



Ethiopia

2016 Demographic and Health Survey Key Findings





The 2016 Ethiopia Demographic and Health Survey (2016 EDHS) was implemented by the Central Statistical Agency (CSA) from January 18, 2016, to June 27, 2016. The funding for the 2016 EDHS was provided by the government of Ethiopia, the United States Agency for International Development (USAID), the government of the Netherlands, the Global Fund, Irish Aid, the World Bank, the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), and UN Women. ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2016 EDHS may be obtained from the Central Statistical Agency of Ethiopia, P.O. Box 1143, Addis Ababa, Ethiopia; Telephone +251-111-55-30-11/111-15 78-41; Fax: +251-111-55-03-34; E-mail: csa@ethionet.et.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; Telephone: +1-301-407-6500; Fax: 301-407-6501; E-mail: info@DHSprogram.com; Internet: www.DHSprogram.com.

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ABOUT THE 2016 EDHS

The 2016 Ethiopia Demographic and Health Survey (EDHS) is designed to provide data for monitoring the population and health situation in Ethiopia. The 2016 EDHS is the fourth Demographic and Health Survey conducted in Ethiopia since 2000. The objective of the survey is to provide reliable estimates of fertility levels, marriage, sexual activity, fertility preferences, family planning methods, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, HIV/AIDS and other sexually transmitted infections (STIs), women's empowerment, female genital mutilation/cutting, and domestic violence that can be used by programme managers and policymakers to evaluate and improve existing programmes.

Who participated in the survey?

A nationally representative sample of 15,683 women age 15-49 and 12,688 men age 15-59 in 16,650 selected households were interviewed. This represents a response rate of 95% of women and 86% of men. The 2016 EDHS provides reliable estimates at the national level, for urban and rural areas, and for each of the 9 regions and 2 administrative cities.



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CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

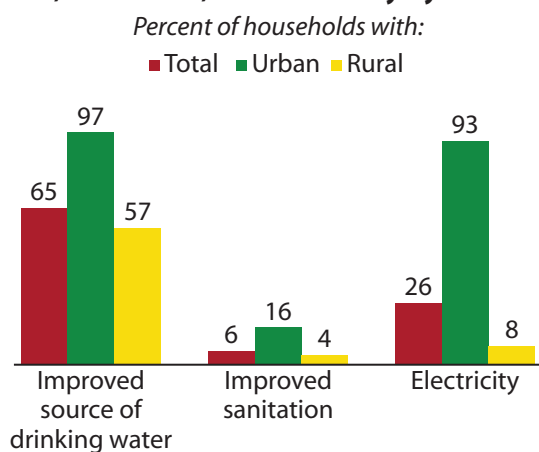
Household Composition

The average household size in Ethiopia is 4.6 members. One-quarter of households are headed by women. Nearly half (47%) of the Ethiopian population is under age 15.

Water, Sanitation, and Electricity

Nearly two-thirds (65%) of households have access to an improved source of drinking water. Almost all households in urban areas have access to an improved source of drinking water, compared to 57% of rural households. Only 6% of households in Ethiopia use improved sanitation. Urban households are more likely than rural households to use improved sanitation (16% versus 4%). Ninety-four percent of households use unimproved sanitation – 9% use a shared facility, 53% use an unimproved facility, and 32% have no facility. More than one-quarter (26%) of Ethiopian households have electricity. Nearly all urban households (93%) have electricity, compared to 8% of rural households.

Water, Sanitation, and Electricity by Residence



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Ownership of Goods

More than half of Ethiopian households have a mobile telephone (56%), 28% have a radio, and 14% have a television. Urban households are more likely than rural households to own a mobile telephone, radio, or television. In contrast, rural households are more likely to own agricultural land or farm animals than urban households.

Education

Nearly half of women (48%) and 28% of men age 15-49 have no education. More than one-third of women (35%) and 48% of men have attended primary school, while 12% of women and 15% of men have attended secondary education. Only 6% of women and 9% of men have more than secondary education. About 4 in 10 women (42%) and 7 in 10 men (69%) are literate.

Education

Percent distribution of women and men age 15-49 by highest level of education attended

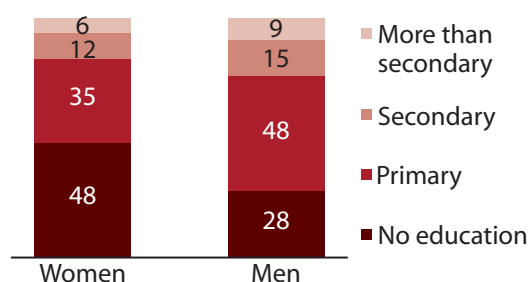


Figure adds up to more than 100% due to rounding.

FERTILITY AND ITS DETERMINANTS

Total Fertility Rate

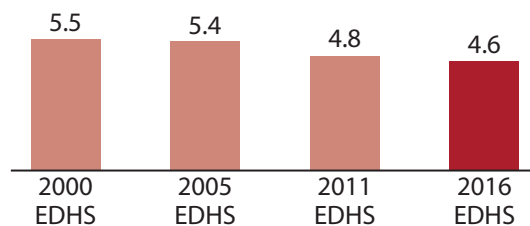
Currently, women in Ethiopia have an average of 4.6 children. Since 2000, fertility has decreased from 5.5 children per woman to the current level. This demonstrates a decline of 0.9 children.

Fertility varies by residence and region. Women in rural areas have an average of 5.2 children, compared to 2.3 children among women in urban areas. Fertility is lowest in Addis Ababa (1.8 children per woman) and highest in Somali (7.2 children per woman).

Fertility also varies with education and economic status. Women with no education have 3.8 more children than women with more than secondary education (5.7 versus 1.9). Fertility decreases as the wealth of the respondent's household* increases. Women living in the poorest households have an average of 6.4 children, compared to 2.6 children among women living in the wealthiest households.

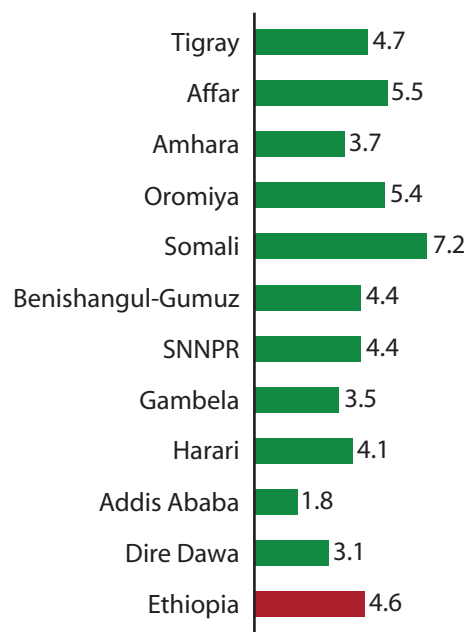
Trends in Total Fertility Rate

Births per woman for the three-year period before the survey



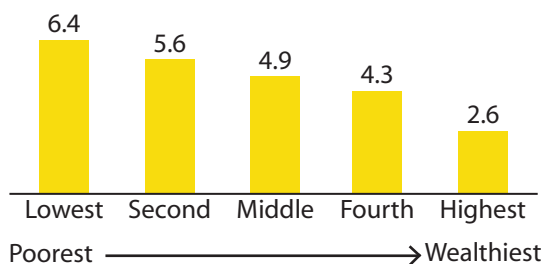
Total Fertility Rate by Region

Births per woman for the three-year period before the survey



Total Fertility Rate by Household Wealth

Births per woman for the three-year period before the survey



* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Age at First Sex, Marriage, and Birth

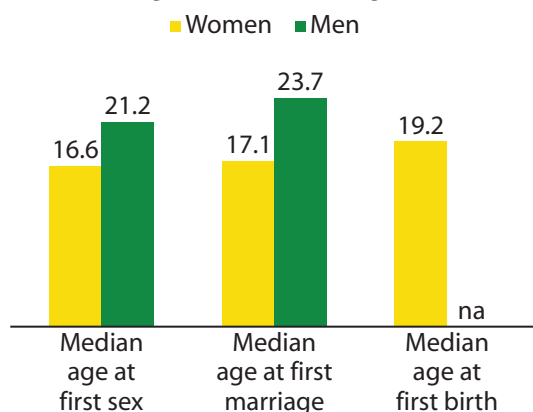
Ethiopian women begin sexual activity before Ethiopian men. The median age at first sexual intercourse for women age 25-49 is 16.6 years, compared to 21.2 years among men age 25-49. Women with more than secondary education initiate sex 6.3 years later than women with no education (22.3 years versus 16.0 years). One in four women begins sexual activity before age 15, while 62% have sex before age 18.

Women get married 0.5 years after sexual initiation at age 17.1. Ethiopian men marry much later than women at a median age of 23.7 years. Women with no education marry 7.7 years earlier than women with more than secondary education (16.3 years versus 24.0 years). Nearly 6 in 10 (58%) Ethiopian women are married by age 18, compared to 1 in 10 men (9%).

Within 2.1 years of marriage, women are having their first birth. The median age at first birth for women is 19.2 years. Nearly 4 in 10 (38%) women give birth by age 18.

Median Age at First Sex, Marriage, and Birth

Among women and men age 25-49



Polygyny

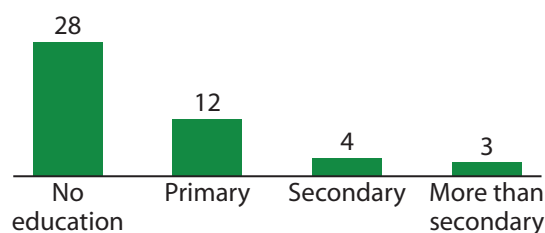
Eleven percent of Ethiopian women age 15-49 are in a polygynous union. Polygyny is most common among women in Somali region (29%). Five percent of men age 15-49 are in a polygynous union.

Teenage Childbearing

In Ethiopia, 13% of adolescent women age 15-19 are already mothers or pregnant with their first child. Teenage fertility is three times higher in rural areas (15%) than in urban areas (5%). Adolescent women in the poorest households are four times as likely as those in the wealthiest households to have begun childbearing (24% versus 6%). Teenage pregnancy decreases with increased education; 28% of young women with no education have begun childbearing compared to 3% young women with more than secondary education. Regionally, teenage pregnancy ranges from 3% in Addis Ababa to 23% in Affar.

Teenage Childbearing by Education

Percent of women age 15-19 who have begun childbearing



FAMILY PLANNING

Current Use of Family Planning

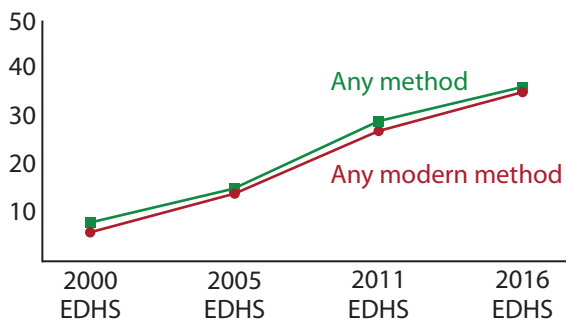
More than one-third (36%) of married women age 15-49 use any method of family planning—35% use a modern method and 1% use a traditional method. Injectables are the most popular modern method (23%), followed by implants (8%), IUD (2%), and the pill (2%).

Among sexually active, unmarried women age 15-49, 55% use a modern method of family planning and 3% use a traditional method. The most popular methods among sexually active, unmarried women are injectables (35%) and implants (11%).

Use of modern methods of family planning among married women varies by region. Modern method use ranges from a low of 1% in Somali to a high of 50% in Addis Ababa. Modern family planning use increases with wealth; 20% of women from the poorest households use a modern method of family planning, compared to 47% of women from the wealthiest households.

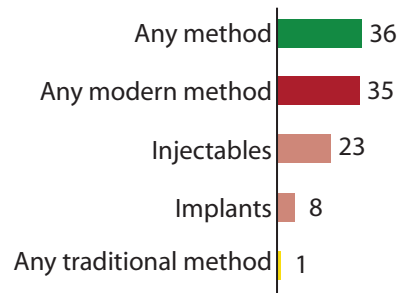
The use of any method of family planning by married women has increased more than fourfold from 8% in 2000 to 36% in 2016. Similarly, modern method use has increased fivefold from 6% to 35% during the same time period.

Trends in Family Planning Use
Percent of married women age 15-49 using family planning



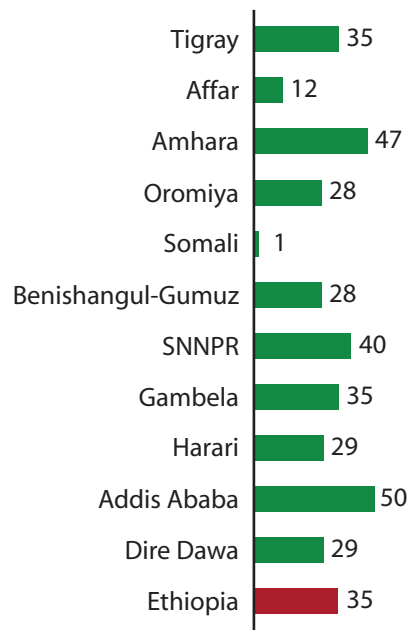
Family Planning

Percent of married women age 15-49 using family planning



Modern Method Use by Region

Percent of married women age 15-49 using any modern method of family planning



Demand for Family Planning

More than one-third of married women (35%) want to delay childbearing (delay first birth or space another birth) for at least two years. Additionally, 24% of married women do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning among married women in Ethiopia is 58%.

The total demand for family planning includes both met and unmet need. Met need is the contraceptive prevalence rate. In Ethiopia, 36% of married women use any family planning method.

Unmet Need for Family Planning

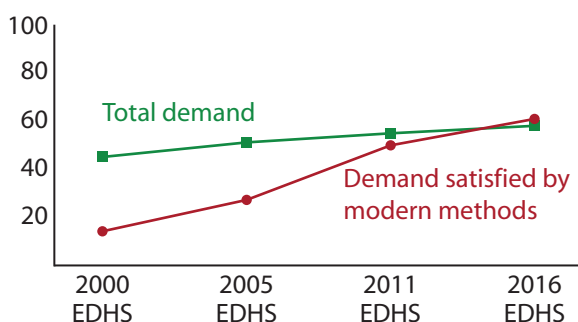
Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using family planning. More than 1 in 5 married women in Ethiopia have an unmet need for family planning: 13% want to delay childbearing, while 9% want to stop childbearing.

Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Sixty-one percent of the demand for family planning in Ethiopia is satisfied by modern methods. Both total demand for family planning and demand satisfied by modern methods have increased since 2000.

Trends in Demand for Family Planning

Among married women age 15-49, percent with demand for family planning and demand satisfied by modern methods



Exposure to Family Planning Messages

The most common media source of family planning messages is the radio. One-quarter of women and one-third of men heard a family planning message on the radio in the few months before the survey. Women and men were much less likely to have seen a family planning message on television or in a newspaper/magazine. Overall, 46% of women and 40% of men have not been exposed to family planning messages via any media source.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. Less than half of current users of modern contraceptive methods (46%) were informed of possible side effects or problems of their method, 36% were informed about what to do if they experience side effects, and 56% were informed of other available family planning methods. Overall, 3 in 10 women were informed of all three.



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CHILDHOOD MORTALITY

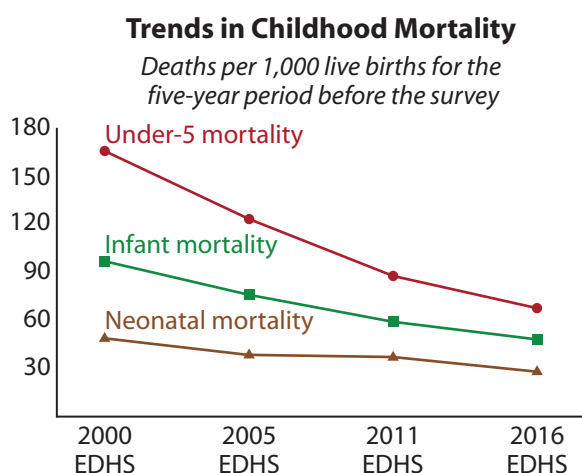
Rates and Trends

Infant and under-5 mortality rates for the five-year period before the survey are 48 and 67 deaths per 1,000 live births, respectively. At these mortality levels, 1 in every 15 Ethiopian children does not survive to their fifth birthday.

Childhood mortality rates have declined since 2000. Infant mortality has decreased from 97 deaths per 1,000 live births in 2000 to 48 in 2016. During the same time period, under-5 mortality has markedly declined from 166 to 67 deaths per 1,000 live births.



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Mortality Rates by Background Characteristics

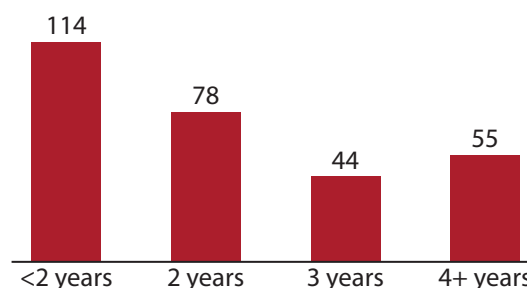
The under-5 mortality rate differs by residence and region for the ten-year period before the survey. Children in rural areas are more likely to die young (83 deaths per 1,000 live births) than children in urban areas (66 deaths per 1,000 live births). Under-5 mortality also varies by region, from 39 deaths per 1,000 live births in Addis Ababa to 125 deaths per 1,000 live births in Affar.

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Ethiopia is 34.5 months. Infants born less than two years after a previous birth have high under-5 mortality rates. Under-5 mortality is dramatically higher among children born less than two years after a previous birth (114 deaths per 1,000 live births) than among children born three years after a previous birth (44 deaths per 1,000 live births). Overall, 22% of children are born less than two years after their siblings.

Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



MATERNAL HEALTH

Antenatal Care

More than 6 in 10 women (62%) age 15-49 receive antenatal care (ANC) from a skilled provider* (doctor, nurse, midwife, health officer, and health extension worker). The timing and quality of ANC are also important. One in five women has their first ANC visit in the first trimester, as recommended. One-third of women make four or more ANC visits.

Only 42% of women take iron tablets during pregnancy. Almost half (49%) of women's most recent births are protected against neonatal tetanus. Among women who received ANC for their most recent birth, 75% had their blood pressure measured, 73% had a blood sample taken, 66% had a urine sample taken, and 66% had nutritional counseling.

Delivery and Postnatal Care

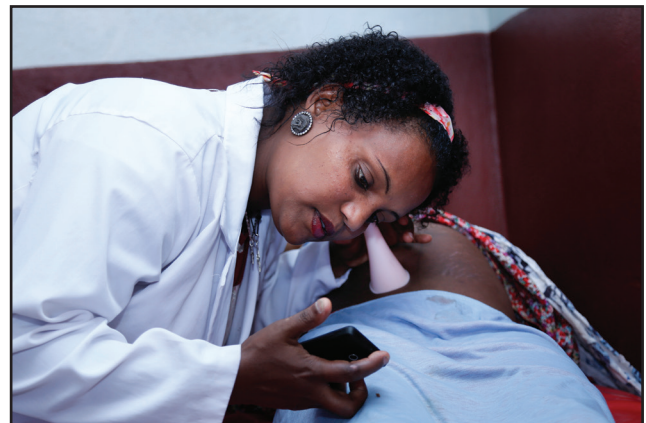
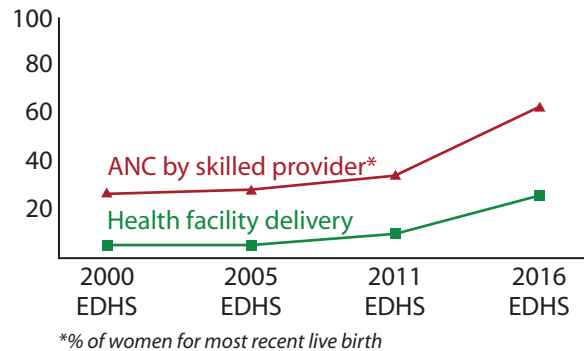
Only 26% of births occur in a health facility, primarily in public sector facilities. However, 73% of births occur at home. Women with more than secondary education and those in the wealthiest households are more likely to deliver at a health facility. Only 5% of births in 2000 were delivered in a health facility, compared to 26% in 2016.

Overall, 28% of births are assisted by a skilled provider*, the majority by nurses/midwives. Most births are delivered by unskilled traditional birth attendants (42%). Women in urban areas (80%), those with more than secondary education (93%), and those living in the wealthiest households (70%) are most likely to receive delivery assistance from a skilled provider. Skilled assistance during delivery has increased from 6% in 2000 to 28% in 2016.

Postnatal care helps prevent complications after childbirth. Only 17% of women age 15-49 receive a postnatal check within two days of delivery, while 81% did not have a postnatal check within 41 days of delivery. Merely 13% of newborns receive a postnatal check within two days of birth.

Trends in Maternal Health Care

Percent of live births in the five years before the survey



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Pregnancy-related Mortality

The 2016 EDHS asked women about deaths of their sisters to determine pregnancy-related mortality. Pregnancy-related mortality includes deaths of women during pregnancy, delivery, and two months after delivery, irrespective of the cause of death. The pregnancy-related mortality ratio (PRMR) for Ethiopia is 412 deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2016 PRMR ranges from 273 to 551 deaths per 100,000 live births. The 2016 EDHS PRMR estimate is significantly different from the 2011 EDHS estimate of 676 deaths per 100,000 live births.

* The definition of a skilled provider for 2000, 2005, and 2011 EDHS surveys includes doctor, nurse, and midwife. The 2016 EDHS skilled provider definition includes doctor, nurse, midwife, health officer, and health extension worker.

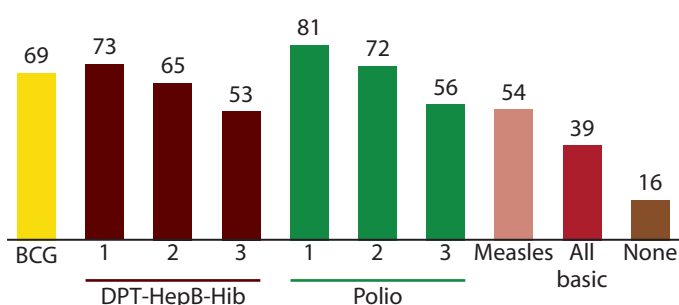
CHILD HEALTH

Vaccination Coverage

Nearly 4 in 10 children age 12-23 months have received all eight basic vaccinations – one dose each of BCG and measles and three doses each of DPT-HepB-Hib and polio vaccine. Urban children are more likely to have received all eight basic vaccinations than rural children (65% vs. 35%). Basic vaccination coverage is lowest in Affar (15%) and highest in Addis Ababa (89%). Basic vaccination coverage has more than doubled since 2000 when 14% of children had received all basic vaccinations.

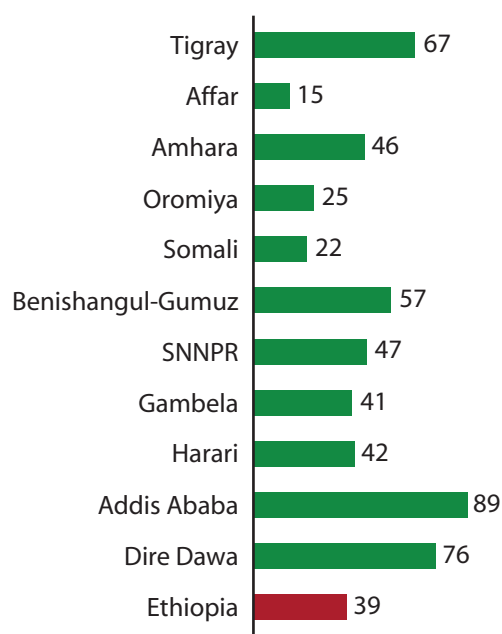
Vaccination Coverage

Percent of children age 12-23 months vaccinated at any time before the survey



Basic Vaccination Coverage by Region

Percent of children age 12-23 months who received all basic vaccinations



Childhood Illnesses

In the two weeks before the survey, 7% of children under five were ill with cough and rapid breathing, symptoms of acute respiratory infection (ARI). Among these children, 31% sought treatment or advice.

Fourteen percent of children under five had fever in the two weeks before the survey. Of these children, 35% sought treatment or advice. Treatment seeking for recent fever is low among children from the poorest households (24%) and high among children from the wealthiest households (51%).

More than 1 in 10 children under five had diarrhoea in the two weeks before the survey. Diarrhoea was most common among children age 6-11 months (23%). Forty-four percent of children under five with diarrhoea sought treatment or advice. Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). While 46% of children under five with diarrhoea received ORT, 38% received no treatment.



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FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Ethiopia with 97% of children ever breastfed. Almost three-quarters of children are breastfed within the first hour of life. Only 8% of children who were ever breastfed received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Fifty-eight percent of children under six months are exclusively breastfed. Children age 0-35 months breastfeed until a median of 23.9 months and are exclusively breastfed for 3.1 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Ethiopia, 56% of children age 6-8 months are breastfed and receive complementary foods.

Use of Iodised Salt

Iodine is an important micronutrient for physical and mental development. Fortification of salt with iodine is the most common method of preventing iodine deficiency. Nine in ten households in Ethiopia have iodised salt.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. In the 24 hours before the survey, 38% of children age 6-23 months ate foods rich in vitamin A. Forty-five percent of children age 6-59 months received a vitamin A supplement in the six months prior to the survey.

Iron is essential for cognitive development in children and low iron intake can contribute to anaemia. Twenty-two percent of children ate iron-rich foods the day before the survey, while 9% received an iron supplement in the week before the survey. Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anaemia and other complications. Only 5% of women took iron tablets for at least 90 days during their last pregnancy.



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NUTRITIONAL STATUS

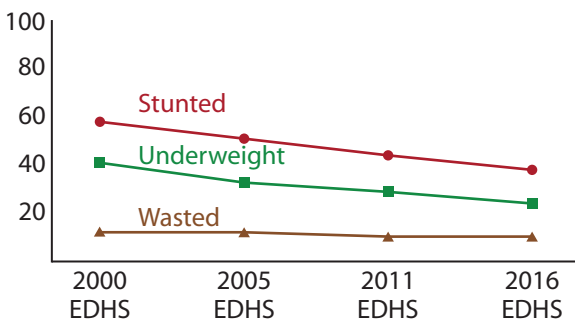
Children's Nutritional Status

The 2016 EDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Nearly 4 in 10 (38%) of children under five in Ethiopia are stunted, or too short for their age. Stunting is an indication of chronic undernutrition. Stunting is more common in Amhara (46%) and less common in Addis Ababa (15%). Children from the poorest households (45%) and whose mothers have no education (42%) are more likely to be stunted.

Overall, 10% of children are wasted (too thin for height), a sign of acute malnutrition. In addition, 24% of children are underweight, or too thin for their age. The nutritional status of Ethiopian children has improved since 2000. In 2000, more than half of children under five were stunted compared to 38% in 2016.

Trends in Childhood's Nutritional Status

Percent of children under five, based on 2006 WHO Child Growth Standards



Women and Men's Nutritional Status

The 2016 EDHS also took weight and height measurements of women and men age 15-49. Overall, 22% of women are thin (body mass index or BMI < 18.5). Comparatively, 8% of women are overweight or obese (BMI ≥ 25.0). Women in urban households are five times as likely to be overweight or obese than rural women (21% vs. 4%). Since 2000, overweight or obesity has increased from 3% to 8% in 2016.

Among men, one-third are thin (BMI < 18.5) and only 3% are overweight or obese (BMI ≥ 25.0). Men with more than secondary education (14%) and those from the wealthiest households (10%) are more likely to be overweight or obese. Since 2011, thinness among men has slightly declined from 37% to 33%.

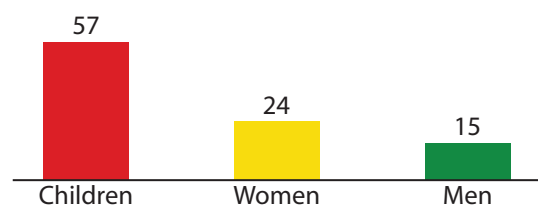
Anaemia

The 2016 EDHS tested children age 6-59 months, women age 15-49, and men age 15-49 for anaemia. Overall, 57% of children age 6-59 months are anaemic. Anaemia is more common in children from the poorest households (68%) and those whose mothers have no education (58%). Anaemia in children has increased since 2011 when 44% of children were anaemic.

One-quarter of women age 15-49 in Ethiopia are anaemic. Comparatively, 15% of men are anaemic. Since 2005, anaemia among women has slightly decreased from 27% to 24% in 2016. Among men, anaemia has slightly increased from 11% in 2011 to 15% in 2016.

Anaemia in Children, Women, and Men

Percent of children age 6-59 months, women age 15-49, and men age 15-49 with anaemia



HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

Knowledge of HIV Prevention Methods

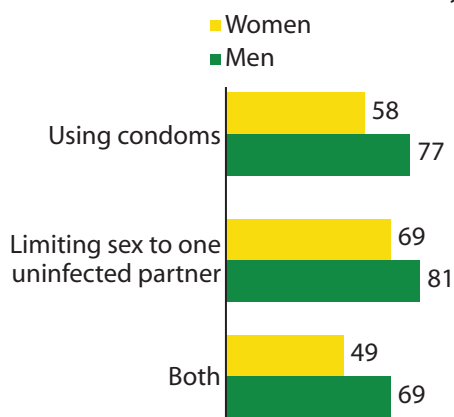
Half of women and 69% of men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one monogamous, uninfected partner. Knowledge of HIV prevention methods is highest among women and men from the wealthiest households and those with more than secondary education.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

More than half of women and men know that HIV can be transmitted during pregnancy, delivery, and by breastfeeding. Half of women and 61% of men know that HIV transmission can be reduced by the mother taking special medication.

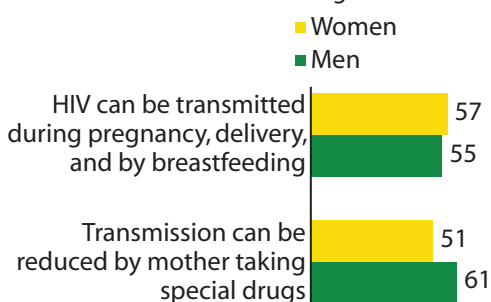
Knowledge of HIV Prevention Methods

Percent of women and men age 15-49 who know that the risk of HIV transmission can be reduced by:



Knowledge of PMTCT

Percent of women and men age 15-49 who know that:



Multiple Sexual Partners

Having multiple sexual partners increases the risk of contracting HIV and other sexually transmitted infections (STIs). Less than 1% of women and 3% of men had two or more sexual partners in the past 12 months. Among women and men who had two or more partners in the past year, 20% of women and 19% of men reported using a condom at last sexual intercourse. Men in Ethiopia have 1.3 more sexual partners in their lifetime than women (2.9 versus 1.6).

Male Circumcision

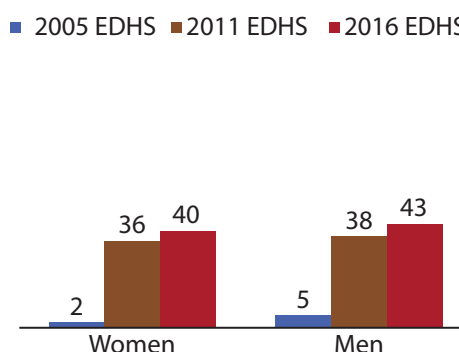
Nine in ten men in Ethiopia are circumcised. Male circumcision ranges from 72% in Gambela to 99% in Affar, Somali, Harari, and Dire Dawa. Young men age 15-19 are less likely to be circumcised than older men age 30-49 (86% vs. 94%)

HIV Testing

More than two-thirds of women (69%) and 84% of men know where to get an HIV test. Four in ten women and 43% of men have ever been tested for HIV and received the results. However, 56% of women and 55% of men have never been tested for HIV. Within the past 12 months, 1 in 5 women and men have been tested and received the results. HIV testing has slightly increased since 2011 when 36% of women and 38% of men were ever tested for HIV and received the results. Nineteen percent of pregnant women with a live birth in the last two years received HIV testing and counseling and received the results during an ANC visit.

Trends in HIV Testing

Percent of women and men age 15-49 who were ever tested for HIV and received their results



WOMEN'S EMPOWERMENT

Employment

Nearly half of married women (48%) were employed at any time in the past 12 months compared to 99% of married men. Working women and men are likely to not be paid for their work (49% and 53%, respectively). Only 35% of working women and 23% of men are paid in cash. Sixty-two percent of married women who are employed and earned cash made joint decisions with their husband on how to spend their earnings. Overall, 58% of working women reported earning less than their husband.

Ownership of Assets

Among both women and men, half own a home alone or jointly. Women are less likely than men to own land alone or jointly (40% vs. 48%).

In Ethiopia, 15% of women and 25% of men use a bank account. More than one-quarter of women and 55% of men own a mobile phone. Among mobile phone owners, only 5% of women and 9% of men use the phone for financial transactions.

Problems in Accessing Health Care

Seven in 10 women report at least one problem accessing health care for themselves. More than half of women are concerned about getting money for treatment, while half are concerned about the distance to the health facility. Forty-two percent do not want to go alone to the health facility, while 32% are worried about getting permission to go for treatment.



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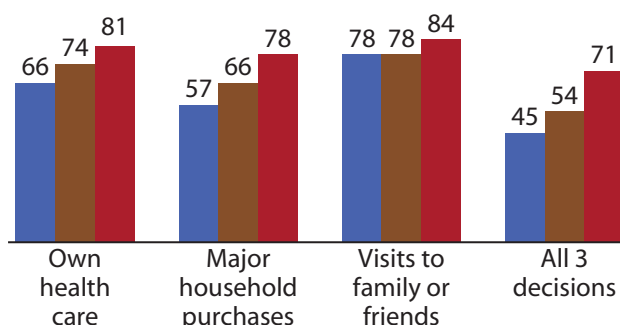
Participation in Household Decisions

The 2016 EDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives. Married women in Ethiopia are most likely to have sole or joint decision making power about visiting family or relatives (84%) and their own health care (81%) and less likely to make decisions about major household purchases (78%). Overall, 71% of married women participate in all three decisions. Since 2005, married women's participation in decision making has steadily improved.

Trends in Women's Participation in Decision Making

Percent of women age 15-49 who usually make specific decisions by themselves or jointly with their husband

■ 2005 EDHS ■ 2011 EDHS ■ 2016 EDHS



DOMESTIC VIOLENCE

Attitudes toward Wife Beating

Sixty-three percent of women and 28% of men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Both women and men are most likely to agree that wife beating is justified if the wife neglects the children (48% and 19%, respectively).

Experience of Physical Violence

Nearly one-quarter of women (23%) have ever experienced physical violence since age 15. In the past year, 15% of women have experienced physical violence. The most common perpetrator of physical violence among ever-married women is a current husband/partner (68%). Among never married women, the most common perpetrator of physical violence is a sister/brother (27%).

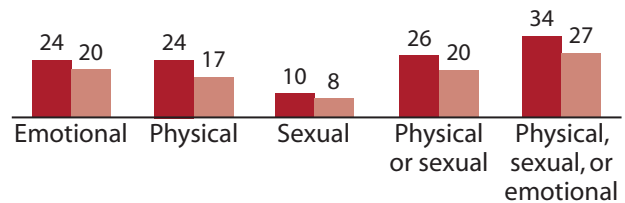
Experience of Sexual Violence

One in ten women have ever experienced sexual violence; 7% have experienced sexual violence in the past year. Divorced/separated/widowed women are most at risk (18%) compared to never married women (2%). The most common perpetrator of sexual violence among ever-married women is a current husband/partner (69%).

Spousal Violence

More than one-third of ever-married women have experienced spousal violence, whether physical or sexual or emotional. Twenty-seven percent of ever-married women report having experienced spousal violence within the past year. Spousal violence is highest among ever-married women who are divorced/separated/widowed (44%), with no education (36%), and those from the Oromiya region (38%).

Spousal Violence
Percent of ever-married women who have experienced the following types of spousal violence
■ Ever ■ Past 12 months



Help Seeking Behaviour

More than 1 in 5 women who have experienced physical or sexual violence sought help to stop the violence. The most common sources of help for these women are their neighbour (34%) or own family (31%).

FEMALE GENITAL MUTILATION/CUTTING

Female Genital Mutilation/Cutting (FGM/C)

Nearly all women and men have heard of FGM/C in Ethiopia. Knowledge of FGM/C steadily increases with increased levels of education.

In Ethiopia, 65% of women have been circumcised. Among these women, the most common type of FGM/C involves the cutting and removal of flesh (73%). FGM/C is more common among women from rural areas (68%) than urban areas (54%). Regionally, FGM/C is least common in Tigray (24%) and Gambela (33%) and more common in Affar (91%) and Somali (99%). FGM/C has declined since 2000 from 80% of women in 2000 to 74% in 2005 to the current level of 65% in 2016.

In Ethiopia, FGM/C is performed throughout childhood. Women are most likely to report circumcision occurred before age 5 (49%), while 22% are circumcised between age 5-9, 18% age 10-14, and 6% age 15 or older.

FGM/C among Girls

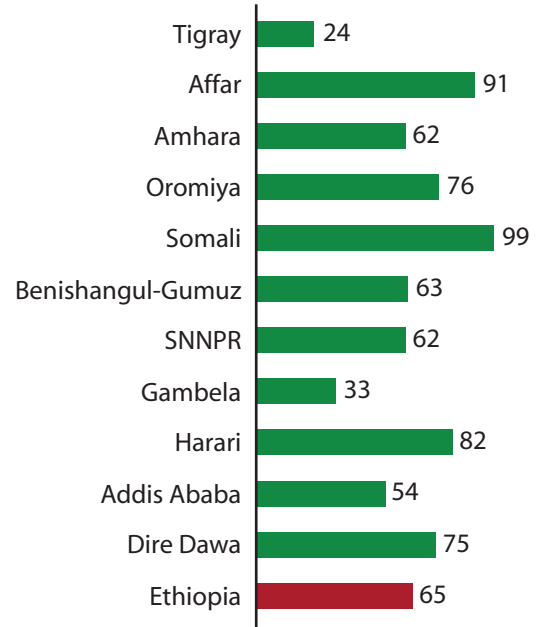
Women interviewed in the 2016 EDHS who had daughters under age 15 were asked if their daughters are circumcised. Overall, 16% of girls under age 15 are circumcised. FGM/C is more common among girls in rural areas (17%), whose mothers have no education (17%), and whose mothers are circumcised (20%).

Attitudes toward FGM/C

One-quarter of women and 17% of men believe that FGM/C is required by their religion. Overall, 79% of women and 87% of men believe that the practice should not be continued.

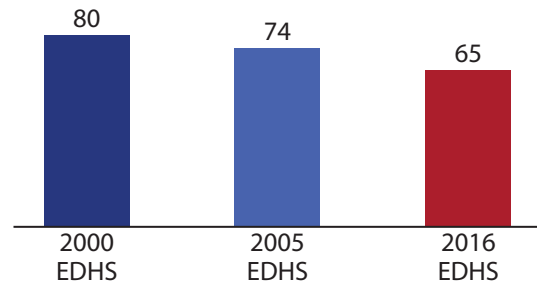
Female Genital Mutilation/Cutting by Region

Percent of women age 15-49 who are circumcised



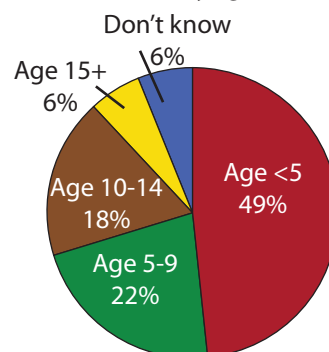
Trends in Female Genital Mutilation/Cutting

Percent of women age 15-49 who are circumcised



Age at Female Genital Mutilation/Cutting

Percent distribution of women age 15-49 who are circumcised by age at circumcision



INDICATORS

	Residence		
	Ethiopia	Urban	Rural
Fertility			
Total fertility rate (number of children per woman)	4.6	2.3	5.2
Median age at first birth for women age 25-49 (years)	19.2	21.6	18.9
Women age 15-19 who are mothers or currently pregnant (%)	13	5	15
Family Planning (among married women age 15-49)			
Current use of any method of family planning (%)	36	52	33
Current use of a modern method of family planning (%)	35	50	32
Unmet need for family planning ² (%)	22	11	25
Demand satisfied by modern methods (%)	61	79	57
Maternal Health (among women age 15-49)			
ANC visit with a skilled provider ³ (%)	62	90	58
Births delivered in a health facility (%)	26	79	20
Births assisted by a skilled provider ³ (%)	28	80	21
Child Health (among children age 12-23 months)			
Children who have received all basic vaccinations ⁴ (%)	39	65	35
Nutrition			
Children under five who are stunted (moderate or severe) (%)	38	25	40
Women age 15-49 who are overweight or obese (%)	8	21	4
Men age 15-49 who are overweight or obese (%)	3	12	1
Prevalence of any anaemia among children age 6-59 months (%)	57	49	58
Prevalence of any anaemia among women age 15-49 (%)	24	17	25
Prevalence of any anaemia among men age 15-49 (%)	15	7	16
Childhood Mortality (deaths per 1,000 live births)⁵			
Neonatal mortality	29	41	38
Infant mortality	48	54	62
Under-five mortality	67	66	83
HIV/AIDS			
Women age 15-49 who know that HIV can be prevent by using condoms and limiting sexual intercourse to one uninfected partner (%)	49	69	43
Men age 15-49 who know that HIV can be prevent by using condoms and limiting sexual intercourse to one uninfected partner (%)	69	74	67
Women age 15-49 who have ever been tested for HIV and received the results (%)	40	68	32
Men age 15-49 who have ever been tested for HIV and received the results (%)	43	65	37
Domestic Violence (among women age 15-49)			
Women who have ever experienced physical violence since age 15 (%)	23	21	24
Ever-married women who have ever experienced spousal physical, sexual, or emotional violence (%)	34	28	35

¹a = Omitted because less than 50% of respondents had sexual intercourse for the first time before reaching the beginning of the age group. ²Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. ³Skilled provider includes doctor, nurse, midwife, health officer, and health extension worker. ⁴Basic vaccinations include BCG, measles, three doses each of DPT-HepB-Hib and polio vaccine (excluding polio vaccine given at birth). ⁵Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey.

