

Ethiopia, the second largest country in Africa, adds about 2 million people to its population each year. While nearly half of Ethiopia's inhabitants are young, 84 per cent live in rural areas, making it difficult to expand education and health services to them. Increasingly, the government is giving greater attention to population in formulating development strategies and has recognized population growth as one of the main obstacles to poverty reduction, especially with regards to the synergies between population growth and food insecurity, population pressure on the land, and low incomes in rural areas.

DEMOGRAPHICS

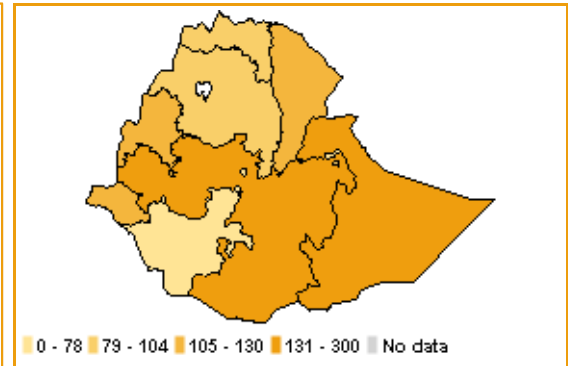
Total Population (000)	80713 (UNPD 2008)
Adolescent birth rate (ABR)	104 (DHS 2005)
Contraceptive prevalence rate (CPR)	14.7 (DHS 2005)
Unmet need for contraception rate (UNR)	33.8 (DHS 2005)
Percent of demand satisfied*	30% (DHS 2005)

* (CPR/(CPR+UNR))

Adolescent birth rate

The adolescent birth rate measures the annual number of births to women 15 to 19 years of age per 1,000 women in that age group. It represents the risk of childbearing among adolescent women 15 to 19 years of age. It is also referred to as the age-specific fertility rate for women aged 15-19.

The overall adolescent birth rate changed little between the first survey in 2000, when it was 100, and the second in 2005, when it was 104. Disparities in urban and rural adolescent birth rates increased – the urban rate decreased between 2000 and 2005 while the rural rate remained relatively unchanged. In fact, in 2005, the rural rate was more than three times the urban one. Geographically speaking, these substantial differentials can be seen among relatively urban and rural regions, with by far the lowest rates found in Addis Ababa, the capital. The adolescent birth rate fell dramatically among women with a secondary or higher education – from 40 to 17 – while women with a primary education experienced no change in their rate and women with no education experienced an increase. Disparity grew among women when grouped by household wealth: the rate for the wealthiest women decreased from 67 to 47 and the rate increased for the poorest women from 84 to 143.

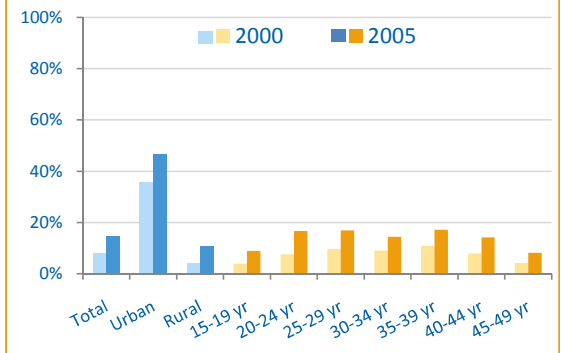


Source: DHS

Contraceptive prevalence rate

Contraceptive prevalence is the percentage of women married or in-union aged 15 to 49 who are currently using, or whose sexual partner is using, at least one method of contraception, regardless of the method used.

Contraceptive prevalence nearly doubled, from 8 per cent to 15 per cent, between 2000 and 2005. There were significant increases in contraceptive prevalence for most women, including some groups with the lowest rates, although disparities remained significant. Contraceptive prevalence rates increased by large proportions, doubling or nearly doubling among women of every age group, with contraceptive prevalence rates rising from between 4 and 10 per cent in 2000 to between 8 and 17 per cent in 2005 for women of all ages. For women grouped by all other background characteristics, disparities between the most advantaged and least advantaged groups remained intense. While rural women's contraceptive prevalence rate increased from 4 to 11 per cent, it trailed far behind the rate for urban women, which increased from 36 to 47 per cent. Among women from households in the wealthiest quintile, contraceptive prevalence increased from 28 to 37 per cent. For the poorest two quintiles, it changed little and remained very low.

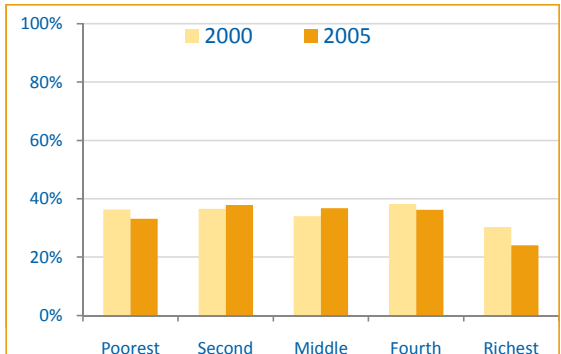


Source: DHS

Unmet need for contraception rate

Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour.

The overall unmet need for family planning changed little – hovering around 35 per cent in both 2000 and 2005 – and remained high. While the unmet need for family planning fell significantly for women belonging to the most advantaged groups, there was little significant change for women with fewer advantages. The unmet need for family planning fell from 25 to 17 per cent among women living in urban areas, while it changed little – remaining at 37 per cent – for women living in rural areas. For women of all education levels, unmet need increased, the most drastic increase for women with no education or with a primary education. For women belonging to households in the wealthiest quintile, the unmet need for family planning decreased significantly – from 30 to 24 per cent – while it remained high – 33 per cent or more – for every other group. When combining the contraceptive prevalence rate with unmet need, we see that only 30 per cent of demand for contraception is satisfied in Ethiopia, a low number.



Source: DHS