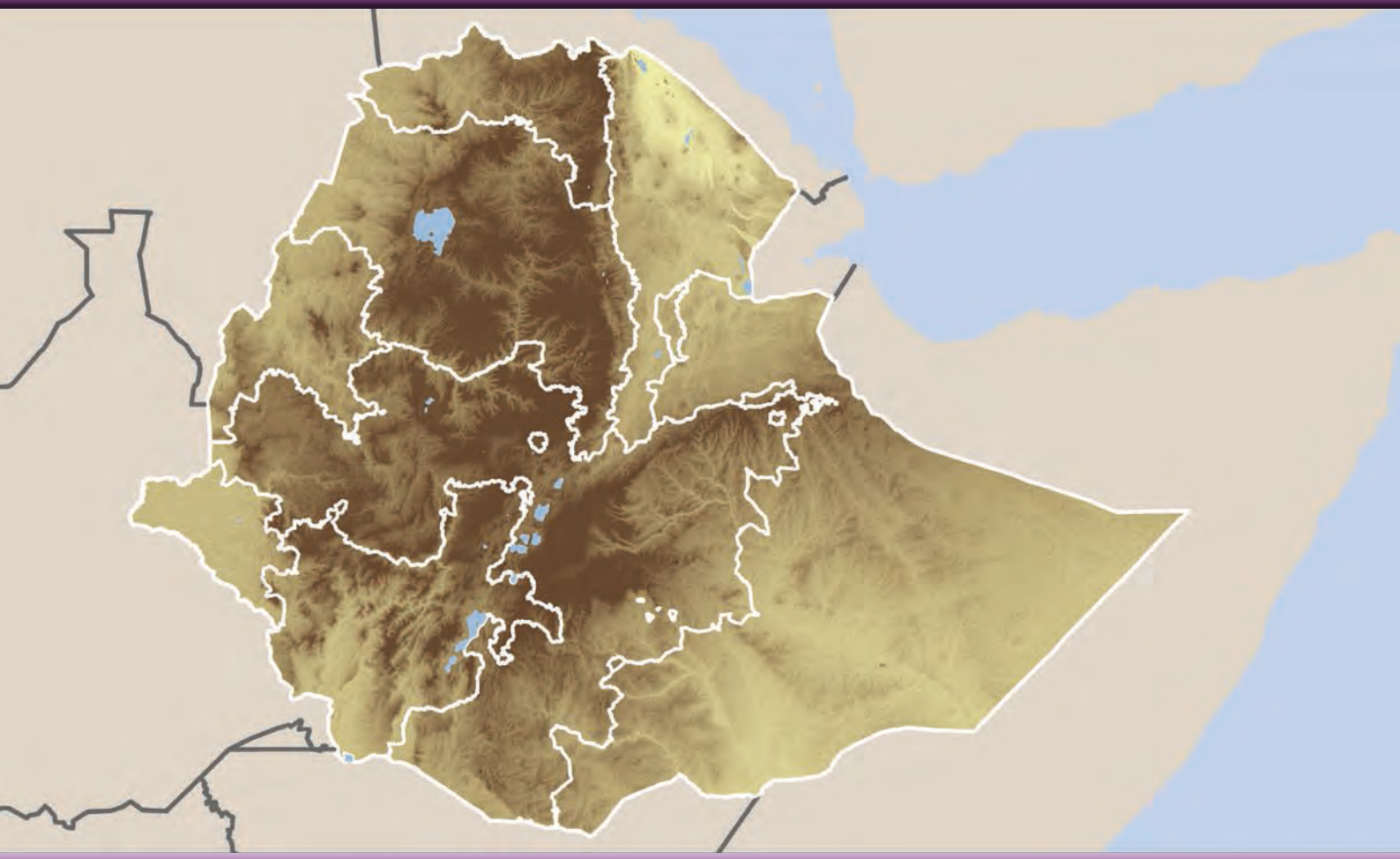
Ethiopia



Atlas of Youth Reproductive Health

Data from the 2011 Ethiopia Demographic and Health Survey

This report summarises findings on youth reproductive health from the 2011 Ethiopia Demographic and Health Survey (EDHS), which was carried out under the aegis of the Ministry of Health (MOH) and was implemented by the Central Statistical Agency (CSA). The testing of the blood samples for HIV status was handled by the Ethiopia Health and Nutrition Research Institute (EHNRI). ICF International provided technical assistance as well as funding to the project through the MEASURE DHS project, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide. Funding for the EDHS was also provided by the government of Ethiopia and various international donor organizations and governments: the United States Agency for International Development (USAID), the HIV/AIDS Prevention and Control Office (HAPCO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Kingdom Department for International Development (DFID), and the United States Centers for Disease Control and Prevention (CDC). The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organisations.

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Additional information about the survey may be obtained from the Central Statistical Agency (CSA), 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 programme may be obtained from MEASURE DHS, ICF International, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. Telephone: 1.301.572.0200; Fax: 1.301.572.0999; E-mail: reports@measuredhs.com.

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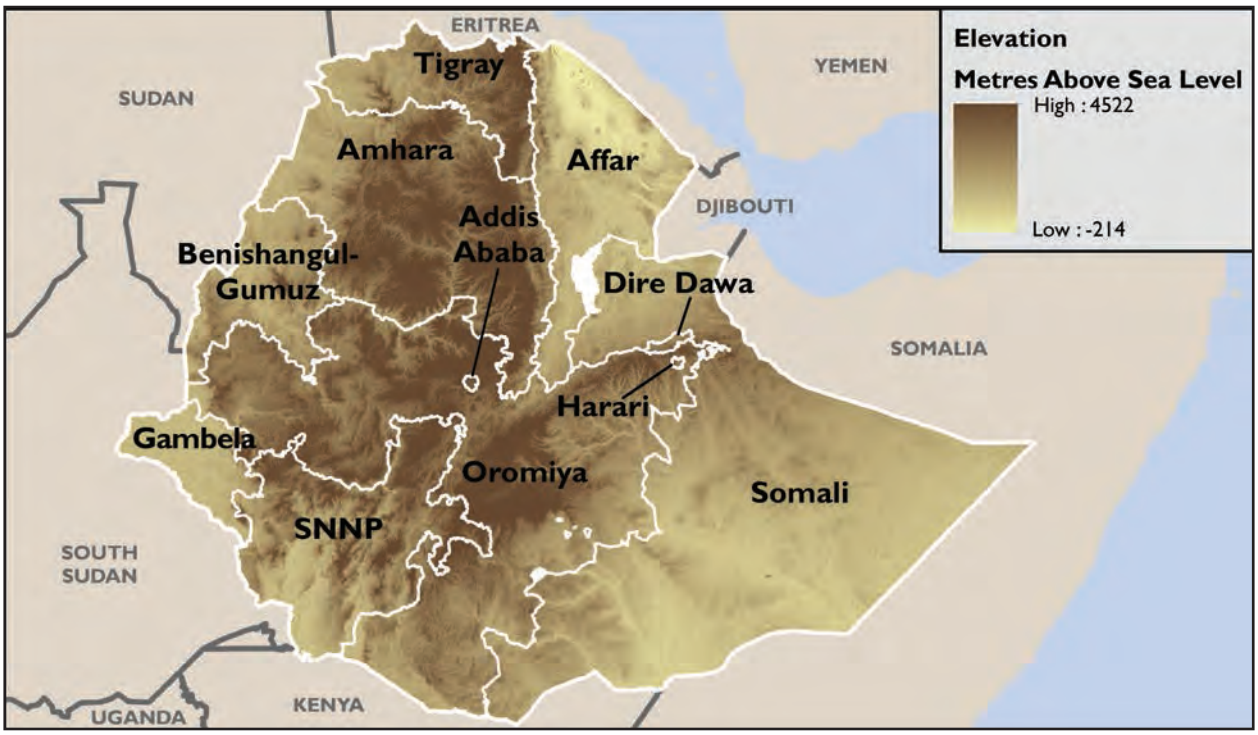
Ethiopia DHS 2011 Regions

Elevation in meters above sea level



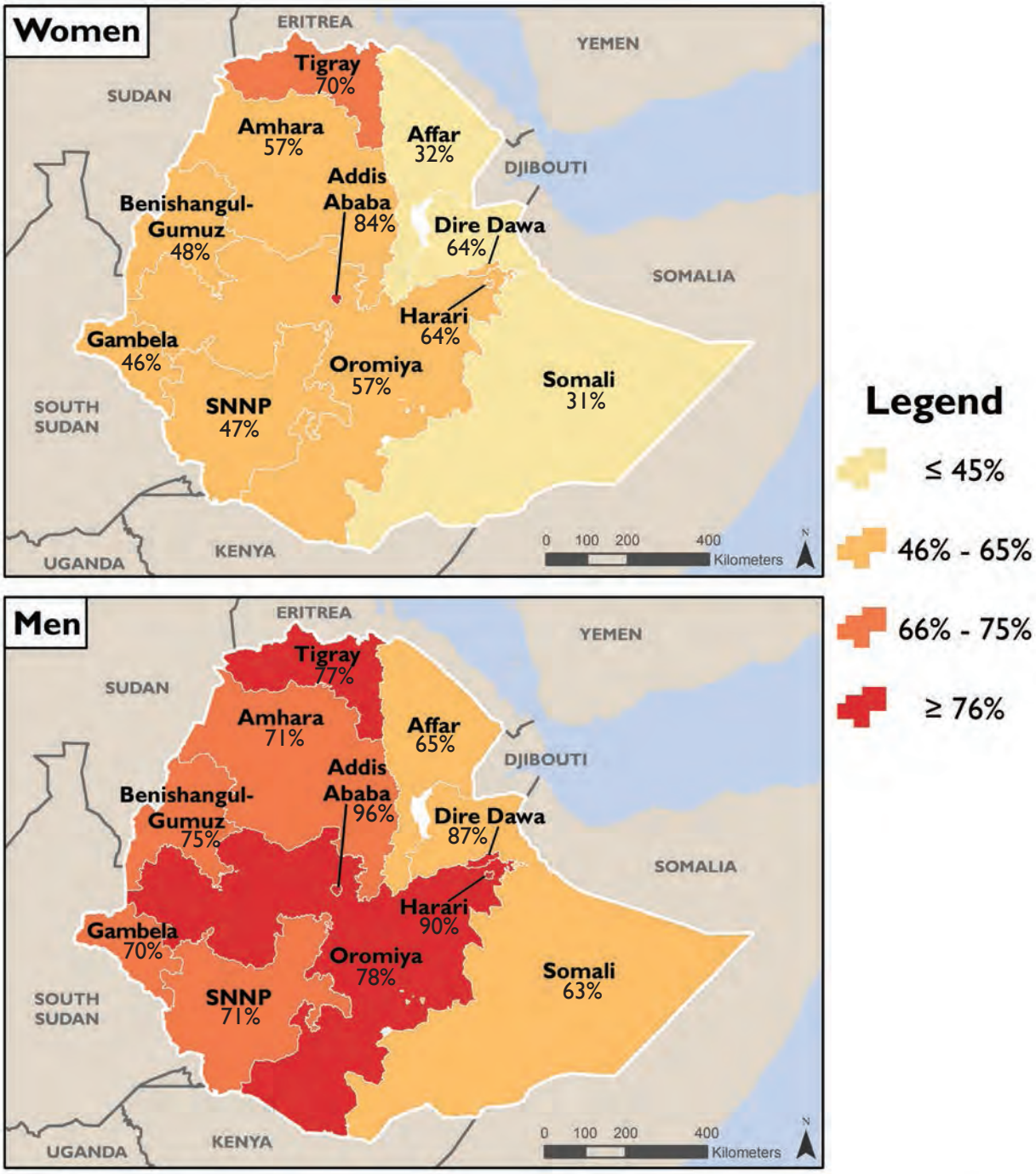
Adolescence and youth is a period of great opportunity and hope. It is the period between childhood and adulthood when young people undergo major physical, emotional, and social development, with significant impact on their sexual and reproductive health as well as their quality of life. Their decisions, behaviours, skills, and knowledge have a major impact on their future development. Consequently, one of the most important commitments a country can make for its future economic, social, and political progress, as well as stability, is to invest in the growth and development needs of young people.

This booklet contains the latest data on the reproductive health of Ethiopian youth, age 15-24. The analysis is conducted based on the dataset from the 2011 Ethiopia Demographic and Health Survey (EDHS). Young people were a large proportion of survey respondents; 6,857 young women and 5,162 young men age 15-24 participated in the 2011 EDHS. The survey collected data from 16,515 women age 15–49 and 14,110 men age 15–59 in every region of the country. The survey sample design for the 2011 EDHS ensures that the data collected are representative at the national level, for Ethiopia's urban and rural areas, and for each of the 11 regions.

The 2007 Population and Housing Census conducted by the Central Statistical Agency (CSA) provided the sampling frame for the 2011 EDHS. The sampling frame excluded some special EAs with disputed boundaries which represent 0.1% of the total population. In this atlas these special EAs are shaded in white. The map of Ethiopia and its regional boundaries were provided by CSA. Boundaries in the map don't have any official regional or federal endorsements.

Literacy

Percentage of women and men age 15-24 who are literate

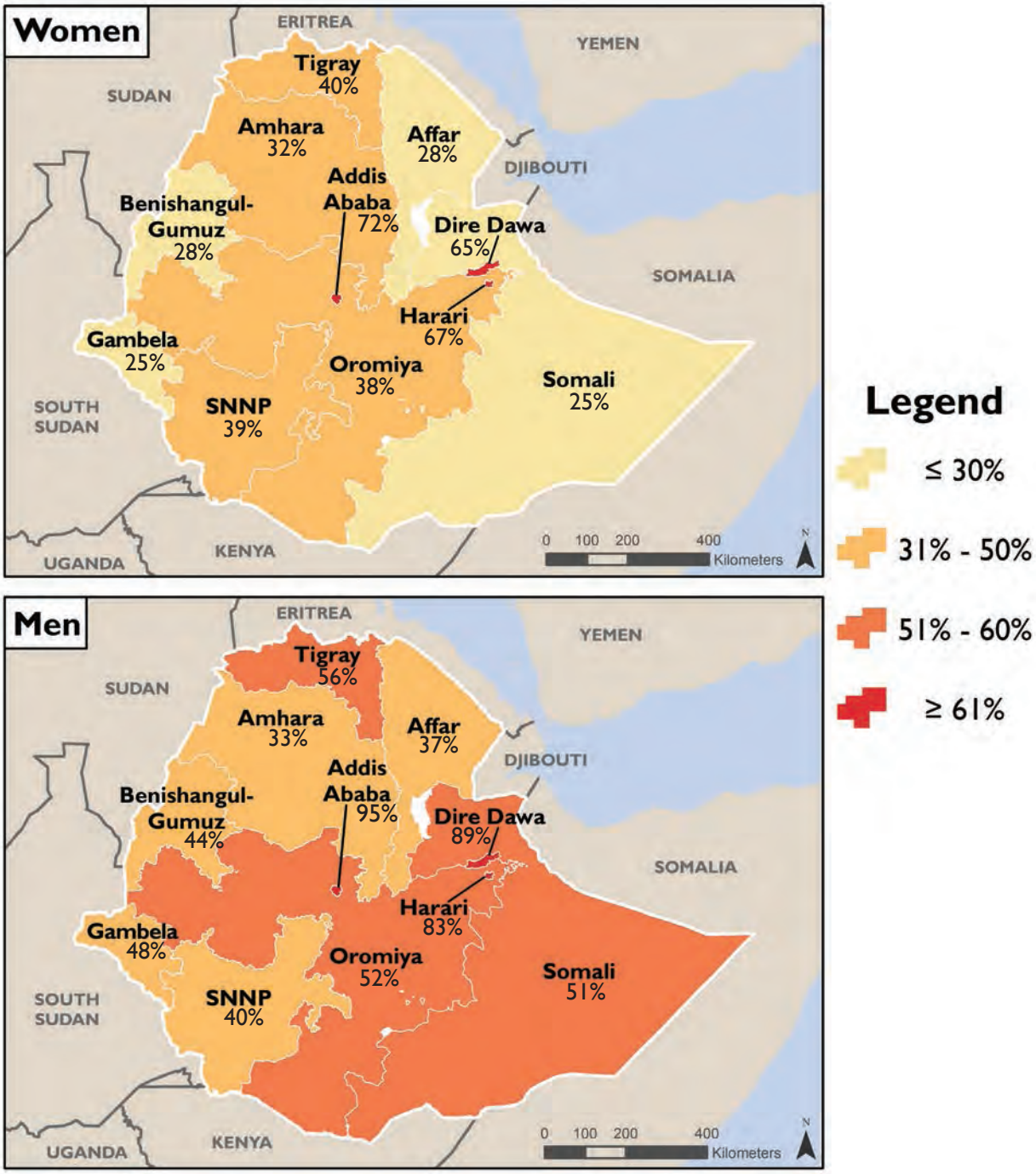


The ability to read and write gives individuals increased opportunities in life. The 2011 EDHS defined literacy as being able to read all or part of a sentence. Those who had never been to school and those who had not completed primary level education were asked to read sentences in the language they were mostly likely able to read. Those who had attended secondary school or higher education were assumed to be literate.

More young men than young women are literate in Ethiopia (75% and 57%, respectively). Youth living in the Somali and Affar regions are least likely to be literate. Among young men, literacy is highest in Addis Ababa and Harari, while young women living in Addis Ababa and the Tigray region are the most likely to be literate.

Exposure to Mass Media

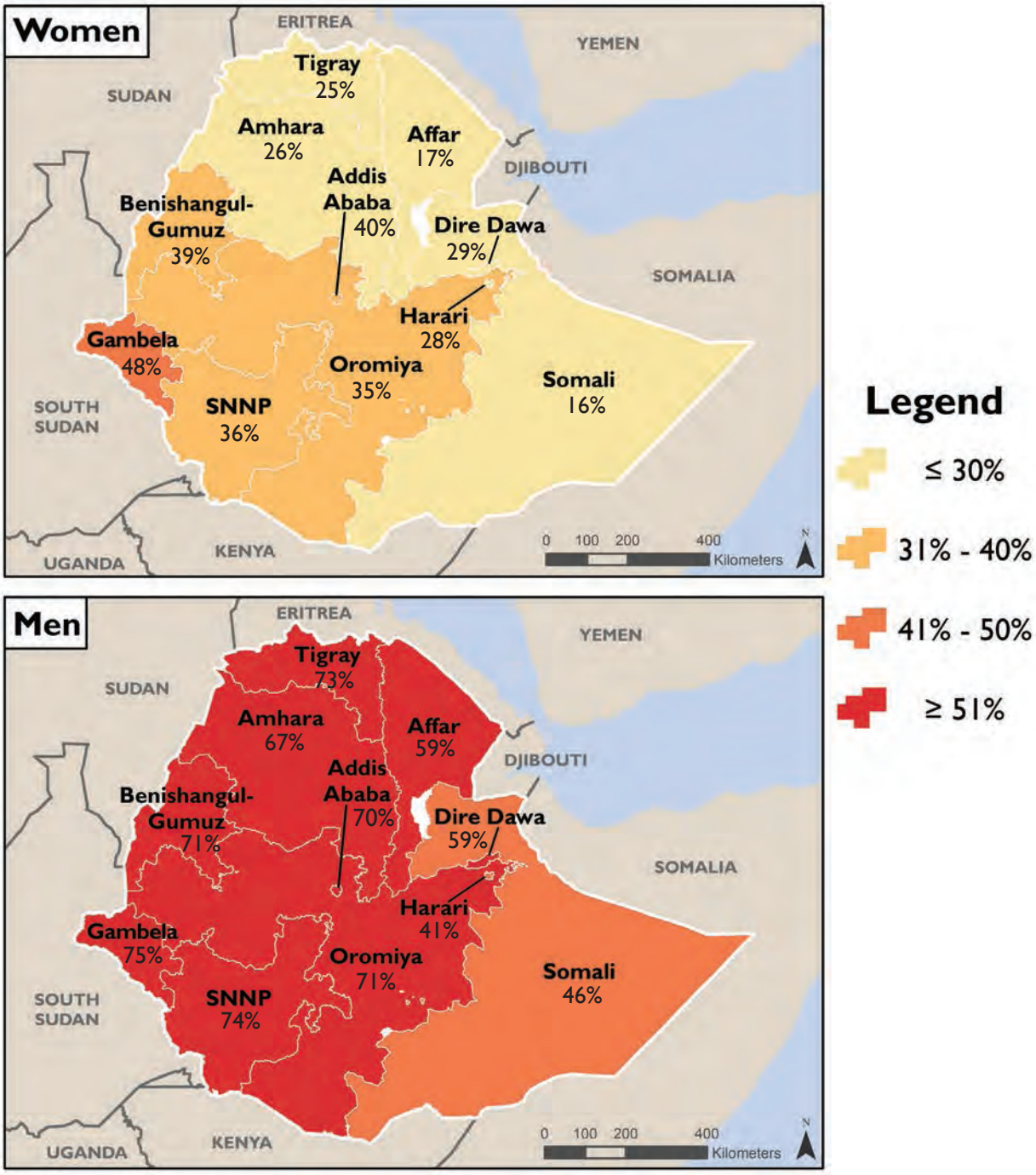
Percentage of women and men age 15-24 who are exposed to newspapers, television, or radio on a weekly basis



Access to information is essential to increasing young people's knowledge and awareness of local and national events, as well as access to potentially life-saving information on health and family planning issues. More than one-third (38%) of young women and 47% of young men access one or more forms of mass media on a weekly basis. The gender gap in media exposure is particularly marked in the Somali and Affar regions. Young women's weekly exposure to newspapers, television, or radio ranges from a low of 25% in the Gambela and Somali regions to a high of 72% in Addis Ababa. Young men living in the Amhara region are least likely to be exposed to mass media on a weekly basis (33%), while young men living in Addis Ababa report the highest weekly exposure to mass media (95%).

Current Employment

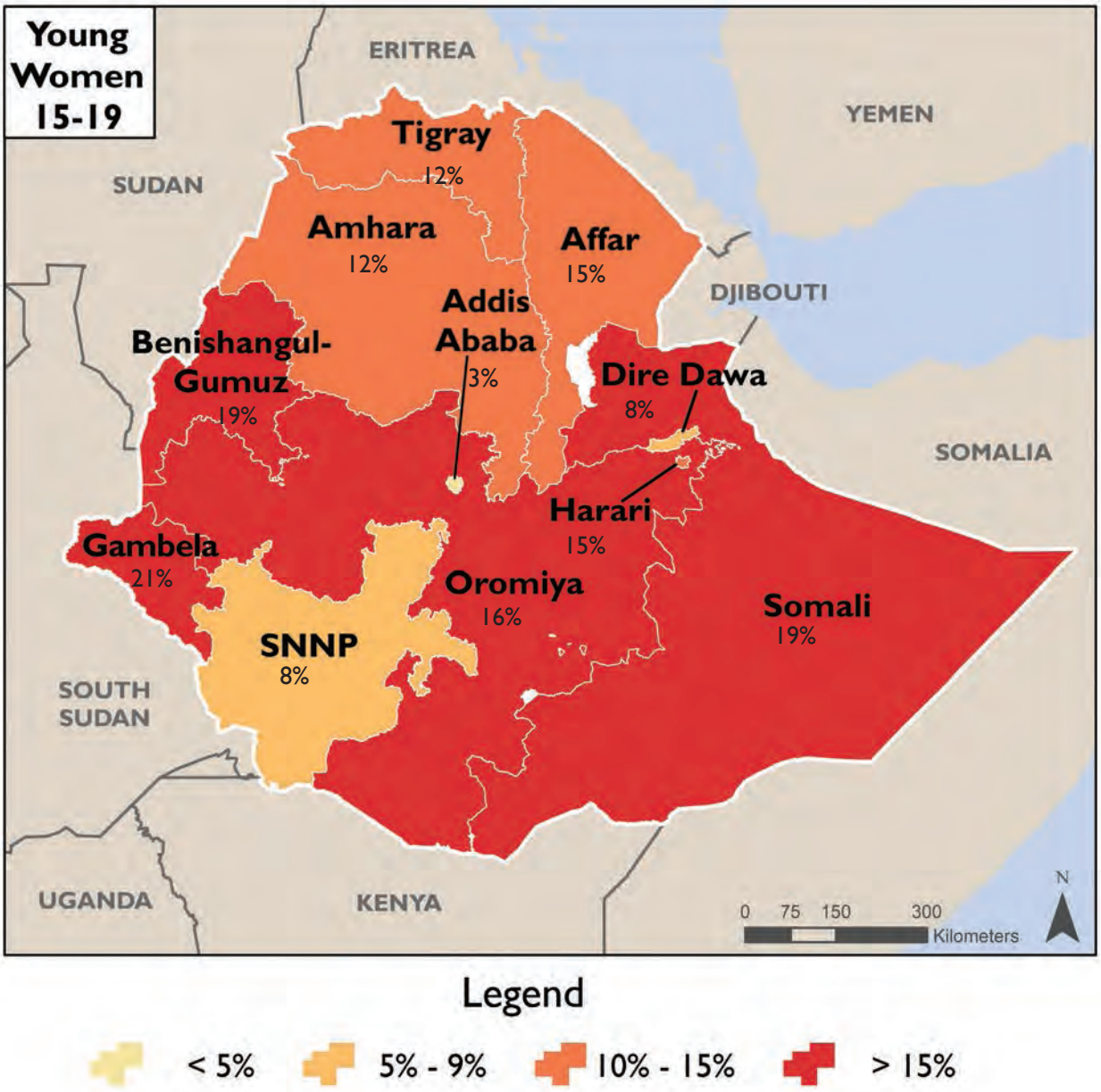
Percentage of women and men age 15-24 who were employed in the seven days before the survey



Young men are more than twice as likely as young women to be currently employed (70% versus 32%). Current employment is defined as having worked in the seven days before the survey. Young women living in the Somali (16%) and Affar (17%) regions are least likely to be employed, compared to Gambela, where nearly half (48%) of young women are currently employed. Among young men, employment is lowest in the Harari (41%) and Somali (46%) regions and highest in Gambela (75%) and SNNP (74%).

Teenage Pregnancy and Motherhood

Percentage of women age 15-19 who have had a live birth or are pregnant with their first child

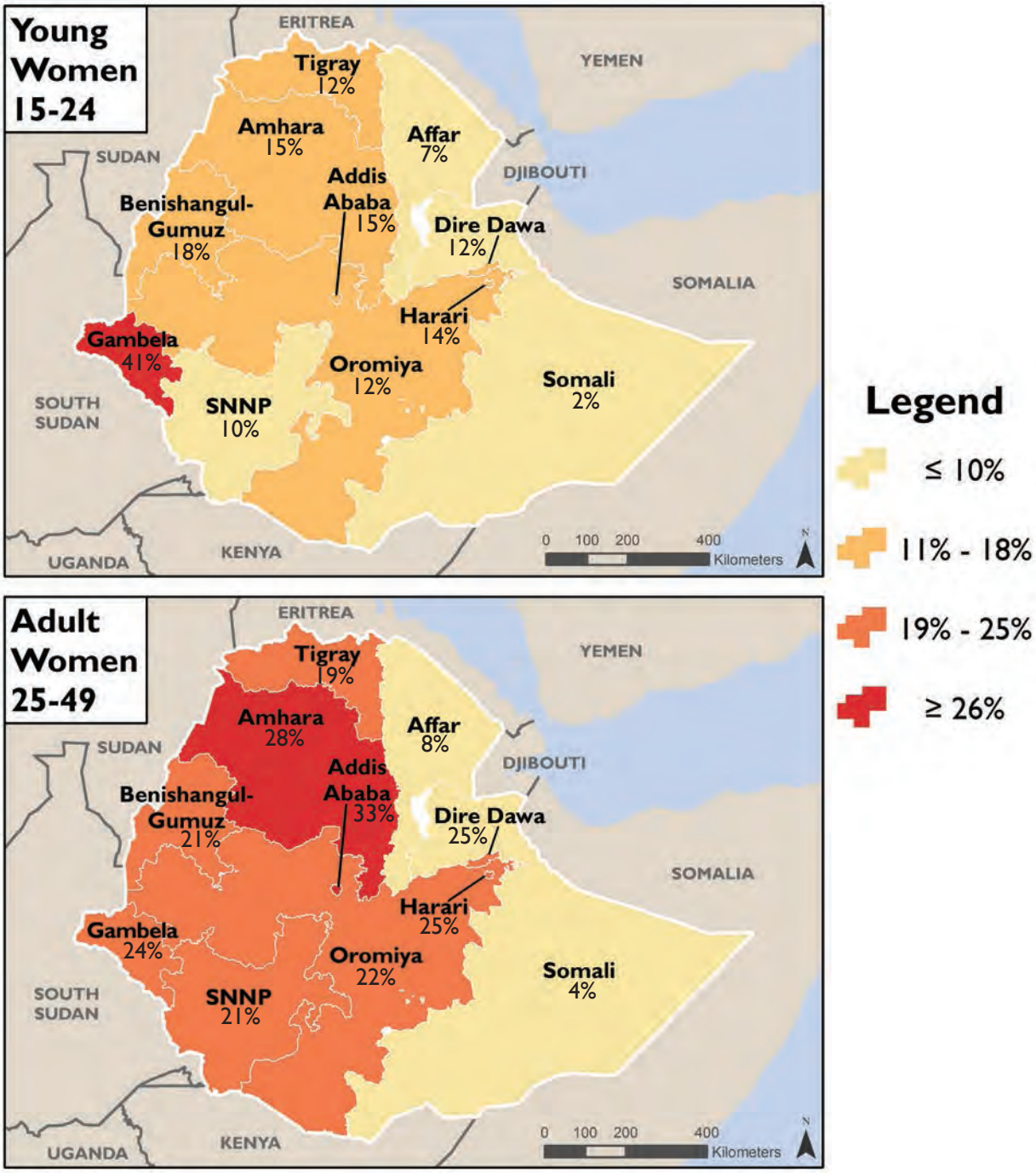


Adolescent childbearing has many negative health, social, and demographic consequences. Children born to women age 15-19 are more likely to die in infancy and early childhood than children born to older mothers. Women who start having children young often do not complete secondary school, limiting their future employment possibilities and other life choices. Additionally, starting childbearing young often results in larger families and reduced economic circumstances.

Overall, 12% of Ethiopian women age 15-19 have begun childbearing; 10% have had a live birth and an additional 2% are pregnant with their first child. Young women in Addis Ababa are least likely to have begun childbearing (3%), compared to 21% of young women in Gambela.

Modern Contraceptive Use

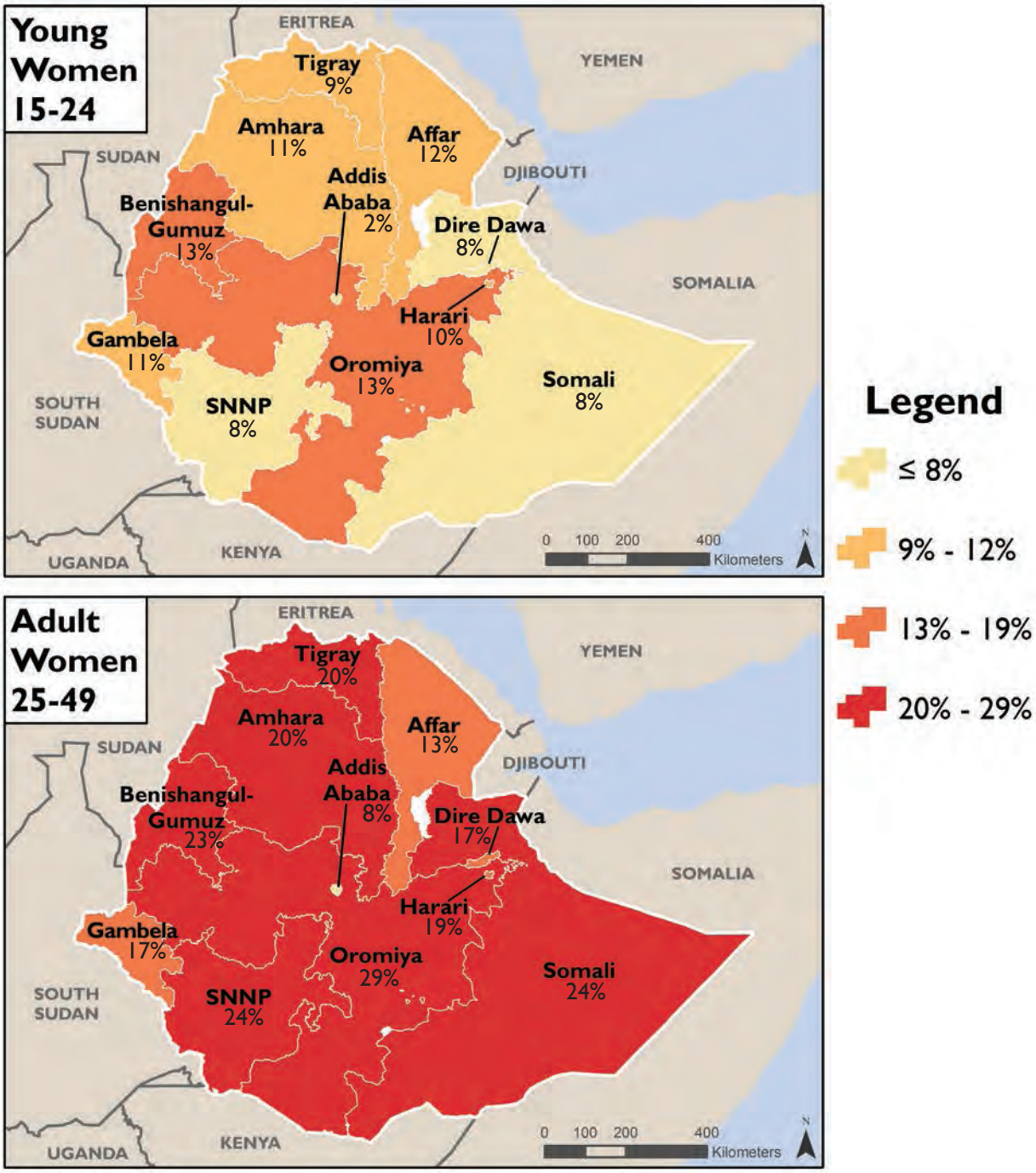
Percentage of women age 15-24 and age 25-49 currently using a modern method of contraception



Nearly 2 in 10 (19%) women age 15-49 are currently using a modern method of contraception. Adult women age 25-49 are almost twice as likely to be using a modern method as young women age 15-24 (23% and 12%, respectively). However, the pattern of contraceptive use among youth and adult women does not vary much by region. Among young women, modern method use ranges from a low of 2% in the Somali region to a high of 41% in the Gambela region. Just 4% of adult women in the Somali region are using a modern method of contraception, compared to 33% of adult women in Addis Ababa.

Unmet Need for Family Planning

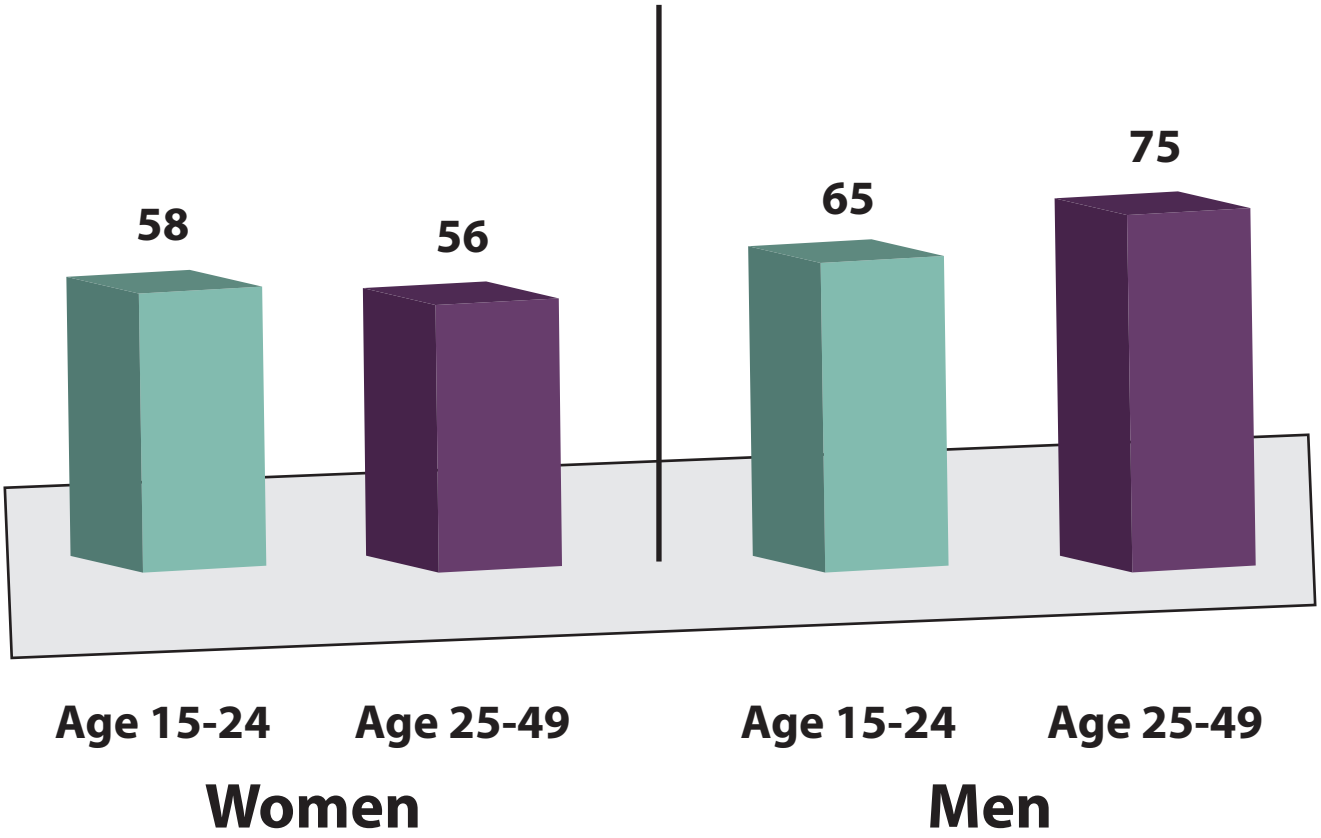
Percentage of women age 15-24 and age 25-49 with an unmet need for family planning



Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely, but are not using contraception. One in 10 young women age 15-24 have a unmet need for family planning, compared to 23% of adult women age 25-49. Not surprisingly, young women have a greater need for spacing rather than limiting births. Unmet need for family planning among young women is lowest in Addis Ababa (2%) and highest in the Benishangul-Gumuz and Oromiya regions (13%, each). Eight percent of adult women living in Addis Ababa have an unmet need for family planning, compared to 29% in Oromiya.

Exposure to Family Planning Messages

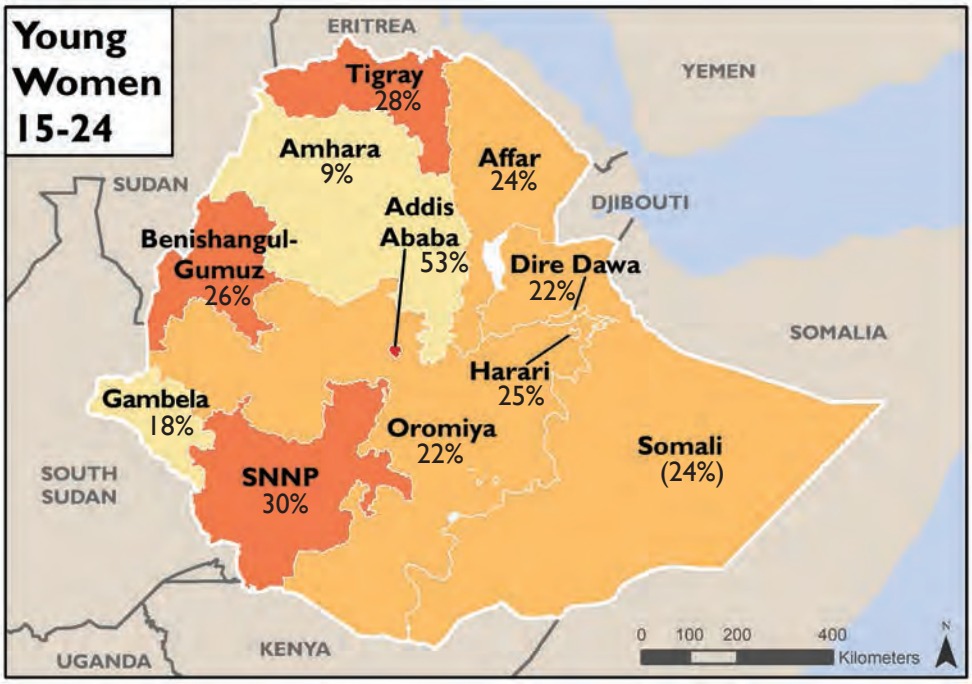
Percentage of women and men age 15-49 who heard or saw a family planning message on radio; on television; in a newspaper; in a pamphlet, poster, or leaflet; or at a community event in the past few months

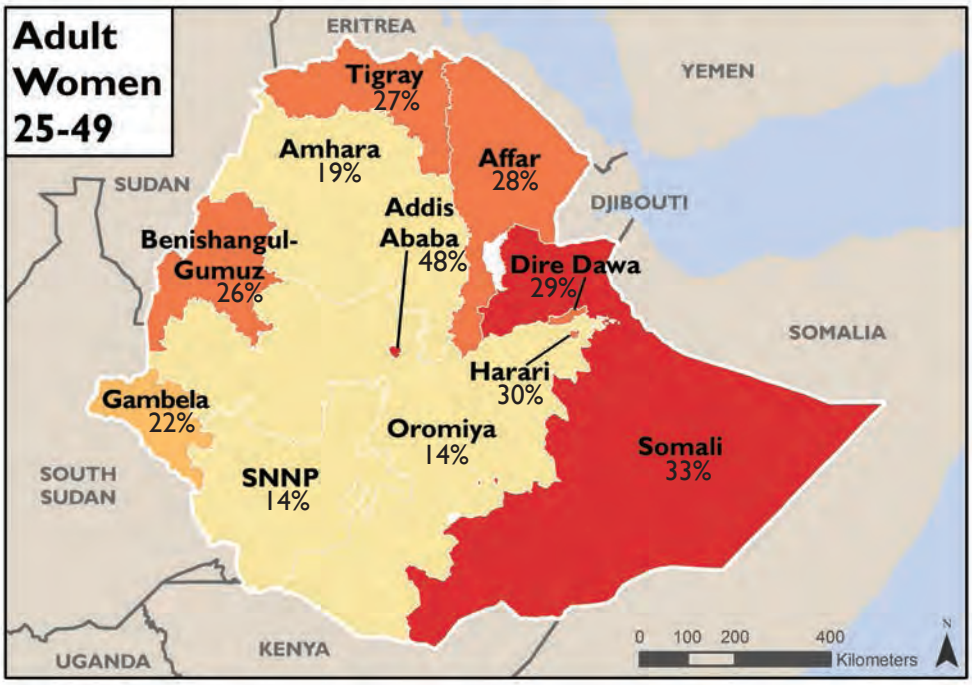


Overall, 57% of women and 71% of men age 15-49 were exposed to a family planning message on the radio; on television; in a pamphlet, poster, or leaflet; or at a community event in the few months before the survey. Exposure to a family planning message varies little by age among women (58% and 56% respectively). In contrast, young men age 15-24 were less likely to be exposed to a family planning message than adult men age 25-49 (65% and 75%, respectively). Young women were most likely to have been exposed to a family planning message on the radio, while adult women reported community events as their major source of exposure to family planning messages. Both young men and adult men said that they were most likely to have been exposed to a family planning message via the radio.

Informed of Signs of Pregnancy Complications

Among women receiving antenatal care for their most recent birth in the past five years, the percentage age 15-24 and age 25-49 who were informed of signs of pregnancy complications





Legend

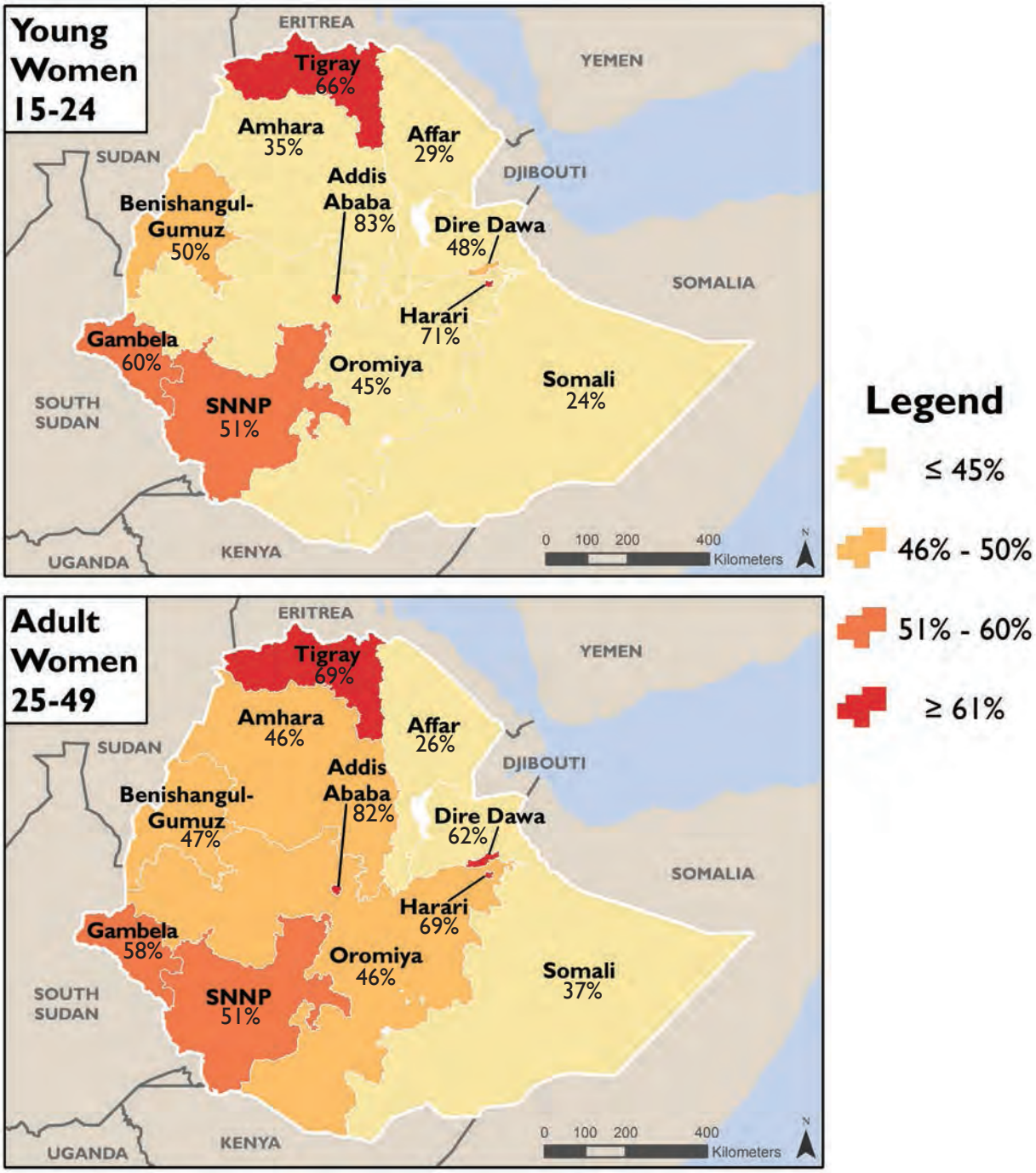
- ≤ 20%
- 21% - 25%
- 26% - 30%
- ≥ 31%

*Percentages in parentheses are based on 25-49 unweighted cases.

High quality antenatal care (ANC) is crucial to keeping mothers and babies healthy. One component of high quality ANC is informing pregnant women of signs of pregnancy complications and encouraging them to seek treatment if they experience complications. Just 1 in 5 Ethiopian women age 15-49 were informed of signs of pregnancy complications during ANC. There is little difference in the proportion of women who were informed of signs of pregnancy complications by age; 22% of young women age 15-24 were informed of signs of pregnancy complications, compared to 19% of adult women age 25-49. Among young women, the proportion who were informed of signs of pregnancy complications ranges from 9% in Amhara to 53% in Addis Ababa. Among adult women, this proportion is lowest in the Oromiya and SNNP regions (14%, each) and highest in Addis Ababa (48%).

Tetanus Toxoid Injections

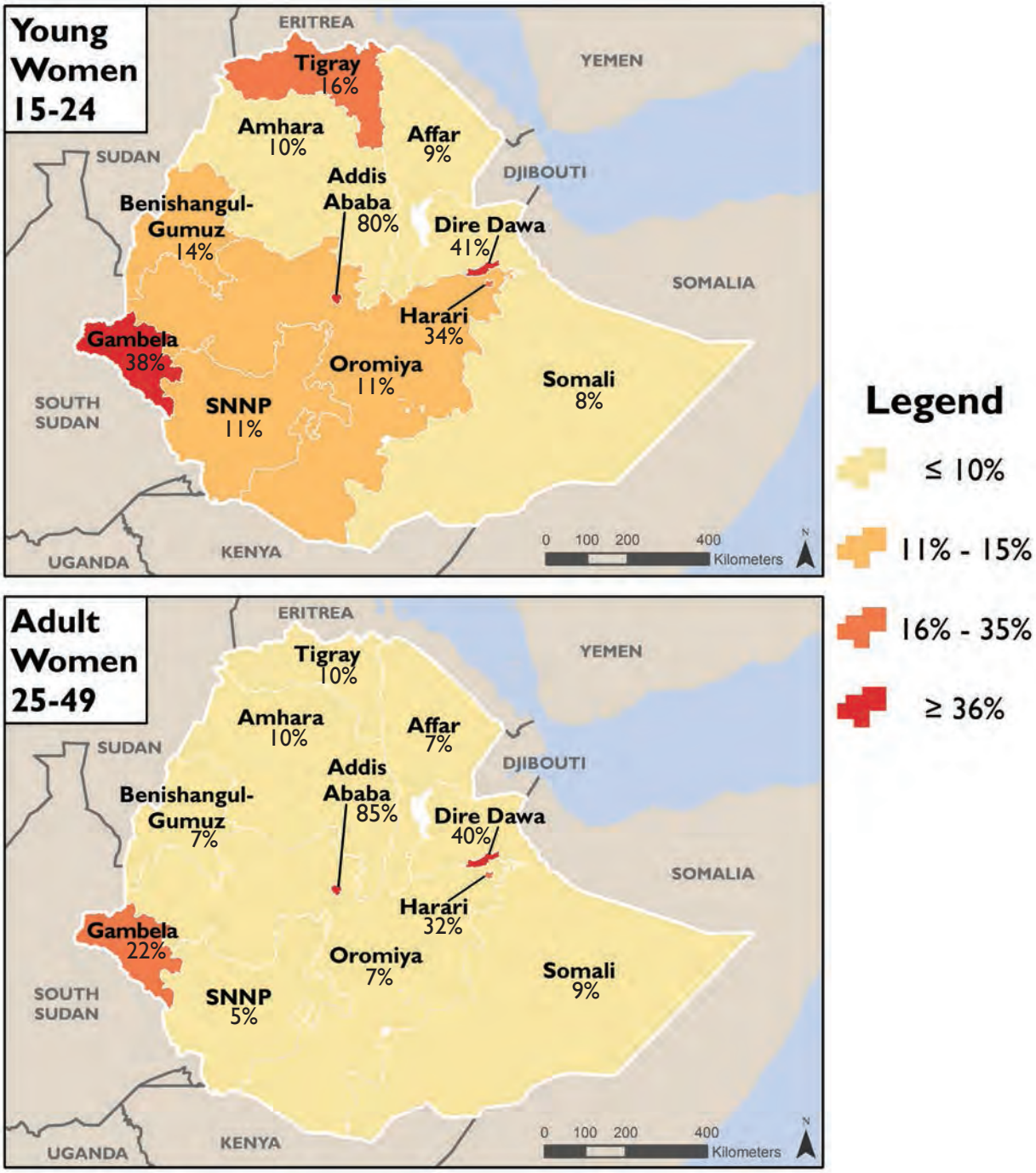
Percentage of women age 15-24 and age 25-49 with a live birth in the past five years whose last birth was protected against neonatal tetanus



Tetanus toxoid (TT) vaccinations are given to pregnant women to prevent neonatal tetanus. A baby is considered protected if the mother receives two doses of tetanus toxoid during pregnancy; however, if the woman was vaccinated during a previous pregnancy, she only requires one dose for the current pregnancy. Forty-eight percent of last births in Ethiopia were protected against neonatal tetanus. Young mothers age 15-24 were slightly less likely than adult mothers age 25-49 to have their last birth protected against neonatal tetanus (45% and 49%, respectively). Less than one-quarter (24%) of young mothers in the Somali region had their last birth protected against neonatal tetanus, compared to 83% in Addis Ababa. The proportion of adult mothers who had their last birth protected against neonatal tetanus is lowest in the Affar region (26%) and highest in Addis Ababa (82%).

Delivery Assistance from a Skilled Provider

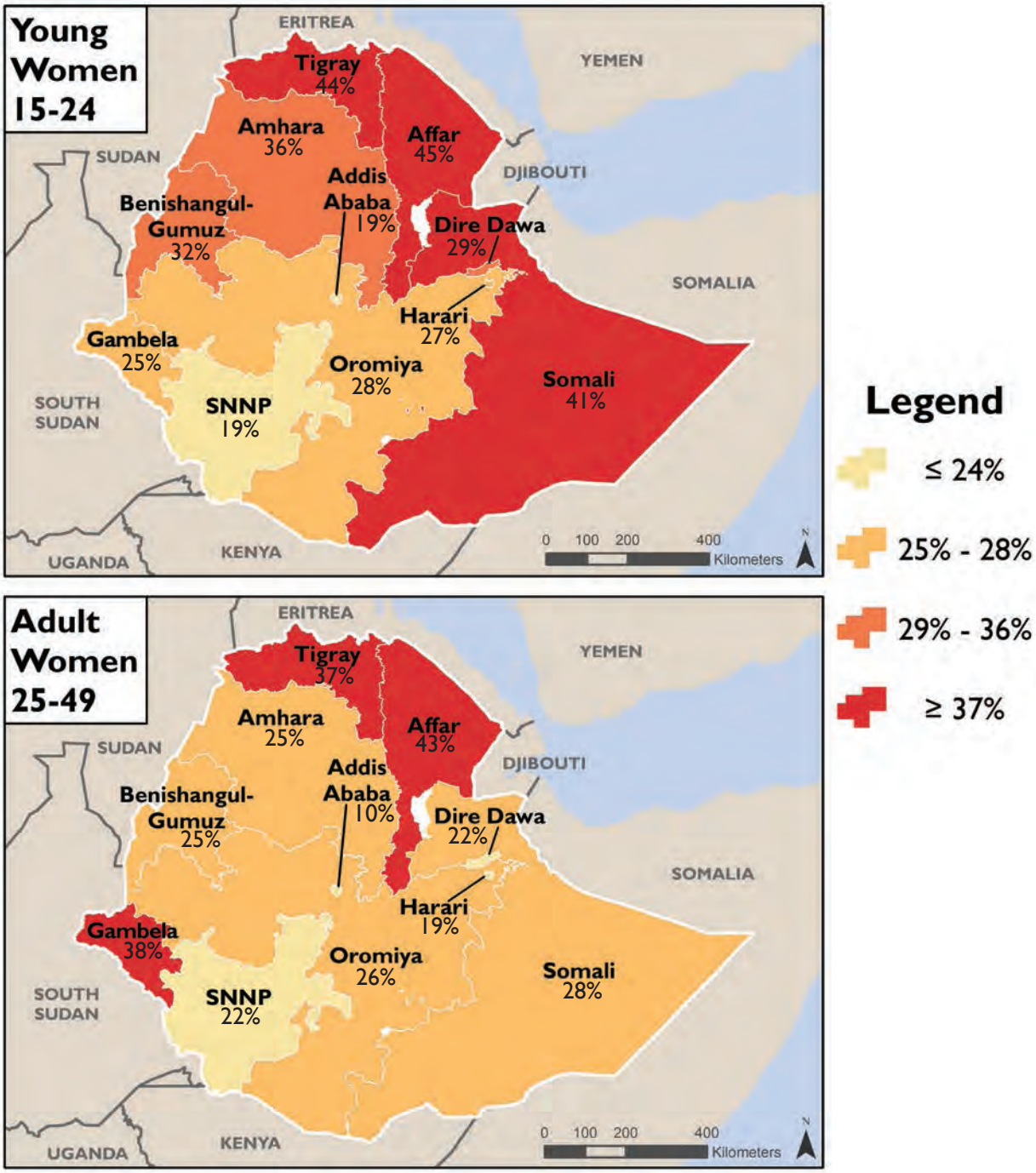
Percent of live births in the past five years to women age 15-24 and age 25-49 that were assisted by a skilled provider (doctor, nurse, or midwife)



Delivery assistance from a skilled provider is critical to reducing maternal and neonatal mortality. In Ethiopia, skilled providers include doctors, nurses, and midwives. Just 1 in 10 deliveries were assisted by a skilled provider, primarily nurses or midwives. Young mothers age 15-24 were more likely to deliver with the assistance of a skilled provider than adult mothers age 25-49 (13% versus 9%). Young mothers living in Addis Ababa are ten times more likely to deliver with the assistance of a skilled provider than young mothers living in the Somali region (80% and 8%, respectively). Regional variation in delivery assistance by a skilled provider is even more dramatic among adult mothers; just 5% of adult mothers in the SNNP region deliver with the assistance of a skilled provider, compared to 85% of adult mothers in Addis Ababa.

Women's Nutritional Status

Percentage of women age 15-24 and age 25-49 who are thin (Body Mass Index <18.5)

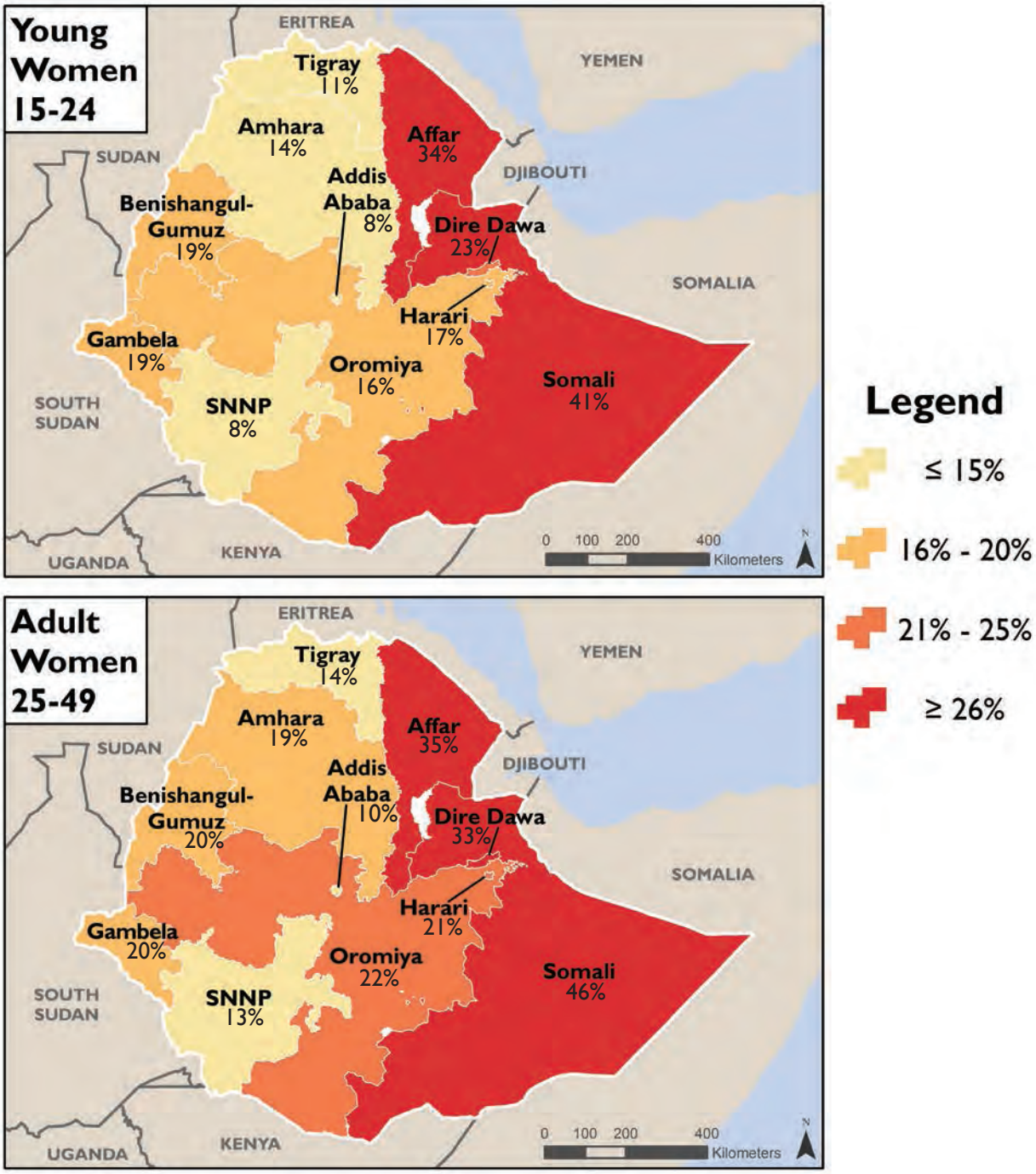


The nutritional status of women was assessed by taking height and weight measurements and then calculating the Body Mass Index (BMI) for each respondent. BMI is defined as weight in kilograms divided by height in meters squared (kg/m^2). A BMI below 18.5 indicates thinness or acute undernutrition. Severe undernutrition (BMI<17) is associated with increased mortality.

Overall, 27% of Ethiopian women age 15-49 are thin or undernourished. Three in 10 young women age 15-24 are thin, compared to 25% of adult women. Regional differences in thinness do not vary by age; young and adult women living in Addis Ababa are least likely to be thin and young and adult women living in the Affar region are most likely to be thin.

Anaemia

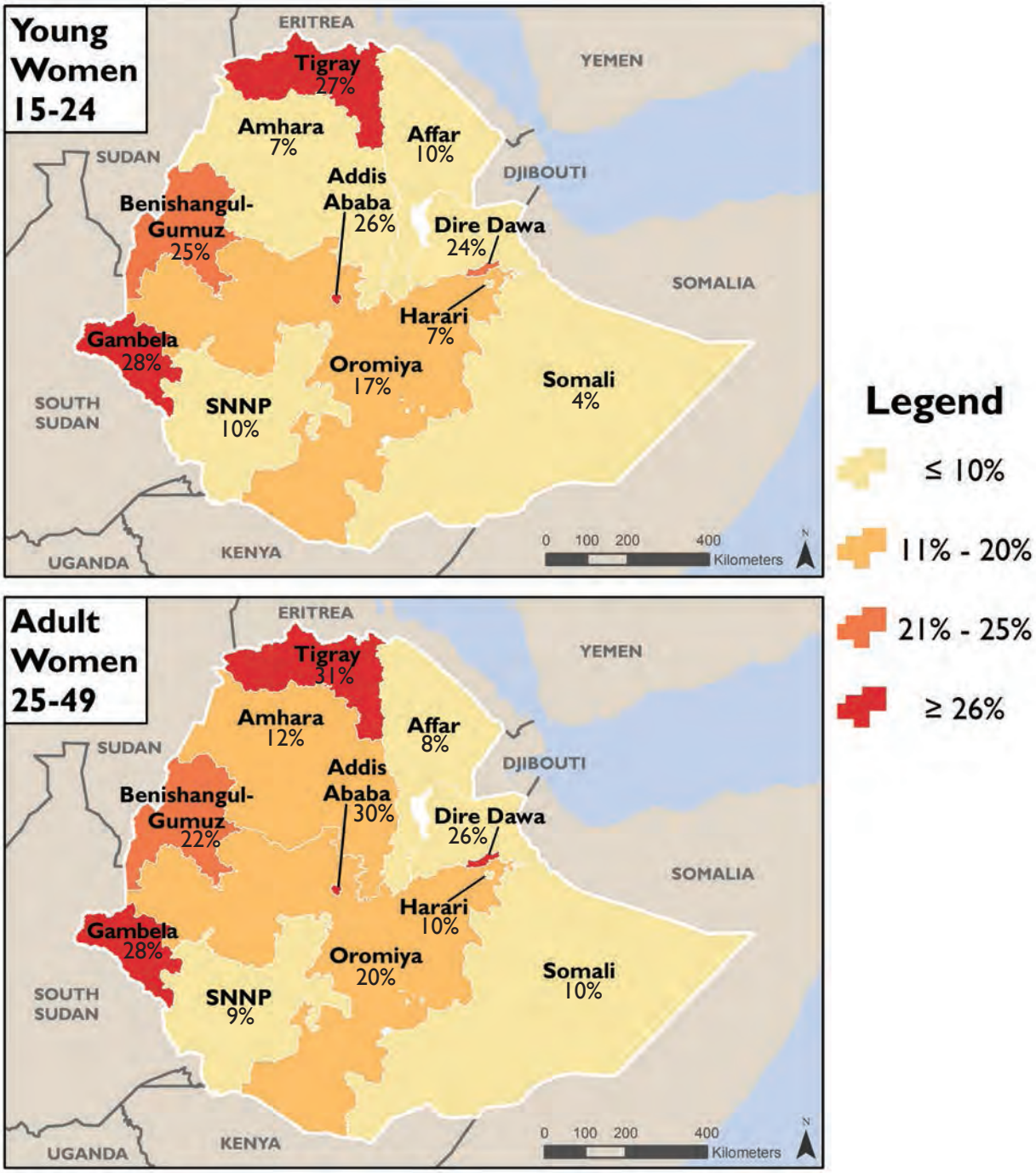
Percentage of women age 15-24 and age 25-49 with anaemia (haemoglobin <12.0 g/dl for non-pregnant women and haemoglobin <11.0 g/dl for pregnant women)



The 2011 EDHS tested women's haemoglobin levels to determine the prevalence of anaemia. Anaemia has a variety of causes including: malnutrition, malaria, hookworm infection, and chronic inflammatory disorders. At the national level, 17% of women are anaemic, the majority of whom have mild anaemia. The prevalence of anaemia is lower among young women age 15-24 (14%) than among adult women age 25-49 (19%). Eight percent of young women in Addis Ababa and the SNNP region are anaemic, compared to 41% of young women in the Somali region. One in 10 adult women in Addis Ababa is anaemic, compared to 46% of women in the Somali region.

Vitamin A Supplementation Postpartum

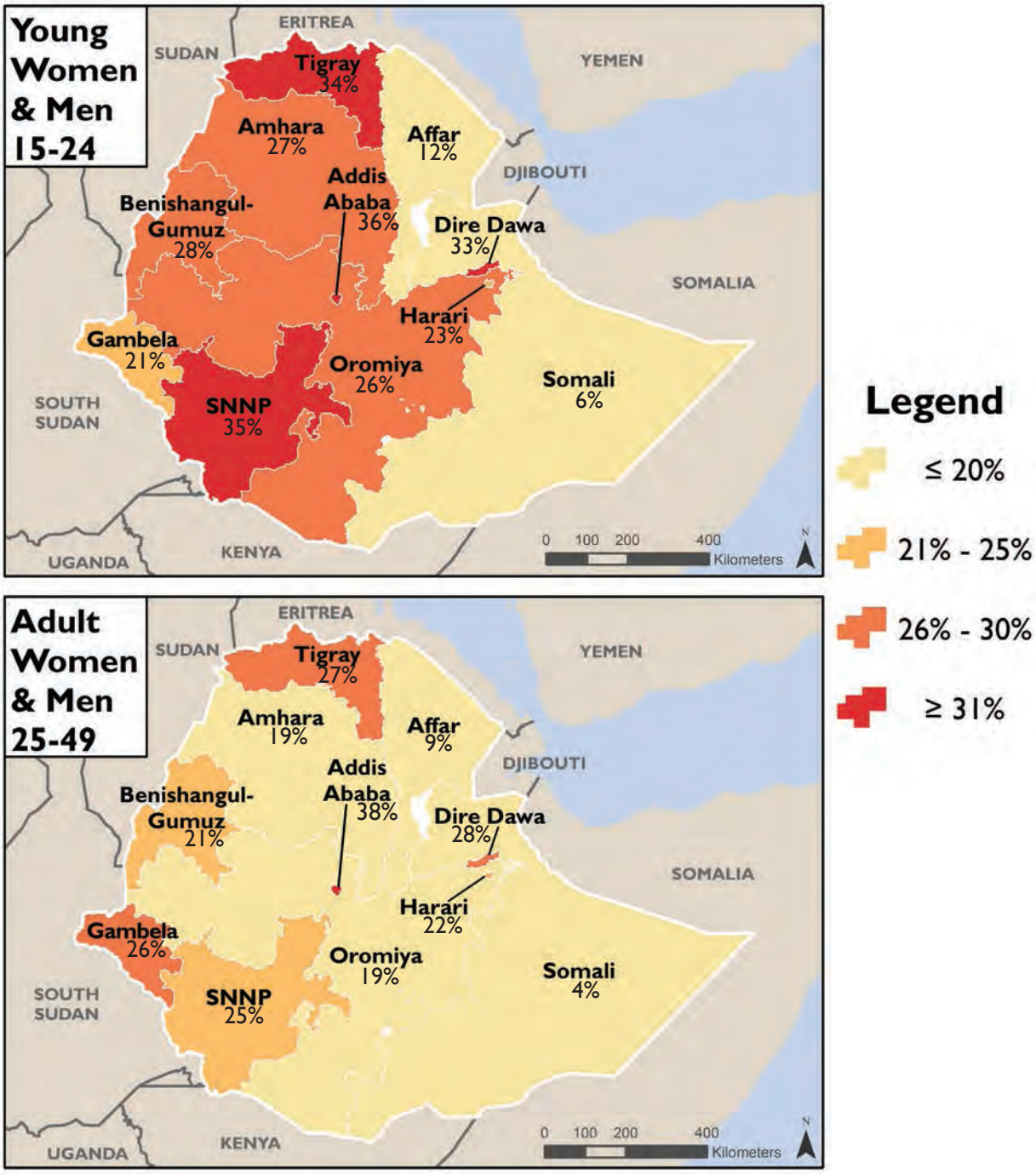
Percentage of women age 15-24 and age 25-49 with a live birth in the past five years who received a vitamin A supplement postpartum



Mothers should be given a dose of vitamin A within eight weeks of childbirth to increase the content of vitamin A in breastmilk for the benefit of the child. Sixteen percent of women age 15-49 who gave birth in the five years before the survey received a vitamin A dose postpartum. Young mothers age 15-24 are slightly less likely to receive a vitamin A dose postpartum than adult mothers age 25-49. Among young mothers, vitamin A supplementation postpartum ranges from just 4% in the Somali region to 28% of young mothers in Gambela. Vitamin A supplementation postpartum among adult women is lowest in the Affar region (8%) and highest in the Tigray region (31%).

Comprehensive Knowledge about AIDS

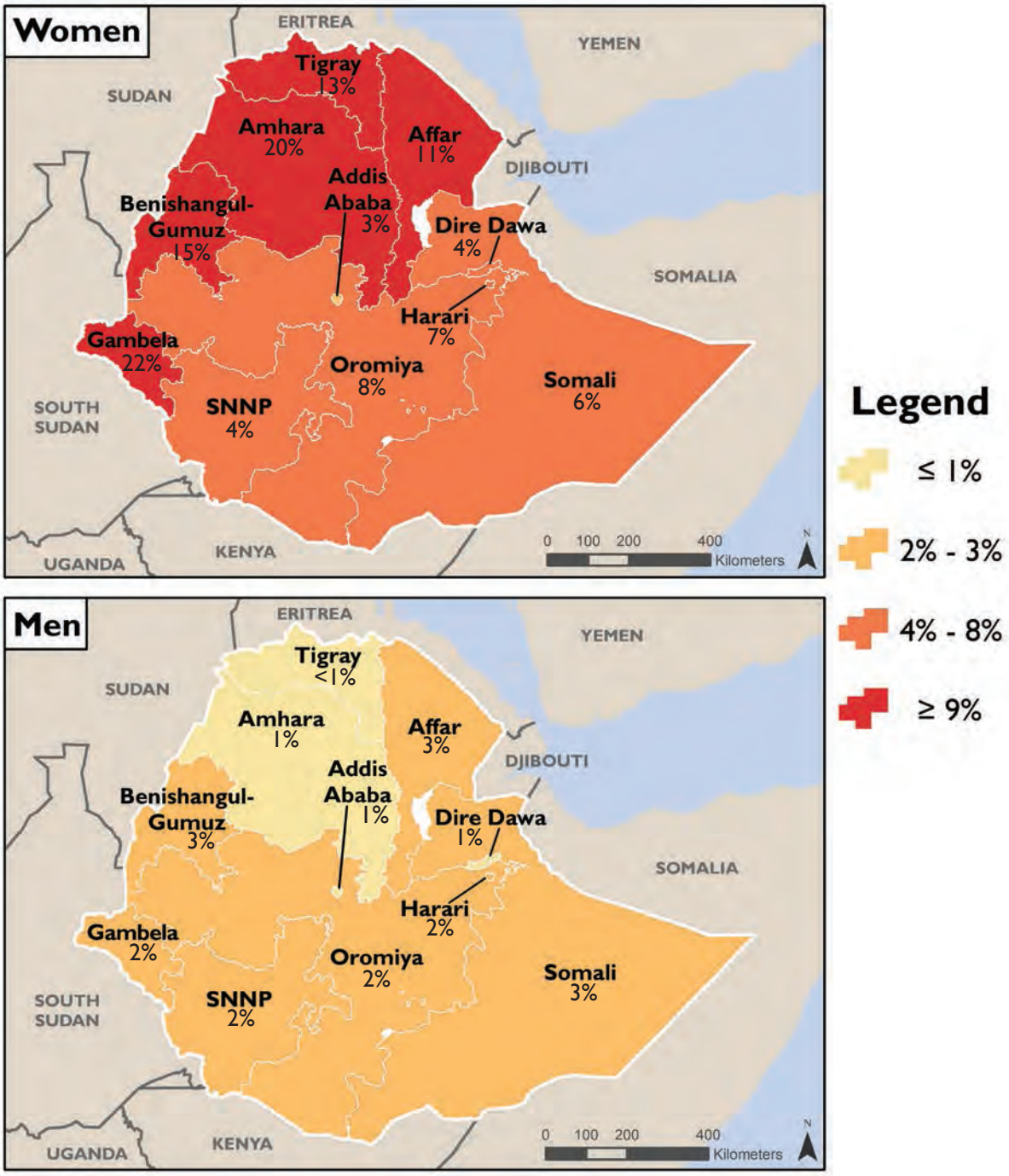
Percentage of women and men age 15-24 and age 25-49 with comprehensive knowledge about AIDS



Comprehensive knowledge of AIDS means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission—that HIV can be transmitted through mosquitoes or supernatural means. Nineteen percent of women and 32% of men age 15-49 have comprehensive knowledge of AIDS. This knowledge is higher among youth age 15-24 than among adults age 25-49 (28% and 22%, respectively). Youth living in Addis Ababa are six times more likely than youth living in the Somali region to have comprehensive knowledge about AIDS (36% versus 6%). Comprehensive knowledge about AIDS among adults ranges from 4% in the Somali region to 38% in Addis Ababa.

Early Sexual Debut

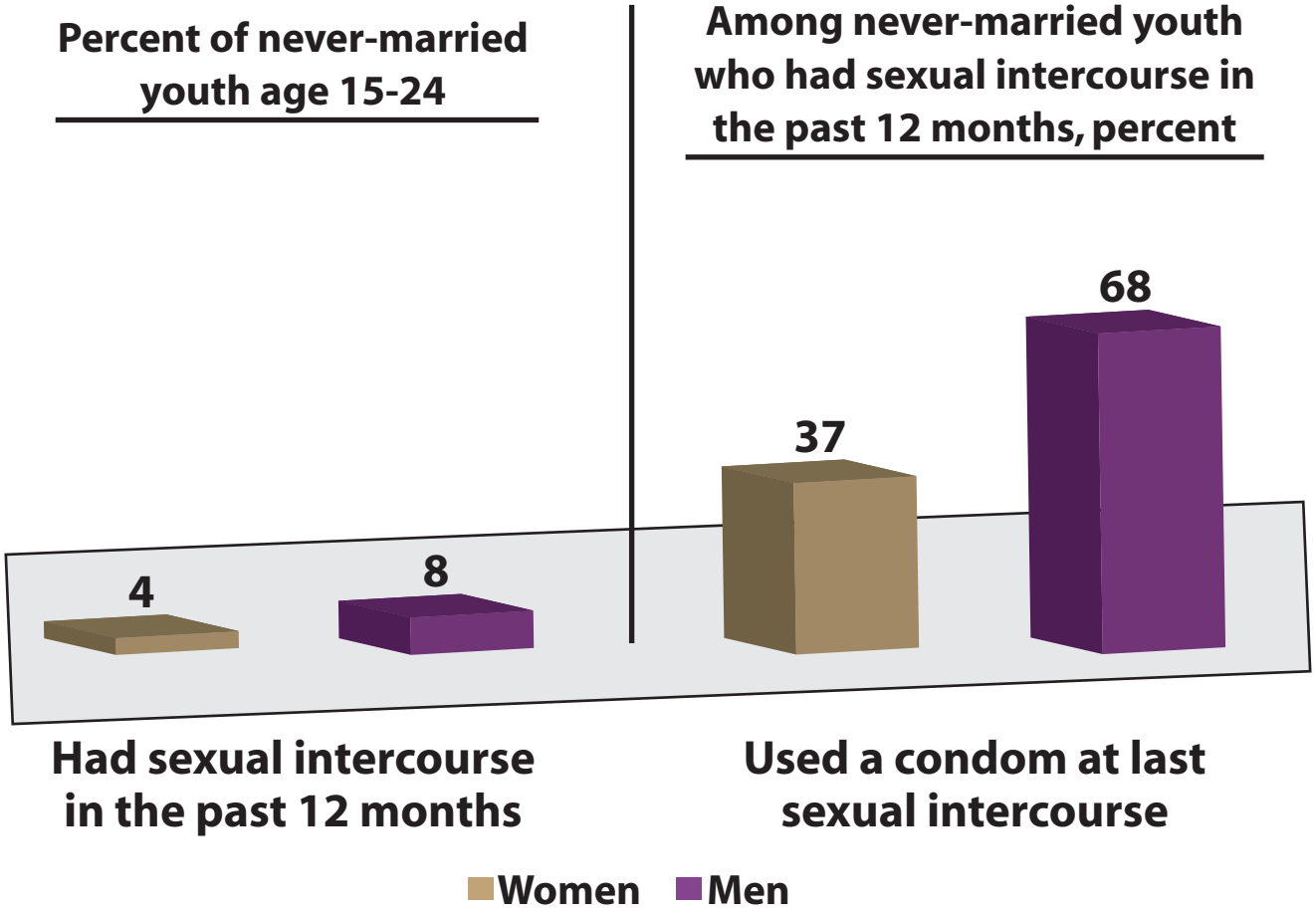
Percentage of women and men age 15-24 who had sexual intercourse by age 15



Age at first sex is an important indicator of both exposure to the risk of pregnancy and exposure to sexually transmitted infections (STIs). Young people who initiate sex early face a higher risk of becoming pregnant or contracting an STI than those who delay sexual activity. Eleven percent of young women age 15-24 had sexual intercourse before the age of 15, compared to 1% of young men age 15-24. The higher proportion of women than men who initiate sexual intercourse by age 15 is primarily due to the fact that the age at marriage among women is much lower than among men. The proportion of young women who had sexual intercourse before age 15 ranges from 3% in Addis Ababa to 20% in Affar and 22% in Gambela. Among young men, less than 1% of those living in Tigray had sexual intercourse before age 15, compared to 3% in the Somali, Affar, and Benishangul-Gumuz regions.

Premarital Sex and Condom Use

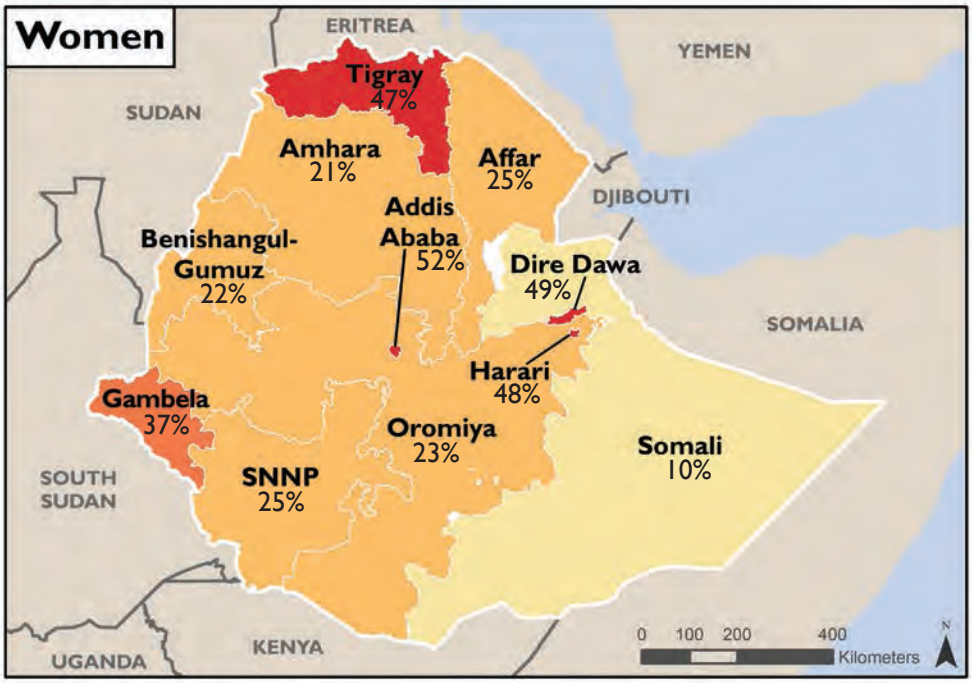
Percentage of never-married women and men age 15-24

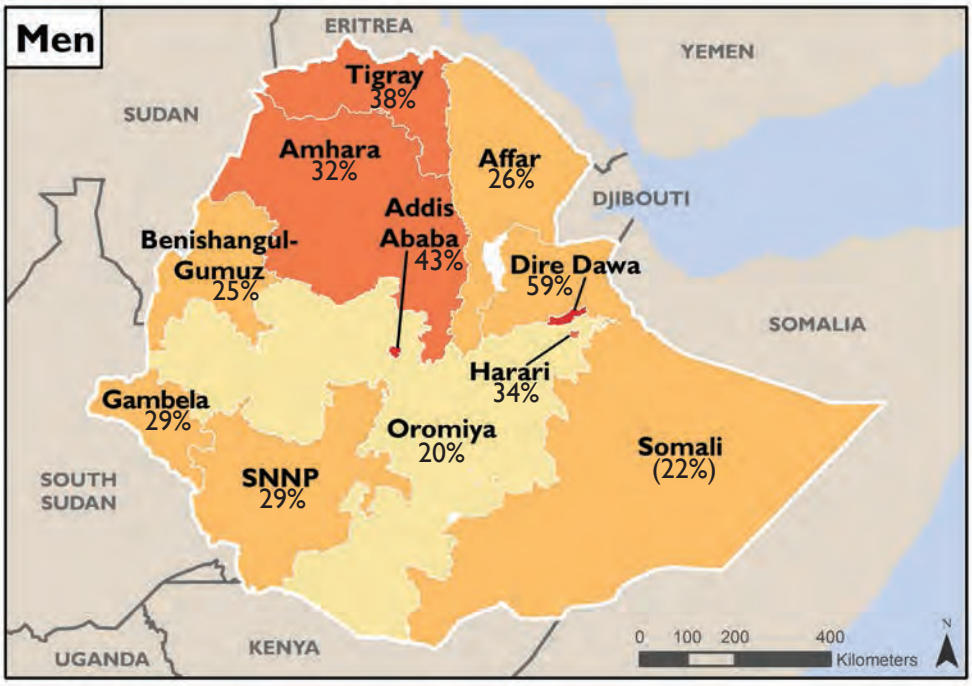


The majority (95%) of never-married young women age 15-24 and 87% of never-married young men age 15-24 have never had sexual intercourse. However, 4% of never-married young women and 8% of never-married young men reported having had sexual intercourse in the past 12 months. Never-married youth living in urban areas are more likely to report having sexual intercourse in the past 12 months than their counterparts in rural areas. Among never-married youth who reported having sexual intercourse in the past 12 months, 37% of young women and 68% of young men reported using a condom at last sexual intercourse.

Recent HIV Testing

Among women and men age 15-24 who had sexual intercourse in the past 12 months, percent who have been tested for HIV and received results in the past 12 months



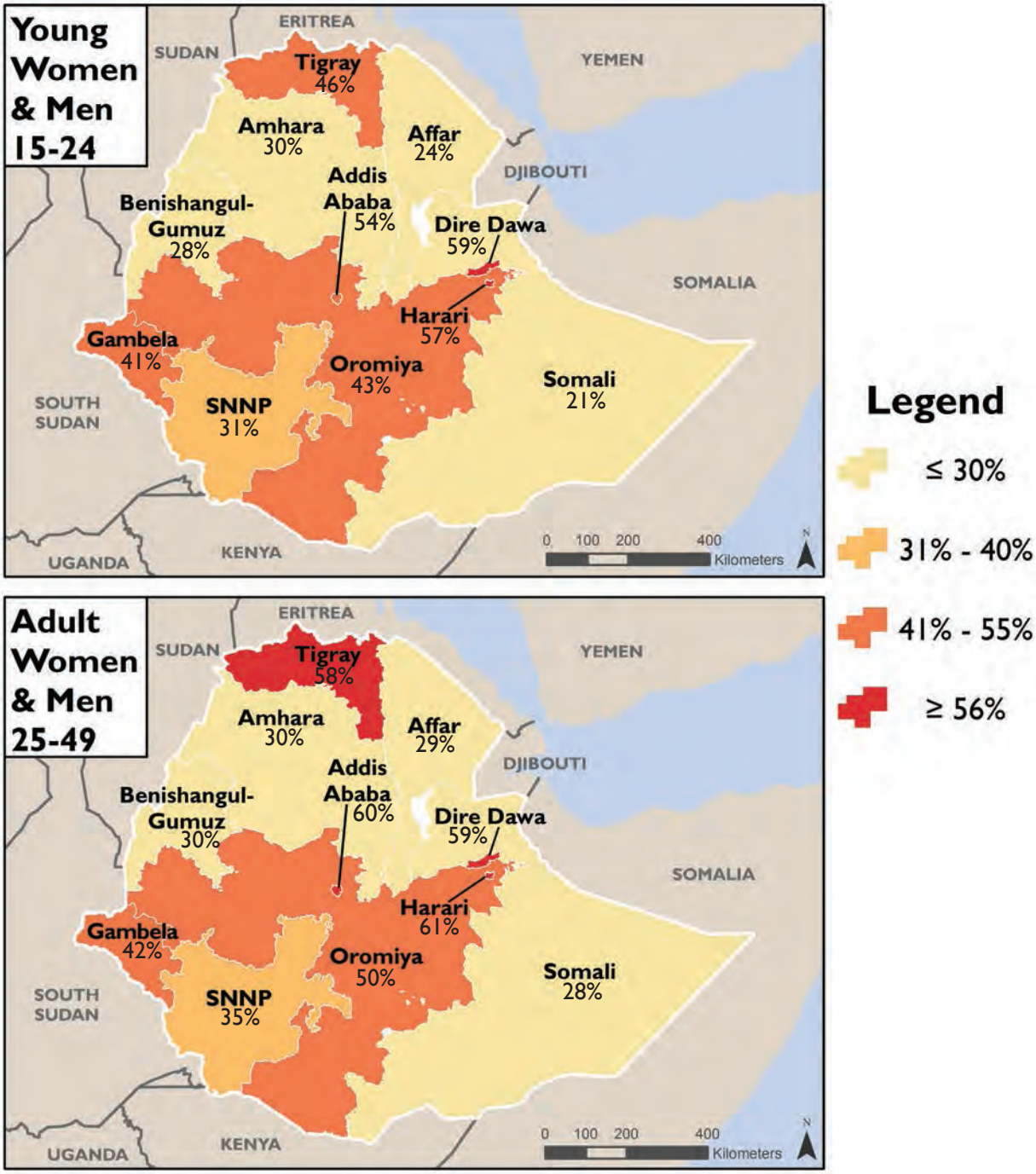


*Percentages in parentheses are based on 25-49 unweighted cases.

Knowledge of HIV status is essential to preventing HIV transmission, as well as ensuring HIV-positive individuals receive the care and support they need. Young women and men age 15-24 who reported having had sexual intercourse in the past 12 months were asked whether they had been tested for HIV and received the results in the past 12 months. One-quarter of young women and 28% of young men who had sex in the past 12 months were tested for HIV and received the results in the past 12 months. HIV testing among young women is lowest in the Somali region (10%) and highest in Addis Ababa (52%). Just 20% of young men in Oromiya have been tested and received the results in the past 12 months, compared to 59% in Dire Dawa.

Exposure to Community Conversation Programme

Percentage of women age 15-24 and age 25-49 who have heard of the Community Conversation Programme

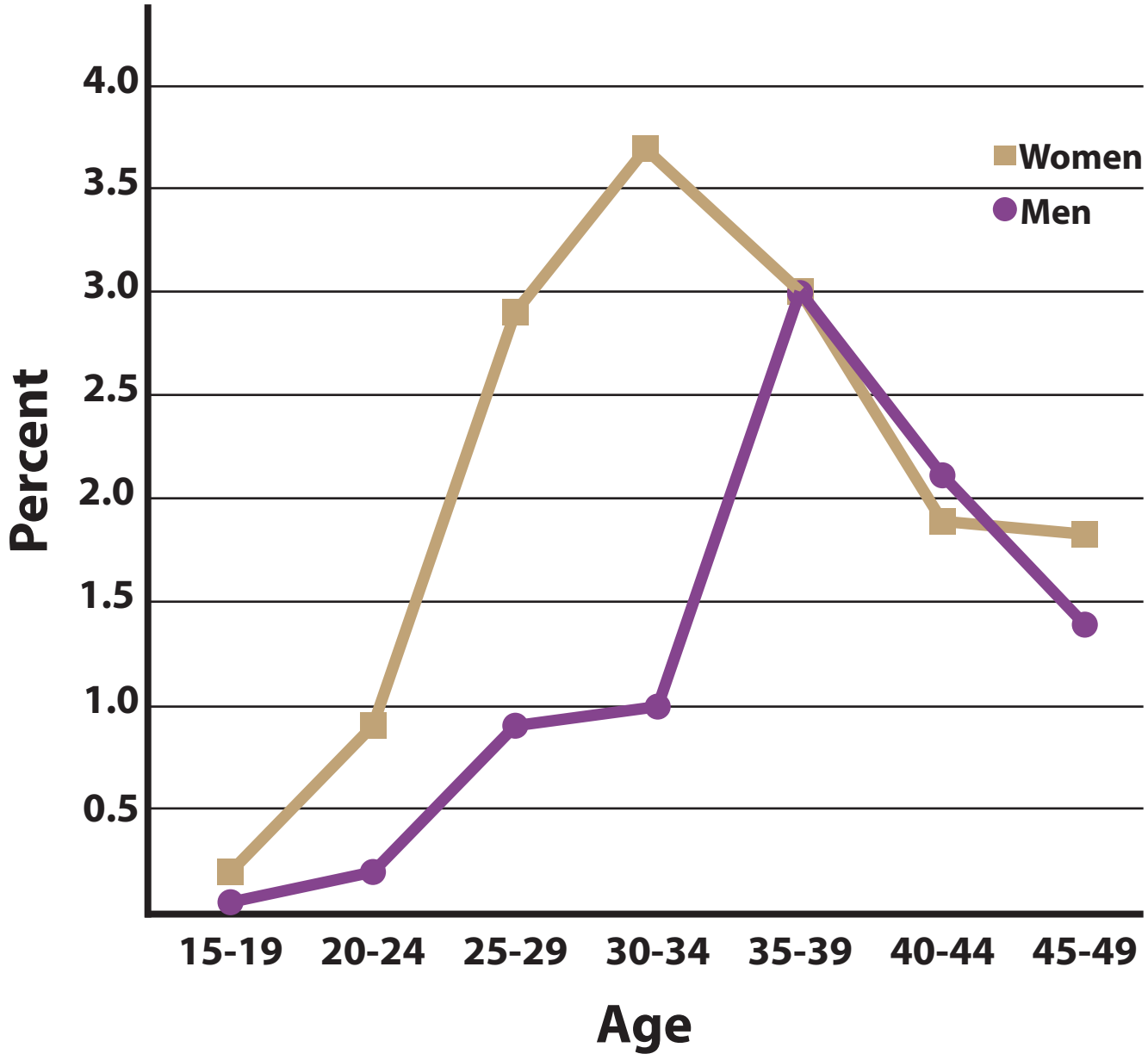
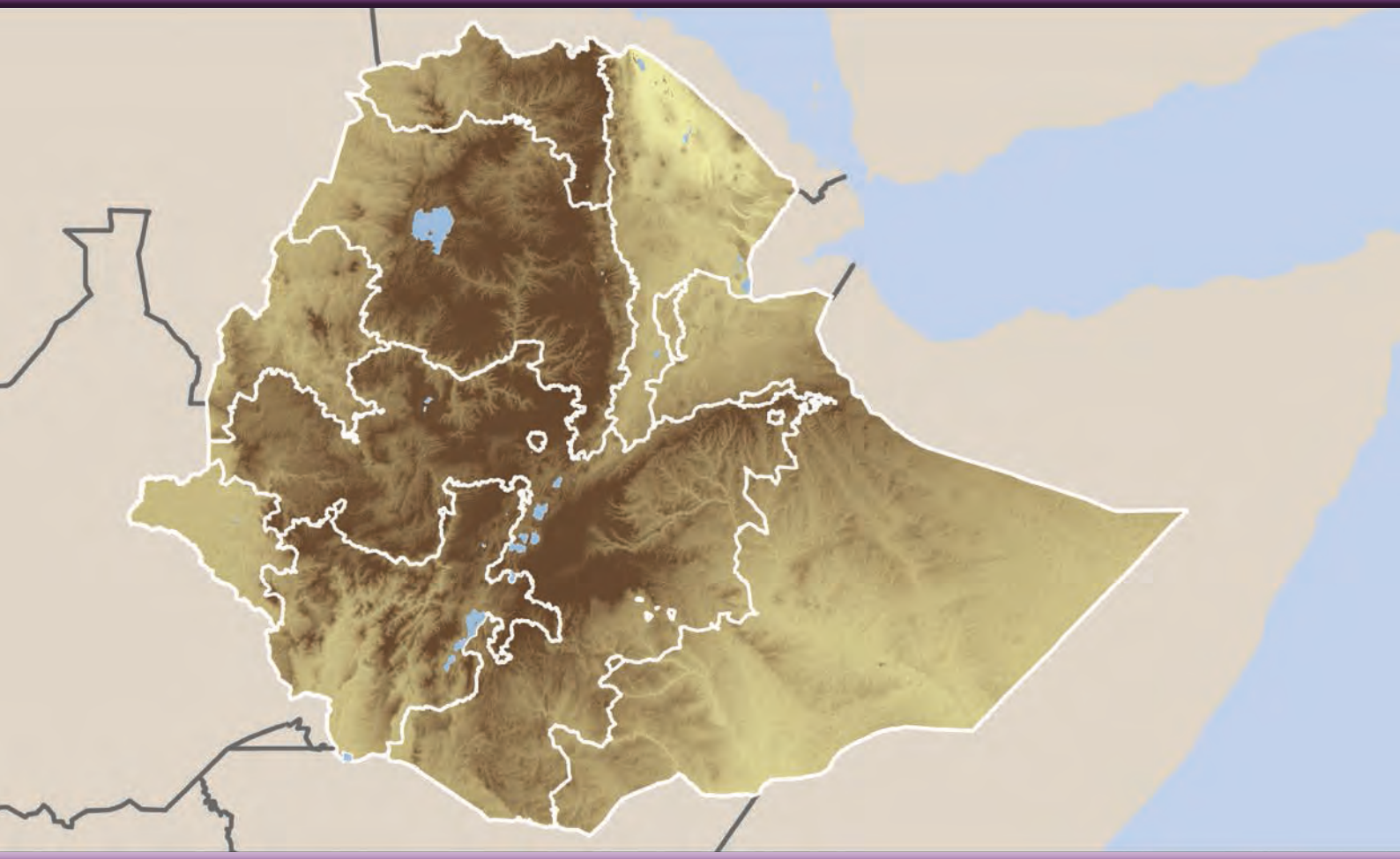


The Community Conversation (CC) programme is one of the main social mobilization tools endorsed and led by the Ministry of Health and the HIV/AIDS Prevention Control Office. The 2011 EDHS assessed the reach of the CC programme by asking respondents if they had heard of the CC programme.

Overall, 31% of women and 52% of men age 15-49 have heard of the Community Conversation programme. Adults age 25-49 are more likely to have heard of the CC programme than youth age 15-24 (42% versus 37%). Just 21% of youth in the Somali region have heard of the CC programme, compared to 59% of youth in Dire Dawa. Twenty-eight percent of adults in the Somali region have heard of the CC programme, compared to 61% in Harari.

HIV Prevalence

Percentage of women and men age 15-49 who are HIV-positive



Overall, 1.5% of Ethiopian adults age 15-49 are HIV-positive. HIV prevalence is higher among women (1.9%) than among men (1.0%). For both women and men, HIV prevalence increases with age until it peaks at age 30-34 for women (3.7%) and age 35-39 for men (3.0%). Among youth age 15-24, 0.5% of young women are HIV-positive, compared to 0.1% of young men. HIV prevalence among young women ranges from a low of 0.2% in Oromiya to a high of 9.0% in Gambela. Less than 0.1% of young men living in the Amhara, Somali, Benishangul-Gumuz, SNNP, and Harari regions are HIV-positive, compared to 0.7% of young men in the Tigray and Dire Dawa regions.