

Ethiopia

2005 Demographic and Health Survey

Key Findings



316.63
DHS key
2005

This report summarizes the findings of the 2005 Ethiopia Demographic and Health Survey (EDHS), carried out by the Central Statistical Agency (CSA). ORC Macro provided technical assistance for the survey through the USAID-funded MEASURE DHS programme, which is designed to assist developing countries to collect data on fertility, family planning and maternal and child health. The survey was also funded by the Government of Ethiopia, USAID/Ethiopia, the President's Emergency Plan for AIDS Relief (PEPFAR), the Dutch and Irish Governments, and the United Nations Population Fund (UNFPA). The opinions expressed herein are those of the authors and do not necessarily reflect the views of the donors.

Additional information about the 2005 EDHS may be obtained from the Central Statistical Agency (CSA), P.O. Box 1143, Addis Ababa, Ethiopia; Telephone: (251-1) 11 55 30 11/11 15 78 41, Fax: (251-1) 11 55 03 34, E-mail: csa@ethionet.et. Additional information about the DHS project may be obtained from ORC Macro, 11785 Beltsville Drive, Calverton, MD 20705 USA; Telephone: 301-572-0200, Fax: 301-572-0999, E-mail: reports@orcmacro.com, Internet: <http://www.measuredhs.com>.

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ABOUT THE 2005 EDHS

The 2005 Ethiopia Demographic and Health Survey (EDHS) was designed to provide data to monitor the population and health situation in Ethiopia as a follow-up of the 2000 EDHS survey. The main objective of the 2005 EDHS was to provide important information on fertility, family planning, infant, child, adult, and maternal mortality, maternal and child health, nutrition and knowledge of HIV/AIDS and other sexually transmitted infections. New features in 2005 included population-based prevalence estimates for anaemia and HIV, making the 2005 EDHS the first survey to provide these estimates in Ethiopia. This was achieved by testing women age 15-49 and children age 6-59 months for anaemia, and women age 15-49 and men age 15-59 for HIV in half of the households selected for the survey.

Who participated in the survey?

A nationally representative sample of 14,070 women age 15-49 (96 percent of those eligible) and 6,033 men age 15-59 (89 percent of those eligible) were interviewed. This sample provides estimates of health and demographic indicators at the national and regional levels, and for rural and urban areas. Ethiopia has a pyramidal age structure due to the large number of children under 15 years of age, a feature of populations with high fertility levels. Children under 15 years of age account for 48 percent of the population. Forty-nine percent of the population is in the age group 15-64 and almost 4 percent are over 65.



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Wealth Index

The wealth index is constructed by combining information on household assets like ownership of consumer items, type of dwelling, source of water, availability of electricity, etc. into a single asset index.

The sample is split into five equal groups (quintiles) from 1 (lowest, poorest) to 5 (highest, richest).

Ninety-three percent of the population in urban areas is in the highest wealth quintile, in contrast to the rural areas, where only 10 percent are in this category.

Variations by region are marked, with 99 percent of households in Addis Ababa belonging to the highest wealth quintile. Conversely, a significant proportion of the population in the most rural areas of the country, such as Somali, Affar, and Gambela are in the lowest wealth quintile.

BACKGROUND CHARACTERISTICS

Household Composition

Ethiopian households consist of an average of 5 persons. Households in urban areas are smaller than those in rural areas (4.2 compared with 5.2 persons). Nearly one in four households (23 percent) are headed by a woman.

Access to Electricity

Housing conditions vary greatly based on residence. Fourteen percent of households in Ethiopia have electricity. Access to electricity is wider in urban areas (86 percent) than in rural areas (2 percent).

Source of Drinking Water

The majority (61 percent) of households in Ethiopia have access to an improved source of drinking water with access in urban areas much higher than in rural areas (94 percent and 56 percent, respectively). In urban areas, 90 percent of households have access to piped water compared to only 13 percent of rural households. The major source of improved drinking water in the rural areas is protected spring (39 percent). Forty-four percent of all households (36 percent urban and 46 percent rural) take less than 30 minutes to fetch drinking water.

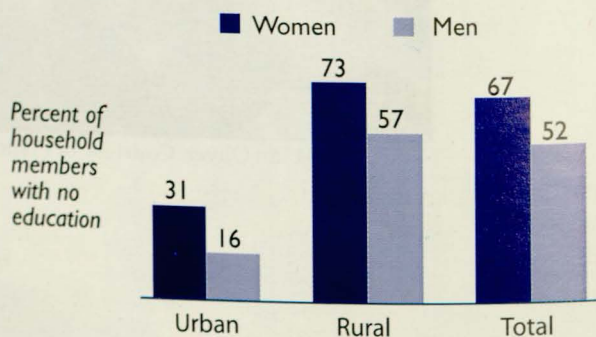
Sanitation Facilities

Overall, 62 percent of the households in Ethiopia have no toilet facilities. This problem is more common in rural areas, where 70 percent of the households have no toilet facilities, compared with 12 percent of households in urban areas. Urban households are more than three times as likely as rural households to have access to improved toilet facilities (18 percent versus 5 percent).

Education

The majority of Ethiopians have little or no education, with females much less educated than males. Fifty-two percent of males and 67 percent of females have never attended school. Only 3 percent of males and 2 percent of females have completed secondary school or higher.

Household Education



FERTILITY AND ITS DETERMINANTS

Fertility levels and trends

At current fertility levels, an Ethiopian woman will have an average of 5.4 children in her lifetime. Fertility has declined from 6.4 births per woman in 1990 to 5.4 births per woman in 2005, a one child drop in the last 15 years. The decline was more pronounced, however, in the 10 years between 1990 and 2000 than in the five years between 2000 and 2005, and in urban than rural areas.

Childbearing in Ethiopia starts early. At current age-specific rates of childbearing, an Ethiopian woman will have had more than half of her lifetime births by age 30, and nearly three-fourths by age 35.

Fertility differentials

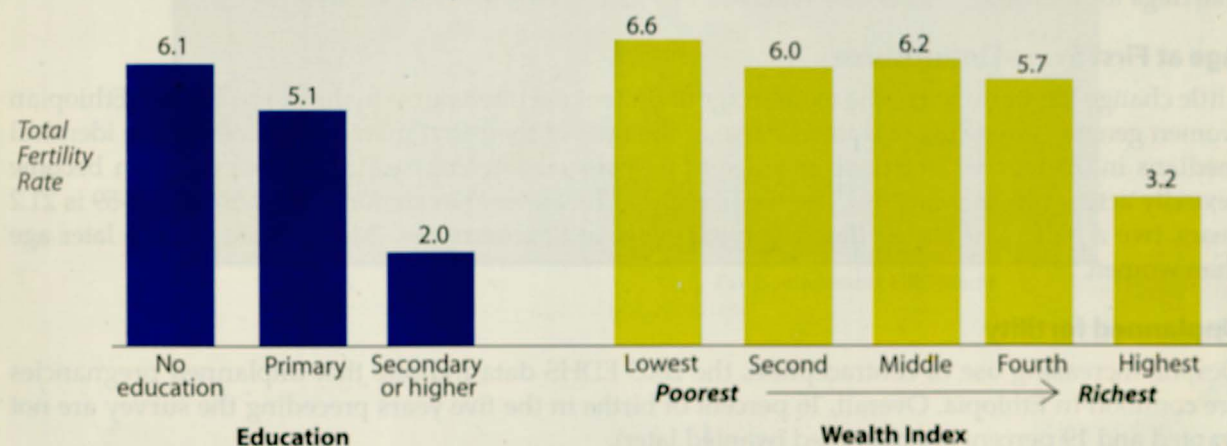
Fertility differentials by background characteristics are marked. Urban women have significantly fewer children (2.4 children per woman) than their rural counterparts (6.0 children per woman). There are substantial regional variations in fertility from 1.4 births per woman in Addis Ababa to 6.2 children in Oromiya.

Fertility also varies markedly with mother's education and economic status. Fertility decreases as educational level increases. Uneducated mothers have three times as many children as women with some secondary education (6.1 children compared with 2.0 children, respectively). Furthermore, women in the poorest households have twice as many children as women in the wealthiest households (6.6 children versus 3.2 children, respectively).



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Fertility by Education and Household Wealth



Fertility Preferences

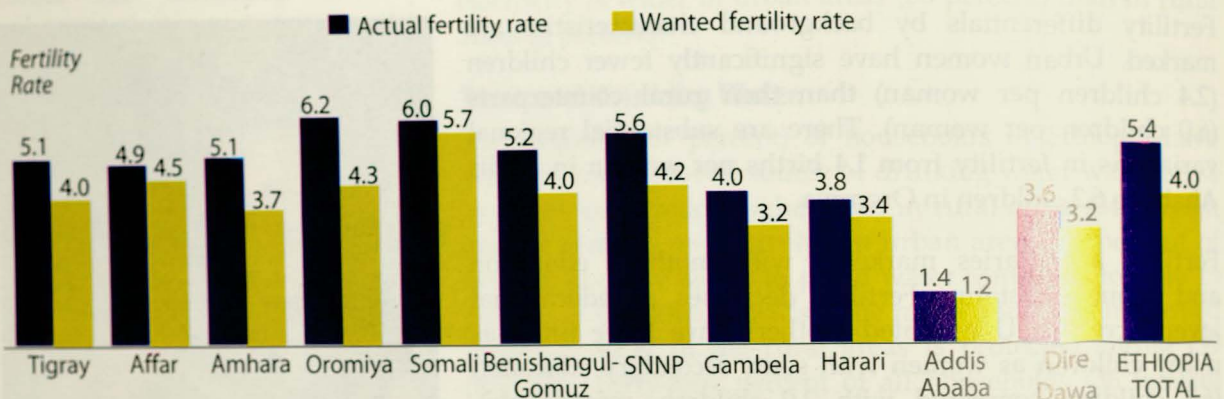
Forty-two percent of currently married women in Ethiopia want no more children or are sterilized. Thirty-five percent of women want to wait two or more years for the next birth, while 16 percent want to have a child within two years. Thirty-four percent of currently married men also report wanting no more children.

Ideal Family Size

Ethiopian women report an ideal family size of 4.5 children, while men report 5.2 children as the ideal number. The mean ideal family size has declined over the last five years by nearly a child among women and by more than a child among men. Ideal family size is higher among women in rural areas than urban areas (4.7 versus 3.4). At the regional level, the ideal number of children for women ranges from 3.3 children in Addis Ababa to 9.8 children for women in Somali.

Women on average have 1.4 children more (actual fertility) than their ideal number (wanted fertility).

Actual and Wanted Fertility by Region



Age at First Marriage

The median age at first marriage for women age 25-49 in Ethiopia is 16.1 years. Overall, 62 percent of women age 25-49 are married by age 18 and 79 percent by age 20. There has been little change in the age at first marriage over the last five years. Urban women marry more than two years later than rural women. The median age at marriage is highest in Addis Ababa (21.9 years) and lowest in Amhara (14.2). Men enter into first marriage almost 8 years later than women; the median age at first marriage for men age 25-59 is 23.8 years.

Age at First Sexual Intercourse

Little change has occurred in the median age at first sexual intercourse in the last five years. Ethiopian women generally begin sexual intercourse at the time of their first marriage as seen in the identical medians in age at first marriage and age at first sexual intercourse (16.1). However, men become sexually active before marriage. The median age at first sexual intercourse for men age 25-59 is 21.2 years, two a half years earlier than the median age at first marriage. Men initiate sex at a later age than women.

Unplanned fertility

Despite increasing use of contraception, the 2005 EDHS data indicate that unplanned pregnancies are common in Ethiopia. Overall, 16 percent of births in the five years preceding the survey are not wanted and 19 percent are mistimed (wanted later).

Polygyny

Twelve percent of currently married women and 7 percent of currently married men in Ethiopia are in a polygynous union. Older women are more likely to be in a polygynous union than younger women. Polygyny is also more common among rural women (13 percent) than urban women (7 percent). The prevalence of polygyny is highest in Gambela (27 percent) and lowest in Amhara and Addis Ababa (3 percent each). Furthermore, uneducated women and those living in the poorest wealth quintile are more likely to be in a polygynous union than other women. The extent of polygyny has declined over the last five years.

Birth Intervals

The interval between births in Ethiopia is relatively long—33.8 months. One in five of non-first births (21 percent) occur within two years of a previous birth, over one in three (35 percent) occur between 24 and 35 months later, and over four in ten (44 percent) occur at least three years after a previous birth. Postpartum insusceptibility is one of the major factors contributing to the long birth interval in Ethiopia. The median duration of amenorrhea is 15.8 months, postpartum abstinence is 2.4 months, and insusceptibility is 16.7 months.



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FAMILY PLANNING

Knowledge of Family Planning

Knowledge of family planning in Ethiopia is very high. Eighty-eight percent of currently married women and 93 percent of currently married men know at least one method of family planning. Among both women and men, the most widely known modern methods of contraception are the pill (84 percent and 85 percent, respectively), injectables (83 percent each), and the condom (41 and 84 percent, respectively). The pill, injectables, and condom are the most widely known modern methods among both women and men. Men are significantly more likely to recognize the condom than women.

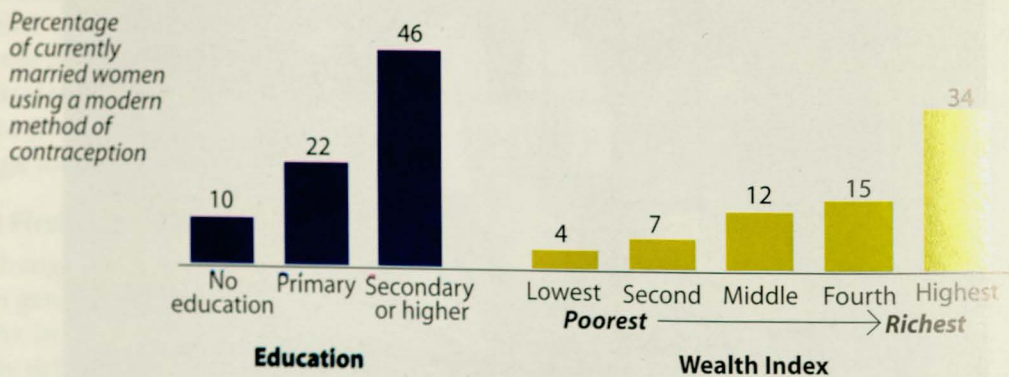
Use of Contraception

Fifteen percent of currently married women are using a method of contraception. The majority of these women (14 percent) are using a modern method. The most popular modern methods are the injectables used by 10 percent of currently married women and the pill used by 3 percent of currently married women.

Use of modern family planning is about four times higher in urban than in rural areas (42 percent versus 11 percent). There is also substantial variation in current use of modern contraceptive methods by region, ranging from 3 percent in Somali to 45 percent in Addis Ababa.

Contraceptive use differs significantly across educational categories. Use of modern methods increases significantly from 10 percent among women with no education to 46 percent among those with secondary and higher levels of education.

Use of Modern Methods by Education and Household Wealth



Trends in Contraceptive Use

Use of contraceptive methods among currently married women in Ethiopia has increased steadily in the fifteen-year period between 1990 and 2005 from 5 percent to 15 percent. The increase is especially marked for modern methods which more than doubled in the five years between 2000 and 2005, from 6 percent to 14 percent. This trend is mostly attributable to the recent rapid rise in the use of injectables from 3 percent in 2000 to 10 percent in 2005.

Source of Family Planning Methods

Eight in ten of the current users of modern methods obtain their methods from the public sector, while 17 percent and 3 percent, respectively, obtain their method from the private medical sector or other private sources. Over the years, the public sector has been the major source of family planning methods in Ethiopia, particularly for injectables and the pill. Although overall contribution from other private sources has declined from 6 percent in 2000 to 3 percent in 2005, the contribution of shops in supplying condoms has increased substantially, from 23 percent in 2000 to 42 percent in 2005.

NEED FOR FAMILY PLANNING

Intention to Use Family Planning

More than half (52 percent) of currently married women who were not using any contraception at the time of the survey say that they intend to use family planning in the future, while 44 percent do not intend to do so. Seven in ten (72 percent) prospective users prefer to use injectables, while one in five (19 percent) cite the pill as their preferred method.

About four in ten women (38 percent) cited fertility-related reasons for not intending to use contraception. In particular, 18 percent cited the desire for as many children as possible as the main reason for not intending to use. The proportion of women who cited a desire for more children has markedly dropped from 42 percent in 2000 to 18 percent in 2005, suggesting that women are realizing the disadvantages of large family sizes. Nearly a quarter of women (24 percent) reported opposition as their reason for not intending to use in the future. The majority of these women specifically cited religious prohibition as the main reason for not using in the future.

Unmet Need for Family Planning

Unmet need for family planning services is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely but are not using contraception. One in three currently married women (34 percent) has an unmet need for family planning. The need for spacing (20 percent) is higher than the need for limiting (14 percent). If all currently married women who say they want to space or limit the number of children were to use family planning, the contraceptive prevalence rate in Ethiopia would increase from 15 percent to 49 percent. Currently only 31 percent of the demand for family planning is being met.

Discontinuation of Contraception

Overall, 41 percent of contraceptive users discontinue use within 12 months of adopting a method. The 12-month discontinuation rate for modern methods is highest among pill users (61 percent) and lowest among injectable users (32 percent). Ten percent of the users reported that they stopped using a method because of the desire to get pregnant and 12 percent switched to other methods.



Pav Govindasamy, ORC Macro

INFANT AND CHILD MORTALITY

Levels and Trends

Infant mortality in the five years preceding the survey is 77 deaths per 1,000 live births and the under-five mortality rate is 123. This means that about one in every 13 children born in Ethiopia dies before reaching age one, while one in eight does not survive to the fifth birthday.

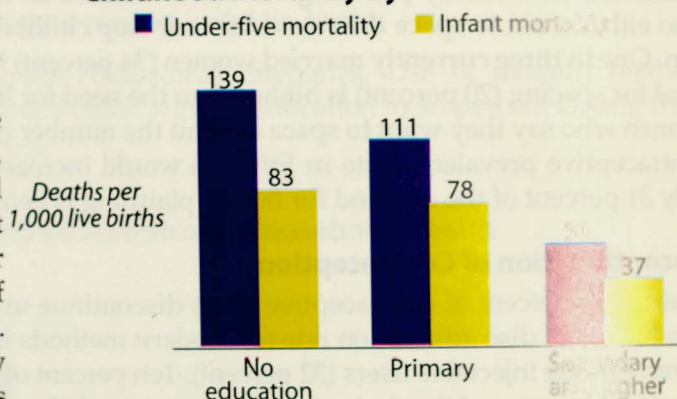
Infant mortality has declined by 19 percent over the last 15 years from 95 deaths per 1,000 live births to 77 deaths per 1,000 live births. Under-five mortality has declined by 25 percent from 165 deaths per 1,000 live births to 123 deaths per 1,000 live births.



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Mortality in urban areas is consistently lower than in rural areas. For example, the infant mortality, in urban areas is 66 deaths per 1,000 live births compared with 81 deaths per 1,000 live births in rural areas. The urban-rural difference is even more pronounced in the case of child mortality. The regional variations in infant and under-five mortality are dramatic. Infant mortality rates range from 45 deaths per 1,000 live births in Addis Ababa to a high of 94 deaths per 1,000 live births in Amhara. Under-five mortality ranges from a low of 72 deaths per 1,000 live births in Addis Ababa to a high of 157 deaths per 1,000 live births in Benishangul-Gumuz.

Childhood Mortality by Mother's Education

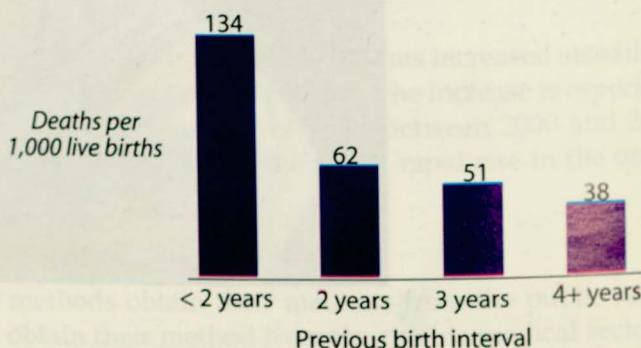


Mothers' level of education is strongly associated with child mortality. Children born to women with at least some secondary education experience an infant mortality rate of 37 deaths per 1,000 live births, compared with 83 deaths per 1,000 live births for those whose mothers are not educated.

Differentials in Child Mortality

Other factors that influence child mortality at all levels are the gender of the child, mother's age at birth, birth order and birth interval. Childhood mortality is relatively higher among children born to mothers under age 20 and over age 40. First births and births of order seven and higher also suffer significantly higher rates of mortality than births of order two to six. Spacing children at least 36 months apart is safest and healthiest for the mother and the child. Infants born less than 2 years after a previous birth have the highest infant mortality rates.

Infant Mortality by Previous Birth Interval



CHILD HEALTH

Vaccination Coverage

One in five Ethiopian children age 12-23 months is fully vaccinated against the six major childhood illnesses (tuberculosis, diphtheria, pertussis, tetanus, polio, and measles). Six in ten have received the BCG vaccination, and about one in three (35 percent) have been vaccinated against measles. The coverage for the first dose of DPT is relatively high (53 percent). However, only 32 percent go on to receive the third dose of DPT. Polio coverage is much higher than DPT coverage— 74 percent of children receive the first dose of polio. This is due to the national immunization day campaigns during which polio vaccines are administered. However, the drop-off between the first and subsequent doses of polio is significant—a 40 percent decline between the first and third doses.

Vaccination coverage in Ethiopia has improved over the last five years. The percentage of children 12-23 months fully vaccinated at the time of the survey increased from 14 percent in 2000 to 20 percent in 2005, a 43 percent increase. However, the percentage who received none of the six basic vaccinations also increased from 17 percent in 2000 to 24 percent in 2005.

There are marked urban-rural differences in vaccination coverage. Children residing in urban areas are almost three times (49 percent) as likely to be fully immunized, as children in rural areas (18 percent). Similarly, there are substantial differences in the coverage among regions. The percentage of children fully immunized ranges from a low of less than 1 percent in the Affar Region to 70 percent in Addis Ababa.

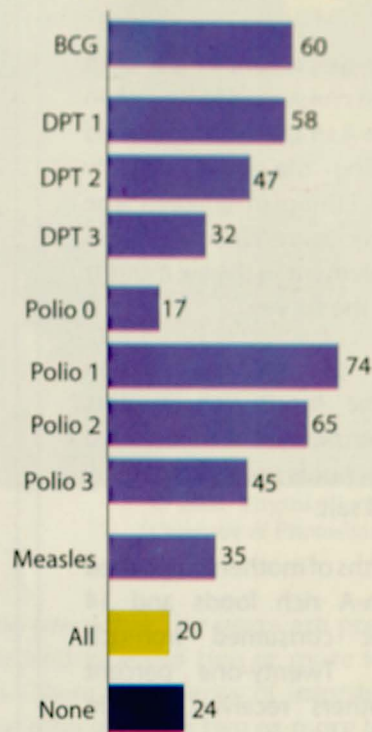
Childhood Illnesses

In the two weeks before the survey, 13 percent of children under age 5 had symptoms of acute respiratory infection (cough and short, rapid breathing). Just one in five of these children (19 percent) were taken to a health facility or provider.

Overall, 18 percent of children experienced diarrhea in the two weeks preceding the survey, while 6 percent had diarrhoea with blood during the same period. Around one in five of these children (22 percent) were taken to a health facility. More than one in three children with diarrhoea (37 percent) were treated with some kind of oral rehydration therapy (ORT); 20 percent were treated with solution prepared from ORS packets; 19 percent were given recommended home fluids (RHF) prepared at home; and 9 percent were given increased fluids. About half of children with diarrhoea (49 percent) did not receive any type of treatment at all.

Nineteen percent of children under five in Ethiopia were reported to have had fever in the two weeks preceding the survey. Less than one in five (18 percent) children with fever were taken to a health facility or provider for treatment. A very small proportion of children with fever received antimalarial drugs (3 percent) or antibiotic drugs (6 percent).

Immunization Coverage



Percentage of children 12-23 months who received vaccines at any time before the survey

Micronutrient Intake

Twenty-six percent of last born children consumed foods rich in vitamin A in the 24-hour period preceding the survey. Nearly half of Ethiopian children age 6-59 months received a vitamin A supplement in the six months before the survey.

Eleven percent of children consume foods rich in iron. Nineteen percent of children live in households using adequately iodized salt.

Two-fifths of mothers consumed vitamin-A rich foods and 14 percent consumed iron-rich foods. Twenty-one percent of mothers received vitamin A supplements postpartum. Eighty-nine percent of mothers did not take iron supplements during their pregnancy. Only one-fifth live in households using adequately iodized salt.

6 percent of mothers suffered from night blindness.

Anaemia

More than half (54 percent) of Ethiopian children 6-59 months old are anaemic, with 21 percent mildly anaemic, 28 percent moderately anaemic, and 4 percent severely anaemic. Over one quarter of women age 15-49 are anaemic, with 17 percent mildly anaemic, 8 percent moderately anaemic, and just over 1 percent severely anaemic.

BREASTFEEDING AND NUTRITION

Breastfeeding is nearly universal in Ethiopia, with 96 percent of children born in the five years preceding the survey having been breastfed at some time. However, contrary to WHO's recommendations, only around half of children under six months (49 percent) are exclusively breastfed. The median duration of breastfeeding in Ethiopia is long—25.8 months.

Complementary foods are not introduced in a timely fashion for many children in Ethiopia. At 6-8 months, only half the children age 6-9 months are eating complementary foods.

Bottle-feeding is not widespread in Ethiopia. The proportion of children bottle-fed rises from 8 percent among those less than 2 months to peak at 19 percent among those age 6-8 months.

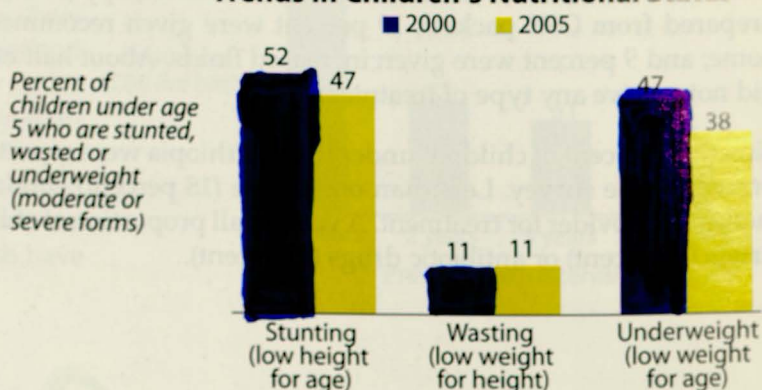
Nutrition

Almost half (47 percent) of children under five are stunted, or too short for their age. Eleven percent are wasted or too thin for their height. About two in five children (38 percent) are underweight.

There have been some improvements in the nutritional status of children in the last five years. The percentage of children stunted fell by 10 percent from 52 percent in 2000 to 47 percent in 2005. Similarly, the percentage of children underweight declined by 19 percent from 47 percent in 2000 to 38 percent in 2005.

More than one in four women (27 percent) have an BMI below 18.5 and are considered thin, while only 4 percent are either overweight or obese. The mean height of mothers is 157 centimetres and 3 percent of women are less than 145 centimetres in height.

Trends in Children's Nutritional Status



MATERNAL HEALTH

Antenatal Care

Twenty-eight percent of mothers received antenatal care from a health professional (doctor, nurse, or midwife) for their most recent birth in the 5 years preceding the survey. There has been little improvement over the last 5 years in the coverage of antenatal care from a medical professional (28 percent in 2005 compared with 27 percent in 2000). Regional differences in the source of antenatal care are quite significant; nine in ten mothers in Addis Ababa received antenatal care from a health professional, compared with less than one in ten mothers in the Somali Region.



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Only 6 percent of women initiated ANC before the fourth month of pregnancy. The median duration of pregnancy for the first antenatal visit is 5.6 months, indicating that Ethiopian women start antenatal care at a relatively late stage of their pregnancy. Only 31 percent reported that they were informed about pregnancy complications during their antenatal care visits.

Overall, one in three women (32 percent) with a live birth in the preceding five years are protected against neonatal tetanus. The majority of these women (28 percent) received two or more tetanus toxoid injections during pregnancy for their most recent birth. There is evidence of improvement in tetanus toxoid coverage over time. The percentage of women who received two or more tetanus injections during pregnancy with the last birth increased from 17 percent in 2000 to 28 percent in 2005.

Delivery Care

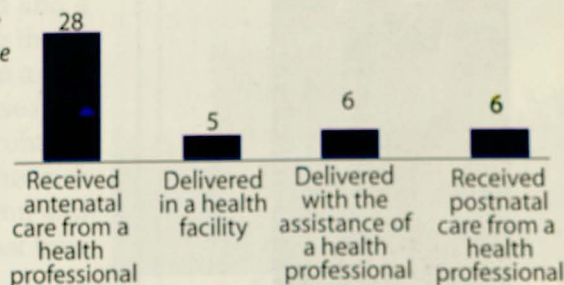
A large majority of births in Ethiopia (94 percent) are delivered at home. Five percent of births are delivered in a public facility and less than 1 percent of births were delivered in a private facility. Six percent of births were delivered with the assistance of a health professional, while 28 percent were delivered by a traditional birth attendant (TBA). The majority of births (61 percent) were attended by a relative or some other person. Five percent of births were delivered without any type of assistance at all.

Postnatal care

Postnatal care is extremely low in Ethiopia—only five percent of mothers received postnatal care within the critical first two days after delivery, as recommended. More than nine in ten mothers (94 percent) who had a live birth in the five years preceding the survey received no postnatal care at all.

Antenatal, Delivery and Postnatal Care

Women who had a live birth in the 5 years before the survey who:



Adult and Maternal Mortality

The female mortality rate is 6.4 deaths per 1,000 population, 8 percent higher than the male mortality of 5.9 deaths per 1,000 population. Comparison of data from the 2000 and 2005 EDHS surveys indicates that adult mortality has declined over the past five years with the decline in male mortality much more significant than the decline in female mortality. Male mortality declined by 26 percent while female mortality declined by just 4 percent over the past five years.

Data on the survival of respondents' sisters were used to calculate a maternal mortality ratio (MMR) for the 7-year period before the survey. Using direct estimation procedures, MMR in Ethiopia for the period 1998-2004 is estimated to be 673 deaths per 100,000 live births (or alternatively 7 deaths per 1,000 live births).



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MALARIA

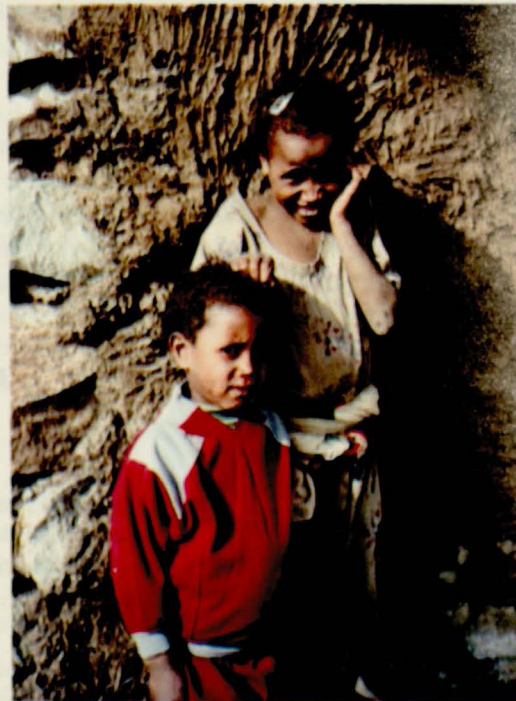
Mosquito Nets

Six percent of households in Ethiopia own at least one mosquito net, 5 percent own an ever-treated net, and 3 percent own an insecticide-treated (ITN). The ownership of mosquito nets varies inversely with altitude, which is consistent with the degree of risk of malaria. For instance, 36 percent of households living in areas below 1,000 meters own any kind of net compared with only 2 percent of households at altitude of 2,000 meters or higher.

Only 2 percent of children under age five slept under a mosquito net the night before the survey, and less than 2 percent slept under an ever-treated net or an ITN.

Overall, a very low proportion of women in the survey slept under a mosquito net the night preceding the survey (2 percent). Only 1 percent of pregnant women slept under an ITN. The data show little difference in the use of nets between pregnant and non-pregnant women (both 2 percent).

Eleven percent of households occupying a dwelling had their inner walls sprayed with insecticide to prevent malaria. 2 percent had been sprayed within 6 months preceding the survey and 3 percent had white insecticide powder visible on the inner walls.



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HIV/AIDS KNOWLEDGE, ATTITUDES AND BEHAVIOUR

Awareness of AIDS

Ninety percent of women and 97 percent of men have heard of AIDS. However, women and men in Ethiopia are less aware that the chances of getting the AIDS virus can be reduced by limiting sex to one uninfected partner who has no other partners (63 percent and 79 percent, respectively) or by abstaining from sexual intercourse (62 percent and 80 percent, respectively). Knowledge of condoms and the role that they can play in preventing transmission of the AIDS virus is much less common. Four in ten women (40 percent) and more than six in ten men (64 percent) are aware that using a condom during sexual encounters can reduce HIV/AIDS transmission.

Although 69 percent of women and 70 percent of men know that HIV can be transmitted through breastfeeding, only around one-fifth of women and one-quarter of men know that the risk of mother to child transmission (MTCT) can be reduced through the use of certain drugs during pregnancy.

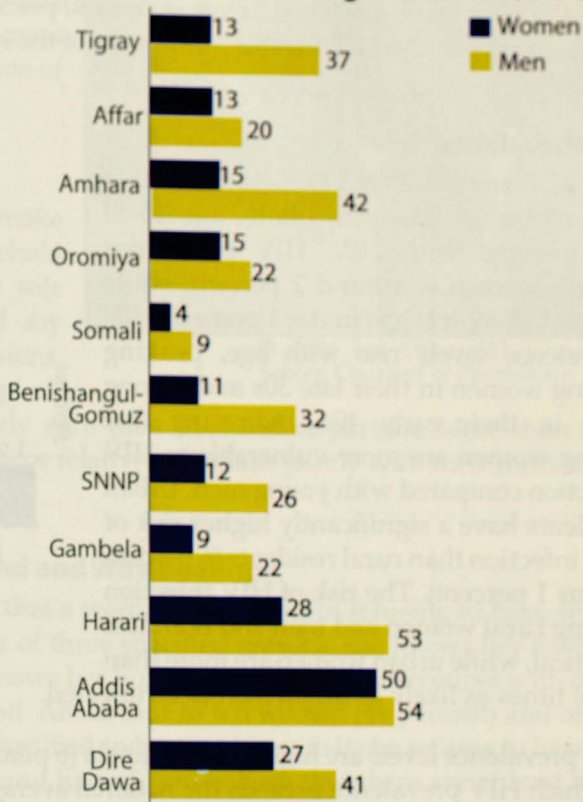
HIV-related stigma

Almost two-thirds of women and 77 percent of men say that they would not want to keep secret that a family member was infected with the AIDS virus and 59 percent of women and 72 percent of men say they would be willing to care for a family member with the AIDS virus in their home. In contrast, only 42 percent of women and 52 percent of men say that an HIV-positive teacher should be allowed to continue teaching and only 20 percent of women and 26 percent of men would buy fresh food from a shopkeeper with AIDS. The percentage expressing accepting attitudes on all four measures is low, 11 percent among women and 17 percent among men.

Higher-risk sex

Survey data show that less than 1 percent of women and 4 percent of men have had two or more partners during the 12 months preceding the survey, and 3 percent of women and 9 percent of men have had higher-risk sexual intercourse (sexual intercourse with someone other than a spouse or cohabiting partner). Among respondents who engaged in higher-risk sexual intercourse, only one in four women (24 percent) and half the men (52 percent) reported condom use the last time they had sexual intercourse.

Comprehensive Knowledge about HIV/AIDS



Percent of women and men with comprehensive knowledge about HIV/AIDS (know that condom use and having just one uninfected and faithful partner reduces the chance of getting HIV, know that a healthy-looking person can have HIV and reject the myths that AIDS can be transmitted by mosquito bites or by supernatural means)



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HIV PREVALENCE

Response Rates for HIV Testing

HIV testing was successfully conducted for 83 percent of eligible women and 76 percent of eligible men. For both sexes combined, coverage was 80 percent. Refusals were the most important reason for non-response on the HIV testing component of the survey for both women (13 percent) and men (17 percent).

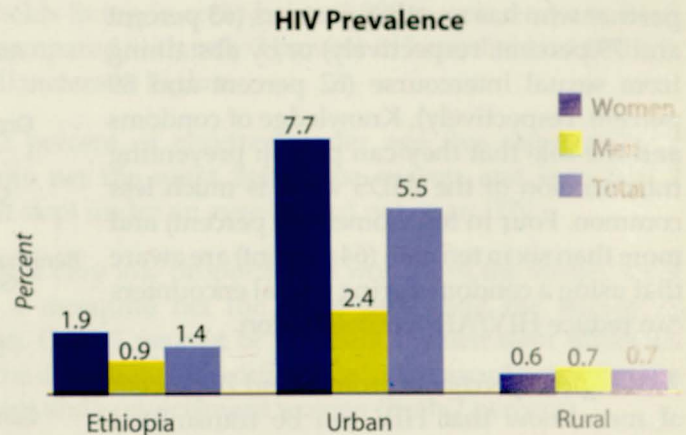
HIV Prevalence

Results from the 2005 EDHS indicate that 1.4 percent of Ethiopian adults age 15-49 are infected with HIV. HIV prevalence among women is around 2 percent, while for men 15-49, it is just under 1 percent. HIV prevalence levels rise with age, peaking among women in their late 30s and among men in their early 40s, indicating that young women are more vulnerable to HIV infection compared with young men. Urban residents have a significantly higher risk of HIV infection than rural residents (6 percent versus 1 percent). The risk of HIV infection among rural women and men and is almost identical, while urban women are more than three times as likely as urban men to be infected.

HIV prevalence levels are highest in Gambela (6 percent) and Addis Ababa (5 percent). Other regions in which HIV prevalence exceeds the national average include Harari, Dire Dawa, Affar, Tigray and Amhara. HIV infection levels increase proportionately with education for both women and men and are markedly higher among those with a secondary or higher education compared to those with less education. Employed women and men are also more likely to be HIV infected than the unemployed, as are women and men in the highest wealth quintile compared to those in the other wealth quintiles.

HIV prevalence is higher among both women and men who have had sexual intercourse with someone other than their spouse or cohabiting partner, among women and men who have had a large number or lifetime partners and among men who have paid for sex.

For 98 percent of cohabiting couples, both partners tested negative for HIV. The majority of the remaining couples (1.8 percent out of a total of 2.1 percent) are discordant, that is, one partner is infected and the other is not. There is clearly an unmet need for VCT services oriented towards couples, because most of these couples do not mutually know their HIV status.



WOMEN'S STATUS

Two-thirds of women compared to two-fifths of men have no formal education. Nearly twice as many men as women have primary or secondary education and are literate. Men also have greater access to mass media than women. However, a higher proportion of employed women than men earn cash.

Participation in Decisionmaking

About half of currently married women make independent decision about daily household purchases. While 15 percent of women make sole decisions on their own health care, one-third say that their husband or partner makes such decisions. Decisions on large household purchases are typically made by the husband or partner alone or jointly with their husband or partner. More than two-thirds of women say that decisions to visit family or relatives are made jointly with their husband or partner.



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Attitudes Towards Refusing Sex with Husband and Wife Beating

Overall, the majority of women and men agree that a woman is justified in refusing to have sexual intercourse with her husband or partner for any of three specified reasons: she knows her husband has a sexually transmitted disease (STD); she knows her husband has sexual intercourse with other women; and when she is tired or not in the mood. About four in ten women (44 percent) and one in four men (23 percent), believe that a husband is justified in beating his wife if she refuses to have sex with him. Overall, eight in ten women and around half of men believe that there are at least some situations in which a husband is justified in beating his wife.

Contraceptive Use and Reproductive Health Care

The 2005 EDHS data indicate a positive relationship between women's status and contraceptive use. Contraceptive use is highest among women who participate in most household decisions, who agree that a woman can refuse sexual intercourse with her partner for all three specified reasons, and who believe that wife beating is not justified for any of five specified reasons.

Findings from the survey also show a positive correlation between women's status and utilization of health services. The more empowered a woman, the more likely she is to receive antenatal, postnatal and delivery care from a health professional.

Harmful Traditional Practices

Female circumcision is widespread in Ethiopia, with three in four women age 15-49 circumcised. Six percent of circumcised women reported that their vagina had been sewn closed (infibulation). Overall, about one in three (31 percent) women who have heard of FGC believes that the practice should continue.

More than two in five women have had an uvulectomy or tonsillectomy. More than two-fifths of women with at least one daughter have a daughter who has had an uvulectomy or tonsillectomy. Twenty-nine percent of women who have heard of the practice believe that it should be continued.

Eight percent of women report that they had been married by abduction and among those who have heard of the practice, 3 percent believe that it should be continued.

Around one in four women interviewed in the EDHS had heard of obstetric fistula and one percent of women who have ever given birth reported having experienced obstetric fistula. Four percent of other women resident in the household are also reported to suffer from obstetric fistula.

SUMMARY

Data from the 2005 EDHS show that fertility continues to be high in Ethiopia and that there was little overall change in the last five years. However, while there was no change in fertility in rural areas, there was a marked decline in urban fertility.

Knowledge of contraception has remained consistently high in Ethiopia. Contraceptive use doubled over the last five years and much of this increase is attributed to the rise in the use of injectables. Nevertheless, contraceptive use in Ethiopia remains low.

One in three currently married women has an unmet need for family planning, with the need for spacing births higher than the need for limiting. Currently only one-third of the demand for family planning is being met.

Childhood mortality has declined in the last five years. Nevertheless it continues to be high. At current mortality levels, one in every 13 Ethiopian children dies before age one, while one in eight does not survive to the fifth birthday.

Vaccination coverage has improved over the last five years. However, the percentage of children fully immunized against the six major childhood illnesses remains low. One-fifth of children age 12-23 months have been fully vaccinated at the time of the survey.

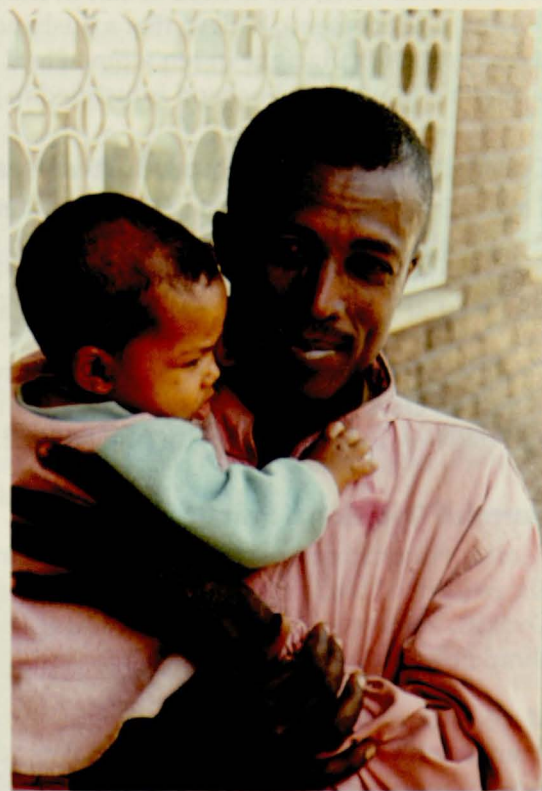
Utilization of maternity care services continues to be very low in Ethiopia, with little improvement over the last five years. Just over a fourth of women with a live birth in the five years before the survey received antenatal care from a health professional; six percent received delivery assistance from a health professional and five percent received postnatal care within the critical first two days following delivery.

Although there has been some improvement in the nutritional status of children in the last five years, the level of malnutrition is significant with nearly one in two children stunted, one-tenth wasted, and two-fifths underweight. In addition, more than half of children age 6-59 months are classified as anaemic, with four percent severely anaemic.

The level of chronic energy deficiency among women in the reproductive age is high with nearly three-tenths falling below the cut-off of 18.5 in body mass index. Three-tenths of women are also anaemic with just over one percent severely anaemic.

Although the vast majority of Ethiopian women and men have heard of AIDS, their level of comprehensive knowledge is relatively low. Although a small proportion of women and men engaged in higher-risk sexual intercourse, only one-fourth of these women and half of these men reported the use of a condom at last sexual intercourse.

Results from the survey indicate that 1.4 percent of Ethiopian adults age 15-49 are infected with HIV, with prevalence among women nearly two percent and prevalence among men just under one percent.



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