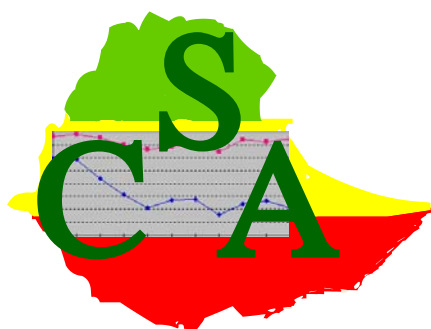


Central Statistical Agency

Ethiopian Welfare Monitoring Survey 2011 Summary report

April 27, 2012



1 About the 2011 WMS

1.1 Background

There is a long tradition of conducting Welfare Monitoring Surveys (WMS) in Ethiopia dating back to the 1990s. The 2011 WMS is the latest Welfare Monitoring Survey that was conducted in Ethiopia following similar surveys of 1996, 1998, 2000 and 2004, which was designed to assess the level, extent and distribution of non-income dimension poverty, in providing basic data for designing, monitoring and evaluation of socioeconomic policies and programmes. The WMS information supplements the information obtained from the 2011 Household Consumption and Expenditure Survey, which shows the income dimension poverty.

1.2 Survey methodology

The 2011 WMS covered all rural and urban areas of the country except the non-sedentary three zones of Afar and six zones of Somali Regions. All conventional households from different agro-ecology in case of rural and as well from smaller towns to large urban centers in case of urban were fairly represented by the survey. The survey was designed to provide estimates at regional, rural and urban levels as well as estimates for major urban centers (regional capitals, large cities and 10 sub-cities of Addis Ababa).

Sampling design

Diffrent stratas were defined for urban and rural part. Urban areas were classified into three categories based on their population size. These are major urban centers, medium and small size towns. In the rural part agroecological zones were used as strata in the regions. Two-stage stratified cluster design was used to select sample enumeration areas (EAs) and households (HHs) from major urban centers and rural areas. For medium and small towns three stage stratified cluster design was used to select sample towns, EAS & HHs.

Sampling frame

The 2007 Population and Housing Census data was used as a frame to select sample towns and EAs. A fresh list of households taken at the beginning of the survey was used as a frame to select sample households. Auxiliary information from Ministry of agriculture was used to build the agroecological frame. All major urban centers were directly selected. Sample towns (medium & small size) in each region and sample EAs both in urban and rural areas were selected by probability proportional to size (PPS) size being number of households (2007 Census). Households from all selected EAs were selected in the field by systematic sampling.

Sample size

1,104 EAs and 17,664 households (16 HHs per EA) in all urban areas, 864 EAs and 10368 households (12.HHs per EA) in rural, a total of 1,968 EAs and 28,032 households at national level were selected for the survey. Unlike the past four WMS the 2011 WMS is limited to regional level; it does not provide data at zonal levels. The overall response rate of the survey was very high, covering 27,965 households, (99.8%).

1.3 Household composition

Ethiopian households consist of an average of 4.8 persons. About 46 percent of the household members are children under age 15. Twenty five percent of all Ethiopian households are headed by women.

2 Education

Ethiopia is progressing well in education. Monitoring quantitative and qualitative changes brought about over time requires regular information on the basic indicators of educational outputs. The achievement in educational developments of the country is assessed on the basis of indicators such as literacy rates, gross and net enrollment ratios at both primary and secondary levels, dropout rates, and other related indicators disaggregated by sex, age and other socioeconomic group.

2.1 Literacy and Numeracy

The literacy and numeracy rate for population aged 10 years and over by sex and place of residence shown below. Of the total population in the country 46.8 percent are found to be literate with a large discrepancy between rural and urban residents. Literacy rate in urban areas is about two times higher than that of rural areas (78.0 percent against 39.5 percent). This variation was a little bit more in the previous survey; it was 74.2 percent in urban areas against 30.9 percent in rural areas. This variation might be considered as a clue to difference in accessibility of schools between urban and rural areas.

Table 1 Literacy and numeracy rate of population aged 10 by sex 2004 and 2011

SEX/ RESIDENCE	LITERACY		NUMERACY	
	2004	2011	2004	2011
TOTAL				
Male	49.9	56.3	87.5	89
Females	26.6	37.8	88	90.6
Total	37.9	46.8	87.7	89.7
RURAL				
Male	43.4	49.4	84.5	85.9
Females	18.7	29.8	83.4	87.3
Total	30.9	39.5	84.2	86.5
URBAN				
Male	86.2	87.8	95.9	96.9
Females	64.4	69.6	94.3	96.2
Total	74.2	78	95.1	96.6

There exists a clear sex bias. Literacy rate among male population (56.3 percent) is found to be higher than that of female population (37.8 percent). This discrepancy exists in both rural and urban areas with a wider gap among rural residents. Literacy rate among male population is two times higher than for the female populations in the rural areas (49.4 percent against 29.8 percent) while it is about 87.8 percent and 69.6 percent, respectively, in urban areas.

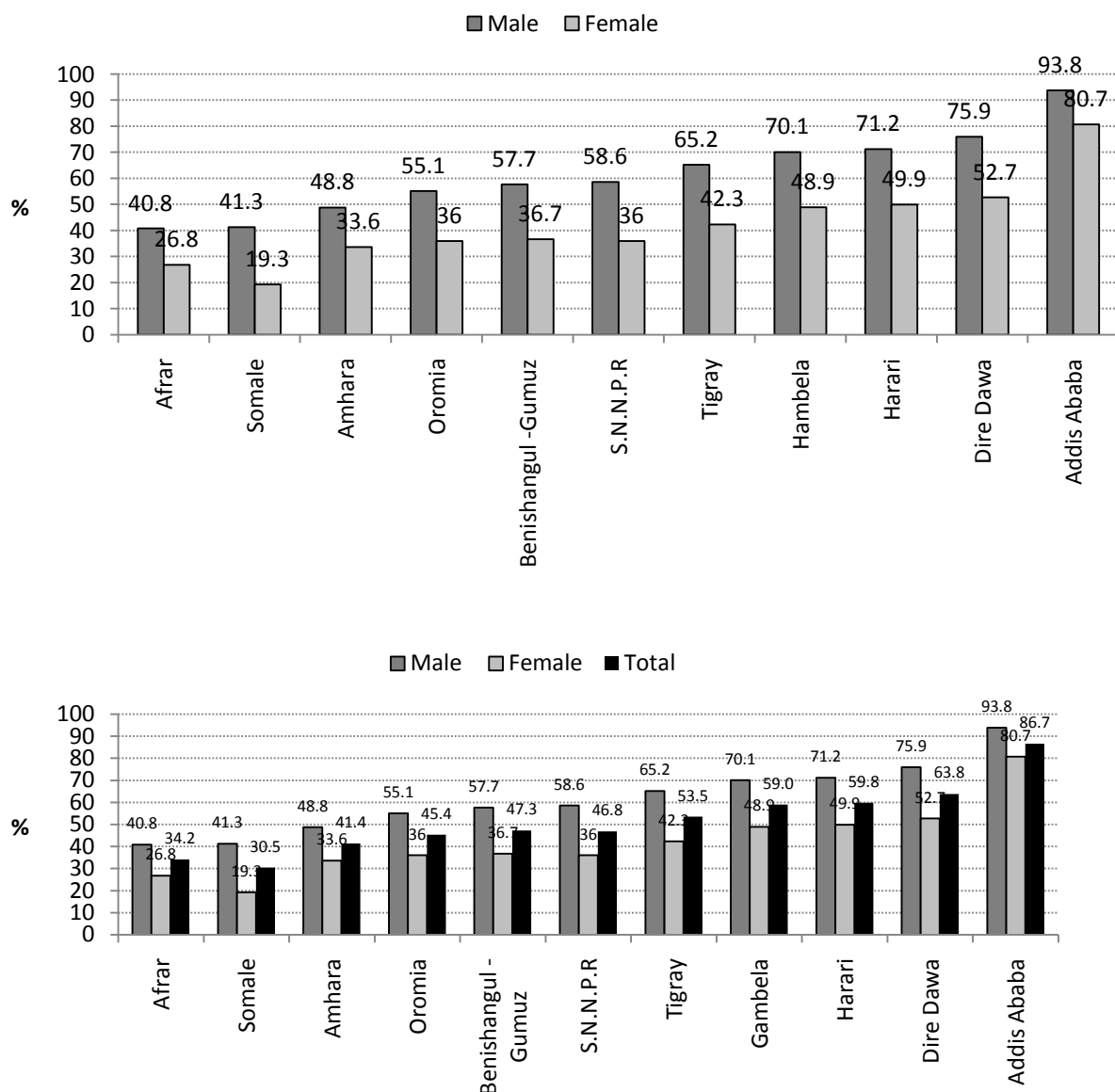


Figure 1 Literacy Rates by Region and sex 2011

It is found that the literacy rate is highest in Addis Ababa Administrative Region (93.8 percent) followed by Dire Dawa (75.9 percent) and Harari (71.2 percent). The lowest literacy rates were observed in So-male Region (30.5 percent). The rates in other regions ranged from 47.3 in Benishangul Gumuz to 59.0 percent in Gambela.

2.2 School enrolment

The net enrolment ratio for children for grades 1-8 is 62%, and those for grades 9-12 it is 11%. The figures show that the school attendance drops steeply after the very basic education. The sex difference is rather small and in favour of females.

The structure of primary education has been changed since 2004 to encompass 8 grades instead of 6 grades; nevertheless, there has been very considerable positive development in the net enrolment ratio of both sexes since 2004. The main difference in Ethiopia lies between the enrolment ratios of urban and rural areas. In primary education there is a major difference in favour of urban areas, and the

difference is even larger in secondary education, but also in this respect the disparity has been reduced considerably since 2004.

Table 2 School net enrolment ratios for grades 1-8 and grades 9-12 by sex

SCHOOL / SEX	YEAR 1996		YEAR 1998		YEAR 2000		YEAR 2004		YEAR 2011	
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net
PRIMARY SCHOOL										
Males	44.9	24.0	63.2	32.5	69.8	35.8	80.4	38.9	90.4	60.7
Females	29.4	17.9	40.7	24.6	52.0	31.6	67.6	36.8	90.9	64.1
Total	37.4	21.0	52.3	28.7	61.1	33.8	74.2	37.8	90.7	62.4
SECONDARY SCHOOL										
Males	13.7	8.8	17.4	10.9	19.0	12.2	28.3	16.6	22.4	10.9
Females	12.3	8.7	13.8	9.6	15.2	10.9	17.9	11.6	18.1	11.0
Total	13.0	8.8	15.6	10.2	17.1	11.6	23.1	14.5	20.3	11.0

Table 3 School gross enrolment ratios for grades 1-8 and grades 9-12 by residence

RESIDENCE	YEAR 1996	YEAR 1998	YEAR 2000	YEAR 2004	YEAR 2011
PRIMARY SCHOOL					
Rural	27.6	44.3	54	67.6	86.2
Urban	102.1	109.7	111.5	125.2	118.02
Total	37.4	52.3	61.1	74.2	90.67
SECONDARY SCHOOL					
Rural	3	4.8	6.4	14.7	10.27
Urban	59.6	65.9	68.2	64.2	60.67
Total	13	15.6	17.1	23.1	20.29

The gross enrolment ratio at country level is 90.7 percent for primary level and 20.3 percent for secondary level. The results of the survey data further indicates that primary level gross enrollment rate in urban areas (118.0 percent) is higher than that of rural residents (86.2 percent). Furthermore, the gross enrollment ratios at secondary school level in rural and urban areas are not comparable, for the fact that very small proportion of children at primary school level in rural areas seems to succeed to secondary school (an enrollment rate of 10.3 percent) compared to 60.8 percent of the children in urban areas.

2.3 School Dropout Rates

The dropout rate at the country level is 4.2 percent in primary schools and 3.9 percent in secondary schools. The problem of school dropout was more serious in rural than in urban areas. Around 4.7 percent of the primary and 7.0 percent of the secondary school pupils in rural areas have dropped-out from school during the reference period. In the urban areas the proportion of dropout is 2.2 percent for primary and secondary schools. Sex differential in school dropouts indicates a bit higher rate among male than female students at both primary and secondary level in rural, urban areas and at country level.

The school dropout rates at primary school level in the regions are relatively low for Addis Ababa (1.5 percent) and Dire Dawa (1.6 percent). Higher dropout rates are registered in Amhara (5.3 percent) and SNNPR (4.5 percent), while a moderate dropout rate is reported in the remaining regions ranging from 1.6 percent in Afar 3.9 percent in Oromia

Considering the dropout rates at secondary level, Dire Dawa stands out with highest dropout rate of (6.8 percent) followed by SNNP (4.9 percent). In the remaining regions, this ratio ranged from 1.4 percent in Benishangul Gumuze to 4.6 percent in Oromiya Regions.

Table 4 Education drop-outs for grades 1-8 and grades 9-12 by sex, 1996, 1998, 2000, 2004, 2011

GENDER	YEAR 1996	YEAR 1998	YEAR 2000	YEAR 2005	YEAR 2011
PRIMARY SCHOOL					
Males	14.9	16.4	15.5	12.5	4.8
Females	10.9	15.6	13.5	10.8	3.6
Total	13.3	16.2	14.7	11.8	4.2
SECONDARY SCHOOL					
Males	15.1	13.7	17.5	14.2	4.8
Females	13.3	13.4	12.6	12.5	3.0
Total	14.3	13.6	15.4	13.5	4.0

Table 5 Education drop-outs for grades 1-8 and grades 9-12 by residence, 1996, 1998, 2000, 2004, 2011

RESIDENCE	YEAR 1996	YEAR 1998	YEAR 2000	YEAR 2005	YEAR 2011
PRIMARY SCHOOL					
Rural	18.5	20.3	17.9	13.6	4.7
Urban	6.1	6.2	5.0	5.1	2.2
Total	13.3	16.2	14.7	11.8	4.2
SECONDARY SCHOOL					
Rural	29.3	24.3	28.4	16.5	7.0
Urban	10.9	10.3	10.3	10.8	2.2
Total	14.3	13.6	15.4	13.5	3.9

Across time, dropout rates have significantly reduced, especially in rural areas. Primary dropout rate in rural areas has declined from 18.5 percent in 1996 to 4.7 percent in 2011, moreover, the dropout rate at secondary level in rural areas to decrease from 29.3 percent in 1996 to 7.0 percent in 2011. The declining trend in urban areas has also shown similar pattern with slower rate. Though the sex disparity in school dropout at primary level over the five survey years is not clearly evident, the result depicts higher male dropout rate at country and rural level in the year 2004. Higher percentage of male secondary school dropouts particularly in rural areas is indicated in the 1996, 2000, 2004 and 2011 surveys. The five surveys, on the other hand, have shown that higher proportion of female students have withdrawn from secondary schools in urban areas. At all levels the dropout rates have shown a decline in the year 2011

Table 6 Key reasons for education drop-outs 2004 and 2011

RESIDENCE	LEFT FOR WORK		ILL-HEALTH	
	2004	2011	2004	2011
Urban	13.4	18.1	24.9	20
Rural	27	28.5	27.7	18.6
Total	25.8	27.1	27.4	18.7

Table 7 Distribution of Persons 5 Years and Above for Grade 1 - 8 by Reasons for Drop-outs and Region - Country Level - 2011

SCHOOL/ REASON FOR DROP OUT	Total	Tigray	Afar	Amhara	Oromia	Somali	Beni-Shangul Gumuz	S.N.N.P	Gambella	Harari	Addis Ababa	Dire Dawa
PRIMARY (GRADE 1 TO 8)												
Need to work	27.5	41.0	29.9	29.7	26.9	9.2	31.7	21.9	20.2	8.3	38.3	38.1
Married on personal Interest	2.7	6.7	-	0.2	1.8	-	1.3	6.6	-	-	-	-
Married on family interest	2.2	1.5	-	1.1	3.5	-	-	2.2	-	8.3	3.0	3.1
Sickness	18.7	6.9	-	10.8	22.6	1.6	33.2	26.6	41.0	21.2	18.0	18.2
Pregnancy/ maternity	0.4	0.3	-	0.9	0.2	-	-	0.1	-	-	3.1	-
SECONDARY (GRADE 9 TO 12)												
Need to work	22.0	21.3	-	42.8	20.1	-	29.5	11.9	-	39.9	18.4	-
Married on personal Interest	7.9	-	-	20.8	2.8	-	-	12.1	-	-	-	-
Married on family interest	2.7	15.4	-	3.1	-	-	-	-	-	-	-	23.7
Sickness	13.8	17.9	-	4.2	24.7	-	11.0	0.8	18.6	-	29.0	-
Pregnancy/ maternity	3.6	-	-	-	5.3	-	24.9	-	22.2	-	21.8	-

School dropouts were further asked to state their reason for withdrawal from school in the previous year. The two major reasons cited in both primary and secondary schools were "need to work" and "sickness". Among the primary school dropouts, 18.7 percent said they were sick and 27.5 percent left the school because they "need to work". The two major reasons given for secondary school dropouts constitute 13.8 percent for sickness and 22.0 percent for desire to work.

For both the urban and the rural residents the major reason for dropping-out at primary school level is need to work (28.5 percent for rural and 18.1 percent for urban areas).

2.4 Proximity to Primary Schools

At country level about 29 percent of the households can access to primary school within a distance of less than one kilometer. Urban-rural distribution shows 23 percent of the households in rural areas and 50 percent of urban households need to walk for less than one kilometer to reach the nearest primary school. At country level, however, most of the households (90. percent) can access primary schools within a distance of less than 5 kilometers. In urban areas 5 kilometers is the farthest distance for almost all households (99 percent) unlike the rural areas where about 12 percent of the households still have to travel for 5-14 kilometers or slightly more to reach the nearest primary school

According to this measurement, for almost all households in the country (99 percent) there is at least one primary school available within a distance of less than 10 kilometers. Only one percent of rural households and zero percent of urban households are 10 or more kilometers away from the nearest primary school.

2.5 Proximity to Secondary Schools

Access to secondary schools in terms of distance is poor compared to primary schools. Secondary schools are available within 5 kilometers radius for only 29 percent of total households in the country. On the other hand, only 46.5 percent of the households are within 10 kilometers distance, whereas 54 percent of the households still have to travel 10 or more kilometers to reach the nearest secondary school. The condition in rural areas is rather worse. For 68 percent of the households, the closet secondary school is located at least 10 kilometers away. Only 32 percent of the rural households have secondary school within 10 kilometers distance. More than 50 percent of the rural households live 15 kilometers or more away from secondary school.

Table 8 Proximity to School by Level of School, Place of Residence and Survey year

LEVEL OF SCHOOL/ PLACE OF RESIDENCE	Year	PROXIMITY IN KM		
		0 - 4	5 - 9	15 & above
COUNTRY				
Primary	2004	74.5	20.4	5.1
1 - 4	2011	82.1	8.1	1.1
5 - 8	2011	65.2	17.9	7.9
Secondary(9-12)	2000	19.0	14.8	66.3
(9-12)	2004	27.3	14.2	58.5
9 - 10	2011	26.9	15.4	49.7
11 - 12	2011	19.2	11.1	64.2
RURAL				
Primary(1-6)	2000	69.8	24.3	5.6
1-6	2004	70.0	24	6.1
1 - 4	2011	79.2	10.0	1.4
5 - 8	2011	57.8	22.5	10.0
Secondary(9-12)	2000	7.7	16	76.0
(9-12)	2004	16.5	15.2	68.3
9 - 10	2011	10.7	18.6	62.4
11 - 12	2011	4.5	11.9	78.0
URBAN				
Primary(1-6)	2000	98.6	1	0.0
(1-6)	2004	98.6	1.2	0.1
1 - 4	2011	92.6	0.9	0.1
5 - 8	2011	92.3	1.0	0.0
Secondary(9-12)	2000	86.0	7.6	6.0
9-12	2004	84.2	8.7	7.0
9 - 10	2011	86.8	3.3	2.9
11 - 12	2011	73.6	8.1	13.4

3 Health

3.1 Prevalence of Illness (Illness Episode)

Of the total population covered in the 2011 WMS, 16.9 percent (13.0 million persons) reported that they had health problems at least once over the two months period prior to the date of interview. It was 23.8 percent (15.4 million) in the 2004 WMS. This incidence is slightly higher among rural population than urban. Around 17.2 percent of the rural population had reported illness during the reference period compared to 15.5 percent of urban residents which was 17.2 & 15.5 percent in year 2004 survey. The results of the 2011 WMS, also, revealed evidence on slight sex disparity with respect to the incidence of illness. At country rural and urban level, less proportion of the male population compared to the female are reported to have health problem during the reference period.

Table 9 Illness Episode Over the Five Survey Years

YEAR	COUNTRY			RURAL			URBAN		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1998	33.8	36.3	35.1	35.2	37.6	36.4	24.8	29.0	27.1
2000	25.9	28.4	27.2	27.2	29.7	28.4	17.5	21.2	19.5
2004	22.4	25.1	23.8	23.1	26.0	24.6	17.7	20.3	19.1
2011	15.2	18.6	16.9	15.5	18.9	17.2	13.6	17.1	15.5

Illness episode generally has shown a declining trend over the last four survey years regardless of the place of residence and sex of an individual.

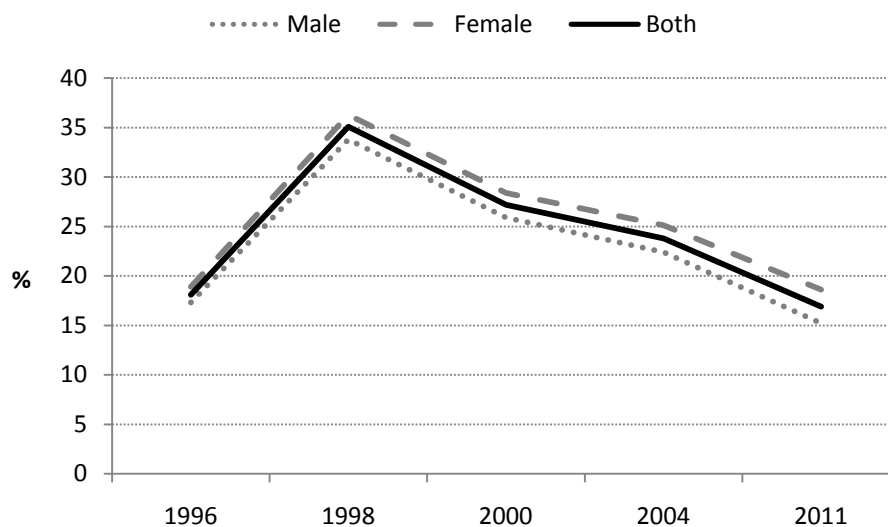


Figure 2 Trends in illness Episode

3.2 Health problems

Fifteen per cent of men and 19% of women had experienced a health problem during the past two months before the interview. Health problems were more common in urban areas, and there are significant changes since 2004 which are difficult to interpret. In general, the results show that the state of population health is improving.

Regional distribution of population who had health problems during the two months prior to the date of interview is shown in Figure 3. The information is summarized for each Region (rural and urban). The prevalence of illness ranges from the lowest 5.1 percent in Dire Dawa Administration to the highest 20.1 percent in Beneshangul-Gumuz Region. The other regions have a prevalence rate that ranges from 7.5 percent to 18.0 percent. Besides, the proportion of population with health problems in the rural areas of all the regions is higher than that of urban areas with exception of Addis Ababa and DireDawa.

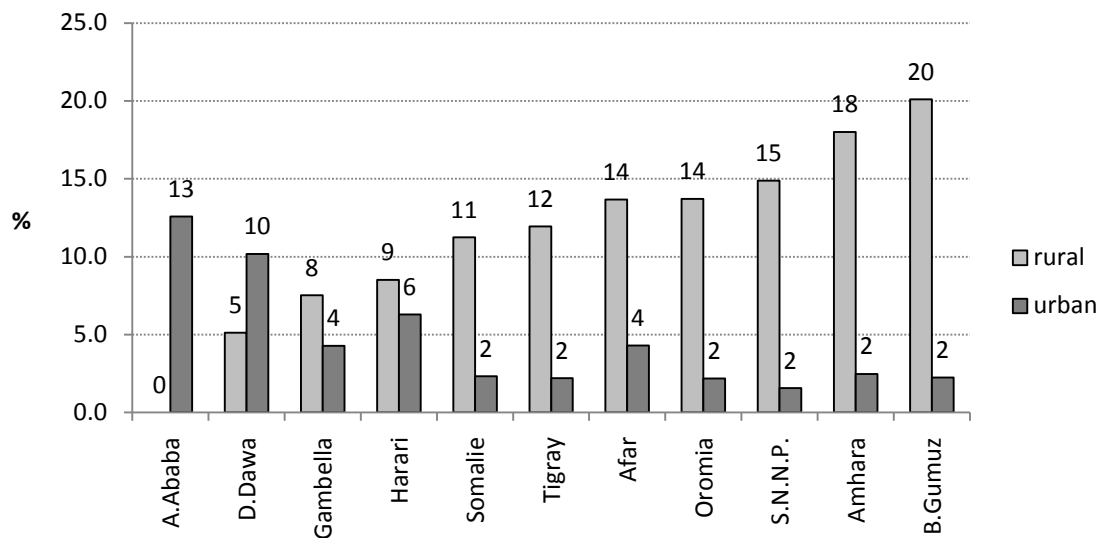


Figure 3 Self Reported Illness by Region

3.3 Incidence of Health Consultation

The survey result showed that at country level only 61.9 percent (8.1 million persons) of the population who had health problem had consulted for treatment. More than half of the population who reported to have health problem (most of whom are rural residents) did not consult for treatment. Only 59.47 percent of rural population who reported health problem consulted for medical assistance compared to 75.3 percent of the population in urban areas. The observed higher consultation rates in urban areas compared to rural areas could be an indication of the limited access to health services in rural areas.

The incidence of consultation varies among male and female individuals. Higher proportion of health consultations is observed among the males than the females. At country level, of the total males that reported illness, 63.2 percent received health assistance while this proportion is 60.8 percent among the females. This difference is consistently observed in urban and rural areas

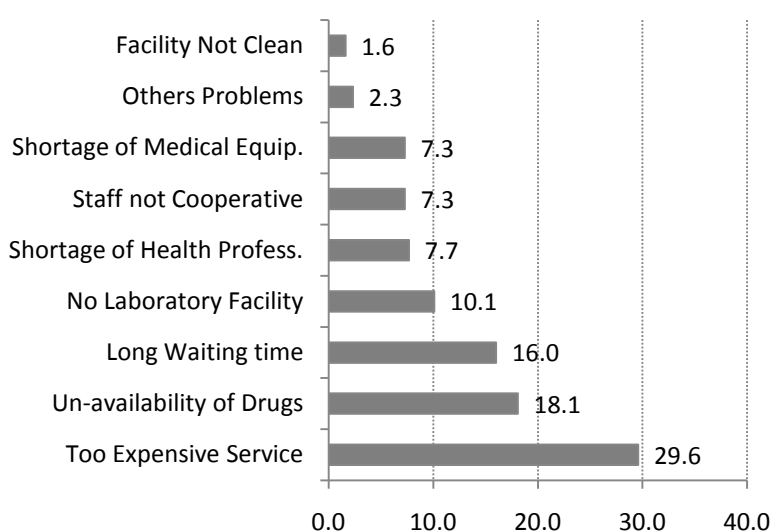
The incidence of consultation generally has shown a consistent declining trend from 1996 to 2004 and then a rising trend towards 2011, regardless of the place of residence and sex of an individual. The surveys have also portrayed incidence of consultation to be higher among urban dwellers than rural residents. Moreover, all the five surveys evidently indicate that male individuals have higher consultation rates than female in both urban and rural areas of the country.

Table 10Incidence of Consultation Over the Five Survey Years

YEAR	COUNTRY			RURAL			URBAN		
	Male	Female	Both	Male	Female	Both	Male	Female	Both
1996	53.7	45.0	49.1	51.1	42.0	46.4	76.5	66.3	70.7
1998	45.8	41.2	43.4	43.1	38.0	40.5	72.2	65.5	68.3
2000	44.5	38.1	41.1	42.0	35.0	38.3	71.5	63.2	66.6
2004	50.2	45.9	47.9	47.3	42.4	44.7	74.7	72.4	73.4
2011	63.2	60.8	61.9	60.9	58.2	59.4	77.2	74.0	75.0

3.4 Types of Problems observed in Health Institutions Visited

The survey result indicates that close to onethird the total population (29.6 percent) who had health problem and consulted for medical assistance reported that the service is too expensive to consult. Problem of unavailability of drugs, reported 18.1 percent. The consulted population followed by about 16.0 percent that reported that long waiting time 18.1 percent who reported lack of laboratory facilities in the health institutions visited. Among the total survey population, about 7.7 percent reported shortage of health personnel and medical equipment. About 7.3 percent of population has come across health institutions with staff not cooperative. About 7.3 percent of population has come across health institutions with staff not cooperative. About 7.3 percent of population has come across health institutions with staff not cooperative.

**Figure 4** Type of problems Reported in Health Institution visited -Country Level

The survey also attempted to identify the most critical problems observed to get health related service- Accordingly, most critical problem in each region include , long waiting time in Addis Ababa(23.7 percent) and Dire Dawa (26.7 Percent), Amhara 28.2 percent, Oromia (31.9 Percent), Gambella (26.7 Percent), SNNP (33.0 percent) and , Harar (27.3 percent). Too expensive service is reported as most critical problem in Tigray (23.0 percent, Afar (24.8 percent) Somali (19.6 percent) and Benishangul Gumuze (22.7 percent).

3.5 Prevalence of malaria.

The survey data also showed a significant decline in malaria prevalence. At national level the malaria prevalence dropped from 25.2 % reported in 2004 to 15.1% in 2011. This decline has been observed in all regions.

Table 11 Percentage Distribution of Population by Type of Problem Observed

REGION	2004	2011
	%	%
Country	25.2	15.1
Tigray	20.3	19.6
Afar	52.9	33.8
Amhara	29.4	13.5
Oromia	20.4	9.2
Somale	15.6	7.0
Benshangul -Gumuz	48.7	41.4
SNNPR	24.4	26.1
Harari	9.8	7.4
Addis Ababa	1.5	2.1
Dire Dawa	11.3	0.1

3.6 Access to Health Service

At country level, 64.7 percent, 40.1 Percent, 38.0 percent and 14.2 percent of the households are within a distance of less than five kilometers from the nearest Health post, Clinic, Health Center and Hospital. Among the total households, 83.9 percent, 63.1 percent, 59.6 percent, and 20.8 are within a distance of less than 10 kilometers from the respective nearest health service rendering institution.

Urban-rural disparity in the distribution of health facilities is significant. In urban areas health service providers i.e. Health post, Clinic, Health Center and Hospital are available within a distance of less than 5 kilometers for about 88.2 percent, 87.7 percent, 87.7 percent, and 49.4 percent of the households respectively.

Table 12 Percentage distribution of Households by distance in kilometers to the nearest Health Services and Place of Residence 2011

TYPES OF HEALTH INSTITUTIONS	Under 1 KM	1 - 4	5 - 9	10 - 14	15 - 19	20 and above	Not Stated
COUNTRY							
Health Post	15.29	49.39	19.23	4.06	1.71	0.72	9.61
Clinic	13.69	27.09	22.28	11.39	8.18	7.94	9.43
Health Center	9.42	28.56	21.63	11.53	9.67	10.28	8.91
Hospital	2.34	11.87	6.56	4.63	5.93	64.83	3.83
Pre/Post Natal Care	13.79	36.64	18.57	7.51	4.18	9.14	10.16
RURAL							
Health Post	14.0	48.6	20.4	4.3	1.8	0.8	10.0
Clinic	5.7	22.1	27.9	14.5	10.2	9.7	10.0
Health Center	5.0	19.3	26.1	14.6	12.3	13.1	9.5
Hospital	0.3	1.2	4.7	5.1	6.3	78.9	3.7
Pre/Post Natal Care	10.4	31.5	22.1	9.3	5.2	11.0	10.6
URBAN							
Health Post	30.1	58.1	5.5	1.2	0.2	0.3	4.7
Clinic	42.6	45.1	2.1	0.2	0.8	1.7	7.6
Health Center	25.4	62.3	5.3	0.3	0.1	0.1	6.6
Hospital	8.2	41.8	11.9	3.4	4.8	25.6	4.4
Pre/Post Natal Care	26.8	56.7	5.0	0.8	0.4	2.1	8.3

The corresponding rural households with that opportunity are 62.6 percent, 27.8 percent, 24.3 percent, and 1.5 percent in that order. Nevertheless, the majority of rural households (78.9 percent) are 20 or more kilometers away from hospital compared to 25.6 percent of urban dwellers. Further assessment reveals that the most urban households (89.8 Percent) could get Clinic in a distance of less than 10 kilometers compared to only 50.4 percent of rural households. The survey findings have also shown that about half of (50.4 percent) rural households have to travel at least 10 kilometers to reach the nearest Health Post. In extreme cases, more than 0.8 percent, 9.7 percent, 13.1 percent, and 78.9 percent, of rural households are residing 20 or more kilometers away from the nearest Health post, Clinic, Health Center and Hospital, respectively.

3.7 Place of delivery and attendance

Place of delivery

Information on place of delivery may be used to plan for maternal and child health service improvement and monitoring and evaluation of the implemented policies and programs. Delivery in modern health service institutions reduces the incidence of maternal and infant mortality rates. The survey data shows that considerable proportions of children (89 percent), most of which are rural residents, were delivered at home. At country level, only nine percent were delivered in modern health institutions. 49 percent of urban children were born in health institutions, out of which 28 percent in hospitals. On the other hand, 49 percent of the delivery in urban areas was still made at home. Rural children delivered in health institution constitute only four percent, 94 percent are delivered at home.

Table 13 Distribution of under five Children by Place of Delivery

	Hospital	Clinic	Health Center	Health Post	At Home	Other Place	Don't Know	Not Stated	Total
SEX									
Male	4.5	0.93	4.07	0.23	89.27	0.65	0.24	0.1	100
Female	4.3	0.65	4.09	0.23	89.7	0.82	0.18	0.03	100
PLACE OF RESIDENCE									
Urban	28.77	2.04	18.48	0.18	49.15	1.07	0.31	-	100
Rural	1.32	0.51	2.3	0.24	94.63	0.78	0.18	0.04	100
Total	4.4	0.79	4.08	0.23	89.48	0.73	0.21	0.07	100

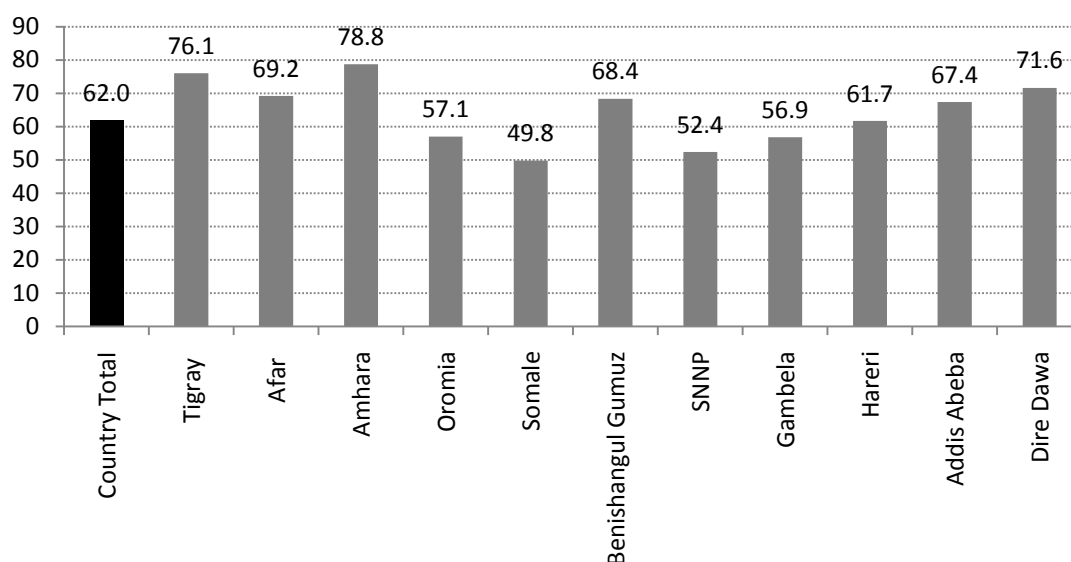
The survey data indicated that the proportion of children, who were delivered in health institutions at country level varies from region to region, ranging from 4.84 percent Somale to 83.22 percent Addis Abeba. Next to Addis Abeba, Hareri is the highest 26.26 percent.

3.8 Breast feeding

Breast feeding is the main important food for a newly born child. The 2011 WMS report shows that at country level 99 percent ever breast fed. Children ever breast fed in rural (99.43 percent) are slightly greater than urban (98.85 percent). Less than one percent of the children were not ever breastfed. Across the regions there is no difference.

WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the six months of life. At country level Over half (61 percent) of the children are exclusively breastfed. Exclusive breastfeeding across the regions ranges from 78.78 percent (Amhara region) to 49.81 percent (somale region).

Children shouldn't be given any complementary foods until six months of age but 27 percent of infants under six months received complementary foods. Across the regions children who have started complementary food before six months vary the highest 40 percent in both somale and SNNP regions to the lowest 10 percent in Amhara region.

**Figure 5 Exclusively breastfed children for 6 months before taking supplementary food**

4 Housing, Status of Housing facilities and Tenure

4.1 Source of Drinking Water

Many key indicators of multidimensional poverty are related to housing and housing facilities. Access to safe drinking water is one of them. Safe water may mean a tap inside the house or in the compound, private, shared or communal, water purchased from a kiosk or acquired from a protected private or shared well. Unsafe water means unprotected well, water from a river, lake or pond or other unspecified sources.

The proportion of urban housing units using safe drinking water increased from 83.5 percent to 92.4 percent between 1998 and 2004, and from 92.4 percent in 2004 to about 95.0 percent in 2011. This shows that there is a positive change regarding the provision of safe drinking water supply in urban areas of the country.

The proportion of housing units in rural areas having access to safe drinking water has increased from 25.2 percent in 2004 to 41.3 percent in 2011.

Table 14 Percentage Distribution of Households by Source of Drinking Water, Place of Residence and Survey Year

SAFETY	1996	1998	2000	2005	2011
TOTAL					
Unsafe Water	67.2	71.7	72.0	63.9	47.3
Safe water	19.1	23.7	27.9	35.9	52.6
RURAL					
Unsafe Water	75.1	81.7	82.8	74.5	58.7
Safe water	9.6	13.7	17.1	25.2	41.3
URBAN					
Unsafe Water	23.1	11.1	8.2	7.6	5.2
Safe water	72.1	83.5	91.7	92.4	94.9

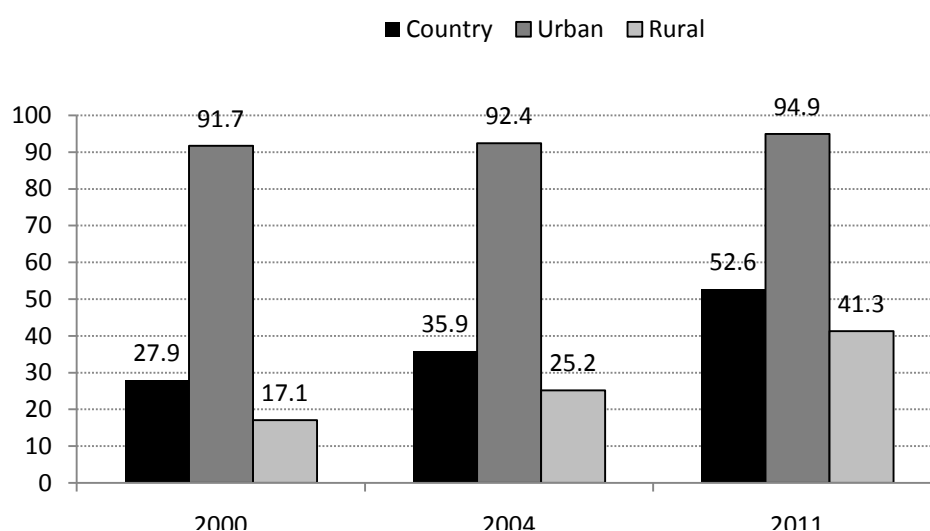


Figure 6 Housing Units With Access to Safe Drinking Water 2000, 2004 and 2011

4.2 Source of Energy for Lighting

The source of energy for lighting used by housing units partly determines the quality of the living environment besides giving important information about housing quality. Housing units use various forms of energy for lighting.

The 2011 WMS data show that 23% the source is electricity, 52% kerosene, 13% electricity from battery and 11% it is firewood. The data further shows that housing units in urban areas of the country were more likely to have electricity as a main source of energy for lighting (88.0 %) compared to their rural counterparts (5.0 %).

The data also shows that 70.0 percent of the housing units in urban areas used electricity as the main source of lighting in 2000, which increased to 75.3 percent in 2004 and 88.0 percent in 2011.

Table 15Percentage Distribution of Households by Source of Energy for Lighting,Place of Residence and Survey Year

RESIDENCE/ TYPE OF FUEL	1996	1998	2000	2005	2011
TOTAL					
Kerosene	67.8	73.6	67.9	71.1	52.3
Electricity (Private)	4.4	5.2	5.0	5.7	9.3
Electricity (Shared)	4.9	5.8	5.8	7.2	13.2
Electricity (Battery)					13.0
Fire Wood			20.8	15.7	11.2
Other	22.9	15.4	0.4	0.2	14.3
RURAL					
Kerosene	73.0	81.3	74.6	80.1	64.4
Electricity (Private)	0.2	0.8	0.5	0.4	1.8
Electricity (Shared)	0.5	0.4	0.4	0.8	3.1
Electricity (Battery)					15.8
Fire Wood			24.1	18.5	14.1
Other	26.3	17.4	0.4	0.1	16.2
URBAN					
Kerosene	38.6	26.9	28.6	23.2	7.7
Electricity (Private)	27.8	31.5	31.8	34.1	36.8
Electricity (Shared)	29.6	38.6	38.2	41.2	50.6
Electricity (Battery)					2.8
Fire Wood			1.1	0.3	0.4
Other	3.9	3.1	0.4	0.9	4.5

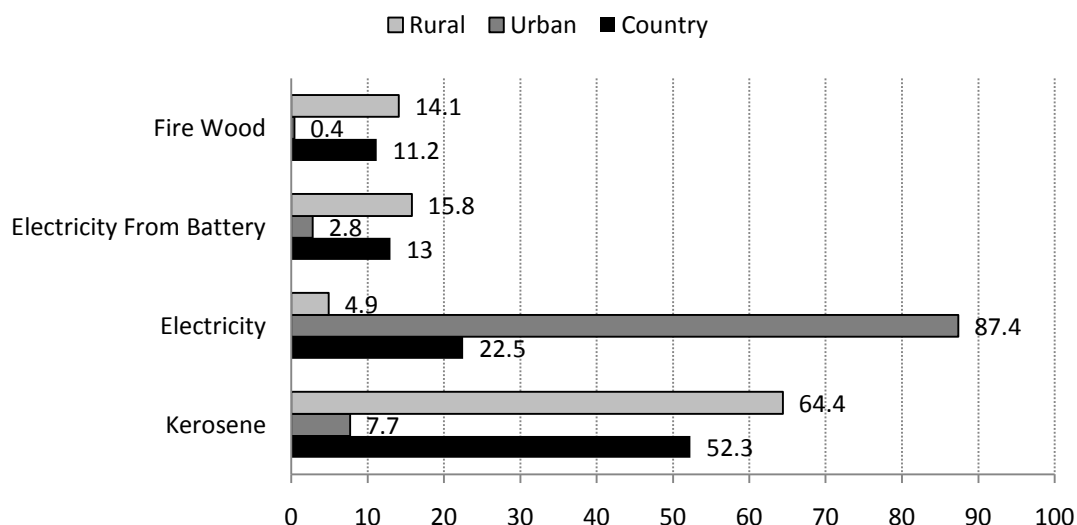


Figure 7 Percentage Distribution of Housing Unit by Type of Fuel Used for Lighting, 2011

4.3 Type of Fuel Used for Cooking

At country level, about 85.0 percent of the households use firewood cooks their food. Around 5.1 percent of them cook their food by using dung/manure and only 1.2 percent of the households use kerosene for cooking. The majority of rural households use firewood (91.0 percent) for cooking, whereas .01 percent of the households electricity use as source of cooking food.

In the urban area about 63.3 percent of the households used firewood as the main source of fuel for cooking. On the other hand, 17.5 percent of the housing units in urban areas used charcoal as the source of fuel for cooking. But there is major regional variation; electricity is used by 18 percent of households in Addis Ababa, and charcoal by 37 percent of households. Charcoal is very common also in Dire Dawa (35%) and Harari (28%). Dung and manure are used by 12 percent of Tigray households; other forms of cooking fuel are rather rare.

Table 16Percentage distribution of cooking fuel, urban and rural households, 1996, 1998, 2000, 2004, 2011

RESIDENCE/ TYPE OF FUEL	1996	1998	2000	2004	2011
TOTAL					
Collected fire wood	65.4	66.1	67.8	70.5	72.6
Purchased fire wood	8.0	9.9	8.0	10.9	12.4
Charcoal	0.7	0.8	1.2	1.3	3.9
Leaves/Dung cakes or etc,	17.4	18.0	15.6	11.5	7.2
Kerosene	3.0	2.6	3.3	2.4	1.2
Others incl. Gas/Electricity	5.6	2.6	4.0	3.0	1.9
RURAL					
Collected fire wood	74.1	74.7	76.4	80.7	87.2
Purchased fire wood	1.4	3.5	2.4	3.7	3.6
Charcoal	0.1	0.1	0.0	0.2	0.2
Leaves/Dung cakes or etc,	19.1	20.1	17.2	12.7	8.4
Kerosene	0.2	0.2	0.3	0.2	0.2
Others incl. Gas/Electricity	5.2	1.5	3.8	2.5	0.2
URBAN					
Collected fire wood	17.2	13.8	16.6	16.0	18.6
Purchased fire wood	44.5	49.1	41.3	49.4	44.7
Charcoal	4.3	5.0	8.3	7.7	17.5
Leaves/Dung cakes or etc,	7.6	5.3	6.3	5.3	2.7
Kerosene	18.9	17.2	21.5	13.8	4.9
Others incl. Gas/Electricity	7.5	9.5	6.0	5.9	7.7

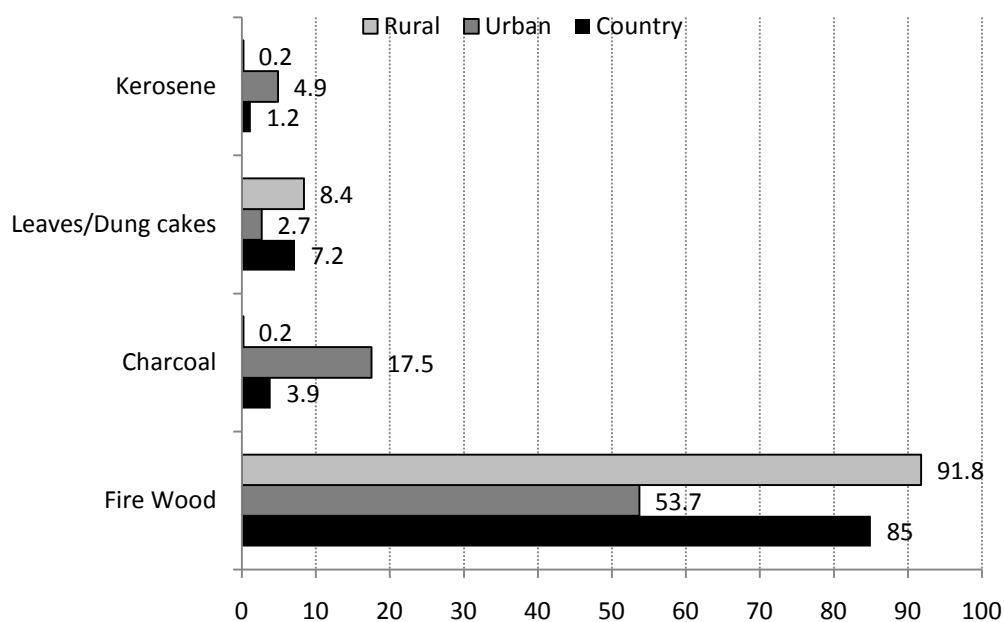


Figure 8 Percentage Distribution of Households by Type of Fuel Used for Cooking, 2011

4.4 Toilet Facility

Along with the provision of safe drinking water, efficient management of human waste is one of the indicators of the well-being of the household and of utmost importance to basic health standards of home. In the 2011 Welfare and Monitoring Survey information was collected on what type of toilet facilities does the household use. The WMS questionnaire includes five types of toilet facilities including flush toilet, pit latrine (ventilated), pit latrine (not ventilated), bucket and field/forest. The survey results show that 66.0 percent of the housing units in Ethiopia had toilet facility. About 87.0 percent of housing units in urban Ethiopia had toilet facility as compared to 60.0 percent of the rural housing units. The majority of the housing units use pit latrine (64.0 percent) at country level. Only about 2.0 percent of the household used flush toilet.

The type of toilet facility varies by residence. In urban areas about 67.0 percent of the housing unit used pit latrine, compared with 60.0 percent of the household in the rural area.

The comparison between the three Welfare and Monitoring Survey the proportion of rural housing units with toilet facility increased from 8.9 percent in 2000 to 21.0 percent in 2004, while a higher increment was observed between 2004 and 2011, i.e., from 21.0 percent in 2004 to 66.0 percent in 2011.

Table 17 Type of toilet facility, urban and rural households 1996, 1998, 2000, 2004, 2011

RESIDENCE/ TYPE OF TOILET	1996	1998	2000	2004	2011
TOTAL					
Flush Toilet	0.9	1.4	1.7	2.5	2.2
Pit Latrine	12.1	14.6	16.3	28.1	63.8
Container	0.1	0.3	0.1	0.2	0.1
Field/Forest	84.4	83.3	81.5	68.9	33.7
Others	2.5	0.4	0.5	0.2	0.2
RURAL					
Flush Toilet	0.6	0.9	0.8	1.3	0.1
Pit Latrine	4.4	6.6	8.1	20.0	60.3
Container	0.1	0.2	0.0	0.2	0.0
Field/Forest	92.0	92.0	90.7	78.2	39.5
Others	2.9	0.4	0.4	0.2	0.0
URBAN					
Flush Toilet	2.4	4.4	7.0	8.8	10.0
Pit Latrine	55.6	63.3	64.6	71.4	76.8
Container	0.2	0.9	0.7	0.3	0.2
Field/Forest	41.7	30.6	26.9	19.2	12.5
Others	0.2	0.8	0.8	0.3	0.0

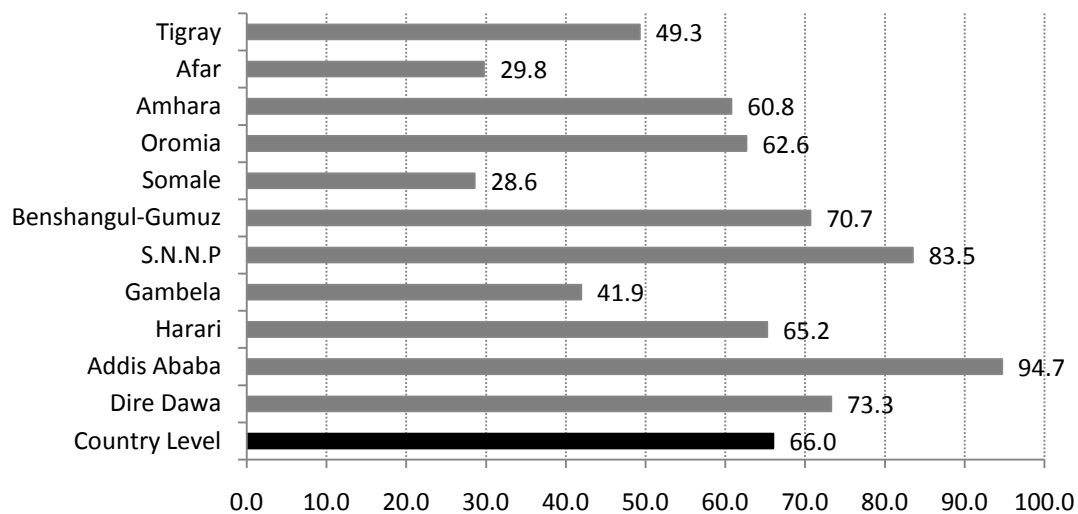


Figure 9 Housing Units With Toilet Facilities, 2011

4.5 Waste Disposal

According to the 2011 Welfare and Monitoring Survey result, the majority of the housing units in Ethiopia (36.0 %) solid waste use as fertilizer followed by throw away (33.0 %), 10% of the household's burn it. In the rural areas, use as fertilizer is more common than urban areas (47% vs. 3%), and so is throwing the waste away (35.0% vs. 27.0%).

The proportions of housing units disposing solid waste through vehicle or a container were significantly higher in urban area (38.0%), in Addis Ababa this system covers 92.0 percent of households.

Table 18 Distribution of Households by Method of Waste Disposal, Place of Residence and Survey Year

RESIDENCE/ TYPE OF DISPOSAL	1996	1998	2000	2004	2011
TOTAL					
Waste disposal					
Vehicle/Container	2.1	2.6	2.7	4.8	8.4
Dug-out	3.1	4.4	3.1	6.3	12.0
Throw-away	86.2	83.9	49.8	31.9	33.1
Burning the Waste		3.2	3.5	4.1	9.8
Used as Manure			39.8	52.0	35.7
Others	8.6	6.0	1.1	0.9	0.9
RURAL					
Waste disposal					
Vehicle/Container	0.1	0.2	0.1	0.2	0.4
Dug-out	1.1	1.9	1.5	4.3	11.4
Throw-away	89.9	89.9	51.0	32.1	34.8
Burning the Waste		1.9	1.5	2.3	7.8
Used as Manure			45.6	60.6	44.6
Others	9.0	6.2	0.3	0.5	1.0
URBAN					
Waste disposal					
Vehicle/Container	13.6	17.5	17.7	29.0	38.8
Dug-out	14.2	19.8	12.4	16.8	14.4
Throw-away	65.6	47.4	43.0	31.1	26.8
Burning the Waste		10.7	15.4	13.8	17.2
Used as Manure			5.5	6.4	2.9
Others	6.6	4.7	5.9	3.0	0.6

4.6 Tenancy Status

Tenure refers to the arrangements under which the household occupied its living quarters. The arrangements are categorized into owner occupied, rental and rent free housing.

According to the 2011 Welfare and Monitoring Survey, in Ethiopia about 8 out of 10 housing units were owner occupied, with higher percentage in rural areas (96.0 %) than in urban areas (43%). The results of the WMS show that rental housing was more prevalent in urban (50.0 %) than rural areas (2.0 %). As expected, most households residing in urban housing units were renters.

Table 19Percentage Distribution of Households by Tenancy Status, Place of Residence and Survey Year

RESIDENCE/ TENANCY STATUS	1996	1998	2000	2004	2011
TOTAL					
Owned	90.3	88.4	85.1	84.3	84,3
Rented	6.6	7.2	7.0	8.8	12,2
Rent - free	3.1	3.2	6.1	6.2	2,8
Others	0.1	0.2	0.7	0.7	0,6
Not stated		1.0	1.2		0.0
RURAL					
Owned	97.5	95.3	91.4	92.1	95,5
Rented	0.4	0.9	0.6	1.2	1,9
Rent - free	2.4	2.7	6.3	6.1	2,2
Others	0.6	0.2	0.5	0.6	0,4
Not stated		0.9	1.2		0.0
URBAN					
Owned	52.0	46.9	47.8	42.8	43,1
Rented	41.0	45.5	44.5	49.4	50,3
Rent - free	6.9	6.0	6.0	6.7	5,3
Others	0.1	0.3	0.3	1.1	1,3
Not stated		1.4	1.4		0.1

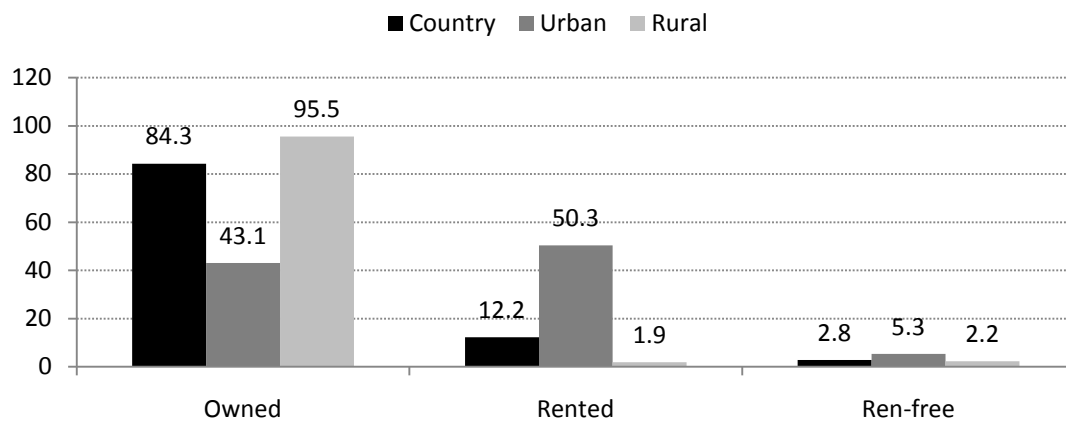


Figure 10Distribution of Households by Tenancy Status and Place of Residence, 2011

4.7 Quality of housing

Information on housing quality is an important indicator of the well-being of household. Knowledge of the age of a housing unit or the building in which the housing unit is found together with the materials and methods of construction provides the basis for an estimate of the annual rate of dwelling construction. It also furnishes an insight into the housing patterns of population.

Housing conditions vary greatly based on the number of rooms. According to this survey more than half of the total households (51.0 %) reside in single-room houses and 31.0 percent of the households live in

dwelling units that have two rooms. The survey in addition has shown that about 18.0 percent households live in dwelling units that have three or more room's houses.

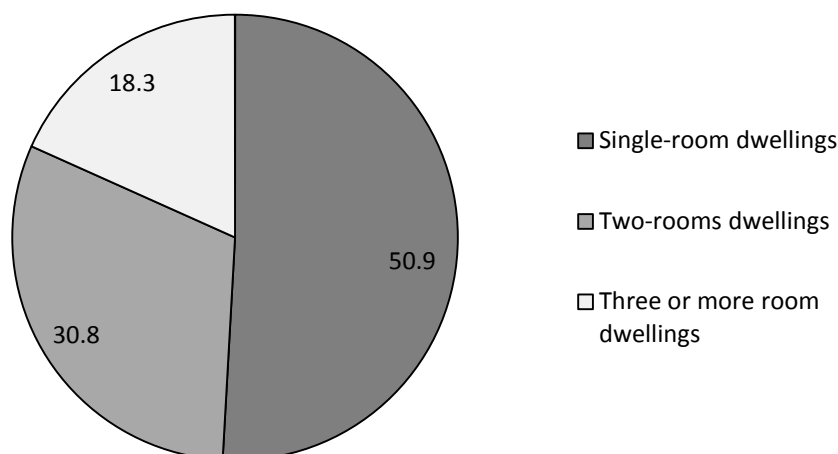


Figure 11 Distribution of Household by Number of Rooms in a dwelling Unit, 2011

4.8 Construction material of roof

It can be observed that about 48.0 percent of the country's total households reside in dwelling units with roof constructed from corrugated iron sheet. These types of houses are common among urban households (93.5%) and rural (35.7%). About 57.0 percent of rural and 5.0 percent of urban households are also the roof material of the housing units are thatch and grass. Households living in housing units with roof constructed from wood and mud constitute 3.0 percent in rural and 2.7 percent in urban areas.

Table 19 Distribution of Households by Construction Material of Roof of a Dwelling Unit and Place of Residence

ROOF MATERIAL	Country	Rural	Urban
Corrugated Iron Sheet	48.0	35.7.3	93.5
Thatch	45.9	57.0	4.5
Wood and Mud	2.7	3.2	0.8
Other	3.0	3.4	1.0

5 Accessibility to Selected Basic Facilities/Services

Accessibility of services is assessed on the basis of proximity to the nearest facility. Information on proximity of the basic facilities/services could be used as an indicator of the extent of availability of these services. Sample households were requested to report the distance in kilometers to the nearest facility.

5.1 Source of Drinking Water

The inquiry made to households on how far they need to go to reach the nearest source of drinking water revealed that there are still small proportions of households traveling long distances to fetch water. The results presented here are based on source of drinking water during dry season. About 85 of rural households are less than five kilometers away from the closest source of drinking water. Around 5 percent of the rural residents still need to travel five to nine kilometers to fetch water for daily uses. The corresponding accessibility in urban areas is much better. Only 0.5 percent of urban households live five or more kilometers away from the nearest source of drinking water.

5.2 Food Market

According to the findings of this survey, food markets are available at a distance of less than 1 kilometer for about 15 percent of the total households in the country. About half of the population (48.7 percent) could access these markets in a distance of less than 5 kilometers and the majority of the households (70.3 percent) have food markets located within less than 10 kilometers distance. It is also found that 20.9 percent of the households need to travel for 10 kilometers or more to reach the nearest food market. The disparity with respect to distance to the nearest food market among urban and rural households is found to be high. Almost all urban households (89.2) can access food markets in a distance of less than 5 kilometers compared to only 38 percent of rural households.

Percentage distribution of households by distance in kilometer to the nearest facilities/services by place of residence, country level- 2011 can access food markets in a distance of less than 5 kilometers compared to only 38 percent of rural households.

Table 20 Percentage distribution of households by distance in kilometer to the nearest facilities/services by place of residence, country level- 2011

TYPE OF FACILITY \ PLACE OF RESIDENCE	Under 1 k.m	1-4	5-9	10-14	15-19	20 and above	Not stated
COUNTRY LEVEL							
Telephone Service	45.9	17.8	11.9	6.8	4.4	6.4	7.0
Post Office	10.5	27.4	17.3	12.0	7.9	17.8	7.2
Public transport(cross country)	8.2	16.2	14.6	10.4	12.4	32.6	5.7
Drinking Water (dry season)	48.3	38.5	4.4	0.6	0.1	0.5	7.6
Food market	15.4	33.3	21.6	10.7	6.5	3.7	8.8
All weather road	29.5	22.4	15.1	8.8	5.8	9.9	8.5
Veterinary service	9.1	32.7	27.4	11.6	6.2	2.5	10.5
Fertilizer supplier	8.4	33.8	25.5	10.5	6.8	5.7	9.4
Improved seeds supp.	8.3	32.5	24.7	11.6	6.4	6.7	9.8
Pesticides/insecticide supp.	7.6	28.2	23.7	13.0	8.9	8.1	10.5
Micro-finance	9.73	18.8	16.2	13.6	13.8	21.3	6.6
Source of firewood	36.2	39.1	10.5	3.8	1.3	0.6	8.5
URBAN							
Telephone Service	75.8	18.4	0.8	0.1	-	0.1	4.8
Post Office	24.1	57.5	6.7	1.1	1.0	1.8	7.8
Public transport(cross country)	22.1	43.0	13.0	2.8	4.2	9.3	5.8
Drinking Water (dry season)	82.9	10.9	0.5	-	-	-	5.7
Food market	37.4	51.8	3.3	0.4	0.2	0.1	6.9
All weather road	74.6	17.7	0.3	-	-	1.2	6.1
Veterinary service	20.8	61.3	9.0	0.3	0.3	0.2	8.1
Fertilizer supplier	22.9	60.2	10.0	0.7	0.8	0.3	5.2
Improved seeds supp.	22.4	59.5	11.4	0.5	0.3	0.3	5.6
Pesticides/insecticide supp.	24.3	58.9	10.0	0.4	1.4	0.2	4.8
Micro-finance	37.3	50.0	3.6	1.4	0.8	1.0	6.0
Source of firewood	52.5	33.8	4.6	1.5	0.5	0.1	7.1
RURAL							
Telephone Service	30.0	17.4	17.8	10.3	6.7	9.7	8.2
Post Office	0.8	6.1	24.7	19.7	12.8	29.2	6.7
Public transport(cross country)	3.2	6.7	15.2	3.1	15.3	40.9	5.7
Drinking Water (dry season)	38.9	46.0	5.4	0.8	0.2	0.6	8.2
Food market	9.6	28.4	26.4	13.2	8.2	4.7	9.3
All weather road	15.8	23.8	19.6	11.5	7.6	12.5	9.2
Veterinary service	8.4	31.2	28.4	12.2	6.6	2.7	10.6
Fertilizer supplier	7.9	32.8	26.0	10.9	7.0	5.8	9.6
Improved seeds supp.	7.8	31.5	25.2	12.0	6.6	6.9	10.0
Pesticides/insecticide supp.	6.9	27.0	24.2	13.5	9.2	8.4	10.7
Micro-finance	3.5	11.8	19.1	16.3	16.7	25.9	6.7
Source of firewood	32.5	40.2	11.8	4.4	1.5	0.7	8.8

5.3 Telephone Services

According to the results obtained from this survey about 10.8 percent of the total households, need to travel for 15 or more kilometers to reach the nearest telephone service unit. In the 2004 survey 45 percent of the total households needed to travel the same distance to get telephone services which clearly indicated that telephone services had been considerably improved in the past five years period.

5.4 Postal Services

According to the results of this survey, about quarter of the total households (25.7 percent) are 15 or more kilometers away from postal service. This shows dramatic improvement compared to the 2004 survey which was 50.1 percent of households who were required to travel the same distance to access postal services. It means that more households travel lesser distances to access postal services in 2011 than in 2004.

5.5 All Weather Road

The inquiry made to households on how far they need to go to reach the nearest all weather road indicates that about 40 percent of rural households are less than five kilometers away from the closest all weather road. Around 51.0 percent of rural households still need to travel five or more kilometers to reach the nearest all weather road. In the 2004 survey 58 percent needed to travel five or more kilometers to reach the nearest all weather road which again reveals significant improvement. The corresponding accessibility in urban areas, as would be the case, is much better.

5.6 Transport Services

The proportion of households that needed to travel over 15 km to catch cross country transport services is 56.2 percent in rural areas and about 1 percent in urban areas.

5.7 Veterinary Service

At country level, 41.8 percent have access to veterinary service within less than 5 kilometers while it was 36.5 percent in 2004 survey showing an increase of the percentage of households which can access the service within the given distance. Comparing urban and rural areas, more than 82.1 percent of the urban households have veterinary service at a distance of less than 5 kilometers while 39.6 percent of rural residents have this opportunity which also showed improvement over time.

5.8 Agricultural Inputs

The inquiry made to rural households on how far they need to travel to reach the nearest suppliers of agricultural inputs (fertilizer supplier, improved seeds suppliers and pesticide/insecticide suppliers) shows that about 38 percent of rural households could access fertilizer, improved seeds and pesticide suppliers within less than five kilometers distance. The findings also show that about half (51.9 percent) of rural residents still need to travel five or more kilometers to get agricultural inputs. However, this also shows that there is positive change over time since the percentage of households accessing the service traveling five or more kilometers has declined from 70 percent in 2004 to 51.9 percent in 2011.

5.9 Micro Finance

About one-third (28.5 percent) of the total households in the country can access the micro finance service within less than 5 kilometers distance. The proportion of households that need to travel less than five km is more than 87 percent in urban areas and only 15 percent in the rural areas.

5.10 Firewood

Rural households mostly use collected firewood. Proximity to the source of firewood will have impact on time allocation, i.e. the closer the place where firewood is collected, the less time spent to access it. This will enable the households to efficiently utilize labour and time in their daily activities. About 72.7 percent of rural and 86.3 percent of urban households can buy or collect firewood within less than five-kilometer distance. The findings also revealed that about 6.6 percent of rural and 2 percent of urban households need to go for 10 or more kilometers to collect/buy firewood.

6 HARMFUL TRADITION

6.1 Circumcision

Health risks associated with Female Genital Circumcision (FGC) are considerable. According to the United Nations, circumcised women are up to 70 percent more vulnerable to potentially fatal bleeding after delivery. 2011 WMS report shows that 23 percent of female children aged 0 to 14 years were circumcised at country level. When we look at regional distribution of female circumcision, varies highly from the lowest 7 percent in Gambela region to the highest 60 percent in Afar region. Next to Afar region amhara and somale regions have the highest female circumcision which is 47 percent and 31 percent respectively. Female circumcision is high in rural areas (24 percent) than urban areas (15 percent).

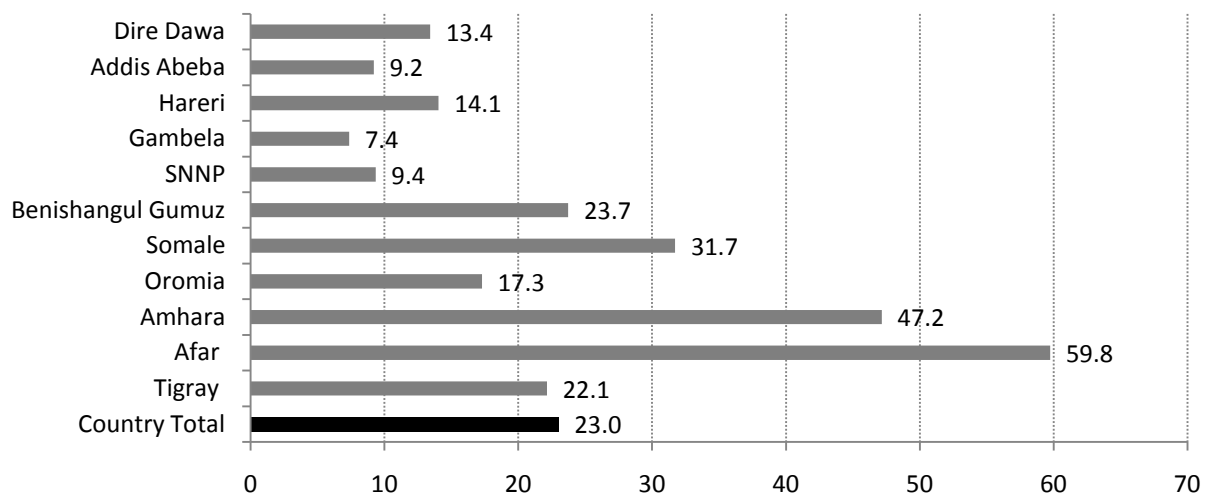


Figure 12 Female Circumcision for children 0 -14 years

6.2 Uvulectomy

Uvulectomy is a procedure involving the cutting of the uvula and sometimes the near-by structures such as the tonsils. The uvula is a small soft tissue that hangs down from the back of the mouth above the throat and between the two lymphoid tissues (tonsils). It helps to prevent choking during swallowing and is used in producing certain sounds necessary for language communication.

At country level 32 percent of children 0 – 14 years have been cut/removed their uvula. In urban areas is greater than rural parts in such a way that 33 percent of children 0 to 14 years have been cut uvula whereas in urban area is 26 percent. Uvula cut varies from region to region ranging from 10 percent (lowest) Addis Abeba city of administration to 87 percent (highest) tigray region. Other regions also have high uvula cut like Afar 60 percent, Hareri 45 percent, S.N.N.P 44 percent and Amhara 34 percent. It is observed from the data that 28 percent of children fewer than 14 are uvula cut are less than one year old. In other words Out of the children under 14, who have been cut, 85 percent are less than one year old.

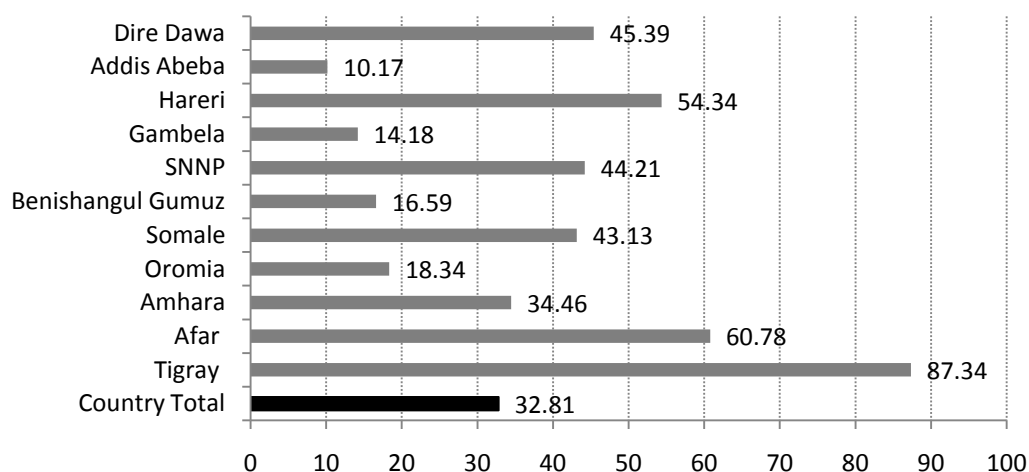


Figure 13 Children 0 -14 year uvula cut

6.3 Milk teeth extraction

Milk teeth extraction is the procedure of pulling out the early teeth of children. The growth of milk teeth begins when the child is 5-7 months old and starts from the bottom front and is later followed by the upper front teeth. Teething does not make the child ill but it is often painful and makes the child restless. The mother or other care giver usually rubs the gum to relieve pain, which can help the introduction of microorganism causing diarrhea and other infections in the child. With the introduction of diarrhea and other infections the mother will take her child to a traditional healer to remove the child's teeth.

At country level 77 percent were not were sick due to growth (appearance) of milk teeth. Only 21 percent were sick, 6 percent were not extracted and the remaining 15 percent were extracted. Milk teeth extraction is higher in rural than urban areas with a little difference ranging from 15 percent in rural areas and 9 percent in urban areas. Milk teeth extraction varies from region to region ranging from 2 percent (lowest) Addis Abeba city of administration to 23 percent (highest) both SNNP & Gambela regions.

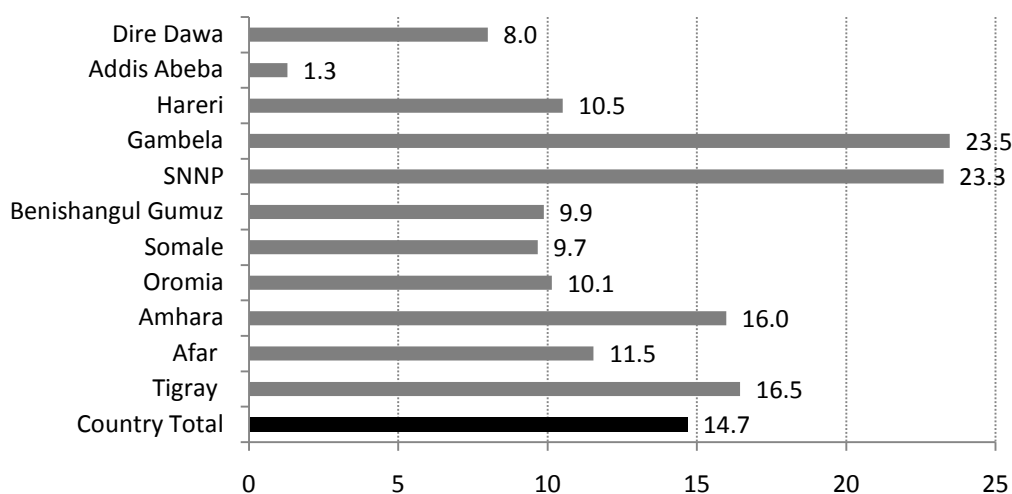


Figure 14 Children 0 – 2 year Milk teeth extraction