Ethiopia

2000 Demographic and Health Survey

Key Findings

The 2000 Ethiopia Demographic and Health Survey (DHS) is a nationally representative sample survey covering 15,367 women age 15-49 and 2,607 men age 15-59. The principal objective of the survey is to provide current and reliable data on fertility and family planning behavior, child mortality, children's nutritional status, the utilization of maternal and child health services, and knowledge of HIV/AIDS. Obtaining that information is essential for making informed policy decisions, planning, monitoring, and evaluating programs on health in general and reproductive health in particular, at both the national level and regional levels. The Ethiopia DHS is the first survey of its kind in that country to provide national and regional estimates on population and health, estimates of a kind that are comparable to similar surveys conducted in other developing countries and permit making international comparisons.

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

The Ethiopia DHS is the first comprehensive, nationally representative population and health survey conducted in Ethiopia as part of the worldwide Demographic and Health Surveys (DHS) project. The Ethiopia DHS was fielded between February and May 2000.

Additional information about the Ethiopia DHS may be obtained from the Central Statistical Authority, P.O.Box 1143, Addis Ababa, Ethiopia (telephone: 115131; fax: 563885). Information about the MEASURE DHS+ project may be obtained from Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (telephone: 301-572-0200; fax: 301-572-0999).

Cover photo: Pav Govindasamy

2000 ETHIOPIA DEMOGRAPHIC AND HEALTH SURVEY

KEY FINDINGS

Benjamin Wilchfort

Population and Household Living Conditions

Data collected on the age and sex distribution of the population and on a variety of socioeconomic indicators provide the household-level context within which demographic and health choices are made and changes occur.

Age-sex distribution of the household population

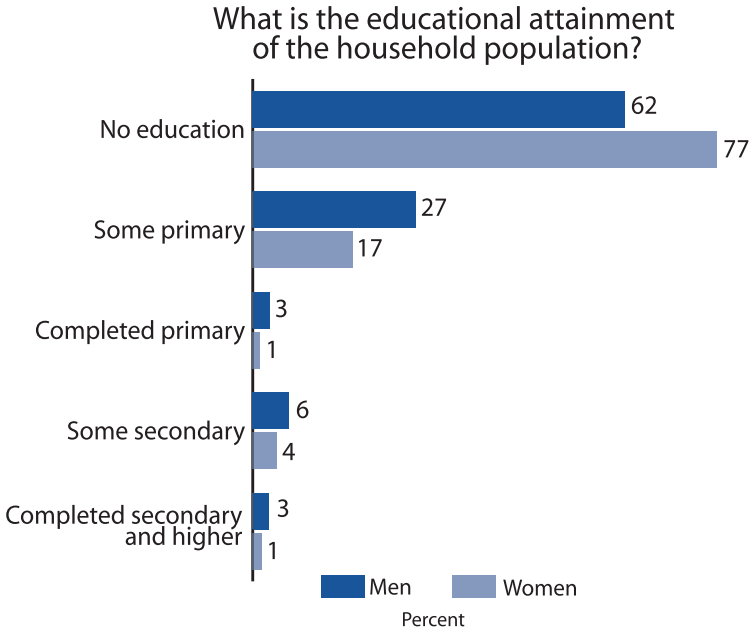
Ethiopia is typical of a population with high fertility. Forty-six percent of the population is under 15 years of age; only 4 percent is over 65 years of age. Females slightly outnumber males.

Household composition

Households in Ethiopia are predominantly male-headed, with fewer than one-fourth headed by a female. The average household size is 4.8 persons. Thirteen percent of urban households are single-person households, compared to only 4 percent of rural households.

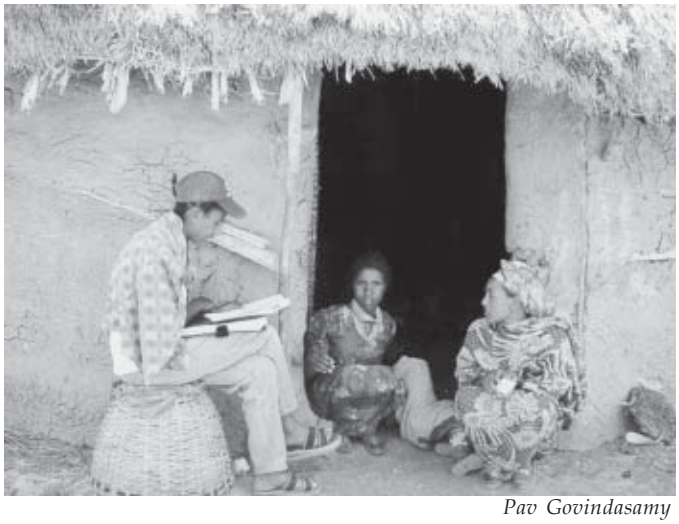
Household education

The majority of Ethiopians have little or no education, with females being far less educated than males (see graph). Fewer than one-third of children who should be attending primary school are currently attending school at that level, and only 12 percent of youths who should be attending secondary school are in school at that level.



Housing characteristics

Thirteen percent of households in Ethiopia have access to electricity, with three-fourths of urban households having electricity compared to less than 1 percent of rural households. The most common source of drinking water is open springs. Less than a fifth of households use some sort of sanitation facility, but the majority of households have none. Twenty-eight percent of households in which an iodine test was carried out, used salt that contained at least 25 parts per million of iodine.



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Asset ownership

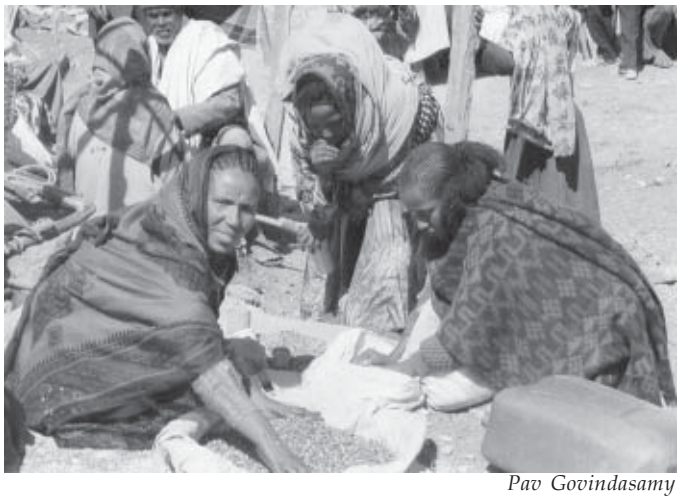
In general, households in rural Ethiopia are less likely to possess consumer items than households in urban areas. Sixty-one percent of urban households, compared to 13 percent of rural households, own a radio. Television ownership in the country is at a very low level, with ownership concentrated in urban areas. In contrast, most rural households own the home they live in as well as crop land. Livestock ownership is also concentrated among rural rather than in urban households.

Education, Women's Employment, and Women's Status

In the Ethiopia DHS, information was collected on the background characteristics of women, including their education, employment status, and earnings. Such information is useful in understanding the factors that affect women's reproductive and health-seeking behavior, and is essential for achieving the country's goals for population and reproductive health.

Illiteracy

Survey results show that 75 percent of women age 15-49 are illiterate compared to 47 percent of men age 15-59. Rural women are two and a half times more likely to be illiterate than urban women. Nine percent of women have had secondary school education or higher compared to 15 percent of men. The level of illiteracy among women has declined over the years from 94 percent among women age 45-49 to 66 percent among women age 15-19. Illiteracy among women ranges from a low of 24 percent among those residing in Addis Ababa to a high of 88 percent among those in the Somali Region.



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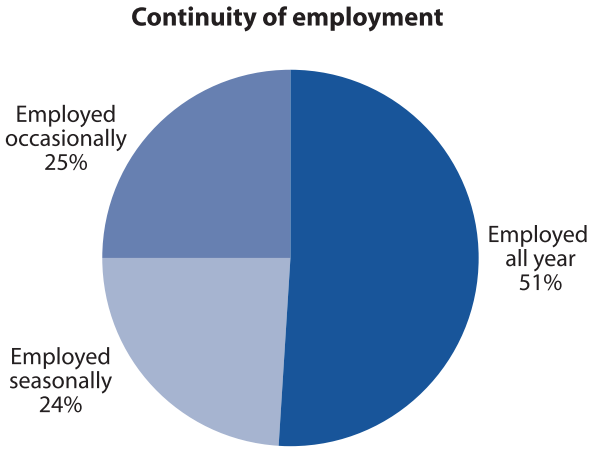
Access to mass media

Exposure to mass media is generally low in Ethiopia, with women having a lower level of exposure than men. Eighty-six percent of women, compared to 73 percent of men, have no exposure to the mass media. Of all the media sources, women and men are most commonly exposed to the radio. Nevertheless, only one out of 10 women and one out of four men listen to the radio weekly.

Employment

Fifty-seven percent of women were working at the time of the survey, 7 percent had worked during the 12 months prior to the survey, and 37 percent did not work at all. In contrast, 87 percent of men were working at the time of the survey, 5 percent worked during the 12 months preceding the survey, and 8 percent did not work at all. Nearly half of working women are self-employed; 43 percent work for a family member; only 9 percent work for a non-family member. One out of three working women earns cash only for her work; 5 percent are paid in cash and in kind; 19 percent are paid in kind only; 41 percent do not receive any form of payment. Three-fourths of employed women who earn cash report that they themselves are primarily responsible for making decisions on how their earnings will be spent.



Female circumcision

The practice of female circumcision is widespread in Ethiopia, with four out of five women age 15-49 having been circumcised. The prevalence of female circumcision is comparatively lower among women living in the Tigray and Gambela regions (36 percent and 43 percent, respectively). Factors of age, urban-rural residence, education, and work status do not have any notable effect on the practice of female circumcision. There continues to be widespread support for the practice, with 60 percent of women stating that they support female circumcision.

FERTILITY

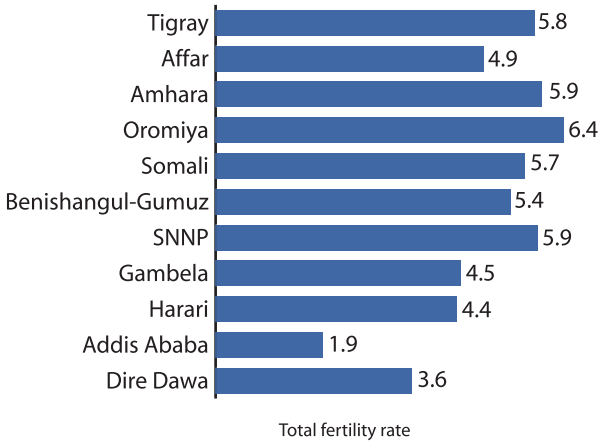
Fertility continues to be high in Ethiopia. Early marriage, low literacy, and limited use of family planning are some of the more important factors that contribute to the high fertility.

Current fertility levels and trends

At current fertility levels, an Ethiopian woman will give birth to an average of 5.9 children, a figure representing a decline of one-half child on average over the decade. Fertility has declined in every age group except among women age 15-19. The greatest decline was among women age 45-49 (57 percent).

Fertility in rural areas (6.4) is nearly twice as high as in urban areas (3.3). Fertility is lowest in Addis Ababa and highest in the Oromiya Region. Female education has a strong impact on fertility. Women with no education have on average one child more than women with primary education and about three children more than women with at least secondary education.

How does fertility vary by region?



Childbearing begins at early ages. At the current rate of childbearing, an Ethiopian woman would have more than half of her lifetime births (3.1) by age 30 and nearly three-fourths of the total children she will ever have (4.3) by age 35. Sixteen percent of women age 15-19 have already become mothers or are currently pregnant with their first child. Seven percent of women began childbearing at age 16; the numbers increase to 16 percent among women age 17, 27 percent among women age 18, and 40 percent among women age 19.

Marriage and exposure to the risk of pregnancy

Sixty-four percent of women age 15-49 and 56 percent of men age 15-59 are currently married or living together. Women in general marry about 7 years earlier than men. Over the last two decades, the median age at first marriage among Ethiopian women has slowly risen, from around age 16 for women age 30-49 to age 17 years among women age 25-29 and age 18 among women age 20-24. In Ethiopian society, since marriage marks a woman's first entry into sexual intercourse and pregnancy, for women there is no difference between the median age at first marriage and the median age at first sexual intercourse. On the other hand, although men marry much later than women, they become sexually active long before marriage. The median age at first intercourse among men (age 20) is 3 years younger than their median age at first marriage (age 23).

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Polygyny

Fourteen percent of currently married women are in a polygynous union. Polygyny varies widely by region. Its prevalence is higher among women living in rural areas; women who reside in the Gambela, Affar, and SNNP regions; and uneducated women.

FAMILY PLANNING

Although knowledge of family planning methods in Ethiopia is high, use of contraception is very low, with a noticeable discrepancy between ever use and current use. The level of awareness of contraception in the population is an important measure of the success of information, education, and communication (IEC) programs. Steps taken to control fertility are of considerable importance to family planning program planners, because they allow the need for contraception, whether for birth spacing or for birth limitation, to be assessed.

Knowledge of family planning

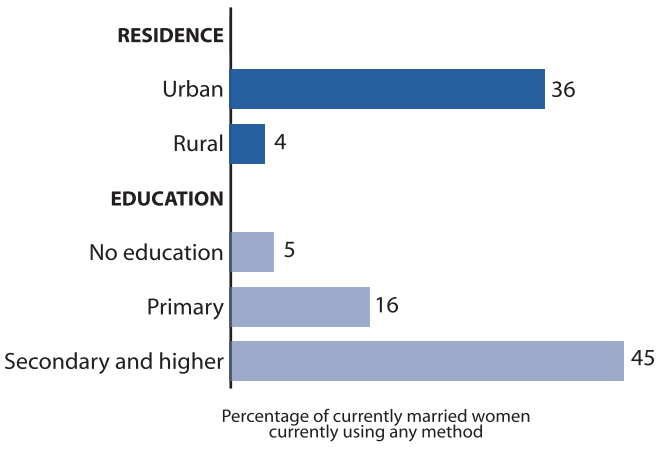
The knowledge of contraceptive methods is relatively high in Ethiopia, with 86 percent of currently married women age 15-49 and 92 percent of currently married men age 15-59 knowing of at least one method of family planning. The pill is the most widely recognized method, followed by injectables. Vaginal methods are the least recognized. Traditional methods are less well known than most modern methods, with the most widely known traditional method being periodic abstinence. Men are more than twice as likely to report knowledge of traditional methods as women.

Traditional methods of family planning are less well known than modern methods.

Use of contraceptives

The contraceptive prevalence rate among currently married women is 8 percent. Six percent of currently married women use modern methods; 2 percent use traditional methods. The level of current use of any method among currently married men (15 percent) is nearly twice as high as among women. Much of the male-female difference is due to a higher level of reporting of the use of traditional methods, and especially of periodic abstinence, by men.

How does contraceptive prevalence vary by residence and education?



Discussion of family planning between couples

Spousal communication is an important intermediate step toward the eventual adoption and use of contraceptive methods. It is also an indication of the acceptability of family planning. Two-thirds of currently married women who know of a contraceptive method did not discuss family planning with their husband during the 12 months prior to the interview. Nearly one out of five women had discussed family planning once or twice, whereas 15 percent said they had talked more often.

Use of effective contraceptive methods is facilitated when couples have a positive attitude toward family planning. The majority of currently married women (69 percent) approve of the use of family planning, and 38 percent believe that their husband approves too. One-third of women reported that they did not know about their husband's attitude; another 8 percent were unsure of their husband's stance on the matter.

The fact that both men and women in the same household were interviewed provided the opportunity to link responses obtained from currently married women with those obtained from their husbands. A total of 1,355 couples were linked in this way. Among nearly half of the couples (49 percent), both spouses reported that they approve of family planning; among 12 percent of the couples, both disapprove. When only one spouse disapproves, it is just as likely to be the wife as the husband (13 percent versus 11 percent).

The most widely used modern methods among currently married women and men are injectables and the pill (3 percent each and 4 percent each, respectively). Periodic abstinence is the most commonly practiced traditional method, used by 2 percent of currently married women and 6 percent of currently married men.

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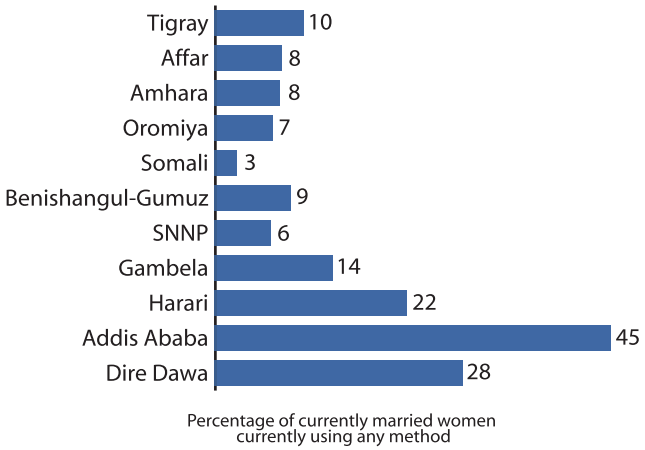
There are marked differences in the current use of contraception by background characteristics such as residence and level of education. Use of a modern method is nine times higher among currently married women living in urban than rural areas. Use is highest in Addis Ababa (34 percent), and lowest among currently married women in the Somali Region (2 percent). Currently married illiterate women (4 percent) are eight times less likely to use contraceptives than those with some secondary education (33 percent).

How does contraceptive use vary by region?



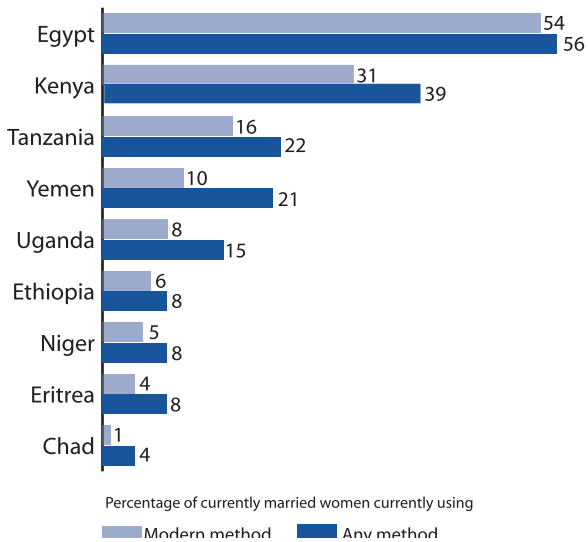
Trends in contraceptive use

Contraceptive use among currently married women has increased over the last decade, from 5 percent in 1990 (National Family and Fertility Survey) to 8 percent in 2000. The use of modern contraceptive methods doubled from 3 percent in 1990 to 6 percent in 2000. Much of the increase in the use of modern methods is attributed to the increase in use of injectables, from virtually nil in 1990 to 3 percent in 2000. There was also an increase in the use of periodic abstinence over the decade, from less than 1 percent to nearly 2 percent.

Source of contraceptives

Three-fourths of current users of modern methods obtain those methods from the public sector (78 percent), 16 percent obtain them from the private medical sector, and 6 percent obtain them from other sources.

How does contraceptive prevalence in Ethiopia compare to other countries in Africa?



Fertility Preferences

For various economic, social and cultural reasons, prolific childbearing is generally encouraged in traditional Ethiopian society. However, couples have recently expressed a desire for a lower family size , perhaps owing to economic considerations. The Ethiopia DHS collected information on fertility preferences in order to evaluate the overall attitudes of the society towards childbearing and the general course of future fertility.

Desire for children

The majority of Ethiopian women and men (68 percent) prefer to space or limit the number of children that they have. The proportion of women who want to limit the number of children they give birth to increased from 24 percent in 1990 to 32 percent in 2000. The desire to limit childbearing is highest among women living in urban areas, women residing in Addis Ababa, and women who have at least secondary education.

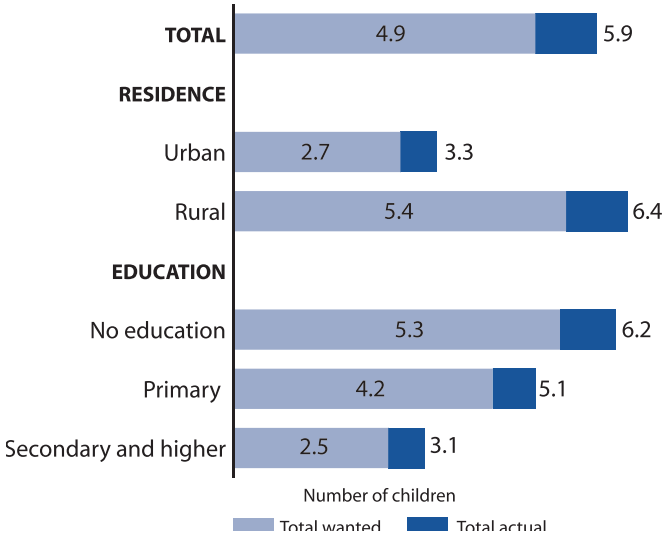
Ideal family size

Two out of three women favor an ideal family size of four children or more. Only 17 percent of women favor having fewer than four children. The average ideal family size among all thewomen who gave a numeric response is 5.3 children. Men tend to prefer a larger family than women (6.4 children).

Wanted fertility

Overall, more than one out of three births in Ethiopia is unplanned. Of those, 17 percent were not wanted and 20 percent were mistimed. In general, the proportion of unwanted births increases with birth order from 10 percent among first- and second-order births to 24 percent among fourth-order and higher births. The total wanted fertility rate is 4.9 children, which is one child lower than the actual fertility rate of 5.9 children. The gap between wanted and actual fertility is greatest among women living in rural areas, uneducated women, and women residing in the Oromiya Region.

Fertility levels and preferences



Unmet need for family planning

Thirty-six percent of currently married women say that although they either want no more children or want to wait at least 2 years before having another child, they are not using contraception. Of those women, 22 percent have an unmet need for spacing births and 14 percent have an unmet need for limiting them. The contraceptive prevalence rate would increase from 8 percent to 44 percent if the unmet need were met. Currently only 18 percent of the family planning needs of currently married women in Ethiopia are being met.

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MORTALITY

Ethiopia has one of the highest infant and child mortality rates in the world. It is attributed to high morbidity leading to death from potentially preventable or treatable childhood illnesses such as diarrhea and acute lower respiratory tract infections (ARI).

Infant and child mortality

Nearly one out of 10 babies born in Ethiopia does not survive to celebrate its first birthday. Under-5 mortality is also high: one out of every six children dies before the fifth birthday. Survey data show that mortality has declined during the past 15 years, the decline having become even more pronounced during the last 10 years. Under-5 mortality is 21 percent lower now than it was 5 to 9 years ago, with the pace of the decline in infant mortality (25 percent) somewhat faster than for child mortality (18 percent).

Children born to mothers with no education suffered the highest mortality.

Mortality is consistently lower in urban areas than in rural areas, with infant mortality in urban areas at only 97 deaths per 1,000 live births, compared to 115 per 1,000 in rural areas. The urban-rural difference is especially pronounced in the case of child mortality, which is 34 percent lower in urban than in rural areas. Infant mortality is highest in the Affar Region; child mortality is highest in the Gambela Region. Children born to mothers with no education suffered the highest mortality. Educating mothers through secondary and higher levels of education reduces neonatal mortality by 60 percent, infant mortality by 47 percent, and under-5 mortality by 55 percent, compared to when mothers have no education.

Survival of infants is highly influenced by access to maternal health care. It is noticeably lower when both antenatal care and delivery care are utilized than when no care is available. Male children in general tend to experience a higher mortality than female children. Mortality is higher among children born to mothers younger than age 20 and over age 40 than among mothers between the ages of 20 and 40. In general, first births and births of order seven and higher suffer higher mortality. Short birth intervals significantly reduce children's chances of survival.

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Adult mortality

Direct estimates of male and female adult mortality were obtained from information collected in the sibling history of the Ethiopia DHS. In the 7 years preceding the survey, there were more male than female deaths (1,229 compared to 1,039, respectively). The male mortality rate of 8.0 deaths per 1,000 population is 16 percent higher than the female mortality rate of 6.7 deaths per 1,000 population.

Maternal mortality

Maternal mortality in Ethiopia is high in relation to that of developed countries. During the 7 years preceding the survey, there were 263 maternal deaths . The maternal mortality rate for the period 1994-2000 is 1.68. Maternal deaths accounted for 25 percent of all deaths to women age 15-49—that is, one out of four Ethiopian women who died during the 7 years preceding the survey died from pregnancy or pregnancy-related causes. The maternal mortality ratio, which measures the obstetric risk associated with each live birth for the period 1994-2000, is 871 deaths per 100,000 live births.

REPRODUCTIVE HEALTH

The majority of deaths due to maternal causes are avoidable if pregnant women receive adequate antenatal care during pregnancy, have their deliveries in hygienic conditions and with the assistance of trained medical practitioners, and receive appropriate and timely postpartum care.

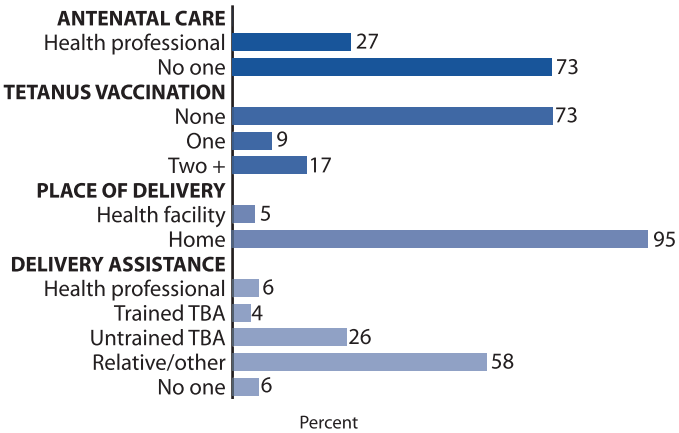
Antenatal care

Access to professional maternity care during pregnancy is very low in Ethiopia. Only 27 percent of mothers who gave birth received antenatal care from a health professional during the 5 years preceding the survey. During the same period, nearly three out of four mothers did not receive antenatal care. In addition, 27 percent of mothers who received antenatal care reported that they were informed of pregnancy complications during their antenatal visits. The median number of visits is about five times less than the recommended number of 12 or 13 visits. Six percent of women make their first visit before the fourth month of pregnancy.

Mike Bailey, JHU/CCP

Urban women are three times more likely than rural women to receive antenatal care from a health professional. Regional differences are also marked, ranging from 83 percent in Addis Ababa to less than 20 percent in the Somali and Amhara regions. Receiving antenatal care from a health professional is highly associated with

Reproductive health indicators



Monitoring pregnancy

Complications of pregnancy are an important source of maternal and child morbidity and mortality. Therefore, teaching pregnant women about danger signs and the appropriate actions to be taken is an essential component of antenatal care.

The Ethiopia DHS collected information on the percentage of women who were informed about the signs of pregnancy complications and who had received routine antenatal care during their last pregnancy in the 5 years preceding the survey. Only one in four women who received antenatal care reported that they were informed about pregnancy complications during their antenatal-care visits. Weight and height were measured for 67 percent and 43 percent of mothers, respectively. Measurement of blood pressure was part of antenatal care for 69 percent of mothers; urine and blood sampling for 21 and 25 percent, respectively. Five percent reported having received antimalarial medicine.

Urban women are twice as likely (40 percent) to be informed about pregnancy complications than rural women (22 percent). A similar trend in urban-rural difference is noticed for all other routine procedures. Regional variations in the content of antenatal care are marked. For example, the percentage of women who were informed about pregnancy complications ranges from 12 percent in the Gambela Region to 48 percent in Dire Dawa.

Tetanus toxoid coverage

Tetanus toxoid injections are given to pregnant women for the prevention of neonatal tetanus, an important cause of death among infants. For full protection, each pregnant woman should receive at least two doses during each pregnancy. If a woman was vaccinated during a previous pregnancy, however, she may only require one dose for the current pregnancy. Five doses are considered to provide lifetime protection.

For nearly three-quarters of births that took place during the 5 years before the survey, mothers received no tetanus toxoid injection. That proportion indicates that vaccinating against tetanus during pregnancy is not a widespread practice in Ethiopia. Nine percent of women who had a live birth in the five years preceding the survey received one dose of tetanus toxoid injection during pregnancy, and 17 percent received two or more doses.

Education of the expectant mothers is closely related with tetanus toxoid coverage. Uneducated women were two times less likely to have received any protection against tetanus than women with secondary and higher levels of education. That large difference in tetanus toxoid coverage may be attributed to the fact that educated women have greater access to modern health care, have a better understanding of the benefits of tetanus toxoid vaccination, and are more willing to utilize health services.

a mother's level of education: only 21 percent of uneducated women received antenatal care, compared with 72 percent of mothers with at least secondary education.

Delivery care

An overwhelming majority of births (95 percent) during the 5 years before the survey took place at home. Six percent of babies were delivered with the assistance of a health professional, and 4 percent were delivered by a trained traditional birth attendant (TBA). The majority of births (85 percent) were attended by either an untrained TBA (26 percent) or a relative, and/or some other person (58 percent). Six percent of babies were delivered without any assistance.

More than one in three births in urban areas took place with care from a health professional, compared to only 2 percent of births in rural areas.

More than one out of three births in urban areas took place with care from a health professional, compared to only 2 percent of births in rural areas. Rates of delivery assistance from a health professional are quite low in most regions; however, one out of four births in the Gambela and Harari regions, one out of three births in Dire Dawa, and seven out of 10 births in Addis Ababa are attended by a health professional.

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Postnatal care

The rate of postnatal care is extremely low in Ethiopia. Ninety percent of mothers who gave birth during the 5 years preceding the survey received no postnatal care at all. Of those who received postnatal care, half (5 percent) were women who delivered in a health facility. Only 8 percent of mothers received postnatal care within the crucial first 2 days of delivery, and 1 percent received care 3 to 7 days after delivery.

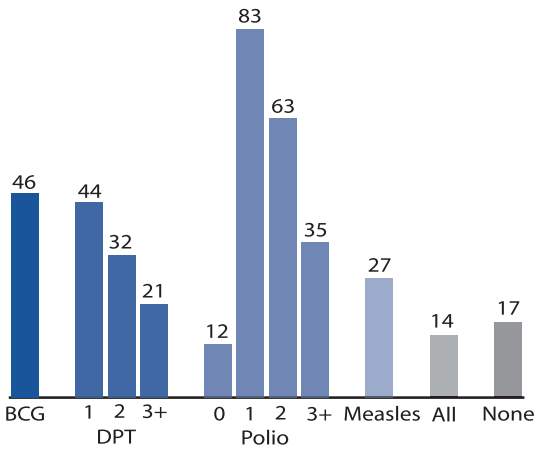
CHILD HEALTH

The Government of Ethiopia adopted the goals of the World Summit of Children in December 1991: to expand immunization coverage for citizens to 80 percent; to increase the use of oral rehydration therapy to 80 percent; and to have universal salt iodization by the end of the decade.

Vaccination coverage

Fourteen percent of children age 12-23 months are fully vaccinated. Although the coverage for the first dose of DPT is relatively high (44 percent), only 21 percent of children age 12-23 months received the third dose of DPT. Polio coverage is much higher than DPT coverage, primarily due to the success of the National Immunization Day campaigns, during which polio vaccines are administered. Vaccination cards were produced for only 27 percent of children age 12-23 months.

What percent of children are vaccinated?



Percent of children 12-23 months vaccinated by time of survey

Childhood illnesses

One out of four children under 5 years of age showed symptoms of acute respiratory infection (ARI), the leading cause of childhood morbidity and mortality, at some time during the 2 weeks preceding the survey. Infants age 6-11 months are most likely to suffer symptoms of ARI (33 percent), compared to children in all other age groups. The symptoms are also more common among children in rural areas and among children of mothers with no education. Only 16 percent of children with cough and rapid breathing were taken to a health facility or provider.

Twenty-eight percent of children under 5 years of age had fever (a major manifestation of malaria and other acute infections in childre) during the 2 weeks preceding the survey. Infants age 6-11 months and 12-23 months are more commonly sick with fever (40 and 35 percent, respectively). Regional variations are notable, ranging from a low of 21 percent of children in Addis Ababa to 44 percent in the Affar Region. Very few children with fever are taken to a health facility or provider; 8 percent are taken to a government health station, and about 4 percent each are taken to a private doctor or clinic, a government health center, or a pharmacy. Seventy-eight percent of children with fever receive no treatment at all. Aspirin and antibiotics are the most commonly used medications to treat children with fever (8 percent and 6 percent, respectively). Very few children are treated with antimalarial medicine.

Benjamin Wilchfort

Nearly 24 percent of children under 5 years of age had had diarrhea during the 2 weeks preceding the survey. Infants age 6-23 months are more prone to diarrhea than children in the other age groups. Only 13 percent of children with diarrhea were taken to a health provider. Two out of three women who gave birth during the 5 years preceding the survey know about oral rehydration salts (ORS). Forty-five percent of children with diarrhea were treated with some kind of oral rehydration therapy (ORT): 13 percent received ORS; 9 percent were given recommended home fluids (RHF); and 19 percent received ORS or RHF. In addition, 35 percent of children received increased fluids.

Recommendations for infant feeding

Infant-feeding practices have significant effects on both mothers and their children. Mothers are affected by means of the influence of breastfeeding on the period of postpartum infertility,and hence on fertility levels and the length of birth intervals.Those effects vary by both the duration and the intensity of breastfeeding.

For children, breastfeeding improves their nutritional status and reduces the liklihood of illness and death.The timing and type of supplementary foods introduced into an infant's diet also have significant effects on the child's nutritional status.

Guidelines for infant feeding include the following practices:

- Breastfeeding should be initiated immediately after childbirth.The first breast milk (colostrum) should be given to the infant rather than discarded, because it provides the infant with natural immunity.
- Infants should be given only breast milk for the first 4 to 6months of their lives. Most babies do not require any other foods or liquids during that period.
- By the age of 7 months, adequate and appropriate complementary foods should be added to the infant's diet in order to provide sufficient nutrients for optimal growth.
- Breastfeeding should continue, along with complementary foods, through the second year of life or beyond.
- A feeding bottle with a nipple should not be used at any age (for reasons related mainly to sanitation and the prevention of infections).

NUTRITION

Malnutrition among women can be an underlying factor in maternity-related complications and infant deaths. Undernourished mothers are more likely to have undernourished children. Inadequate nutrition can compromise a child's physical and mental development.

Breastfeeding

Breastfeeding is nearly universal in Ethiopia, with 96 percent of children born during the 5 years preceding the survey having been breastfed at some time. One out of two children is breastfed within 1 hour of birth, and nearly three out of four are breastfed within 1 day of birth. Fifty-eight percent of children are not given the first milk. The median duration of breastfeeding among children under 3 years of age is 26 months.

Only 38 percent of Ethiopian infants age 4-5 months are exclusively breastfed.

Contrary to the World Health Organization's recommendation for the practice of exclusive breastfeeding for infants during the first 6 months of life, only 38 percent of Ethiopian infants age 4-5 months are exclusively breastfed. Complementary feeding starts early. Three out of four children under 2 months of age are exclusively breastfed, 10 percent drank breast milk and water, 2 percent drank breast milk and other water-based liquids, and 8 percent consumed other milk. The practice of bottle feeding is not common in Ethiopia.

Only about one out of three children under age 3 years of age receives some type of solid or mushy food by the age of 6-7 months. Although the percentage receiving solid food increases gradually with age, even at 6-9 months, only 44 percent of children are fed solid food. Food made from grain and legumes are more commonly fed than fruits and vegetables and tubers. Meat, fish, poultry and eggs—which are essential for balanced physical and mental development—are introduced late, and very few children receive those foods.

Pav Govindasamy

Pav Govindasamy

Nutritional status of children

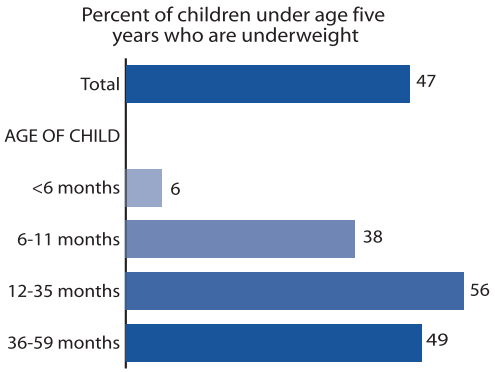
Chronic malnutrition is very high among Ethiopian children with more than one out of two children (52 percent) under 5 years of age being stunted, and more than one out of four children (26 percent) being severely stunted. Eleven percent of children under 5 years of age are wasted (too thin for their height), and 1 percent are severely wasted. Forty-seven percent of children age 5 and under are underweight, and 16 percent are severely underweight.

Nutritional status of women

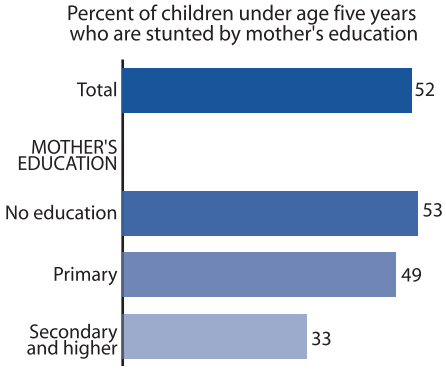
The mean height of Ethiopian women is 156 centimeters. About 4 percent of women are shorter than 145 centimeters and considered to be at nutritional risk. Three out of 10 women fall below the cutoff of 18.5 kg/m^2 for the Body Mass Index (BMI), indicating that the level of chronic energy deficiency is relatively high in Ethiopia. In general, very young women (age 15-19), women living in rural areas, women residing in the Somali Region, and women with little or no education are more likely than other women to suffer from chronic energy deficiency.

Measures of children's nutritionl status

Nutritional status is a major determinant of the health and well-being of children. Inadequate or unbalanced diets and chronic illness are associated with poor nutritional status. To assess nutritional status, the Ethiopia DHS obtained weight and height measurements for children born in the five years preceding the survey. These data are used to calculate the three indicators-weight-for-age, height-for-age, and weight-for-height--that permit assessement of underweight, stunting, and wasting among children.



Child malnutrition is widespread, especially after the first year of life.



Children whose mothers have no education are most likely to be undernourished.

KNOWLEDGE OF HIV/AIDS

At the end of 1999, according to UNAIDS estimates, there were an estimated 3 million Ethiopians living with HIV/AIDS, of whom 1.6 million were women age 15-49 and 150,000 were children under the age of 15. In 1999, the estimated number of deaths due to AIDS was 280,000; the estimated number of AIDS orphans (children who had lost their mother or both parents to AIDS) was 903,372.

HIV/AIDS awareness

A very high percentage of Ethiopian women (85 percent) and men (96 percent) have heard of AIDS. Community meetings are the most important source of information on AIDS, with 80 percent of women and 71 percent of men who have heard of AIDS having heard of the illness from that source. People's source of information on AIDS varies by region. Eighty-eight percent of women and 94 percent of men in Addis Ababa mentioned radio as a source of information on AIDS; on the other hand, 86 percent of women in the Amhara Region and 85 percent of men living in the SNNP region, had heard of AIDS at a community meeting.

Women in general are much less knowledgeable about programmmatically important ways to avoid contracting the illness than men.

Knowledge of HIV/AIDS prevention

Twenty-three percent of women and 8 percent of men have not heard of AIDS nor know whether it can be avoided; 5 percent of women and 3 percent of men stated a belief that there is no way to avoid getting AIDS. At the same time, 29 percent of women and 6 percent of men do not know of a specific way to avoid getting infected with AIDS. Most respondents (53 percent of women and 70 percent of men) believe that having sex with only one partner is the single most effective way to avoid contracting HIV. Women in general are much less knowledgeable about programmatically important ways to avoid contracting the illness than men. About one out of 3 women and the same proportion of men mentioned at least one valid way to avoid HIV/AIDS; 37 percent of women and 63 percent of men mentioned two or three ways to avoid HIV/AIDS.

Knowledge of HIV/AIDS-related issues

Thirty-seven percent of women and 55 percent of men believe that a healthy-looking person can have the AIDS virus. Fifty-eight percent of women and 72 percent of men also recognize that the infection can be transmitted from a mother to her child during pregnancy, at delivery, or through breastfeeding. About one out of four women and one out of three men also mentioned personally knowing of someone who has AIDS or someone who has died of AIDS.

Social aspects of HIV/AIDS prevention and mitigation

One out of four of women and one out of two of men currently married or living with a partner has discussed the prevention of HIV/AIDS with her or his spouse/partner. Nearly twice as many women as men who have heard of AIDS believe that a person who knows that she or he has the AIDS virus should be allowed to keep that information private. About one out of two women and the same proportion of men who have heard of AIDS are willing to care for relatives who are infected with the AIDS virus in their house.

AIDS testing

A very small percentage of men (2 percent) mentioned having been tested for AIDS. A relatively much higher percentage of men living in Addis Ababa (17 percent) have been tested for AIDS, as have urban men (9 percent) and men with secondary education or higher (8 percent), than their counterparts. Nearly two out of three men who have not been tested for AIDS want to be tested.

SUMMARY AND RECOMMENDATIONS

FERTILITY AND FAMILY PLANNING

Benjamin Wilchfort

■ Data from the survey indicate that fertility rates in Ethiopia have fallen. However, the decline is slow and the level of fertility continues to be high.

■ At an average of 5.9 births per woman, fertility far exceeds the 2.1 children per woman needed to maintain the population size over the long term. This rapid rate of population growth is exacerbated by the fact that one out of three births in the country is unplanned and the fact that there is a one-child difference between the actual fertility rate and the wanted fertility rate.

■ Even though knowledge of contraceptives is relatively high among Ethiopian women and men, the use of contraceptives is extremely low. At the same time, approval of contraceptive use appears to be high. The increase in contraceptive use over the past decade is a promising sign and indicates that planners have scope to initiate programs to further encourage the use of modern methods.

■ One area for improvement in encouraging the use of contraceptives is media coverage. Currently the level of exposure to family planning messages by means of the media is very low. Nonusers can be further motivated by reducing the level of 'missed opportunities' for counseling and improving their contact with family planning providers.

■ Only 18 percent of the family planning needs of currently married women in Ethiopia are being met. If the unmet need were met, there would be a fivefold increase in the contraceptive prevalence rate.

MATERNAL AND CHILD HEALTH

■ There is much scope for improving maternal and child health in Ethiopia. Survey data show that utilization of maternity care in Ethiopia is very low. Three out of the four mothers who had a live birth during the 5 years preceding the survey did not receive antenatal care.

■ In addition, the quality of antenatal care is poor. Only one in four mothers who received antenatal care were informed about signs of pregnancy complications. At the same time, an overwhelming majority of babies are delivered at home without any supervision from health professionals. For nine out of 10 births, there was no postnatal care at all.

■ It is heartening to note that infant mortality and child mortality have improved markedly during the last decade, with infant mortality 25 percent, and child mortality 18 percent, lower now than they

were 5 to 9 years ago. However, large differences exist by socioeconomic characteristics. Infant mortality is 16 percent lower in urban than in rural areas, and it is 47 percent lower among mothers with at least secondary education than it is among children of mothers with no education. Rates of infant mortality and child mortality are also distinctly lower in Addis Ababa and Dire Dawa than in the other regions of the country.

■ A similar pattern is observed for child immunization coverage. Nationwide, 12 percent of children age 12-23 months are fully immunized by 12 months of age against the six vaccine-preventable diseases. Coverage against polio is relatively high, owing to the success of the National Immunization Day campaigns.

■ Survey data also show that utilization of child health services in Ethiopia is low. In the two weeks preceding the survey, only 16 percent of children under 5 years of age with symptoms of ARI, 19 percent of children with fever, and 13 percent of children with diarrhea, were taken to a health facility or provider.

■ The marked differences in child mortality and morbidity on the basis of socioeconomic characteristics point to the importance of urbanization and its resultant improved access to health facilities, and also to education, especially among women, as important prerequisites for lowering child morbidity and mortality.

Benjamin Wilchfort