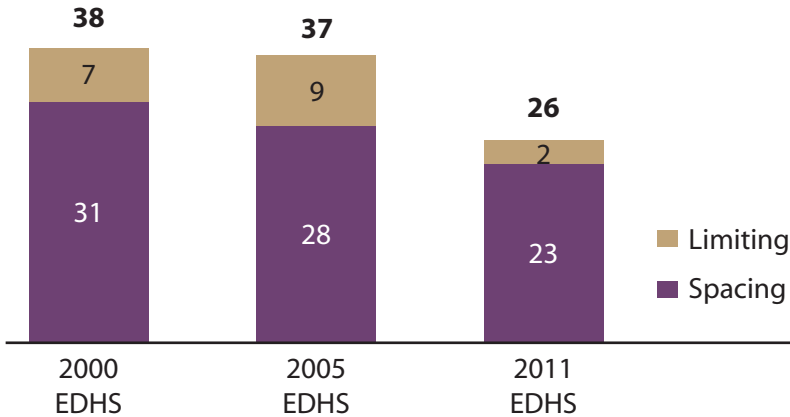
Percent of men age 15-24 who heard or saw a family planning message on the radio, television, in print media, or at community events in the past few months



Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth (spacing) or stop childbearing entirely (limiting) but are not using contraception. The proportion of currently married women age 15-24 with an unmet need for family planning remained fairly constant from 2000 (38%) to 2005 (37%), and then decreased to 26% in 2011. Young women are much more likely to want to space rather than limit childbearing altogether, which is not surprising given their age. In 2000, more than four times as many young women wanted to space their births as limit childbearing. This proportion increases to eleven times in 2011. Both the unmet need for limiting and the unmet need for spacing have decreased from 2005 to 2011.

Trends in Unmet Need for Family Planning
Percent of currently married women age 15-24 with an unmet need for family planning



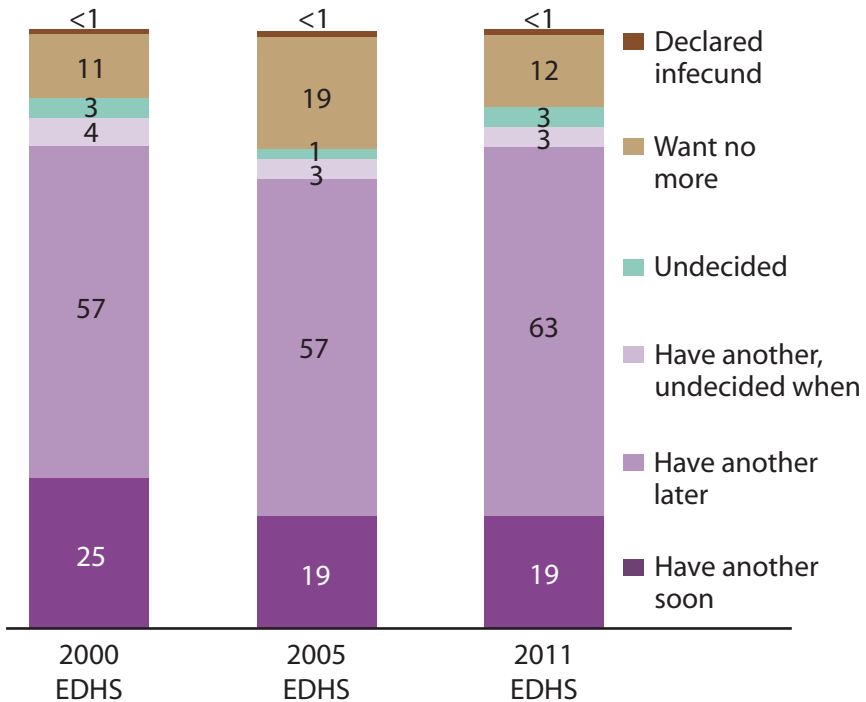
**Note: The estimation of unmet need has been revised. These data are based on the revised estimation.*

Fertility Preferences

Currently married women were asked about their fertility preferences. Women who say they want no more children or those who say they want to wait at least two years before having a child are potential users of family planning. In all three surveys, the largest proportion of currently married women age 15-24 said that they want to have a child at least two years later. The proportion of currently married women who report wanting to have a child soon (in less than two years) decreased from 25% in 2000 to 19% in 2005 and 2011. There has been little change in the proportion of currently married women age 15-24 who say that they want to have a child but they are undecided when or those who report they are undecided regarding their fertility preferences. These two categories of fertility preferences have consistently accounted for less than 10% of the population. In 2005, the proportion of currently married women age 15-24 who say they want no more children was 19%, while it has decreased to 12% in 2011.

Trends in Fertility Preferences

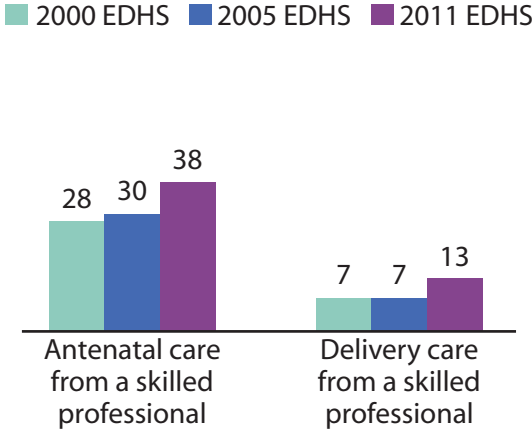
Percent distribution of of currently married women age 15-24



Maternal Health

Trends in Maternity Care

Percent of women age 15-24 with a live birth in the past five years who received:



Maternal health care is important not only to ensure the wellbeing of the mother, but also the health of the child. Antenatal care is essential to administering preventive measures like tetanus toxoid injections, as well as identifying potential complications like high blood pressure. The proportion of women age 15-24 who received antenatal care from a skilled professional increased from 28% in 2000 to 38% in 2011.

Delivery assistance from a skilled professional increases the likelihood that both the mother and the child will survive childbirth and can help minimize the effects of delivery complications. Overall, delivery assistance from a skilled professional among women age 15-24 remains low in Ethiopia (13%). However, the proportion of young women who received delivery assistance from a skilled professional has nearly doubled since 2005 (7%).



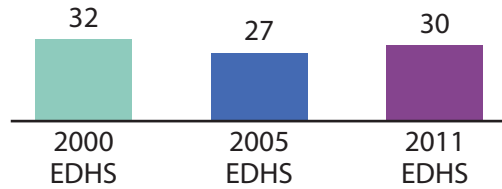
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Nutrition

All three Ethiopian Demographic and Health Surveys have included height and weight measurements of women. This anthropometric data is used to calculate the Body Mass Index (BMI) of respondents, which is weight in kilograms divided by height in meters squared (kg/m^2). A BMI of less than 18.5 is considered thin and may be a sign of undernutrition. The proportion of women age 15-24 who are considered thin has remained relatively constant since 2000 when 32% of women had a BMI of less than 18.5. Currently, 3 in 10 women age 15-24 are considered thin.

Trends in Nutritional Status of Women

Percent of women age 15-24 who are considered thin (BMI <18.5)

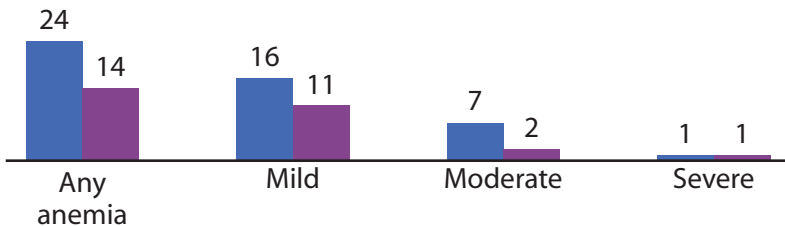


Anaemia testing was included in both the 2005 and the 2011 Ethiopia surveys. In 2005, nearly one-quarter (24%) of women age 15-24 were anaemic, the majority (16%) had mild anaemia. Just 1% of women in 2005 had severe anaemia. The prevalence of anaemia among women age 15-24 declined to 14% in 2011. Mild and moderate anaemia declined, while the proportion of women who have severe anaemia has not changed since 2005 (1%).

Trends in Anaemia

Percent of women age 15-24 who are anaemic

■ 2005 EDHS ■ 2011 EDHS



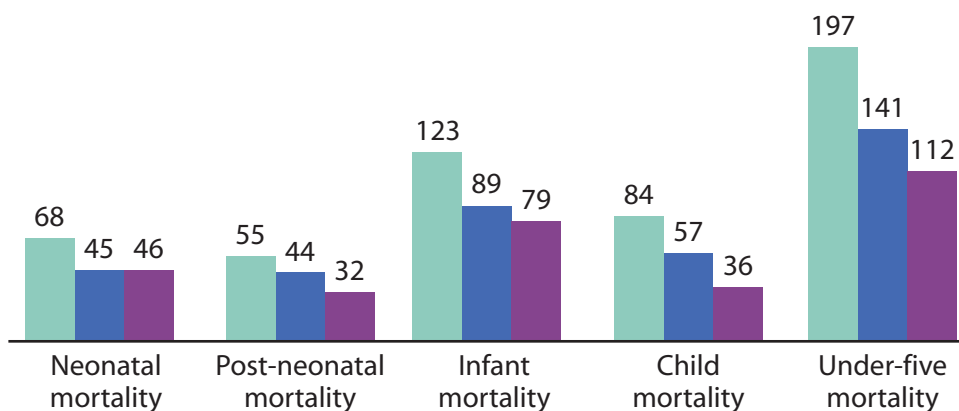
Childhood Mortality

More children in Ethiopia are surviving past their fifth birthday. Children born to younger mothers (those under age 20) typically have a higher risk of dying in childhood than children born to older mothers. The table below shows the trends in childhood mortality rates for children born to mothers under age 25 for the ten-year period before each of the three Ethiopia surveys. Neonatal mortality (children who die in the first month of life) has decreased from 68 deaths per 1,000 live births in 2000 to 46 deaths per 1,000 live births in 2011 among children born to mothers under age 25. In 2000, 123 children for every 1,000 born died before their first birthday (infant mortality), compared to 79 deaths per 1,000 live births in 2011. Currently, about 1 in 9 Ethiopian children born to mothers under age 25 die before reaching age five, compared to nearly 1 in 5 children in 2000.

Trends in Childhood Mortality

Deaths per 1,000 for children born to mothers under age 25 for the ten-year period before the survey

■ 2000 EDHS ■ 2005 EDHS ■ 2011 EDHS



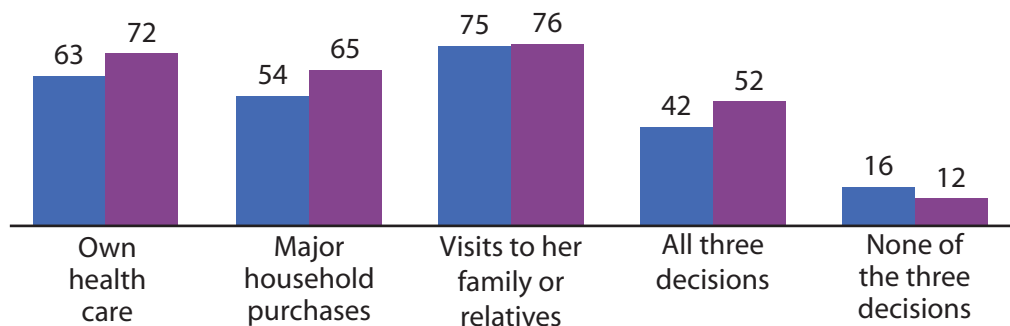
Participation in Decisionmaking

The 2005 and 2011 Ethiopia Demographic and Health Surveys included questions on women's empowerment. Currently married women were asked about their participation in certain types of decisions. The proportion of currently married women age 15-24 who make specific decisions by themselves or jointly with their husbands has increased since 2005. Sixty-three percent of currently married women age 15-24 said they participate in decisions about their own health care in 2005, compared to 72% in 2011. Similarly, 54% of women participated decisions about major household purchases in 2005, compared to 65% in 2011. There has been no change in the proportion of women who say they participate in decisions on visits to her family or relatives. Currently, over half (52%) of currently married women age 15-24 say they participate in all three aforementioned decisions, an increase from 42% in 2005. Moreover, the proportion of currently married women age 15-24 who say they do not participate in any of the three decisions has decreased from 16% in 2005 to 12% in 2011.

Trends in Women's Participation in Decisionmaking

Percent of currently married women age 15-24 who usually make specific decisions by themselves or jointly with their husband

■ 2005 EDHS ■ 2011 EDHS

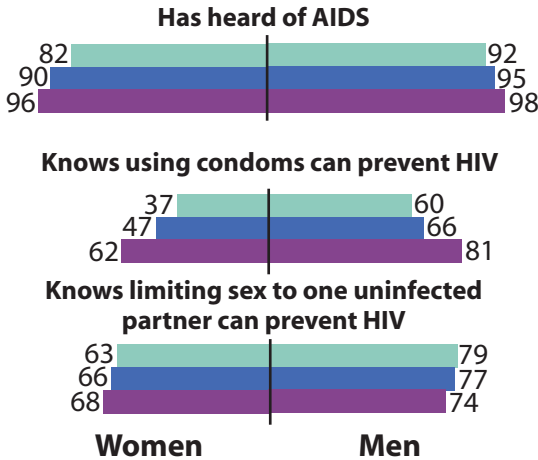


HIV/AIDS: Knowledge

Trends in HIV/AIDS Knowledge

Percent of women and men age 15-24

2000 EDHS 2005 EDHS 2011 EDHS



Young women and men's knowledge regarding HIV/AIDS has been steadily increasing since 2000. Currently, nearly all women and men age 15-24 have heard of AIDS (96% and 98%, respectively). Among women age 15-24, the knowledge that using condoms can reduce the risk of contracting HIV has nearly doubled from 37% in 2000 to 62% in 2011. This knowledge has also increased among men age 15-24, from 60% in 2000 to 81% in 2011. The proportion of women age

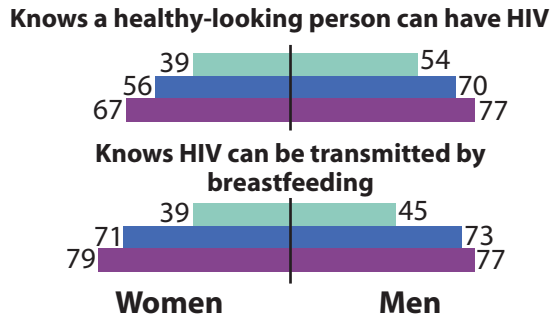
15-24 who know that limiting sex to one uninfected partner can reduce the risk of contracting HIV has increased slightly from 63% in 2000 to 68% in 2011. In contrast, young men's knowledge of this method of HIV prevention has decreased slightly from 79% in 2000 to 74% in 2011.

Currently, two-thirds (67%) of women and 77% of men age 15-24 know that a healthy-looking person can have HIV, compared to just 39% of women and 54% of men in 2000. The increase in knowledge of mother-to-child transmission of HIV has been particularly dramatic; 39% of women and 45% of men age 15-24 knew that HIV can be transmitted by breastfeeding in 2000, compared to 79% of women and 77% of men in 2011.

Trends in HIV/AIDS Knowledge

Percent of women and men age 15-24

2000 EDHS 2005 EDHS 2011 EDHS

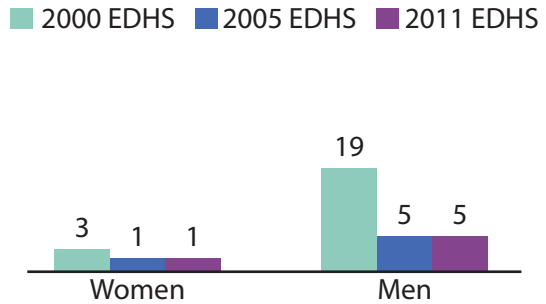


HIV/AIDS: Behaviour

Having multiple sexual partners is a risk factor for contracting HIV. There was a marked decline in the proportion of sexually active men age 15-24 who had two or more sexual partners between 2000 and 2005 (19% and 5%, respectively). However, there has been no change in the proportion of sexually active men reporting multiple sexual partnerships between 2005 and 2011. Among sexually active women age 15-24, there was a slight decline in multiple sexual partnerships between 2000 and 2005 (3% versus 1%). Yet, similar to men, there has been no change in multiple sexual partnerships since 2005.

Trends in Multiple Sexual Partners

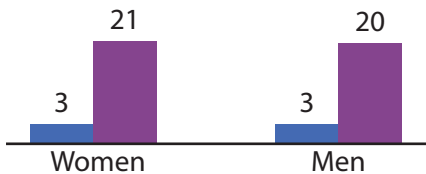
Among women age 15-24 who had sexual intercourse in the past 12 months, percentage who had two or more partners in the past 12 months



Trends in HIV Testing

Percent of women age 15-24 who had an HIV test and received the results in the past 12 months

■ 2005 EDHS ■ 2011 EDHS



Voluntary counselling and testing allows individuals to know their HIV status and make specific decisions to reduce the risk for themselves and their partners. The 2011 EDHS results show dramatic increases in the proportion of youth age 15-24 who were tested for HIV and received the results in the past 12 months. Among women age 15-24, this proportion has increased seven-fold from 3% in 2005 to 21% in 2011. In 2005, just 3% of men age 15-24 were tested for HIV and received their results in the past 12 months, compared to 20% in 2011.

