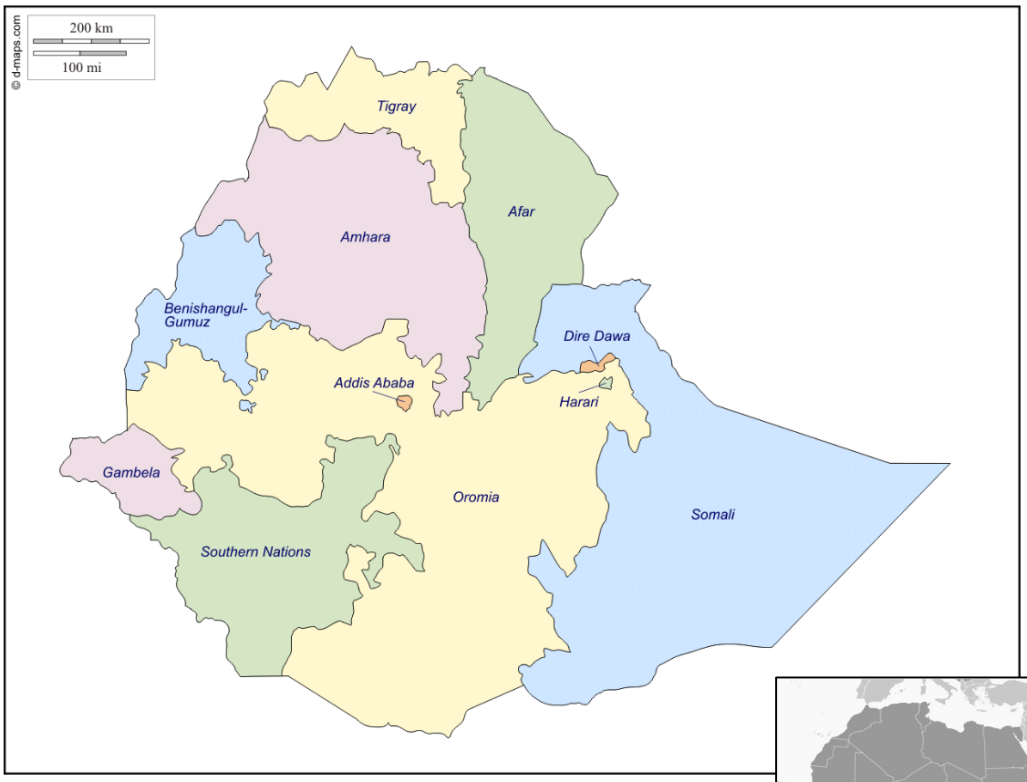
Better Care Network

# Ethiopia DHS 2011:
# Children's Care and Living Arrangements

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This report was written by Garazi Zulaika and Florence Martin.

*This series of country briefs aim to provide an analysis of children's living and care arrangements according to the latest available data from **Demographic and Health Surveys (DHS)** or **Multiple Indicators Cluster Surveys (MICS)** at the time of publication.*

*Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly **Demographic and Health Surveys (DHS)** and **Multiple Indicators Cluster Surveys (MICS)**, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out, to be able to do so as part of the Technical Working Group on Children and Care under the Child Protection Monitoring and Evaluation Reference Group (CP MERG). The content of these papers will evolve as a result, and feedback and suggestions are welcome on the content of the briefs as well as how they can be improved. Communications should be sent to Florence.martin@bettercarenetwork.org*

*The briefs are targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels. In order to enable researchers and policy makers in the countries and regions to conduct further analysis, tables with the data extracted for the purpose of this brief have been included at the end of the report.*

Source of data, unless otherwise noted is DHS implementing partners and ICF International. (2000-2015). Demographic and Health Surveys 2000-2015. Data extract from DHS Recode files. Integrated Demographic and Health Series (IDHS), version 2.0, Minnesota Population Center and ICF International [Distributors]. Accessed from http://www.dhsprogram.com/.

**Front cover map** from Central Statistical Agency [Ethiopia] and ICF International. 2012. Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International.

**Other maps** are produced through ICF International. 2012. The DHS Program STATcompiler. Retrieved from http://www.statcompiler.com.



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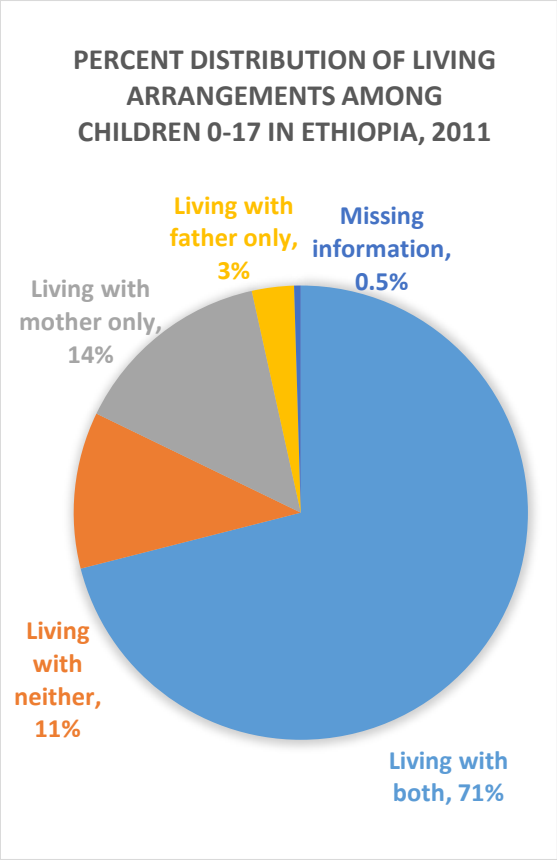
*The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.*

## EXECUTIVE SUMMARY:

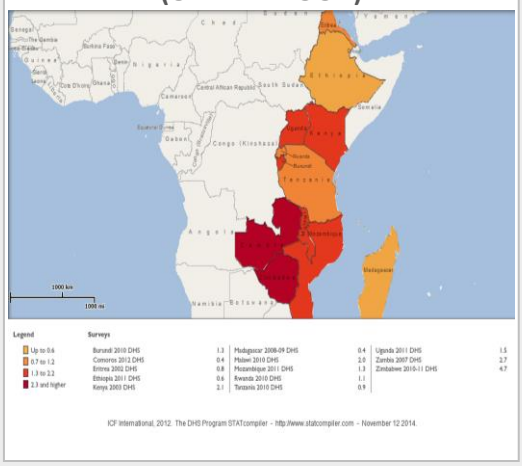
### Children's Living Arrangements:




- Nearly 3 out of every 4 children (age 0-17) in Ethiopia live with both biological parents (71%). Another 14% live with their biological mother only and 3% with only their biological father. A significant percentage of children (11%) do not live with either biological parent.
- Large variations in living arrangement are seen according to gender, age group, wealth quintile, rural-urban, and regional background characteristics.
  - Boys have a higher likelihood of living with both biological parents and are more likely to live with their biological father when compared to girls; girls, on the other hand, are more likely to live with neither biological parent relative to boys, even when both parents are still alive. While only 7% of boys under the age of 18 live with neither biological parent when both parents are still living, nearly one in ten girls lives outside of the household of their living parents (10%).
  - At an early age the large majority of children still live with both biological parents; this declines with age for children 0-17 (85% to 53%). Living with a single biological parent or neither biological parent becomes more common as children get older (14% to 21%).
  - Wealth quintile is strongly associated with living with neither biological parent. Households in the richest quintile more frequently house children who are living with neither biological parent than households in the poorest wealth quintiles (18% of households in the richest quintile compared to 11% of households in all wealth quintiles nationwide).
- Significant regional variations are found in children's living arrangements in Ethiopia. This is partly driven by urban-rural differences: more children live with both biological parents in rural areas. However this does not account for outliers such as the Gambela province that only sees just over half of its children (53%) living in households with both parents, nearly a third (29%) living in households with a single parent, and 18% of children living with neither biological parent. Only the capital, Addis Ababa, houses more children living with neither biological parent at 23%.
- In the East Africa regional context, Ethiopia has one of the lowest rates of children living with neither biological parent at 9% for children ages 0-14, and the highest rate of children living in households with both parents (75%) compared to other countries in the region. The prevalence of children living with neither biological parent ranges from 6% in neighboring Eritrea to 24% in Zimbabwe.

## Parent Survivorship:

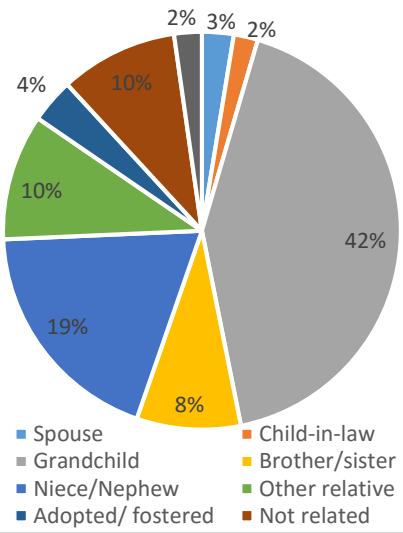
**PERCENT OF DOUBLE PARENT LOSS AMONG CHILDREN 0-14, BY COUNTRY, (ORPHANHOOD)**



- Loss of both biological parents is quite rare in Ethiopia, with a fraction of one percent (0.8%) of all children ages 0-17 being orphaned in the country. However 6.3% of children have lost one parent by age 18 and 5.5% of children have lost a mother or a father before reaching 15 years of age.
    - There is a much higher percentage of children living in urban areas who have lost at least one biological parent compared to those living in rural areas.
    - Great diversity is seen in the regional distribution of parental death for children under the age of 18 in Ethiopia. For instance the Gambela (15%) region sees over twice the prevalence of children who have lost a mother or a father compared to the Benishangul-Gumuz (7%) or Amhara (7%) regions.
- Regionally, Ethiopia has one of the lowest rates of single parent death among eastern African countries (7.2%). Only the islands of Comoros (3.7%) and Madagascar (5.7%) have smaller proportions of children ages 0-17 experiencing the loss of a mother or father among east African countries. This also holds true for double parent death in Ethiopia (0.6%).

## Living Arrangements of Children Living with Neither Biological Parent:

**PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN AGE 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN ETHIOPIA**




- One in ten children age 0-17 in Ethiopia live with neither biological parent (11%). Of these, 70% have two living biological parents and another 19% have one. In Ethiopia, 7% of these children do not have a surviving biological parent. This underlines the reality in Ethiopia that most children living out of parental care have at least one parent alive (90%).
- The large majority of these children - 88% - live in households headed by a relative.
    - In the regional context, Ethiopia's prevalence of children 0-14 who live in households in which they are related to the household head is low compared to other eastern African countries. In Ethiopia, 8% of children live outside of family care while in neighboring Kenya, fewer than 5% of children do so. Uganda sees 99% of children under 15 living in a household headed by a related family member.

- Among children living with neither biological parent, age is a clear determinant of who children are most likely to live with. In the youngest age groups the prevalence of living in households headed by a grandparent is high at 86% for children aged 0-1 and 79% for children aged 2-4, but only 16% for the oldest age group of 15-17. Conversely, these younger age groups have very low rates of living in households headed by aunts, uncles, siblings, or other relatives, while in the older age groups the likelihood of living with these relative becomes much more common.
    - Age is also a significant factor for children living in a household headed by a non-relative with a tripling in the percentage of children living outside of family care after 9 years of age, from 4% for the 5-9 years of age living in an unrelated household to 12% for the 10-14 years of age.
- Differences across gender are seen when looking at living arrangements in Ethiopia. Girls more frequently live in family care compared to boys (90% vs. 86%). Boys are more likely to live with their grandparents, siblings, and in households where they are unrelated to the household head. Girls, on the other hand, more commonly live with their aunt or uncle, other relatives, and in households headed by their husbands prior to the age of 18.
- Ten percent of surveyed households report hosting a child 0-17 unrelated to the head of the household. The prevalence is 8% among children 0-14.
    - In the region, only Burundi sees comparably high rates of children living out of family care at 9% for children 0-14.
- Urban households and households in wealthier quintiles have a higher likelihood of hosting unrelated children and these children are generally in the older age groups.
    - Gambela sees a strikingly high number of children living in unrelated care with 27% of all children living with neither biological parent living in households with an unrelated household head. The capital, Addis Ababa, is also high at 19.8%.

*"The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members."*

– The Guidelines for the Alternative Care of Children (2009) II.A.3

Over the last 30 years there has been a growing understanding of the critical importance of the family and a family environment for children in terms of their development and well-being. This realization is at the core of the *United Nations Convention on the Rights of the Child* adopted in 1989, and more recently, of the *Guidelines for the Alternative Care of Children* welcomed by the United Nations General Assembly in 2009.[1]

A major body of empirical research in psychology, neuroscience, social work, and other disciplines has demonstrated the importance of investing in children's early years to support this critical period of child development.[2] Findings about the negative impact of emotional deprivation and institutionalization for younger children have further reinforced the critical importance of parental care and a family environment.[3] As a result, reforms of child protection and alternative care systems for children deprived of parental care, or at risk of being so, have been ongoing in virtually all regions of the world, with a particular focus on moving away from the use of residential care and strengthening the capacity of parents and families to care for their children.[4]

These reforms have also been informed by research that has shown that the vast majority of children in residential care are not placed there because care is genuinely needed or that they are without parental or family care, but rather because their families are facing a range of challenges in their capacity to care, including poverty, lack of access to social services, discrimination and social exclusion, as well as a result of personal or social crises and emergencies.[5] As a result, governments and other stakeholders in these reform processes have recognized that a major focus of this shift away from the use of residential care for children is not simply about reducing the numbers of institutions and removing children from there, but also about establishing better preventive and family support services to reduce child-family separation and stop children going into alternative care in the first place.

Understanding better the situation of children in 'care vulnerable situations', including those outside of parental care, has become crucial not only for HIV prevalent countries but for all countries seeking to strengthen their responses and systems for children facing a range of care and protection risks. A

[1] UN General Assembly, Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly, 24 February 2010, (A/RES/64/142). Available at: http://www.bettercarenetwork.org/docs/Guidelines-English.pdf

[2] National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

[3] For a review of the evidence, see for example Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/docs/Families%20Not%20Orphanages.pdf; Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care. Better Care Network and Save the Children Working Paper). Retrieved from http://www.bettercarenetwork.org/docs/The_Risk_of_Harm.pdf; Csaky (2009) Keeping Children Out of harmful institutions, Save the Children UK. Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=21471&themeID=1003&topicID=1023

[4] For documentation of these reforms, go to Better Care Network online Library of Documents at: www.bettercarenetwork.org

[5] Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=23328&themeID=1003&topicID=1023.

number of organizations and initiatives have drawn attention to the need for more systematic data on children's care situations, including family arrangements, parental status, care practices, and their impact on child well-being. [6]

National household surveys provide critical data to monitor population-level patterns and trends in relation to key socio-demographic indicators at national and sub-national levels that can also be used to draw important comparisons between countries at both regional and international levels. These surveys provide particularly rich data sets through which changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty and deprivation, and other key indicators of child and family well-being are being gathered on a five yearly basis for a nationally representative sample of households. Initial analysis of this data for a small number of countries has shown how critical this data can be to understand the care situations of these children but also to highlight potential indicators of vulnerability associated with different care and living arrangements. [7]

**Demographic and Health Surveys (DHS)** have been conducted in middle to low income countries by national statistical agencies with support from USAID since the mid-1980s in over 90 countries. The DHS has now entered its Phase 7 (2013-2018). The survey includes 3 main questionnaires (Household, woman and man's questionnaires) and provides nationally representative data on health and population, including fertility, maternal and child survival, immunization, water and sanitation, education, living arrangements among others. In addition, the DHS has included questionnaire modules on a range of topics such as domestic violence, Female Genital Mutilation, Fistula, out of pocket expenditures.

**Multiple Indicators Cluster Surveys (MICS)** have been conducted with support from UNICEF since the mid-1990s in more than 100 countries, tracking progress and trends on more than 20 indictors relating to the Millennium Development Goals (MDGs) and other major international commitments relevant to the situation of women and children. MICS has entered in its fifth phase, MICS 5 (2012-2014). The survey includes a household questionnaire, a questionnaire for women 15-49 years of age with or without birth history, a questionnaire on children under 5 years of age administered to the mothers or caretaker of these children and a questionnaire for men 15-49 years of age. The questionnaires cover a wide range of issues, including education, child labor, child discipline, water and sanitation, maternal and new born health, marriage and union, FGM, birth registration, early childhood development, breastfeeding, sexual behavior, fertility and Tobacco and alcohol use among others.

Both DHS and MICs have also increasingly gathered data on attitudes and beliefs on some critical social issues such as child care practices, attitudes towards HIV AIDS, domestic violence and child discipline.

[6] See for examples, Family for Every Child and INTRAC (2012) Context for Children and Policy situation paper, Roby (2011) Children in Informal Alternative Care, UNICEF; Child Frontiers (2012) Family support services and alternative care in Sub-Saharan Africa: Background paper; Better Care Network (2013) Analysis of DHS data (Ghana, Liberia, Rwanda, Jordan, Sierra Leone); Save the Children (2013). Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

[7] Better Care Network (2013) Analysis of DHS data (Ghana, Liberia, Rwanda, Jordan, Sierra Leone); Better Care Network (2014) Who Cares for Children and why we should Care. Presentation at The State of the Evidence on Children's Care Symposium at McSilver Institute for Poverty Policy and Research, New York University, September 24th 2014. Retrieved at http://bettercarenetwork.org/bcn-in-action/key-initiatives/the-state-of-the-evidence-on-children%E2%80%99s-care-a-better-care-network-and-cpc-learning-network

The DHS and MICS core questionnaires contain a number of questions in relation to children's living arrangements, survivorship of parents, and relationship to the head of the household. This data in some countries is collected for all children under 15 years of age in a household and in others for children under 18 years of age. The data on survival status of parents is collected under the HIV AIDS section of the questionnaire and whilst it is collected systematically in countries with high HIV prevalence, other countries do not always collect it. This data is key to understanding the extent of parental loss (single/double orphans) but also the extent to which parental loss is a significant factor in children's living arrangement as well as a number of outcome indicators.

A core question asked by all DHS/MICS questionnaires relates to the relationship between children in a particular household to the head of the household. Although there are slight variations in the range of possible relationships provided, there is general consistency as far as the key categories are concerned (grandchild, niece and nephews, foster child, unrelated, for example). This data is systematically collected but rarely extracted and analyzed in the national reports, despite its clear relevance to children's care situations. Although that data is not a perfect proxy indicator for caregiving arrangements, as it does not provide actual information as to who the legal or de facto caregiver for a particular child is in that household, it is nonetheless a clear indicator of whether a child is living within or outside of family care. This information is key to understanding the extent and patterns of informal alternative care, particularly kinship care, in a given country and this, in turn is critical to inform policies seeking to strengthen parental care, prevent harmful separation but also support adequate family care and family based alternative care.

The DHS and MICS data has huge potential to inform child protection policy and programming, however currently this potential is not being realized. A key barrier is that in most cases the data that would be useful, such as on children's care and different living arrangements, is not extracted and presented in national reports. Furthermore, awareness of this potentially useful DHS and MICS data amongst child protection practitioners is very low. Given the scarcity of national monitoring data on child protection issues in many contexts, it is important that the sector explores the potential of the DHS and MICS data and also is better informed of what it could offer and how it could be used to support better policies and interventions targeting at risk children and families. It is hoped that these country briefs can contribute to this.

## ETHIOPIA DHS 2011:

The data presented in this report come from the 2011 Ethiopia Demographic and Health Survey (DHS) that was carried out by the Ethiopian Central Statistical Agency[8]. MEASURE DHS is a USAID-funded project that provides technical support in the implementation country-wide surveys across the world. Funding for this effort came from the HIV/AIDS Prevention and Control Office (HAPCO), USAID, United Nations Population Fund, United Nations Children's Fund, the World Health Organization, the United Kingdom for International Development (DFID), and the Centers for Disease Control.

The primary objective for this data collection effort is to provide country-wide information on demographic characteristics, health conditions and behaviors, and indicators around mortality. The child well-being indicators reported here come from the DHS Household Questionnaire. This questionnaire is used to list all individuals who spent the previous night in a selected household. It collects basic information of each member listed: name, sex, age, education, relationship to head of the household, and disability status. Additionally, for children under the age of 18 survival status of parents is also recorded.

During the 2011 Ethiopia DHS data collection effort, a total of 16,702 households were interviewed and 75,665 household members were listed. Of these, 41,385 individuals were under the age of 18 and 36,389 children were under the age of 15. The household questionnaire retained a response rate of 98.1%. All figures reported here have accounted for sample weights, none are unweighted. No exclusion criteria has been applied – the data presented below represent the entire sample of individuals present in the dataset. As a result, the numbers below are slightly larger than the figures reported in the 2011 Ethiopia DHS country report. Data were analyzed using the statistical software package SAS 9.4. To measure statistically significant levels of association chi-squared tests and t-tests were run using a 5% alpha level.

To understand Ethiopia in its regional context and compare across other eastern African states, data was pulled from nationally representative Demographic and Health Surveys (DHS) that were most recently run in these neighboring countries. The East African Region is defined by the DHS as including the following countries: Burundi[9], Comoros[10], Eritrea[11], Ethiopia[7], Kenya[12], Madagascar[13], Malawi[14], Mozambique[15], Rwanda[16], Tanzania[17], Uganda[18], Zambia[19], and Zimbabwe[20]. Given that many of these

[8] Central Statistical Agency [Ethiopia] and ICF International. 2012. Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International.

[9] Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), Ministère de la Santé Publique et de la Lutte contre le Sida [Burundi] (MSPLS), et ICF International. 2012. *Enquête Démographique et de Santé Burundi 2010*. Bujumbura, Burundi : ISTEEBU, MSPLS, et ICF International.

[10] Direction Générale de la Statistique et de la Prospective (DGSP) et ICF International. 2014. *Enquête Démographique et de Santé et à Indicateurs Multiples aux Comores 2012*. Rockville, MD 20850, USA : DGSP et ICF International.

[11] National Statistics and Evaluation Office (NSEO) [Eritrea] and ORC Macro. 2003. *Eritrea Demographic and Health Survey 2002*. Calverton, Maryland, USA: National Statistics and Evaluation Office and ORC Macro.

[12] Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro. 2004. *Kenya Demographic and Health Survey 2003.* Calverton, Maryland: CBS, MOH, and ORC Macro.

[13] Institut National de la Statistique (INSTAT) et ICF Macro. 2010. *Enquête Démographique et de Santé de Madagascar 2008-2009*. Antananarivo, Madagascar : INSTAT et ICF Macro.

[14] Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Informatique du Ministère de l'Économie, de l'Industrie et du Commerce (DNSI/MEIC) et Macro International Inc. 2007. *Enquête Démographique et de Santé du Mali 2006*. Calverton, Maryland, USA : CPS/DNSI et Macro International Inc.

[15] Ministerio da Saude (MISAU), Instituto Nacional de Estatística (INE) e ICF International (ICFI). *Moçambique Inquérito Demográfico e de Saúde 2011*. Calverton, Maryland, USA: MISAU, INE e ICFI.

countries collected data for the 0-15 age range until recently, for cross country comparisons under 15 age groups will be used. The 2005 and 2000 DHS survey conducted in Ethiopia is also represented in this report to look at any significant changes that have occurred within country over the last decade. Lastly, all country level development statistics were pulled from the Human Development Report 2014[21].

[16] National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2012. *Rwanda Demographic and Health Survey 2010.* Calverton, Maryland, USA: NISR, MOH, and ICF International.
[17] National Bureau of Statistics (NBS) [Tanzania] and ICF Macro. 2011. Tanzania Demographic and Health Survey 2010. Dar es Salaam, Tanzania: NBS and ICF Macro
[18] Uganda Bureau of Statistics (UBOS) and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011.* Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.
[19] Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. *Zambia Demographic and Health Survey 2007.* Calverton, Maryland, USA: CSO and Macro International Inc.
[20] Zimbabwe National Statistics Agency (ZIMSTAT) and ICF International. 2012. *Zimbabwe Demographic and Health Survey 2010-11.* Calverton, Maryland: ZIMSTAT and ICF International Inc.
[21] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

## BASIC STATISTICS:[22,23]

**Country**

- Total population: 94,100,000
- Gross Domestic Product per capita: $1,218.33
- Human Development Index: .435 (Rank – 173)
- Population living below $2 a day: 73.1%
- Life expectancy at birth: 64 years
- Median age: 18.62 years
- Urban vs. rural distribution: 17.5% of the population is urban, 82.5% rural
- Sex ration at birth (male to female): 1.04
- Under-5 mortality rate: 68 per 1,000 live births.
- HIV/AIDS prevalence: 1.3%
- Birth registration of children (% under age 5): 6.6%
- Child labor (age 5-14): 27.4%

**Households**

- Mean household composition: 4.6 members
  - This is down from 5.0 members in 2005
- 47% of the population is under age 15
- Female headed households: 26%
  - This is a slight increase from 23% found in 2005.
- Urban vs. rural distribution: 22.6% of sampled households were urban; 77.4% rural
- Dependency composition per age group as a percent of the population:
  75% age 0-14; 19% age 15-64; 6% age 65+

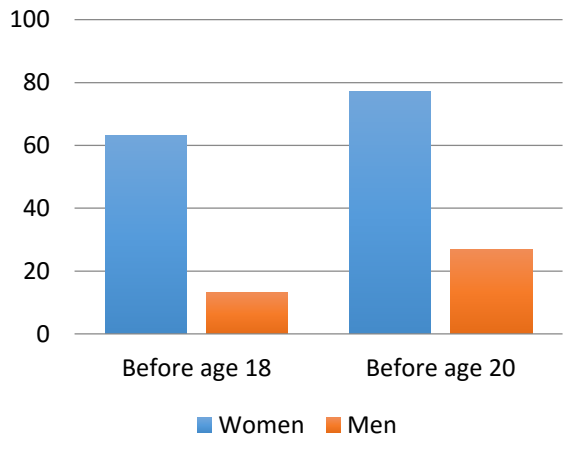
**Fertility**

- Total Fertility Rate: 4.8 children
  - Fertility declined significantly from 5.5 children in 2000 and 5.4 in 2005.
- Fertility for women living in rural households is around double those living in urban areas.
- Adolescent fertility: 78.37 per 1,000 girls age 15-19.
  - 12% of women age 15-19 are already mothers or currently pregnant with their first child.
  - 34% of all Ethiopian women age 20-49 report having given birth prior to age 18 and 54% by age 20.
  - 20% of births occur within 24 months of a previous birth.

**Marriage:**

- Median age at first marriage: 16.5 years for women; 23.2 years for men
  - Women in rural households marry on average 2 years earlier than women in urban households (16.3 years vs 18.1).
  - Significant regional variation exists in Ethiopia with the median age at marriage being 21.4 years in Addis Ababa and 14.7 years in Amhara.
  - Early marriage: 63% of women are married by age 18, 77% by age 20.
    - The proportion of women married by 15 has significantly declined over the last decades from 39% to 8%.

FIGURE 1: PERCENT DISTRIBUTION OF EARLY MARRIAGE AMONG MALE AND FEMALE CHILDREN, ACCORDING TO AGE



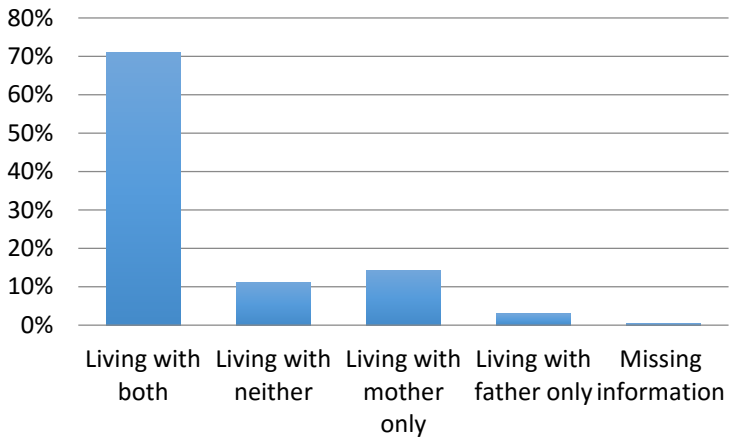

[22] Central Statistical Agency [Ethiopia] and ICF International. 2012. Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International.

[23] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

## CHILDREN'S LIVING ARRANGEMENTS:

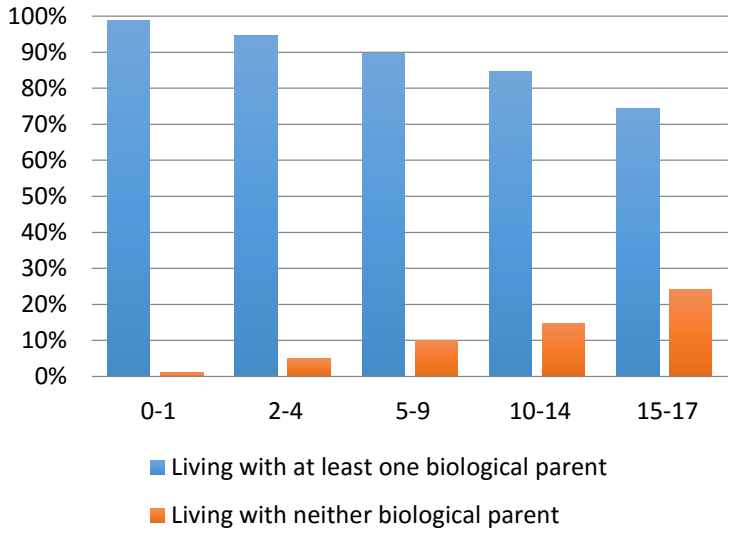
In Ethiopia, 71% of children under the age of 18 live in households with both biological parents. They represent the great majority of children living in households in the country. Another 17% of children 0-17 live with one biological parent, with nearly six times as many children living with their biological mothers than with their biological fathers. Nearly one in ten children - 11% - of children live with neither biological parent.

FIGURE 2: PERCENT DISTRIBUTION OF LIVING ARRANGEMENTS AMONG CHILDREN 0-17 IN ETHIOPIA, 2011




When disaggregated by background characteristics, factors such as gender, age, and geographic region appear to significantly influence living arrangements among children in Ethiopia. Boys are more likely to live with both biological parents: 73% of boys live with both their mother and their father compared to 70% of girls ages 0-17. Conversely, girls in Ethiopia are more likely to live with neither biological parent when both are alive (10%) as compared to their male counterparts (7%). One explanation for this uneven distribution may be due to girls often marrying young in Ethiopia. Moreover, among children who live with a single biological parent, a slightly higher proportion of boys live with their fathers when their mothers are still alive and the inverse is true for girls.

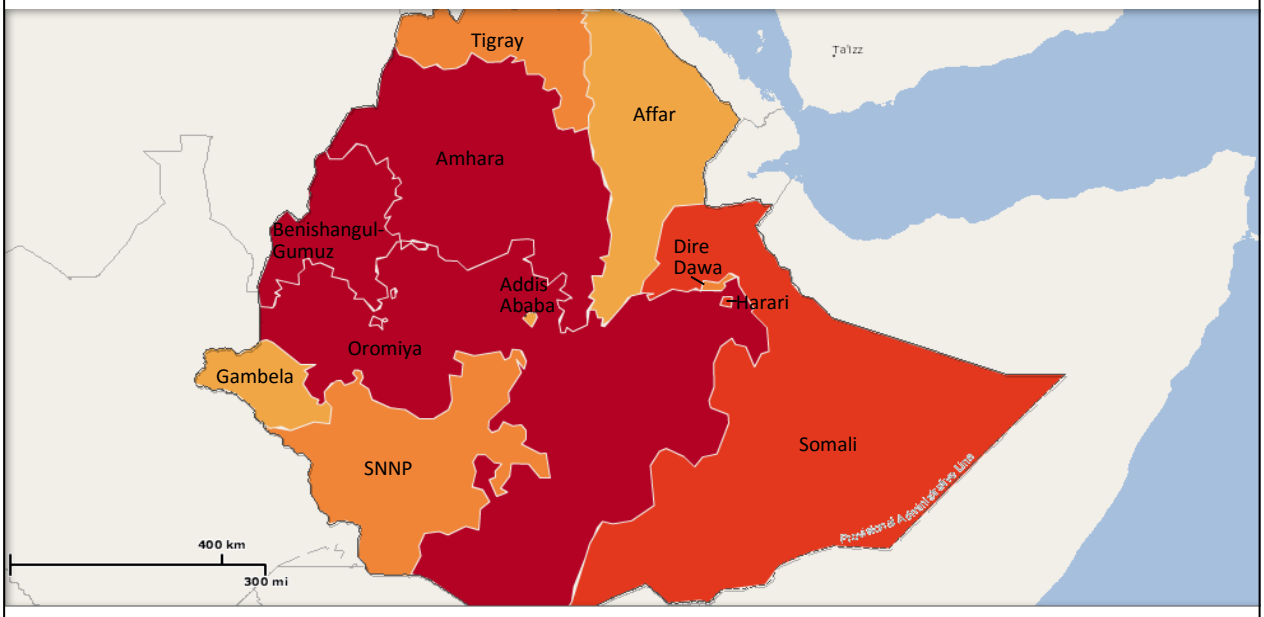
FIGURE 3: PERCENT DISTRIBUTION OF CHILDREN LIVING WITH AT LEAST ONE BIOLOGICAL PARENT VS NEITHER BIOLOGICAL PARENT AMONG CHILDREN 0-17 IN ETHIOPIA, ACCORDING TO AGE GROUP




Variations in living arrangements across age groups are also evident in Ethiopia. At an early age the large majority of children still live with both biological parents; this proportion declines in a linear fashion with age. Where only 53% of children in the oldest age group live with both of their biological parents, 79% of children under five and 85% of children under two live with both biological parents. Overall, the proportion of children living with a single biological parent increases with age in Ethiopia. While 14% of children under two live with only their biological mother and under 1% live with their biological father,

for children older than 14, 17% live with only their biological mother and 4% with their father only. This is clearly related to the fact that many children experience the loss of a parent as they get older. When looking at only children who live with one biological parent when the other is alive, the likelihood of living in a household with only one parent, in fact, decreases as children age. More research is needed to understand why this decreasing trend occurs. Simultaneously, the likelihood that a child will live with neither biological parent increases with age. While fewer than 1% of children under 2 live with neither biological parent, there is an exponential increase in children living with neither biological parent, reaching 15% for children age 10-14 and 24% for children age 15-17 (as seen in Figure 3 above).

**FIGURE 4: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH BIOLOGICAL PARENTS BY REGION**



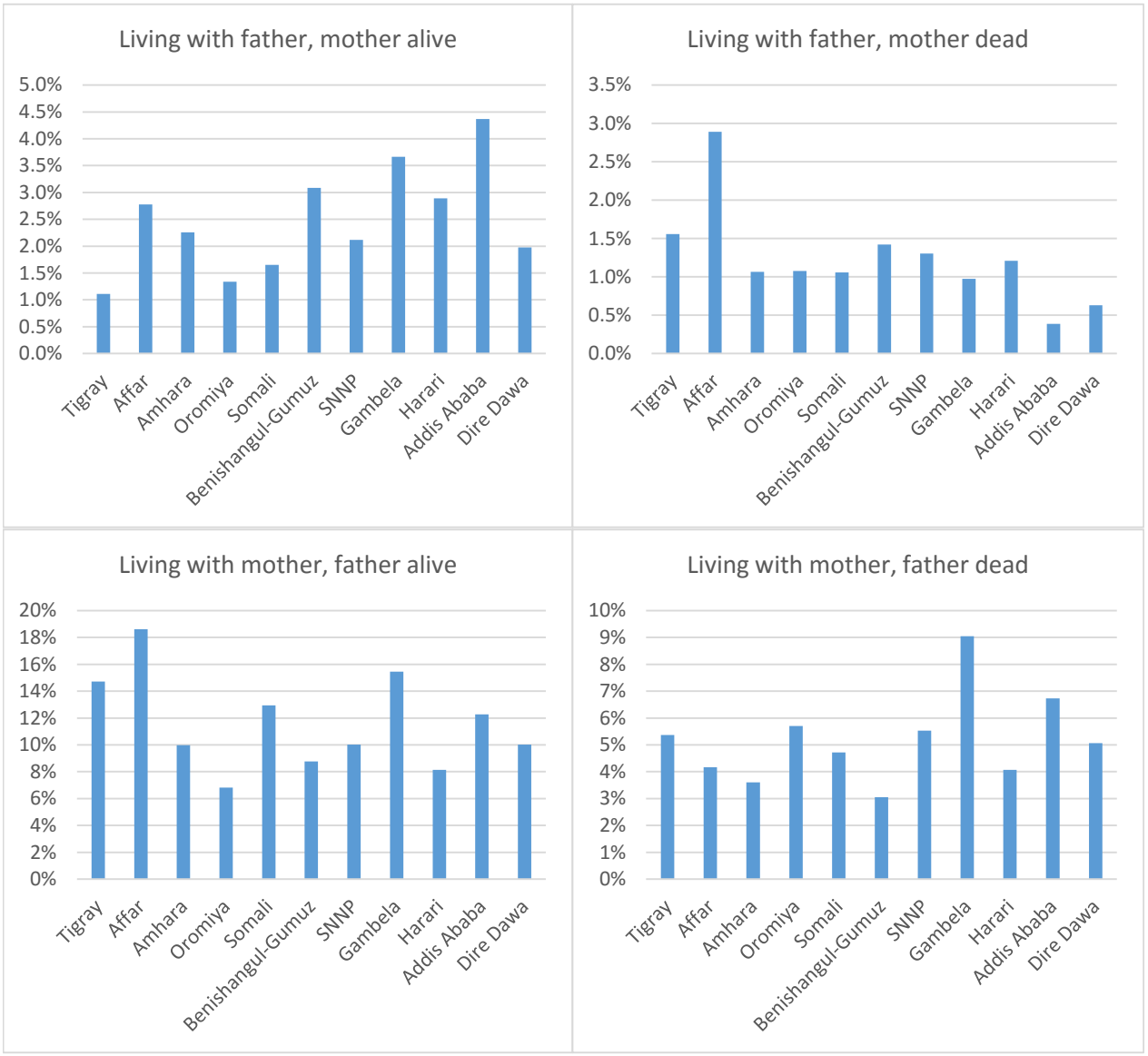

Children in rural regions of Ethiopia more commonly live with both biological parents when compared to children living in urban households (73% vs. 58%). Since the 1970s Ethiopia has seen significant changes in its administrative boundaries. Currently the country is subdivided into 9 states and two city-states: Tigray, Affar, Amhara, Oromiya, Somali, Benishangul-Gumuz, Southern Nations Nationalities and Peoples (SNNP), Gambela and Harari, Addis Ababa and Dire Dawa. Regional data is presented here to understand the regional diversity found within the country. As Figure 4 shows, children in Benishangul-Gumus (75%), Oromiya (74%), and Amhara (72%) are much more likely to live with both biological parents as compared to the sparsely populated Gambela (52%), or the chartered city and capital of Ethiopia, Addis Ababa (52%). As stated in the 2011 DHS Ethiopia Final Report, more than 80% of the country's total population lives in the regional states of Amhara, Oromiya, and SNNP. Among children living in

households, rural areas have a higher proportion of children with surviving parents compared to urban areas. Nearly one in every ten children living in urban areas (10%) have lost a biological parent, whereas 8% of children in rural areas have lost a parent.

Household wealth quintile appears to be positively associated with likelihood of children living with neither biological parent. This may be due to richer households wielding more resources to support unrelated children or being more likely to employ domestic workers. In the poorest households, proportionally more children were found to live with at least one biological parent (91%) when compared to households in the richest quintile (81%). An incremental increase was seen for every quintile ranging from 8% of children living with neither biological parent in the poorest households to 18% of children in the richest households in the same category. Overall, household wealth seems not to be significantly associated with the prevalence of children living with a single biological parent.

When it comes to children living with a single biological parent, however, varied regional landscape is seen across Ethiopia. Nearly 30% of children live with only one biological parent in Gambela to the west and Affar region to the north-east, while in the central Oromiya region only 15% live with a single biological parent. Moreover, children in urban households are more likely to be living with only one biological parent (23%) than do children in rural households (16%).

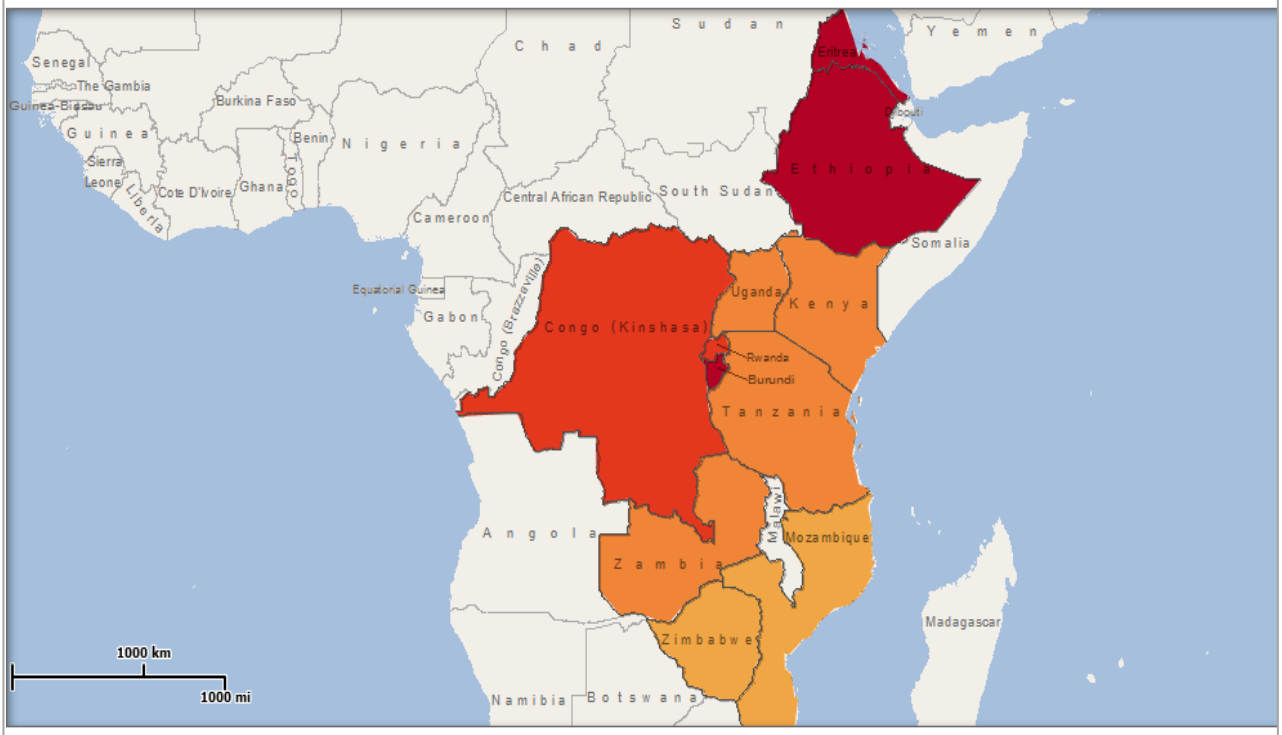
**FIGURE 5: REGIONAL VARIATIONS IN LIVING ARRANGEMENTS AMONG CHILDREN 0-17 LIVING WITH A SINGLE BIOLOGICAL PARENT IN ETHIOPIA**




Regionally, Ethiopia is also an outlier when it comes to children's living arrangements. Compared to other eastern African countries, Ethiopia has one of the lowest rates of children living with neither biological parent at 8.8% for children under 15. The prevalence of living with neither biological parent is only lower in Burundi at 7.7% and in Eritrea at 5.6%. However, DHS data on Eritrea is over a decade old and may be out of date. Similarly, Ethiopia has the lowest proportion of children living with only a single biological parent in the region at 16.3%, substantially lower than in neighboring Kenya (28%) or surrounding countries such as Zimbabwe (28%), and Mozambique (30%). Ethiopia also stands apart when it comes to the prevalence of children living with both biological parents in the region. With 75% of all children 0-14 living in households together with both biological parents, Ethiopia has one of the

highest rates along with neighboring Eritrea (76%) and Burundi (72%). Other countries in the region have dramatically lower prevalence rates of children living with both biological parents: Mozambique reports a low 55% of children 0-14 living with both parents and Zimbabwe reports a prevalence rate that is even lower at 45% as seen in Figure 6.

**FIGURE 6: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH BIOLOGICAL PARENTS BY COUNTRY, DHS EASTERN AFRICA REGION**




**Legend**

- Up to 58.1
- 58.2 to 61.5
- 61.6 to 65.4
- 65.5 and higher

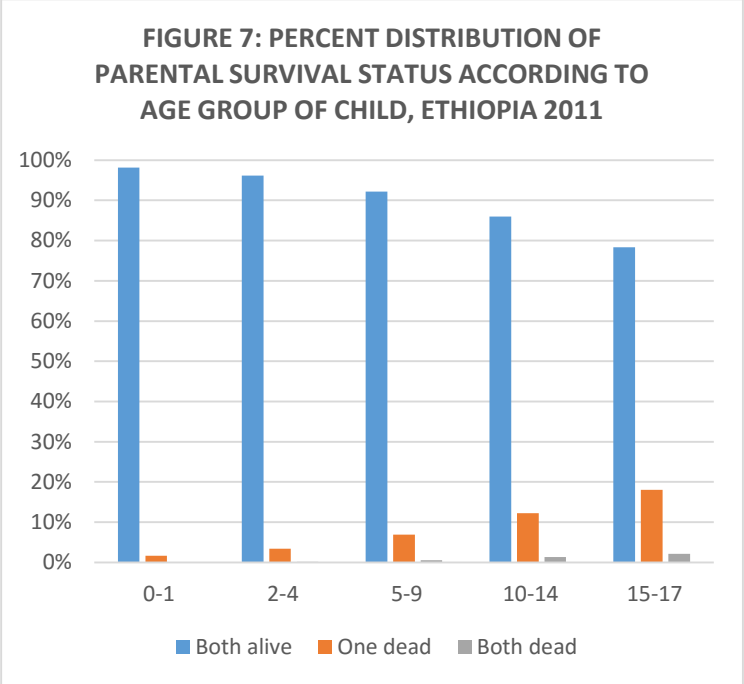
**Surveys**

| | | | | | |
|---|---|---|---|---|---|
| Burundi 2010 DHS | 71.5 | Mozambique 2011 DHS | 54.8 | Zimbabwe 2010-11 DHS | 44.6 |
| Congo Democratic Republic 2007 DHS | 65.2 | Rwanda 2010 DHS | 64.5 | | |
| Eritrea 2002 DHS | 76.0 | Tanzania 2010 DHS | 61.5 | | |
| Ethiopia 2011 DHS | 74.6 | Uganda 2011 DHS | 58.2 | | |
| Kenya 2003 DHS | 58.2 | Zambia 2007 DHS | 60.6 | | |

ICF International, 2012. The DHS Program STATcompiler - http://www.statcompiler.com - October 16 2014.

## DEATH OF A PARENT (SINGLE AND DOUBLE "ORPHANHOOD"):

Orphanhood is fairly uncommon in Ethiopia, fewer than 1% of children age 0-17 have experienced the death of both parents. As can be expected, loss of a single parent is more frequent - 5.5% of children lose one parent before the age of 15 and 6.3% of children lose a mother or a father by age 18. Parental loss is positively associated with age: Almost all children living in households (99%+) under the age of two have two living parents, while 18% of children age 15-17 have lost one biological parent and 2% have lost both as seen in Figure 7. These rates of orphanhood and parental death have stayed fairly constant in Ethiopia for the last two decades.

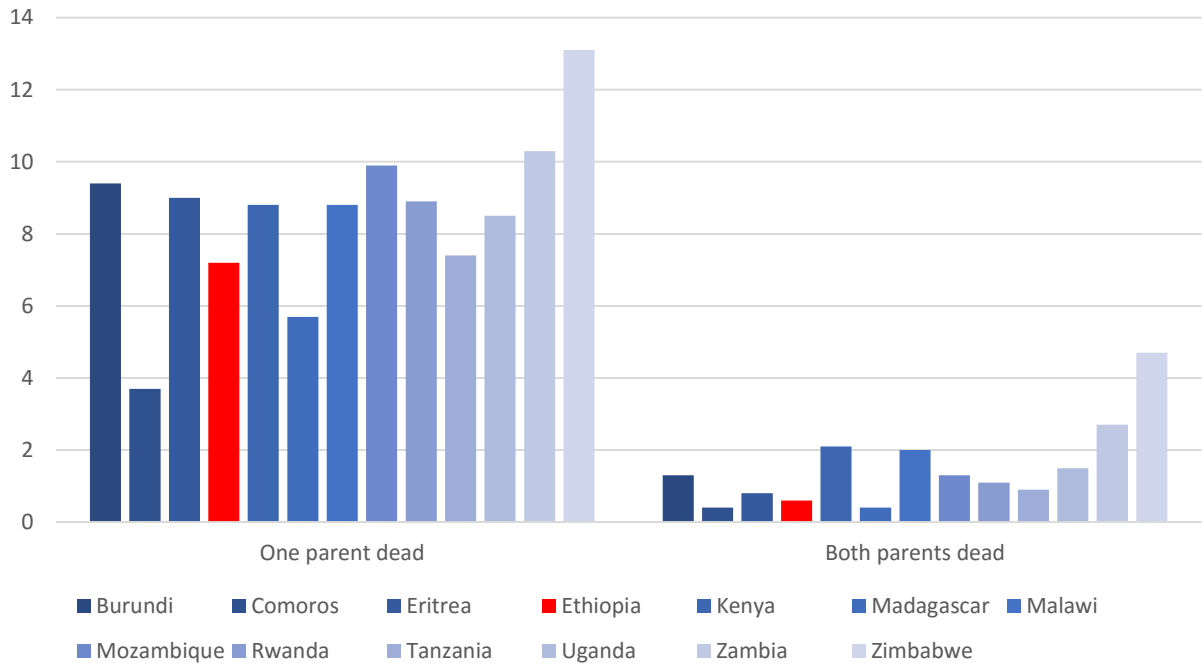



Wealth quintile of the household does not clearly correlate with the likelihood of losing a parent for children in Ethiopia. Interestingly, while little to no association is seen across the poorest four wealth quintiles, proportionally more children ages 0-17 who have lost both biological parents live in households situated in the richest wealth quintile of Ethiopia. It appears that households over the 80$^{th}$ percentile for wealth have a high capacity for hosting orphaned children compared to households under that wealth threshold. As mentioned earlier, this could be the result of wealthier households undertaking to care for children who have lost parents (related and unrelated) but also of a higher likelihood to employ domestic workers.

A higher percentage of children who have experienced the death of a biological parent were living in urban areas in Ethiopia than in rural areas: 10% of children in urban areas had one parent die before they turned 18 and these children were over twice as likely to have lost both biological parents compared to children living in rural areas (1.7% and 0.7% respectively). Further research is needed to ascertain whether these children lived in urban areas prior to the death of their parents, or whether they migrated into urban centers after the death(s). This relationship is also seen when disaggregated by administrative region in Ethiopia. More urban areas such as Addis Ababa see higher rates of children who have lost both parents, with nearly 1.8% of children living in this part of the country having lost both biological parents, and 12% having lost one before the age of 18. Regions like SNNP, which are predominantly rural, record fewer children who have lost a parent, with only 0.9% of children age 0-17 having lost both parents and 9% experiencing the loss of a mother or a father. However, these regional trends and overall urban-rural differences characterizing the distribution of parent survival in Ethiopia do not fully explain the large diversity in children's living arrangements found across regions nor the disproportionate amount of children found living with neither biological parent in urban areas (18%) compared to rural areas (10%), as discussed in the following section.

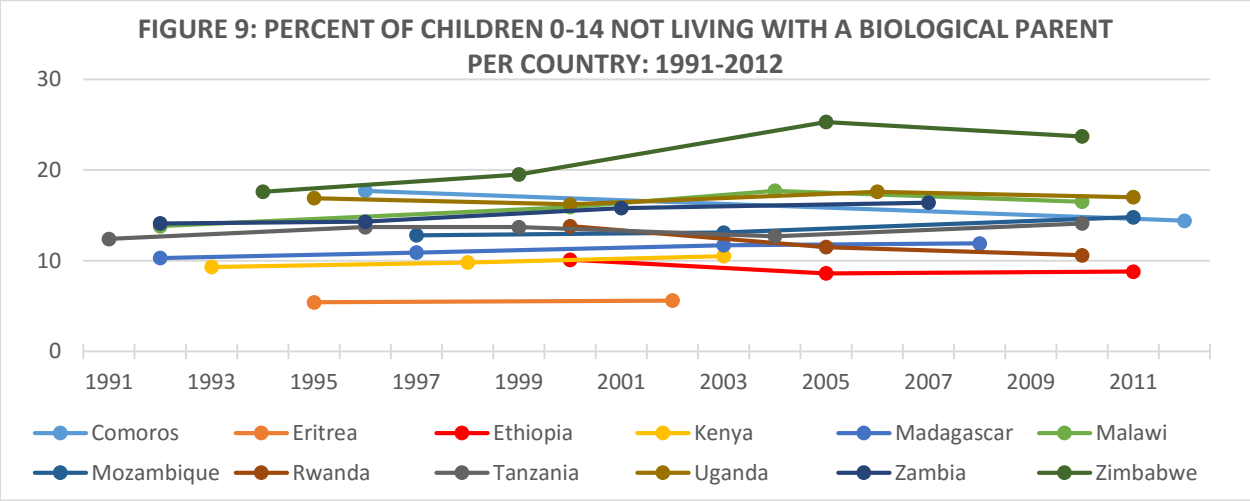
Regionally, Ethiopia has one of the lowest rates of parental death for children under the age of 15 living in households. Standing apart from its neighbors, 0.6% of children 0-14 have lost both biological parents and 7.2% have lost one. Both neighboring Kenya and Eritrea have a higher prevalence of parental death with 8.8% of children losing one biological parent in Kenya by age 15 and 9% losing one in Eritrea. The likelihood of a child having lost a parent increases further as one moves further south in the region with 13% of children in Zimbabwe and 10% of children in Mozambique and Zambia losing one biological parent before the age of 15 as shown in Figure 8 below. Only the islands of Comoros and Madagascar see lower rates of children living without one of both surviving biological parents.

**FIGURE 8: PERCENT OF PARENT LOSS AMONG CHILDREN AGE 0-14 BY COUNTRY, DHS EASTERN AFRICA REGION**

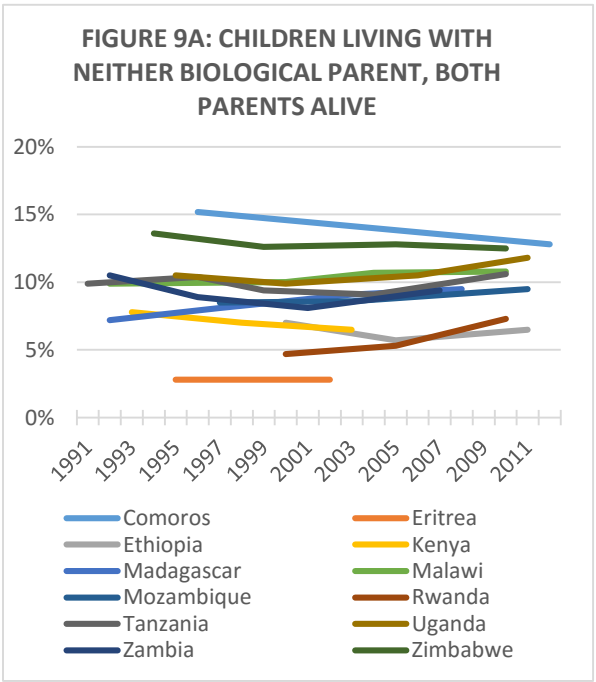


## CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT:

One in every ten children under the age of 18 in Ethiopia lives with neither biological parent. In the last two decades the prevalence of children living with neither biological parent in Ethiopia has remained largely unchanged. As shown in Figure 9, this has been the norm in East African countries, with a few exceptions such as Zimbabwe which saw a sharp increase in the proportion of children living without either biological parent or Rwanda, which saw a decline in the number of children living without their mother and their father in last decade.




However, as seen in Figures 9A and 9B, while the overall number of children living with neither biological parent has remained largely unchanged in the region, some countries have seen rates of children living with neither biological parent when both parents are dead skyrocket or dramatically decline. Because the vast majority of children living with neither biological parent still have both parents alive, the effect of events such as civil war, the HIV/AIDS epidemic, and access to anti-retro viral therapy become hidden. Therefore, variations in the proportions of children who have lost both biological parents are largely unseen because of the large number of children living outside of parental care who continue to have living biological parents.



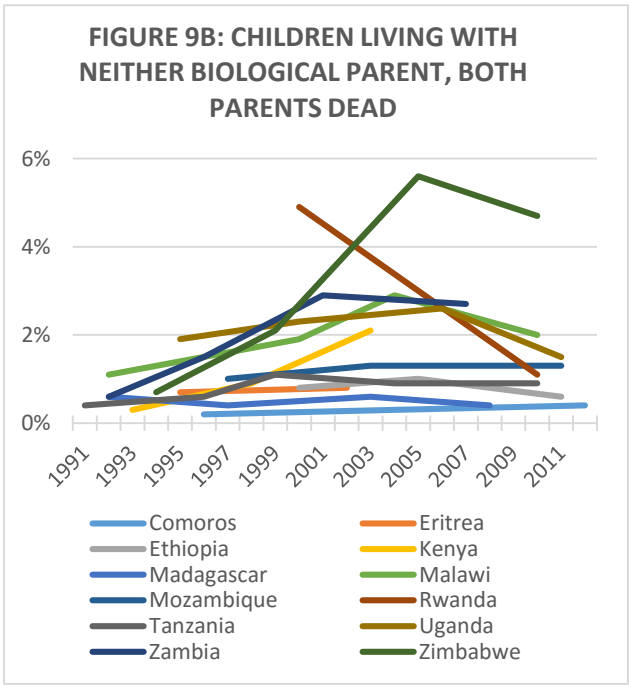



**FIGURE 10: PERCENT DISTRIBUTION OF CHILDREN 0-17 NOT LIVING WITH A BIOLOGICAL PARENT, ACCORDING TO SURVIVAL STATUS OF PARENT**

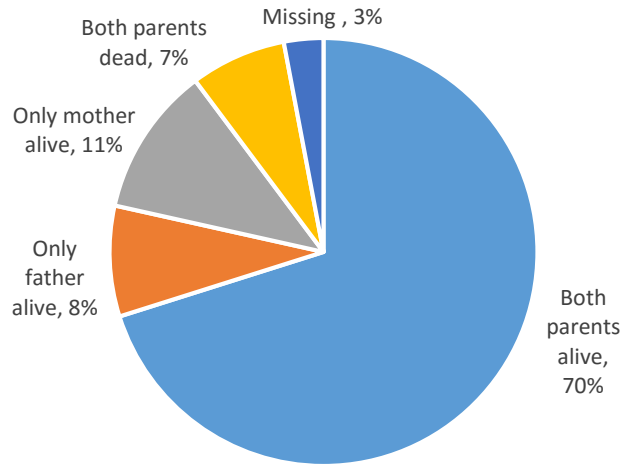
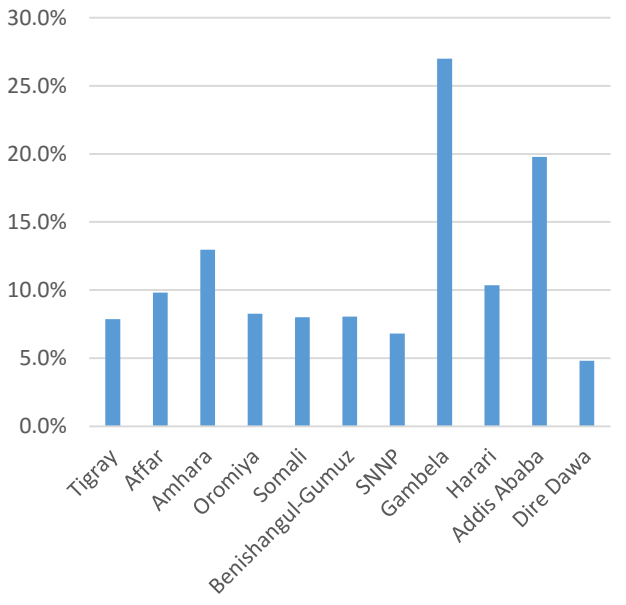



**FIGURE 11: PERCENT OF CHILDREN 0-17 LIVING IN UNRELATED HOUSEHOLDS, ACCORDING TO REGION**




According to the 2011 DHS, the vast majority of these children – 70% - had both biological parents still living, while 11% had a living mother, 8% had a living father and only 7% of these children had lost both parents[24]. This reality underlines that orphanhood is not the primary factor for children not living with their parents and highlights the need to better understand the true drivers behind children not living with their parents.

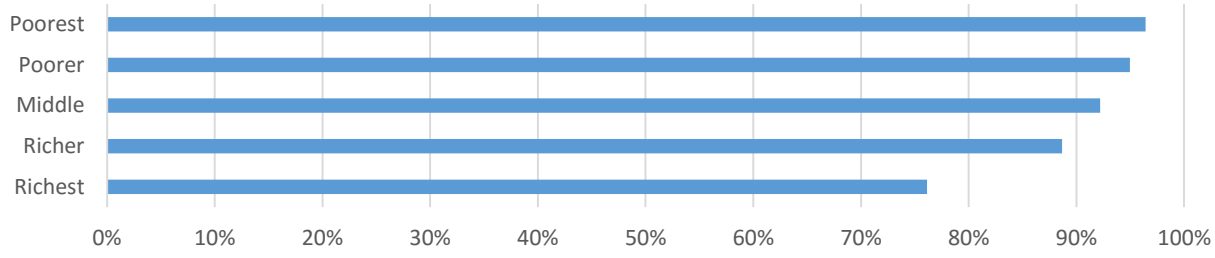
The overwhelming majority of children in Ethiopia under the age of 18 who are not living with a biological parent remain in family care, residing instead in households with their grandparents, aunts, uncles, siblings, and other relatives. Nationwide, 88% of children aged 0-17 live in family care, and approximately 10% of children are living in households headed by an unrelated person. The likelihood of living in family care is slightly higher for girls, potentially reflecting gender differences in household work contribution, child migration for education, or work opportunities. As can be expected, living in family care seems to be negatively associated with age, with the oldest age group having a higher likelihood of living in a household headed by a non-relative; however, given the small sample size in the youngest age categories, caution must be employed in interpreting these findings.

In Ethiopia, children not living with a biological parent in rural households are significantly more likely to live in family care as compared to urban households. While 92% of children in rural households who are not living with their parents live in households where they are related to the household head, this is only true for 75% of children living in urban households. This disparity has become more pronounced since Ethiopia's last DHS in 2005 where 92% of children in rural households and 87% of children in urban households lived in homes where they were related to the household head. However, this relationship is mixed when one looks at the chartered cities of Ethiopia.

[24] According to the World Bank, in 2011 44% of the total population in Ethiopia was between the ages of 0-14. Therefore, nearly 3.7million children under the age of 15 live with neither biological parent, of which approximately 250,000 children have lost both biological parents.

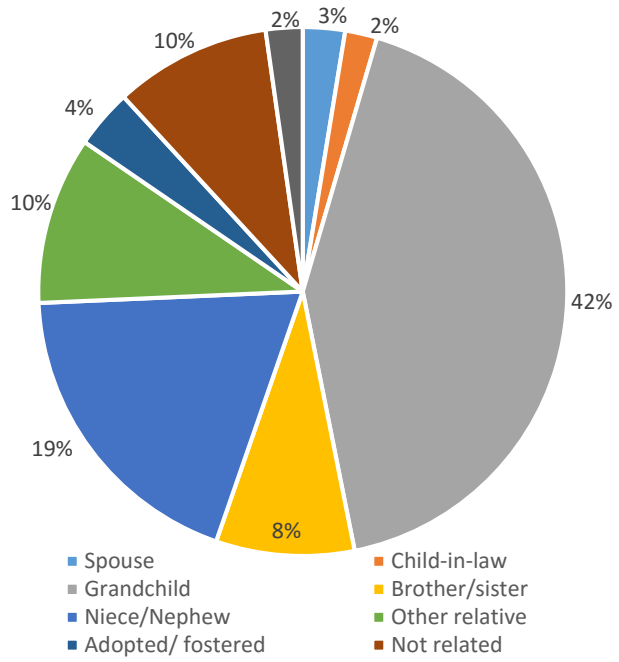
While nearly 20% of children not living with their parents in Ethiopia's capital, Addis Ababa, live in unrelated households, in Ethiopia's second largest city – Dire Dawa – fewer than 5% do. Gambela, located in the western most section bordering South Sudan, is a striking regional outlier in Ethiopia with 27% of children between the age of 0 and 17 living in households headed by an unrelated individual. As seen in Figure 11, most other regions sit below a prevalence rate of 10% of children living in households where they are unrelated to the household head. More research is needed to disentangle this prominent finding. Higher rates are also seen in the capital, Addis Ababa, which may be explained by child migration flows into cities due to greater access to improved educational opportunities in the capital, or more domestic work or child labor options in the urban center.

**FIGURE 12: PERCENT DISTRIBUTION OF CHILDREN 0-17 LIVING IN HOUSEHOLDS HEADED BY RELATIVES, ACCORDING TO HOUSEHOLD WEALTH QUINTILE**




As highlighted earlier, households, hosting unrelated children are also more likely to be in the richest wealth quintile. While only 3% of children living in households in the poorest wealth quintile report being unrelated to the household head, nearly 20% of children age 0-17 living in households belonging to the richest quintile live in households where they are not related to the head of the household, among children living with neither biological parent. It is possible that wealthier households managing more resources are both concentrated in urban centers and more likely to provide opportunities like boarding for schooling or employment for domestic work to unrelated youth. Further research is needed in this area to better tease apart the dynamics at play.

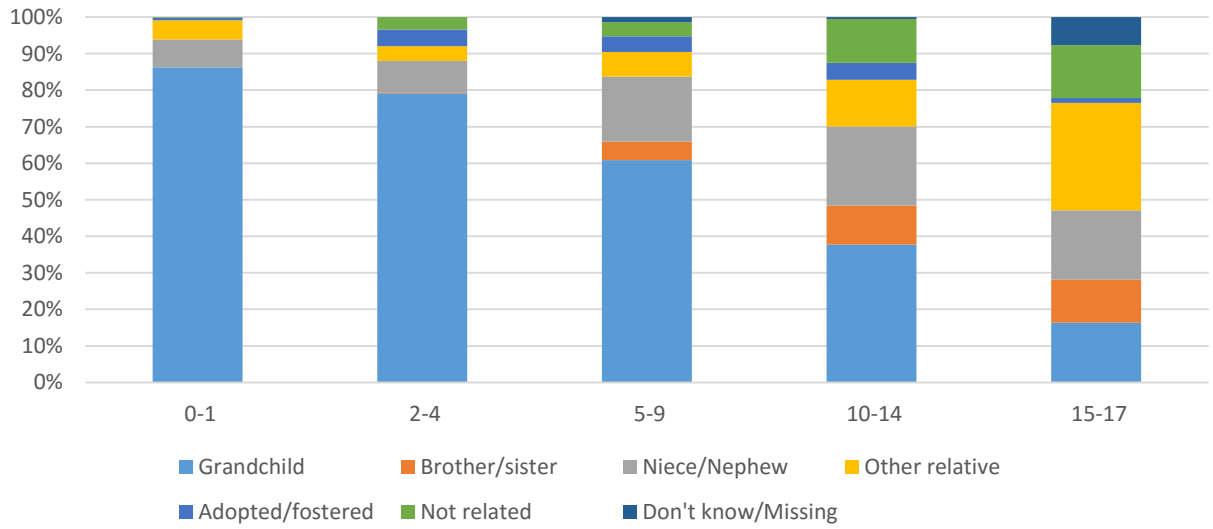
**FIGURE 13: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT 0-17 IN ETHIOPIA**




In Ethiopia, 42% of children 0-17 living with neither biological parent live with their grandparents, 19% live with their aunts or uncles, 10% live in households headed by unrelated individuals, and 9% live with siblings. The full break down can be found in Figure 13.

Children ages 0-14 have a higher likelihood of living with their grandparents at 52%. In fact, living with grandparents seems to be negatively associated with the age of the child – becoming less likely as children get older, while living with other relatives and with unrelated household heads seems to become more common as children age. Children under the age of two have the highest likelihood of living with their grandparents, with [86%][25] of all children under 2 who live with neither biological parent living in households headed by their grandmother or grandfather. An incremental decrease is seen in this proportion as children age, coming to a low prevalence of 16% for children 15-17. In fact in the oldest age cohort, there is a comparable likelihood that a child live in a household headed by an unrelated individual or headed by their aunt or uncle among children living with neither biological parent. In this oldest age group, 16% live with a grandparent, 19% live with an aunt or uncle, and 15% live in a household where they are not related to the household head. One thing to note, early marriage is fairly common in Ethiopia, with 9% of children age 15-17 reporting living with their wife or husband and another [6%] reporting living with a parent-in-law (grouped into "other relative in Figure 14").

**FIGURE 14: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT IN ETHIOPIA, ACCORDING TO AGE**




Gender also seems to play a role in determining who children live with when living outside of the care of their biological parents. Significantly more boys age 0-17 live with their grandparents than do girls (46% vs. 40%). Conversely, more girls live with their aunts and uncles and other relatives as compared to boys (20% vs 17%). Possible explanations might include the different reproductive and economic life phases of older and younger generation family members and how these realities intersect with the need for assistance in the house, for example with childcare or manual labor. Boys have a higher likelihood of living in households in which they are unrelated to the head (11%) as compared to girls (8%). Additionally, among girls 0-17 not living with a biological parent, 4.5% of girls are living with their

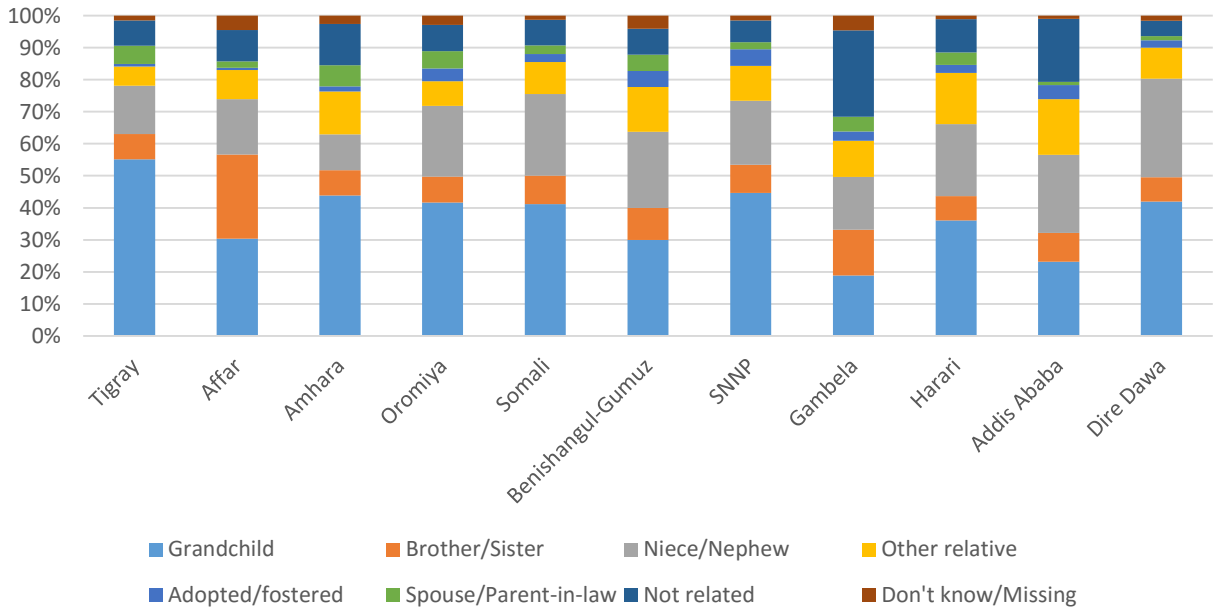
[25] Percentages in brackets reflect 25-49 unweighted cases. Caution should be employed when generalizing to the entire population given the small sample found in these sub-cohorts. Additionally, sub-cohorts with fewer than 24 unweighted cases are identified in the report with an asterisk (*); these percentages are not reported.

husband and 3.2% living with their husband's parents. This is congruent with the differences seen in the median age at marriage between girls and boys where, on average, girls marry approximately seven years earlier than boys do.

When disaggregated by geographical characteristics, it appears that significantly more children 0-17 in rural areas live in households headed by their grandparents than among children living in urban centers (49% vs 21%). The opposite is true for children living with their aunts and uncles wherein 24% of children in urban areas live in households headed by these family members versus 18% of children in rural areas. This later association where more children live in urban areas is also true for children living in households headed by unrelated individuals (19% vs 7%), "other relatives" (15% vs 9%), and siblings (11% vs 8%). Given that children living with aunts and uncles and other relatives also tend to be older, as stated previously, it is possible that these children move to live with their relatives in urban centers in order to access education, work or better services. More research is needed to understand fully the mechanisms behind these living arrangements and their implications in terms of child well-being.

Clear differences are again seen between different regions of the country. As seen in Figure 15, Gambela maintains the lowest proportion of children not living with a parent who are in households headed by that child's grandparents at 19%, and the highest proportion of children living in households with unrelated household heads [27%]. Meanwhile, Tigray has the highest prevalence of children 0-17 living in grandparent headed households at 55%. The regions of Benishangul-Gumuz* and SNNP [5.2%] see the highest proportions of children under 18 being adopted and fostered.

**FIGURE 15: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN ETHIOPIA, ACCORDING TO ADMINISTRATIVE REGION**

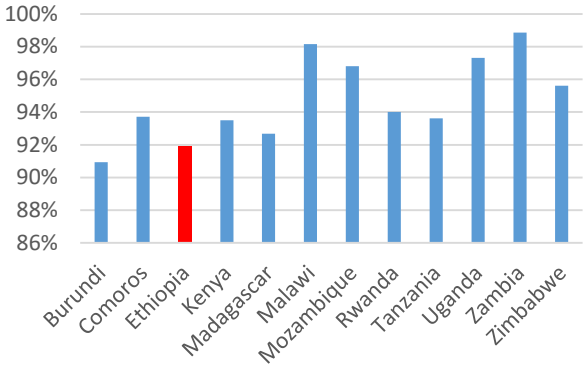



Adoption and fostering seems to be unrelated to gender or age in Ethiopia. However, sample size limitations do not allow for any significant findings in this sub cohort. Additionally, caution must be employed when analyzing figures in these categories given the ambiguous definition around fostering

within the DHS program. The DHS program defines fostering as "children under age 18 living in households with neither their mother nor their father present." However, as seen throughout this report, most children living with neither biological parent are not categorized as "fostered." Therefore, it is difficult to ascertain which children would be classified as "fostered" in the field. Additionally, in many of these settings formal adoption and fostering is quite limited; therefore, these categories may capture some children in informal foster care and adoption arrangements, but the data might be a significant underestimation of the total population of children in those care situations.

Regionally, Ethiopia's prevalence of children 0-17 who are not living with their parent but live in households in which they are related to the household head (family household) is low compared to other eastern African countries. With 7.2% of all children age 0-14 living in households headed by an unrelated person, only Burundi has a higher proportion of children living out of family care at 8.9% among children not living with a biological parent. This may also be in part why Ethiopia, more generally, has fewer children living with their grandparents, among children living with neither biological parent, than is found in other countries in Eastern Africa.

**FIGURE 14: PERCENT OF CHILDREN 0-14 LIVING IN RELATED HOUSEHOLDS PER COUNTRY**




## LIMITATIONS:

The data presented here represent children who were residing in households at the time of data collection. It does not include the most vulnerable cohort of children ages 0-17 who are not living in households. These data look at the relationship between the child and the head of the household. They do not provide information on the primary caregiver of the child. Moreover, it does not capture multigenerational households across children not living with a biological parent; therefore, it is possible that a child who is reported as the grandchild of the household head is also cohabitating with an aunt or uncle, sibling, or other relative. Also to note, the available questionnaire categories that capture relationships to household head do not distinguish between maternal and paternal relatives, an area that may warrant closer attention in further data collection efforts.

Another limitation found in this report is the inflexibility of the structured household. Flows of communication, individuals, and funding that build the networks of each individual household remain hidden. The data cannot uncover whether children living with neither biological parent who have living biological parents communicate with them, are visited by them, or are supported financially by them. It does not capture the stability of the household composition, leaving unknown the timing of when a parent left or whether the parent comes and goes routinely. These limitations highlight areas of study that require additional data in order to uncover children's care structures in Ethiopia.

| Ethiopia, 2011 | Table 1. Percent distribution of children under age 18 by living arrangement and survival status of parents, according to background characteristics, Ethiopia 2011 TOTAL N=41385 | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Living with both 71.0% | Living with neither 11.1% | | | | Living with mother only 14.3% | | Living with father only 3.0% | | Missing information 0.5% | Total Count 100.0% | Summary Figures | | | | |
| | | Only father alive | Only mother alive | Both alive | Both dead | Father alive | Father dead | Mother alive | Mother dead | | | Not living with a biological parent | Both parents dead | One parent dead | Number of children 0-14 | Number of children 0-17 |
| Sex | | | | | | | | | | | | | | | | |
| Male | 72.5% | 1.0% | 1.2% | 6.6% | 0.9% | 9.0% | 5.0% | 2.2% | 1.3% | 0.3% | 100.0% | 9.7% | 0.9% | 8.5% | 18558 | 20819 |
| Female | 69.6% | 0.9% | 1.4% | 9.6% | 0.8% | 9.5% | 5.2% | 1.5% | 1.0% | 0.6% | 100.0% | 12.6% | 0.8% | 8.5% | 17830 | 20566 |
| Age | | | | | | | | | | | | | | | | |
| 0-1 | 85.0% | 0.2% | 0.0% | 0.7% | 0.0% | 12.2% | 1.5% | 0.2% | 0.0% | 0.2% | 100.0% | 0.9% | 0.0% | 1.7% | 4571 | 4571 |
| 2-4 | 79.4% | 0.3% | 0.3% | 4.2% | 0.1% | 11.5% | 2.2% | 1.1% | 0.5% | 0.3% | 100.0% | 5.0% | 0.1% | 3.4% | 7526 | 7526 |
| 5-9 | 73.4% | 0.7% | 0.8% | 8.0% | 0.6% | 8.5% | 4.5% | 2.2% | 0.9% | 0.4% | 100.0% | 10.1% | 0.6% | 6.9% | 12888 | 12888 |
| 10-14 | 65.2% | 1.4% | 2.0% | 10.1% | 1.4% | 8.3% | 7.0% | 2.5% | 1.8% | 0.4% | 100.0% | 14.8% | 1.4% | 12.3% | 11403 | 11403 |
| 15-17 | 52.9% | 2.2% | 3.7% | 16.0% | 2.1% | 7.2% | 9.8% | 2.2% | 2.3% | 1.5% | 100.0% | 24.1% | 2.1% | 18.0% | | 4996 |
| Residence | | | | | | | | | | | | | | | | |
| Urban | 57.9% | 1.2% | 2.5% | 12.9% | 1.7% | 14.7% | 5.3% | 2.2% | 0.7% | 0.8% | 100.0% | 18.3% | 1.7% | 9.8% | 5025 | 6082 |
| Rural | 73.3% | 0.9% | 1.1% | 7.2% | 0.7% | 8.3% | 5.1% | 1.8% | 1.2% | 0.4% | 100.0% | 9.9% | 0.7% | 8.3% | 31364 | 35303 |
| Region | | | | | | | | | | | | | | | | |
| Tigray | 68.3% | 0.6% | 0.9% | 6.2% | 0.8% | 14.7% | 5.4% | 1.1% | 1.6% | 0.4% | 100.0% | 8.5% | 0.8% | 8.4% | 2313 | 2685 |
| Affar | 63.3% | 1.3% | 1.0% | 5.1% | 0.7% | 18.6% | 4.2% | 2.8% | 2.9% | 0.2% | 100.0% | 8.1% | 0.7% | 9.3% | 330 | 366 |
| Amhara | 72.3% | 0.9% | 1.3% | 7.4% | 0.7% | 10.0% | 3.6% | 2.3% | 1.1% | 0.6% | 100.0% | 10.2% | 0.7% | 6.8% | 8528 | 9988 |
| Oromiya | 73.8% | 0.9% | 1.2% | 7.9% | 0.8% | 6.8% | 5.7% | 1.3% | 1.1% | 0.5% | 100.0% | 10.8% | 0.8% | 8.9% | 14531 | 16438 |
| Somali | 71.1% | 1.1% | 0.8% | 5.2% | 1.0% | 12.9% | 4.7% | 1.7% | 1.1% | 0.5% | 100.0% | 8.1% | 1.0% | 7.7% | 996 | 1091 |
| Benishangul-Gumuz | 75.0% | 0.9% | 1.2% | 5.4% | 0.9% | 8.8% | 3.1% | 3.1% | 1.4% | 0.3% | 100.0% | 8.4% | 0.9% | 6.5% | 380 | 431 |
| SNNP | 68.0% | 1.1% | 1.5% | 9.1% | 0.9% | 10.0% | 5.5% | 2.1% | 1.3% | 0.4% | 100.0% | 12.6% | 0.9% | 9.4% | 8198 | 9039 |
| Gambela | 52.4% | 1.7% | 3.0% | 11.8% | 1.7% | 15.5% | 9.1% | 3.7% | 1.0% | 0.4% | 100.0% | 18.1% | 1.7% | 14.7% | 115 | 134 |
| Harari | 70.6% | 1.3% | 1.2% | 9.0% | 0.9% | 8.1% | 4.1% | 2.9% | 1.2% | 0.6% | 100.0% | 12.5% | 0.9% | 7.8% | 88 | 100 |
| Addis Ababa | 52.0% | 1.4% | 3.1% | 17.1% | 1.8% | 12.3% | 6.7% | 4.4% | 0.4% | 0.8% | 100.0% | 23.4% | 1.8% | 11.7% | 792 | 979 |
| Dire Dawa | 65.2% | 1.6% | 1.8% | 11.1% | 1.6% | 10.0% | 5.1% | 2.0% | 0.6% | 1.0% | 100.0% | 16.1% | 1.6% | 9.1% | 118 | 133 |
| Wealth index | | | | | | | | | | | | | | | | |
| Poorest | 71.7% | 0.9% | 1.1% | 5.7% | 0.6% | 10.2% | 6.5% | 1.7% | 1.3% | 0.3% | 100.0% | 8.2% | 0.6% | 9.8% | 7900 | 8799 |
| Poorer | 75.1% | 0.7% | 0.9% | 6.4% | 0.8% | 7.9% | 4.9% | 1.6% | 1.3% | 0.3% | 100.0% | 8.9% | 0.8% | 7.8% | 7668 | 8518 |
| Middle | 75.2% | 1.2% | 1.1% | 7.0% | 0.7% | 6.9% | 4.5% | 1.9% | 1.2% | 0.4% | 100.0% | 10.0% | 0.7% | 7.9% | 7670 | 8659 |
| Richer | 71.0% | 1.0% | 1.2% | 9.0% | 0.7% | 8.5% | 4.7% | 2.1% | 1.1% | 0.6% | 100.0% | 11.9% | 0.7% | 8.0% | 7357 | 8493 |
| Richest | 60.0% | 1.1% | 2.4% | 13.2% | 1.5% | 13.5% | 4.9% | 1.9% | 0.8% | 0.8% | 100.0% | 18.2% | 1.5% | 9.1% | 5794 | 6917 |
| | | | | | | | | | | | | | | | | |
| Total < 15 | 73.5% | 0.8% | 1.0% | 7.0% | 0.7% | 9.5% | 4.5% | 1.8% | 1.0% | 0.3% | 100.0% | 9.4% | 0.7% | 5.5% | 36389 | 36389 |
| Total < 18 | 71.0% | 1.0% | 1.3% | 8.1% | 0.8% | 9.2% | 5.1% | 1.8% | 1.2% | 0.5% | 100.0% | 11.1% | 0.8% | 6.3% | 36389 | 41385 |

| Ethiopia, 2011 | Table 2. Living arrangements among children under age 18 not living with a biological parent - the percent distribution of survival status of parent and the percent distribution of relationship to head of household, according to background characteristics, Ethiopia 2011 TOTAL N=4755 | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Living with neither | | | | | | | | Relationship to head | | | | | | | | | | | | |
| | Only father alive | Only mother alive | Both alive | Both dead | Missing information | Total | Both parents dead | Only one dead | Wife/husband | Son/ daughter-in-law | Grandchild | Brother/sister | Aunt/uncle | Other relative | Adopted/ foster | Not related | Don't know/ missing | Total in family care | Total not in family care | Total number of children 0-14 | Total weighted number of children 0-17 | Total unweighted number of children 0-17 |
| Sex | | | | | | | | | | | | | | | | | | | | | | |
| Male | 10.1% | 12.3% | 66.1% | 8.9% | 2.6% | 100.0% | 8.9% | 22.4% | 0.1% | 0.3% | 45.7% | 10.2% | 17.3% | 9.4% | 3.3% | 11.1% | 2.5% | 86.4% | 11.1% | 1631 | 2074 | 1969 |
| Female | 7.0% | 10.5% | 73.3% | 6.0% | 3.2% | 100.0% | 6.0% | 17.5% | 4.5% | 3.2% | 39.7% | 7.1% | 20.3% | 10.9% | 3.8% | 8.4% | 2.1% | 89.5% | 8.4% | 1852 | 2681 | 2571 |
| Age | | | | | | | | | | | | | | | | | | | | | | |
| 0-1 | 16.7% | 0.0% | 78.8% | 4.5% | 0.0% | 100.0% | 4.5% | 16.7% | 0.0% | 0.0% | 86.3% | 0.0% | 7.6% | 5.2% | 0.7% | 0.2% | 0.0% | 99.8% | 0.2% | 42 | 42 | 51 |
| 2-4 | 6.4% | 5.9% | 80.6% | 2.6% | 4.6% | 100.0% | 2.6% | 12.2% | 0.0% | 0.0% | 79.1% | 0.3% | 8.6% | 4.0% | 4.6% | 3.4% | 0.0% | 96.6% | 3.4% | 391 | 391 | 372 |
| 5-9 | 6.9% | 7.5% | 78.3% | 5.4% | 1.9% | 100.0% | 5.4% | 14.5% | 0.0% | 0.3% | 60.8% | 5.1% | 17.8% | 6.5% | 4.3% | 3.9% | 1.4% | 94.7% | 3.9% | 1325 | 1325 | 1214 |
| 10-14 | 9.4% | 13.2% | 66.5% | 9.1% | 1.8% | 100.0% | 9.1% | 22.6% | 0.2% | 0.9% | 37.8% | 10.6% | 21.6% | 11.7% | 4.6% | 12.0% | 0.5% | 87.5% | 12.0% | 1724 | 1724 | 1663 |
| 15-17 | 8.8% | 14.6% | 63.0% | 8.3% | 5.3% | 100.0% | 8.3% | 23.4% | 9.4% | 5.8% | 16.4% | 11.8% | 18.9% | 14.3% | 1.3% | 14.5% | 7.7% | 77.8% | 14.5% | | 1272 | 1240 |
| Residence | | | | | | | | | | | | | | | | | | | | | | |
| Urban | 6.4% | 13.5% | 68.6% | 9.1% | 2.5% | 100.0% | 9.1% | 19.8% | 0.7% | 0.3% | 20.9% | 11.3% | 23.9% | 15.4% | 2.8% | 19.1% | 5.6% | 75.3% | 19.1% | 671 | 1140 | 1500 |
| Rural | 9.0% | 10.6% | 70.6% | 6.7% | 3.1% | 100.0% | 6.7% | 19.6% | 3.2% | 2.5% | 49.1% | 7.6% | 17.5% | 8.6% | 3.9% | 6.6% | 1.2% | 92.2% | 6.6% | 2812 | 3615 | 3040 |
| Region | | | | | | | | | | | | | | | | | | | | | | |
| Tigray | 6.3% | 10.5% | 71.8% | 9.5% | 1.8% | 100.0% | 9.5% | 16.9% | 2.3% | 3.5% | 55.2% | 7.9% | 15.1% | 6.0% | 0.8% | 7.9% | 1.5% | 90.7% | 7.9% | 168 | 234 | 350 |
| Affar | 15.4% | 12.0% | 62.0% | 8.9% | 1.7% | 100.0% | 8.9% | 27.4% | 2.0% | 0.0% | 30.4% | 26.2% | 17.3% | 9.1% | 0.7% | 9.8% | 4.5% | 85.7% | 9.8% | 20 | 30 | 280 |
| Amhara | 8.2% | 11.9% | 69.6% | 7.0% | 3.3% | 100.0% | 7.0% | 20.1% | 3.0% | 3.6% | 43.8% | 8.0% | 11.2% | 13.3% | 1.6% | 13.0% | 2.5% | 84.5% | 13.0% | 710 | 1056 | 498 |
| Oromiya | 8.5% | 10.6% | 70.5% | 6.8% | 3.6% | 100.0% | 6.8% | 19.1% | 3.8% | 1.6% | 41.6% | 8.1% | 22.1% | 7.6% | 4.1% | 8.3% | 2.8% | 88.9% | 8.3% | 1326 | 1846 | 629 |
| Somali | 12.8% | 10.0% | 61.5% | 12.0% | 3.6% | 100.0% | 12.0% | 22.8% | 2.1% | 0.5% | 41.1% | 8.9% | 25.5% | 10.0% | 2.5% | 8.0% | 1.3% | 90.7% | 8.0% | 72 | 92 | 269 |
| Benishangul-Gumuz | 10.6% | 13.7% | 63.9% | 10.5% | 1.3% | 100.0% | 10.5% | 24.2% | 2.9% | 2.2% | 30.0% | 10.0% | 23.8% | 14.0% | 5.0% | 8.0% | 4.1% | 87.9% | 8.0% | 23 | 37 | 270 |
| SNNP | 8.6% | 11.6% | 70.7% | 7.0% | 2.1% | 100.0% | 7.0% | 20.2% | 0.8% | 1.4% | 44.7% | 8.8% | 20.0% | 10.9% | 5.2% | 6.8% | 1.5% | 91.7% | 6.8% | 977 | 1166 | 724 |
| Gambela | 9.0% | 16.2% | 63.9% | 9.1% | 1.9% | 100.0% | 9.1% | 25.2% | 4.4% | 0.2% | 18.9% | 14.2% | 16.5% | 11.3% | 2.9% | 27.0% | 4.6% | 68.4% | 27.0% | 14 | 25 | 405 |
| Harari | 10.2% | 9.6% | 70.5% | 7.4% | 2.3% | 100.0% | 7.4% | 19.8% | 3.6% | 0.4% | 36.0% | 7.7% | 22.5% | 15.9% | 2.5% | 10.4% | 1.1% | 88.6% | 10.4% | 9 | 13 | 295 |
| Addis Ababa | 6.0% | 13.0% | 71.2% | 7.5% | 2.2% | 100.0% | 7.5% | 19.1% | 1.0% | 0.0% | 23.2% | 9.0% | 24.4% | 17.5% | 4.4% | 19.8% | 0.9% | 79.3% | 19.8% | 146 | 235 | 466 |
| Dire Dawa | 9.3% | 10.8% | 66.2% | 9.6% | 4.2% | 100.0% | 9.6% | 20.1% | 0.5% | 0.8% | 42.0% | 7.5% | 30.8% | 9.7% | 2.3% | 4.8% | 1.5% | 93.7% | 4.8% | 17 | 22 | 354 |
| Wealth Index | | | | | | | | | | | | | | | | | | | | | | |
| Poorest | 11.0% | 12.5% | 66.9% | 6.7% | 2.8% | 100.0% | 6.7% | 23.5% | 3.5% | 4.0% | 57.6% | 4.7% | 15.4% | 7.5% | 3.8% | 3.0% | 0.6% | 96.4% | 3.0% | 618 | 747 | 919 |
| Poorer | 7.5% | 10.4% | 71.1% | 8.7% | 2.3% | 100.0% | 8.7% | 18.0% | 3.2% | 1.9% | 56.0% | 7.8% | 16.0% | 6.1% | 4.0% | 3.8% | 1.2% | 95.0% | 3.8% | 629 | 772 | 622 |
| Middle | 11.6% | 10.5% | 67.6% | 6.8% | 3.6% | 100.0% | 6.8% | 22.0% | 4.1% | 2.7% | 48.3% | 8.8% | 17.5% | 7.6% | 3.1% | 5.8% | 2.0% | 92.2% | 5.8% | 693 | 897 | 640 |
| Richer | 7.8% | 9.8% | 73.1% | 5.8% | 3.5% | 100.0% | 5.8% | 17.6% | 2.5% | 1.5% | 42.7% | 8.0% | 18.2% | 11.6% | 4.3% | 9.6% | 1.8% | 88.7% | 9.6% | 753 | 1045 | 753 |
| Richest | 5.6% | 12.8% | 70.7% | 8.2% | 2.6% | 100.0% | 8.2% | 18.5% | 0.7% | 0.7% | 20.9% | 11.2% | 24.5% | 15.1% | 3.0% | 19.5% | 4.3% | 76.1% | 19.5% | 790 | 1295 | 1606 |
| | | | | | | | | | | | | | | | | | | | | | | |
| Total < 15 | 8.2% | 10.1% | 72.7% | 6.9% | 2.1% | 100.0% | 6.9% | 18.3% | 0.1% | 0.6% | 51.8% | 7.2% | 18.5% | 8.8% | 4.4% | 7.8% | 0.8% | 91.4% | 7.8% | 3483 | 3483 | 3300 |
| Total < 18 | 8.4% | 11.3% | 70.1% | 7.2% | 3.0% | 100.0% | 7.2% | 19.6% | 2.6% | 2.0% | 42.3% | 8.5% | 19.0% | 10.3% | 3.6% | 9.6% | 2.3% | 88.2% | 9.6% | 3483 | 4755 | 4540 |