



Ethiopia

2024–25 Demographic and Health Survey Summary Report



The 2024–25 Ethiopia Demographic and Health Survey (2024–25 EDHS) was implemented by the Ethiopian Statistical Service (ESS). The funding for the 2024–25 EDHS was provided by the Government of Ethiopia (GoE), the Ministry of Health (MoH), the Ministry of Planning and Development (MoPD), The Ethiopian Public Health Institute (EPHI), the United States Agency for International Development (USAID), the Global Fund, the United Kingdom Foreign, Commonwealth & Development Office (UK Aid), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), UN Women, and the Gates Foundation. ICF provided technical assistance through The DHS Program, providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2024–25 EDHS may be obtained from the headquarters of the Ethiopian Statistical Service, 2QH3+9P8, Churchill Road; Addis Ababa, Ethiopia; telephone: +251-11553112; info@ess.gov.et; <https://ess.gov.et>

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About the 2024–25 EDHS

The 2024–25 EDHS is the 5th Demographic and Health Survey conducted in Ethiopia as part of The DHS Program since 2000. The primary objective of the survey is to provide up-to-date estimates of basic demographic and health indicators at the national level for rural and urban areas, 12 regions, and two city administrations.

Specifically, the EDHS collected information on: fertility levels, fertility preferences, and contraceptive use; maternal health, including antenatal and delivery care and maternal mortality; child mortality and child health, including childhood diseases and vaccination coverage (including human papillomavirus vaccine [HPV]); nutritional status of children under age 5 and women age 15–49 (via weight and height measurements); Awareness of HIV and behavioural risk factors; HIV prevalence among men age 15–59 and women age 15–49; Gender-based violence; Knowledge and prevalence of fistula among women age 15–49 and of female genital cutting or mutilation among women age 15–49 and their daughters age 0–14; Presence of *Escherichia coli* (E. coli) in household drinking water ; and Early Childhood Development Index (ECDI) and child functioning. The information collected through the 2024–25 EDHS is intended to assist policymakers and programme managers in evaluating and designing programmes and strategies for improving the health of Ethiopia's population. The 2024–25 EDHS also provides indicators relevant to the Sustainable Development Goals (SDGs) for Ethiopia.

Who participated in the survey?

A nationally representative sample of 21,395 women age 15–49 in 21,241 selected households were interviewed between August 2024 and April 2025. This represents a response rate of 96% of women. In urban areas, all men age 15–59 were selected to be interviewed. In rural areas, in one-half of the selected households, men age 15–59 were selected to be interviewed. Questionnaires were prepared in English and translated into six languages: Af-Soomaali, Afaan Oromo, Amharic, Qafar Af, Sidaamu Afoo, and Tigrigna.

Characteristics of Households and Respondents

Household Composition

Households in Ethiopia have an average of 4.4 members. Women head 28% of Ethiopian households. Forty-two percent of the household population in Ethiopia is under age 15.

Cooking, Lighting, and Heating

About two-thirds (64%) of the household population in Ethiopia has access to electricity and 89% of the household population uses clean fuels or technologies for lighting, such as electricity, solar lanterns, rechargeable flashlights/torches/lanterns, battery-powered flashlights/torches/lanterns, and biogas lamps.

Eleven percent of the household population uses clean fuels and technologies for cooking, including stoves/cookers using electricity, liquefied petroleum gas (LPG)/natural gas/biogas, solar, and alcohol/ethanol. The use of clean fuels and technologies for cooking is much higher in urban areas than in rural areas (34% versus 2%).

Just 1% of the household population uses clean fuels and technologies for space heating, including central heating, electricity, LPG/natural gas/biogas, solar air heaters, and alcohol/ethanol.

Overall, 5% of the household population uses clean fuels and technologies for cooking, heating, and lighting.

Household Durable Goods

Four percent of households in Ethiopia own a car, truck, or motorcycle/scooter. One in ten households own a refrigerator; 26% in urban areas and 2% in rural areas. Ownership of electric mixers is much higher in urban areas (31%) than in rural areas (2%). The national average is 11%.

Information Communication Technology (ICT) and Internet Use

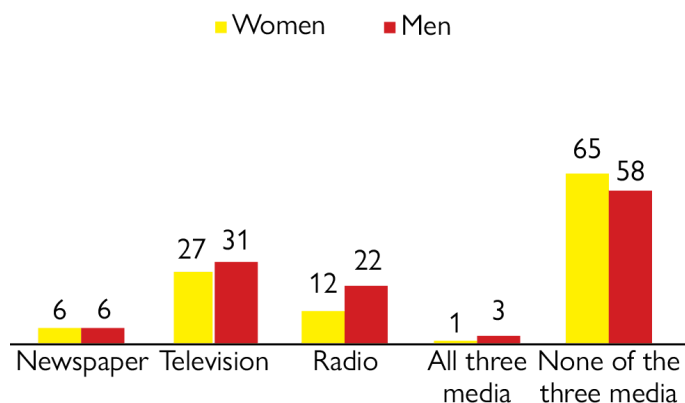
In Ethiopia, 27% of households own a television, 78% own a mobile phone, 4% own a computer, and 20% own a radio. ICT ownership is higher in urban areas compared to rural areas.

Over one-fourth (27%) of women age 15–49 say they watch television at least once a week, compared to 6% who read a newspaper and 12% who listen to the radio. Two-thirds (65%) of women do not access any of these three media at least once a week.

Fifteen percent of women used the internet in the last 12 months. Recent internet use is lowest in South West Ethiopia (6%) and highest in Addis Ababa (56%).

Exposure to Mass Media by Sex

Percent of women and men age 15–49 who are exposed to specific media on a weekly basis



Education and Literacy

Six percent of women age 15–49 have completed only primary education, 3% have completed secondary, and 9% have more than secondary education. One third (33%) of women have no formal education. Fifty-seven percent of women are literate.

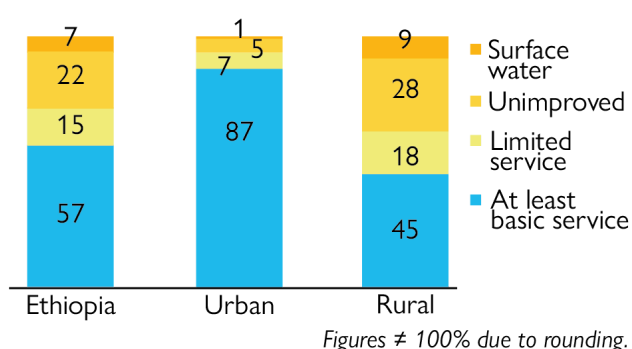
Household Water and Sanitation

Drinking Water

More than half (57%) of the household population in Ethiopia has access to at least basic drinking water service. At least basic drinking water service includes drinking water from an improved source, either on the premises or with a round-trip collection time of less than 30 minutes. Access to at least basic drinking water service is lowest in Afar (30%) and highest in Addis Ababa (91%).

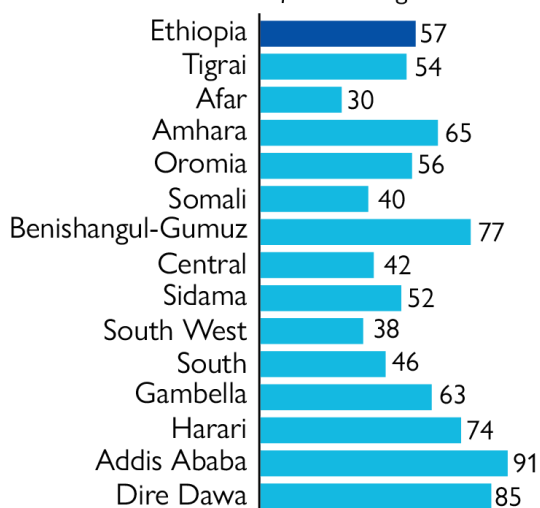
Drinking Water Service by Residence

Percent distribution of household population by drinking water service ladder



Basic Drinking Water Service by Region

Percent of household population with at least basic service for drinking water



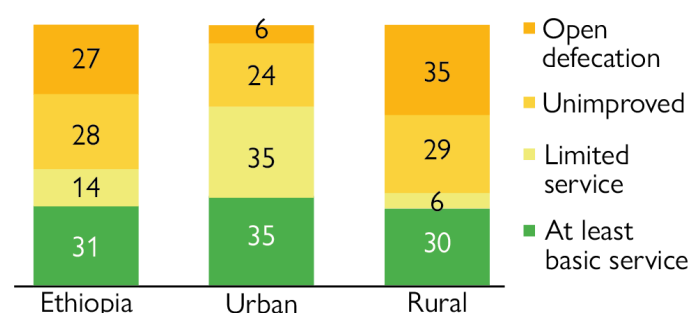
Nearly three-fourths (71%) of the household population does not have drinking water on the premises. Among those without water on the premises, 77% travel 30 minutes or less to obtain drinking water. Sixty-eight percent of the household population has sufficient quantities of drinking water when needed.

Sanitation

One-third (31%) of the household population in Ethiopia has access to at least basic sanitation service, meaning they use improved facilities that are not shared with other households or have safely managed sanitation service where excreta are disposed of in situ or transported and treated off-site. Twenty-eight percent of the population uses unimproved sanitation facilities, 14% has limited sanitation service, and 27% practices open defecation. Access to basic sanitation services is slightly higher in urban areas (35%) than rural areas (30%).

Sanitation Service Ladder by Residence

Percent distribution of household population by type of sanitation service



Menstrual Hygiene

Of women age 15–49 with a menstrual period in the year before the survey, 25% reported using cloth to absorb blood during their last menstrual period, 59% used disposable sanitary pads, and 2% used reusable sanitary pads. Among women with a menstrual period in the year before the survey who were at home during their last menstrual period, 66% used appropriate materials during their last menstruation and were able to wash and change in privacy.

Handwashing

Overall, 7% of the household population in Ethiopia has a basic handwashing facility on the premises with soap and water. Access to a basic handwashing facility varies greatly, from 1% of the population in Afar to 44% in Addis Ababa.

Fertility and Its Determinants

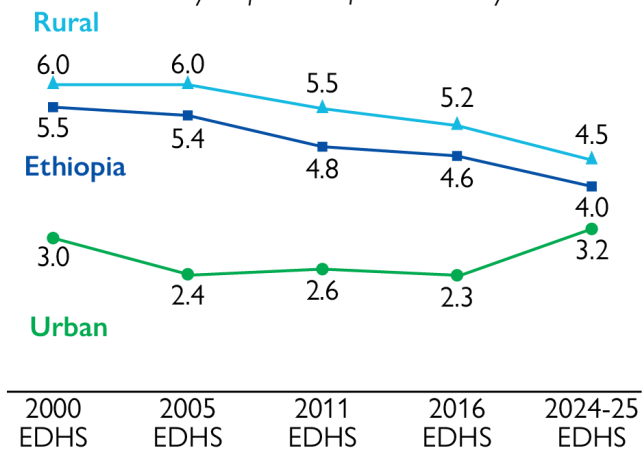
Total Fertility Rate

Fertility in Ethiopia has declined from 5.5 children per woman in 2000 to the current rate of 4.0 children per woman in 2024–25. Women in rural areas have slightly more children than women in urban areas (4.5 children versus 3.2 children).

Women with higher education have fewer children than women with lower levels of education. Fertility generally declines with increasing household wealth.* Women in the poorest households have an average of 5.7 children, compared to 2.9 children among women in the richest households.

Trends in Total Fertility Rate by Residence

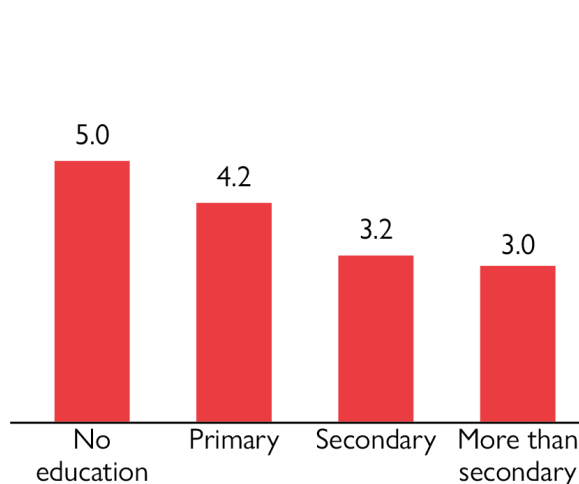
Average number of births per woman for the 3-year period before the survey



Fertility also varies by region, ranging from 6.5 children per woman in Somali to 2.3 children per woman in Addis Ababa.

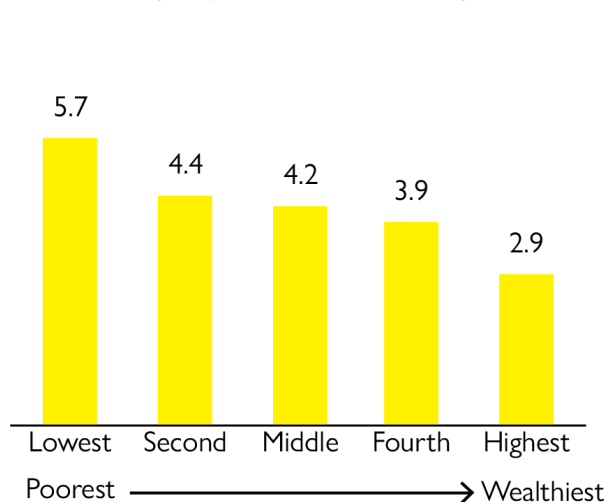
Total Fertility Rate by Education

Average number of births per woman for the 3-year period before the survey



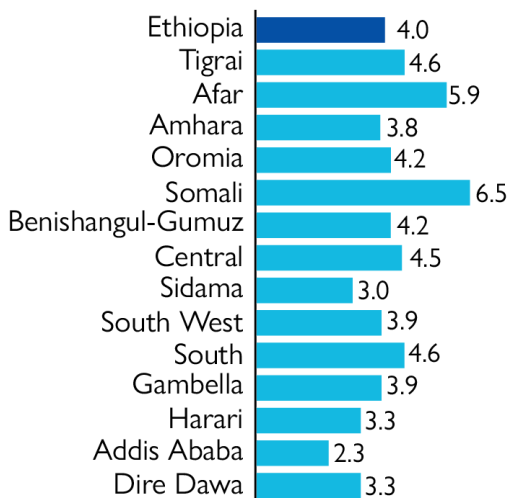
Total Fertility Rate by Wealth

Average number of births per woman for the 3-year period before the survey



Total Fertility Rate by Region

Average number of births per woman for the 3-year period before the survey



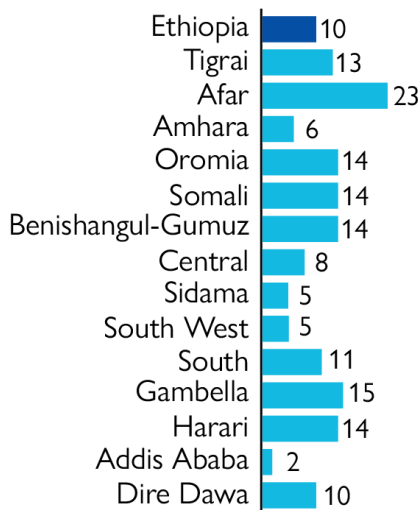
Teenage Pregnancy

Ten percent of adolescent women age 15–19 have ever been pregnant: 8% have given birth, 2% were pregnant at the time of the survey, and 1% have ever had a pregnancy loss.

Teenage pregnancy is slightly higher in rural areas than in urban areas (11% versus 8%). Young women in the lowest wealth quintile are more likely to have ever been pregnant (21%) than those in the highest (4%). Teenage pregnancy ranges from a low of 2% of young women in Addis Ababa to a high of 23% in Afar.

Teenage Pregnancy by Region

Percent of women age 15–19 who have ever been pregnant



Pregnancy Outcomes and Induced Abortion

Of all pregnancies ending in the three years before the survey, 90% resulted in live births and 10% resulted in pregnancy losses. Among pregnancy losses, 8% were miscarriages, 1% were induced abortions, and 1% were stillbirths. Pregnancy loss is higher among women age 35 and older.

Age at First Menstruation, First Sexual Intercourse, Marriage, and Birth

The average age of first menstruation among women age 15–49 is 14.4 years.

The median age at first sexual intercourse is 17.6 years among women age 25–49. Thirty-five percent of women age 20–24 had sex by age 18 and 9% of women had sex by age 15.

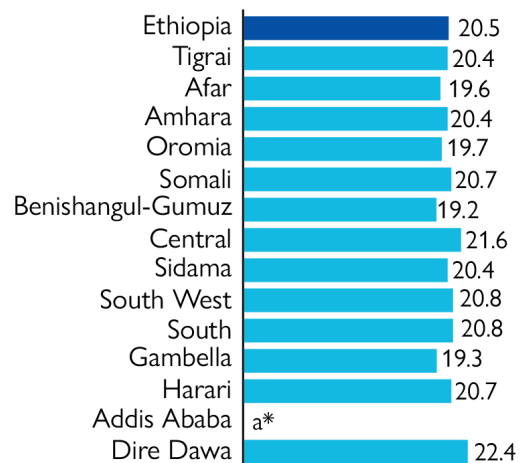
Nearly two-thirds (61%) of women age 15–49 are married or living together with a partner. Forty-four percent of women who are married or living in union say their current marriage or union is registered and have documentation or a marriage certificate that recognises their marriage or union.

One-third (32%) of women age 20–24 were married by age 18. Half of women age 25–49 are married by age 18.1, the median age at first marriage. Women in Afar and Amhara marry at a younger age than women in Addis Ababa (16.7 years compared to 23.4 years).

In Ethiopia, the median age at first birth for women age 25–49 is 20.5 years. This means that half of women age 25–49 give birth for the first time before this age. On average, women in Dire Dawa give birth for the first time more than three years later than women in Benishangul-Gumuz (22.4 years compared to 19.2 years).

Median Age at First Birth by Region

Median age at first live birth among women age 25–49

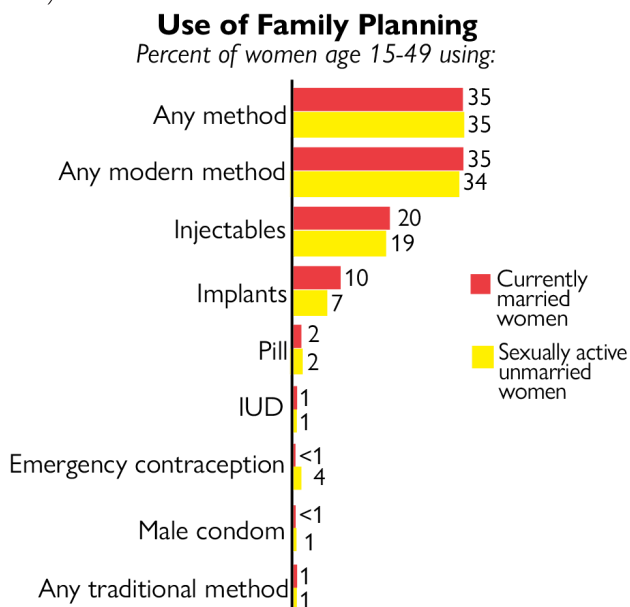


*a = Omitted because less than 50% of women had a birth before reaching the beginning of the age group

Family Planning

Current Use of Family Planning

In Ethiopia, 35% of currently married women age 15–49 use any method of family planning—35% use a modern method and 1% use a traditional method. The most popular family planning methods among currently married women are injectables (20%) and implants (10%).



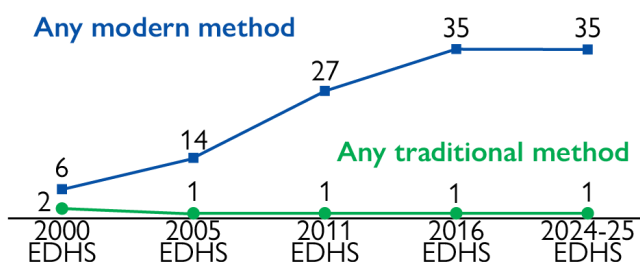
The use of modern family planning methods is higher among currently married women in urban areas (44%) than among women in rural areas (30%). Modern method use ranges from 2% of currently married women in Somali to 56% in Sidama. Modern method use generally increases as level of education and household wealth increase.

Trends in Family Planning Use

Modern method use has increased since 2000; 6% of currently married women in 2000 used a modern method, compared to 35% of currently married women in 2024–25.

Trends in Family Planning Use

Percent of married women age 15-49 using:



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 informed about other available family planning methods.

About four in ten women using modern methods were informed about side effects (40%) and what to do if they experience side effects (41%), and 47% were informed about other family planning methods that were available. Overall, 33% of women using modern methods received all three types of information. While 60% of women who use the IUD received all three types of information, only 27% of women who used injectables received all three types of information.

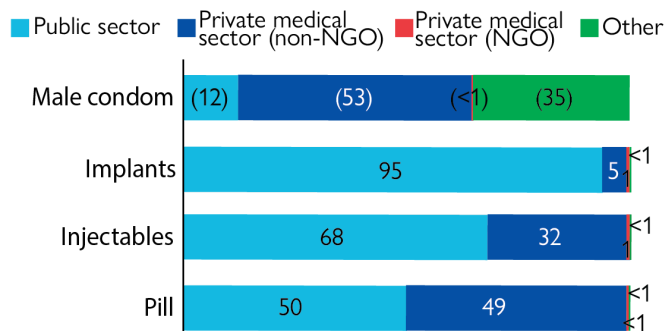
Source of Modern Family Planning Methods

The majority of women who use injectables or implants obtained their family planning method from the public sector (68% and 95%, respectively), such as government health centres.

The sources of contraceptive pills were split evenly—50% from the public sector and 49% from the private (non-NGO) sector.

Source of Modern Family Planning Methods

Percent distribution of family planning users age 15-49 by most recent source of method



Figures in parentheses are based on 25-49 unweighted cases.

Figures ≠ 100% due to rounding.

Demand for Family Planning

Among currently married women in Ethiopia, 19% do not want any more children and 38% want to delay childbearing (delay their first birth or space out births) for at least two years. Women who want to stop or delay childbearing are said to have a demand for family planning. In Ethiopia, 51% of currently married women have a demand for family planning.

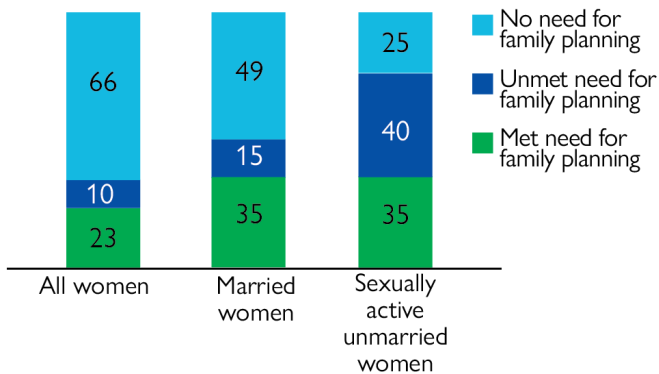
The total demand for family planning includes both met need and unmet need. Met need is the percentage of currently married women who are currently using family planning. In Ethiopia, 35% of currently married women are using any method—35% are using modern methods and 1% are using traditional methods.

Unmet need for family planning is defined as the proportion of women who want to stop or delay childbearing but are not using family planning. In Ethiopia, 15% of currently married women have an unmet need for family planning, including 5% who do not want any more children and 11% who want to delay childbearing.

Sexually active unmarried women have a higher demand for family planning, at 75%. This includes 35% with met need and 40% with unmet need.

Need for Family Planning

Percent distribution of women age 15-49 with a need for family planning



Figures ≠ 100% due to rounding.

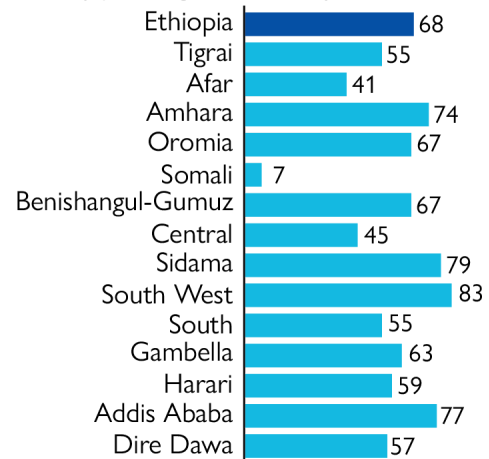
Demand for Family Planning Satisfied by Modern Methods

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-eight percent of currently married women's demand for family planning is satisfied by modern methods.

Among currently married women, demand for family planning satisfied by modern methods increases as household wealth increases, from 44% in the poorest households to 78% in the wealthiest households. Demand for family planning satisfied by modern methods also varies by region, from 7% in Somali to 83% in South West Ethiopia.

Demand for Family Planning Satisfied by Modern Methods by Region

Percent of married women age 15-49 whose demand for family planning is satisfied by modern methods



Decision Making about Family Planning

Overall, 86% of currently married women make the decision to use or not use family planning. This includes those who decide alone (32%) and those who decide jointly with their husband or partner (54%).

Exposure to Family Planning Messages

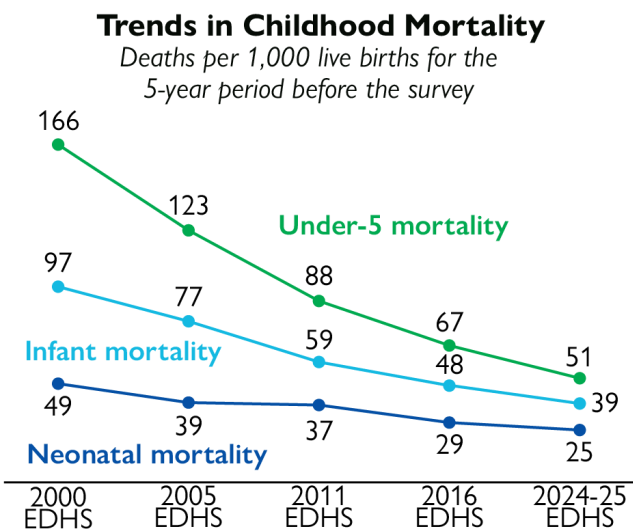
Community meetings or events are the most common sources of family planning messages for women in Ethiopia, with 29% of women hearing specific family planning messages in the past 12 months from these sources. The next most common source of this information among women was television (25%), radio (22%), and outdoor signs or billboards (18%), followed by mobile phones and social media (12%). Nearly half (46%) of women did not hear or see a family planning message in the past 12 months. Exposure to family planning messages is higher among women in urban areas than in rural areas and increases with level of education and household wealth. Exposure to family planning messages also varies dramatically by region. Eighty-five percent of women in Somali did not hear or see a family planning message in the last 12 months, compared to 25% in Harari.

Childhood Mortality

Rates and Trends

For every 1,000 live births in the 5 years before the 2024–25 EDHS, 39 children died before their first birthday (infant mortality), including 25 who died in the first month of life (neonatal mortality). The under-5 mortality rate is 51 deaths per 1,000 live births, which means that 1 in every 20 children does not survive until their fifth birthday.

Childhood mortality has declined since 2000. Infant mortality decreased from 97 deaths per 1,000 live births to 39, and under-5 mortality declined from 166 to 51 deaths per 1,000 live births in the same period.

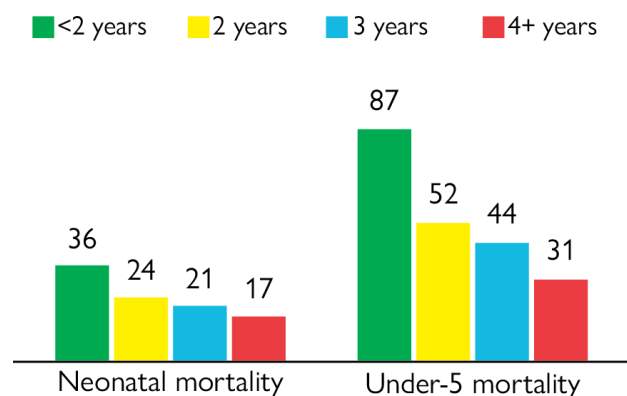


Mortality Rates by Background Characteristics

Mortality rates are higher among mothers with no education and generally decrease with higher levels of education. Mortality rates are higher among children who were born less than two years after their sibling.

Childhood Mortality by Previous Birth Interval

Deaths per 1,000 live births in the 10-year period before the survey



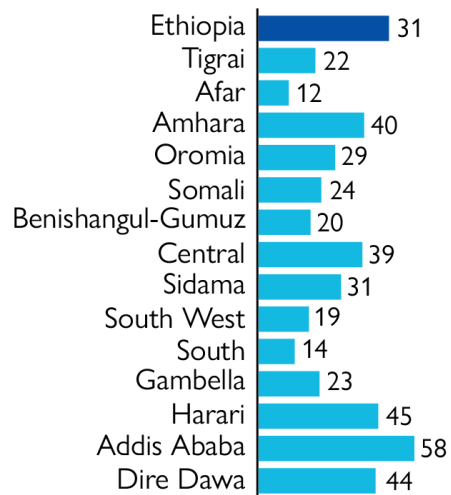
Children's Status

Birth Registration

In Ethiopia, 69% of the births of children are not registered with the civil authorities. Twenty-one percent are registered with a birth certificate, and 10% are registered but do not have a birth certificate. Birth registration varies greatly by region, from a low of 12% in Afar to the highest in Addis Ababa at 58%.

Birth Registration by Region

Percent of children under 5 whose births are registered with the civil authorities



School Attendance

Nearly half (42%) of children who were one year younger than the official primary school entry age at the beginning of the school year participated in organized learning—20% attended an early childhood education program and 22% attended primary school.

The net attendance ratio is the percentage of school-age children who are in school. Overall, 63% of primary school-age children attend primary school and 19% of secondary school-age children attend secondary school.

For every 100 boys in Ethiopia who attend primary and secondary school, 103 girls are attending primary school, and 108 girls are attending secondary school.

Child Health

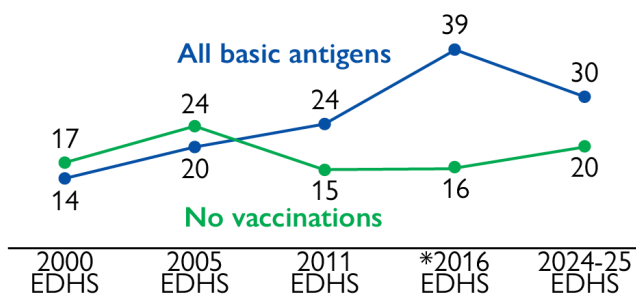
Vaccination Coverage: Basic Antigens

In Ethiopia, 30% of children age 12–23 months are fully vaccinated against all basic antigens—one dose of bacille Calmette-Guérin (BCG), three doses of DPwT-Hib-HepB, three doses of polio vaccine (excluding polio vaccine given at birth), and one dose of measles vaccine. Vaccination coverage for basic antigens ranges by region, from a low of 9% in Somali to a high of 82% in Addis Ababa.

Since 2000, the percentage of children who are fully vaccinated against all basic antigens has risen from 14% to 30% in 2024–25. Children receiving no vaccinations has increased from 17% to 20% in the same timeframe.

Trends in Childhood Vaccinations

Percent of children age 12-23 months who received:



*Note: collected information from three sources: written records, mothers' verbal reports, and health facility records for children who lacked vaccination cards but whose mothers confirmed a visit to a facility.

Childhood Illnesses

In Ethiopia, 4% of children under age 5 had symptoms of acute respiratory infection (ARI) in the two weeks before the survey, and advice or treatment was sought for 56% of children with symptoms of ARI.

Overall, 11% of children under age 5 had a fever in the two weeks before the survey. Advice or treatment was sought for 41% of those children with fever. The most common source of medicine for treating children with fever was government health centres (20%), followed by private clinics (13%).

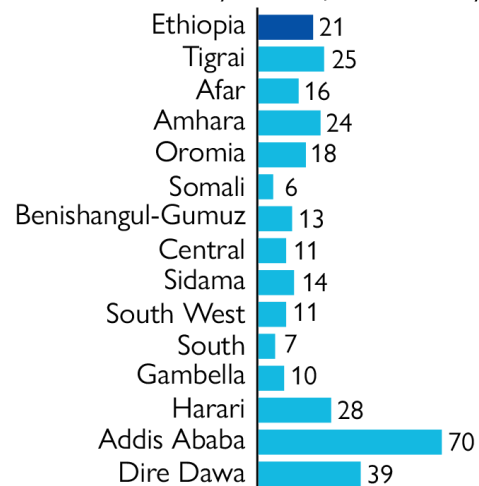
Eleven percent of children under age 5 had diarrhoea in the two weeks before the survey. Among them, advice or treatment was sought for 43%. Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). One-third (33%) of children with diarrhoea received ORT, while 40% of children with diarrhoea received no treatment.

Vaccination Coverage: National Schedule

To be vaccinated according to Ethiopia's national vaccination schedule, children age 12–23 months receive BCG, three doses of DPwT-Hib-HepB, three doses of polio vaccine (excluding polio vaccine given at birth), one dose of IPV,* three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of measles vaccine. In Ethiopia, 21% of children are fully vaccinated according to the national schedule. One in five (20%) children have not received any vaccinations. Vaccination coverage according to the national schedule varies dramatically by region, from 6% of children in Somali to 70% in Addis Ababa.

Vaccination Coverage by Region

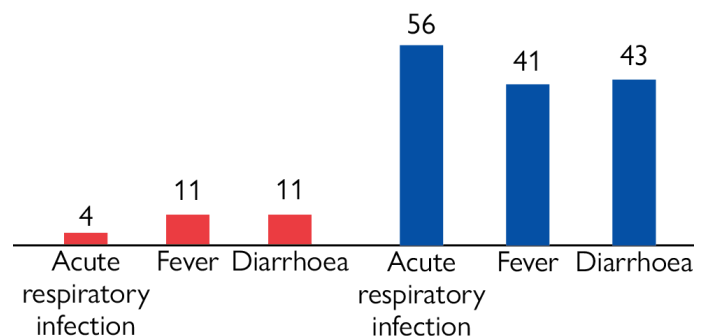
Percent of children age 12-23 months who are fully vaccinated according to the national schedule at any time before the survey



Symptoms of Childhood Illness and Care Seeking

Percent of children under 5 with symptoms in the 2 weeks before the survey

Among those with symptoms of illness, percent for whom advice or treatment was sought



*A second dose of IPV was added to the immunisation schedule in 2024. However, this does not required for a child to be considered fully immunised according to the national schedule in this report because the addition came too late for many of the children included in the 2024–25 EDHS to have received it.

Maternal and Newborn Health Care

Antenatal Care

In Ethiopia, 78% of women age 15–49 with a live birth in the 2 years before the survey received antenatal care (ANC) from a skilled provider. A skilled provider includes a doctor, a nurse, a midwife, a health officer, and a health extension worker.

Twenty-two percent of women with a live birth in the last 2 years received no ANC. Nearly half (45%) of women in the poorest households did not receive any ANC.

The timing and quality of antenatal care are also important. Overall, 53% of women made 4 or more ANC visits and 34% had their first ANC visit in the first trimester.

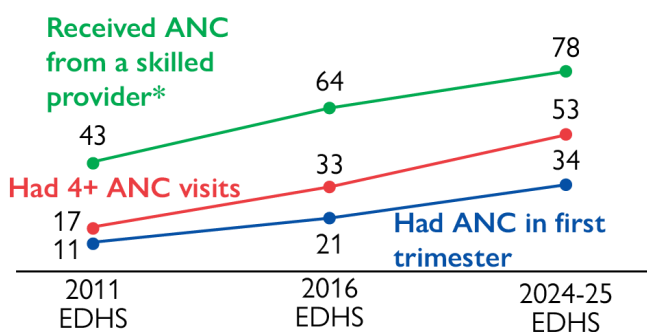
Among women who had a live birth who received ANC, nearly 9 in 10 had their blood pressure measured (89%), a urine sample was taken (88%), a blood sample taken (88%), and the baby's heartbeat checked (89%). Sixty-nine percent were counseled about maternal diet, 50% were counseled about breastfeeding, and 54% were asked about vaginal bleeding.

Among women with a live birth or stillbirth in the two years before the survey, 69% took iron-containing supplements and 20% took deworming medication. Overall, 60% of women's most recent live births were protected against neonatal tetanus.

The rate of ANC coverage has increased from 43% in 2011 to 78% in 2024–25.

Trends in Antenatal Care (ANC) Coverage

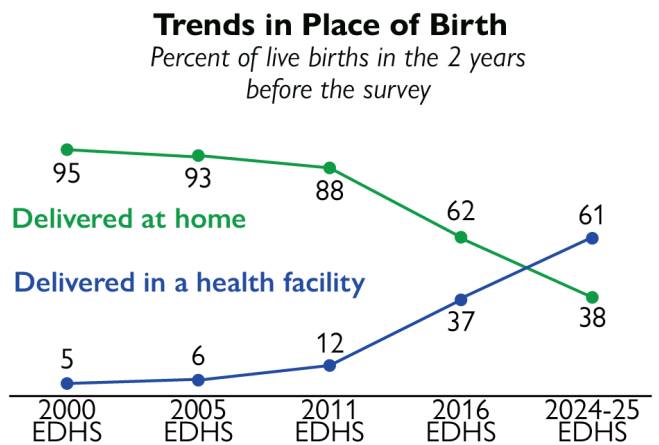
Percent of women age 15–49 who had a live birth in the 2 years before the survey



*Skilled provider includes doctor, nurse, midwife, health officer, and health extension worker.

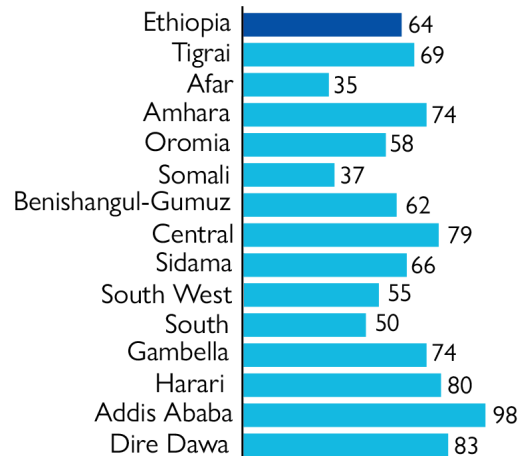
Delivery Care

Thirty-eight percent of live births are delivered at home and 61% are delivered in a health facility. Health facility births have increased dramatically since 2000, from 5% to 61%. Home births are more common among women with no education (58%) and in the poorest households (73%) and women in Somali (66%) and Afar (67%). Nearly two-thirds (64%) of live births are assisted by a skilled provider, most commonly a doctor, nurse, or midwife.



Skilled Delivery Assistance by Region

Percent of live births in the 2 years before the survey delivered by a skilled provider*



*Skilled provider includes doctor, nurse, midwife, health officer, and health extension worker.

Maternal Mortality

Maternal mortality includes deaths of women during pregnancy, delivery, and within 42 days of delivery. The maternal mortality ratio (MMR) for Ethiopia is 141 maternal deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the MMR ranges from 87 to 195 deaths per 100,000 live births.

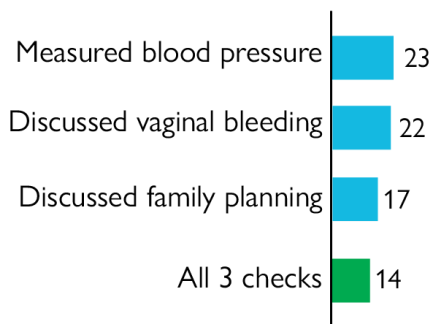
Postnatal Care for Mothers

Postnatal care helps prevent complications after childbirth. Overall, 36% of women age 15–49 received a postnatal checkup within two days of delivery, with 26% of mothers receiving a postnatal check within four hours of giving birth. Still, 62% of mothers received no postnatal check within 41 days of delivery.

Among women who received a postnatal check for their most recent live birth by a health care provider, 23% had their blood pressure measured, 22% discussed vaginal bleeding with a health care provider, and 17% discussed family planning. Fourteen percent of the mothers received all three checks within the first two days after birth.

Components of Postnatal Care for the Mother

Among women age 15-49 with a live birth in the 2 years before the survey, percent for whom during the first 2 days after the most recent birth any healthcare provider:



Postnatal Care for Newborns

Among newborns, 31% received the first postnatal checkup within two days of birth, and 23% had the checkup within three hours after delivery. More than two-thirds (68%) of newborns received no postnatal check within the first week of life.

Among those newborns who did receive a postnatal check, 36% were weighed, 22% had their umbilical cord examined and had their temperature measured, 21% of newborns' mothers were counselled on and observed breastfeeding, and 17% were told of signs indicating the baby needs immediate attention. Nearly one in ten newborns received all five components of postnatal care.

Breast and Cervical Cancer and Viral Hepatitis Examinations

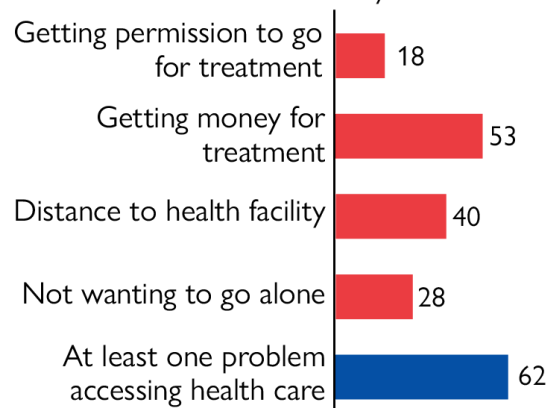
In Ethiopia, 5% of women age 15–49 have ever been tested for breast cancer and 6% for cervical cancer. Breast and cervical cancer testing is most common in Addis Ababa (11% and 16%, respectively). Nearly two-thirds (62%) of women have heard of viral hepatitis, but only 6% have ever been tested for it.

Problems Accessing Health Care

Sixty-two percent of women age 15–49 have at least one problem accessing health care when they are sick. The most common issues are getting money for treatment (53%) and distance to the health facility (40%). Problems accessing health care are most common in South Ethiopia (75%) and among women with no education (71%) and in the lowest wealth quintile (78%).

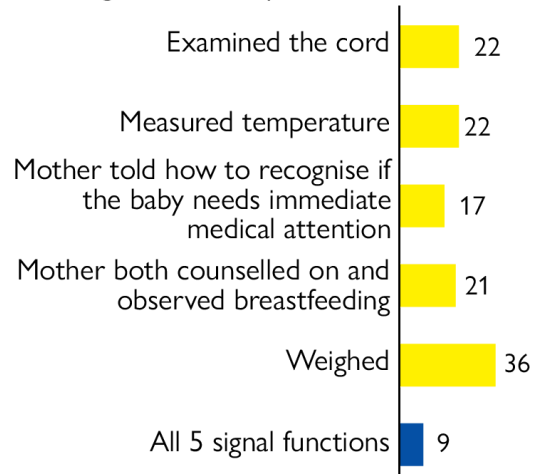
Problems in Accessing Health Care

Percent of women age 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick



Components of Postnatal Care for the Newborn

Among most recent live births in the 2 years before the survey, percent for whom selected functions were performed during the first 2 days after the most recent birth



Nutrition of Children and Women

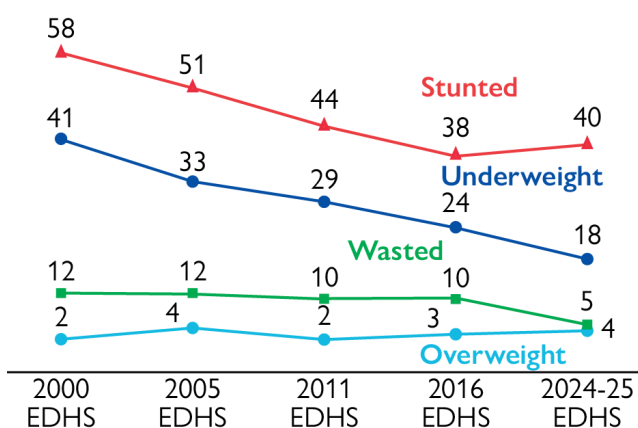
Children’s Nutritional Status

The 2024–25 EDHS measured children’s nutritional status by comparing height and weight measurements against an international reference standard. Stunting is an indication of chronic undernutrition. Overall, 40% of children under age 5 in Ethiopia are stunted. Stunting is lowest in Addis Ababa (15%) and highest in Benishangul-Gumuz (52%). Stunting has decreased from 58% in 2000.

Five percent of children under age 5 have wasting. Wasting is an indication of acute malnutrition. Wasting has decreased steadily since 2000, when the rate was 12%. Eighteen percent of children under age 5 are underweight and 4% are overweight.

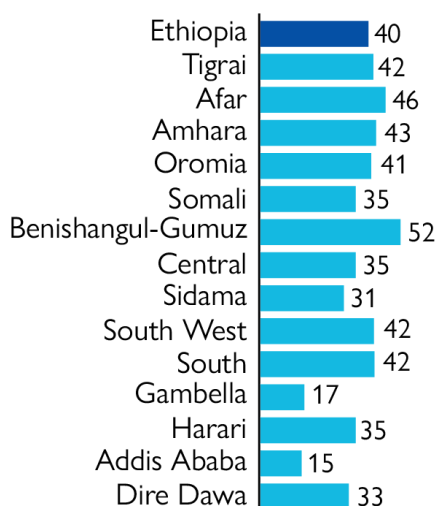
Trends in Nutritional Status of Children

Percent of children under 5 who are malnourished



Stunting by Region

Percent of children under 5 who are stunted



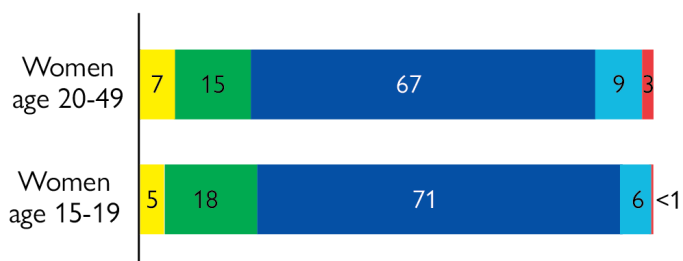
Women’s Nutritional Status

The 2024–25 EDHS took weight and height measurements of women age 15–49. Among adolescent women age 15–19, 23% are thin according to the body mass index for age (BMI-for-age) and 6% are overweight or obese. Among women age 20–49, 22% are thin according to the BMI and 11% are overweight or obese.

Nutritional Status of Women

Percent of women age 15-19 by body mass index (BMI) for age and women age 20-49 by BMI

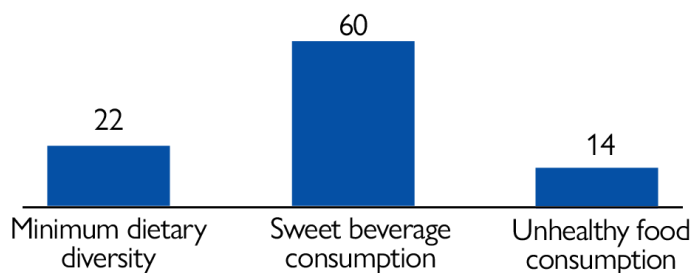
Legend: Moderately or severely thin (yellow), Mildly thin (green), Normal (dark blue), Overweight (light blue), Obese (red)



The 2024–25 EDHS also collected data on food and liquids consumed by women the day before the survey. Overall, 22% of women consumed foods from at least five of the possible 10 food groups, achieving minimum dietary diversity. Fourteen percent of women consumed unhealthy food and 60% had sweet beverages the day before the survey.

Dietary Practices among Women

Percent of women age 15-49 consuming sweet beverages, unhealthy foods, and achieving minimum dietary diversity



Feeding Practices and Supplementation

Breastfeeding and the Introduction of Complementary Foods

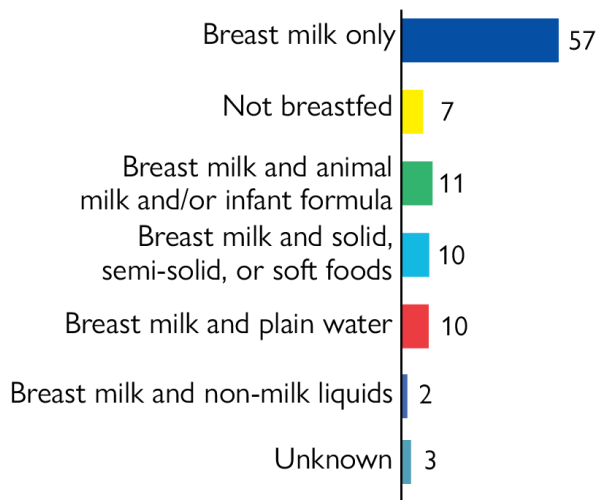
In Ethiopia, 94% of children under age 2 were ever breastfed, 73% were breastfed in the first hour of life, and 82% of children were exclusively breastfed for the first two days after birth.

WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first 6 months of life. More than half (57%) of children under age 6 months living with their mother are exclusively breastfed, while 7% are not breastfed.

Complementary foods should be introduced when a child is age 6 months to reduce the risk of malnutrition. In Ethiopia, 60% of children age 6–8 months were fed solid, semi-solid, or soft foods the day before the survey.

Breastfeeding Status of Children under 6 Months

Percent distribution of youngest children under 6 months living with their mother by feeding category



Vitamin A Supplementation and Deworming

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Over 1 in 3 (37%) children age 6–59 months were given vitamin A supplements in the last 6 months.

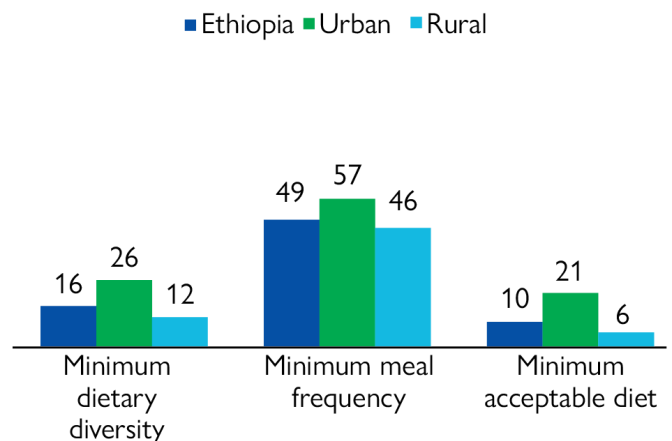
Soil-transmitted helminth infection can cause internal bleeding, inflammation, impaired nutrient absorption, diarrhoea, vomiting, and loss of appetite. In Ethiopia, 23% of children age 6–59 months were given deworming medication in the 6 months before the survey.

Minimum Acceptable Diet

Children age 6–23 months have a minimum acceptable diet when they are fed from at least five of eight defined food groups the minimum number of times or more during the day before the survey. Nonbreastfed children must also receive at least two milk feeds for a minimum acceptable diet. In Ethiopia, 10% of the youngest children age 6–23 months were fed a minimum acceptable diet the day before the survey, 16% of children received the minimum number of food groups during the previous day or night, and 49% were fed the minimum number of times. These rates were higher in urban areas than in rural areas.

Minimum Acceptable Diet by Residence

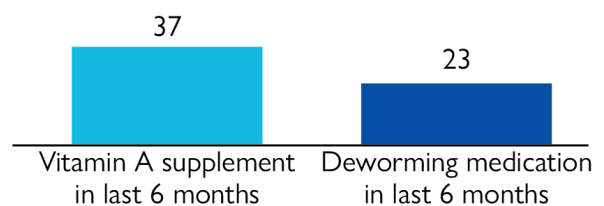
Percent of youngest children age 6–23 months living with their mother who received minimum dietary diversity, minimum meal frequency, and minimum acceptable diet



Micronutrient Supplementation and Deworming among Children

Percent of children age 6–59 months given:

Percent of children age 12–59 months given:



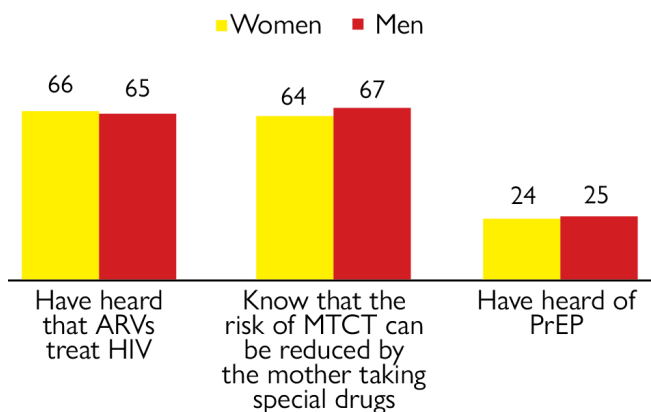
HIV and AIDS

Knowledge of HIV and HIV Prevention Methods

In Ethiopia, 66% of women and 65% of men age 15–49 have heard that antiretroviral medicines (ARVs) treat HIV. About two-thirds (women 64%, men 67%) know that the risk of mother-to-child transmission (MTCT) can be reduced by the mother taking special drugs. Fewer (women 24%, men 25%) have heard of pre-exposure prophylaxis (PrEP), and of those who have, 79% of women and 80% of men approve of people who take PrEP to prevent getting HIV.

Knowledge of Medicines to Treat or Prevent HIV

Percent of women and men age 15–49 who:



Among young women and men age 15–24, 26% and 30%, respectively, have knowledge about HIV prevention. Knowledge about HIV prevention 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 two major misconceptions about HIV transmission: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV. Of specific prevention methods, 69% of women and 84% of men know that using condoms during sexual intercourse can reduce the chances of getting HIV, and 72% of women and 80% of men know that having just one uninfected faithful partner can also reduce the chances of HIV infection. Most young women (73%) and young men (76%) know that a person cannot get HIV by sharing food with a person who has HIV. More than half (52%) of young men know that HIV cannot be spread by mosquitoes, while 60% of young women know this.

HIV Testing

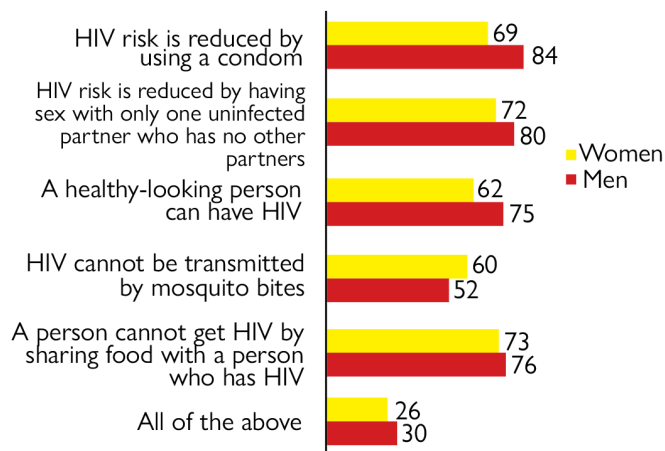
Nearly half of women (49%) and men (43%) age 15–49 have ever been tested for HIV and received the results, while 48% of women and 56% of men have never been tested. Among women and men, HIV testing is highest in Addis Ababa (72% and 75%, respectively) and lowest in Somali (8% and 7%). HIV testing has increased dramatically since 2005 when just 2% of women and 5% of men had ever been tested for HIV.

Eighteen percent of women and 12% of men have been tested for HIV and received the results in the last 12 months. Recent HIV testing is most common among women (31%) and men (23%) with more than secondary education, as opposed to those with no education (13% and 6%, respectively).

More than half (54%) of pregnant women were tested for HIV during antenatal care and received the results.

Knowledge of HIV Prevention among Young People

Percent of young women and men age 15–24 who know:



HIV Prevalence

In Ethiopia, 0.8% of women and men age 15–49 are living with HIV. HIV prevalence is higher among women than men (1.0% and 0.5%, respectively). HIV prevalence is five times higher in urban areas than in rural areas (1.6% versus 0.3%). HIV prevalence ranges from 0.1% in Somali, Central, and South West regions to 5.1% in Gambella. The overall HIV prevalence among adolescents and young adults age 15–24 is 0.3% (0.4% among young women and 0.1% among young men).

Women's Empowerment

Employment

Nearly half (49%) of currently married women age 15–49 were employed in the last 12 months. Among employed currently married women, 37% are paid in cash and 56% are not paid for their work.

Among currently married women who were employed in the last 12 months and earned cash, 80% participate in decisions on how to spend their earnings—26% decide alone and 54% decide together with their husband. Half (50%) of women say they earn less than their husband.

Ownership of Assets

In Ethiopia, 48% of women age 15–49 own a home alone or jointly with someone else. Forty-seven percent of women who own a home have a title or deed for the home with their name on it.

Nearly half (49%) of women own a mobile phone, including 18% who own a smartphone. Thirty-six percent have used their phone for financial transactions in the last 12 months and have and use a bank account. Among women with more than secondary education, nearly all (93%) have and use a bank account and 94% used a mobile phone for financial transactions in the last 12 months, as opposed to only 19% and 20%, respectively, of those with no education.

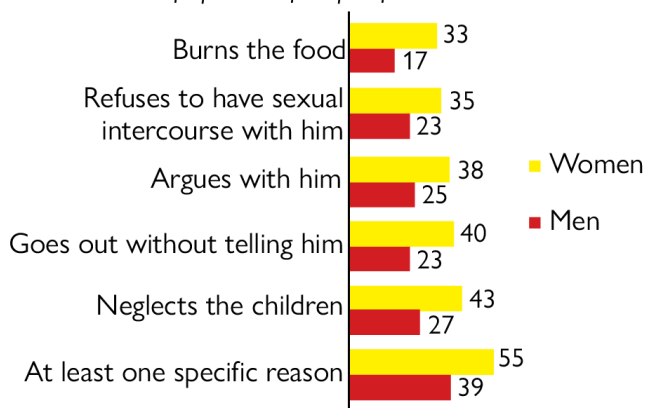
Attitude toward Wife Beating

In the 2024–25 EDHS, women age 15–49 were asked if they believe that a husband is justified in hitting or beating his wife/partner for at least one of the following reasons: if she neglects the children, goes out without telling him, argues with him, refuses to have sexual intercourse, or burns the food.

Fifty-five percent of women believe a husband is justified in beating his wife for at least one of the specified reasons.

Attitude toward Wife Beating by Sex

Percent of women and men age 15–49 who agree that a husband/partner is justified in hitting or beating his wife/partner for specific reasons

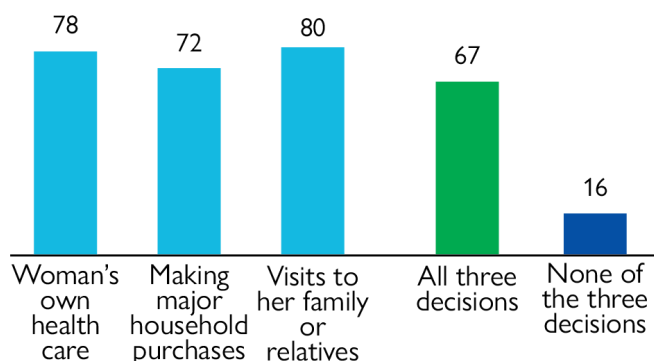


Participation in Household Decisions

The 2024–25 EDHS asked currently married women about their participation in three types of household decisions: their own health care, making major household purchases, and visits to their family or relatives. In Ethiopia, 78% of currently married women have sole or joint decision-making power in their own health care, 72% make decisions about major household purchases, and 80% make decisions about visits to their family or relatives. Overall, 67% of currently married women participate in all three above decisions, while 16% of currently married women participate in none of the three decisions.

Women's Participation in Decision Making

Percent of currently married women age 15–49 who usually make specific decisions either alone or jointly with their husband/partner



Women's Participation in Decision Making in Sexual and Reproductive Health

Seventy-four percent of women age 15–49 believe a woman is justified in refusing to have sexual intercourse with her husband if she knows he has sex with other women and 66% believe a woman is justified in asking that they use a condom if she knows that her husband has a sexually transmitted infection.

Forty-three percent of currently married women can say no to their husband if they do not want to have sexual intercourse and 33% can ask their husband to use a condom.

One-third (32%) of currently married women make their own decisions related to sexual relations, family planning use, and reproductive care. Participation in decisions related to sexual relations, family planning use, and reproductive care increases with age, education level, and wealth. Women participate in decisions the most in Tigray (55%) and the least in Somali (11%).

Domestic Violence

Experience of Physical Violence

In Ethiopia, 24% of women age 15–49 have ever experienced physical violence since age 15 and 13% have experienced physical violence in the last 12 months. Recent experience of physical violence is highest among women in Gambella (22%) and lowest in Somali (6%). The most common perpetrators of physical violence against ever-married women are current or former husbands or intimate partners.

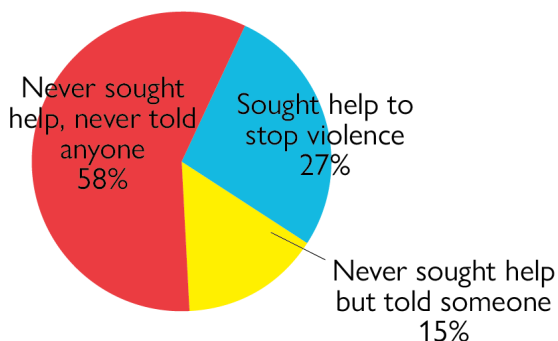
Experience of Sexual Violence

Overall, 8% of women age 15–49 have ever experienced sexual violence and 4% experienced sexual violence in the last 12 months. Sexual violence is most common among women who are divorced, separated, or widowed (19%).

Help Seeking to Stop Violence

Overall, 26% of women age 15–49 ever experienced physical or sexual violence. Among them, 27% sought help to stop the violence, 15% did not seek help but told someone, though 58% did not seek help and never told anyone. Help seeking is most common among women in South West Ethiopia (37%) and among women who have never had an intimate partner (34%). The most common source of help is the woman's own family (66%), followed a neighbour (32%).

Help Seeking to Stop Violence
Percent distribution of women age 15-49 who ever experienced physical or sexual violence by their help-seeking behaviour



Intimate Partner Violence

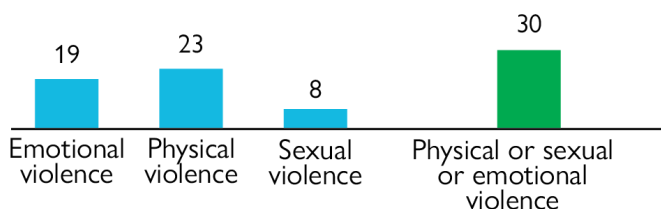
Among women who have ever been married or had an intimate partner, 30% have experienced physical, sexual, or emotional violence committed by their current or most recent husband/intimate partner and 21% have experienced intimate partner violence by their current or most recent husband/ intimate partner in the last 12 months.

Physical violence is the most common form of intimate partner violence committed by a current or most recent husband/intimate partner (23%), followed by emotional violence (19%) and sexual violence (8%).

Intimate partner violence committed by a current or most recent partner is most common among divorced, separated, or widowed women (45%).

Any Violence by Most Recent Husband/ Intimate Partner

Percent of women age 15-49 who have ever had a husband or intimate partner who have ever experienced violence committed by their current or most recent husband/intimate partner



Female Genital Mutilation (FGM)

Knowledge of FGM

In Ethiopia, 91% of women and 93% of men age 15–49 have heard of FGM. Knowledge of FGM increases as level of education and wealth quintile increases.

Prevalence of FGM

More than half (58%) of women age 15–49 are circumcised. The prevalence of FGM declined from 80% in 2000 to its current rate.

Trends in FGM

Percent of women age 15-49 who are circumcised

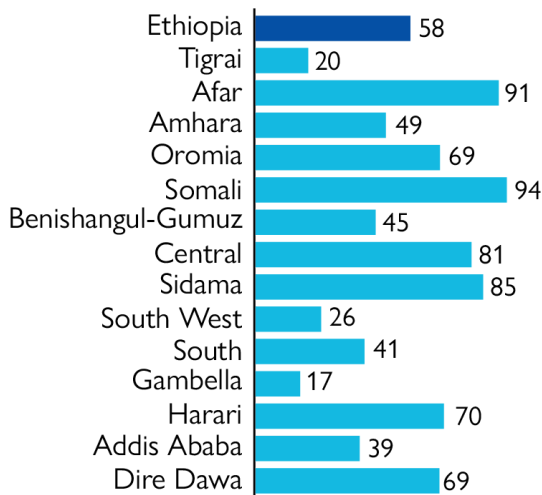


2000 EDHS 2005 EDHS 2016 EDHS 2024-25 EDHS

FGM prevalence varies greatly among regions, from 17% in Gambella to 94% in Somali.

Prevalence of FGM by Region

Percent of women age 15-49 who are circumcised

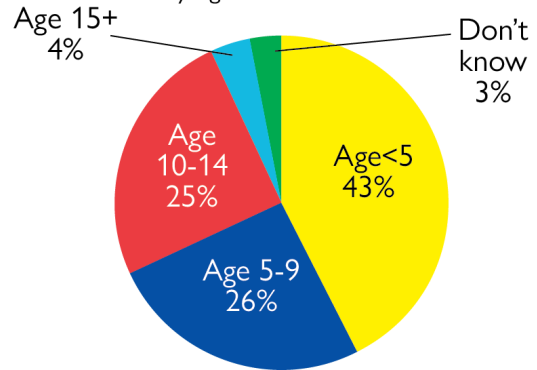


Age at Circumcision

In Ethiopia, FGM is often performed during early childhood. Overall, 43% of women age 15–49 who are circumcised were circumcised before age 5.

Age at Circumcision

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



Beliefs about FGM

About 7 in 10 people age 15–49 (women 78%, men 70%) who have ever heard of female circumcision do not believe that their religion requires it. Moreover, 79% of women and 80% of men believe that FGM should not be continued.

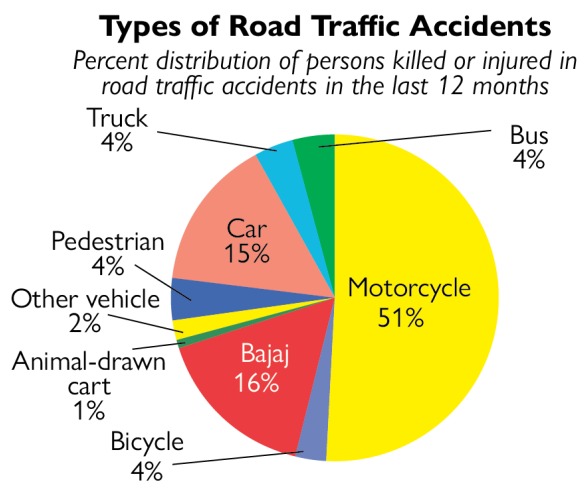
Accidents and Injuries

Road Traffic Injuries

In Ethiopia, the number of deaths due to road traffic injuries is 8 per 100,000 population. More men (7 deaths per 100,000) than women (1 death per 100,000) die due to road traffic injuries.

Many road traffic injuries are nonfatal. Overall, 121 individuals per 100,000 population (29 women per 100,000 and 92 men per 100,000) sustain nonfatal injuries.

Motorcycle accidents are the most common road traffic accidents in Ethiopia, accounting for 51% of those killed or injured in the 12 months before the survey.



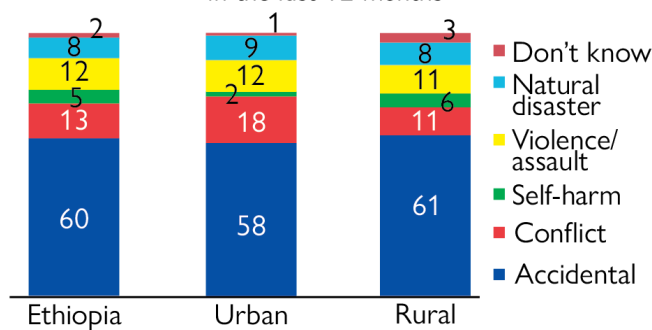
Other Incidents and Accidents

In Ethiopia, non-road traffic unintentional injuries, such as falls, burns, drowning, and poisoning contribute significantly to the public health burden. Overall, the number of deaths and injuries due to non-road traffic accidents is 231 per 100,000 (95 for women and 136 for men).

The majority of deaths or injuries in the last 12 months that were not due to road traffic accidents were accidental (60%), followed by those due to conflict (13%). Twelve percent of deaths or injuries were due to violence/assault and 8% to natural disasters

Mechanism of Death or Injury other than Road Traffic Accidents by Residence

Percent distribution of persons killed or injured in the last 12 months



Indicators

	Ethiopia	Regions					
		Tigray	Afar	Amhara	Oromia	Somali	Benishangul-Gumuz
Household Water, Sanitation, and Hygiene							
Household population with access to at least basic drinking water service (%)	57	54	30	65	56	40	77
Household population with access to at least basic sanitation service [1] (%)	31	10	7	27	31	22	28
Fertility							
Total Fertility Rate (number of children per woman)	4.0	4.6	5.9	3.8	4.2	6.5	4.2
Median age at first birth for women age 25–49 (years)	20.5	20.4	19.6	20.4	19.7	20.7	19.2
Women age 15–19 who have ever been pregnant [2] (%)	10	13	23	6	14	14	14
Family Planning (among married women age 15–49)							
Current use of any method of family planning (%)	35	26	9	44	32	2	31
Current use of a modern method of family planning (%)	35	25	9	43	31	2	31
Demand satisfied by modern methods of family planning (%)	68	55	41	74	67	7	67
Childhood Mortality (deaths per 1,000 live births [3])							
Infant mortality	39	54	54	36	43	27	48
Under-five mortality	51	66	78	43	60	34	72
Child Health							
Children age 12–23 months who are fully vaccinated according to the national schedule [4] (%)	21	25	16	24	18	6	13
Children age 12–23 months who are fully vaccinated against basic antigens [5] (%)	30	36	21	36	24	9	21
Maternal and Newborn Health Care							
Pregnant women age 15–49 who had 4+ ANC visits [6] (%)	53	57	46	62	48	13	57
Live births delivered in a health facility (%)	61	68	33	73	54	34	62
Live births delivered by a skilled provider [7] (%)	64	69	35	74	58	37	62
Nutrition							
Children under age 5 who are stunted (%)	40	42	46	43	41	35	52
Children born in the last two years who were ever breastfed (%)	94	97	93	96	92	78	93
HIV/AIDS							
Women age 15–49 who have ever been tested for HIV and received the results (%)	49	61	37	67	42	8	47
Women's Empowerment							
Women age 15–49 who own a home alone or jointly (%)	48	31	60	47	54	43	45
Women age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	36	33	24	43	33	31	32
Domestic Violence							
Women age 15–49 who have experienced physical violence since age 15 (%)	24	18	19	29	24	9	33
Women age 15–49 who have ever had a husband or intimate partner and experienced emotional, physical, or sexual violence by their current or most recent husband/intimate partner (%)	30	24	25	35	28	13	32

[1] At least basic sanitation service: safely managed and basic sanitation services. [2] Women age 15–19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. [3] National mortality rates are for the 5-year period before the survey. Regional mortality rates are for the 10-year period before the survey. [4] National schedule includes BCG, three doses of DTwP-Hib-HepB, three doses of polio vaccine (excluding polio vaccine given at birth), one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of measles vaccine.

Regions

Central Ethiopia	Sidama	South West Ethiopia	South Ethiopia	Gambella	Harari	Addis Ababa	Dire Dawa
42	52	38	46	63	74	91	85
46	39	42	41	20	35	40	40
4.5	3.0	3.9	4.6	3.9	3.3	2.3	3.3
21.6	20.4	20.8	20.8	19.3	20.7	?	22.4
8	5	5	11	15	14	2	10
20	57	54	31	34	29	51	26
19	56	54	29	34	28	47	25
45	79	83	55	63	59	77	57
28	40	37	43	26	52	22	46
36	49	54	57	40	71	27	58
11	14	11	7	10	28	70	39
19	32	21	24	17	34	82	45
59	42	48	47	49	47	95	69
80	64	53	49	72	79	98	82
79	66	55	50	74	80	98	83
35	31	42	42	17	35	15	33
97	95	97	95	95	96	95	96
49	21	32	38	59	55	72	57
36	47	53	53	50	50	21	36
23	17	18	26	43	58	82	61
49	47	53	53	50	50	21	36
23	17	18	26	43	58	82	61
16	31	26	22	35	27	20	22
26	44	33	31	42	24	23	31

[5] Fully vaccinated against basic antigens includes BCG, three doses of DTwP-Hib-HepB, three doses of polio vaccine (excluding polio vaccine given at birth), and one dose of measles. [6] Pregnant women age 15–49 with a live birth in the two years preceding the survey. [7] Skilled provider includes doctor, nurse, midwife, health officer, and health extension worker.

