ADISS ABEBA UNIVERSITY, COLLEGE OF HEALTH SCIENCE

SCHOOL OF MEDICINE

DEPARTMENT OF FAMILY MEDICIN

ASSESSMENT OF THE PREVALENCE OF OVERWEIGHT AND OR OBESITY AND ASSOCIATED FACTORS AMONG UNDER-FIVE CHILDREN IN ADISS ABEBA, ETHIOPIA

A THESIS SUBMITTED TO THE DEPARTMENT OF FAMILY MEDICINE IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR SPECIALTY CERTIFICATE IN FAMILY MEDICINE; ADDIS ABABA UNIVERSITY

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Acronyms and abbreviations

AAU	Addis Ababa University
BMI	Body Mass Index
CDC	Centers for Disease Control and Prevention
CHS	College of Health Sciences
CSA	Central Statistical Agency
DHS	Demographic and Health Surveys
EDHS	Ethiopian Demographic and Health Survey
EMDHS	Ethiopia Mini Demographic and Health Survey ()
EPHI	Ethiopian Public Health Institute ()
IRB	Institutional Review Board
LMICs	low-income and middle-income countries
SPSS	Statistical Package for the Social Sciences
WHO	World Health Organization ()
UNICEF	United Nations Children's Fund

Abstract

Background:

These days, obesity and overweight are the world's fifth-leading causes of death. 39 million children under the age of five are overweight or obese worldwide in 2020. In Ethiopia and other Sub-Saharan nations with poor incomes, Obesity in children is not considered a new health concern and is not given much attention. In Ethiopia, the prevalence of childhood obesity and overweight is on the rise, although solid statistical analysis of the data is scarce. Thus, the purpose of this study was to evaluate the factors associated with overweight/obesity and its prevalence in children under the age of five.

Objective: To Assess the Prevalence of overweight and or obesity and associated factors among under-five children in Addis Ababa, Ethiopia.

Methods: The study used the Ethiopia Mini Demographic and Health Survey 2019 (EMDHS). The study population for the current study was all under-5 years' children in Addis Ababa, Ethiopia. The logistic regression analysis carried out by SPSS Version

Result: Among all children under five years of age the prevalence of overweight and or obesity in Addis Ababa is 4.7%. The majority (92.6%) of children were within the normal range and 2.7% children were undernutrition. Child age and family size were significantly associated with under-five children overweight and or obesity.

Conclusion: The findings of this study showed that children's age and few family' size members were significantly associated with childhood overweight and or obesity in Addis Ababa. Targeted and age-specific feeding practices are recommended to improve nutritional advantages of children.

1. STATEMENT OF THE PROBLEM

1.1 BACKGROUND

These days, being overweight or obese ranks as the sixth most common cause of death worldwide [1]. The abnormal or excessive fat accumulation that characterizes obesity and overweight may have detrimental impacts on one's health. When a child's weight exceeds two standard deviations over the WHO Child Growth Standards median, they are classified as overweight, and when a child's weight exceeds three standard deviations over the WHO Child Growth Standards median, they are classified as obese (2).

In 2020, there was 39 million overweight or obese children under five in the world [2]. Globally, the number of under-five overweight children increased slightly between 2000 and 2020, from 5.4 percent (33.3 million) to 5.7 percent (38.9 million).Overweight and obesity were once thought to be problems unique to high-income countries, but they are now more common in low- and middle-income countries, particularly in metropolitan regions. Most children who are overweight or obese reside in developing states, where the rate of increase in this population has exceeded 30% compared to industrialized states [1, 2].

In Africa, the number of overweight children under five has increased by about 24% since 2000. In 2019, about half of all overweight or obese children under five were found in Asia [2].

Children who are overweight or obese have health consequences in the short and long terms. The short-term consequences encompass psychological affects, insulin resistance, early signs of cardiovascular disease, hypertension, respiratory issues, and an increased risk of fractures. [3]They will eventually be at a higher risk of developing NCDs. The prevalence of obesity has been rising in many nations, partly due to a decline in physical activity and easy access to junk food, which is typically heavy in calories, fats, added sugars, and/or salt.[4]

It was predicted that overweight children would be more likely to live in comfortable households with educated moms in lower- to middle-income nations (which accounted for 77% of the worldwide burden in 2020)[5].

Childhood obesity and overweight are major issues in the United States that put kids' health at risk. The percentage of children aged 2 to 5 who were obese was 12.7%. Children who were Hispanic had a 26% obesity prevalence, non-Hispanic Black children had a 25% prevalence, non-Hispanic White children had a 17% prevalence, and non-Hispanic Asian children had a 9.0% prevalence [6].

An expected 40 million children under the age of five years global were overweight in 2018, according to data from household surveys. This represents a 33 percent upsurge in the problem of overweight children from an expected 30 million under five in 2000. District differences in the prevalence are noteworthy, fluctuating from 14.9 percent in Eastern Europe and Central Asia to 2.8 percent in West and Central Africa [7]

Despite these drawbacks, data on the prevalence of overweight and obesity in children under five years old are presently available for 38 of the 53 WHO member nations in the European Region. Between 1998 and 2015, the percentage of the population in these Member States who were categorized as overweight or obese ranged from 1 to 28.6%.[7].

The prevalence of overweight and/or obesity in children under five is a dangerous condition throughout the African continent, particularly in metropolitan areas. It rose by more than 50% in the years 2000–2015 [8].

From 33 SSA countries' most recent standard DHS (2010–2020) datasets. Among those under five, the pooled prevalence of overweight and obesity was 5.10%.[8]. from the most recent Egypt Demographic and Health Surveys (EDHS), conducted in 2008 and 2014. In Egypt, children under five years old account for a high percentage (17%) of overweight and obesity [9].

The prevalence of overweight and obesity is very high in Sub-Saharan nations; in some, overnutrition is more widespread than undernutrition, indicating that the region is going through a nutrition transition and that overweight and obesity are becoming a rising problem [8]..

Ethiopia is one of the low-income Sub-Saharan nations where childhood obesity is not yet recognized as a serious health concern and is not given much attention. In Ethiopia, the percentage of children who are overweight increased from 1.7 to 3.6% overall in 2017, according to UNICEF's annual report.[10].

In Ethiopia, the prevalence of childhood obesity and overweight is on the rise, although strong statistical analysis of the data is lacking. Therefore, using data from the most recent Ethiopia demographic and health survey, this study sought to determine the prevalence of overweight/obesity and its causes among children under the age of five (EDHS)

2. Significance of the study

Ethiopia is one of the low-income Sub-Saharan nations where childhood obesity is not yet recognized as a serious health concern and is not given much attention. It's critical to assess overweight and obesity in children under five in order to determine the prevalence and identify risk factors for both short- and long-term health consequences. The final results of this study will be an incentive for policy makers, residents, health care professionals and other concerned bodies to create and implement strategies, initiatives and policies to mitigate the implications of overweight and obesity. Therefore, the study will be very significant for other studies that will assist other researchers to discover and perform more research.

3. Literature Review

A serious worldwide health issue that affects both industrialized and developing nations is childhood obesity. The World Health Organization (WHO) reports that the percentage of children under five who are overweight or obese worldwide grew from 4.8% in 1990 to 6.7% in 2016. All parts of the world have seen an increase in childhood obesity, with high-income nations having the highest frequency [11–14].

Several factors have been identified as contributing to the growing prevalence of childhood obesity. One of the most significant factors is unhealthy diet, including high intake of sugar-sweetened beverages, processed foods, and low intake of fruits and vegetables [12]. Physical inactivity is another important factor, including sedentary behavior, lack of outdoor play, and reduced physical education in schools. Other factors include maternal factors such as maternal overweight and obesity, gestational diabetes, and breastfeeding practices [13].

In low and middle-income countries (LMICs), childhood obesity is a growing problem. The load of malnourishment is still high in many of these countries, with undernutrition coexisting with obesity in some areas. The double burden of malnutrition is a significant challenge for LMICs, and there is a need for a comprehensive approach to address both undernutrition and obesity [15].

According to a study done in Jordan, Italy, out of the 2,131 total children, 19.4% were overweight (18.8% of boys and 19.9% of girls), and 5.6% were obese (5.6% of males and 5.5% of girls). There was a strong correlation found between being overweight and having a family size of < or = 4.(23)

3.1 Prevalence of overweight and Obesity Among Children in Ethiopia:

Like many other low-income nations, Ethiopia has seen a rise in the prevalence of childhood obesity in recent years. In Ethiopia, 10.9% of children under five had obesity or overweight, up from 8.7% in 2022, according to the 2016 Ethiopian Demographic and Health Survey (EDHS) [16]. 2.6% of children aged 0 to 59 were overweight or obesity, according to an Indian study.

According to a study carried out in Jordan, 5.6% of girls and boys and 18.8% of boys were obese, and having a family size of ≤4 was substantially associated with being overweight.

According to a comprehensive review and meta-analysis of 14 research published between 2008 and 2018, 7.1% (95% CI: 5.6%–9.0%) of Ethiopian children under five were overweight or obese overall. Urban areas had the highest prevalence (11.3%; 95% CI: 8.7%–14.4%), whereas rural areas had the lowest frequency (6.4%; 95% CI: 4.7%–8.6%) [17].

Similarly, a study conducted in hawassa, a city in southern Ethiopia, found a prevalence of 10.7 % among children under five [20].

According to a comparable study carried out in Gonder City, the combined prevalence of obesity and overweight was 13.8% (95%CI: 10.6, 17.2), with 4.2% and 9.6% of the population being obese, respectively [20].

According to a research done at Bahirdar, 6.9% of people were overweight or obese overall (95% CI 2.4, 11.4). Overweight and obesity were prevalent in 4.1 and 2.8% of people, respectively [21].

3.2 Factors Associated with Obesity Among Under Five Children in Ethiopia:

Children with high dietary diversity scores (DDS) [AOR = 5.12, 95% CI 1.42, 18.47] and family sizes under five [AOR = 4.76, 95% CI 1.84, 12.31] are linked to overweight and obesity, according to a Bahia Dar research [21].

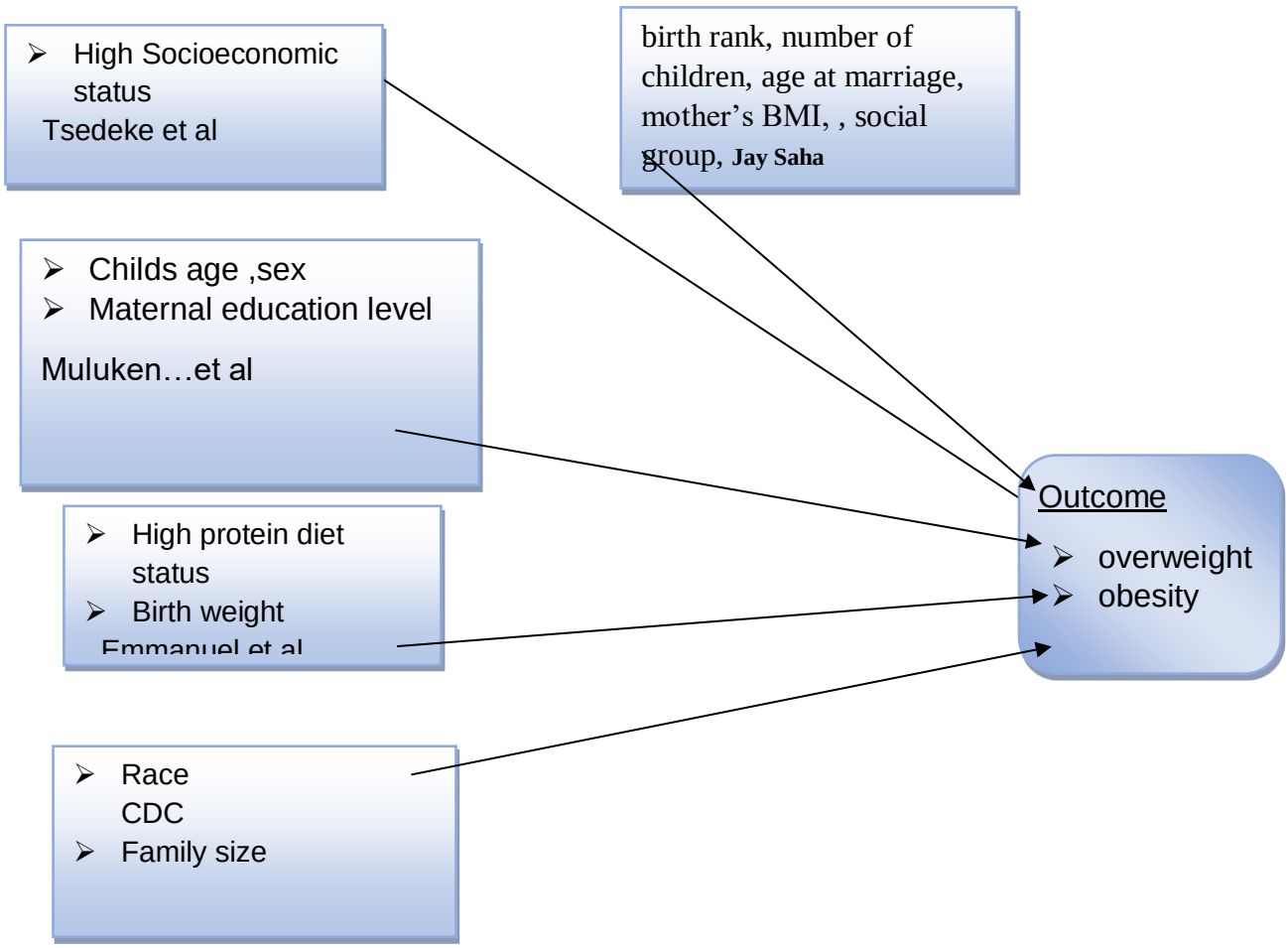
In Ethiopia, a factor linked to obesity in children under five is socioeconomic level. Children from houses with a greater socioeconomic class had a higher likelihood of being overweight or obese than children from households with a lower socioeconomic status, according to a study done in Addis Ababa. Additionally, the study discovered that children from homes where the mother had a greater degree of education had a higher likelihood of becoming overweight or obese [19]. The factors that were most strongly connected with childhood overweight and obesity in India were child sex, age, birth weight, birth rank, maternal education, number of children, age at marriage, mother's BMI, media exposure, social group, and dietary variety score.

Another risk linked to obesity in Ethiopian children under five is a lack of physical activity.

Children who were physically sedentary were more expected to be overweight or obese than children who were physically active, according to a Hawasa study. According to the study, there was a higher likelihood of overweight or obesity in children who watched television or used electronic devices more frequently, as well as in moms who had completed secondary education [20].

In conclusion, childhood obesity is a developing public health issue in Ethiopia. In Ethiopia, the percentage of under-five children who are overweight or obese has been rising recently. Obesity in Ethiopian children under five has been linked to a number of factors, including food, socioeconomic level, and inactivity. Reducing the prevalence of obesity in Ethiopian children under five requires addressing these factors with focused treatments. To prevent childhood obesity, policymakers and healthcare practitioners should give priority to initiatives that encourage a healthy diet, expand access to physical activity, and raise socioeconomic status.

3.3 Conceptual framework



4. **Objectives**

4.1 General objective

To determine the prevalence of obesity, overweight, and related conditions in children under five in Addis Ababa, Ethiopia

4.2 Specific objectives

1 - To determine the Prevalence of overweight and obesity among under-five children in Addis Ababa, Ethiopia

2 To identify associated factors for overweight and obesity among under-five children in Addis Ababa, Ethiopia.

5 Methodology

5.1 Study area

Ethiopia's capital and largest city, Addis Ababa, is where the research was conducted. Three tiers of governance comprise Addis Abeba, a chartered city: the city government at the top, 11 sub-cities in the middle, and 126 woredas at the bottom. In 2020, the expected total population of the city was 4,793,699 [22]. The Addis Ababa Health Bureau reports that 342,989 children were under the age of five in 2021, with 304,879 (6.4%) of those infants being between the ages of six and fifty-nine months. The people of the city can receive comprehensive medical care from 98 health clinics and six governmental hospitals.

5.2 Study design and period

The Ethiopian Public Health Institute (EPHI), in collaboration with the Federal Ministry of Health (FMOH) and the Central Statistical Agency (CSA), gathered the 2019 Ethiopian Mini-EDHS data, which were used in this study. Data were collected for a community-based cross-sectional study between March 21, 2019, and June 28, 2019.

5.3 Source population

All Ethiopian children under the age of five who were in Ethiopia at the time of the survey made up the study population.

5.4 Study population

At the time of the survey, every child under five who lived in Addis Ababa, Ethiopia, comprised the study population.

5.5 Sample Size

The single population proportion formula was used to determine the sample size, with the assumptions of a 95% confidence interval and a 5% margin of error.

$$n = \frac{Z_{\frac{\alpha}{2}}^{2} P(1-P)}{d^{2}}$$

Assumptions

Z at α/2 will be 1.96, with n = the necessary sample size; taking into account the 95% confidence level, the significance threshold, α, is 0.05.

p = 13.8% (0.138) (population based prevalence of study conducted at Gonder city shows the combined prevalence of overweight /obesity, Ethiopia.

1-p = 1-0.138 = 0.862 % $= \frac{(1.96)\,(1.96)0.138\,(1-0.138)}{(0.05)(0.05)} = \frac{3.84\times0.138\times0.0.862}{0.0025}$ n = 175

When I add 10% non-response rate, it was 193.

This is way below the survey sample, so we can say the survey data is appropriate to use for the current study.

5.6 Inclusion Criteria and Exclusion Criteria

In the original survey households that have a living child aged0-59 months and residing in the area were eligible.

5.7 Study variables

- **Dependent variable**: overweight and obesity
- **Independent variables** :
  - Age
  - Sex
  - Birth order
  - Maternal education level
  - Marital status
  - Place of delivery
  - Delivery by cesarean section
  - Duration of breast feeding
  - Family size
  - Water source
  - **Toilet facility**
  - **Contraceptive use**
  - **Religion**

5.8 Operational Definitions

Obesity and overweight: the percentage of kids under five who have values from the World Health Organization growth standard median that are greater than two and three standard deviations, respectively. (WHO, 2008))

5.9 Data Collection Procedures and Quality Assurance

The data was sent via email to the investigator in the format of a saved file. A letter of authorization for data use is also acquired from the DHS program data archivist..

5.10 Data Processing and Analysis

SPSS version 20 was used to enter the EDHS 2019 data. Tables, frequencies, proportions, mean ± SD, and other descriptive data were employed. Every test was two-sided, and a P-value of less than 0.05 indicated statistical significance. In order to ascertain the relationship between the dependent variable and several predictors, bivariate regression analysis was first conducted. Afterwards, an independent effect of the predictors that shown a significant correlation with overweight and obesity was identified using multivariable logistic regression. The 95% confidence interval for both the crude odds ratio (COR) and the adjusted odds ratio (AOR) was provided in order to assess the relationship between obesity/overweight and predictor variables.

5.11 Ethical considerations

The Institutional Review Board (IRB) of Addis Abeba University granted ethical clearance, and a supporting letter was forwarded to the Demographic and Health Surveys (DHS) Program. This document was kept private.

5.12 Dissemination of Results

In partial fulfillment of the requirements for the certificate of specialty in family medicine, the study's findings were submitted to the Addis Ababa University School of Public Health and the AAU-CHS Department of Family Medicine. In addition, the thesis was turned in to the DHS administrative body. It will be published in a peer-reviewed publication and presented at workshops.

6. Results

6.1 Socio-demographic characteristics of under five children

The analysis comprised 258 children under the age of five in total. 52.6% of the children were determined to be males, and 57.54% of the youngsters were between the ages of 25 and 59 months. Merely 1.4% and 24.1% of infants were twins and were born via cesarean section, respectively.

Table 1 . Mini Demographic and Health Survey (EMDHS) 2019: Sociodemographic features of children under five in Addis Ababa, Ethiopia

Variables		Frequency
Age	< 6 months	24 (9.3%)
	6-24 months	86 (33.3
	25-59 months	148 (57.4
Sex	Male	134 (51.9
	Female	124 (48.1
Birth order	1	105(40.7
	2-3	130(50.4
	4-6	21(8.1
	>7	2(0.8
Twin	Singleton	256 (99.2
	Twin	4(0.8
Cesarean section	Yes	61(23.6
	No	197(76.4

6.2 Household and maternal characteristics

Of the mothers who were of reproductive age, 43% fell within the 25–29 age range, while the lowest percentage (0.4%) belonged to the 45–49 and 15–19 age groups. In terms of mothers' educational attainment, the majority (31.4%) had only completed primary school, which was followed by secondary school (26.7%) and higher (26%). A little over 73.6% of household heads were men. 61,6% of households are orthodox, making up the majority.

Table 2 Characteristics of households and mothers with children under five in the Addis Ababa mini EDHS 2019.

Variables		Frequency
Maternal age (in years)	15-19	1(0.4
	20-24	43(16.7
	25-29	111(43
	29-34	54(20.9
	35-39	43(16.7
	40-44	5(1.9
	45-49	1(0.4
Education level	No education	41(15.9
	primary	81(31.4
	Secondary	69(26.7
	Above	67(26
Religion	Orthodox	159(61.6
	Muslim	76(29.5
	Protestant	23(8.9
Family size	1-2	4
	3-5	
	>/=6	
Contraceptive usage	No method	85(32.9
	Traditional	8(3.1
	Modern	165(64
Marital status	Married	237(91.9
	Never in union	3(1.2
	Living with partner	1(0.4
	Divorced	6(2.3
	No living together	11(4.3
Sex of household	Male	190(73.6
	Female	68(26.4
Source of water	Safe	250
	Unsafe	8
Availability of toilet facility	yes	246
	No	12

6.3 Prevalence of overweight and or obesity among under-five children in Addis Ababa,

In Addis Ababa, the measurement of children under five who were overweight or obese was 4.7%. 2.7% of children were undernourished, whereas the majority (92.6%) fell within the usual range.

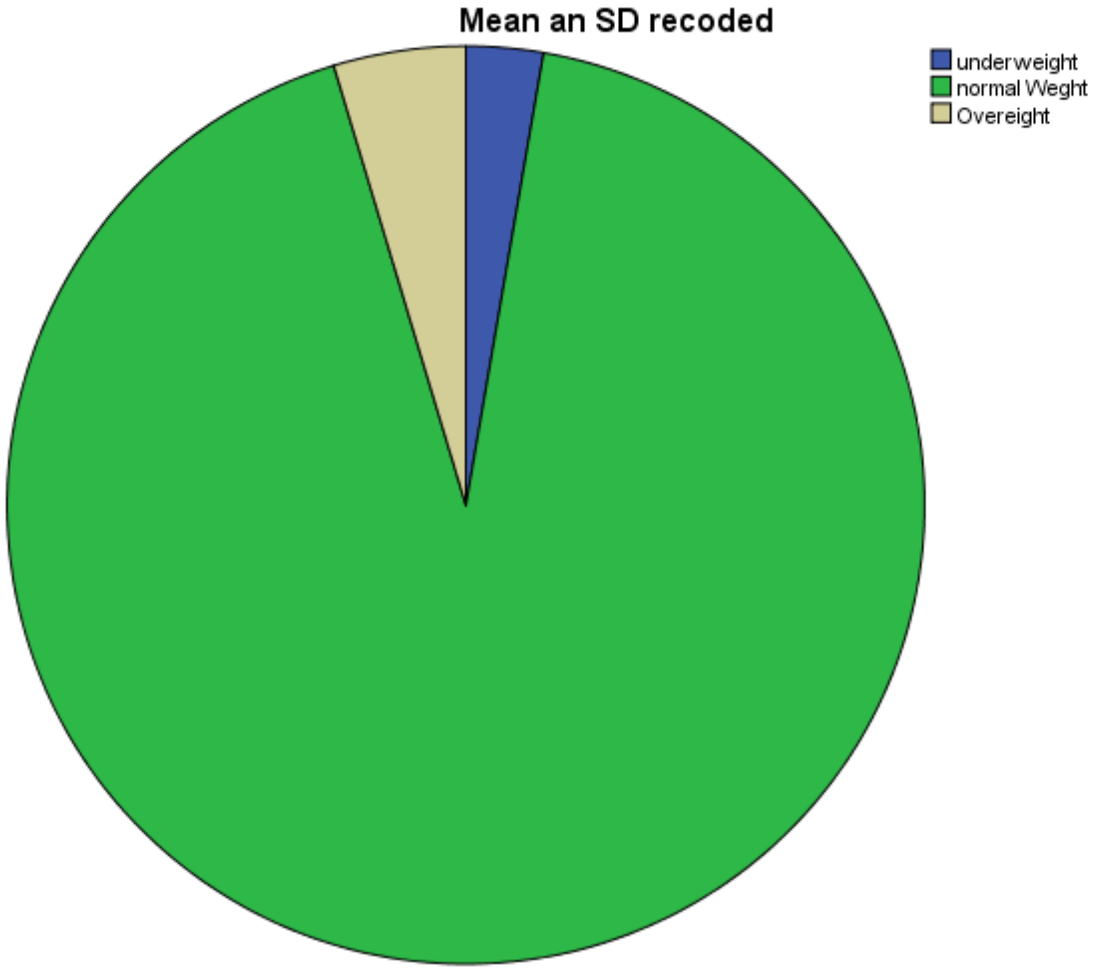


Figure 1. The nutritional status of children under five in Addis Ababa: (EMDHS 2019)

6.4 Factors associated with overweight/obesity

A significant connection (p-value <0.25) was found between childhood overweight/obesity and child age, child sex, current mother age, and family size in the bivariable multilevel binary logistic regression analysis. The results of the multivariable multilevel binary logistic regression analysis indicated a significant relationship between child age and family size and overweight/obesity in children under five (p-value <0.05).

Table 3. Findings from a multilevel binary logistic regression analysis of the variables linked to childhood obesity and overweight, in Addis Ababa.

Variables		COR (CI)	AOR(CI)
Age	<6 months	0.309 (0.76-1.255)	**9.501(1.925-46.9)**
	6-24 months	0.103(0.022-0.496)	**2.983(0.688-12.930)**
	>24months	1	**1**
BIRTH ORDER	1	1	**1**
	2-3		
	4-6		
	>7		
Sex	Male	0.525(0.154-1.789)	4.557(0.850-24.422)
	Female	1	1
C/S	Yes	0.634-(0.135-2.975)	2.465(0.316-19.229)
	No	1	1
TWIN	Singleton	1	1
	Twin ,		
Maternal age		0.685(0.370-1.269	0.632(0.242-1.651)
	15-19		
	20-24		
	25-29		
	30-34		
	35-39		
	40-44		
	45-49		
Sex of household	Male	1	1
	Female	0.545(0.116-2.555)	4.968(0.415-59.524)
Marital status	Married	5 (0.212-117)	**1**
	Never in union	0.441(0.051-3.785)	
	Living with partner		
	Divorced		
	No living together		
Educational level	No education	1.039(0.593-1.820)	1.223(0.118-12.693)
	Primary	1	3.611(0.364-35.780)
	Secondary	1	1
	Above	1	**1**
Family size	1-2	0.103(0.009-1.14)	
	3-5	0.221(0.19-2.527)	**0.141(0.021-0.936)**
	>6	1	
Religion	Orthodox	1	**1**
	Muslim	1.529(0.469-4.985)	0.944(0.142-6.290
	Protestant	1	**1**
Contraceptive method	No method	1	
	Traditional	1	
	Modern	0.969(0.283-3.315)	0.608(0.099-3.747)

7. DISCUSSION

This study found that the age, sex, and size of the household were the main predictors of overweight obesity in children under five. Ethiopians do not yet consider overweight or childhood obesity to be a growing health issue. As a result, this study assessed the prevalence of overweight and obesity in children under five in Addis Abeba, along with associated variables. The characteristics associated with childhood obesity or overweight were the child's age and the size of the household.

The risk of being overweight or obese was higher in younger children (0–6 months and 6–24 months) than in older children (24–59 months). Research from Ethiopia's Bahirdar, Gondar, and Hawassa confirms this. This could be clarified by the fact that as a child gets older, there's a greater likelihood that they'll enroll in kindergarten, which could lead to more physical activity and ultimately higher metabolic and energy demands.

The extent of overweight and obesity found in this study was less than that of studies conducted in other contexts; in Gondar, the total prevalence was 13.8%, while in Hawassa, it was 10.7% with 7.3% of the population overweight and 3.4% of the population obese, and in Bahirdar, it was 6.9%.

This study's prevalence is lesser than that of a study done in Jordan, which was 25%. This could be because of genetic and environmental variables. Few household sizes were establish to be substantially correlated with childhood overweight or obesity in the current investigation. Children from families with five or more members had 0.14 times higher risks of becoming overweight and obese. This study agrees with one done in Jordan; this could be because there are various types of diets are available with excessive in consumption.

In the current study, the child's age was proven to be a significant predictor of childhood overweight/obesity. Youngsters under the age of six months had 9.5 times higher odds of being overweight or obese than youngsters between the ages of 25 and 59.. In a similar vein, children between the ages of 6 and 24 months were 2.9 times more likely to be overweight or obese than children between the ages of

25 and 59 months. This result was consistent with research done in Ethiopia, Cameroon, Gondar, and Hawassa. According to the results of this study, younger children were more likely than older comparison age groups to become overweight or obese.

One likely explanation is that children are more likely to enroll in school as they become older, which may be related to physical activity and increased metabolic and energy requirements.. An alternative reason could be that children get slimmer during the early infancy period due to a physiological drop in body fat percentage and an increase in muscle tissue. According to this study report, it is imperative that children receive age-appropriate dietary counseling and techniques.

8. STRENGTHS OF THE STUDY

The primary strength of this study is its exploitation of DHS data. Because all Regions are included in the enumeration areas and all populations have an equal opportunity to be included in the study due to randomized sampling, the DHS data is representative of the population of Ethiopian preschool children. There is no need to worry about any population group misrepresenting the results when extrapolating them to the overall population.

9. LIMITATION OF THE STUDY

This examination of secondary data excluded information about the children's eating practices and dietary intake in favor of concentrating solely on the particular primary causes of overweight and obesity..

10. CONCLUSION

The study's findings indicated that young ages and small family sizes were associated with childhood obesity and overweight in Addis Ababa. To enhance children's nutritional results, targeted and age-appropriate feeding strategies are advised for infants and early children. It is advised that more research be done to examine additional possible risk factors in relation to Ethiopia's growing childhood obesity and overweight issue.

11. RECOMMENDATIONS

To enhance children's nutritional results, targeted and age-appropriate feeding strategies are advised for infants (0-6 months) and early children (6-24months).this recommendation is based on this study and this recommendation should be forwarded to ministry of health , policy makers ,Addis Ababa health bureau including health centers and other non-governmental organizations which mainly work on nutrition. The conclusions of this investigation form the basis of this advice. Other recommendation regarding too few family size members will be recommended for the above responsible bodies to educate about the diet practice.

ASSURANCE OF PRINCIPAL INVESTIGATOR

In accordance with the terms and conditions of the research publications office that are in force at the time the grant is forwarded as a result of this application, the undersigned undertakes to take responsibility for the scientific, ethical, and technical conduct of the research project and for providing the necessary progress reports.

Name the Student : SINTAYEHU MAMO (MD) (POSTGRADUATE YEAR III OF FAMILY MEDICINE)

Date ……

Signature. …….

Approval of the primary advisor

Name of the primary advisor : Dr.ASSEGID GELETA (ASS.PROFESSOR OF FAMILY MEDICINE)

Date ……. Signature ……..

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Annexes

Annex I: Authorization Letter for DHS Data center for the Research

Mar 05, 2023

Sintayehu Woldie
Adiss abeba University , Ethiopia
Ethiopia
Request Date: 03/04/2023

Dear Sintayehu Woldie:

This is to confirm that you are approved to use the following Survey Datasets for your registered research paper titled: "the Prevalence of overweight/obesity and associated factors among under-five children in Adiss Abeba, Ethiopia ":

Ethiopia

To access the datasets, please login at: https://www.dhsprogram.com/data/dataset_admin/login_main.cfm. The user name is the registered email address, and the password is the one selected during registration.

The IRB-approved procedures for DHS public-use datasets do not in any way allow respondents, households, or sample communities to be identified. There are no names of individuals or household addresses in the data files. The geographic identifiers only go down to the regional level (where regions are typically very large geographical areas encompassing several states/provinces). Each enumeration area (Primary Sampling Unit) has a PSU number in the data file, but the PSU numbers do not have any labels to indicate their names or locations. In surveys that collect GIS coordinates in the field, the coordinates are only for the enumeration area (EA) as a whole, and not for individual households, and the measured coordinates are randomly displaced within a large geographic area so that specific enumeration areas cannot be identified.

The DHS Data may be used only for the purpose of statistical reporting and analysis, and only for your registered research. To use the data for another purpose, a new research project must be registered. All DHS data should be treated as confidential, and no effort should be made to identify any household or individual respondent interviewed in the survey. Also, be aware that re-distribution of any DHS micro-level data, either directly or within any tool/dashboard, is not permitted. Please reference the complete terms of use at: https://dhsprogram.com/Data/terms-of-use.cfm.

The data must not be passed on to other researchers without the written consent of DHS. However, if you have coresearchers registered in your account for this research paper, you are authorized to share the data with them. All data users are required to submit an electronic copy (pdf) of any reports/publications resulting from using the DHS data files to: references@dhsprogram.com.

Sincerely,

Bridgette Wellington

Bridgette Wellington
Data Archivist
The Demographic and Health Surveys (DHS) Program

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