

**POPULATION SITUATION IN ETHIOPIA AND ITS IMPACT
ON MAJOR SOCIO-ECONOMIC SECTORS**

**National Office of Population
Office of the Prime Minister**

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Introduction

Ethiopia is one of the countries in the World characterized by low level of economic development. It is an agrarian country where agriculture contributes about 50 percent of GDP and over 85.0 percent of the population is engaged in agriculture. Growth in GDP which averaged 1.9 percent during the period 1986-1989 declined to 0.4 percent in 1990 and per capita income remained at US\$120 per annum. Health facilities are limited covering 47 percent of the total population. The number of persons per physician is 30,700 and that for per nurse is 15,000. The daily calorie intake per capita is only 76 percent of the recommended. Less than 20 percent of the total population has access to safe drinking water. A little over one-third of the school age children attend school indicating that most of the school age children remain outside the school system. The quality of education has been deteriorating due to increasing student to teachers ratio, number of students per classroom at all levels.

The review of demographic trends in Ethiopia depict that the population has been growing rapidly. It is estimated that currently the population is growing at a rate of 3.1 percent per annum. This is a very high rate compared with most of the developing countries. If this rate of growth is allowed to continue the 1994 population will double in about 21 years.

It is evident that the level of fertility as it stands today at 7.7 children per woman can only aggravate the existing low level of socio-economic development of the country. It puts heavy burden on health and educational services and it leads to growing urbanization and unemployment. Furthermore it affects the environment by way of deforestation and soil erosion.

The Problem of increasing population and declining economy in the country called for the formulation and launching of a national population policy the major goal of which is the harmonization of the rate of population growth and the capacity for the development and rational utilization of resources to the end that the level of welfare of the population is maximized.

This booklet presents the country's demographic profile which includes the population size and growth, population projections, age and sex structure, fertility, family planning practice and mortality; and their impact on major socio-economic sectors. A summary of the population policy is also provided.

II. DEMOGRAPHIC PROFILE

2.1 POPULATION SIZE AND GROWTH

POPULATION SIZE

The population of Ethiopia is 54.9 million in 1994 and this makes Ethiopia the third most populous country in Africa. During the past ten years the population had grown by about 15 million persons and it is expected to reach 66.7 million by the year 2000 (Table 1 and Table 2). A continuing high fertility rate and slowly declining mortality rate are the two demographic factors responsible for the rapid growth of the population.

Table 1. Population ('000) of Ethiopia by Age and Sex, 1994

<i>Age Group</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0-4	5173.3	5085.2	10258.5
5-9	4419.0	4294.0	8713.0
10-14	3963.7	3741.3	7705.0
15-19	3212.0	2971.8	6183.8
20-24	2399.8	2217.8	4617.6
25-29	1646.5	1635.2	3281.7
30-34	1168.6	1322.8	2491.4
35-39	1009.3	1247.4	2256.7
40-44	983.9	1171.0	2154.9
45-49	924.7	997.6	1922.3
50-54	783.1	783.3	1566.4
55-59	613.9	603.8	1217.7
60-64	464.4	467.5	931.9
65-69	324.0	332.2	656.2
70+	491.3	489.7	981.0
<i>Total</i>	27577.5	27360.6	54938.1

Source: CSA datasheet

POPULATION GROWTH AND PROJECTIONS

Ethiopia is one of the countries with highest population growth rate in the world. The country's population is growing at about 3.1 percent per annum. The medium variant projection of Central Statistical Authority (CSA) Africa, Durban, anticipate that the growth rate remained to be over three percent at least until the turn of the century. The 1994 population will double in about 21 years (Table 2).

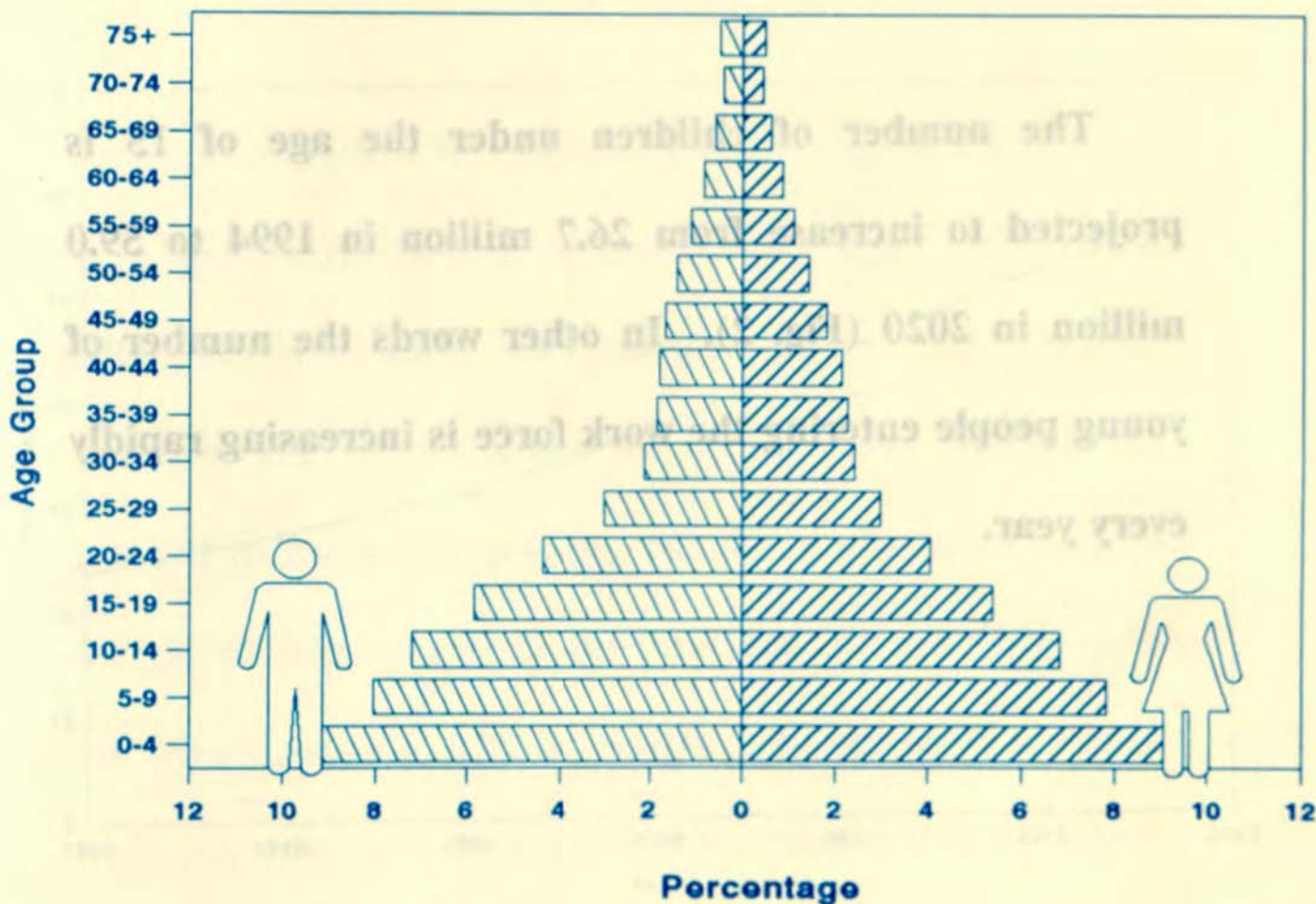
Table 2. Projected Population ('000)

Year	Population		
	Male	Female	Total
1995	28446.2	28230.9	56677.1
2000	33496.8	33259.0	66755.8
2005	39837.0	39531.5	79368.5
2010	47331.0	46915.0	94246.0
2015	55868.0	55273.0	111141.0
2020	65261.0	64555.0	129816.0

AGE AND SEX STRUCTURE

Ethiopia's population, as societies with high fertility and high mortality, have an age distribution comprising large number of very young people and relatively few older people (Fig. 1). In 1994, the proportions of the population under the age of 15, aged 15-59 and aged 60 and over are 48.6, 46.7 and 4.7 percent, respectively. The median age of the population is estimated to be 15.2 years, indicating that the population is too young.

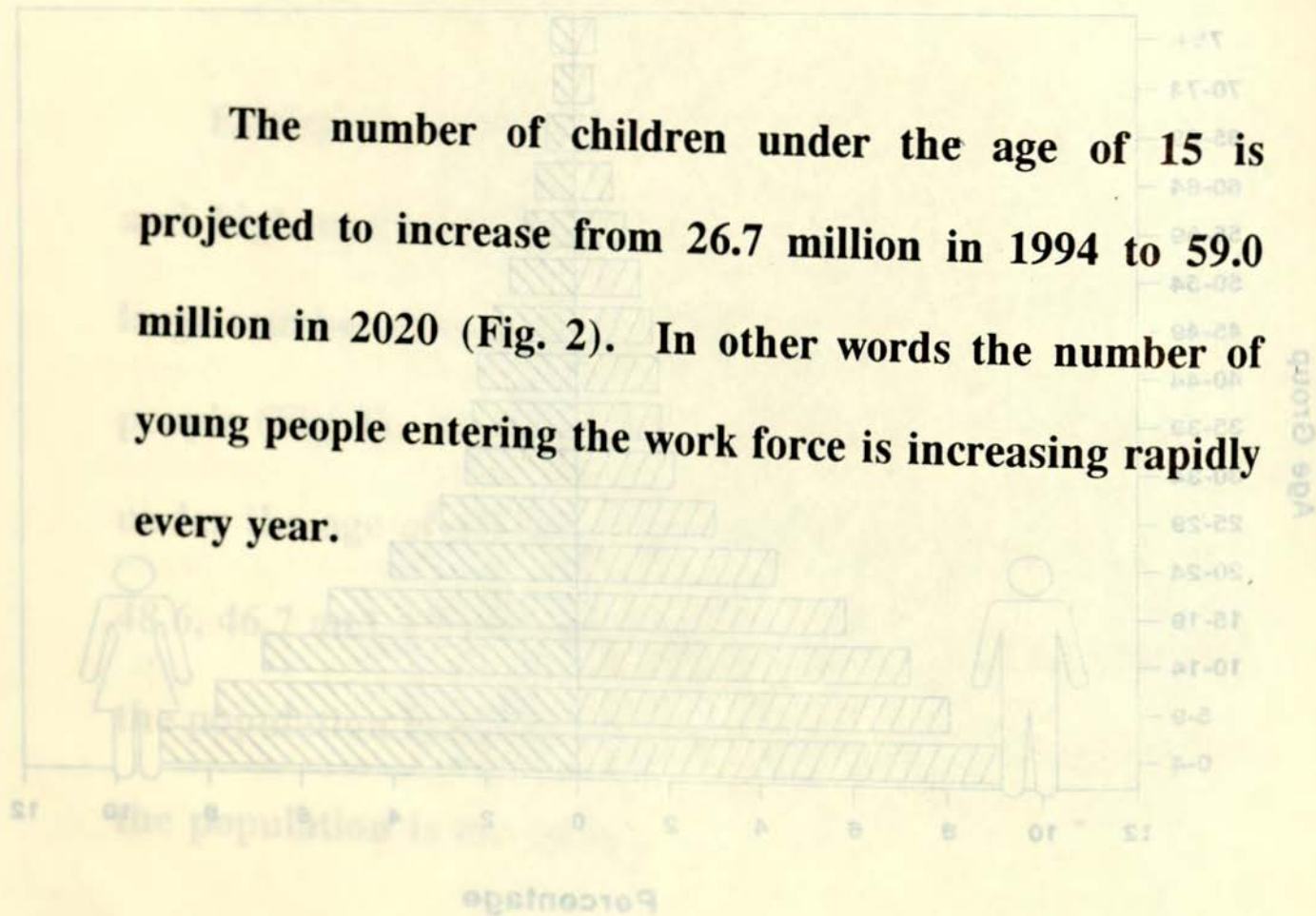
Fig-1 Percentage Distribution of Population
By Five Year Age Group and Sex, 1994



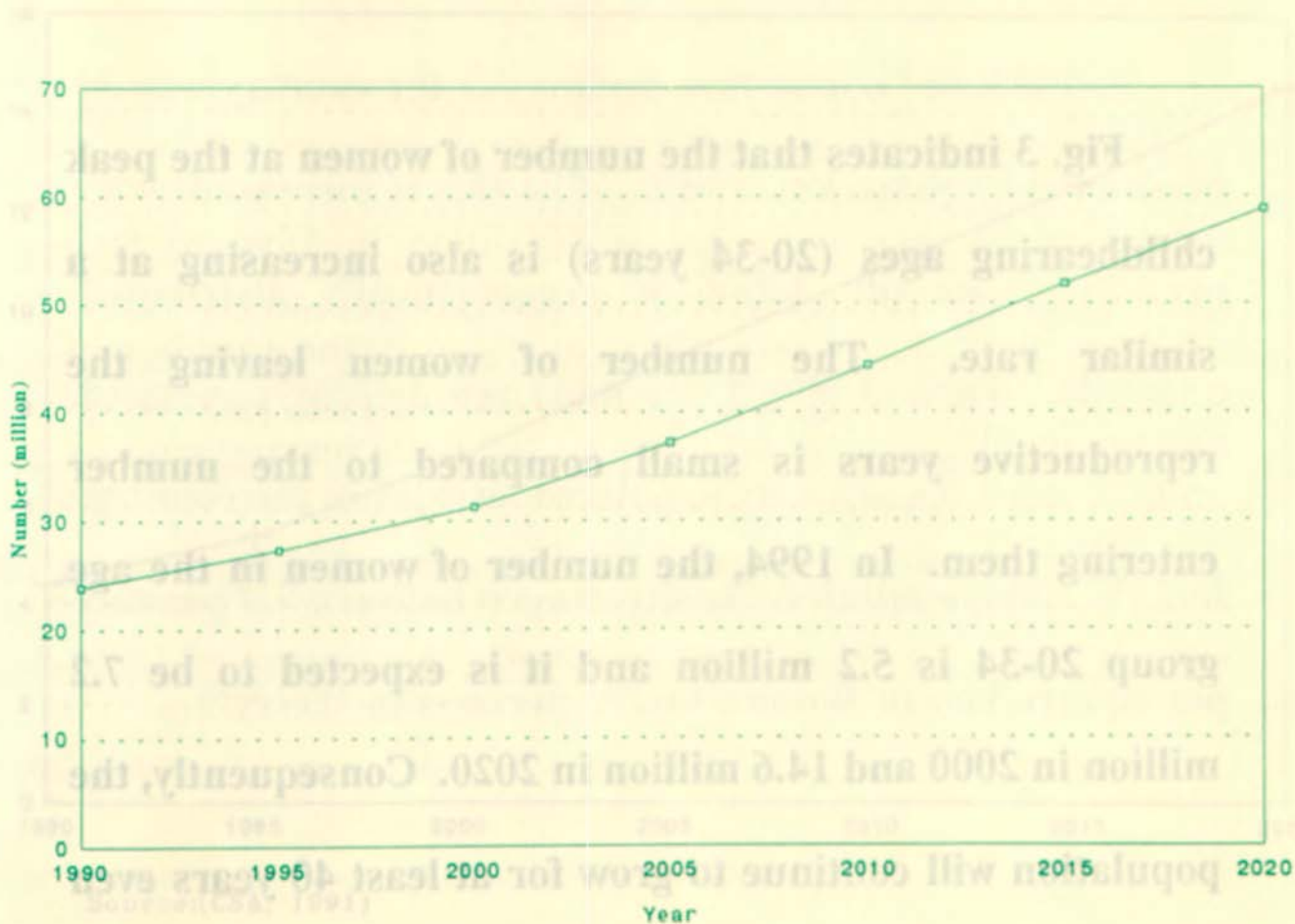
Source: CSA Data Sheet

POPULATION UNDER AGE 15

The number of children under the age of 15 is projected to increase from 26.7 million in 1994 to 59.0 million in 2020 (Fig. 2). In other words the number of young people entering the work force is increasing rapidly every year.



**Fig-2 NUMBER OF POPULATION AGED UNDER 15 YEARS
FOR THE PERIOD 1990-2020**

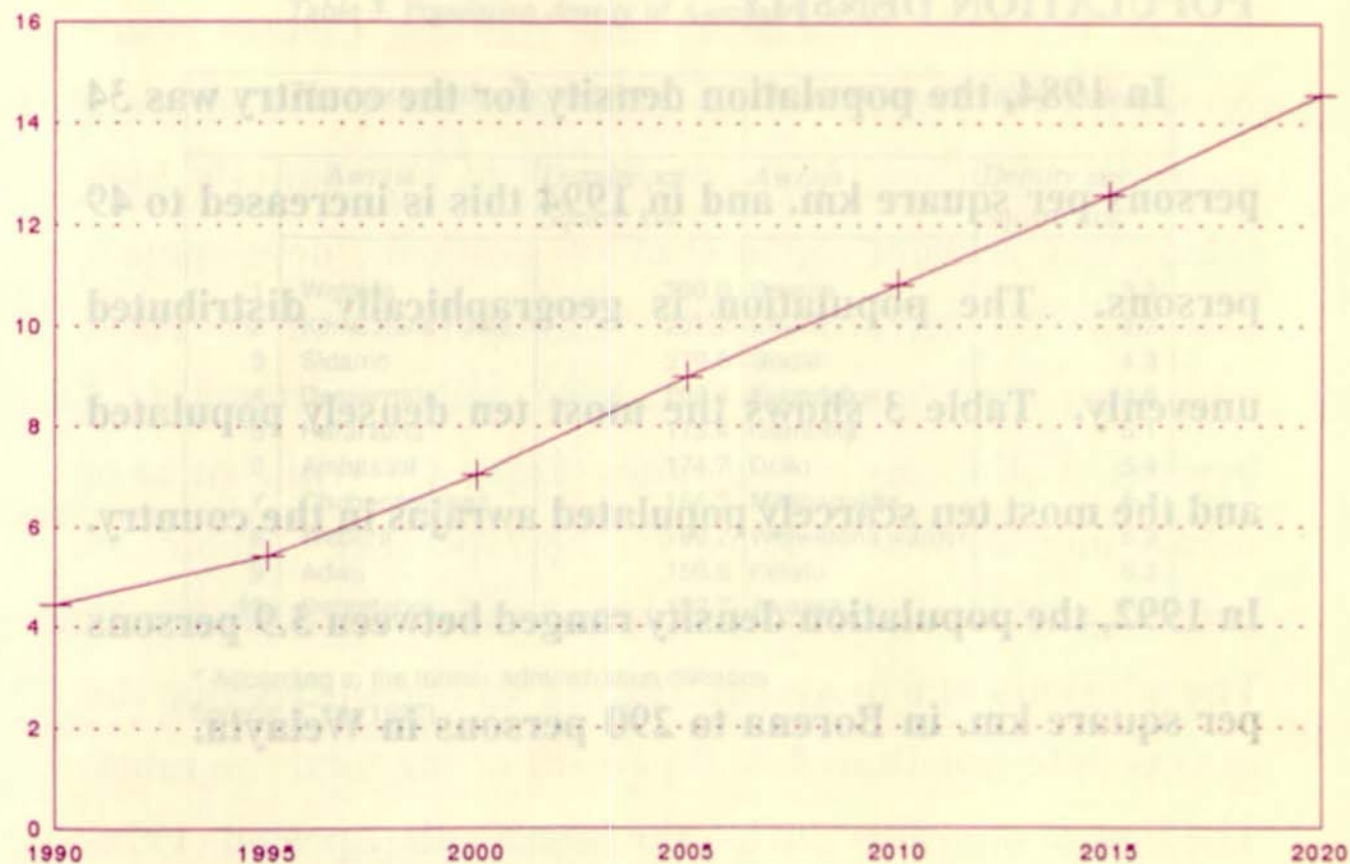


Source: (CSA, 1991)

WOMEN IN THE PRIME CHILDBEARING AGE

Fig. 3 indicates that the number of women at the peak childbearing ages (20-34 years) is also increasing at a similar rate. The number of women leaving the reproductive years is small compared to the number entering them. In 1994, the number of women in the age group 20-34 is 5.2 million and it is expected to be 7.2 million in 2000 and 14.6 million in 2020. Consequently, the population will continue to grow for at least 40 years even if fertility drops to replacement level today.

Fig-3 Number of Women Aged 20-34 for the Period 1990-2020



Source:(CSA, 1991)

WOMEN IN THE PRIME CHILDBEARING AGE

POPULATION DENSITY

In 1984, the population density for the country was 34 persons per square km. and in 1994 this is increased to 49 persons. The population is geographically distributed unevenly. Table 3 shows the most ten densely populated and the most ten scarcely populated awrajas in the country. In 1992, the population density ranged between 3.9 persons per square km. in Borena to 290 persons in Welayta.

0000 2100 2100 2100 2000 0000 0000 0000

Table 3. Population density of Awrajas*, 1992

<i>The most ten densely populated</i>			<i>The most ten scarcely populated</i>	
	<i>Awraja</i>	<i>Density per Square km.</i>	<i>Awraja</i>	<i>Density per Square km.</i>
1	Welayta	290.0	Borena	3.9
2	Kembatana Hadia	287.7	Elkere	4.2
3	Sidamo	279.5	Godie	4.3
4	Dessiezuria	203.4	Kebridehar	4.6
5	Hararzuria	175.4	Gambela	5.1
6	Ambassel	174.7	Dollo	5.4
7	Chebonagurage	164.3	Majinagoldia	5.7
8	Webera	160.2	Welwelena warder	5.8
9	Adwa	156.8	Kelafo	6.3
10	Debretabor	152.7	Awassa	7.7

* According to the former administration divisions.

Source: (CSA, 1992).

2.2 INTERNAL MIGRATION AND URBANIZATION

INTERNAL MIGRATION

As the 1984 Population and Housing Census result revealed 16.4 percent of the total population was internal migrant. This level was considered to be relatively high taking into account the level of low economic development and physical terrain of the country. Rural to rural migration was the most dominant and constituted 55.8 percent of all forms of migration (Table 4). While rural to urban migration accounted for 28.7 percent. About 50 percent of the migrants were moved before 1974 (Table 5). The migrants who moved during the six years preceding the census date constituted 40.8 percent of the total migrants. The flow of migrants during the intermediate period (1974-78) was found to be relatively low.

Table 4. Forms of Migration

<i>Forms of Migration</i>	<i>Number</i>	<i>%</i>
<i>Rural-rural</i>	<i>3148280</i>	<i>55.8</i>
<i>Rural-urban</i>	<i>1618053</i>	<i>28.7</i>
<i>Urban-rural</i>	<i>115630</i>	<i>2.0</i>
<i>Urban-urban</i>	<i>761857</i>	<i>13.5</i>
<i>All forms</i>	<i>5643820</i>	<i>100</i>

Table 5. Period of Migration

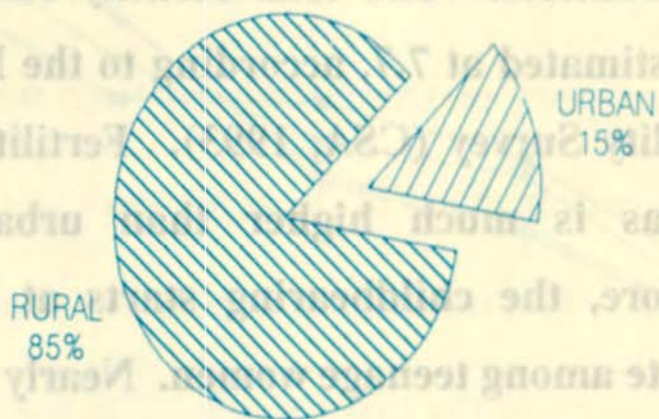
<i>Period</i>	<i>Number</i>	<i>%</i>
<i>Before 1974</i>	<i>2716243</i>	<i>48.1</i>
<i>1974-78</i>	<i>622824</i>	<i>11.1</i>
<i>1978-1983</i>	<i>1445564</i>	<i>25.6</i>
<i>1983-1984</i>	<i>859189</i>	<i>15.2</i>
<i>All period</i>	<i>5643820</i>	<i>100.0</i>

Source: (CSA, 1991)

URBANIZATION

The level of urbanization is very low. As of 1994, only 15 percent of the total population is living in urban areas. Over four fifth of (85%) the population of the country live in rural areas (Fig.4). The growth of urban population has been faster than that of the rural population and it is projected to continue to be so in the foreseeable future. The level of urbanization is expected to reach 17.6 percent in the year 2000 and to 29.2 percent by the year 2020.

Fig-4 Population by Rural and Urban Areas: 1994



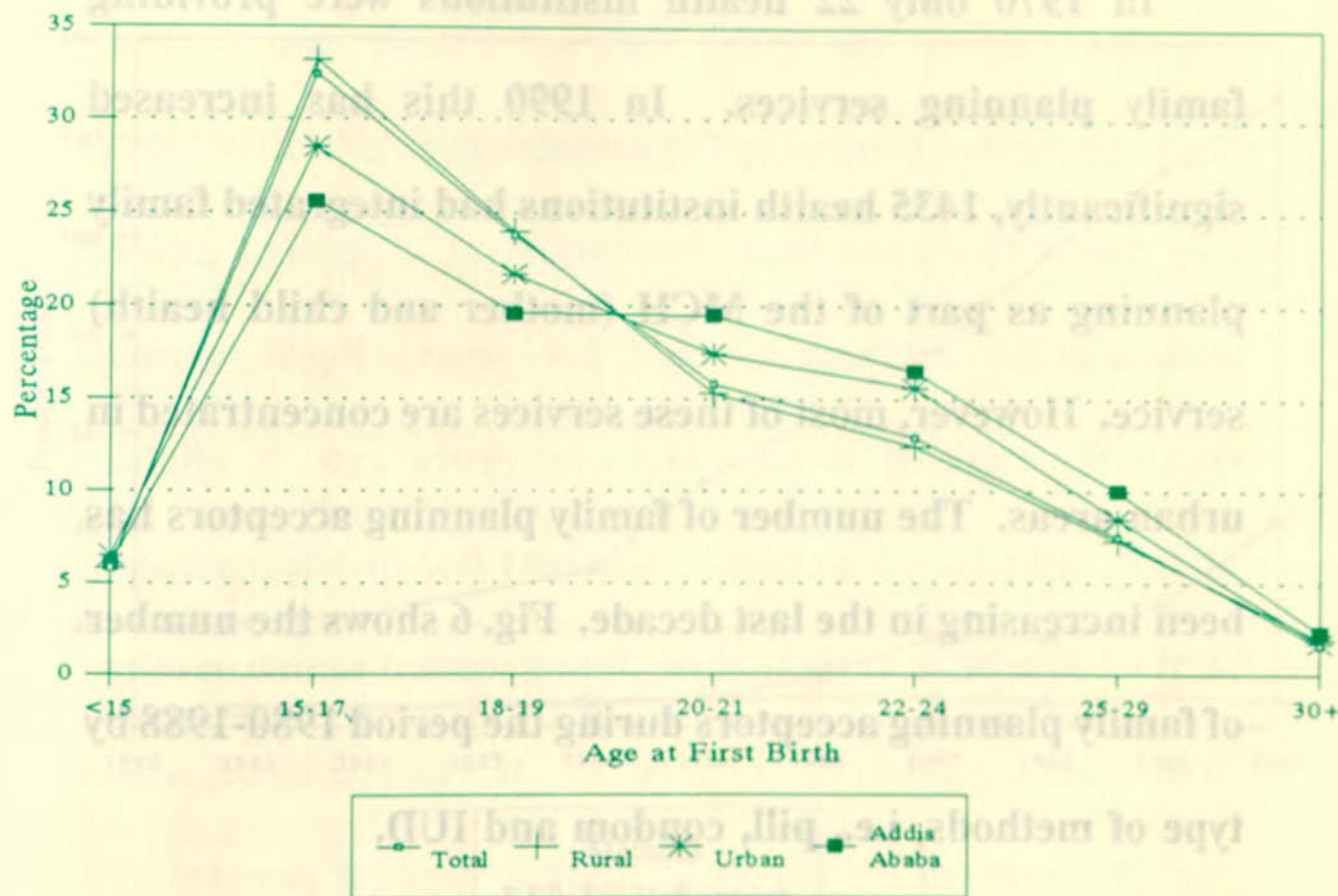
Source: CSA data sheet

2.3 FERTILITY AND FAMILY PLANNING

FERTILITY

Fertility level of Ethiopia is one of the highest in African countries. The total fertility rate (TFR) of the country estimated at 7.7, according to the National Family and Fertility Survey (CSA, 1993). Fertility level in rural (8.0) areas is much higher than urban (5.8) areas. Furthermore, the childbearing starts at early ages and concentrate among teenage women. Nearly two third (62%) of the women in reproductive age groups became mother before they reached age 20 (Fig.5). The median age at first birth found to be 18.9 and 19.9 years for rural and urban women.

Fig-5 PERCENTAGE DISTRIBUTION OF MEDIAN AGE AT FIRST BIRTH BY PLACE OF RESIDENCE

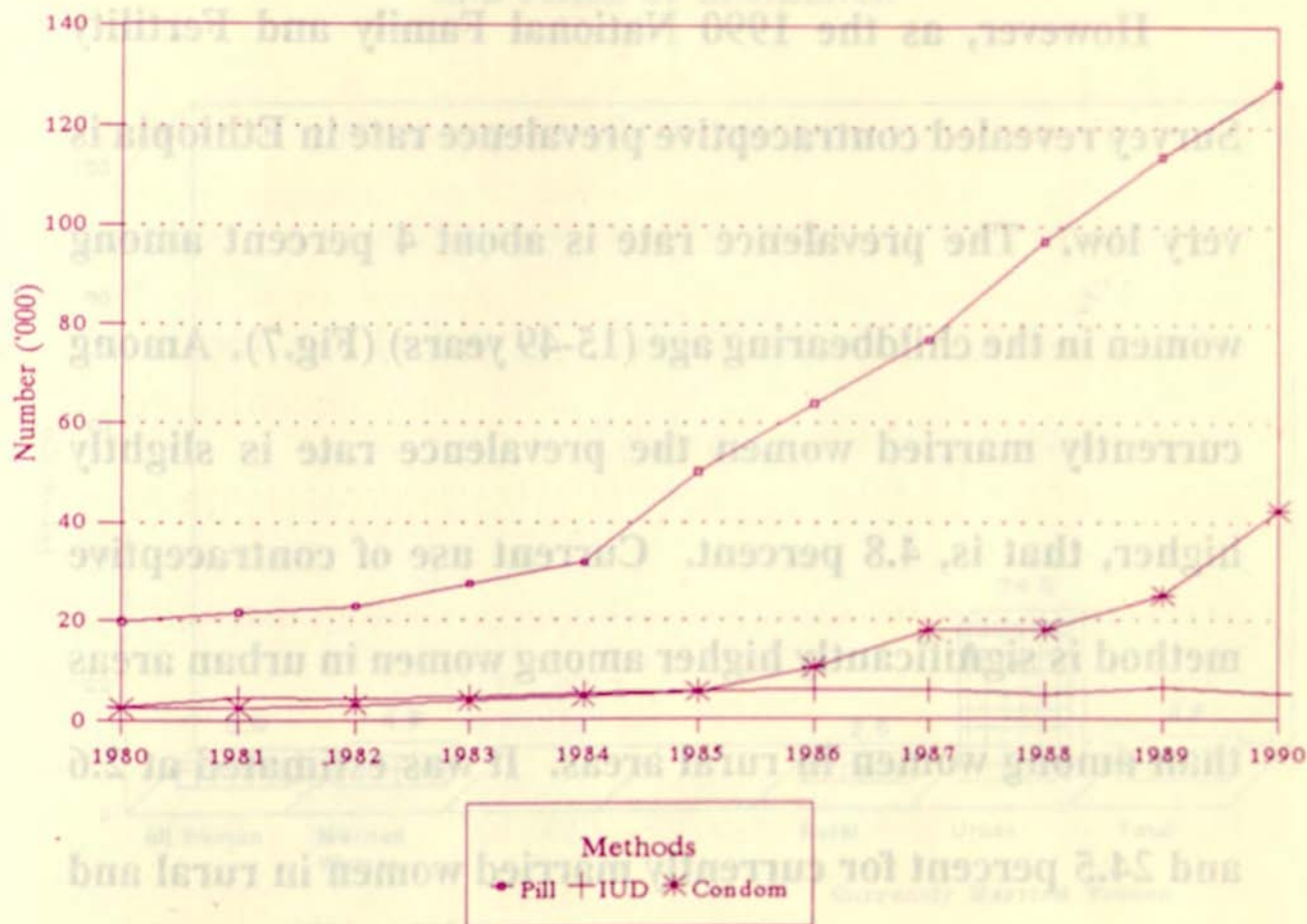


Source: (CSA, 1993)

FAMILY PLANNING SERVICES AND PRACTICE

In 1970 only 22 health institutions were providing family planning services. In 1990 this has increased significantly, 1435 health institutions had integrated family planning as part of the MCH (mother and child health) service. However, most of these services are concentrated in urban areas. The number of family planning acceptors has been increasing in the last decade. Fig. 6 shows the number of family planning acceptors during the period 1980-1988 by type of methods, i.e., pill, condom and IUD.

Fig-6 FAMILY PLANNING ACCEPTORS BY TYPE OF METHODS

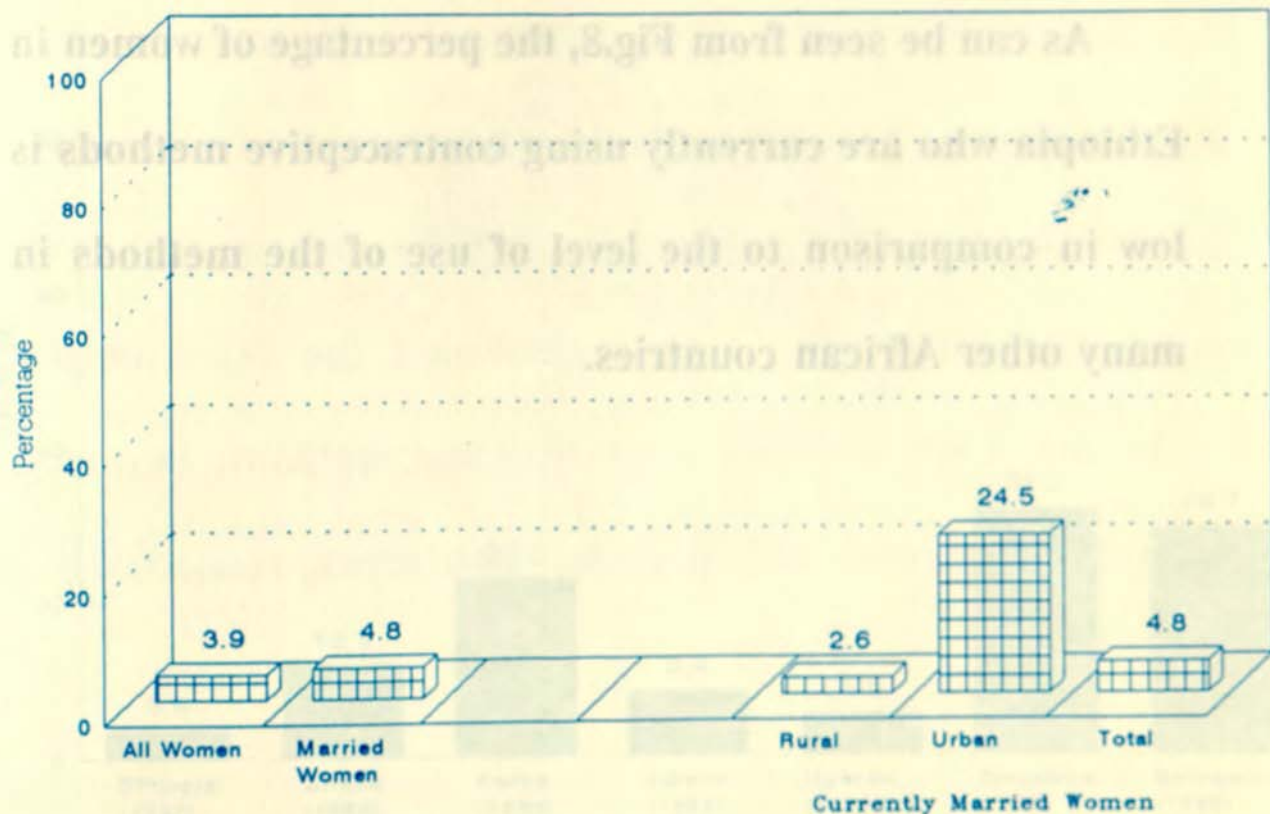


Source:(Andargachew,1991)

CONTRACEPTIVE PREVALENCE

However, as the 1990 National Family and Fertility Survey revealed contraceptive prevalence rate in Ethiopia is very low. The prevalence rate is about 4 percent among women in the childbearing age (15-49 years) (Fig.7). Among currently married women the prevalence rate is slightly higher, that is, 4.8 percent. Current use of contraceptive method is significantly higher among women in urban areas than among women in rural areas. It was estimated at 2.6 and 24.5 percent for currently married women in rural and urban areas, respectively.

Fig-7 PERCENTAGE OF WOMEN USING A FAMILY PLANNING METHOD BY MARITAL STATUS AND PLACE OF RESIDENCE



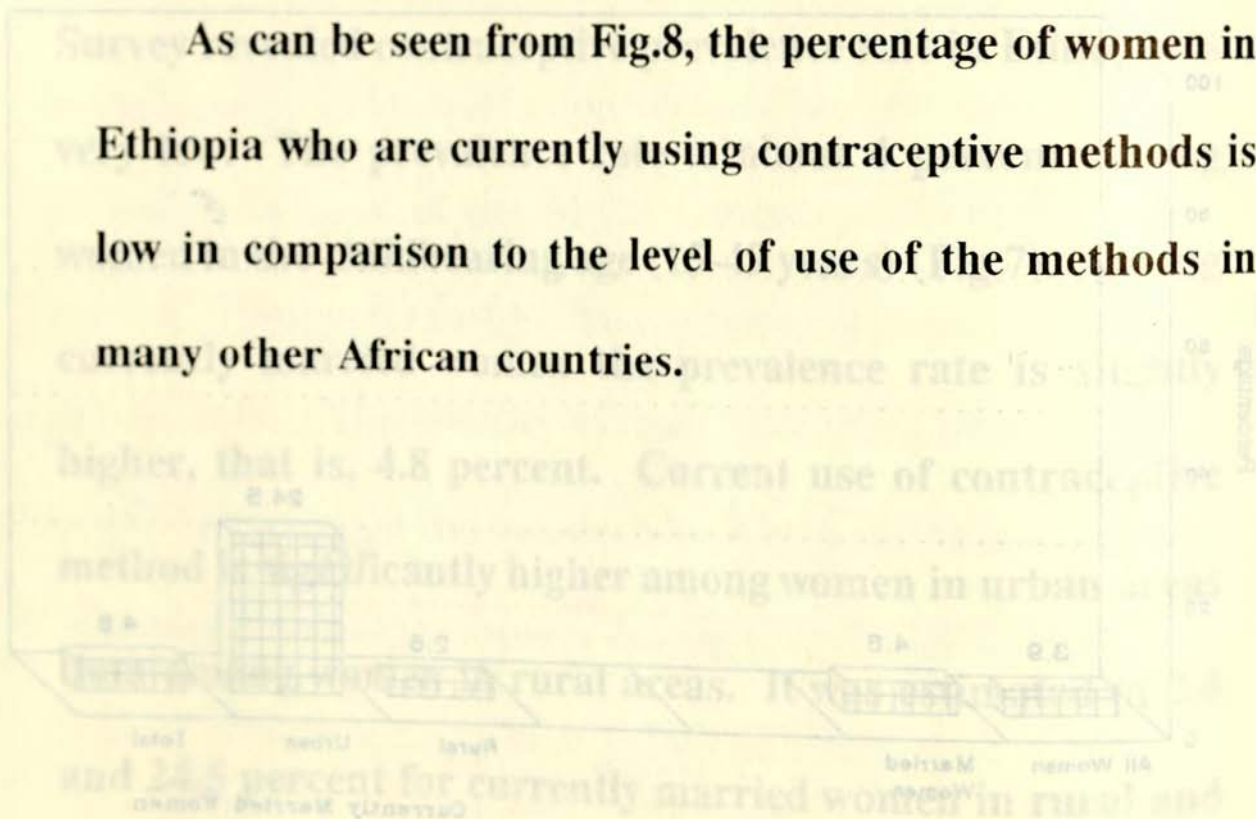
Source: (CSA, 1993)

COMPARISON WITH OTHER AFRICAN COUNTRIES

PLANNING METHOD BY MARITAL STATUS
AND PLACE OF RESIDENCE

However, as the 1990 National Family and Health Survey

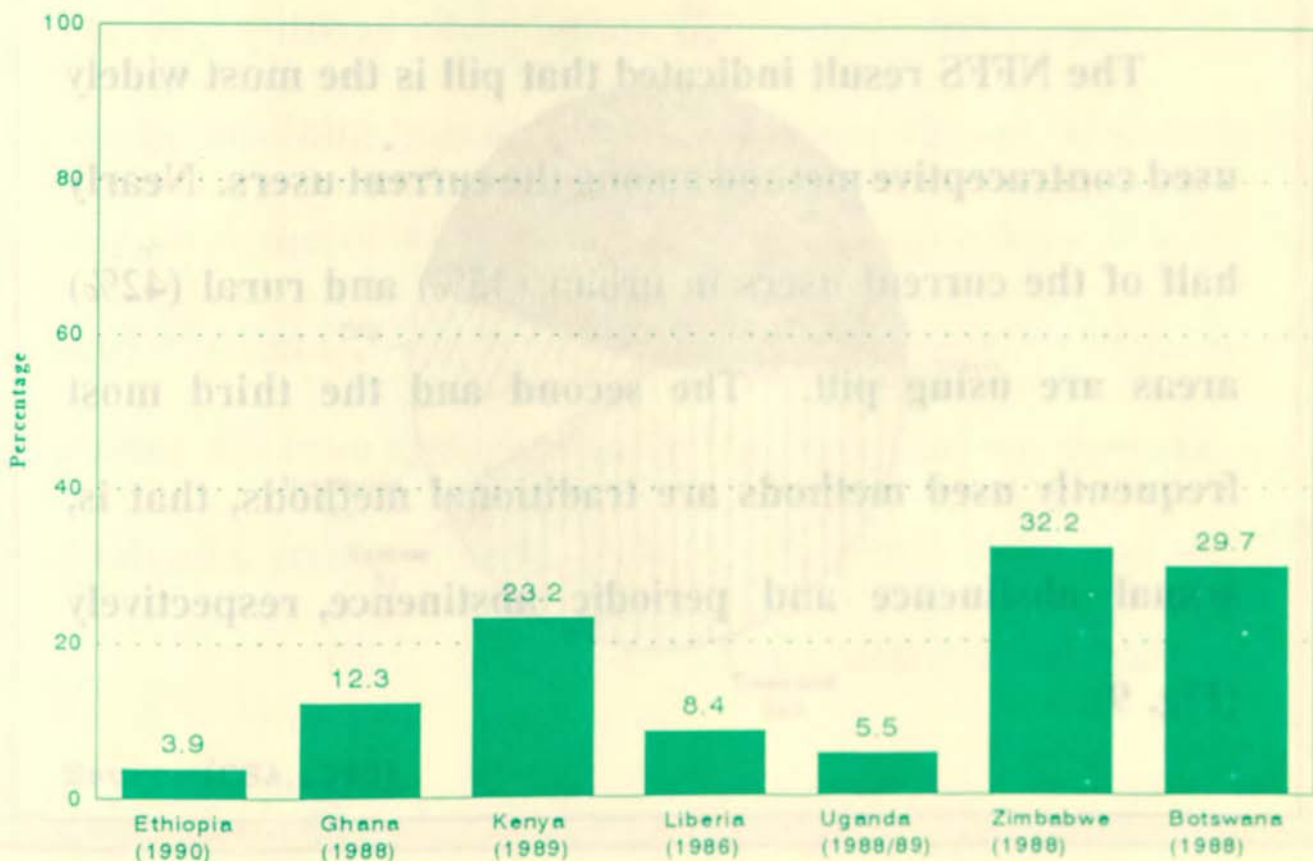
As can be seen from Fig.8, the percentage of women in Ethiopia who are currently using contraceptive methods is low in comparison to the level of use of the methods in many other African countries.



prevalence rate is significantly higher, that is, 4.8 percent. Current use of contraceptive method is significantly higher among women in urban areas, that is, 24.5 percent, than among women in rural areas, that is, 2.3 percent. It is also higher among married women, that is, 24.5 percent, than among all women, that is, 4.8 percent.

Source: CSA, 1993

Fig-8 PERCENTAGE OF CURRENT CONTRACEPTIVE USERS AMONG ALL WOMEN AGED 15-49 YEARS IN SELECTED COUNTRIES



Source:(UN,1990)

CONTRACEPTIVE METHOD USED

The NFFS result indicated that pill is the most widely used contraceptive method among the current users. Nearly half of the current users in urban (45%) and rural (42%) areas are using pill. The second and the third most frequently used methods are traditional methods, that is, sexual abstinence and periodic abstinence, respectively (Fig. 9).

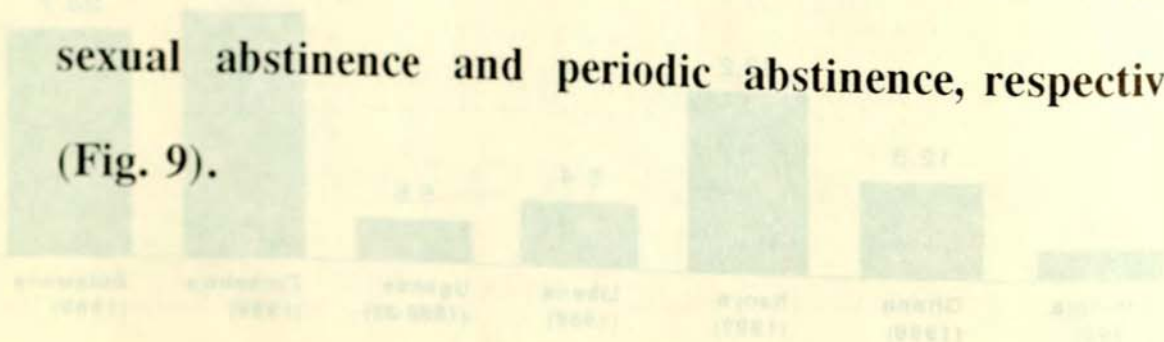
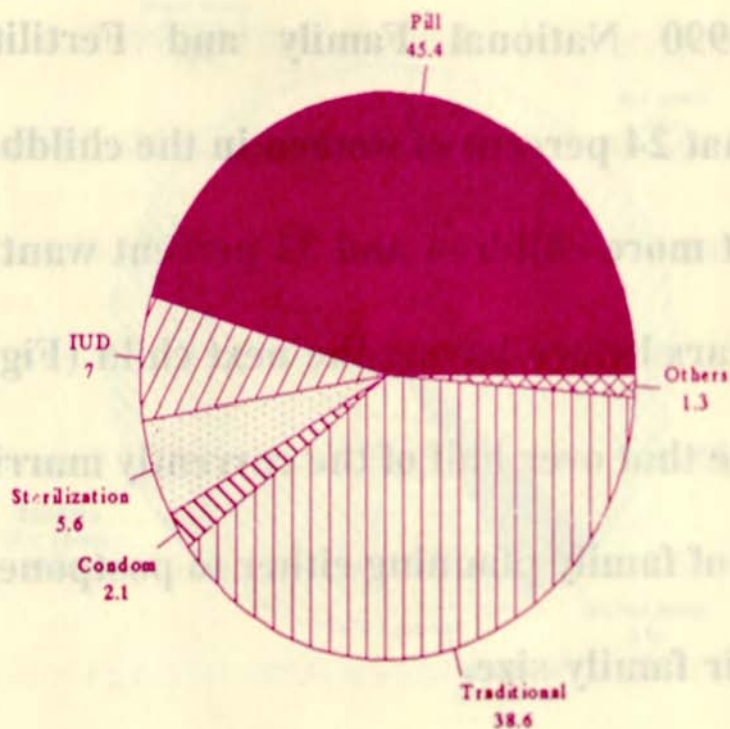


Fig-9 PERCENTAGE OF WOMEN WHO ARE CURRENT CONTRACEPTIVE USERS BY METHOD BEING USED



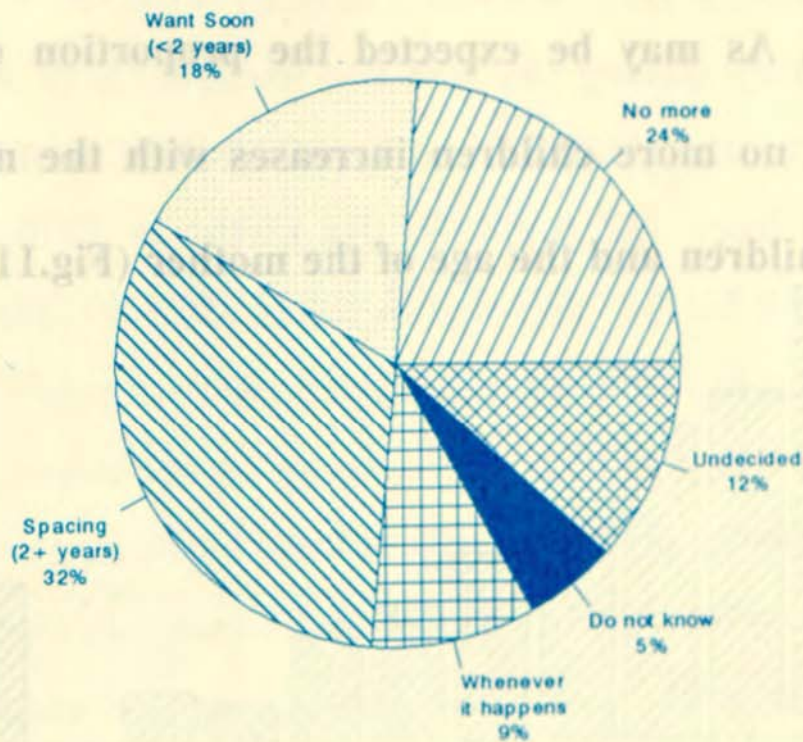
Source:(CSA,1993)

FERTILITY PREFERENCES

The 1990 National Family and Fertility Survey indicated that 24 percent of women in the childbearing age do not want more children and 32 percent want to wait at least two years before having the next child (Fig.10). This may indicate that over half of the currently married women are in need of family planning either to postpone a birth or to limit their family size.

Source: (CSA, 1993)

Fig-10 FERTILITY PREFERENCES OF CURRENTLY MARRIED
FECUND WOMEN



Source:(CSA,1993)

In urban areas (44.5%) the proportion of women wanting no more children is over twice that of rural areas (21.5%). As may be expected the proportion of women wanting no more children increases with the number of living children and the age of the mother (Fig.11).

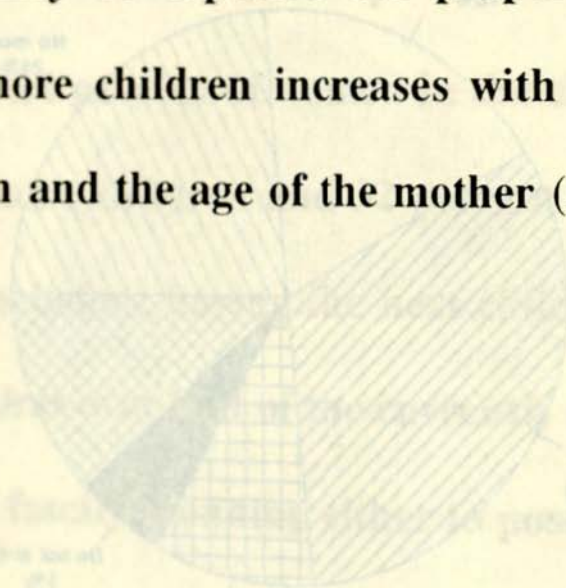
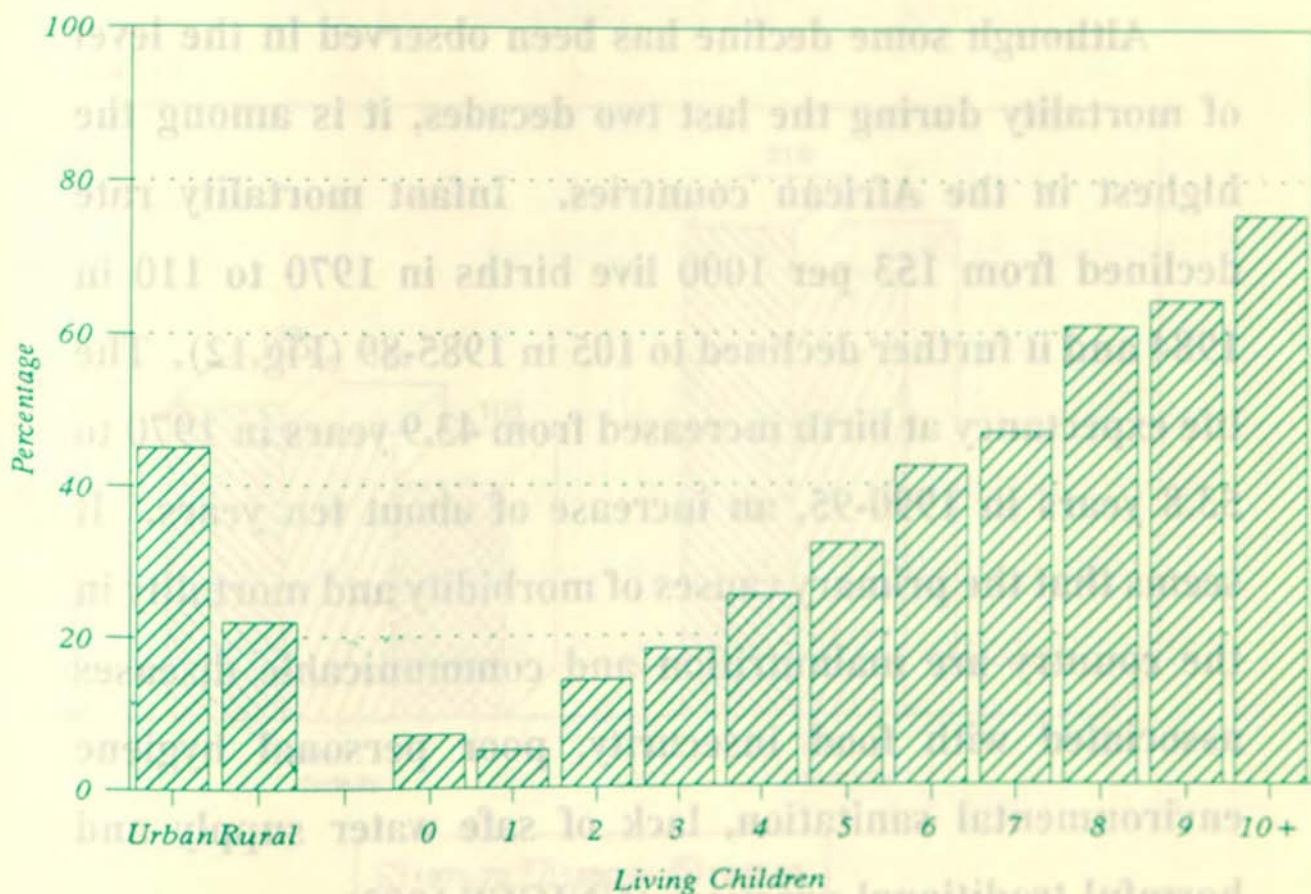


Fig-11 PERCENTAGE OF CURRENTLY MARRIED FECUND WOMEN WHO WANT NO MORE CHILDREN

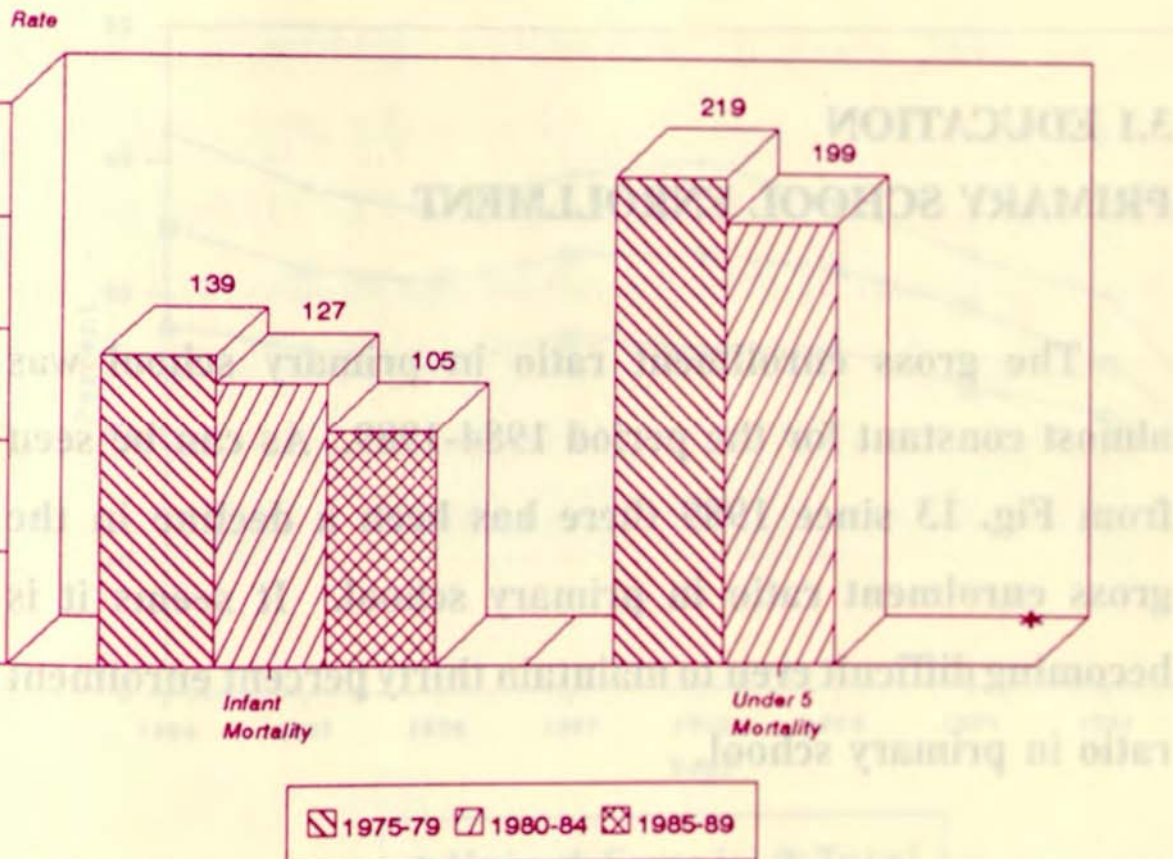


Source:(CSA,1993)

2.4 MORTALITY

Although some decline has been observed in the level of mortality during the last two decades, it is among the highest in the African countries. Infant mortality rate declined from 153 per 1000 live births in 1970 to 110 in 1984 and it further declined to 105 in 1985-89 (Fig.12). The life expectancy at birth increased from 43.9 years in 1970 to 53.8 years in 1990-95, an increase of about ten years. It seems that the primary causes of morbidity and mortality in the country are malnutrition and communicable diseases associated with food insecurity, poor personal hygiene environmental sanitation, lack of safe water supply and harmful traditional practices (UNICEF,1993).

Fig-12 INFANT AND CHILDHOOD MORTALITY RATES FOR THE PERIOD 1975-89



* Not computed because of incomplete exposure of children born in the last five years

Source:(CSA,1993)

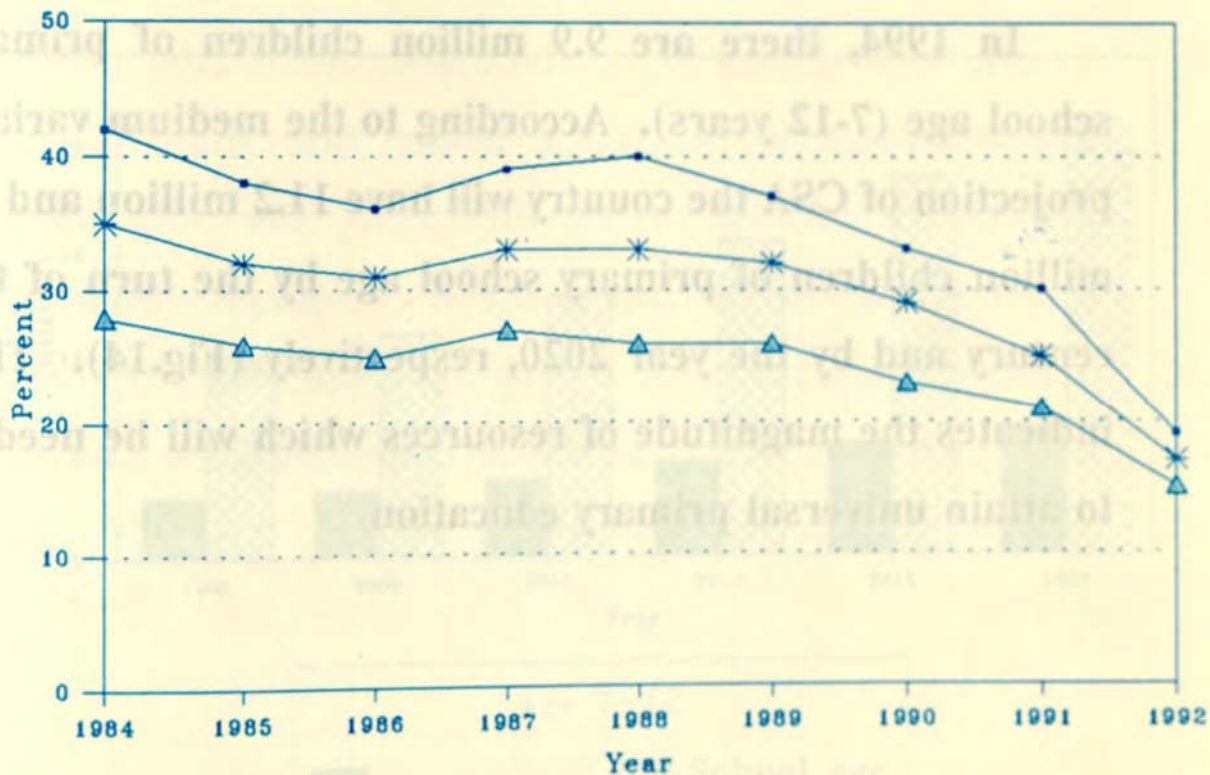
III. IMPACT OF RAPID POPULATION GROWTH ON MAJOR SOCIO-ECONOMIC SECTOR

3.1 EDUCATION

PRIMARY SCHOOL ENROLLMENT

The gross enrollment ratio in primary school was almost constant for the period 1984-1989. As can be seen from Fig. 13 since 1989 there has been a decline in the gross enrolment ratio in primary school. It seems it is becoming difficult even to maintain thirty percent enrolment ratio in primary school.

Fig-13 Primary School Enrollment Ratio
For the Period 1984-1992



• Male ▲ Female * Total

Source: CSA data sheet.

PRIMARY SCHOOL AGE POPULATION

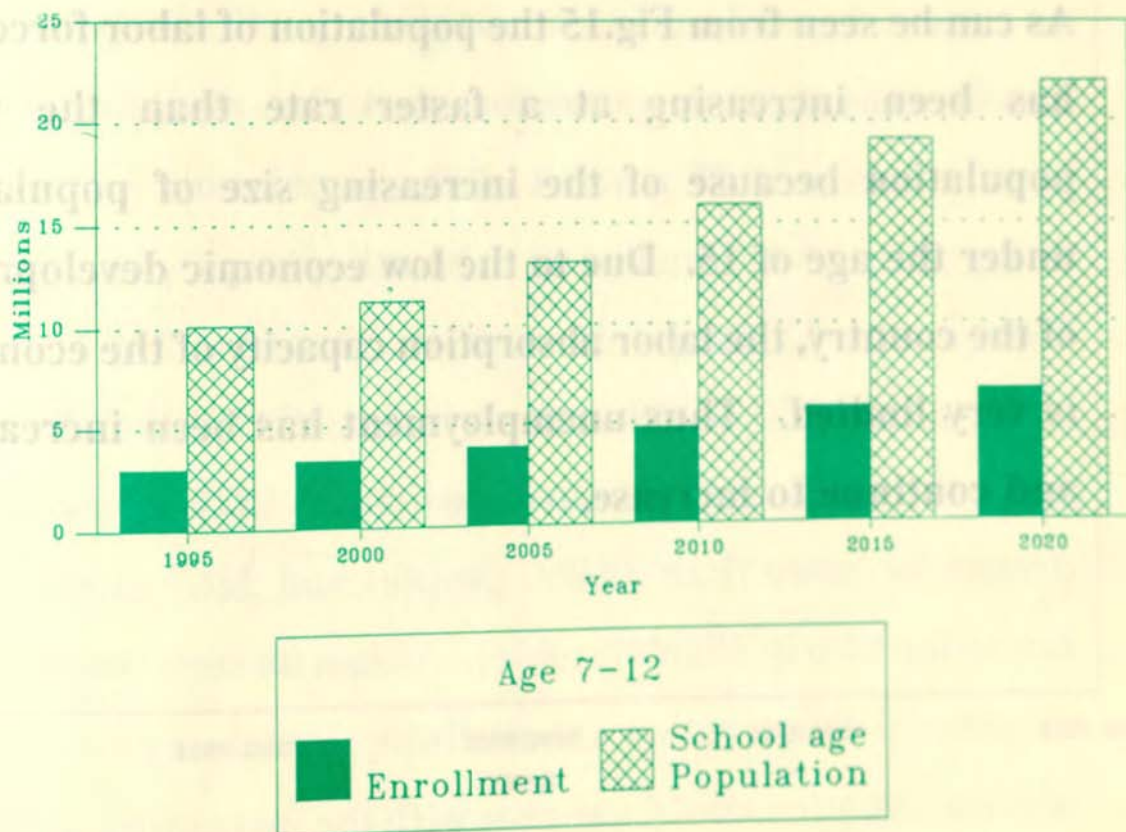
In 1994, there are 9.9 million children of primary school age (7-12 years). According to the medium variant projection of CSA the country will have 11.2 million and 22 million children of primary school age by the turn of the century and by the year 2020, respectively (Fig.14). This indicates the magnitude of resources which will be needed to attain universal primary education

Year

Male + Female = Total

Source: CSA data sheet.

Fig-14 School Age Population and Expected Primary School Enrollment Assuming Current Enrollment Ratios 1995-2020

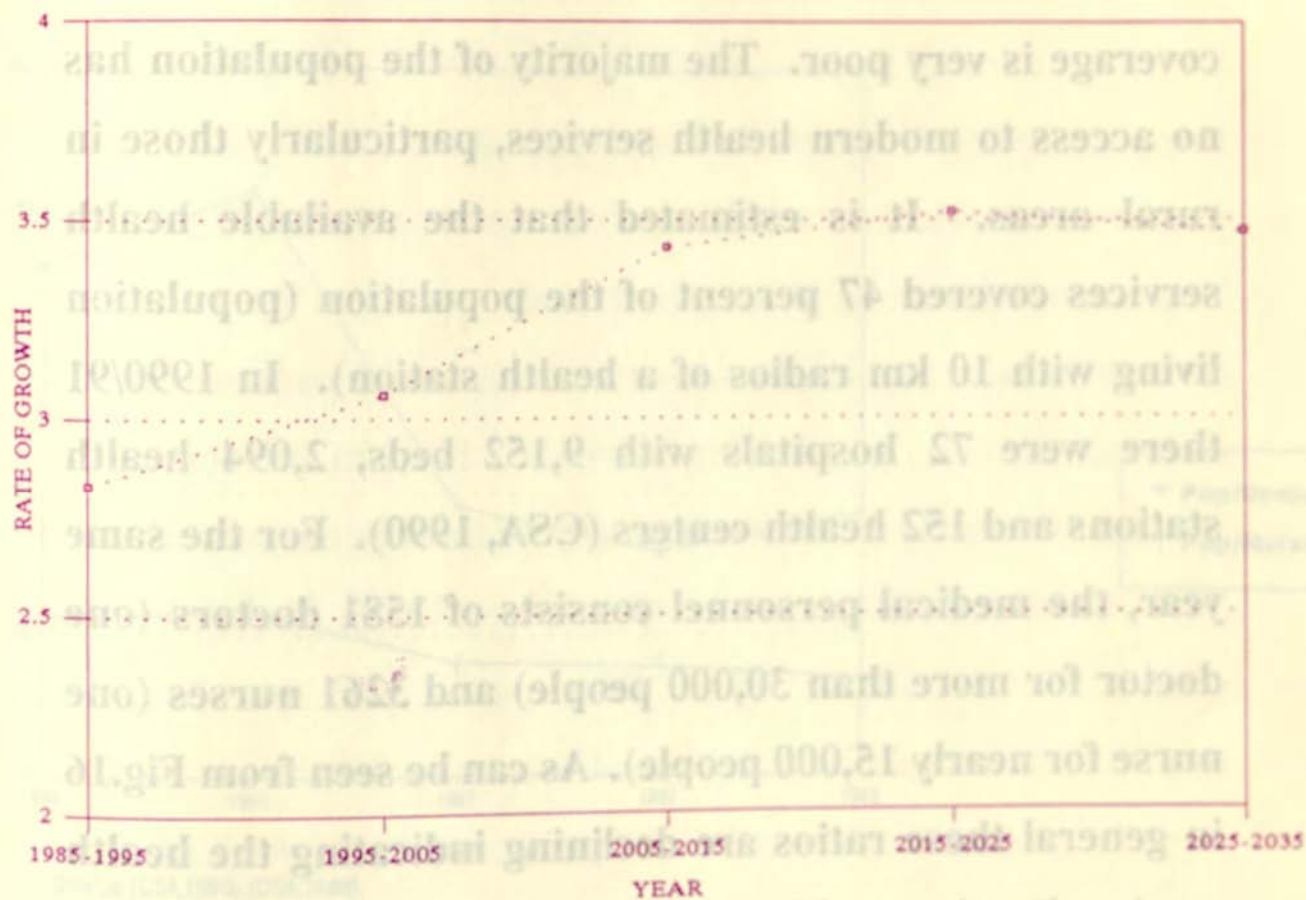


Source: (CSA, 1991)

3.2 EMPLOYMENT

As can be seen from Fig.15 the population of labor force age has been increasing at a faster rate than the total population because of the increasing size of population under the age of 15. Due to the low economic development of the country, the labor absorption capacity of the economy is very limited. Thus unemployment has been increasing and continue to increase.

Fig-15 Rate of Growth of Population in the Working Age Group

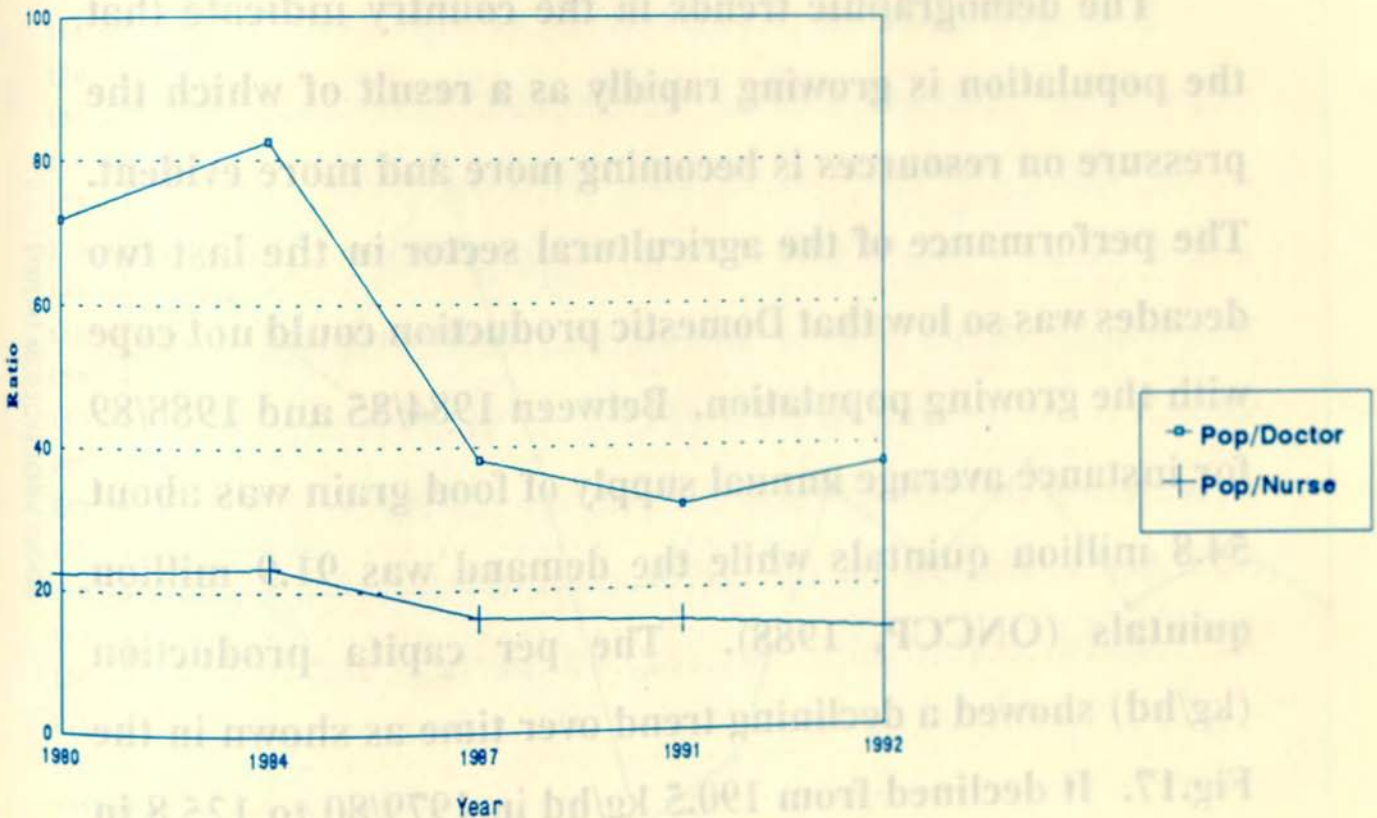


Source:(CSA,1991)

3.3 HEALTH SERVICES

As available statistics indicate the health service coverage is very poor. The majority of the population has no access to modern health services, particularly those in rural areas. It is estimated that the available health services covered 47 percent of the population (population living within 10 km radius of a health station). In 1990/91 there were 72 hospitals with 9,152 beds, 2,094 health stations and 152 health centers (CSA, 1990). For the same year, the medical personnel consists of 1581 doctors (one doctor for more than 30,000 people) and 3261 nurses (one nurse for nearly 15,000 people). As can be seen from Fig.16 in general these ratios are declining indicating the health service situation could not cope with the increasing demand.

**Fig-16 The Ratio of People to Doctor and Nurses
for the Period 1980-1992**

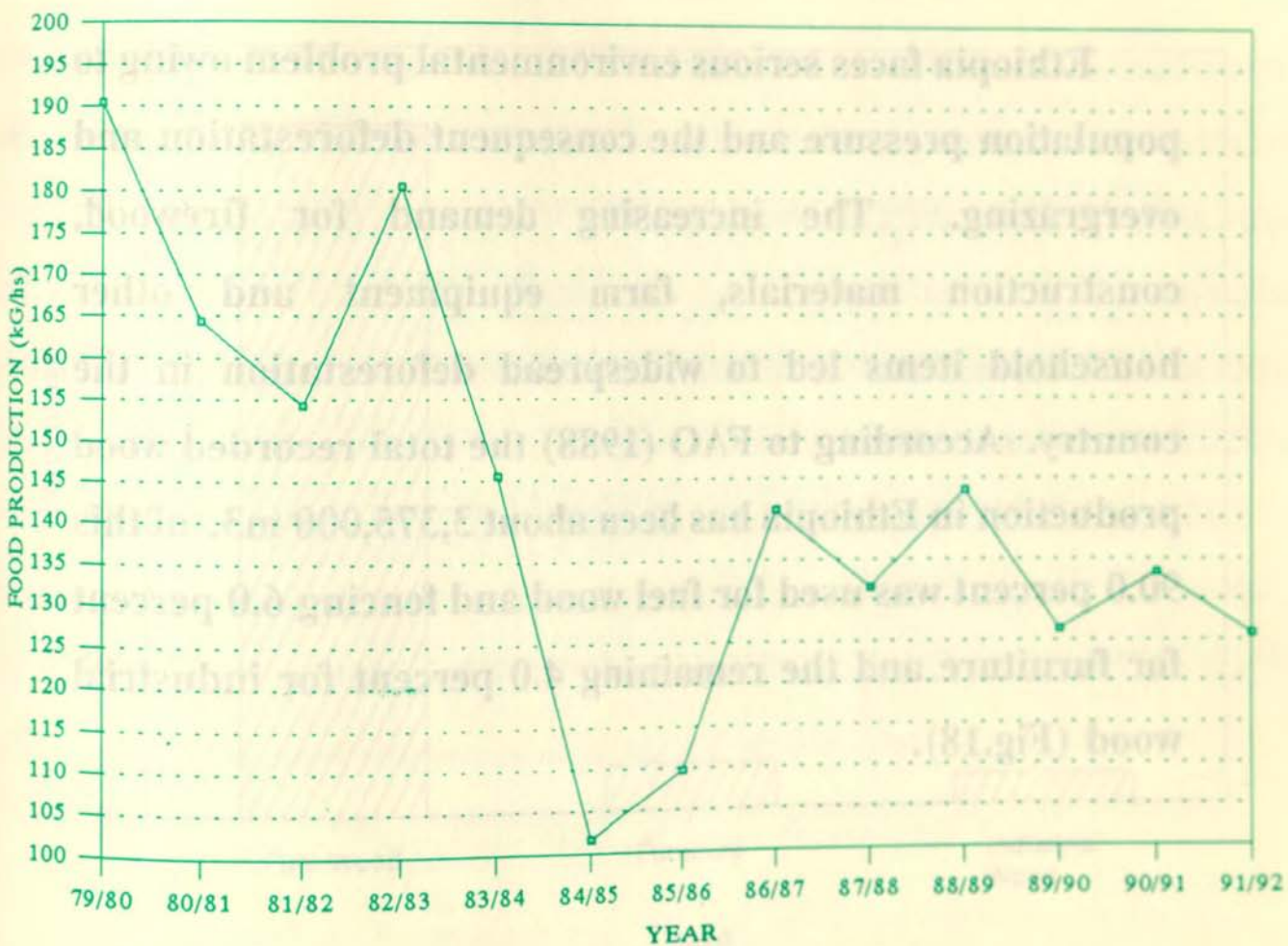


Source: (CSA, 1990), (CSA, 1988),
(CSA, 1986)

3.4 AGRICULTURAL PRODUCTION

The demographic trends in the country indicate that the population is growing rapidly as a result of which the pressure on resources is becoming more and more evident. The performance of the agricultural sector in the last two decades was so low that Domestic production could not cope with the growing population. Between 1984/85 and 1988/89 for instance average annual supply of food grain was about 54.8 million quintals while the demand was 91.9 million quintals (ONCCP, 1988). The per capita production (kg/hd) showed a declining trend over time as shown in the Fig.17. It declined from 190.5 kg/hd in 1979/80 to 125.8 in kg/hd.

Fig-17 PER CAPITAL FOOD PRODUCTION (kg/hs)



IV. NATIONAL POPULATION POLICY

The National Population Policy aims at achieving the following goals and objectives.

Goals

Harmonization of the rate of population growth and the capacity of the country for the development and rational utilization of natural resources to the end that the level of welfare of the population is maximized over time.

General objectives

- a) Closing the gap between high population growth and low economic productivity through planned reduction of population growth and increasing economic returns.
- b) Expediting socio-economic development through holistic integrated development programs designed to expedite the structural differentiation of the economy and employment.
- c) Reducing the rate of rural to urban migration.
- d) Maintaining/improving the carrying capacity of the environment by taking appropriate conservation measures.

e) Raising the economic and social status of women by freeing them from the restrictions and drudgeries of traditional life and making it possible for them to participate productively in the larger community.

f) Significantly improving the social and economic status of vulnerable groups (women, youth, children and the elderly).

Specific Objectives

a) Reducing the current total fertility rate of 7.7 children per woman to approximately 4.0 by the year 2015;

b) Increasing the prevalence of contraceptive use from the current 4.0 percent to 44 percent by the year 2015;

c) Reducing maternal, infant and child morbidity and mortality rates as well as promoting the level of general welfare of the population;

d) Significantly increasing female participation at all levels of the educational system;

e) Removing all legal and customary practices militating against the full enjoyment of economic and social rights by women

including the full enjoyment of property rights and access to gainful employment;

f) Ensuring spatially balanced population distribution patterns with a view to maintaining environmental security and extending the scope of development activities;

g) Improving productivity in agricultural and introducing off-farm non-agricultural activities for the purpose of employment diversification;

h) Mounting an effective country wide population information and education program addressing issues pertaining to small family size and its relationship with human welfare and environmental security.

Strategies

a) Expanding clinical and community based contraceptive distribution services by mobilizing public and private resources;

b) Promoting breast feeding as a means of dealing with the problem of childhood malnutrition and increasing the time span between earlier and subsequent pregnancies through IEC;

- c) Raising the minimum age at marriage for girls from the current lower age limit of 15 to, at least, 18 years;
- d) Planning and implementing counseling services in the educational system with the view to reducing the current high attrition rate of females;
- e) Providing career counseling services in second and third level institutions to enable students especially girls to make appropriate career choices;
- f) Designing and implementing a coherent long term policy that is likely to create conditions facilitating and increased integration of women in the modern sector of the economy;
- g) Undertaking feasibility studies and experiments in respect to micro enterprises, and creating a system for providing technical and credit support to men and women who have the aptitude for engaging in all to medium sized private enterprises;
- h) Making population and family life related education and information widely available via formal and informal media;

i) Establishing a system for the production and effective distribution of low cost radio receivers and information materials such as posters, flyers and all kinds of promotional materials;

j) Amending all laws, impeding, in any way, the access of women to all social, economic and cultural resources and their control over them including the ownership of property and businesses;

k) Amending relevant articles and sections of the civil code in order to remove unnecessary restrictions pertaining to the advertisement, propagation and popularization of diverse conception control methods;

l) Ensuring and encouraging governmental and non-governmental agencies involved in social and economic development programs that they incorporate gender and population content in their activities by establishing, within their organizations, appropriate units to deal with these issues;

m) Establishing teen-age and youth counseling centers in reproductive health;

n) Facilitating research program development in reproductive health;

o) Developing IEC programs specially designed to promote male involvement in family planning;

p) Diversifying methods of contraception with particular attention to increasing the availability of male oriented methods.

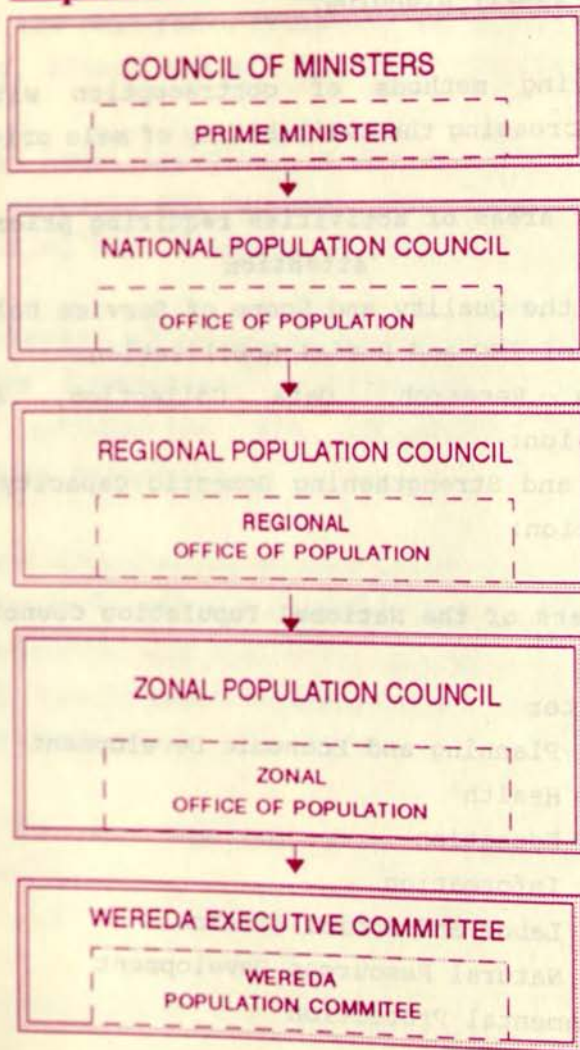
Major areas of activities requiring priority attention

- a) Improving the Quality and Scope of Service Delivery:
- b) Expansion of IEC and Social Mobilization:
- c) Population Research, Data Collection, Analysis and Dissemination:
- d) Expansion and Strengthening Domestic Capacity for Training in Population:

Members of the National Population Council:

The Prime Minister	Chairman
The Minister of Planning and Economic Development	Member
The Minister of Health	"
The Minister of Education	"
The Minister of Information	"
The Minister of Labor and Social Affairs	"
The Minister of Natural Resources Development and Environmental Protection	"

Population Policy Structure



Addis Ababa University	"
The General Manager of the Central Statistics Authority	"
Head of the Regional Administration Affairs in the Office of the Prime Minister	"
Head of Women's Affairs in the Office of the Prime Minister	"
Head of the National Office of Population in the Prime Minister's Office	"
The President of the Family Guidance Association of Ethiopia	"
Two prominent persons in the field	"

Members of the Regional Population Council

Chief executive officer of Region	Chairman
The Head of the Regional Office of Population	Member
The Head of the Regional Bureau for Planning and Economic Development	"
The Head of the Regional Bureau for Health	"
The Head of the Regional Bureau for Education	"
The Head of the Regional Bureau for Natural Resources Development and Environmental Protection	"

Population Policy Structure

- . The Head of the Regional Bureau for Information "
- . The Head of the Regional Bureau for Labor and Social Affairs "
- . The Head of the Regional Women's Affairs Bureau "
- . Chairman of the Regional Branch Association of Family Guidance "
- . Association of Ethiopia "

Members of the Zonal Population Council

- . Chief executive officer of the Zonal Administration Chairman
- . The Head for planning and Development Member
- . The Head for Education "
- . The Head for Health "
- . The Head for Labor and Social Affairs "
- . The Head for Women's Affairs "
- . The Head for Natural Resources and Environmental Protection "

Government and non-Government organization responsible for implementation of the population policy and population programs

- a) Ministry of Education
- b) Ministry of Information
- c) Ministry of Health
- d) Ministry of Labor and Social Affairs
- e) Ministry of Housing and Urban Development
- f) Ministry of Planning and Economic Development
- g) Ministry of External Economic Cooperation
- h) Ministry of Natural Resource Development and Environmental Protection
- i) Ministry of Justice
- j) Ministry of Agriculture
- k) Ministry of Culture and Sports
- l) Addis Ababa University
- m) Central Statistical Authority
- n) Family Guidance Association of Ethiopia and other NGO's

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