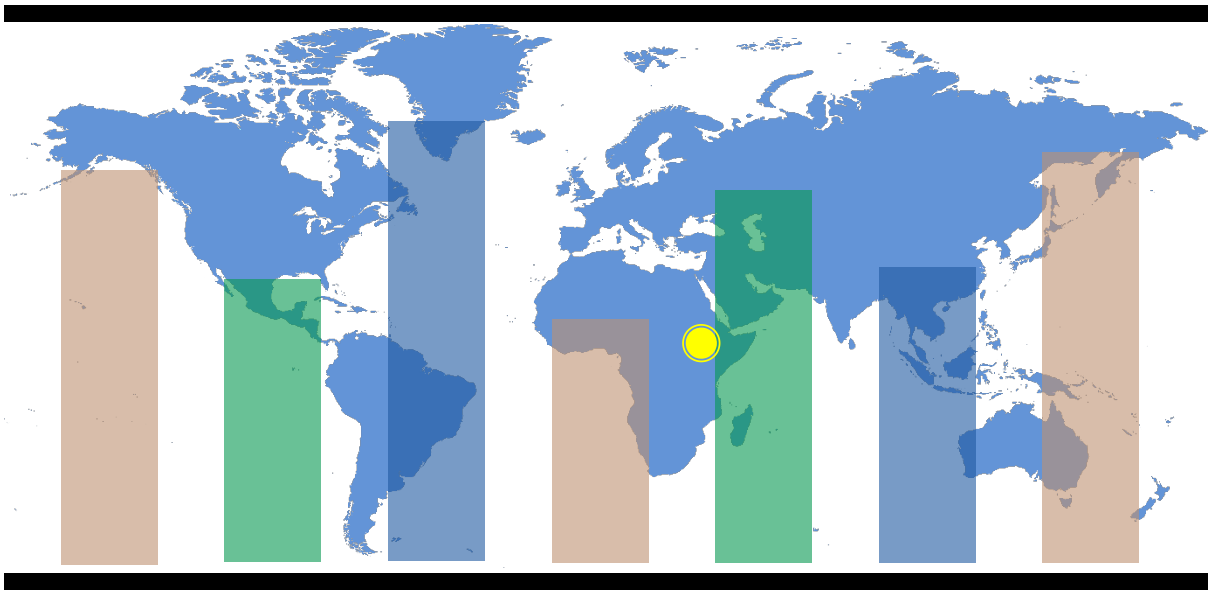
Ethiopia



Demographic and Health Survey 2024–25

Key Indicators Report

Federal Democratic Republic of Ethiopia

Ethiopia

Demographic and Health Survey 2024–25

Key Indicators Report

Ethiopian Statistical Service
Addis Ababa, Ethiopia

The DHS Program
ICF
Rockville, Maryland, USA

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The 2024–25 Ethiopia Demographic and Health Survey (2024–25 EDHS) was implemented by the Ethiopian Statistical Service (ESS). The funding for the 2024–25 EDHS was provided by the Government of Ethiopia (GoE), the Ministry of Health (MoH), the Ministry of Planning and Development (MoPD), The Ethiopian Public Health Institute (EPHI), the United States Agency for International Development (USAID), the Global Fund, the United Kingdom Foreign, Commonwealth & Development Office (UK Aid), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), UN Women, and the Gates Foundation. ICF provided technical assistance through the DHS Program, providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2024–25 EDHS may be obtained from Ethiopian Statistical Service, 2QH3+9P8, Churchill Road, Addis Ababa, Ethiopia; telephone: +251-11553112; email: info@ess.gov.et; internet: https://ess.gov.et.

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CONTENTS

TABLES AND FIGURES

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
ARI	acute respiratory infection
ART	antiretroviral therapy
ASFR	age-specific fertility rate
BCG	bacille Calmette-Guérin
CAPI	computer-assisted personal interviewing
CBR	crude birth rate
CSA	Central Statistical Agency
CSPro	Census and Survey Processing
DBS	dried blood spot
DHS	Demographic and Health Survey
DPT	diphtheria, pertussis, and tetanus
EA	enumeration area
ECDI	Early Childhood Development Index
EDHS	Ethiopia Demographic and Health Survey
EPHI	Ethiopian Public Health Institute
ESS	Ethiopian Statistical Service
GFR	general fertility rate
GoE	Government of Ethiopia
HepB	hepatitis B
Hib	*Haemophilus influenzae* type B
HIV	human immunodeficiency virus
HPV	human papillomavirus
IPV	inactivated poliomyelitis vaccine
IUD	intrauterine contraceptive device
IYCF	infant and young child feeding
JMP	Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
LAM	lactational amenorrhoea method
MINT	Ministry of Innovation and Technology
MoH	Ministry of Health
MoPD	Ministry of Planning and Development
MoWE	Ministry of Water and Energy
MoWSA	Ministry of Women and Social Affairs
OPV	oral polio vaccine
ORS	oral rehydration salts
PCV	pneumococcal conjugate vaccine
PHC	Population and Housing Census
PNC	postnatal care
RDT	rapid diagnostic test
RV	rotavirus vaccine

SD	standard deviation
SDG	Sustainable Development Goal
SDM	standard days method
STI	sexually transmitted infection
TFR	total fertility rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

FOREWORD

The 2024–25 Ethiopia Demographic and Health Survey (2024–25 EDHS) presents the major findings of a nationally representative survey with a sample of 22,540 households. The survey was conducted by the Ethiopian Statistical Service (ESS) in collaboration with the Ministry of Health and the Ethiopian Public Health Institute (EPHI) from August 2024 to April 2025. The 2024–25 EDHS is the fifth such survey to be conducted in Ethiopia, as a follow-up to the 2000, 2005, 2011, and 2016 surveys. In the 2024–25 survey, tablets operating on Android software were used during data collection.

The primary objective of the 2024–25 EDHS is to provide current demographic and health information for use by policymakers, planners, researchers, and programme managers. Specific topics covered in the survey include respondents' demographic characteristics; fertility levels and preferences; family planning; marriage and sexual activity; maternal and child health; child, adult, and maternal mortality; child functionality; HIV/AIDS-related knowledge, attitudes, and behaviours; fistula; tobacco use; household sanitation; drinking water; inpatient and outpatient health expenditures; handwashing; birth registration; injuries and accidents; wealth status; children's living arrangements and parental survival; education; factors that impact maternal and neonatal health (e.g., antenatal and delivery care); and the presence of iodine in household salt. Information was also gathered on the nutritional status of women age 15–49 and children under age 5; the presence of *Escherichia coli* (*E. coli*) in drinking water; the prevalence of HIV among the adult population age 15–49 and men age 15–59; prevalence, perpetrators, and forms of violence (physical, sexual, and other forms) among women age 15–49; and the prevalence of female genital mutilation among women and girls along with the procedures used, age at circumcision, and opinion of the practice.

ESS is appreciative of the significant funding and material provisions availed to the service by the Federal Government of Ethiopia and various development partners and donors. Specific mention is due to the following: the Ministry of Planning and Development, the Ministry of Finance, the Ministry of Health, the United States Agency for International Development (USAID), the Global Fund, UK Aid, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), and UN Women. ESS is grateful to ICF for providing technical assistance at every stage of the survey. Finally, ESS would like to thank all the field personnel for their dedication to duty and commitment to high-quality work, as well as the public for their patience and cooperation during data collection.

Beker Shale (PhD)
Director General of ESS

1 INTRODUCTION

The 2024–25 Ethiopia Demographic and Health Survey (EDHS) was implemented by the Ethiopian Statistical Service (ESS), previously known as the Central Statistical Agency (CSA). Data collection took place from 1 August 2024 to 14 April 2025. Financial support for the 2024–25 EDHS was provided by the Government of Ethiopia, MoH, MoPD, EPHI, USAID, the Global Fund, UK Aid, UNICEF, UNFPA, and UN Women. ICF provided technical assistance through The DHS Program, which offers support and technical assistance for the implementation of population and health surveys in countries worldwide.

This Key Indicators Report presents a first look at selected findings from the 2024–25 EDHS. A comprehensive analysis of the data will be presented in a final report at the end of 2025.

SURVEY OBJECTIVES

The primary objective of the 2024–25 EDHS is to provide up-to-date estimates of basic demographic and health indicators. Specifically, the EDHS collected information on:

- Fertility levels, fertility preferences, and contraceptive use
- Maternal health, including antenatal and delivery care and maternal mortality
- Child mortality and child health, including childhood diseases and vaccination coverage (including human papillomavirus vaccine [HPV])
- Nutritional status of children under age 5 and women age 15–49 (via weight and height measurements)
- Awareness of HIV and behavioural risk factors
- HIV prevalence among men age 15–59 and women age 15–49
- Gender-based violence
- Knowledge and prevalence of fistula among women age 15–49 and of female genital cutting or mutilation among women age 15–49 and their daughters age 0–14
- Presence of *Escherichia coli* (*E. coli*) in household drinking water
- Early Childhood Development Index (ECDI) and child functioning

The information collected through the 2024–25 EDHS is intended to assist policymakers and programme managers in designing and evaluating programmes and strategies for improving the health of Ethiopia's population. The 2024–25 EDHS also provides indicators relevant to the Sustainable Development Goals (SDGs) for Ethiopia.

2 SURVEY IMPLEMENTATION

2.1 SAMPLE DESIGN

The sampling frame used for the 2024–25 EDHS is based on the Cartographic work conducted in 2019, provided by the ESS. Administratively, Ethiopia is divided into 12 regions and 2 city administrations. Each region is subdivided into zones, each zone into woredas, and each woreda into kebeles. In Ethiopia, there are 127 zones, 1,101 woredas, and 19,460 kebeles. In addition to these administrative units, for the 2019 PHC, each kebele was subdivided into enumeration areas (EA), which served as counting units for the population census. An EA is a geographical area, usually a neighbourhood in urban areas and a village or a part of a large village in rural areas, consisting of an adequate number of households for counting purposes. The list of enumeration areas obtained from the cartographic frame prepared in 2016–2018 in preparation for the fourth Population and Housing Census was used as a frame to select sample EAs for the survey. The cartographic frame is a comprehensive list of 147,602 EAs created during the census cartographic work, which contains information about the location of each EA, the type of residence, and the number of conventional households within the EA.

The sample for the 2024–25 EDHS was a stratified sample selected in two stages from the sampling frame. Stratification was achieved by separating each region into urban and rural areas. In total, 27 sampling strata were created because there are no rural areas in Addis Ababa.

In the first stage, 805 EAs were selected, 281 in urban areas and 524 in rural areas, with probability proportional to EA size and with independent selection in each sampling stratum. Due to the security situation during the survey planning phase, the number of sampled EAs was increased from the original 786 to 805 to ensure that the total sample size would be sufficient in case some EAs were excluded from certain areas. After the selection of the EAs and before the main survey, a household listing operation was conducted in all of the selected EAs. The resulting lists of households were used as a sampling frame for selecting households in the second stage.

In the second stage of selection, a fixed number of 28 households per EA were selected with an equal probability systematic selection from the newly created household listing. The survey interviewers interviewed only the preselected households. No replacements or changes to the preselected households were allowed during the implementation stages to prevent bias. All women age 15–49 who were usual members of the selected households or who spent the night before the survey in the selected households were eligible for the female survey. In urban areas, all men age 15–59 who were usual members of the selected households or who spent the night before the survey in the selected households were eligible for the male survey. In one half of the subsample in rural areas, all men age 15–59 who were usual members of the households or who spent the night before the survey in the households were eligible for the male survey.

Height and weight measurements were carried out for all children under age 5 and women age 15–49 in half of the subsample. Water testing was carried out in four households per cluster in a subsample of households selected for the men's survey. HIV testing was carried out among women age 15–49 and men age 15–59 in all urban households and 50% of rural households.

2.2 QUESTIONNAIRES

Four questionnaires were used for the 2024–25 EDHS: the Household Questionnaire, the Woman's Questionnaire, the Man's Questionnaire, and the Biomarker Questionnaire. The questionnaires, based on The DHS Program's model questionnaires, were adapted to reflect the population and health issues relevant to Ethiopia. In addition, a self-administered Fieldworker Questionnaire collected information about the survey's fieldworkers. The Household, Man's, Woman's, and Biomarker Questionnaires were translated into six languages: Af-Soomaali, Afan Oromo, Amharic, Qafar Af, Sidaamu Afoo, and Tigrigna.

The Household Questionnaire listed all members of and visitors to the selected households. Basic demographic information was collected for each person listed, including age, sex, marital status, education, and relationship to the household head. For children under age 18, parents' survival status was determined. The data on age and sex of household members were used to identify women and men who were eligible for individual interviews, anthropometry measurements for women and children, and HIV testing. The Household Questionnaire also collected information on characteristics of the household's dwelling unit such as source of water; type of toilet facilities; materials used for flooring, external walls, and roofing; and ownership of various household goods. In addition, all households were eligible to have their salt tested for the presence of iodine. The 2024–25 EDHS included three additional modules to the Household Questionnaire: accidents and injuries, health expenditures, and water testing.

The Woman's Questionnaire was used to collect information from women age 15–49 on the following topics:

- Background characteristics (including age, education, and media exposure)
- Pregnancy history and childhood mortality
- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal, delivery, and postnatal care and newborn care
- Breastfeeding and infant feeding practices
- Child health and Nutrition
- Vaccinations and childhood illnesses
- Marriage and sexual activity
- Women's work and husbands' background characteristics
- Awareness and behaviour related to HIV and other sexually transmitted infections (STIs)
- Other health issues
- Domestic violence
- Fistula
- Human papillomavirus (HPV)
- Adult and maternal mortality
- Female genital cutting
- Early childhood development and child functioning

The Man's Questionnaire was administered to men age 15–59. The questionnaire collected information on:

- Background characteristics
- Reproduction
- Contraception
- Marriage and sexual activity
- Fertility preferences
- Employment and gender roles
- Knowledge, awareness, and behaviour regarding HIV/AIDS and other STIs
- Other health issues
- Female genital cutting

The Biomarker Questionnaire was used to record the results of anthropometry (height and weight) measurements and field-based HIV testing for eligible respondents. In addition, the questionnaire was used to record information on specimen collection for lab-based HIV testing for eligible women and men.

A Fieldworker Questionnaire was also used to collect basic background information on the people who were collecting data in the field, including the team supervisor, the computer-assisted personal interviewing (CAPI) supervisor, the interviewers, and the biomarker specialists.

The 2024–25 EDHS interviewers used tablet computers to record all questionnaire responses during the interviews. The tablet computers were equipped with Bluetooth® technology to enable remote electronic transfer of files, such as assignment sheets from the team supervisor to the interviewers, Household Questionnaires among survey team members, and completed questionnaires from interviewers to the CAPI supervisors. The tablet computer programming was created using the Census and Survey Processing System (CSPro), developed by The DHS Program in collaboration with the U.S. Census Bureau.

The survey protocol, including biomarker collection, was reviewed and approved by the EPHI Institutional Review Board (EPH-IRB) and the ICF Institutional Review Board (ICF-IRB).

2.3 ANTHROPOMETRY, HIV, AND WATER TESTING

Anthropometry. In half of all selected households, height and weight measurements were recorded for children age 0–59 months and women age 15–49. Weight measurements were taken using SECA scales with a digital display (model number SECA 874). Height and length were measured with a ShorrBoard® measuring board. Children younger than age 24 months were measured lying down (recumbent length), while older children and adults were measured standing (height).

To assess the precision of measurements, one child per cluster was randomly selected to be measured a second time. The DHS Program defines a difference of less than 1 centimetre between the two height measurements as an acceptable level of precision. Children with a *z* score of less than −3 or more than 3 for height-for-age, weight-for-height, or weight-for-age were flagged and measured a second time. The remeasurement of flagged cases was performed to ensure accurate reporting of height.

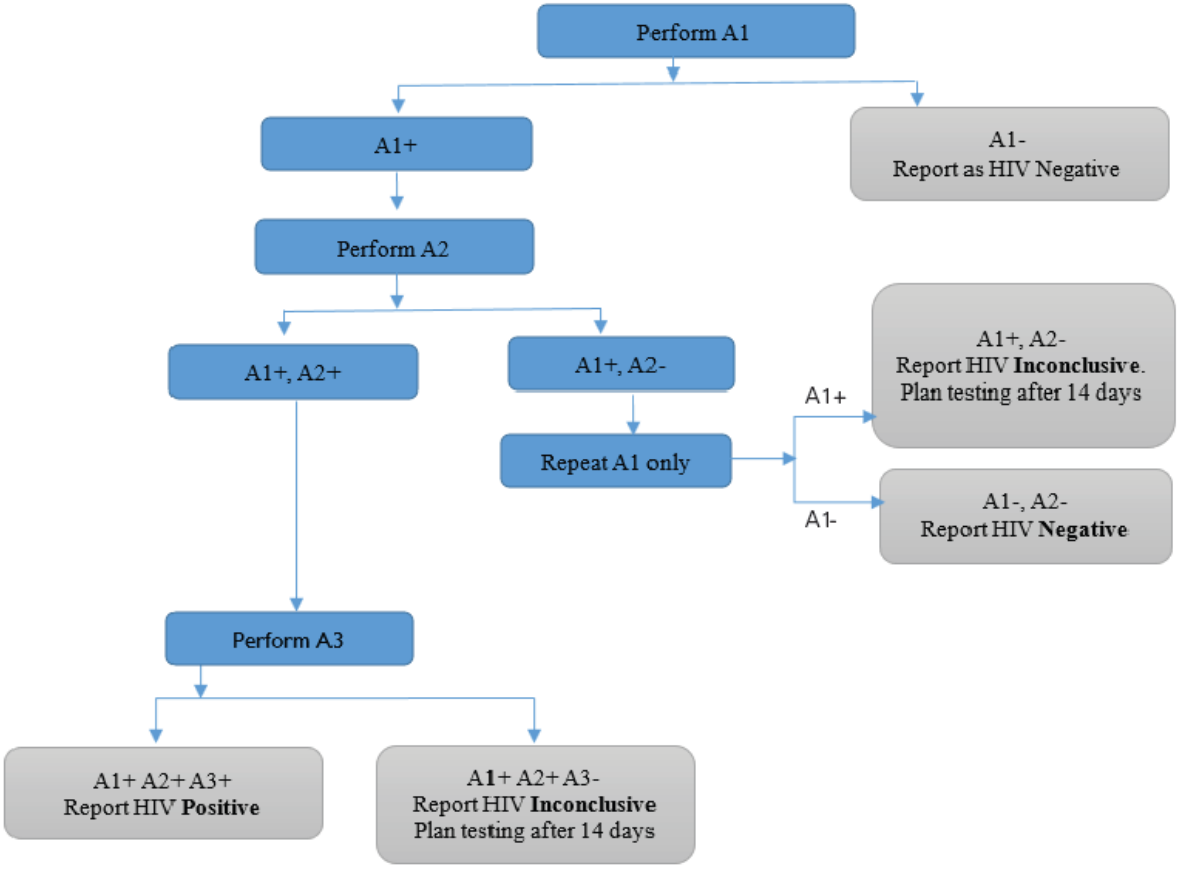
For children, anthropometric data are used to calculate three indices that reflect nutritional status: height for-age, weight-for-height, and weight-for-age. In presenting the anthropometric results, the height and weight of children in the survey population were compared with the 2006 WHO Child Growth Standards, which are based on an international sample of ethnically, culturally, and genetically diverse, healthy children living under optimum conditions conducive to achieving a child's full genetic growth potential (WHO 2006b). Children who were severely malnourished were referred to a local health facility for assessment and treatment. Biomarker specialists provided all households in the biomarker subsample with an informational pamphlet containing the height and weight of all eligible children and adults.

HIV testing. In urban areas, women age 15–49 and men age 15–59 in all households were eligible for HIV testing. In rural areas, women age 15–49 and men age 15–59 in half of the households were eligible for HIV testing. Two types of HIV testing were conducted in the 2024–25 EDHS. For respondents who wished to be informed of their status, a rapid diagnostic testing algorithm was performed in the household, and the test results were returned in real time. Respondents were also asked to consent to anonymous testing of samples by a central lab. For the latter, dried blood spot (DBS) specimens were collected and transported to the Ethiopian Public Health Institute (EPHI) for storage and testing. HIV prevalence estimates for the survey, to be included in the final report, will be based on the laboratory test results.

The national rapid diagnostic testing algorithm (RDT) in Ethiopia at the time of the 2024–25 EDHS implementation consisted of three distinct RDT kits, and used the following algorithm below (**Figure 1**):

- Test 1 (A1): One Step Anti-HIV (1&2)
- Test 2 (A2): First Response HIV 1&2
- Test 3 (A3): Uni-Gold HIV 1/2

Figure 1 **Ethiopia National HIV Rapid Diagnostic Algorithm**



Water testing. In collaboration with the Ministry of Water and Energy, and the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), the 2024–25 EDHS tested for the presence of the bacterium *E. coli* in drinking water. *E. coli* is a common indicator of water quality because it is a strong indicator of faecal contamination in a water source. In each cluster, four households were randomly selected for water testing. In each selected household, one test was conducted on water collected in the household, and a second test was conducted on water taken directly from the point of collection. If the point of collection was the same for the households, only one test was conducted.

2.4 Training of Trainers and Pretest

Training of trainers (ToT): The ToT was conducted from 26 February to 2 March 2024 for 18 senior ESS staff and EPHI staff designated to be trainers for the pretest and main training.

The ToT focused on the following aspects:

- Learning about adult learning principles
- Designing the EDHS training sessions using adult learning principles
- Conducting teach-backs
- Planning for the pretest, including assigning sessions for ToT participants

Pretest: Training for the 2024–25 EDHS pretest was conducted from 18 March to 20 April in Addis Ababa at the Ethiopian Civil Service University Training Centre. It consisted of in-class training, biomarker training, HIV Counselling training, water testing training, and a 2-day field practice in Addis Ababa. Sixty trainees (42 interviewers and 18 biomarker specialists) participated in the pretest training. Most trainees had some level of experience with household surveys, either involvement in previous Ethiopia DHS surveys or similar surveys. These experienced participants went on to serve as regional coordinators and quality control supervisors during the main survey fieldwork.

Seven teams consisting of one team supervisor, one CAPI supervisor, two female interviewers, three to four male interviewers, and three to four biomarker specialists were formed to pilot the questionnaires, the language translations, and the CAPI system. Piloting occurred between 14 and 17 April in six regions (Addis Ababa, Oromia, Sidama, Tigrai, Afar, and Somali) to test each of the six languages. Clusters were carefully selected for safety and were not included in the sample for the 2024–25 EDHS. Each team was assigned a total of 20 households and was instructed to perform all survey procedures, including assigning households to interviewers; conducting household, women's, and men's interviews; conducting anthropometry measurements for eligible respondents; conducting water testing; and performing all closing procedures in the CAPI system for the cluster. Although the pretest included training on HIV testing and counselling, the fieldwork did not include the HIV testing component (RDT and DBS) because the survey did not have institutional review board approval from the EPHI-IRB at the time of the field practice.

Following field practice, a debriefing session was held with the pretest field staff, and modifications to the questionnaires were made based on lessons drawn from the exercise.

2.5 TRAINING OF FIELD STAFF

The main training for the 2024–25 EDHS was conducted in Bishoftu town at the Debre Zeit Management Institute training centre from 30 May to 27 July 2024. For 59 days, 456 people, including trainers, trainees, biomarkers, and support staff, participated in the training. Questionnaire training was held in seven rooms, while biomarker training was conducted in three rooms.

The training focused on six aspects:

1. *Questionnaire training:* A total of 270 participants were trained on survey content by the ESS technical team, which had previously participated in the training of trainers (ToT) and the pretest. The training topics included key concepts of the survey, interviewing procedures, identification of selected households, and detailed content of the Household Questionnaire, Woman's Questionnaire, and Man's Questionnaire. To demonstrate the importance of the EDHS, the training also included presentations from MoH, UNICEF, UN Women, Ministry of Women and Social Affairs (MoWSA), and Ministry of Water and Energy (MoWE) staff on Ethiopia-specific policies and programmes on children's immunisations, child nutrition, family planning, and women's health, water quality test, gender-based violence, child functionality, early childhood development. Trainees practised mock interviews with each other in Amharic and then with questionnaires in the other five languages. Additional language classes were held on Saturdays, allowing teams to review the translation. Quizzes were given throughout the training to evaluate the trainees' comprehension and to evaluate differences in comprehension and interviewing skills among the seven classrooms.

2. *CAPI training*: CAPI training was conducted by seven ESS master trainers who had received additional training before the main training session. Thirty-seven teams were created, comprising one team supervisor, one CAPI supervisor, three female and two male interviewers, and additional participants spread across the different teams. The teams first practised assigning households. They then entered data from the household and individual questionnaires that were completed on paper during previous mock interviews. Trainees were taught about all data transfer types: receiving household assignments,

sending data to supervisors daily, sharing household data, and sending data to the central office via CSWeb.

The CAPI supervisors received additional training for three days to practice receiving system upgrades from the central office via CSWeb and transferring these upgrades to the interviewers via Bluetooth.

In addition, participants learned to complete biomarker forms based on eligible children, women, and men in the household schedule. Later, they received completed biomarker forms from biomarker specialists and entered them into CAPI. The CAPI supervisor also learned how to select children for anthropometry revisits and how to complete the revisit questionnaires.

3. *Counselling training*: Since the 2024–25 EDHS included an RDT-based algorithm for home-based HIV testing, the biomarker specialists had to be trained and certified on pre- and post-HIV counselling. Before any biomarker training started, all biomarker specialists were trained by the MoH, which conducted the national standard HIV counselling training from 3 to 15 June. Since the Ethiopian HIV counselling protocol required nurses to be trained, half of the biomarker specialists were nurses and half were lab technologists. The counselling training included field practice in a public hospital. At the end of the training, all EDHS biomarker specialists were certified to conduct HIV pre and post-test counselling.

4. *Biomarker training:* After the counselling training, the biomarker specialists participated in the main training led by ICF and EPHI.

   The training included:
   - *Anthropometry training:* Training in anthropometry started with theoretical training and continued with practical sessions. Biomarker specialists practised measuring each other and received hands-on experience with children recruited for the practice. At the end of the training, the anthropometry standardisation exercise was conducted. ESS recruited approximately 50 children age 0–4 for the standardisation, with 10–12 children per shift. Forty biomarker specialists were selected for standardisation.

   - *HIV training:* Biomarker specialists were trained on identification of participants eligible for HIV testing, informed consent procedures, completing the Biomarker Questionnaire, infection prevention procedures, and management of biohazardous waste. Participants were trained in capillary blood collection via finger prick, as this was the blood collection method used for the rapid diagnostic testing algorithm conducted in the household and to create the DBS samples for testing in the central lab. A detailed session on home-based testing and counselling was provided, including a review of the Ethiopian national HIV testing algorithm and how to conduct each of the RDTs included. Participants were also trained in DBS preparation, labelling, storage, and transportation logistics. Practical sessions followed the theoretical sessions, with interviewers volunteering to be tested by biomarker trainees to practise the multiple pricks sometimes required to complete the HIV RDT algorithm.

5. *Water testing training:* In addition to the questionnaire and CAPI training, half of the male interviewers participated in a 9-day water testing training, including 2 days of field practice. Team supervisors also received separate training on supporting and checking the quality of the water testing module.

6. *Field practice:* From 19 to 22 July, 37 teams were deployed for field practice, with 16 teams assigned to rural areas and 21 to urban areas around Bishoftu. The teams used convenience sampling for all interviews. Data for up to 20 households per cluster could be entered in CAPI. Trainers from ESS and ICF were assigned to the teams to observe the interviews and biomarker measurements, providing feedback and support as needed. At the end of each practice day, teams communicated issues with CAPI and clarifications on the questionnaire to their CAPI supervisor. Supervisors compiled and sent

observations from the day to the ICF and the ESS technical team, which reviewed the comments and sent a summary of each day's work to the teams, along with feedback from the survey management team.

2.6 FIELDWORK

Data collection was carried out from 1 August 2024 to 14 April 2025 by 37 teams, each composed of 11 members: one team supervisor, one CAPI supervisor, three female interviewers, two male interviewers, two biomarker specialists, and two drivers. Fieldwork monitoring was a crucial part of the 2024–25 EDHS. ESS assured quality control through supervision and monitoring of teams during fieldwork. The primary monitoring was carried out by the team and CAPI supervisors, who were responsible for the performance of their teams. They held work sessions daily with each team to reinforce the training received and correct all data collection errors.

ESS organised additional fieldwork monitors throughout data collection, such as the following:

1. *Regional coordinators:* Seventeen coordinators, assigned to specific regions and teams, were in the field throughout the data collection period. The regional coordinators were responsible for supervising their teams' movement, adhering to the security protocol implemented by ESS, monitoring data quality using the field-check tables, ensuring that the DBS cards were transported to EPHI in Addis Ababa within 2 weeks of collection, and resolving any issues that arose.

2. *Biomarker quality control:* Sixteen biomarker quality control staff who participated in the pretest were assigned to work alongside the regional coordinator. The quality control staff observed biomarker specialists' consent and testing procedures using the technical checklists provided.

3. *Information technology (IT) staff:* Four IT staff members were deployed as needed to resolve CAPI-related issues.

4. Senior technical staff from ESS, EPHI, MoH, and the MoWE regularly visited teams to review their work and monitor data quality.

Additionally, three staff members from The DHS Program independently visited teams to monitor data and biomarker collection. During the field visits, monitors provided critical feedback to improve team performance. They used EDHS field-check tables, based on data from completed clusters, to highlight specific issues for each team. TWG members and UNICEF also monitored fieldwork two different times.

2.7 DATA PROCESSING

The survey data were collected using tablet computers running the Android operating system and Census and Survey Processing System (CSPro) software, jointly developed by the United States Census Bureau, ICF, and Serpro S.A.

The CAPI programme was used for data collection. The programme accepted only valid responses, automatically performed checks on ranges of values, skipped to the appropriate question based on the responses given, and checked the consistency of the data collected. Answers to the survey questions were entered into the tablets by each interviewer. CAPI supervisors downloaded interview data from interviewers' tablets to their tablet via Bluetooth, checked the data for completeness, and monitored fieldwork progress. Each day, after the completion of interviews, CAPI supervisors sent data to the central server. Data were sent to the central office via secure internet data transfer. The data processing monitors monitored the quality of the data received and downloaded data files for completed clusters into the system.

ICF provided the CSPro software for data processing and offered technical assistance in the preparation of the data capture, data management, and data editing programmes. Secondary editing was conducted by ESS simultaneously with data collection and was completed following data collection on 5 June 2025. Technical support for data processing was provided by ICF.

3 KEY FINDINGS

3.1 RESPONSE RATES

Table 1 presents the response rates for the 2024–25 EDHS. A total of 22,291 households were selected for the 2024–25 EDHS sample, of which 21,494 were found to be occupied. Of the occupied households, 21,241 were successfully interviewed, yielding a response rate of 99%. In the interviewed households, 22,231 women age 15–49 was identified as eligible for individual interviews. Interviews were completed with 21,395 women, yielding a response rate of 96%.

In urban areas, all households were selected for the male survey, in which 6,945 men age 15–59 were identified as eligible for individual interviews and 6,160 were successfully interviewed, yielding a response rate of 89%. In rural areas, in the subsample of households selected for the male survey, 6,736 men age 15–59 was identified as eligible for individual interviews and 6,325 were successfully interviewed, yielding a response rate of 94%.

Table 1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Ethiopia DHS 2024–25

	Residence		
Result	Urban	Rural	Total
Household interviews			
Households selected	7,842	14,449	22,291
Households occupied	7,480	14,014	21,494
Households interviewed	7,324	13,917	21,241
Household response rate[1]	97.9	99.3	98.8
Interviews with women age 15–49			
Number of eligible women	8,233	13,998	22,231
Number of eligible women interviewed	7,864	13,531	21,395
Eligible women response rate[2]	95.5	96.7	96.2
Household interviews in subsample[3]			
Households selected	7,842	7,224	15,066
Households occupied	7,480	7,010	14,490
Households interviewed	7,324	6,957	14,281
Household response rate in subsample[1]	97.9	99.2	98.6
Interviews with men age 15–59			
Number of eligible men	6,945	6,736	13,681
Number of eligible men interviewed	6,160	6,325	12,485
Eligible men response rate[2]	88.7	93.9	91.3

[1] Households interviewed/households occupied
[2] Respondents interviewed/eligible respondents
[3] Rural only

3.2 CHARACTERISTICS OF RESPONDENTS

Table 2 presents the weighted and unweighted numbers and percent distributions of women and men interviewed in the 2024–25 EDHS by selected background characteristics. The results presented in this report are based on weighted data that are representative of the country as a whole, urban and rural areas separately, and each of the country's 12 regions and 2 city administrations.

- Three out of four women and 85% of men age 15–49 perceive their health status as either good or very good.
- Thirty percent of women and 46% of men age 15–49 have never been married. Women are more often married or living with a partner (i.e., in union) than men (61% and 52%, respectively). Women are also more likely than men to report that they are divorced, separated, or widowed (9% and 2%, respectively).

- The large majority of respondents live in rural areas (65% of women and 68% of men). By region, the Oromia region contains the highest percentage of respondents (38% of women and 40% of men), followed by Amhara (24% of both women and men).
- Women have less education than men; 33% of women have no education, as compared with 17% of their male counterparts. One-fourth (24%) of men reported attending at least some secondary school, compared with 19% of women, and 13% of men and 9% of women have more than a secondary education.

Table 2 Background characteristics of respondents

Percent distribution of women and men age 15–49 by selected background characteristics, Ethiopia DHS 2024–25

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15–19	22.8	4,875	4,841	23.3	2,601	2,409
20–24	16.6	3,553	3,724	16.8	1,880	1,984
25–29	18.1	3,879	3,905	14.8	1,648	1,805
30–34	13.0	2,772	2,788	13.7	1,534	1,638
35–39	13.2	2,825	2,650	12.7	1,424	1,436
40–44	8.6	1,848	1,815	9.9	1,103	1,078
45–49	7.7	1,645	1,672	8.8	981	927
Self-reported health status						
Very good	39.8	8,510	9,192	48.8	5,455	5,619
Good	36.4	7,792	7,782	36.0	4,020	3,983
Moderate	19.4	4,161	3,584	12.6	1,405	1,414
Bad	4.0	847	757	2.1	237	206
Very bad	0.4	85	84	0.5	55	55
Religion						
Orthodox	43.1	9,228	7,131	41.7	4,654	4,034
Catholic	0.9	190	163	0.5	55	96
Protestant	25.4	5,438	6,328	26.1	2,913	3,297
Muslim	29.1	6,231	7,242	30.3	3,380	3,647
Traditional	0.4	94	116	0.6	72	45
Other	1.0	215	419	0.9	97	158
Marital status						
Never married	29.5	6,307	6,408	46.0	5,141	5,189
Married	59.4	12,703	12,539	50.6	5,654	5,624
Living together	1.9	412	468	1.1	126	155
Divorced/separated	6.8	1,448	1,395	2.0	228	278
Widowed	2.4	524	589	0.2	24	31
Residence						
Urban	34.6	7,411	7,864	31.6	3,527	5,646
Rural	65.4	13,984	13,535	68.4	7,644	5,631
Region						
Tigrai	5.7	1,212	1,746	5.5	612	880
Afar	0.9	185	1,359	0.8	88	607
Amhara	24.2	5,177	1,743	23.6	2,638	824
Oromia	38.2	8,176	2,126	39.8	4,451	1,061
Somali	3.0	635	1,466	2.8	312	661
Benishangul-Gumuz	1.0	222	1,168	1.1	122	696
Central Ethiopia	4.2	899	1,523	4.8	537	919
Sidama	4.7	1,011	1,883	4.4	488	863
South West Ethiopia	3.1	654	1,539	3.2	359	826
South Ethiopia	7.1	1,510	1,658	6.9	772	818
Gambella	0.4	94	1,246	0.4	50	713
Harari	0.3	69	1,104	0.3	37	653
Addis Ababa	6.7	1,435	1,673	5.8	648	1,072
Dire Dawa	0.5	117	1,165	0.5	59	684
Education						
No education	32.5	6,947	7,144	16.7	1,862	1,609
Primary	39.3	8,403	8,110	47.1	5,262	4,575
Secondary	19.1	4,087	3,894	23.6	2,633	2,888
More than secondary	9.2	1,958	2,251	12.7	1,414	2,205
Wealth quintile						
Lowest	16.1	3,439	5,434	15.1	1,691	2,072
Second	17.4	3,713	3,683	17.7	1,983	1,610
Middle	18.9	4,043	3,292	20.5	2,285	1,650
Fourth	21.6	4,612	3,239	22.8	2,545	1,928
Highest	26.1	5,588	5,751	23.9	2,667	4,017

Continued…

Table 2—*Continued*

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Total 15–49	100.0	21,395	21,395	100.0	11,171	11,277
50–59	na	na	na	na	1,314	1,208
Total 15–59	na	na	na	na	12,485	12,485

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.
na = Not applicable

3.3 FERTILITY

Table 3 shows the total fertility rate (TFR) and age-specific fertility rates (ASFRs) among women by 5-year age groups for the 3-year period preceding the survey.

Total fertility rate

The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates. Age-specific fertility rates are calculated for the 3 years before the survey, based on detailed pregnancy histories provided by women.

Sample: Women age 15–49

- If fertility were to remain constant at current levels, a woman in Ethiopia would bear an average of 4.0 children in her lifetime.
- Fertility is low among adolescents (53 births per 1,000 women age 15–19), peaks at 211 births per 1,000 among women age 25–29 and then decreases thereafter.
- Fertility is higher in rural areas than in urban areas; on average, rural women give birth to 4.5 children in their lifetime, as compared with 3.2 children among urban women.

Table 3 Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the 3 years preceding the survey, according to residence, Ethiopia DHS 2024–25

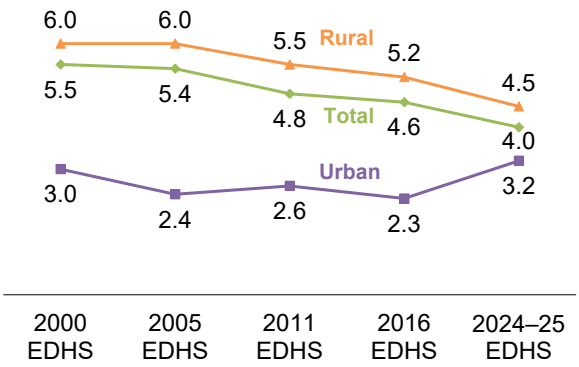
Age group	Residence		Total
	Urban	Rural	
10–14	[1]	[0]	[1]
15–19	35	63	53
20–24	133	194	170
25–29	183	230	211
30–34	151	200	182
35–39	89	137	122
40–44	31	69	59
45–49	[12]	[13]	[13]
TFR (15–49)	3.2	4.5	4.0
GFR	112	149	136
CBR	31.5	29.6	30.1

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates are for the period 1–36 months preceding the interview. Rates for the 10–14 age group are based on retrospective data from women age 15–17.
TFR: total fertility rate, expressed per woman
GFR: general fertility rate, expressed per 1,000 women age 15–44
CBR: crude birth rate, expressed per 1,000 population

Trends: As shown in **Figure 2**, the TFR declined from 5.5 children per woman in the 2000 EDHS to 4.0 in the 2024–25 EDHS. The TFR among women in rural areas decreased from 6.0 in the 2000 EDHS to 4.5 in the 2024–25 EDHS. Among women in urban areas, the TFR decreased from 3.0 in the 2000 EDHS to 2.3 in the 2016 EDHS but increased to 3.2 in the 2024–25 EDHS.

Figure 2 **Trends in fertility by residence**

TFR for the 3 years before each survey



3.4 TEENAGE FERTILITY

Teenage pregnancy
Percentage of women age 15–19 who have ever been pregnant.
Sample: Women age 15–19

Table 4 shows the percentage of women age 15–19 who have had a live birth, who have ever had a pregnancy loss, who are currently pregnant, and who have ever been pregnant according to background characteristics.

- Ten percent of women age 15–19 have ever been pregnant.
- Eight percent of young women have had a live birth.
- One percent of young women have had a pregnancy loss.
- Two percent of young women are currently pregnant.

Table 4 Teenage pregnancy

Percentage of women age 15–19 who have ever had a live birth, percentage who have ever had a pregnancy loss, percentage who are currently pregnant, and percentage who have ever been pregnant, according to background characteristics, Ethiopia DHS 2024–25

	Percentage of women age 15–19 who:				
Background characteristic	Have ever had a live birth	Have ever had a pregnancy loss[1]	Are currently pregnant	Have ever been pregnant	Number of women
Age					
15	0.7	0.0	0.8	1.5	1,084
16	1.9	0.1	1.3	3.3	1,019
17	4.1	0.9	1.6	6.0	958
18	15.2	2.1	3.8	19.3	1,055
19	21.9	1.8	5.0	24.7	758
Residence					
Urban	6.6	0.6	1.0	8.0	1,570
Rural	8.8	1.1	3.0	11.3	3,305
Region					
Tigrai	8.2	2.4	3.1	13.4	261
Afar	16.7	4.2	8.2	23.3	36
Amhara	5.3	0.6	1.3	6.3	1,070
Oromia	11.2	1.2	2.8	13.7	1,983
Somali	10.4	0.6	4.2	13.6	160
Benishangul-Gumuz	9.7	1.1	4.5	13.5	46
Central Ethiopia	5.7	1.0	1.8	7.5	226
Sidama	3.8	0.6	1.1	5.2	247
South West Ethiopia	3.8	0.0	1.4	4.9	160
South Ethiopia	7.6	0.4	4.1	10.7	358
Gambella	9.6	1.5	3.9	14.7	21
Harari	12.8	3.1	3.5	14.4	14
Addis Ababa	2.1	0.0	0.0	2.1	263
Dire Dawa	7.4	2.1	2.1	9.5	30

Continued…

Table 4—*Continued*

Background characteristic	Percentage of women age 15–19 who: Have ever had a live birth	Have ever had a pregnancy loss[1]	Are currently pregnant	Have ever been pregnant	Number of women
Education					
No education	20.6	1.3	6.0	24.3	462
Primary	8.3	1.2	2.1	10.5	2,989
Secondary	3.7	0.4	1.8	5.5	1,349
More than secondary	0.2	0.0	0.0	0.2	76
Wealth quintile					
Lowest	17.1	2.1	6.2	21.3	791
Second	8.0	1.5	2.5	11.2	876
Middle	7.4	0.7	1.6	9.5	991
Fourth	6.9	0.7	2.2	8.5	1,025
Highest	3.6	0.2	0.5	4.2	1,192
Total	8.1	1.0	2.4	10.2	4,875

[1] Stillbirth, miscarriage, or abortion

3.5 FERTILITY PREFERENCES

Desire for another child

Women were asked whether they wanted more children and, if so, how long they would prefer to wait before the birth of the next child. Women who are sterilised are assumed not to want any more children.

Sample: Currently married women age 15–49

Table 5 shows fertility preferences among currently married women age 15–49 by number of living children.

- Twenty-eight percent of women want another child soon (within the next 2 years), 38% want to have another child later (in 2 or more years), and 1% want another child but have not decided when.
- Nineteen percent of women want no more children, less than 1% are sterilised (or their partner has been sterilised), and 7% say they are infecund.
- The percentage of women who want no more children increases with number of living children, from 2% among those with no living children to 39% among those with six or more children.

Table 5 Fertility preferences by number of living children

Percent distribution of currently married women age 15–49 by desire for children, according to number of living children, Ethiopia DHS 2024–25

Desire for children	Number of living children[1] 0	1	2	3	4	5	6+	Total
Have another soon[2]	62.9	34.2	25.0	24.5	23.8	23.1	19.6	27.5
Have another later[3]	23.6	55.1	53.9	46.7	33.6	26.5	15.5	38.3
Have another, undecided when	1.6	1.5	1.5	0.8	2.0	0.8	1.3	1.4
Undecided	3.7	3.6	6.7	6.4	7.3	6.7	10.9	6.8
Want no more	2.2	3.0	10.0	15.1	26.1	33.6	38.9	19.1
Sterilised[4]	0.0	0.6	0.0	0.4	0.1	0.4	0.4	0.3
Declared infecund	5.9	2.0	2.9	6.1	7.1	9.0	13.4	6.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	830	2,268	2,515	2,003	1,654	1,272	2,574	13,115

[1] The number of living children includes a woman's current pregnancy.
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both female and male sterilisation

3.6 FAMILY PLANNING

3.6.1 Contraceptive Use

Contraceptive prevalence

Percentage of women who use any contraceptive method.

Sample: Currently married women age 15–49 and sexually active unmarried women age 15–49

Modern methods

Include male and female sterilisation, injectables, intrauterine devices (IUDs), contraceptive pills, implants, female and male condoms, emergency contraception, the standard days method, and the lactational amenorrhoea method.

Table 6 presents data on contraceptive use among currently married women and sexually active unmarried women.

- One-third of currently married women (35%) are using a contraceptive method, with 35% using a modern method and 1% using a traditional method. Two-thirds (65%) of currently married women are not using any contraceptive method.
- The most used contraceptive methods among currently married women are injectables (20%), implants (10%), and the pill (2%).
- Thirty-five percent of sexually active unmarried women are using a contraceptive method; 34% are using a modern method, and 1% are using a traditional method.

Table 6 Current use of contraception according to background characteristics

Percent distribution of currently married women and sexually active unmarried women age 15–49 by contraceptive method currently used, according to background characteristics, Ethiopia DHS 2024–25

Background characteristic	Any method	Any modern method	Modern method											Traditional method					Number of women
			Female sterilisation	Male sterilisation	IUD	Injectables	Implants	Pill	Male condom	Female condom	Emergency contraception	SDM	LAM	Any traditional method	Rhythm	Withdrawal	Not currently using	Total	
									CURRENTLY MARRIED WOMEN										
Number of living children																			
0	27.3	26.4	0.0	0.0	0.3	18.9	3.9	2.5	0.4	0.0	0.2	0.1	0.0	1.0	0.4	0.6	72.7	100.0	1,104
1–2	46.1	45.1	0.2	0.1	0.9	25.5	14.0	3.7	0.2	0.0	0.1	0.1	0.3	0.9	0.7	0.2	53.9	100.0	4,749
3–4	40.2	38.8	0.3	0.0	1.8	21.5	12.2	2.2	0.0	0.0	0.1	0.0	0.8	1.4	1.3	0.1	59.8	100.0	3,514
5+	19.9	19.2	0.4	0.0	0.2	11.8	5.5	1.1	0.0	0.0	0.1	0.0	0.1	0.7	0.4	0.3	80.1	100.0	3,749
Age																			
15–19	32.8	32.7	0.0	0.0	0.0	23.2	7.5	1.9	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.2	67.12	100.0	665
20–24	41.9	41.3	0.0	0.2	0.4	26.6	11.6	2.3	0.0	0.0	0.1	0.1	0.0	0.5	0.2	0.4	58.1	100.0	1,894
25–29	43.3	42.7	0.3	0.0	0.7	22.8	14.2	3.3	0.3	0.0	0.1	0.0	1.1	0.5	0.4	0.1	56.7	100.0	3,085
30–34	42.0	40.3	0.1	0.0	1.7	21.5	12.4	3.8	0.1	0.0	0.1	0.2	0.3	1.7	1.1	0.6	58.0	100.0	2,353
35–39	34.7	33.1	0.5	0.0	1.1	19.6	9.7	1.7	0.1	0.0	0.2	0.0	0.2	1.6	1.5	0.1	65.3	100.0	2,379
40–44	23.9	22.9	0.1	0.0	1.3	13.6	5.9	1.9	0.1	0.0	0.0	0.0	0.0	1.0	0.6	0.4	76.1	100.0	1,495
45–49	10.6	9.9	0.8	0.0	0.3	6.7	2.0	0.1	0.1	0.0	0.0	0.0	0.0	0.7	0.6	0.1	89.4	100.0	1,245
Residence																			
Urban	46.5	44.4	0.4	0.0	2.1	20.9	15.1	4.6	0.3	0.0	0.2	0.1	0.7	2.1	1.6	0.4	53.5	100.0	4,025
Rural	30.5	30.0	0.2	0.0	0.4	19.6	8.1	1.5	0.1	0.0	0.1	0.0	0.2	0.5	0.3	0.2	69.5	100.0	9,090
Region																			
Tigrai	26.2	25.2	0.1	0.0	0.2	13.2	8.0	2.4	0.1	0.0	0.5	0.2	0.5	0.9	0.8	0.2	73.8	100.0	706
Afar	8.9	8.8	0.0	0.0	0.0	4.0	3.6	1.0	0.0	0.0	0.0	0.2	0.0	0.1	0.0	0.1	91.1	100.0	137
Amhara	43.9	43.3	0.6	0.0	0.7	29.1	9.2	3.6	0.0	0.0	0.0	0.0	0.1	0.5	0.5	0.1	56.1	100.0	3,143
Oromia	31.8	31.0	0.1	0.1	0.8	18.4	9.3	1.7	0.2	0.0	0.1	0.0	0.4	0.9	0.6	0.3	68.2	100.0	5,264
Somali	1.6	1.6	0.0	0.0	0.3	0.4	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	98.4	100.0	399
Benishangul-Gumuz	31.4	31.2	0.2	0.0	0.3	18.0	11.1	1.4	0.0	0.0	0.2	0.0	0.0	0.2	0.2	0.0	68.6	100.0	143
Central Ethiopia	20.3	19.0	0.5	0.0	0.0	8.7	7.8	1.7	0.0	0.0	0.1	0.0	0.2	1.3	0.4	0.9	79.7	100.0	534
Sidama	56.6	55.7	0.3	0.0	0.2	29.9	21.4	3.0	0.3	0.0	0.1	0.2	0.3	0.9	0.8	0.1	43.4	100.0	581
South West Ethiopia	54.2	54.2	0.0	0.0	0.8	36.3	16.0	0.8	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	45.8	100.0	403
South Ethiopia	30.6	28.5	0.2	0.0	0.9	14.3	11.7	1.0	0.0	0.0	0.1	0.2	0.1	2.1	1.4	0.8	69.4	100.0	977
Gambella	34.3	34.2	0.0	0.0	1.0	23.5	6.8	2.7	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.0	65.7	100.0	61
Harari	29.3	28.0	0.5	0.0	1.2	8.0	10.4	3.1	0.1	0.0	0.2	0.5	4.1	1.3	1.3	0.0	70.7	100.0	40
Addis Ababa	51.2	47.3	0.4	0.0	4.9	12.6	18.0	7.9	0.8	0.1	0.5	0.2	1.9	3.8	3.5	0.3	48.8	100.0	669
Dire Dawa	26.3	24.7	0.2	0.0	0.7	6.3	14.7	1.8	0.0	0.0	0.1	0.0	1.0	1.6	1.6	0.0	73.7	100.0	60
Education																			
No education	21.7	21.4	0.3	0.0	0.5	12.7	6.6	1.1	0.0	0.0	0.0	0.0	0.3	0.3	0.2	0.1	78.3	100.0	5,537
Primary	41.9	41.0	0.2	0.1	0.7	24.5	12.5	2.4	0.1	0.0	0.1	0.0	0.4	0.9	0.5	0.4	58.1	100.0	4,656
Secondary	52.0	49.8	0.0	0.0	0.9	30.8	12.2	5.2	0.2	0.0	0.2	0.0	0.1	2.2	2.0	0.2	48.0	100.0	1,735
More than secondary	49.9	47.0	0.5	0.0	3.5	20.1	15.7	5.1	0.5	0.0	0.5	0.4	0.7	2.9	2.1	0.7	50.1	100.0	1,187

Continued…

Table 6—*Continued*

Background characteristic	Any method	Any modern method	Modern method											Traditional method					
			Female sterilisation	Male sterilisation	IUD	Injectables	Implants	Pill	Male condom	Female condom	Emergency contraception	SDM	LAM	Any traditional method	Rhythm	Withdrawal	Not currently using	Total	Number of women
Wealth quintile																			
Lowest	16.2	16.2	0.3	0.0	0.1	8.5	6.1	0.9	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	83.8	100.0	2,431
Second	27.8	27.4	0.0	0.0	0.0	16.3	9.3	1.1	0.0	0.0	0.2	0.0	0.4	0.4	0.3	0.1	72.2	100.0	2,422
Middle	36.5	35.4	0.1	0.0	0.5	25.1	8.8	0.8	0.0	0.0	0.0	0.0	0.1	1.2	0.7	0.5	63.5	100.0	2,547
Fourth	43.7	43.0	0.3	0.1	1.0	26.5	11.2	3.2	0.2	0.0	0.1	0.0	0.5	0.7	0.5	0.2	56.3	100.0	2,843
Highest	49.0	46.6	0.5	0.0	2.5	21.8	14.9	5.6	0.4	0.0	0.3	0.2	0.5	2.4	2.0	0.5	51.0	100.0	2,872
Total	35.4	34.5	0.3	0.0	0.9	20.0	10.2	2.4	0.1	0.0	0.1	0.1	0.3	1.0	0.7	0.3	64.6	100.0	13,115
SEXUALLY ACTIVE UNMARRIED WOMEN[1]																			
Residence																			
Urban	41.9	41.9	0.0	0.0	1.4	25.3	3.5	4.4	2.0	0.0	5.3	0.0	0.0	0.0	0.0	0.0	58.1	100.0	213
Rural	28.1	25.6	0.0	0.0	0.0	12.9	9.9	0.3	0.0	0.0	2.5	0.0	0.0	2.5	2.2	0.3	71.9	100.0	208
Total	35.1	33.9	0.0	0.0	0.7	19.2	6.7	2.3	1.0	0.0	4.0	0.0	0.0	1.2	1.1	0.2	64.9	100.0	421

Note: If more than one method is used, only the most effective method is considered in this tabulation.
SDM = Standard days method
LAM = Lactational amenorrhoea method
[1] Women who have had sexual intercourse within 30 days preceding the survey

Trends: Use of contraceptives among currently married women increased from 8% in 2000 to 35% in 2016 and has since remained unchanged. Over the same period, use of modern contraception increased from 6% to 35%.

3.6.2 Need and Demand for Family Planning

Table 7 presents data on unmet need, met need, and total demand for family planning among currently married and sexually active unmarried women. These indicators help evaluate the extent to which family planning programmes in Ethiopia are meeting the demand for services.

Unmet need for family planning	Percentage of women who (1) are not pregnant and not postpartum amenorrhoeic and are considered fecund and want to postpone their next birth for 2 or more years or stop childbearing altogether but are not using a contraceptive method, or (2) have a mistimed or unwanted current pregnancy, or (3) are postpartum amenorrhoeic and their most recent birth in the last 2 years was mistimed or unwanted.
Met need for family planning	Current contraceptive use (any method).
Sample:	Currently married women age 15–49 and sexually active unmarried women age 15–49

Demand for family planning:	Unmet need for family planning + met need (current contraceptive use [any method])
Proportion of demand satisfied:	Current contraceptive use (any method) / Unmet need + current contraceptive use (any method)
Proportion of demand satisfied by modern methods:	Current contraceptive use (any modern method) / Unmet need + current contraceptive use (any method)

- In Ethiopia, 15% of currently married women have an unmet need for family planning.
- Fifty-one percent of currently married women have a demand for family planning. Seventy percent of this demand is satisfied, and 68% is satisfied by modern methods.
- Forty percent of sexually active unmarried women have an unmet need for family planning.
- Seventy-five percent of sexually active unmarried women have a demand for family planning. Forty-seven percent of this demand is satisfied, and 45% is satisfied by modern methods.

Table 7 Need and demand for family planning among currently married women and sexually active unmarried women

Percentage of currently married women and sexually active unmarried women age 15–49 with unmet need for family planning, percentage with met need for family planning, percentage with met need for family planning who are using modern methods, percentage with demand for family planning, percentage of the demand for family planning that is satisfied, and percentage of the demand for family planning that is satisfied with modern methods, according to background characteristics, Ethiopia DHS 2024–25

Background characteristic	Unmet need for family planning	Met need for family planning (currently using)		Total demand for family planning[3]	Number of women	Percentage of demand satisfied[1]	
		All methods	Modern methods[2]			All methods	Modern methods[2]
CURRENTLY MARRIED WOMEN							
Age							
15–19	14.6	32.8	32.7	47.4	665	69.3	68.9
20–24	13.0	41.9	41.3	54.9	1,894	76.3	75.3
25–29	14.2	43.3	42.7	57.4	3,085	75.3	74.4
30–34	15.7	42.0	40.3	57.7	2,353	72.7	69.8
35–39	17.4	34.7	33.1	52.1	2,379	66.6	63.6
40–44	18.5	23.9	22.9	42.4	1,495	56.5	54.1
45–49	14.9	10.6	9.9	25.5	1,245	41.5	38.7
Residence							
Urban	12.3	46.5	44.4	58.8	4,025	79.0	75.5
Rural	16.8	30.5	30.0	47.4	9,090	64.5	63.4
Region							
Tigrai	19.4	26.2	25.2	45.5	706	57.4	55.4
Afar	12.7	8.9	8.8	21.5	137	41.1	40.7
Amhara	14.8	43.9	43.3	58.6	3,143	74.8	73.9
Oromia	14.3	31.8	31.0	46.1	5,264	69.0	67.2
Somali	22.2	1.6	1.6	23.8	399	6.9	6.9
Benishangul-Gumuz	15.5	31.4	31.2	46.8	143	67.0	66.6
Central Ethiopia	21.6	20.3	19.0	41.9	534	48.5	45.4
Sidama	13.5	56.6	55.7	70.1	581	80.7	79.4
South West Ethiopia	11.4	54.2	54.2	65.6	403	82.7	82.7
South Ethiopia	21.3	30.6	28.5	51.9	977	59.0	54.9
Gambella	20.3	34.3	34.2	54.6	61	62.9	62.7
Harari	18.0	29.3	28.0	47.4	40	62.0	59.2
Addis Ababa	10.2	51.2	47.3	61.4	669	83.4	77.2
Dire Dawa	17.0	26.3	24.7	43.3	60	60.7	57.1
Education							
No education	18.7	21.7	21.4	40.4	5,537	53.7	53.0
Primary	15.1	41.9	41.0	57.0	4,656	73.5	72.0
Secondary	9.8	52.0	49.8	61.8	1,735	84.1	80.5
More than secondary	9.7	49.9	47.0	59.6	1,187	83.7	78.9
Wealth quintile							
Lowest	20.4	16.2	16.2	36.6	2,431	44.3	44.2
Second	17.6	27.8	27.4	45.4	2,422	61.3	60.4
Middle	15.5	36.5	35.4	52.0	2,547	70.2	68.0
Fourth	14.3	43.7	43.0	58.0	2,843	75.3	74.2
Highest	10.6	49.0	46.6	59.6	2,872	82.3	78.2
Total	15.4	35.4	34.5	50.9	13,115	69.6	67.7
SEXUALLY ACTIVE UNMARRIED WOMEN[4]							
Residence							
Urban	33.1	41.9	41.9	75.0	213	55.9	55.9
Rural	47.2	28.1	25.6	75.3	208	37.4	34.1
Total	40.0	35.1	33.9	75.1	421	46.7	45.1

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al. 2012.

[1] Percentage of demand satisfied is met need divided by total demand.

[2] Modern methods include female sterilisation, male sterilisation, IUD, injectables, implants, pill, male condom, female condom, emergency contraception, standard days method (SDM), lactational amenorrhoea method (LAM) and other modern methods.

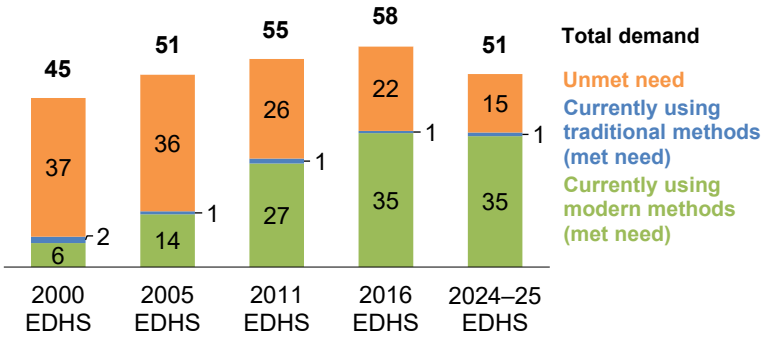
[3] Total demand is the sum of unmet need and met need.

[4] Women who have had sexual intercourse within 30 days preceding the survey

Trends: Total demand for family planning among currently married women increased from 45% in the 2000 EDHS to 58% in the 2016 EDHS and decreased slightly to 51% in the 2024–25 EDHS. Over this same period, unmet need decreased from 37% to 15% (**Figure 3**).

***Figure 3* Trends in use of, need for, and demand for family planning**

Percentage of currently married women age 15–49



3.7 EARLY CHILDHOOD MORTALITY

Neonatal mortality: The probability of dying within the first month of life.

Postneonatal mortality: The probability of dying between the first month of life and the first birthday (computed as the difference between infant and neonatal mortality).

Infant mortality: The probability of dying between birth and the first birthday.

Child mortality: The probability of dying between the first and the fifth birthday.

Under-5 mortality: The probability of dying between birth and the fifth birthday.

Table 8 presents estimates of childhood mortality for three successive 5-year periods prior to the 2024–25 EDHS. The rates were estimated directly from information collected as part of a retrospective pregnancy history in which female respondents listed all of the children to whom they have given birth, along with each child's date of birth, survivorship status, and current age or age at death.

- During the 5 years immediately preceding the survey, the neonatal mortality rate was 25 deaths per 1,000 live births.
- The infant mortality rate was 39 deaths per 1,000 live births.
- The child mortality rate was 13 deaths per 1,000 children surviving to age 12 months, while the overall under-5 mortality rate was 51 deaths per 1,000 live births.

Table 8 Early childhood mortality rates

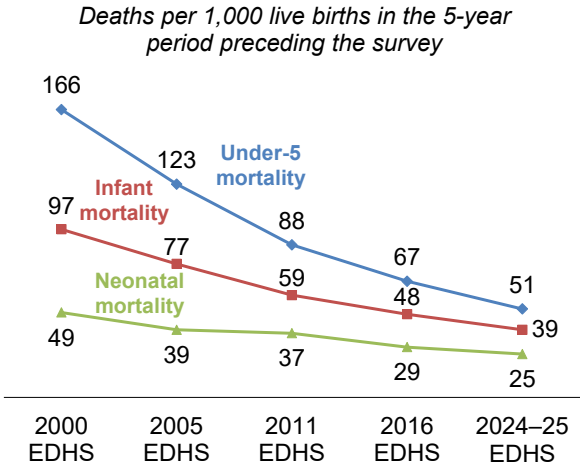
Neonatal, postneonatal, infant, child, and under-5 mortality rates for 5-year periods preceding the survey, Ethiopia DHS 2024–25

Years preceding the survey	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
0–4	25	14	39	13	51
5–9	27	14	41	14	54
10–14	31	21	53	14	66

[1] Computed as the difference between the infant and neonatal mortality rates

Trends: Neonatal mortality decreased from 49 deaths per 1,000 live births in the 5 years preceding the 2000 survey to 25 deaths per 1,000 live births in the 5 years preceding the 2024–25 survey. The infant mortality rate also showed a substantial decline, falling from 97 deaths per 1,000 live births in the 5 years preceding the 2000 survey to 39 deaths per 1,000 live births in the 5 years preceding the 2024–25 survey. Similarly, under-5 mortality dropped from 166 deaths per 1,000 live births in the 5 years preceding the 2000 survey to 51 deaths per 1,000 live births in the 5 years preceding the 2024–25 survey (**Figure 4**).

Figure 4 **Trends in early childhood mortality rates**



3.8 MATERNAL CARE

Proper care during pregnancy and delivery is important for the health of both the mother and the baby. **Table 9** presents key indicators related to maternal care.

3.8.1 Antenatal Care

Antenatal care from a skilled provider

Pregnancy care received from skilled providers, such as doctors, nurses, midwives, health officers, and health extension workers.

Sample: Women age 15–49 who had a live birth or stillbirth in the 2 years before the survey

Antenatal care (ANC) from a skilled provider is important to monitor pregnancy and reduce morbidity and mortality risks for the mother and child during pregnancy, at delivery, and during the postnatal period.

- Seventy-eight percent of women who had a live birth in the 2 years preceding the survey received antenatal care from skilled providers.
- Fifty-three percent of women had four or more ANC visits during their most recent pregnancy resulting in a live birth.
- Sixty-nine percent of women who had a live birth in the 2 years preceding the survey took some form of iron supplementation during their pregnancy.

3.8.2 Tetanus Toxoid

Protection against neonatal tetanus

The number of tetanus toxoid injections needed to protect a baby from neonatal tetanus depends on the mother's vaccinations. A birth is protected against neonatal tetanus if the mother has received any of the following:

- Two tetanus toxoid injections during the pregnancy
- Two or more injections, the last one within 3 years of the birth
- Three or more injections, the last one within 5 years of the birth
- Four or more injections, the last one within 10 years of the birth
- Five or more injections at any time prior to the birth

Sample: Women age 15–49 with a live birth in the 2 years before the survey

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus, a major cause of early infant death in many countries. Neonatal tetanus is often caused by failure to observe hygienic procedures during delivery.

- Sixty percent of women with a live birth in the 2 years before the survey received sufficient tetanus toxoid injections to protect their baby against neonatal tetanus.

Table 9 Maternal care indicators

Among women age 15–49 who had a live birth and/or a stillbirth in the 2 years preceding the survey, percentage who received antenatal care (ANC) from a skilled provider for the most recent live birth or stillbirth, percentage with four or more ANC visits for the most recent live birth or stillbirth, percentage who took any iron-containing supplements during pregnancy, and percentage whose most recent live birth was protected against neonatal tetanus; among all live births and stillbirths in the 2 years before the survey, percentage delivered by a skilled provider and percentage delivered in a health facility; and among women age 15–49 with a live birth or stillbirth in the 2 years preceding the survey, percentage who received a postnatal check during the first 2 days after giving birth, according to background characteristics, Ethiopia DHS 2024–25

	Women who had a live birth and/or a stillbirth in the 2 years preceding the survey					Live births and stillbirths in the 2 years preceding the survey			Women who had a live birth and/or a stillbirth in the 2 years preceding the survey	
Background characteristic	Percentage receiving antenatal care from a skilled provider[1]	Percentage with 4+ ANC visits	Percentage who took any iron-containing supplements during pregnancy[2]	Percentage whose most recent live birth was protected against neonatal tetanus[3]	Number of women	Percentage delivered by a skilled provider[1]	Percentage delivered in a health facility	Number of births	Percentage with a postnatal check during the first 2 days after birth[4]	Number of women
					LIVE BIRTHS					
Mother's age at birth										
0	63.1	37.7	64.9	51.1	424	57.6	53.6	442	23.5	424
20–34	80.8	56.5	70.2	62.1	3,638	67.0	64.1	3,767	38.0	3,638
35–49	74.0	46.3	65.9	56.4	889	54.8	54.1	929	31.8	889
Residence										
Urban	91.2	75.0	73.1	73.3	1,472	91.2	89.4	1,542	52.9	1,472
Rural	72.5	43.8	67.3	54.5	3,479	52.3	49.4	3,597	28.3	3,479
Region										
Tigrai	90.2	57.1	76.4	48.8	324	69.3	68.3	331	34.8	324
Afar	70.8	46.2	57.9	42.2	65	35.0	33.3	67	17.1	65
Amhara	90.3	62.0	82.5	72.9	1,156	74.3	72.8	1,193	41.7	1,156
Oromia	70.9	48.4	65.2	58.7	1,947	58.4	53.7	2,032	32.9	1,947
Somali	35.1	12.7	20.5	22.7	204	37.0	34.2	219	9.4	204
Benishangul-Gumuz	70.9	57.2	52.7	47.0	57	62.2	61.5	59	27.5	57
Central Ethiopia	82.8	58.5	76.1	60.9	216	78.9	79.6	224	47.4	216
Sidama	85.0	41.5	73.1	63.4	168	66.3	64.2	173	42.4	168
South West Ethiopia	73.6	48.1	54.1	39.1	130	54.7	53.2	134	19.8	130
South Ethiopia	75.9	47.1	64.8	53.2	404	49.5	48.7	417	27.1	404
Gambella	79.6	49.2	75.5	64.1	22	73.7	71.8	23	44.2	22
Harari	79.8	46.5	63.0	48.6	13	80.0	78.7	14	39.9	13
Addis Ababa	98.2	94.8	79.6	87.1	222	98.2	97.9	229	68.1	222
Dire Dawa	88.0	69.1	65.8	61.9	23	83.0	82.4	25	37.0	23

Continued…

Table 9—*Continued*

Background characteristic	Women who had a live birth and/or a stillbirth in the 2 years preceding the survey					Live births and stillbirths in the 2 years preceding the survey			Women who had a live birth and/or a stillbirth in the 2 years preceding the survey	
	Percentage receiving antenatal care from a skilled provider[1]	Percentage with 4+ ANC visits	Percentage who took any iron-containing supplements during pregnancy[2]	Percentage whose most recent live birth was protected against neonatal tetanus[3]	Number of women	Percentage delivered by a skilled provider[1]	Percentage delivered in a health facility	Number of births	Percentage with a postnatal check during the first 2 days after birth[4]	Number of women
Mother's education										
No education	64.9	35.5	57.5	46.9	1,809	44.2	41.1	1,898	18.6	1,809
Primary	80.5	53.6	74.3	63.6	1,923	66.1	64.1	1,982	38.5	1,923
Secondary	91.7	70.1	74.6	69.5	744	86.2	82.8	768	52.2	744
More than secondary	96.8	90.9	82.3	81.6	476	97.2	95.3	490	62.9	476
Wealth quintile										
Lowest	54.7	25.0	49.5	34.6	1,107	30.6	26.7	1,138	10.6	1,107
Second	73.1	37.6	65.1	54.0	887	52.0	47.8	910	27.0	887
Middle	81.3	54.2	74.8	61.3	899	59.7	58.4	932	35.8	899
Fourth	88.3	66.7	81.5	73.9	1,044	81.1	79.2	1,099	49.0	1,044
Highest	94.5	82.0	75.7	77.9	1,014	96.1	94.5	1,060	56.6	1,014
Total	78.1	53.0	69.0	60.1	4,951	64.0	61.4	5,139	35.6	4,951
STILLBIRTHS										
Total	72.9	24.0	67.6	na	62	70.2	68.5	62	41.4	62
LIVE BIRTHS AND STILLBIRTHS[5]										
Total	78.0	52.7	68.9	na	5,002	64.1	61.5	5,201	35.7	5,002

Note: If more than one source of assistance was mentioned, only the provider with the highest qualifications is considered in this tabulation. Stillbirths are foetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are foetal deaths in pregnancies lasting 7 or more months.
na = Not applicable
[1] Skilled provider includes a doctor, a nurse, a midwife, a health officer, and a health extension worker.
[2] Iron or folic acid tablets
[3] Includes mothers with two injections during the pregnancy of their most recent live birth, or two or more injections (the last within 3 years of the most recent live birth), or three or more injections (the last within 5 years of the most recent live birth), or four or more injections (the last within 10 years of the most recent live birth), or five or more injections at any time prior to the last live birth
[4] Includes women who received a check from a doctor, midwife, nurse, health extension worker, or traditional birth attendant
[5] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data on antenatal care and postnatal checks are tabulated for the most recent birth only.

3.8.3 Delivery Care

Institutional deliveries

Deliveries that occur in a health facility.

Sample: All live births and/or stillbirths in the 2 years before the survey

Skilled assistance during delivery

Births delivered with the assistance of skilled providers such as doctors, nurses, midwives, health officers, and health extension workers.

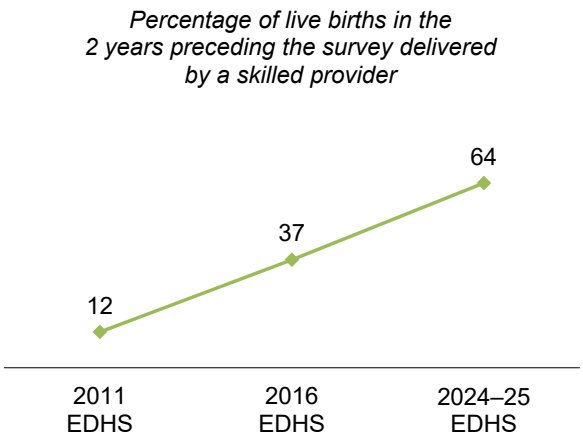
Sample: All live births and/or stillbirths in the 2 years before the survey

Access to proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that could lead to death or serious illness for the mother, baby, or both (Van Lerberghe and De Brouwere 2001; WHO 2006a).

- Overall, 64% of live births were assisted during delivery by a skilled provider.
- Sixty-one percent of live births took place in a health facility.

Trends: The percentage of women with a live birth in the 2 years preceding the survey whose delivery was assisted by a skilled provider has increased over time, rising from 12% in 2011 to 64% in 2024–25 (**Figure 5**).

***Figure 5* Trends in delivery assistance**



3.8.4 Postnatal Care for the Mother

A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. Thus, prompt postnatal care (PNC) for both the mother and the child is important to treat any complications arising from the delivery, as well as to provide the mother with important information on how to care for herself and her child. Safe motherhood programmes recommend that all women receive a check of their health during the first 2 days after delivery.

- Among women who had a live birth in the 2 years preceding the survey, 36% received a postnatal check during the first 2 days after birth.

3.9 VACCINATION COVERAGE

Universal immunisation of children against common vaccine-preventable diseases is crucial in reducing infant and child morbidity and mortality. In Ethiopia, routine childhood vaccines include bacille Calmette-Guérin (BCG) (tuberculosis), oral polio vaccine (OPV), inactivated polio vaccine (IPV), DTwP-Hib-HepB (diphtheria, pertussis, and tetanus; *Haemophilus influenzae* type b; and hepatitis B), pneumococcal conjugate vaccine (PCV), rotavirus vaccine (RV), and measles.

Information on vaccination coverage was obtained in two ways: from written vaccination records, including vaccination or health cards, and from verbal reports.

3.9.1 Basic Antigen Coverage

Fully vaccinated: basic antigens

Percentage of children who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report). To have received all basic antigens, a child must receive at least:

- One dose of BCG vaccine, which protects against tuberculosis
- Three doses of polio vaccine given as oral polio vaccine (OPV), inactivated polio vaccine (IPV), or a combination of OPV and IPV
- Three doses of DPT-containing vaccine, which protects against diphtheria, pertussis (whooping cough), and tetanus, given as DTwP-Hib-HepB
- One dose of measles

Sample: Children age 12–23 months

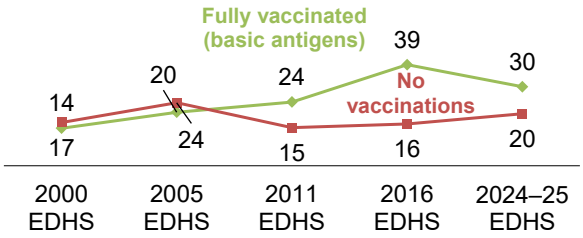
Historically, an important measure of vaccination coverage has been the proportion of children receiving all "basic" antigens. Children are considered fully vaccinated against all basic antigens if they have received the BCG vaccine, three doses each of polio vaccine and DPT-containing vaccine, and a single dose of measles-containing vaccine. In Ethiopia, the BCG vaccine is usually given at birth or at first clinic contact, while the polio and DPT-containing vaccines are given at approximately age 6, 10, and 14 weeks. A first measles-containing vaccination should be given at or soon after age 9 months.

- Among children age 12–23 months, 72% received the BCG vaccine, 40% received three doses of DTwP-Hib-HepB, and 51% received the first dose of measles vaccine (**Table 10**).
- Overall, 30% of children age 12–23 months are fully vaccinated with basic antigens, and 20% have received no vaccinations.
- Coverage varies widely by residence; 50% of children living in urban areas are fully vaccinated with basic antigens, as compared with 22% of children living in rural areas.

Trends: The percentage of children age 12–23 months who received all basic antigens has fluctuated since 2000 (**Figure 6**), ranging from a high of 39% in 2016 to a low of 17% in 2000. The percentage of children age 12–23 months who did not receive any vaccinations has also fluctuated over time, from a high of 24% in 2005 to 14% in 2000.

***Figure 6* Trends in childhood vaccinations**

Percentage of children age 12–23 months



Note: The 2016 EDHS included a health facility visit for children who did not present a vaccination during the interview.

3.9.2 *Vaccination Coverage according to National Schedule*

A second measure of vaccination coverage is the percentage of children age 12–23 months and 24–35 months who are fully vaccinated according to the national schedule. In this report, a child age 12–23 months is considered to be fully vaccinated according to the national schedule if the child has received all basic antigens, two doses of IPV, three doses of HepB and Hib (given as part of DPT-containing vaccine), three doses of the pneumococcal vaccine, and two doses of rotavirus vaccine. Children age 24–35 months are considered fully vaccinated according to the national schedule if they receive a second dose of the measles vaccine in addition to all of the vaccinations relevant for a child age 12–23 months. A second dose of IPV was added to the immunisation schedule in 2024. However, this dose is not required for a child to be considered to be fully immunised according to the national schedule in this report because this addition came too late for many of the children included in the 2024–25 EDHS to have received it.

Table 10 shows that 21% of children age 12–23 months are fully vaccinated according to the national schedule.

- Among children age 12–23 months, 39% received three doses of PCV, and 54% received two doses of rotavirus.
- Only 12% of children age 24–35 months are fully vaccinated according to the national schedule.
- Among children age 24–35 months, 34% received a second dose of measles.

Table 10 Vaccinations by background characteristics

Percentage of children age 12–23 months and children age 24–35 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), percentage fully vaccinated (basic antigens), percentage fully vaccinated according to the national schedule, and percentage who received no vaccinations, according to background characteristics, Ethiopia DHS 2024–25

	Children age 12–23 months																				Children age 24–35 months		
		DTwP-Hib-HepB			OPV				IPV		Pneumococcal			Rotavirus									
Background characteristic	BCG	1	2	3	OPV 0 (birth dose)[1]	1	2	3	1	2	1	2	3	1	2	MCV 1	Fully vaccinated (basic antigens)[2]	Fully vaccinated (according to national schedule)[3]	No vaccinations	Number of children	MCV 2	Fully vaccinated (according to national schedule)[4]	Number of children
Sex																							
Male	75.2	73.6	60.7	41.0	25.7	79.0	66.2	40.5	72.4	31.1	71.5	60.0	40.6	67.6	55.0	53.3	30.2	21.3	16.4	1,287	33.0	11.1	1,196
Female	69.0	66.8	55.9	38.3	29.3	72.4	61.0	37.2	65.0	28.3	64.4	52.8	36.6	60.9	51.8	48.4	29.9	20.1	24.0	1,038	34.2	12.5	1,095
Birth order																							
1	79.7	76.7	67.7	49.1	31.1	82.0	68.7	51.4	77.0	31.9	74.1	63.5	47.5	69.2	61.0	63.6	39.5	30.9	12.9	555	41.6	19.9	533
2–3	74.5	72.0	61.1	41.7	31.1	79.8	69.1	41.3	70.0	29.2	72.1	60.1	41.5	69.1	55.7	53.7	32.4	22.8	16.8	860	39.0	13.3	808
4–5	70.8	71.1	55.3	38.0	25.8	71.8	60.1	35.2	64.2	29.9	64.2	53.0	37.1	61.5	51.7	45.8	27.0	16.4	24.1	498	25.8	6.0	510
6+	60.2	58.6	45.1	25.6	15.9	65.3	51.1	22.4	62.6	28.3	57.5	45.3	23.8	52.8	41.2	35.6	16.2	8.1	29.9	413	22.7	5.8	440
Vaccination card[5]																							
Seen	91.1	97.4	91.1	81.5	44.8	98.0	93.6	79.2	75.4	19.9	98.6	93.2	83.0	98.2	88.2	72.8	61.3	48.8	0.1	877	59.6	37.4	620
Not seen or no longer has	75.8	71.9	52.0	17.5	29.4	76.6	55.0	15.5	80.5	50.3	66.1	46.2	15.0	61.9	47.2	53.3	14.1	3.2	17.3	638	37.6	3.0	803
Never had	49.5	40.5	28.5	12.3	6.7	51.9	38.6	14.1	53.4	24.5	37.2	25.6	9.7	30.4	21.0	26.0	8.8	4.3	43.0	810	11.1	1.6	868
Residence																							
Urban	86.6	81.7	74.0	58.8	45.2	87.2	79.6	56.7	78.6	30.3	81.4	73.6	58.4	78.1	66.7	70.4	49.5	37.2	8.4	673	50.9	22.5	680
Rural	66.6	66.0	52.3	32.1	20.0	71.5	57.5	31.9	65.2	29.6	62.9	49.9	30.9	59.1	48.2	43.3	22.2	14.1	24.4	1,652	26.2	7.3	1,611
Region																							
Tigrai	86.2	91.2	77.3	49.8	41.9	90.5	74.4	50.9	80.4	42.5	88.2	69.4	44.7	79.2	60.4	68.8	36.4	24.8	3.5	143	38.9	13.6	141
Afar	42.0	49.5	40.1	31.0	18.1	52.4	40.3	29.1	43.3	12.8	46.8	38.2	30.7	47.8	39.0	38.2	21.3	16.2	42.8	29	21.0	11.1	37
Amhara	85.8	87.9	76.6	49.8	24.0	89.0	78.8	50.0	78.7	29.0	87.7	74.3	51.4	83.4	67.6	66.0	35.8	24.1	7.6	539	49.2	13.4	508
Oromia	66.9	58.4	45.7	31.7	21.4	72.4	59.6	31.7	68.3	31.3	54.8	46.1	30.5	52.9	46.4	38.1	23.9	18.1	24.9	912	24.7	8.1	912
Somali	35.6	32.1	26.3	18.9	22.6	31.8	22.9	12.0	32.7	18.0	27.1	20.7	14.3	23.5	17.9	16.8	9.4	5.5	61.4	91	13.4	2.6	125
Benishangul-Gumuz	56.2	60.1	52.4	34.5	20.8	67.0	58.4	38.2	50.7	18.1	59.7	48.6	32.0	50.6	40.1	36.8	21.1	12.9	26.9	27	23.8	6.4	24
Central Ethiopia	70.5	74.6	57.5	30.6	17.9	72.7	54.2	30.2	64.9	36.7	69.8	51.4	26.5	63.7	46.5	49.7	19.1	11.2	22.5	111	25.7	10.2	103
Sidama	72.8	74.8	66.1	46.4	29.4	71.8	60.4	37.9	56.3	31.7	76.0	63.1	43.9	74.9	62.4	53.9	32.0	14.0	17.8	86	36.2	12.3	81
South West Ethiopia	68.0	69.4	57.4	29.1	26.7	75.0	55.6	23.1	69.8	37.3	67.4	51.9	29.3	63.4	47.4	60.3	21.3	11.4	21.2	58	26.0	4.6	67
South Ethiopia	62.3	66.2	48.2	27.0	17.5	62.5	48.5	26.0	55.3	27.6	64.5	47.0	26.3	56.0	42.0	49.4	23.8	7.1	28.6	175	29.7	9.7	181
Gambella	68.4	69.0	53.2	26.9	54.3	74.6	49.2	29.8	67.4	28.2	65.7	47.0	24.5	58.5	42.3	44.2	16.6	9.6	19.3	11	32.9	14.6	11
Harari	75.0	84.0	71.2	47.6	38.1	83.9	68.5	45.1	77.4	28.5	75.0	64.4	47.4	68.2	55.6	56.6	33.9	27.6	9.6	6	55.0	21.4	8
Addis Ababa	93.7	95.3	91.9	88.2	89.0	94.9	92.0	86.5	88.4	18.7	95.3	92.0	87.7	94.6	88.2	90.0	82.2	69.9	2.7	126	84.0	65.5	83
Dire Dawa	76.1	77.3	71.3	55.5	57.0	76.5	65.5	54.8	66.9	6.1	75.1	68.6	55.6	76.1	68.3	61.8	45.2	38.9	18.6	12	35.2	15.4	9

Continued…

Table 10—*Continued*

Background characteristic	Children age 12–23 months																				Children age 24–35 months		
		DTwP-Hib-HepB				OPV				IPV		Pneumococcal			Rotavirus								
	BCG	1	2	3	OPV 0 (birth dose)[1]	1	2	3	1	2	1	2	3	1	2	MCV 1	Fully vaccinated (basic antigens)[2]	Fully vaccinated (according to national schedule)[3]	No vaccinations	Number of children	MCV 2	Fully vaccinated (according to national schedule)[4]	Number of children
Mother's education																							
No education	57.7	54.7	41.2	26.6	15.0	62.2	49.0	24.7	58.7	24.7	51.6	38.8	24.5	47.9	36.6	32.5	17.0	11.0	34.0	849	22.5	5.5	929
Primary	75.4	74.5	61.7	39.0	29.3	79.2	66.5	38.3	70.3	30.7	71.5	61.0	40.1	67.9	57.8	52.2	27.9	20.0	15.4	879	31.4	12.4	849
Secondary	85.2	83.5	71.7	53.2	30.6	88.5	77.7	56.2	80.8	31.4	82.9	70.1	52.3	78.9	67.2	69.7	42.1	30.1	8.1	372	51.3	20.0	325
More than secondary	95.1	93.4	90.0	70.5	60.2	95.6	87.1	67.6	84.5	43.0	94.7	85.7	65.6	91.2	78.3	86.7	68.0	45.0	2.2	225	66.8	26.0	187
Wealth quintile																							
Lowest	46.7	45.7	26.0	15.8	9.7	50.9	39.1	15.6	47.1	23.2	38.8	23.6	12.0	34.4	22.2	23.8	10.9	7.1	43.8	515	17.8	3.3	549
Second	67.0	66.4	55.2	33.2	18.5	75.9	58.6	34.5	68.9	26.3	67.0	54.9	34.7	62.0	53.4	43.4	17.1	13.1	19.1	387	28.4	6.9	423
Middle	75.7	75.4	63.7	34.9	24.7	80.7	64.8	38.7	73.4	34.7	73.3	62.1	36.5	69.7	60.7	53.0	25.4	15.3	15.6	422	25.7	6.0	413
Fourth	84.3	79.9	68.9	48.8	27.5	85.3	73.8	43.1	73.9	30.7	77.4	65.6	46.4	74.7	58.8	55.8	35.1	20.9	11.4	530	36.0	14.9	417
Highest	88.8	86.4	80.7	65.9	55.8	89.1	83.5	64.2	84.2	34.8	86.9	79.8	65.2	84.0	75.8	80.6	60.2	46.7	7.2	470	60.2	27.9	488
Total	72.4	70.6	58.6	39.8	27.3	76.0	63.9	39.0	69.1	29.8	68.3	56.7	38.8	64.6	53.6	51.1	30.1	20.7	19.8	2,325	33.5	11.8	2,291

Note: Children are considered to have received the vaccine if it was either written on the child's vaccination card or reported by the mother. For children whose vaccination information is based on the mother's report, date of vaccination is not collected. The proportions of vaccinations given during the first and second years of life are assumed to be the same as for children with a written record of vaccination. A second dose of IPV was added to the immunisation schedule in 2024. However, this dose is not required for a child to be considered to be fully immunised according to the national schedule in this report because this addition came too late for many of the children included in the 2024–25 EDHS to have received it.

BCG = Bacille Calmette-Guérin

DPwT = Diphtheria-pertussis-tetanus

Hib = Haemophilus influenzae type b

OPV = Oral polio vaccine

IPV = Inactivated polio vaccine

MCV = Measles Containing Vaccine

[1] OPV 0 is the polio vaccination given at birth

[2] BCG, three doses of DTwP-Hib-HepB, three doses of polio vaccine (excluding polio vaccine given at birth), and one dose of measles

[3] BCG, three doses of DTwP-Hib-HepB, three doses of polio vaccine (excluding polio vaccine given at birth), one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of measles vaccine

[4] BCG, three doses of DTwP-Hib-HepB, three doses of polio vaccine (excluding polio vaccine given at birth), one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and two doses of measles vaccine

[5] Vaccination card, booklet, or other home-based record

3.10 CARE SEEKING FOR AND TREATMENT OF CHILD ILLNESS

Acute respiratory infection (ARI), fever, and dehydration from diarrhoea are important contributing causes of childhood morbidity and mortality in developing countries (WHO 2003). Prompt medical attention when a child has the symptoms of these illnesses is, therefore, crucial in reducing child deaths. **Table 11** presents information on care seeking for ill children in Ethiopia. Overall, 4% of children under age 5 showed symptoms of an ARI, 11% had a fever, and 11% experienced diarrhoea in the 2 weeks preceding the survey (data not shown).

- Advice or treatment was sought for 56% of children with symptoms of ARI in the 2 weeks before the survey.
- Advice or treatment was sought for 41% of children with a fever in the 2 weeks before the survey.
- Advice or treatment was sought for 43% of children with diarrhoea in the 2 weeks before the survey.
- One in four children (26%) with diarrhoea received oral rehydration salts (ORS), 37% received zinc supplements, 17% received ORS and zinc supplements, and 8% received ORS, zinc supplements, and continued feeding.

Table 11 Treatment for acute respiratory infection, fever, and diarrhoea

Among children under age 5 who had symptoms of acute respiratory infection (ARI) or had a fever during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, and among children under age 5 who had diarrhoea during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, percentage given a fluid made from oral rehydration salt (ORS) packets or given prepackaged ORS fluid, percentage given zinc, percentage given ORS and zinc, and percentage given ORS, zinc, and continued feeding, according to background characteristics, Ethiopia DHS 2024–25

	Children with symptoms of ARI[1]		Children with fever		Children with diarrhoea					
Background characteristic	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Percentage given fluid from ORS packet	Percentage given zinc	Percentage given ORS and zinc	Percentage given ORS, zinc, and continued feeding[3]	Number of children
Age in months										
<6	(53.4)	55	29.3	127	36.0	9.1	29.7	5.9	3.8	133
6–11	55.8	81	42.0	184	42.7	22.8	34.4	13.0	8.5	197
12–23	65.9	110	42.4	342	48.0	32.4	35.5	19.7	8.0	410
24–35	56.7	75	37.3	279	42.6	26.6	38.0	19.1	9.8	234
36–47	63.5	48	46.8	264	42.0	30.7	45.3	22.4	10.2	195
48–59	36.9	63	41.2	190	38.4	17.9	40.5	14.9	9.0	151
Sex										
Male	59.5	205	43.1	724	44.5	25.2	36.1	16.1	8.6	741
Female	53.4	227	38.3	660	41.2	26.3	38.6	18.2	8.2	578
Residence										
Urban	66.9	129	47.9	482	43.1	23.7	40.3	16.4	8.3	436
Rural	51.8	303	37.0	902	43.0	26.7	35.7	17.3	8.5	883
Region										
Tigrai	56.9	42	34.3	152	51.7	39.4	42.0	26.6	12.1	108
Afar	(52.9)	5	39.6	25	56.9	41.4	54.9	36.9	14.5	31
Amhara	*	77	34.2	241	36.9	19.9	28.8	15.5	9.4	289
Oromia	(60.3)	163	42.5	465	46.8	27.3	46.8	15.7	4.7	434
Somali	*	9	28.3	23	40.3	35.9	22.4	20.4	9.4	31
Benishangul-Gumuz	(80.6)	7	67.7	26	74.5	35.7	59.4	26.2	15.4	18
Central Ethiopia	(71.3)	17	45.0	81	54.0	31.4	40.3	21.2	17.9	68
Sidama	56.4	35	43.1	63	29.8	15.3	20.0	7.5	4.9	58
South West Ethiopia	(53.0)	12	42.0	53	49.9	20.2	26.1	16.9	8.0	40
South Ethiopia	(42.9)	43	41.6	159	35.0	19.8	30.0	11.8	7.1	179
Gambella	85.2	4	63.5	16	66.1	43.5	47.8	29.9	25.2	9
Harari	*	1	48.8	3	66.1	49.1	58.5	41.7	25.8	3
Addis Ababa	*	14	46.3	69	(25.3)	(17.9)	(27.7)	(17.9)	(10.6)	46
Dire Dawa	*	2	39.8	8	55.3	43.3	49.1	32.1	18.6	6
Mother's education										
No education	45.7	163	37.0	452	42.2	28.4	32.6	16.7	8.1	526
Primary	62.4	186	39.8	575	39.2	19.3	35.4	13.6	6.3	531
Secondary	71.5	50	49.3	219	53.3	35.3	52.0	27.2	13.1	170
More than secondary	(51.6)	32	44.1	138	51.5	29.1	46.6	20.3	13.7	92

Continued…

Table 11—*Continued*

Background characteristic	Children with symptoms of ARI[1]		Children with fever		Children with diarrhoea					
	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Percentage given fluid from ORS packet	Percentage given zinc	Percentage given ORS and zinc	Percentage given ORS, zinc, and continued feeding[3]	Number of children
Wealth quintile										
Lowest	37.0	80	25.6	263	48.1	29.9	29.5	14.3	5.8	275
Second	49.1	98	36.5	261	36.7	24.5	30.1	16.5	9.9	271
Middle	58.5	98	45.8	255	43.9	25.3	43.0	19.3	11.3	236
Fourth	82.6	103	46.7	316	50.6	25.4	46.0	16.7	7.2	268
Highest	43.7	54	47.6	289	36.1	23.2	38.4	18.7	8.2	270
Total	56.3	431	40.8	1,384	43.1	25.7	37.2	17.0	8.4	1,319

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Symptoms of ARI include short, rapid breathing that is chest-related and/or difficult breathing that is chest-related.
[2] Includes advice or treatment from the following sources: public sector, private medical sector, nongovernmental organisation medical sector, shop/drug vendor, and market. Excludes advice or treatment from a traditional practitioner.
[3] Continued feeding includes children who were given more, the same as usual, or somewhat less food during the diarrhoea episode.

3.11 CHILD NUTRITIONAL STATUS

Anthropometry is commonly used to measure child nutritional status. Anthropometric measurements are used to report on child growth indicators. The distribution of height and weight for children under age 5 was compared with the WHO Child Growth Standards reference population (WHO 2006b). The distribution of a well-nourished population will be similar to that of the reference population, while the distribution of a poorly nourished population will not. The indices height-for-age, weight-for-height, and weight-for-age can be expressed in standard deviation units (*z* scores) from the median of the reference population. Values that are greater than two standard deviations below the median of the WHO Child Growth Standards are used to define malnutrition.

Stunting (assessed via height-for-age)

Height-for-age is a measure of growth faltering. Children whose height-for-age *z* score is below minus two standard deviations (−2 SD) from the median of the reference population are considered short for their age (stunted). Children whose *z* score is below minus three standard deviations (−3 SD) from the median are considered severely stunted.

Sample: Children under age 5

Wasting (assessed via weight-for-height)

The weight-for-height index measures body mass in relation to body height or length and describes acute undernutrition. Children whose weight-for-height *z* score is below minus two standard deviations (−2 SD) from the median of the reference population are considered thin (wasted). Children whose *z* score is below minus three standard deviations (−3 SD) from the median are considered severely wasted.

Sample: Children under age 5

Underweight (assessed via weight-for-age)

Weight-for-age is a composite index of height-for-age and weight-for-height that takes into account both wasting and stunting. Children whose weight-for-age *z* score is below minus two standard deviations (−2 SD) from the median of the reference population are classified as underweight. Children whose *z* score is below minus three standard deviations (−3 SD) from the median are considered severely underweight.

Sample: Children under age 5

Overweight (assessed via weight-for-height)

Children whose weight-for-height *z* score is more than two standard deviations (+2 SD) above the median of the reference population are considered overweight.

Sample: Children under age 5

The 2024–25 EDHS identified a total of 6,872 children under age 5 who were eligible for height and weight measurements. The percentages with valid data for height-for-age, weight-for-height, and weight-for-age were 92%, 93%, and 94%, respectively (data not shown).

- Overall, 40% of children under age 5 are stunted (short for their age), and 15% are severely stunted (**Table 12**).
- Five percent of children under age 5 are wasted (thin for their height), 1% are severely wasted, and 4% are overweight.
- Eighteen percent of children under age 5 are underweight (small for their age), and 4% are severely underweight.

Table 12 Nutritional status of children

Percentage of children under age 5 classified as malnourished according to three anthropometric indices of child growth: height-for-age, weight-for-height, and weight-for-age, according to background characteristics, Ethiopia DHS 2024–25

	Height-for-age[1]				Weight-for-height					Weight-for-age			
Background characteristic	Percent-age below −3 SD	Percent-age below −2 SD[2]	Mean *z* score (SD)	Number of children	Percent-age below −3 SD	Percent-age below −2 SD[2]	Percent-age above +2 SD	Mean *z* score (SD)	Number of children	Percent-age below −3 SD	Percent-age below −2 SD[2]	Mean *z* score (SD)	Number of children
Age in months													
<6	4.4	11.9	−0.3	621	1.8	7.5	6.4	0.1	626	2.2	10.4	−0.2	626
6–11	5.0	20.1	−0.9	597	0.9	6.0	6.9	−0.1	602	2.0	17.4	−0.7	610
12–23	13.9	36.9	−1.5	1,173	0.9	6.4	3.8	−0.2	1,176	4.4	18.5	−0.9	1,192
24–35	22.5	52.1	−2.0	1,157	1.4	4.8	4.2	−0.0	1,157	5.1	21.9	−1.1	1,181
36–47	18.8	49.8	−1.9	1,451	1.0	3.2	2.7	0.0	1,456	4.1	18.1	−1.1	1,463
48–59	14.6	43.4	−1.8	1,266	0.9	2.8	1.2	−0.2	1,266	4.2	19.3	−1.2	1,269
0–23	9.2	26.2	−1.0	2,390	1.1	6.6	5.2	−0.1	2,403	3.2	16.2	−0.7	2,428
24–59	18.5	48.4	−1.9	3,873	1.1	3.5	2.6	−0.1	3,880	4.4	19.6	−1.1	3,913
Sex													
Male	15.4	40.7	−1.6	3,267	1.3	5.5	3.6	−0.1	3,284	4.8	19.0	−1.0	3,318
Female	14.4	39.1	−1.5	2,997	0.9	3.8	3.7	−0.1	2,999	3.0	17.6	−0.9	3,023
Mother's interview status													
Interviewed	14.9	40.0	−1.5	5,776	1.1	4.9	3.7	−0.1	5,794	3.9	18.3	−1.0	5,850
Not interviewed but in household	12.9	38.3	−1.4	115	1.1	2.1	4.2	0.0	115	2.8	19.5	−0.8	115
Not interviewed, not in household[3]	16.8	39.5	−1.6	373	0.7	2.6	2.1	0.1	374	4.9	17.6	−0.9	376
Residence													
Urban	9.9	31.0	−1.3	1,694	1.5	5.0	6.0	0.0	1,690	3.2	15.5	−0.7	1,723
Rural	16.8	43.2	−1.6	4,569	1.0	4.6	2.8	−0.1	4,593	4.2	19.4	−1.0	4,619
Region													
Tigrai	14.2	41.6	−1.6	353	1.8	5.2	2.4	−0.3	354	3.7	20.0	−1.2	360
Afar	24.2	46.0	−1.9	81	2.9	10.5	0.8	−0.8	82	14.6	38.9	−1.7	83
Amhara	13.1	43.1	−1.7	1,576	0.7	4.5	1.7	−0.2	1,571	3.8	21.5	−1.2	1,590
Oromia	14.8	41.3	−1.5	2,448	0.8	3.9	4.2	0.0	2,459	2.9	15.6	−0.8	2,463
Somali	16.6	34.6	−1.2	298	4.4	13.7	4.1	−0.6	300	7.1	25.6	−1.2	305
Benishangul-Gumuz	25.9	51.6	−1.9	64	0.7	4.2	5.0	−0.2	66	9.0	29.9	−1.3	65
Central Ethiopia	15.2	35.0	−1.4	268	0.9	3.3	3.5	0.1	270	2.6	13.6	−0.7	274
Sidama	13.3	30.8	−1.4	211	1.0	4.3	3.7	0.1	212	3.8	15.4	−0.8	213
South West Ethiopia	23.0	41.8	−1.7	172	0.8	3.2	4.4	0.1	174	7.3	20.4	−1.0	180
South Ethiopia	21.7	41.6	−1.7	503	1.4	4.9	6.9	0.1	508	6.4	18.9	−0.9	517
Gambella	5.0	16.5	−0.5	26	2.7	12.9	2.2	−0.6	26	2.2	14.6	−0.8	26
Harari	12.5	34.8	−1.4	17	0.0	2.6	2.3	−0.0	18	3.0	15.0	−0.8	18
Addis Ababa	3.8	14.7	−0.9	218	1.0	2.4	5.8	0.1	217	1.3	6.8	−0.4	220
Dire Dawa	13.5	33.3	−1.2	26	1.2	6.8	2.7	−0.3	27	3.4	19.5	−0.9	26

Continued…

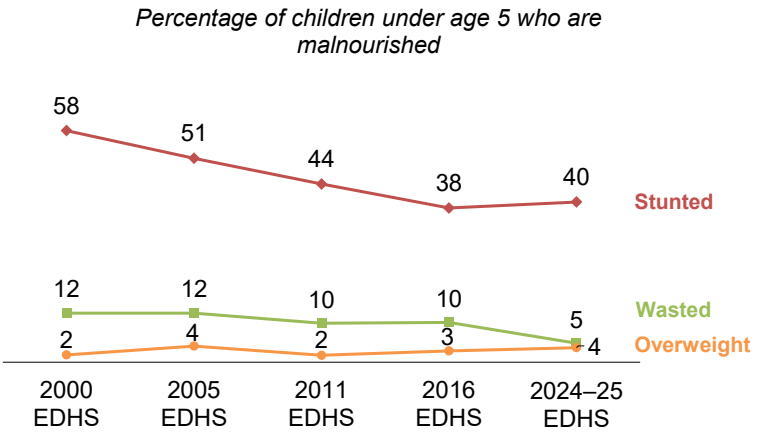
Table 12—*Continued*

Background characteristic	Height-for-age[1]				Weight-for-height					Weight-for-age			
	Percent-age below −3 SD	Percent-age below −2 SD[2]	Mean *z* score (SD)	Number of children	Percent-age below −3 SD	Percent-age below −2 SD[2]	Percent-age above +2 SD	Mean *z* score (SD)	Number of children	Percent-age below −3 SD	Percent-age below −2 SD[2]	Mean *z* score (SD)	Number of children
Mother's education[4]													
No education	18.5	46.4	−1.7	2,553	1.4	6.6	2.7	−0.2	2,560	5.4	23.0	−1.1	2,580
Primary	15.2	39.6	−1.6	2,061	0.5	3.6	3.8	−0.0	2,074	2.6	16.5	−1.0	2,092
Secondary	8.2	30.6	−1.2	765	1.9	4.1	5.6	0.0	765	3.6	13.0	−0.7	772
More than secondary	4.8	23.2	−1.0	512	1.3	2.7	5.7	0.1	510	2.2	10.6	−0.5	521
Wealth quintile													
Lowest	21.8	48.3	−1.7	1,528	1.7	7.7	3.7	−0.3	1,541	6.2	26.4	−1.2	1,550
Second	17.7	44.0	−1.7	1,179	0.9	4.4	3.3	−0.1	1,183	4.1	19.0	−1.1	1,197
Middle	14.5	43.6	−1.6	1,182	0.4	3.1	3.2	−0.1	1,184	3.7	16.6	−1.0	1,189
Fourth	12.9	35.6	−1.5	1,201	1.0	3.1	3.9	−0.0	1,207	2.5	14.4	−0.9	1,218
Highest	5.8	25.8	−1.1	1,172	1.3	4.4	4.0	0.1	1,167	2.7	12.8	−0.5	1,188
Total	15.0	39.9	−1.5	6,264	1.1	4.7	3.6	−0.1	6,283	4.0	18.3	−1.0	6,341

Note: Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards.
[1] Recumbent length is measured for children under age 2; standing height is measured for all other children.
[2] Includes children who are below −3 SD from the WHO Child Growth Standards population median
[3] Includes children whose mothers are deceased
[4] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

Trends: The percentage of children under age 5 who are stunted decreased from 58% in 2000 to 38% in 2016 and has since remained stable (**Figure 7**). After remaining steady at 10% to 12% between 2000 and 2016, the percentage of children who are wasted decreased slightly to 5% in 2024–25.

Figure 7 **Trends in nutritional status of children**



3.12 INFANT AND YOUNG CHILD FEEDING

Optimal infant and young child feeding (IYCF) practices are critical to the health and survival of young children. Recommended IYCF practices include early initiation of breastfeeding (within the first hour of life), exclusive breastfeeding for the first 6 months of life, and feeding children a diet that meets a minimum diversity standard (WHO and UNICEF 2021).

Early initiation of breastfeeding

Percentage of children born in the last 2 years who were put to the breast within 1 hour of birth.

Sample: Children born in the last 2 years

Exclusive breastfeeding under 6 months

Percentage of children age 0–5 months who were fed exclusively with breast milk during the previous day.

Sample: Youngest children age 0–5 months living with their mother

Minimum dietary diversity

Percentage of children age 6–23 months who were fed a minimum of five out of eight defined food groups during the previous day. The eight food groups are as follows: breast milk; grains, roots, and tubers; legumes and nuts; dairy products (milk, yogurt, and cheese); flesh foods (meat, fish, poultry, and organ meat); eggs; vitamin A-rich fruits and vegetables; and other fruits and vegetables.

Sample: Youngest children age 6–23 months living with their mother

Key IYCF indicators are presented in **Table 13**.

- Three out of four children age 0–23 months (73%) were breastfed within 1 hour of birth.
- Fifty-seven percent of children under age 6 months are exclusively breastfed.
- Sixteen percent of children age 6–23 months are fed with a minimum dietary diversity.

Table 13 Infant and young child feeding (IYCF) indicators

Percentage of children fed according to various IYCF practices, Ethiopia DHS 2024–25

Indicator	Indicator numerator and denominator	Value
Early initiation of breastfeeding[1]	Percentage of children born in the last 2 years who were put to the breast within 1 hour of birth	72.5
	Number of children born in the last 2 years	5,139
Exclusive breastfeeding under 6 months	Percentage of children age 0–5 months who were fed exclusively with breast milk during the previous day	57.3
	Number of youngest children age 0–5 months living with their mother	1,322
Minimum dietary diversity 6–23 months	Percentage of children age 6–23 months who were fed foods and beverages from at least 5 out of 8 defined food groups during the previous day	16.2
	Number of youngest children age 6–23 months living with their mother	3,416
Sweet beverage consumption 6–23 months	Percentage of children age 6–23 months who were given a sweet beverage during the previous day	34.3
	Number of youngest children age 6–23 months living with their mother	3,416
Unhealthy food consumption 6–23 months	Percentage of children age 6–23 months fed unhealthy foods during the previous day	18.2
	Number of youngest children age 6–23 months living with their mother	3,416

[1] Includes children born in the 2 years preceding the survey regardless of whether the children were living or dead at the time of the interview

Unhealthy infant and young child feeding practices should be avoided because they can promote unhealthy weight gain and replace nutritious foods that provide important nutrients for children. For infants and young children, consumption of sweet foods and beverages increases the risk of dental caries and childhood obesity. The indicator definition below for unhealthy food consumption describes sentinel unhealthy foods, foods high in sugar, salt, or unhealthy fats that are commonly consumed by infants and young children (WHO and UNICEF 2021).

Sweet beverage consumption

Percentage of children age 6–23 months who were given a sweet beverage during the previous day.

Unhealthy food consumption

Percentage of children age 6–23 months who were fed sentinel unhealthy foods during the previous day.

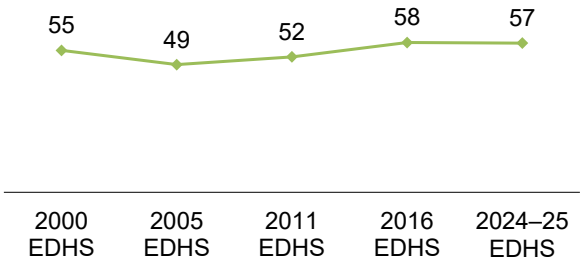
Sample: Youngest children age 6–23 months living with their mother

- Thirty-four percent of children age 6–23 months were given a sweet beverage during the previous day.
- Eighteen percent of children age 6–23 months consumed unhealthy foods during the previous day.

Trends: There has been little change in the percentage of children age 0–5 months who are exclusively breastfed since 2000; the percentage ranges from 49% in 2005 to 58% in 2016 (**Figure 8**).

***Figure 8* Trends in exclusive breastfeeding**

Percentage of children age 0–5 months



3.13 CARE SEEKING FOR MALARIA IN CHILDREN

Care seeking for children under age 5 with a fever

Percentage of children under age 5 with a fever in the 2 weeks before the survey for whom advice or treatment was sought from a health provider, a health facility, or a pharmacy.

Sample: Children under age 5 with a fever in the 2 weeks before the survey

Diagnosis of malaria in children under age 5 with a fever

Percentage of children under age 5 with a fever in the 2 weeks before the survey who had blood taken from a finger or heel for testing. This is a proxy measure of diagnostic testing for malaria.

Sample: Children under age 5 with a fever in the 2 weeks before the survey

- Eleven percent of children under age 5 had a fever in the 2 weeks before the survey (**Table 14**).
- Among children with a fever, 41% were taken for advice or treatment, and 27% had blood taken for testing.

Table 14 Children with fever and care seeking for, diagnosis of, and treatment of fever

Percentage of children under age 5 with a fever in the 2 weeks preceding the survey; among children under age 5 with fever, percentage for whom advice or treatment was sought and percentage who had blood taken from a finger or heel for testing, Ethiopia DHS 2024–25

	Children under age 5		Children under age 5 with fever		
Background characteristic	Percentage with a fever in the 2 weeks preceding the survey	Number of children	Percentage for whom advice or treatment was sought[1]	Percentage who had blood taken from a finger or heel for testing	Number of children
Residence					
Urban	13.6	3,552	47.9	32.2	482
Rural	10.1	8,928	37.0	23.8	902
Region					
Tigrai	20.9	727	34.3	18.0	152
Afar	14.2	174	39.6	35.1	25
Amhara	8.4	2,882	34.2	16.7	241
Oromia	9.4	4,941	42.5	28.6	465
Somali	3.8	608	28.3	13.0	23
Benishangul-Gumuz	19.3	135	67.7	59.8	26
Central Ethiopia	14.6	557	45.0	35.4	81
Sidama	14.7	428	43.1	34.9	63
South West Ethiopia	15.8	336	42.0	34.8	53
South Ethiopia	15.6	1,023	41.6	29.8	159
Gambella	28.6	56	63.5	68.8	16
Harari	8.5	35	48.8	38.6	3
Addis Ababa	13.1	523	46.3	15.8	69
Dire Dawa	14.8	56	39.8	30.9	8
Wealth quintile					
Lowest	8.9	2,941	25.6	23.2	263
Second	10.9	2,392	36.5	21.3	261
Middle	11.3	2,258	45.8	27.7	255
Fourth	12.8	2,478	46.7	28.4	316
Highest	12.0	2,411	47.6	32.2	289
Total	11.1	12,480	40.8	26.7	1,384

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes advice or treatment from the following sources: public sector, private medical sector, nongovernmental organisation medical sector, shop/drug vendor, and market. Excludes advice or treatment from a traditional practitioner.

3.14 HIV

3.14.1 Prevention Knowledge among Young People

Knowledge about HIV prevention

Knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two major misconceptions about HIV transmission: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

Sample: Women and men age 15–24

Knowledge of how HIV is transmitted is crucial in enabling people to avoid HIV infection, and this is especially true for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviours.

- Overall, 26% of young women and 30% of young men age 15–24 have knowledge of HIV prevention (**Table 15**).

- Knowledge about HIV prevention is higher among both young women (48%) and young men (40%) who have more than a secondary education than among those with no education (7% and 13%, respectively).

Table 15 Knowledge about HIV prevention methods among young people

Percentage of young women and young men age 15–24 with knowledge about HIV prevention, according to background characteristics, Ethiopia DHS 2024–25

Background characteristic	Women age 15–24		Men age 15–24	
	Percentage with knowledge about HIV prevention[1]	Number of women	Percentage with knowledge about HIV prevention[1]	Number of men
Age				
15–19	24.4	4,875	27.6	2,601
15–17	22.1	3,062	24.6	1,569
18–19	28.5	1,813	32.1	1,032
20–24	27.5	3,553	32.7	1,880
20–22	27.2	2,178	31.1	1,269
23–24	27.9	1,375	36.0	610
Marital status				
Never married	27.1	5,519	30.6	4,105
Ever had sex	28.3	465	36.3	845
Never had sex	27.0	5,054	29.1	3,259
Ever married	23.1	2,908	20.3	376
Residence				
Urban	31.4	2,967	30.3	1,196
Rural	22.7	5,461	29.5	3,285
Region				
Tigrai	9.1	478	10.6	256
Afar	16.4	71	24.9	27
Amhara	45.2	1,859	46.8	908
Oromia	20.5	3,357	24.9	2,000
Somali	6.6	279	2.7	134
Benishangul-Gumuz	35.1	95	35.3	52
Central Ethiopia	22.1	344	34.5	235
Sidama	22.4	429	27.0	189
South West Ethiopia	18.4	259	33.7	157
South Ethiopia	16.2	600	30.9	282
Gambella	15.4	39	26.6	23
Harari	25.4	28	27.8	14
Addis Ababa	35.6	536	36.0	177
Dire Dawa	24.7	52	25.2	26
Education				
No education	7.1	987	12.8	299
Primary	21.5	4,403	27.0	2,598
Secondary	35.7	2,468	37.0	1,370
More than secondary	47.5	570	40.3	214
Wealth quintile				
Lowest	8.0	1,291	22.2	725
Second	20.2	1,452	28.6	854
Middle	25.9	1,648	32.6	975
Fourth	29.6	1,748	29.4	1,079
Highest	36.2	2,288	34.4	848
Total	25.7	8,427	29.7	4,481

[1] Knowledge about HIV prevention means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two common misconceptions about transmission or prevention of HIV: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

3.14.2 Sexual Behaviour

Information on sexual behaviour is important in designing and monitoring programmes to control the spread of HIV.

- One percent of women and 3% of men age 15–49 reported having two or more sexual partners during the 12 months prior to the survey (**Table 16.1** and **Table 16.2**).
- Among respondents who had intercourse in the past 12 months with a person who was neither their spouse nor lived with them, 21% of women and 33% of men reported using a condom during their most recent sexual intercourse with such a partner.
- Among women who have ever had sexual intercourse, the mean number of lifetime sexual partners is 1.6; among men, the mean is 2.3.

Table 16.1 Multiple sexual partners and higher-risk sexual intercourse in the last 12 months: Women

Among all women age 15–49, percentage who had sexual intercourse with more than one sexual partner in the last 12 months and percentage who had intercourse in the last 12 months with a person who neither was their husband nor lived with them; among women having more than one partner in the last 12 months, percentage reporting that a condom was used during last intercourse; among women who had sexual intercourse in the last 12 months with a person who neither was their husband nor lived with them, percentage who used a condom during last sexual intercourse with such a partner; and among women who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Ethiopia DHS 2024–25

	All women			Women who had 2+ partners in the last 12 months		Women who had intercourse in the last 12 months with a person who neither was their husband nor lived with them		Women who ever had sexual intercourse[1]	
Background characteristic	Percentage who had 2+ partners in the last 12 months	Percentage who had intercourse in the last 12 months with a person who neither was their husband nor lived with them	Number of women	Percentage who reported using a condom during last sexual intercourse	Number of women	Percentage who reported using a condom during last sexual intercourse with such a partner	Number of women	Mean number of sexual partners in lifetime	Number of women
Age									
15–24	1.0	4.6	8,427	43.2	82	19.0	390	1.6	3,349
15–19	0.6	3.7	4,875	*	32	19.8	180	1.5	985
20–24	1.4	5.9	3,553	(22.4)	50	18.4	210	1.6	2,363
25–29	1.6	4.1	3,879	(26.0)	64	24.5	157	1.6	3,532
30–39	1.2	3.0	5,596	(30.0)	67	24.3	169	1.6	5,438
40–49	1.6	2.6	3,493	(23.2)	55	17.2	89	1.5	3,452
Marital status									
Never married	0.8	6.1	6,307	(45.7)	53	19.9	386	1.9	711
Married/living together	0.8	1.1	13,115	0.4	110	7.2	142	1.4	13,093
Divorced/separated/widowed	5.3	14.1	1,972	57.5	105	29.6	278	2.8	1,965
Residence									
Urban	1.7	6.0	7,411	46.3	130	25.0	443	1.8	5,256
Rural	1.0	2.6	13,984	18.0	138	16.1	363	1.5	10,514
Region									
Tigrai	1.0	4.3	1,212	*	12	10.4	52	1.4	926
Afar	0.4	1.5	185	*	1	*	3	1.6	158
Amhara	1.4	4.8	5,177	(47.3)	75	21.5	250	2.0	3,993
Oromia	1.7	3.9	8,176	(28.4)	143	24.6	322	1.4	6,120
Somali	0.3	0.9	635	*	2	*	6	2.1	454
Benishangul-Gumuz	0.7	3.5	222	*	2	(24.8)	8	1.6	173
Central Ethiopia	0.5	1.7	899	*	5	(8.1)	15	1.1	591
Sidama	0.3	0.8	1,011	*	3	*	8	1.2	645
South West Ethiopia	0.4	1.7	654	*	3	(4.1)	11	1.3	472
South Ethiopia	0.5	1.4	1,510	*	8	*	22	1.2	1,077
Gambella	1.4	5.3	94	*	1	12.7	5	1.8	77
Harari	0.6	1.7	69	*	0	*	1	1.3	49
Addis Ababa	0.9	6.9	1,435	*	13	14.7	99	1.6	955
Dire Dawa	1.1	4.2	117	*	1	(19.6)	5	1.6	80

Continued…

Table 16.1—*Continued*

Background characteristic	All women: Percentage who had 2+ partners in the last 12 months	All women: Percentage who had intercourse in the last 12 months with a person who neither was their husband nor lived with them	All women: Number of women	Women who had 2+ partners in the last 12 months: Percentage who reported using a condom during last sexual intercourse	Women who had 2+ partners in the last 12 months: Number of women	Women who had intercourse in the last 12 months with a person who neither was their husband nor lived with them: Percentage who reported using a condom during last sexual intercourse with such a partner	Women who had intercourse in the last 12 months with a person who neither was their husband nor lived with them: Number of women	Women who ever had sexual intercourse[1]: Mean number of sexual partners in lifetime	Women who ever had sexual intercourse[1]: Number of women
Education									
No education	1.6	2.7	6,947	22.2	111	18.6	188	1.8	6,511
Primary	1.2	3.3	8,403	42.4	101	22.1	278	1.5	5,536
Secondary	1.0	5.3	4,087	(29.7)	42	17.4	216	1.3	2,281
More than secondary	0.6	6.3	1,958	*	13	28.3	124	1.3	1,442
Wealth quintile									
Lowest	1.1	2.2	3,439	(11.7)	37	9.4	75	1.6	2,773
Second	1.3	3.1	3,713	(15.5)	48	7.2	115	1.5	2,825
Middle	0.6	1.6	4,043	*	25	22.9	65	1.3	2,966
Fourth	1.0	3.7	4,612	(11.9)	46	16.7	171	1.4	3,379
Highest	2.0	6.8	5,588	56.4	111	29.1	380	1.8	3,827
Total	1.2	3.8	21,395	31.7	267	21.0	806	1.6	15,770

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Means are calculated excluding respondents who gave non-numeric responses.

Table 16.2 Multiple sexual partners and higher-risk sexual intercourse in the last 12 months: Men

Among all men age 15–49, percentage who had sexual intercourse with more than one sexual partner in the last 12 months and percentage who had intercourse in the last 12 months with a person who neither was their wife nor lived with them; among men having more than one partner in the last 12 months, percentage reporting that a condom was used during last intercourse; among men who had sexual intercourse in the last 12 months with a person who neither was their wife nor lived with them, percentage who used a condom during last sexual intercourse with such a partner; and among men who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Ethiopia DHS 2024–25

Background characteristic	All men: Percentage who had 2+ partners in the last 12 months	All men: Percentage who had intercourse in the last 12 months with a person who neither was their wife nor lived with them	All men: Number of men	Men who had 2+ partners in the last 12 months: Percentage who reported using a condom during last sexual intercourse	Men who had 2+ partners in the last 12 months: Number of men	Men who had intercourse in the last 12 months with a person who neither was their wife nor lived with them: Percentage who reported using a condom during last sexual intercourse with such a partner	Men who had intercourse in the last 12 months with a person who neither was their wife nor lived with them: Number of men	Men who ever had sexual intercourse[1]: Mean number of sexual partners in lifetime	Men who ever had sexual intercourse[1]: Number of men
Age									
15–24	2.2	12.2	4,481	33.0	98	30.4	548	2.1	1,218
15–19	0.8	6.7	2,601	(20.0)	21	35.6	176	2.0	302
20–24	4.1	19.8	1,880	36.6	77	28.0	373	2.1	916
25–29	2.9	17.4	1,648	38.0	48	32.7	287	2.5	1,356
30–39	4.3	7.8	2,958	13.7	126	36.6	231	2.2	2,856
40–49	3.6	3.4	2,084	11.1	76	38.2	70	2.5	2,048
Marital status									
Never married	2.6	17.6	5,141	44.0	132	30.8	904	2.9	1,470
Married/living together	3.4	2.9	5,780	2.3	198	40.4	167	2.1	5,762
Divorced/separated/widowed	7.2	25.8	251	*	18	40.1	65	3.5	245

Continued…

Table 16.2—*Continued*

Background characteristic	All men			Men who had 2+ partners in the last 12 months		Men who had intercourse in the last 12 months with a person who neither was their wife nor lived with them		Men who ever had sexual intercourse[1]	
	Percentage who had 2+ partners in the last 12 months	Percentage who had intercourse in the last 12 months with a person who neither was their wife nor lived with them	Number of men	Percentage who reported using a condom during last sexual intercourse	Number of men	Percentage who reported using a condom during last sexual intercourse with such a partner	Number of men	Mean number of sexual partners in lifetime	Number of men
Type of union									
In polygynous union	22.3	0.9	309	0.1	69	*	3	3.4	309
Not in polygynous union	2.4	3.0	5,471	3.4	129	41.0	164	2.1	5,453
Not currently in union	2.8	18.0	5,392	47.8	151	31.4	969	3.0	1,715
Residence									
Urban	4.3	13.8	3,527	24.2	151	47.2	487	3.0	2,522
Rural	2.6	8.5	7,644	20.2	197	21.9	649	2.0	4,955
Region									
Tigrai	2.4	8.5	612	*	15	45.7	52	2.6	357
Afar	6.8	15.3	88	(14.8)	6	45.0	13	2.7	73
Amhara	2.2	8.3	2,638	*	58	16.9	219	2.6	1,803
Oromia	4.1	12.9	4,451	(14.5)	184	31.7	575	2.1	3,001
Somali	1.2	1.9	312	*	4	*	6	1.6	177
Benishangul-Gumuz	8.3	19.9	122	31.1	10	42.3	24	2.7	91
Central Ethiopia	1.6	5.1	537	*	8	(43.3)	27	1.9	312
Sidama	2.6	6.5	488	*	13	54.8	32	2.2	328
South West Ethiopia	4.0	8.4	359	(17.5)	14	44.5	30	2.2	244
South Ethiopia	2.0	3.9	772	*	16	(40.4)	30	2.2	529
Gambella	11.7	26.2	50	23.2	6	44.0	13	3.8	39
Harari	1.6	7.5	37	*	1	60.3	3	2.3	25
Addis Ababa	2.0	16.4	648	*	13	44.9	106	3.0	461
Dire Dawa	1.6	9.1	59	*	1	42.5	5	2.7	37
Education									
No education	4.0	5.5	1,862	10.2	74	34.6	103	2.0	1,568
Primary	2.8	8.4	5,262	13.9	148	30.0	443	2.1	3,192
Secondary	2.5	13.4	2,633	41.8	65	32.6	354	2.5	1,541
More than secondary	4.4	16.7	1,414	34.7	62	37.3	236	3.1	1,176
Wealth quintile									
Lowest	3.0	5.2	1,691	1.7	50	26.4	88	2.0	1,155
Second	2.5	7.0	1,983	(7.8)	49	19.5	138	2.0	1,239
Middle	2.4	8.6	2,285	(33.6)	55	24.4	198	1.9	1,455
Fourth	3.3	12.0	2,545	31.4	84	31.2	304	2.2	1,701
Highest	4.1	15.3	2,667	24.6	110	43.8	408	3.2	1,927
Total 15–49	3.1	10.2	11,171	21.9	348	32.7	1,136	2.3	7,477
50–59	3.2	2.0	1,314	11.9	42	*	27	2.5	1,307
Total 15–59	3.1	9.3	12,485	20.9	390	32.7	1,163	2.4	8,785

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Means are calculated excluding respondents who gave non-numeric responses.

3.14.3 Prior HIV Testing

HIV testing programmes diagnose people living with HIV so that they can be linked to care and access antiretroviral therapy (ART). Knowledge of HIV status helps HIV-negative individuals reduce risk and remain negative.

- Forty-nine percent of women and 43% of men age 15–49 have ever been tested for HIV and received the results; 3% of women and 1% of men have been tested and did not receive the results (**Table 17.1** and **Table 17.2**).
- Forty-eight percent of women and 56% of men have never been tested for HIV.
- Eighteen percent of women and 12% of men were tested for HIV in the past 12 months and received the results of the most recent test.

Table 17.1 Coverage of prior HIV testing: Women

Percent distribution of women age 15–49 by HIV testing status and by whether they received the results of the last test, percentage of women ever tested, and percentage of women who were tested in the last 12 months and received the results of the last test, according to background characteristics, Ethiopia DHS 2024–25

Background characteristic	Percent distribution of women by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who have been tested for HIV in the last 12 months and received the results of the last test	Number of women
	Ever tested and received results	Ever tested, did not receive results	Never tested[1]				
Age							
15–24	29.1	2.6	68.3	100.0	31.7	12.3	8,427
15–19	16.5	1.2	82.3	100.0	17.7	7.7	4,875
20–24	46.4	4.4	49.2	100.0	50.8	18.7	3,553
25–29	64.2	4.4	31.4	100.0	68.6	25.0	3,879
30–39	65.6	4.2	30.1	100.0	69.9	21.7	5,596
40–49	53.0	2.9	44.1	100.0	55.9	14.9	3,493
Marital status							
Never married	21.4	1.5	77.1	100.0	22.9	8.8	6,307
Ever had sex	51.5	1.8	46.7	100.0	53.3	23.2	719
Never had sex	17.6	1.5	81.0	100.0	19.0	6.9	5,589
Married or living together	60.1	4.2	35.7	100.0	64.3	20.8	13,115
Divorced/separated/ widowed	62.7	3.8	33.5	100.0	66.5	23.7	1,972
Residence							
Urban	63.7	2.5	33.9	100.0	66.1	23.9	7,411
Rural	41.1	3.9	55.0	100.0	45.0	14.1	13,984
Region							
Tigrai	60.9	2.2	36.8	100.0	63.2	25.7	1,212
Afar	37.4	1.8	60.8	100.0	39.2	14.0	185
Amhara	66.5	4.0	29.5	100.0	70.5	22.5	5,177
Oromia	42.1	4.0	53.8	100.0	46.2	16.5	8,176
Somali	7.9	0.8	91.3	100.0	8.7	2.3	635
Benishangul-Gumuz	47.4	2.3	50.3	100.0	49.7	16.9	222
Central Ethiopia	49.3	2.0	48.7	100.0	51.3	13.3	899
Sidama	21.0	2.6	76.4	100.0	23.6	5.7	1,011
South West Ethiopia	31.7	2.7	65.6	100.0	34.4	7.6	654
South Ethiopia	37.5	4.3	58.3	100.0	41.7	11.9	1,510
Gambella	58.6	2.8	38.6	100.0	61.4	25.2	94
Harari	54.7	2.8	42.5	100.0	57.5	22.4	69
Addis Ababa	72.0	0.9	27.1	100.0	72.9	25.7	1,435
Dire Dawa	56.9	3.7	39.4	100.0	60.6	27.2	117
Education							
No education	44.1	3.9	52.0	100.0	48.0	13.2	6,947
Primary	43.6	3.1	53.3	100.0	46.7	16.8	8,403
Secondary	53.6	3.0	43.3	100.0	56.7	20.1	4,087
More than secondary	79.0	3.5	17.5	100.0	82.5	30.5	1,958

Continued…

Table 17.1—*Continued*

Background characteristic	Percent distribution of women by testing status and by whether they received the results of the last test: Ever tested and received results	Ever tested, did not receive results	Never tested[1]	Total	Percentage ever tested	Percentage who have been tested for HIV in the last 12 months and received the results of the last test	Number of women
Wealth quintile							
Lowest	24.9	3.1	72.0	100.0	28.0	7.5	3,439
Second	37.6	3.6	58.9	100.0	41.1	10.9	3,713
Middle	44.5	4.7	50.9	100.0	49.1	15.5	4,043
Fourth	56.0	3.9	40.1	100.0	59.9	22.4	4,612
Highest	68.6	2.1	29.2	100.0	70.8	25.5	5,588
Total	48.9	3.4	47.7	100.0	52.3	17.5	21,395

[1] Includes respondents who have not heard of HIV or who refused to answer questions on testing

Table 17.2 Coverage of prior HIV testing: Men

Percent distribution of men age 15–49 by HIV testing status and by whether they received the results of the last test, percentage of men ever tested, and percentage of men who were tested in the last 12 months and received the results of the last test, according to background characteristics, Ethiopia DHS 2024–25

Background characteristic	Percent distribution of men by testing status and by whether they received the results of the last test: Ever tested and received results	Ever tested, did not receive results	Never tested[1]	Total	Percentage ever tested	Percentage who have been tested for HIV in the last 12 months and received the results of the last test	Number of men
Age							
15–24	16.9	1.0	82.1	100.0	17.9	6.3	4,481
15–19	8.7	0.6	90.7	100.0	9.3	3.1	2,601
20–24	28.2	1.6	70.1	100.0	29.9	10.8	1,880
25–29	55.2	1.4	43.4	100.0	56.6	19.1	1,648
30–39	65.3	1.3	33.4	100.0	66.6	15.3	2,958
40–49	57.2	2.4	40.5	100.0	59.5	11.1	2,084
Marital status							
Never married	23.4	0.9	75.7	100.0	24.3	8.2	5,141
Ever had sex	43.7	1.7	54.6	100.0	45.4	15.9	1,481
Never had sex	15.1	0.6	84.2	100.0	15.8	5.1	3,659
Married or living together	58.9	1.9	39.2	100.0	60.8	13.6	5,780
Divorced/separated/ widowed	72.7	0.6	26.8	100.0	73.2	30.1	251
Residence							
Urban	58.4	1.5	40.0	100.0	60.0	17.6	3,527
Rural	35.7	1.4	62.9	100.0	37.1	8.7	7,644
Region							
Tigrai	49.1	0.8	50.1	100.0	49.9	14.3	612
Afar	49.5	1.1	49.4	100.0	50.6	14.6	88
Amhara	58.2	0.4	41.4	100.0	58.6	16.3	2,638
Oromia	32.8	1.5	65.7	100.0	34.3	8.2	4,451
Somali	7.3	0.5	92.2	100.0	7.8	1.8	312
Benishangul-Gumuz	61.0	2.8	36.2	100.0	63.8	24.3	122
Central Ethiopia	48.2	2.8	49.0	100.0	51.0	7.9	537
Sidama	29.3	1.0	69.7	100.0	30.3	7.3	488
South West Ethiopia	34.4	5.4	60.2	100.0	39.8	7.6	359
South Ethiopia	33.9	2.2	63.8	100.0	36.2	6.3	772
Gambella	56.1	2.5	41.4	100.0	58.6	21.5	50
Harari	57.2	0.7	42.1	100.0	57.9	19.4	37
Addis Ababa	75.1	1.5	23.3	100.0	76.7	26.0	648
Dire Dawa	53.0	1.0	46.0	100.0	54.0	18.6	59
Education							
No education	36.4	0.7	62.9	100.0	37.1	6.4	1,862
Primary	32.3	1.5	66.2	100.0	33.8	7.7	5,262
Secondary	49.3	1.7	49.0	100.0	51.0	16.6	2,633
More than secondary	78.8	1.7	19.5	100.0	80.5	22.8	1,414

Continued…

Table 17.2—*Continued*

Background characteristic	Percent distribution of men by testing status and by whether they received the results of the last test: Ever tested and received results	Ever tested, did not receive results	Never tested[1]	Total	Percentage ever tested	Percentage who have been tested for HIV in the last 12 months and received the results of the last test	Number of men
Wealth quintile							
Lowest	15.1	0.9	84.0	100.0	16.0	3.3	1,691
Second	31.4	1.7	66.9	100.0	33.1	8.6	1,983
Middle	39.9	1.8	58.2	100.0	41.8	7.1	2,285
Fourth	48.6	1.1	50.3	100.0	49.7	13.3	2,545
Highest	66.1	1.5	32.4	100.0	67.6	20.7	2,667
Total 15–49	42.9	1.4	55.7	100.0	44.3	11.5	11,171
50–59	53.9	1.7	44.4	100.0	55.6	9.4	1,314
Total 15–59	44.0	1.4	54.5	100.0	45.5	11.3	12,485

[1] Includes respondents who have not heard of HIV or who refused to answer questions on testing

3.15 DOMESTIC VIOLENCE

Gender-based violence is defined by the United Nations as any act of violence that results in physical, sexual, or psychological harm or suffering to women, girls, men, and boys, as well as threats of such acts, coercion, or the arbitrary deprivation of liberty. Increasing research has highlighted the health burdens, intergenerational effects, and demographic consequences of such violence (United Nations 2006).

A common form of gender-based violence is intimate partner violence, which refers to behaviour within an intimate relationship that causes physical, sexual, or psychological harm and includes acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviour. This definition of intimate partner violence covers violence by both current and former spouses and partners.[1] This report focuses on intimate partner violence.

Historically, The DHS Program has collected detailed information only on intimate partner violence experienced by ever-married women, defined as women who are currently married or living with a man as if married and women who were formerly married or lived with a man as if married. More recently, the questionnaire module used to capture intimate partner violence in a DHS survey was revised to also capture intimate partner violence experienced by never-married women who reported that they currently or formerly had an intimate partner.

In the 2024–25 EDHS, the revised version of the domestic violence questionnaire module was used for the first time, and therefore indicators on intimate partner violence are reported for women who have ever had a husband or other intimate partner. In the context of the revised questionnaire module and this report, the term "boyfriend" excludes anyone reported as an intimate partner. Given these changes, when examining trends in intimate partner violence, only the estimates provided separately for ever-married women should be compared with corresponding estimates from previous surveys.

[1] https://apps.who.int/violence-info/intimate-partner-violence.

Terminology for this chapter

Husband: a man with whom a woman is married or living with as if married.

Intimate partner: a man with whom a never-married woman is in a relationship that involves physical and/or emotional intimacy and for which the relationship is or has the expectation of being longer lasting. As defined for the purposes of this chapter, an intimate partner is not a husband or a man a woman is living with and is also not a boyfriend with whom her relationship is casual or a man with whom she has a one-time encounter.

Husband/intimate partner: the current husband for currently married women; the most recent husband for divorced, separated, or widowed women; the current intimate partner for never-married women who currently have an intimate partner; and the most recent intimate partner for never-married women who do not currently have an intimate partner but had one in the past.

Boyfriend: a man with whom a woman has a casual relationship and who she did not mention as an intimate partner.

3.15.1 Domestic Violence

Table 18 provides data from women age 15–49 on their experience of violence committed by their current or most recent husband/intimate partner. The final report will present additional data information regarding domestic violence.

Thirty percent of women who have ever had a husband/intimate partner reported that they have experienced physical, emotional, or sexual violence by a husband/intimate partner at some point in time. Nineteen percent of women reported that they experienced emotional violence, 23% experienced physical violence, and 8% experienced sexual violence. Experience of physical, emotional, or sexual violence from husband/intimate partner is higher among older women 40–49 (39%), those living in rural areas (32%), women in Sidama (44%), Gambella (42%), and Amhara (35%), and formerly married women (45%). Experience of spousal violence decreases with increasing educational level.

Table 18 Intimate-partner violence by background characteristics

Percentage of women age 15–49 who have ever had a husband or intimate partner and have ever experienced emotional, physical, or sexual violence committed by their current or most recent husband/intimate partner, according to background characteristics, Ethiopia DHS 2024–25

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and sexual	Physical and sexual and emotional	Physical or sexual	Physical or sexual or emotional	Number of women who ever had a husband/ intimate partner
Age								
15–19	14.4	11.6	6.6	2.1	1.3	16.2	21.8	642
20–24	16.3	19.6	7.5	5.6	2.8	21.5	26.4	956
25–29	17.3	21.1	6.1	4.5	3.5	22.7	27.8	1,399
30–39	17.3	23.5	7.5	6.2	4.1	24.8	29.0	1,996
40–49	25.4	31.0	9.6	8.3	6.3	32.3	38.6	1,429
Religion								
Orthodox	21.6	23.3	9.0	7.3	4.8	25.0	31.2	2,771
Catholic	(18.8)	(14.3)	(3.0)	(3.0)	(3.0)	(14.3)	(20.0)	45
Protestant	20.0	26.4	6.3	4.6	3.7	28.1	33.0	1,650
Muslim	12.8	18.9	6.6	4.6	2.9	20.9	24.3	1,856
Traditional	(14.6)	(30.4)	(4.7)	(4.7)	(4.7)	(30.4)	(37.3)	35
Other	30.7	31.4	10.7	8.9	7.5	33.2	44.4	67
Residence								
Urban	17.1	18.6	7.4	5.8	3.8	20.3	25.7	2,157
Rural	19.5	25.0	7.7	5.8	4.1	26.9	31.8	4,265
Region								
Tigrai	19.7	12.6	4.5	2.3	2.0	14.9	23.5	375
Afar	16.1	17.5	9.3	6.4	5.4	20.4	24.5	63
Amhara	24.0	25.1	11.8	9.6	6.5	27.3	34.6	1,608
Oromia	12.4	25.0	6.4	4.8	3.1	26.6	28.0	2,450
Somali	6.6	8.8	3.5	2.4	0.3	9.9	12.6	164
Benishangul-Gumuz	16.6	27.2	4.4	3.7	1.6	27.9	32.0	73
Central Ethiopia	18.9	15.6	6.2	3.6	3.3	18.2	25.9	251
Sidama	35.1	32.9	9.4	6.9	5.8	35.4	44.4	298
South West Ethiopia	26.4	25.2	5.3	4.1	3.5	26.4	32.7	203
South Ethiopia	24.1	20.9	8.5	6.5	5.0	22.8	30.5	464
Gambella	30.4	28.5	6.3	4.2	3.4	30.6	41.7	31
Harari	14.1	20.5	4.9	3.7	3.1	21.7	24.4	21
Addis Ababa	17.0	14.0	3.0	2.3	1.2	14.7	22.9	387
Dire Dawa	21.2	20.0	5.0	3.9	3.3	21.2	30.8	35
Marital status								
Never married	9.1	6.1	6.4	2.3	0.8	10.2	15.8	672
Currently has intimate partner	6.3	5.0	6.5	2.7	0.8	8.7	13.1	493
Had intimate partner	16.8	9.0	6.4	0.9	0.9	14.5	23.3	179
Ever married	19.8	24.8	7.7	6.2	4.4	26.3	31.4	5,750
Married/living together	17.6	23.3	6.6	5.2	3.3	24.7	29.4	5,019
Divorced/separated/ widowed	34.7	35.5	15.1	13.0	11.4	37.6	45.0	732
Employment								
Employed for cash	20.4	22.2	8.2	7.2	4.7	23.3	29.5	1,472
Employed not for cash	23.1	28.2	9.8	7.5	5.2	30.4	36.8	1,877
Not employed	15.2	20.0	5.9	4.1	2.9	21.8	25.6	3,074
Education								
No education	21.7	27.3	9.4	7.7	5.7	29.0	34.1	2,561
Primary	20.6	26.9	7.5	6.0	3.9	28.4	33.7	2,183
Secondary	13.0	11.9	5.7	2.7	1.6	14.9	20.4	1,025
More than secondary	9.5	9.0	3.9	2.6	1.4	10.4	14.3	653
Wealth quintile								
Lowest	17.6	23.3	5.6	3.6	2.8	25.2	29.4	1,088
Second	20.6	25.7	9.0	7.3	4.6	27.3	33.2	1,133
Middle	21.6	25.7	8.7	6.3	4.5	28.1	33.6	1,226
Fourth	19.2	25.0	7.3	6.1	4.7	26.2	31.7	1,349
Highest	15.4	16.7	7.3	5.5	3.4	18.5	23.2	1,627
Total	18.7	22.9	7.6	5.8	4.0	24.6	29.8	6,423

Notes: Figures in parentheses are based on 25–49 unweighted cases.
The term husband includes a partner with whom a woman is living as if married. Husband/intimate partner refers to the current husband for currently married women, the most recent husband for divorced, separated or widowed women, the current intimate partner for never married women who currently have an intimate partner, and the most recent intimate partner for never married women who do not currently have an intimate partner but had one in the past.

3.16 MATERNAL MORTALITY

3.16.1 Direct Estimates of Maternal Mortality

Maternal mortality rate

The number of maternal deaths per 1,000 women age 15–49. Maternal mortality rates by 5-year age groups are calculated by dividing the number of maternal deaths to female siblings of respondents in each age group by the total person-years of exposure of the sisters to the risk of dying in that age group during the 7 years preceding the survey. The number of deaths is the number of sisters reported as having died in the 7 years preceding the survey during either pregnancy or delivery, or in the 42 days following the delivery or termination of a pregnancy, by their age group at the time of death. Deaths due to accidents or violence are excluded. The person-years of exposure in each age group are calculated for both surviving and dead sisters based on their reported current age (living sisters) or age at death and years since death (dead sisters).

Sample: Sisters (both living and dead) age 15–49 in the 7 years preceding the survey, by 5-year age groups

Maternal mortality ratio

The number of maternal deaths per 100,000 live births. The maternal mortality ratio is calculated by dividing the age-standardised maternal mortality rate for women age 15–49 in the 7 years preceding the survey by the general fertility rate (GFR) for the same time period.

Maternal deaths are a subset of all female deaths. They are defined as any deaths that occur during pregnancy or childbirth or within 42 days after the delivery or termination of a pregnancy. Maternal deaths do not include deaths due to accidents or violence. Two methods are generally used to estimate maternal mortality in developing countries: the indirect sisterhood method (Graham et al. 1989) and a direct variant of the sisterhood method (Rutenberg and Sullivan 1991; Stanton et al. 1997).

- The rate of mortality associated with pregnancy and childbearing in Ethiopia was 0.19 maternal deaths per 1,000 woman-years of exposure in the 7 years preceding the survey (**Table 19**).
- The estimated age-specific mortality rate is highest among women age 35–39 (0.32) and lowest among women age 45–49 (0.01).
- Maternal deaths represent 10% of all deaths among women age 15–49 during the 7-year period preceding the survey.
- Only 49 maternal deaths were recorded in the 7 years preceding the 2024–25 EDHS, so the results should be interpreted with some caution.

Table 19 Maternal mortality

Direct estimates of maternal mortality rates for the seven years preceding the survey, by five-year age groups, Ethiopia DHS 2024–25

Age	Percentage of female deaths that are maternal	Maternal deaths[1]	Exposure years	Maternal mortality rate[2]
15–19	12.4	9	46,596	0.19
20–24	16.6	14	51,139	0.28
25–29	15.8	11	47,230	0.23
30–34	4.8	5	40,841	0.12
35–39	15.5	9	29,615	0.32
40–44	1.4	1	18,991	0.04
45–49	0.2	0	11,615	0.01
Total 15–49	9.9	49	246,027	0.19[a]

[1] A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, from any cause except accidents or violence
[2] Expressed per 1,000 woman-years of exposure
[a] Age-adjusted rate

- The maternal mortality ratio for the 7-year period before the 2024–25 EDHS was 141 maternal deaths per 100,000 live births; that is, for every 1,000 births in Ethiopia, about one woman dies during pregnancy, childbirth, or within 42 days of the end of a pregnancy from causes other than accidents or violence (**Table 20**). The confidence interval surrounding the maternal mortality estimate is 87 to 195 deaths per 100,000 live births.

Table 20 Maternal mortality ratio

Total fertility rate, general fertility rate, maternal mortality ratio, and lifetime risk of maternal death for the seven years preceding the survey, Ethiopia DHS 2024–25

Total fertility rate (TFR)	4.4
General fertility rate (GFR)[1]	136
Maternal mortality ratio (MMR)[2]	141 (CI: 87,195)
Lifetime risk of maternal death[3]	0.006

CI: Confidence interval
[1] Age-adjusted rate expressed per 1,000 women age 15–49
[2] Expressed per 100,000 live births; calculated as the age-adjusted maternal mortality rate (shown in Table 19) times 100 divided by the age-adjusted general fertility rate
[3] Calculated as $1-(1-MMR)^{TFR}$, where TFR represents the total fertility rate for the seven years preceding the survey

3.16.2 TRENDS IN PREGNANCY RELATED MORTALITY

Pregnancy-related mortality rate

The number of pregnancy-related deaths per 1,000 women age 15–49. Pregnancy-related mortality rates by 5-year age groups are calculated by dividing the number of pregnancy-related deaths to female siblings of respondents in each age group by the total person-years of exposure of the sisters to the risk of dying in that age group during the 7 years preceding the survey. The number of deaths is the number of sisters reported as having died in the 7 years preceding the survey during either pregnancy or delivery, or in the 2 months following the delivery or termination of a pregnancy, by their age group at the time of death. The person-years of exposure in each age group are calculated for both surviving and dead sisters based on their reported current age (living sisters) or age at death and years since death (dead sisters).

Sample: Sisters (both living and dead) age 15–49 in the 7 years preceding the survey, by 5-year age groups

Pregnancy-related mortality ratio

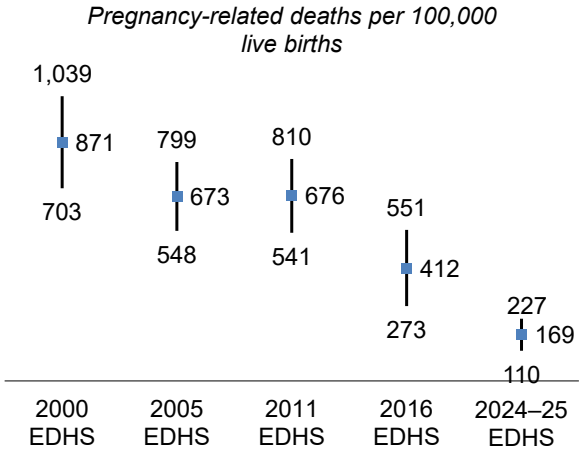
The number of pregnancy-related deaths per 100,000 live births. The pregnancy-related mortality ratio is calculated by dividing the age-standardised pregnancy-related mortality rate for women age 15–49 in the 7 years preceding the survey by the general fertility rate (GFR) for the same time period.

To allow comparisons with estimates from previous EDHS surveys, the 2024–25 EDHS defines a pregnancy-related death as the death of a woman during pregnancy or childbirth or within 2 months of delivery or termination of a pregnancy, irrespective of the cause of death. Estimates of pregnancy-related mortality are therefore based solely on the timing of the death in relationship to the pregnancy. Note that this definition varies from the WHO definition of a pregnancy-related death, which limits the window to 42 days. What the 2024–25 EDHS defines as a pregnancy-related death had been labelled a maternal death in prior EDHS surveys.

- The estimated pregnancy-related mortality ratio (PRMR) for the 7-year period preceding the 2024–25 EDHS is 169 deaths per 100,000 live births; that is, for every 1,000 births in Ethiopia, about two women die during pregnancy or within 2 months of the end of a pregnancy from any cause, including accidents or violence (**Figure 9**).

Trends: **Figure 9** presents trends in the estimated PRMR for the seven-year period preceding the 2000, 2005, 2011, 2016, and 2024–25 EDHS surveys. The data presented in Figure 9 show a steady decline in the PRMR for the seven-year period preceding the surveys: from 871 deaths per 100,000 live births in the 2000 EDHS, to 676 in the 2011 EDHS, to reach 169 deaths per 100,000 live births in the 2024–25 EDHS.

Figure 9 **Trends in Pregnancy-Related Mortality Ratio (PRMR) with confidence intervals**



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