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DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF INTERNALLY DISPLACED PERSONS IN ADDIS ABABA:

A COMPARATIVE ANALYSIS WITH THE NON-DISPLACED

BY
SENAIT TIBEBU ABRAHAM

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Addis Ababa

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A Thesis Submitted In Fulfillment For The Degree Of Master Of Science In Demography In The Addis Ababa University

BY
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by

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ABSTRACT

The objective of the present study is to provide information on [illegible] characteristics of displaced [illegible] from [illegible] a who reside [illegible] ddis Ababa. Using a [illegible] sampling procedure 508 households were selected, 405 from [illegible] placed population in camps and [illegible] from the neighbourhood non-displ[illegible] populati[illegible]n. In each of the selected households, women (women in their reproductive age) were asked questions about socio-economic status. Key informant interviews, maternity care, reproduction and related [illegible] fragment observation were also carried [illegible]

Displaced persons in Addis Ababa

[illegible] windows [illegible] and plast[illegible] [illegible] check the, [illegible] pet[illegible] [illegible] is [illegible] [illegible] with the [illegible] [illegible] used their last children [illegible] [illegible] pattern for [illegible] [illegible]

Chapter One

1. Introduction

1.1. Background

Ethiopia has passed through different wars from foreign invasion that lasted for thirty years ended in [illegible] when the Ethiopian People's Revolutionary Democratic Front" (EPRDF) controlled the Ethiopian People Liberation Front "(EPLF) seized Eritrea. When EPLF entered Eritrea, thousands of people civilians and ex-soldiers were displaced from different parts of Eritrea. Those who were residing in Asmara and Assab left in large numbers right after the country was controlled, actually they left their homes after the take over of EPLF (GTZ). Since most of the civilians were ex-soldiers, they knew that they wouldn't be welcomed by the [illegible] left behind. They said that they were allowed to take some of their belongings

[illegible] Eritrean Asmara was estimated [illegible] 0,000 [illegible] Governmental Organizations (NGOs) and RRC [illegible] of displaced civilians. Camps were established [illegible] (IOM), ICRC, RRC and [illegible] indicated that these people settled [illegible] moved to the [illegible] where they [illegible] came to Addis Ababa [illegible] civilians camped in [illegible]

1.2. The Research Problem

It is widely accepted that an influx of migrants (voluntary or forced) to cities and large urban centres have negative and positive consequence to the receiving communities and to the migrants themselves. Especially mass movement of people like internally displaced persons has a negative consequence to the area of destination and to the displaced population themselves.

Most studies in the past tried to indicate cause of displacement, about intervention programs, about aid and assistance, how displaced persons could easily be integrated and the like. However less attention was given to study and point out demographic and socio-economic status of these people. Studying and evaluating demographic and economic situations of displaced people serves number of purposes:

1) Studying demographic variables like fertility and mortality would help in how well intervention programs like immunisation , family planning etc. were implemented and to what extent was the target reached. This might help in revising the programs or in formulating new policies.

2) The result could be utilised to assist programmers and policy makers in monitoring activities concerned with internally displaced persons.

3) Studying demographic, individual and environmental characteristics of the place of origin and destination will also be of a paramount importance to health workers because population movements have often been linked with an increase in transmission of diseases.

4) Effective planning of health services will depend on information about coverage of immunisation and utilisation of maternal and child health care hospitals.

5) Studying environmental conditions like identifying water source , assessing the existing sanitary services and so on will help planners in setting priorities for public health programs.

Therefore the present study will try to fill the existing gap by providing general demographic and socio-economic information about displaced population residing in Addis Ababa.

1.3. The Study Area

According to the 1994 population and housing census, the population of Addis Ababa was estimated to be 2.1 million of which 1.02 million were males and 1.09 million were females. According to the census the ethnic composition of the population was, Amhara (48.3%) , Oromo(19.2%) , Guraghe(17.5 %), Tigre (7.6%). The remaining belonged to different ethnic groups.

The vast majority of the residents were followers of Ethiopian Orthodox Church (82%). About 60.3% of the population who were ten years and above were single, 29.4 % married, 5.6 % divorced and 4.4 % widowed.

Unemployment in Addis Ababa was observed to be very high. According to the census unemployment rate of the city was estimated to be 34.7 % of the total labour force. This is an indicator of a serious urban problem in the city. Housing condition is poor, person per housing unit was found to be 5.5, about 23.9 % of the housing unit didn't have any toilet facility, 26 .2 % of the total housing unit didn't have kitchen and 2% of the houses got water from either well or river, and about six thousand people were enumerated as homeless during the census.

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Among the total population about 46.5 % were migrants, and from the total migrants 58.3% were rural - urban migrants. Infant mortality rate was 78 per 1000 live births and life expectancy at birth was 56.6 years for males and 60.3 years for females. The reported total fertility rate (TFR) in the 1994 census was found to be 1.8 which indicates a decline in fertility in the city, moreover the 1995 fertility survey result for Addis Ababa showed that TFR was 1.7 which confirms a fertility decline in Addis Ababa.

1.4. Objectives of the study

Due to lack of past studies on demographic characteristics of displaced persons, this study has the general objective of providing information to planners, researchers, donor organisations and interested persons about some demographic and socio-economic characteristics of displaced persons residing in Addis Ababa by comparing with non-displaced.

The specific objectives of this study are:

1) To assess the socio-economic situation of displaced persons in Addis Ababa.
2) To investigate the level of fertility.
3) To assess knowledge, attitude and practice regarding contraceptives of the study group.
4) To investigate about maternity care and child immunisation.
5) To investigate the level of under five mortality.

1. 5. Literature Review

Today attention is being given to new issues like gender, forced migration or displacement, vulnerability etc." Especially during the past decade attention was given to the situations of persons who are forced to leave their places of usual residence for variety of reasons " (UN, 1994).

Some leave their place of residence voluntarily while others were forced to do so and move to areas where they have no any information. The reasons why people are forced to leave their home differ from country to country. These causes range from environmental degradation to natural disaster and internal conflicts that destroy human settlements and force people to run from one area to another (UN, 1994).

Past decades have witnessed environmental degradation due to rapid population growth, industrialisation, exploitation of natural resources and other factors. And this environmental damage has led to the displacement of large numbers of people with in their own countries and abroad. Today 25 million people are estimated to be environmentally displaced world-wide (IOM 1996).

In Rwanda, Lebanon, Somalia, Yugoslavia etc. it was war and conflict which caused hundreds of thousands of inhabitants to leave their usual place of residence. Land degradation and famine also have ousted millions of people. In mid eighties for example famine drove more than two million people out of their home in the Sahel (Kane 1995). Natural disaster and even health problems could be major factors that contribute to displacement. In former Czechoslovakia pollution and industrial hazards have raised rates of heart disease, cancer, birth defects and so on which forced the government to call for relocation of people (Kane 1995).

Today many people are on the move because new states are being created and new borders are being drawn. For example Eritrea was seceded from Ethiopia, Czechoslovakia was divided into two, the former Soviet Union has become many different states etc. This has caused many people to leave their home and enter to or exit from these newly created states either voluntarily or involuntarily.

In Africa war, internal conflict and famine are the most important factors that drive people to areas where they could receive relief. In fact it is war that worsens famine in the region.

According to UN, internally displaced persons are defined as "...persons who have been forced to flee their homes suddenly or unexpectedly in large numbers as a result of armed conflicts, internal strife, systematic violations of human rights or natural or man made disasters and who are with in the territory of their own country " (as cited in Cohen et al. 1995).

However there is no single definition of internally displaced persons. It is very difficult to differentiate them from return migrants or rural - urban or migrants in general. Because of this estimates of their number vary (UN, 1994).

Not counting people who move for economic reasons however, the number of internally displaced persons is estimated as 27 million world wide. According to UNHCR 1995, there were 2.7 million people in Bosnia, 778 thousand people in Angola, 790 thousand people in Mozambique who were internally displaced (as cited in Kane 1995).

The history of displacement in Ethiopia is related with the history of war and famine. In early 1980's alone there were cases of large internal displacements in Ethiopia. According to De Mars (1992), in the year 1984-1986 alone two big displacements occurred in Ethiopia.

1) Peasants who were destitute and starving were forced to migrate from country side to feeding centres along the main roads in northern area.
2) The government of that time instituted a "Resettlement program "in which peasants were forced to move from famine stricken areas in the North to areas in the South West.

In the first case food assistance was delivered and distributed in the feeding centres. In March 1985 about 800 thousand people were assisted in camps, by the end of the year almost all were able to return home.

In the second case, in the year 1984 the government announced its intention of resettling 1.5 million people from densely populated and famine stricken northern area to under utilised and fertile land in the south west. Accordingly between November 1984 - January 1986 about 600 thousand people were resettled.

War and conflicts had also contributed to displacement in the country. According to a survey done by Ministry Of Labour and Social Affairs (MOLSA 1995) there were about four groups of displaced persons in Ethiopia.

1) Persons who were displaced from Eritrea and Assab because the civil war came to an end.
2) Persons who left their place of residence due to ethnic conflict.
3) Persons who abandoned previous resettlement areas and returned to their areas of origin.
4) Ethiopian nationals who were refugees abroad (mainly in the neighbouring countries) and returned to Ethiopia.

The total number was about 1.67 million and it didn't include former government soldiers. Displaced persons from Eritrea and Assab were 200 thousand accounting for 12 % of the total internally displaced population. The total number of households who were displaced from Eritrea and who reside in Addis Ababa was estimated to be between 10 and 13 thousand (MOLSA, 1995 ; GTZ, 1994).

It is believed that migration into big urban centres like Addis Ababa has its own problem in many ways. The most important one is its contribution to the growth of urban population. The contribution of migration (forced or voluntary) to city growth is in two ways ; direct and indirect. The direct effect of migration to city growth comes from the size of influx of migrants themselves to the city, while the indirect contribution they make is through their reproductive behaviour after they arrive in city (Adepoju , 1998 , Oucho, 1993).

"Although accurate data are not available for analysis, it is suggested that migration accounts for 60% of the growth of African urban population with the balance attributable to natural increase, because in Africa many urban in migrants are young persons who import to the cities their rural reproductive behaviour. In such circumstances, urban fertility is likely to be boosted by migration" (Adepoju , 1988).

However, there are three major theories which suggest various patterns of fertility behaviour following migration: selection theory , disruption theory and adaptation theory which try to explain how migration, especially a rural - urban migration affects fertility (Mc.Kinney, 1993). The selection theory suggests that migrants are self selected groups whose pre-migration characteristics is believed to affect the post migration fertility. They differ from non-migrants in the rural areas based on their higher educational attainment, later age at marriage, lower pre-migration fertility and employment for wages. It also suggests that, for example women with small family size ideals move to large urban areas.

The disruption theory in turn hypothesises that the act of migration interrupts fertility during the period of the move and shortly after it because of family separation. But once the migrants start settled life an accelerated fertility would start.

The adaptation theory on the other hand suggests that fertility is determined by social and cultural norms operating in the area of destination. In this case it is length of residence or duration of stay that determines the extent of fertility change due to migration (Mc Kinney, 1993).

The above three theories might work under normal circumstances when the nature of migration is not forced and when the movement is especially a rural - urban migration. Fertility behaviour of displaced women is not well studied. However their fertility behaviour might assume the fertility behaviour of the place of origin or it might decline because of family disintegration.

During the past decades the most common emergencies affecting the health of large population in developing countries involved famine and forced migration. Forced migration in many instances have resulted in extremely high rates of mortality. The most severe consequences of mortality is seen during the early stages of displacement. Especially when the displacement is due to drought, manmade disaster, war and civil strife, there might be death that may last long as a result of minimum food availability or situations in camps (CDC, 1992).

Massive population movements usually go with heavy losses of human lives. The major reported death in displaced population have been malnutrition, diarrhoeal disease, measles, acute respiratory infection and malaria.

The out breaks of measles in camps have caused many deaths. In early 1985 for example the crude measles specific death rate in one eastern Sudan camp reached 13/1000 per month. Among children under age five, the measles specific death rate was 30/1000. This is reported to be a result of low levels of immunisation coverage (CDC , 1992). Tuberculosis (TB) was also one of the major health problem among displaced population. The crowded living condition and the underlying poor nutritional status of displaced population may foster the spread of the disease.

The records of Relief and Rehabilitation Commission (RRC) showed that some 72, 055 deaths occurred in 1984, 1985, 1986, out of which at least 44.7 % were under 15 years of age. The report further indicated that in shelters and feeding centres in 1984 alone from the total death recorded 36.3 % were children from 0-6 years of age (Tamirat, 1992).

Although mortality was documented to be high among displaced population, mortality related pregnancy and child birth is not well documented. Even the extent to which mothers utilise ante natal and delivery care services is not documented. However the coverage of ante natal care services is low in Ethiopia. According to Kwast et al.(1986) maternal mortality in Addis Ababa was found to be 566 per 100, 000 and approximately 3 % of women die in Ethiopia due to pregnancy and child birth.

Densely populated camps, poor sanitation, inadequate clean water supplies, low quality housing and the like contribute to a rapid spread of diseases like tuberculosis and meningitis, diseases which are highly prevalent among displaced population.
The study by Ministry of Labour and Social Affairs (MOLSA, 1995) indicated that about 13% of the total displaced population in Ethiopia live in plastic houses, 8.5% in kebele halls or grain stores, 2.5 % on the street, and 1.3 % around church / mosque fence.

A study by GTZ (1994) on four camps of displaced population (Addis Ababa, Gondar & Gojjam, Tigray, Wollo) witnessed that, " tents in which displaced people live are usually worn out and leaking, established on muddy ground and providing dubious shelter for, in most cases 2 families or 10 persons, the air being filled with charcoal smoke as there are no kitchen facilities. Sanitation, waste disposal and laundry facilities are overburdened so that health and well being of camp inhabitants are seriously in danger".

To summarise, natural and man made problems force people to leave their place of residence. In Ethiopia war and drought had caused many people to leave their homes. These people live in almost all regions in the country. In Addis Ababa they live in 14 different camps leading harsh life in poor houses. Past studies indicated that the socio - economic condition of these people was low. However, as far as the knowledge of the researcher, coverage of child immunisation, utilisation of maternity care services, level of child mortality, level of fertility are not well studied. Therefore the present study is believed to fill the gap.

Chapter Two

2. Methodology

2.1. The Study Area

The study covered eight shelters of displaced population residing in Addis Ababa, and comparison groups were selected from those who reside in the same kebeles where the displaced persons live.

On February 1997 the government conducted an enumeration of displaced persons who reside in Addis Ababa. The total number of displaced persons enumerated (only those who were present for registration during the enumeration) was 5486 households out of which 3499 were headed by females and 1987 were headed by males. The total number of displaced persons was 17615.

The government acknowledged this number to be the total number of displaced population in Addis Ababa. However there are people who were not enumerated. These people complain about the enumeration, because the announcement was made only a couple of days before the registration and registration was only for one day.

The total number of displaced population in Addis Ababa was estimated to be 50,000-60,000 (GTZ, 1994; Region 14, 1998) and according to a survey by Ministry of Labour and Social Affairs (MOLSA , 1995)the total number of displaced families from Eritrea and Assab who reside in Addis Ababa was indicated as 57, 527 out of which 28619 receive relief assistance out of shelter and the rest resided in different shelters.

The shelters included in the study were Kore 1, Kore 2, Kore 3, Saris, Shola, Kolfe, Kaliti 1, Kailti 2 . Choice of shelters by the researcher was made under the condition that:
1)The study should focus only on those who reside in camps and ,
2)Because of lack of information the study should address only those who were enumerated on February 1997.

2. 2. Data Collection

2. 2. 1. Sample Size

To decide on a sample size it is necessary to estimate the prevalence of major parameters to be used in the study with certain degree of precision. Since the study focuses mainly on certain demographic characteristics, the parameter selected for estimation was contraceptive use. Since there were no similar studies in the past, it was difficult to get a parameter that could help in deciding the right the sample size. In the 1990 National Family and Fertility Survey contraceptive use for "other urban" was approximately 20 percent (since the study population mainly came from Asmara and Assab , "other urban" was selected).

Proportion of women who were users of contraceptive i.e. (P) will be 0.20 and complement of P which is q (1-p) will be 0.80. The estimate was desired to be precise at a precision level (d) (0.04) and z=1.96. Assuming a 10 % allowance for non-response, the sample size based on the formula adapted from Cochran (1977) will be :

$n_o = Z^2 \ PQ / d^2$, then

$n_o = 385$

If N is the total number of displaced households, then the sample size "n" for a simple random sample without replacement is given by,

$n = n_o / (1 + (n_o - 1)/N)$

According to the Feb. 1997 enumeration, total enumerated displaced households were 5486. Therefore the sample size for the displaced giving a 10 % allowance population will be :

$n = (385 / 1 + (385 - 1) / 5486) (0.10)$

$n = 396$

The sample size for non-displaced population was selected using the same procedure. Non displaced population who reside in the same kebeles were selected for comparison. According to the information from kebele offices, households who live in the same kebeles equals 5607 households.

Then, the sample size for the non- displaced will be:

n = (385 / 1+(385 - 1)/ 5607) 0.10

n=396

The total sample size for the study will be 400 for displaced and 400 for non- displaced, therefore the total sample size equals 800.

2. 2. 2. Sample Distribution

Stratified sampling was used to identify the sample size for each shelter (or kebeles for non-displaced). First each shelter was stratified and the sample size was distributed in proportion to the house hold size in each shelter.

For non- displaced population, the same procedure was followed. First households were stratified in each kebeles, and a sample of 400 was distributed in proportion to the household size in each kebele.

The Foreign Relation and Development Co-operation Bureau of Region 14, has the list of displaced households who were enumerated in the Feb. 1997 enumeration. Using this list respondents were randomly selected without replacement using random numbers.

For non- displaced population, house numbers were listed under the different kebeles, and respondents were randomly selected.

2. 2 .3. Instrument

The main instrument used for data collection was a questionnaire. It was first prepared in English and was given to the advisor and colleagues for comments. According to the comments the questionnaire was corrected. It was translated into Amharic, pre-tested and was finalised after minor corrections.

Information from the questionnaire was supplemented by direct observation and key informant interview. In selecting the key informants people from Region 14 office were helpful. Most of the key informants were shelter committee leaders. There were a total of ten key informants. Four of them were women who work in the Region 14 office and the rest were committee leaders of the different shelters. Some of the key questions asked were : how they managed to come to Addis Ababa, why did they leave their previous residence, about utilisation of health centres, source of water etc.

From direct observation information which can not be answered by the questionnaire (could be misleading if answered by the questionnaire) were gathered. For example, availability of kitchen and toilet facilities, housing condition, etc. were directly observed.

2. 2. 4. Recruitment and Training of Data Collectors

All the data collectors were females who completed grade 12. Six out of the ten data collectors were selected from the displaced population themselves, the other four were selected from the residents. People from Region 14 office made the selection easy. Kebele leaders were also co-operative in arranging female data collectors who have best knowledge of the area. There were two supervisors who participated during the field work. The researcher participated in data collection as well as supervision of the field work.

Training was given for two days. After a one day training, pre-test was conducted and problems encountered during the pre-test were discussed the next day and a second round pre-test was done. After that, problems were discussed and mistakes were corrected. The questionnaire was pre-tested on 48 households.

2. 2. 5. Field Work

The field work started on February 16, 1998 and data collection took 20 days. Since data collection fell on the period of fasting by the Ethiopian Orthodox Church followers, we had to return back to get the respondents because in many cases the respondents were not at home (they were in church) from 11 a.m. in the morning to 3 p.m. in the afternoon.

Data collected during the day were edited at night, omissions, inconsistencies and errors were corrected. Return visits were made whenever the need arises.

2. 2. 6. Problems Encountered During Field Work

1) From the randomly selected samples of displaced population about 15 were not at home during interview, actually in some cases they were out of Addis Ababa and some were not at home even if several visits were made and some were not eligible for the study.

2) Two from the non-displaced population residing in Kaliti, four from Saris residents and five from Kore residents refused to respond.

3) Five randomly selected houses around Kolfe were demolished for the ring road project.

4) Resistance was seen from displaced respondents. They demanded a ten Birr payment for each interview (later we found out that in a previous survey they were paid the same amount to each respondent).

2. 2. 7. Response Rate

As mentioned above 31 persons couldn't be reached, this estimates the response rate to be 96.3% for displaced population and 94.0 % for non displaced population. The response rate for the total sample was 96.2 % . The total number of respondents was 808 (405 for displaced and 403 for non-displaced). Non -response was adjusted using substitutes. During randomising more numbers than the desired sample size was selected and whenever there was refusal or non -response it was randomly substituted.

2. 2. 8. Limitation of the Study

1) The list from which displaced samples were selected was only for those who were enumerated on February 1997. However, as it is indicated before there were people who were not enumerated and who reside in camps.

2) In Saris, house number was not given to the newly built houses and the kebele office couldn't give the exact number of families residing in that kebele. Therefore houses without numbers were excluded from the study.

2. 2. 9. Data Processing

After the data was collected, edited and coded the information was entered into the computer using SPSS software. The statistical tables and results were produced using the same software and " MORTPAK Lite " was used to estimate child mortality.

2. 3. Data Quality

2. 3. 1. Age Data

The quality of age data is usually questionable in many developing countries. This is because majority of the population are illiterate and do not register their birth date. In this study it was a problem to get the exact age of the respondents, therefore it is very difficult to ensure its quality. Respondents were asked to report their birth date in terms of month and year. Most of the respondents failed to tell their month and year of birth, in this situation the accuracy of age reporting is in serious question .

Myers Index" was employed to asses the quality of age data. This index measures preferences and dislike for the digits ending with zero and nine. The values of the index range between zero and ninety. Value zero represents no age heaping, while value ninety shows that all ages are reported as numbers ending in the same digit. Therefore the lower the value of the index (the nearest the value of the index to zero) the accurate the age data is.

Table 1 Myers' Index of Terminal Digit Preference Addis Ababa, 1998.

Terminal digit	Sum (20-49)	Sum (30-49)	Product Coefficients		Products	Products	Sum	%	Deviation from 10
0	182	151	1	9	182	1359	1541	23.5	13.5
1	24	15	2	8	42	120	168	2.6	-7.4
2	62	38	3	7	186	266	452	6.9	-3.1
3	34	15	4	6	136	90	226	3.5	-6.5
4	22	14	5	5	110	70	180	2.8	-7.2
5	192	155	6	4	1152	620	1772	27.1	17.1
6	50	33	7	3	350	99	449	6.9	-3.1
7	51	26	8	2	408	52	460	7.0	-3.0
8	103	63	9	1	927	63	990	15.1	5.1
9	31	26	10	0	310	0	310	4.7	-5.3
total							6548	100	35.6

Source: Survey Data, 1998.

Table 1 presents the result for Myers Index. On the table the indices were calculated over the range from 20 - 49 years. The indices show that in the age group 20 - 49, women over state their ages ending in 0 , 5 , 8 and under state ages ending in 1 , 4 , 9. The highest heaping occurred was for age ending with 5 followed by ages ending with 0 and 8. Where as the most avoided ages were those ending in 1, 4, and 9. Therefore the test shows that, the age data was subject to preference of some digit. Since grouped data will be used in the analysis, errors that could occur from age mis-reporting is believed to be minimised.

2. 3. 2. Fertility Data

2. 3. 2. 1. Sex Ratio

To assess the quality of data on CEB, calculating sex ratio may be one indicator. When sex ratios at birth are examined they give us some idea of completeness of births reported by women. It is said that in countries where there is a fairly complete birth registration sex ratio at birth is remarkably constant and its usual value will be around 105 male per 100 female. If sex ratio is higher than 1.07 or lower than 1.02 it suggests omission of females or males or it might mean mis- reporting of sex of the reported children (UN, 1979). The result for the sex ratio of CEB is shown in table 2.

Table 2 Sex Ratio at birth and years preceding the study , Addis Ababa , 1998.

Years before the study	Sex Ratio (Displaced)	Sex Ratio (Non- displaced)
Less than one year	1.09	0.90
1 - 7 years	1.06	1.09
more than 8 years	1.12	1.16

Source: Survey Data, 1998.

Sex ratio at birth is not consistent with the expected pattern in that the ratios are high for births grater than one year, and less than the expected number for ages less than one year in the non displaced population. In displaced population sex ratios are higher than the expected number. This result indicates an over reporting of male birth or it might mean a result of small sample size.

2. 3. 2. 2. Reporting of birth

In this study cumulative fertility estimates were collected for all eligible women. Cumulative fertility based on information on CEB, usually is said to be down ward biased due to memory lapse of older women or deliberate non reporting of dead children by these groups of women. It will be under estimated if it doesn't include all live births or over estimated if it includes all births like still birth and foetal death.

To evaluate the completeness of birth data examining mean parity with respect to women's age was employed. Past experience showed that mean parity rises steadily with the increase in age reaching its maximum in the last age group (45-49). Table 3 shows the result of mean parity for the study.

Table 3 Reported Mean No. of children by displaced & non-displaced women, A.A., 1998.

Age Group	Parity (Displaced)	Parity (Non displaced)
15-19	0.0385	0.129
20-24	0.410	0.942
25-29	2.027	1.898
30-34	3.046	3.063
35-39	3.891	4.092
40-44	4.688	4.018
45-49	5.333	5.250

Source :Survey Data, 1998.

As shown in table 3, data on mean CEB for displaced women increases as age of the women increase and reaches its maximum for the age group 45-49, in this case the data is consistent with the expectation. For non-displaced women the data doesn't follow the expected pattern. It shows that data on CEB for non- displaced women suffer from problems of omissions for the age group 40-44 or there is an over reporting of births by the age group 35-39.

Chapter Three

3. Demographic and Socio-economic characteristics of the study population

One of the objectives of the study was showing demographic and socio economic characteristics of internally displaced persons living in Addis Ababa. This section provides some demographic and socio-economic characteristics of the respondents.

3. 1. Demographic Characteristics

Table 4 Numerical and percentage distribution of Women by Selected Demographic Characteristics, Addis Ababa, 1998.

Variable	Displaced (%)	N	Non-Displaced (%)	N
Current Age:				
15-19	6.4	26	7.7	31
20-24	9.6	39	12.9	52
25-29	18.5	75	12.2	49
30-34	16.0	65	15.6	63
35-39	24.9	101	21.6	87
40-44	11.9	48	14.1	57
45-49	12.6	51	15.9	64
Marital Status:				
Never Married	13.6	54	16.6	63
Currently Married	24.7	98	64.6	245
Divorced/Separated	36.8	146	9.8	34
Widowed	24.9	99	9.0	37
Age at Marriage:				
under 14	20.0	60	28.2	83
15-17	49.7	149	37.6	111
18+	30.3	91	34.2	101
Mean Age at Marriage	17		16	
Household Headship				
Female Headed	77.2	302	30.3	122
Male Headed	22.8	89	69.7	281
All Women		405		403

Source: Survey Data , 1998.

3.1.1 .Age Distribution

The age distribution of the selected women who were interviewed during the study are shown in table 4. The proportions of women rises slowly from the lower age groups and reaches its maximum at the age group 35-39 and then declines for both groups of women. The respondents were females who were within the range of reproductive age and who were either the head of the household or wife of the household head.

3. 1. 2. Marital Status

The difference in marital status for the two groups of women is very interesting. Currently married displaced women were only 24.7 % while currently married non- displaced women were 64.6 % of the total non-displaced respondents. Divorced and widowed account for 61.7 % of displaced women, while it was only 18.8 % for non- displaced women. And 13.6% of displaced women and 16.6 % of non-displaced women were never married at the time of the study.

The high figure for divorced/widowed among displaced women could be because of the effect displacement on family disintegration. In most cases displacement ends up in family separation or death of either of the spouses. According to key informants there is a high divorce rate among displaced women especially among the younger ones. And women who got married to an outsider may move out of camps and start life outside camps, in this case those who remain in the camp may be divorced or widowed.

The other reason could be since most of them were spouses of ex-soldiers they might have been widowed before being displaced, or their husbands might have died during displacement. In the Sudan camp for example, they said that there was heavy losses of human lives especially of children and old people.

3. 1. 3. Household Headship

The result of the study showed that 77.2 % of the displaced households and 30.3 % of the non-displaced household were headed by females. The 1994 Population and Housing Census result for Addis Ababa indicated that 33 % of the households were headed by females in urban Addis Ababa.

3. 1. 4. Age at Marriage

About 20.0% of displaced ever married women got married for the first time when they were below age 14, and about 49.7% got married after age 15 but before reaching age 17. It means about 69.7 % of all ever married displaced women and 65.8% of non-displaced women got married for the first time before reaching age 18. Mean age at marriage was 17 for displaced women and 16 for non- displaced women. The figures show that ever married displaced women have lower mean age at marriage than non-displaced ever married women. This could be because the majority of non-displaced women were born in rural areas (table 7).

3. 1. 5. Household Size

Number of women who responded that there is only one person in the house hold were higher (3.7%) in the displaced group than the non -displaced group (0.8%) (table 5). Household with four family members was most frequent in both cases (20.4 % of displaced and 16.5 % of non-displaced households had four family members). Households with more than five members were 49.7 % for the displaced population, and 62.4% for the non-displaced population. In general, the average family size for the displaced was 4.6 persons / household, while it was 5.5 persons / household for the non- displaced.

It is believed that displaced population inflate the number of their family members to justify more aid. In the present study most of the interviewers were recruited form the displaced population themselves. And they were instructed to register names of the usual residents of the household so that over reporting will be minimised. The finding was similar with the results by MOLSA and GTZ (around 4.3 persons). Therefore the reported average family size is believed to be the actual.

Table 5 Distribution of respondents by household size, Addis Ababa, 1998.

Household Size	Displaced (%)	N	Non-displaced (%)	N
1 person	3.7	15	0.8	3
2 persons	9.7	39	7.8	31
3 persons	16.4	66	12.3	49
4 persons	20.4	82	16.5	66
5 persons	17.7	71	15.3	61
6 persons	14.4	58	14.8	59
7 persons	11.7	47	13.8	55
8 persons	2.0	8	7.8	31
9 persons	1.7	7	3.8	15
10+ persons	2.2	9	7.3	29
Average Family Size	4.6		5.5	

Source: Survey Data, 1998.

3. 1. 6. Age / sex composition

About 93 % of displaced and non-displaced population were between the age group 5 to 64, and about 6 % of the population were under five (table 6). From the total of 1865 members of the 405 displaced households covered by the study, 46.6% were children under age 15 and 53.2% were 15-64 years old which usually are known to be active group of the population. From the total displaced population 57.1 % were female, and about 43 % were male. In general the age/ sex composition of the study population is mostly female and young.

Table 6 Age/ Sex Composition of the study population , Addis Ababa , 1998 .

Age	Displaced				Non-displaced			
	Male (%)	N	Female (%)	N	Male (%)	N	Female (%)	N
Under 5	7.5	60	5.4	57	6.9	71	5.1	60
5-14	47.1	377	35.4	377	27.9	289	24.9	289
15-64	45.3	362	59.2	631	64.3	665	69.1	802
65+	0.1	1	-	-	0.9	9	0.9	10
	100	800	100	1065	100	1034	100	1161
% from total population	42.9		57.1	231	47.1	190	52.9	213

Source: Survey Data, 1998.

3. 2. Socio-economic Characteristics

This section tries to show the current socio-economic status of the study population. The selected variables for the study are place of birth, place of childhood residence, ethnicity, religion, education, occupation, and husband's occupation.

Table 7 Distribution of women by selected socio -economic characteristics Addis Ababa 1998.

Variable	Displaced (%)	N	Non displaced (%)	N
Place of Birth:				
Urban (other)	68.8	276	16.5	66
Rural	31.2	125	45.1	182
Addis Ababa	-	-	38.4	153
Childhood Residence:				
Rural	26.0	103	39.9	160
Urban	74.0	293	60.1	241
Ethnicity:				
Amhara	39.8	161	58.6	236
Tigre	50.1	203	7.7	31
Oromo	6.2	25	23.2	93
Other	4.0	16	10.5	43

Religion:				
Orthodox	96.5	391	91.0	364
Muslim	3.1	12	6.0	24
Other	0.4	2	3.0	12
Education:				
Never Attended	33.1	129	37.8	148
Primary (1-8)	40.3	157	32.4	127
Secondary +	26.6	104	37.8	117
Current Occupation:				
Food For Work	79.7	323	-	-
Formal Job	-	-	34.4	139
Informal Job	-	-	41.8	168
No Job	20.3	82	23.8	96
Previous Occupation:				
Formal	53.4	216	27.8	112
Informal	28.3	115	16.7	67
No Job	18.3	74	55.5	224
Husband Occupation (current):				
Food For Work	14.4	57	-	-
Formal	-	-	54.3	219
Informal	18.2	72	37.7	152
No Job	67.4	267	16.6	67

Source : Survey Data .1998 .

3. 2. 1. Place of birth and Childhood Residence

Respondents were asked about their place of birth and their place of residence up to age 12. According to the finding the majority (68.8 %) of displaced women were born in urban areas. Most of them were from urban Tigray, urban Gojjam, urban Wollo, etc. Most of the young respondents (15-19) responded that they were born in Asmara. For the non- displaced population about 38.4 % were born in Addis Ababa, 45.1% were born in rural parts of the country and 16.5% in other urban.

Childhood place of residence for most of the respondents was urban. Most of them stayed where they were born up to age 12, it was after age 12 that they headed for Asmara (in case of displaced) and for Addis Ababa or other urban (in case of non- displaced). Some of them responded that they moved from their place of residence before age 12 accompanying families. Especially most of the displaced women aged 15-19 came to Addis Ababa with their families before reaching age 12.

3. 2. 2. Ethnicity and Religion

The major ethnic group among displaced population were Tigre and Amhara accounting for 50.1% and 39.8 % of the total respondents respectively. Since the majority of displaced women were from different parts of Tigray who went to Eritrea to look for a job, Tigreans were dominant among displaced population. And some of the respondents whose fathers were Amharas and whose mothers were Tigreans responded that they belong to the Amhara ethnic group, this could be one reason why the percentage of Amharas is also high. For the non-displaced population the major ethnic group was Amhara (58.6 %) followed by Oromo (23.2%).

Orthodox Christians dominate in both groups of women. About 96.5 % of displaced women and 91.0 % of the non -displaced women responded that they were Orthodox Christians. The rest are Muslims, Catholics , etc.

3. 2. 3. Level of Education and Training

Educational background of the respondents was also another interest of the study. Women who attended primary education (1-8) were the highest in displaced population accounting for 40.3% of the total respondents followed by 33.1 % of women with no education. Women with secondary and above education accounted for 26.6%. For the non- displaced women it was found that 32.4% of the total respondents attended primary education and 37.8% have never attended school.

Displaced women who attended secondary and above education are smaller than non-displaced women of the same educational level. The observed variation in level of education could be because considerable number of non-displaced women (38.4%) were born in Addis Ababa.

Training in plumbing, hair dressing etc. is given to displaced population by non-governmental organisations hoping that it will help them in finding their way out of camps. There are kindergartens at each camp, the teachers were recruited from them and they get monthly salary. Children of school age go to schools where the residents go. Some NGO's provide them with stationery (although not enough).

3. 2. 4. Occupation

About 79.7 % of displaced women were engaged in " Food For Work " program. This figure doesn't show the true picture of displaced women. As it was indicated above (chapter 2) only those women who were registered in the February 1997 enumeration were included in the study. These women were given " food for work " job and they work only in the morning up to 12 a.m. and were paid four kilos of wheat (100 k.g. /month) for a half day's work. They sell it for 100-120 Birr and they buy their monthly supplies like sugar and salt.

They are satisfied with the job even though they complain about its being heavy and far located. In the program they construct roads and do all sorts of laborious jobs. Besides the food for work program they are engaged in informal activities like street vending (Gulit) and petty jobs like washing clothes, preparing Tella (local drinks) etc.

For the non- displaced women 34.4 % had formal job and 41.8 % of them had non formal job (Tella selling , Street Vending , Begging , etc.), and the rest didn't have any gainful employment.

Respondents were also asked about their previous work status. Seventy nine percent of displaced women responded that they had jobs before being displaced, 53.4 % were employed in formal job and 28.3 % were engaged in informal activities.

The respondents were also asked if their husbands were working before displacement and if they are working now. This question was directed to all ever married women. And 83.9 % responded that their husbands were ex-soldiers, 11.6 % were employed in formal sector, and 4.5 % were engaged in informal activities.

- The current work status of the husbands is that, 67.4 % have no job, 14.4 % are engaged in "food for work program " and 18.2 % were involved in informal job like daily labour.

3.3. Housing Condition and Household Possession

The most difficult part of the study was asking questions about the housing condition. The questionnaire was designed in such a way that respondents will give answers to number of rooms in the house, availability of kitchen, availability of toilet, material of roof, material of floor, etc. For displaced population, these questions were improper to ask. Therefore direct observation was made in some cases. The finding was that :

1) Those living in Kaliti camp, most of them live in tents and very few of them live in houses with roofs and walls.

2) Displaced people in Saris and Kolfe camps are living in warehouses. The Saris people live in a big grain storage building which was previously owned by Agricultural Marketing Corporation (AMC). The Kolfe people are living in a storage which, in the previous government, served as storage for Hides and Skins. The inside of the storage buildings were partitioned by tattered clothes, cardboard or cartoons.

3) Those living in Kore camps are in a better situation than the others in a sense that, they camped in tents which were not congested. They had reinforced the wall of the tents using bamboo, and plastered it with mud. The roof was of course plastic, they said that they are not allowed to use iron sheets for roofing.

4) Those residing in Shola camps, camped in Woreda 16 Kebele 04 compound. Most of them live in tents which have plastic roofs.

The plastic material they use for roofing comes from Region 14 office. But sometimes they buy it themselves. The price is very expensive; thick plastic material that covers a medium size tent costs up to 300 Birr.

People who reside in tents complain about their shelter. Most of the tents were seven years old and are completely worn out. During rains the tents hardly prevent them from rain and cold.

Words can not tell how bad are the conditions of the houses there. In general, most of the internally displaced persons live in despondent condition in tents, big grain storage buildings which is internally partitioned by old clothes, plastic materials etc. There is no privacy, and the average space per family (about 4.6 persons) is no more than two or three square meters.

Table 8 Distribution of women by Housing Condition and Household Possession, A.A. 1998.

Variable	Displaced (5)	Non displaced (%)
Source of drinking water:		
Tap inside compound	59.3	56.1
Tap outside compound	40.7	43.9
Toilet Facility:		
None (open field)	40.7	22.7
Pit latrine (shared)	59.3	25.6
Pit latrine (private)	-	45.6
Flush	-	6.1
Source of Light:		
Electricity	34.7	99.2
Kerosene Lamp	65.3	0.8
Household Possession:		
Radio	21.9	69.9
Television set	-	13.6
Kerosene stove	50.5	62.1
Electric Mitad	-	43.4
Refrigerator	-	6.2

Source : Survey Data , 1998.

3. 3. 1. Source of drinking water and light

Most of displaced population (59.3%) get tap water inside their compound. All Camps other than Kore (in the three camps) get tap water inside their compound. They fetch water twice a day (one in the morning and one in the afternoon) and they pay 10 cents per bucket. People living in Kore camp get water a little far from their camp.

Sixty five percent of the displaced respondents stated that they use kerosene lamp at night and 34.7 % of them get electric light. To be most specific displaced people who reside in Kore (in the three camps) get no electric light during night.

3. 3. 2. Toilet Facility

In all the camps there are communal latrines. Most of them are full and filthy. In the average there are about eight latrines in each camp for the whole dweller (4 for male and 4 for female). In the average 150 persons share one latrine. But public health recommends that no more than 20 persons share one latrine.

About 40.7 % of the respondents (in Kore 2 camp for e.g.) responded that they use open field because the toilet doesn't function any more.

3. 3. 3. Cooking Place

Most of the shelters have common place where they prepare Injera. When cooking "Wot" and other food items they do it inside their place. The place where they prepare "injera" is often in poor condition. The roof has worn out and is totally impossible to prepare "injera" when it rains.

3. 3. 4. Household Possession

Almost all of the displaced population left their belongings in Asmara or Assab. A big possession most of them own is a small kerosene stove (50.4%). From observation it was witnessed that there was one television set in Kaliti which was a common property. About 12.6% of the respondents responded that their households have Radio, out of which 9.1% were with cassette recorder. Otherwise they do not have any major type of household possession. Blankets were observed to be their big problems during rains.

3. 4. Result for Self Assessment

The respondents were also asked how they rate their current situation in relation to certain variables compared to the areas where they came from. For almost all of the questions except availability of water, displaced women responded that they are in a worse situation now than their previous place of residence.

Table 9 Distribution of women by the result for self assessment, A.A. 1998.

Variable	Displaced (%)	Non displaced (%)
Health Situation:		
Better	17.4	55.8
Same	28.5	21.1
Worse	54.1	23.1
Availability of Medicine:		
Better	16.4	63.3
Same	32.3	26.0
Worse	51.3	10.7
Hygiene:		
Better	14.3	66.2
Same	27.3	21.5
Worse	58.5	12.3
Water Availability: (safeness)		
Better		
Same	28.4	61.4
Worse	47.7	28.9
	23.9	9.6
Food Availability:		
Better	5.7	55.8
Same	16.9	26.9
Worse	77.4	17.3
Housing Condition:		
Better	4.7	63.5
Same	6.9	21.8
Worse	88.4	14.7

Source : Survey Data , 1998.

According to the responses of displaced women housing condition, availability of food, hygiene, medicine and health were rated as being worse at present than their previous residence.

Only 23.9 % of displaced women responded that availability of water is worse at present than before, and 76.1% responded as either the same or better than the previous place of residence. This might be because since displaced women came from urban areas like Asmara and Assab their situation before could be better than the present. The other reason might be that most of them were spouses of ex-soldiers and they were living in military camps. The situations in the military camps might obviously be better than the present condition. Water availability at present is good, they get tap water this could be the reason why most of the displaced respondents responded that availability of water is good now.

Contrary to the responses of the displaced, the non- displaced women responded that, for all the questions asked they are in a better situation now compared to their previous residence. More than 60.0% responded that availability of medicine, water, housing, and hygiene is better now than before. This could be because most of the non-displaced women came from rural areas.

However most of the displaced population were in other camps in Adigrat, Mekele, Kombolcha etc. And they responded that they prefer Addis Ababa to other camps. They said that in Addis Ababa things are cheaper and jobs are easily available.

There were people who had moved out of the camps and returned to their origin. When they leave camps 18 months ration (18 quintals of wheat) is provided by the government .

The stayers were asked the reason for not leaving camp life. The response was that they have no where to go. Some left their birth place when they were kids. They had lived in Eritrea most of their lives, even some of them were born there. They went to Eritrea to look for a job. In Eritrea they got married to ex-soldiers (in most cases) which later became the reason for their displacement.

They have access to health services free of charge. They go to the near by hospitals where the residents go. In Kore camp for example there is a clinic, although there is shortage of manpower and medicine. They get medicine free of charge but when ever it is not available they buy themselves. There are traditional trained birth attendants (TTBAs) who deliver mother inside camps.

Therefore, even if they responded that their situation is bad now compared to their previous place of residence, because of the above reasons they prefer to stay in Addis Ababa.

In general, non-displaced women responded that they are in a better situation now than before for all of the questions asked. Except for the availability of water displaced women responded that they are in a bad situation now.

Chapter Four

4. Fertility Levels and Differentials

From the three important components of population dynamics (fertility, mortality, and migration) fertility plays an important role in changing the size and structure (age- sex composition) of a given population. In countries where there is no complete registration of vital events like birth , death , marriage etc. there are indirect ways of estimating birth rates, death rates and level of total fertility.

The information is obtained by conducting a sample survey. The data gathered by sample surveys usually are straight forward. To collect information about children ever born (CEB) there are questions which ask women in the reproductive age group (15-49) about their children. The usual questions which were proposed by Brass to gather the information on CEB is asking the women questions like "How many children who were born alive have you ever had? " The total of these questions could estimate fertility experience of that particular population (UN 1983).

4. 1. Cumulative Fertility

Data on Children Ever Born is subject to various forms of errors. This kind of information is often under reported due to memory lapse which might result in omissions of live births. And also this kind of data may suffer from over reporting if the meaning of "live birth " is not well understood by the respondents (i.e. there might be inclusion of still births , foetal death etc.).

In the present study data on CEB was collected by asking the "Brass" questions : "No. of children living with mother ", "No. of children living else where " and " Number of children who had died". This data is a retrospective data and is subject to errors due to memory lapse.

Table 10 and table 11 present the distribution of women by number of children ever born (CEB)and by current age. The reported average parity increases as age increases in case of displaced women as it is expected. For non-displaced women it is not consistent with the expected pattern. The data on CEB for non- displaced women suffers from problems of omissions for the age group 40-44 or there is an over reporting by the age group 35-39.

Table 10 Percent distribution of displaced women by current age and by children ever born, A.A. 1998.

	CHILDREN EVER BORN													
Current age	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10+**	Total CEB	No of women	Mean CEB
15-19	96.0	4.0	-	-	-	-	-	-	-	-	-	100	26	0.039
20-24	71.8	20.5	2.6	5.1	-	-	-	-	-	-	-	100	39	0.410
25-29	18.7	13.3	32.0	22.7	9.3	4.0	-	-	-	-	-	100	75	2.027
30-34	7.7	4.6	20.0	29.2	21.5	15.4	1.5	-	-	-	-	100	65	3.046
35-39	5.0	5.0	9.9	22.8	22.8	14.9	11.9	5.0	2.0	1.0	-	100	101	3.891
40-44	2.1	4.2	4.2	14.6	16.7	20.8	27.1	8.3	-	-	2.1	100	48	4.688
45-49	-	2.0	3.9	17.6	21.6	7.8	19.6	7.8	7.8	7.8	3.9	100	51	5.333
Total	19.3	7.4	12.8	19.0	15.6	10.4	8.9	3.2	1.5	1.2	0.7	100	405	3.100

Source: Survey Data, 1998.

Table 11 Percent distribution of non displaced women by current age and by children ever born, A.A. 1998.

Current age	CHILDREN EVER BORN													
	0	1	2	3	4	5	6	7	8	9	10+	Total CEB	No of women	Mean CEB
15-19	90.3	6.4	3.2	-	-	-	-	-	-	-	-	100	31	0.129
20-24	48.1	23.1	17.3	9.6	1.9	-	-	-	-	-	-	100	52	0.942
25-29	20.4	18.4	32.7	24.3	8.2	6.1	-	-	-	-	-	100	49	1.898
30-34	19.0	6.3	9.5	17.5	23.8	11.1	11.1	1.6	-	-	-	100	63	3.063
35-39	5.7	4.6	12.6	21.8	13.8	14.9	12.6	4.6	6.9	2.3	-	100	87	4.092
40-44	14.0	3.5	10.5	12.3	21.1	10.5	8.8	8.8	5.3	5.3	-	100	57	4.018
45-49	1.6	-	10.9	7.8	17.2	20.3	15.6	6.3	14.1	3.1	3.1	100	64	5.250
Total	22.1	8.2	13.9	13.4	13.6	10.4	8.2	3.5	4.5	1.7	0.5	100	403	3.13

Source: Survey Data, 1998.

Mean CEB is the average number of children ever born by individual women of a certain specific age group. Mean CEB of women aged 25-39 for example, provides an estimate of the cumulative fertility at the peak fertility group. Mean parity for age group 45-49 estimates the woman's average completed fertility. In this study mean parity for the age group 45-49 was found to be 5.3 for both groups of women indicting the fact that, by the end of their reproductive age, women in both groups had at least five children, i.e. by the end of her reproductive age, a woman had an average completed fertility of 5.3 children. The number for the 1995 Fertility Survey was 5.8 children for women living in urban Addis Ababa.

4. 2. Current Fertility

In the study to determine the current fertility level , the question "How many live births has a woman had 12 months prior to the study" was asked. The reported current fertility is presented in table 12 for displaced and non- displaced women.

Table 12 Age Specific Fertility for displaced and non-displaced women, Addis Ababa, 1998.

	Displaced			Non-displaced		
Age Group	No. of Women	Birth Last Year	ASF	No. of Women	Birth Last Year	ASF
15-19	26	-	-	31	1	0.032
20-24	39	3	0.077	52	2	0.038
25-29	75	5	0.067	49	4	0.082
30-34	65	6	0.092	63	6	0.095
35-39	101	5	0.050	87	4	0.046
40-44	48	2	0.042	57	2	0.035
45-49	51	-	-	64	1	0.016
Total	405	21	0.327	403	20	0.344
	TFR		1.640			1.72

Source: Survey Data, 1998.

Based on the above information age specific fertility (ASF) and total fertility (TFR) were computed. TFR shows the number of children a woman would have if she experienced the current rate of birth at each age assuming that she won't die up to the end of her reproductive age (age 49). The reported current fertility for the year before the study as measured by TFR was 1.64 for displaced women and 1.72 for non-displaced women.

The reported TFR for the 1995 fertility survey for Addis Ababa was found to be 1.74. The result of the present study doesn't deviate from the two result. The reported TFR for displaced women is smaller than the two results, even their current fertility is low.

This could be because most of the displaced women are divorced, separated or widowed. As indicated in chapter three percentage of currently married women in displaced population is 24.7% of all respondents. However fertility for displaced women was not as low as it is expected. This could be because displaced women have started settled life and start giving birth, that is, they might have adapted to the situation and current fertility could express their fertility behaviour. The other reason could be, as the key informants indicated, because of the presence of high divorce among displaced women. These could be the reasons why fertility of displaced women was not different from non-displaced women. The 1994 census and the 1995 fertility survey had witnessed a fertility decline in Addis Ababa, and this could be the reason for the very low level of fertility among non-displaced women.

4. 3. Fertility Differentials

Demographic and socio-economic variables like age at first marriage, education of respondent, place of childhood residence and marital status, contraceptive ever use, work status of respondent are studied.

Table 13 Percent distribution of women by their age group , mean CEB and selected demographic and socio-economic characteristics, Addis Ababa , 1998.

Variable	15-24		25-34		35 years and over		All Women	
	Disp.	Non-disp.	Disp.	Non-disp.	Disp.	Non-disp.	Disp.	Non-disp.
Age at marriage:								
10-14	2.33	2.25	3.32	3.83	5.31	4.70	4.33	4.34
15-18	0.82	1.83	2.58	3.25	4.42	4.60	3.47	3.91
19+	1.00	1.60	2.74	2.04	3.85	3.90	3.41	2.97
Marital Status:								
Married	0.75	2.00	3.06	3.35	5.15	4.49	3.74	3.88
Divorced/Sep.	1.95	1.00	3.95	3.27	4.40	4.59	3.63	3.49
Contraceptive ever use:								
Users	0.71	1.33	2.82	3.47	4.66	4.38	3.17	3.58
Non users	0.14	0.55	2.38	2.48	3.84	4.55	3.12	2.94

Childhood Residence:								
Urban	0.24	0.58	2.70	2.66	4.50	4.37	3.22	3.17
Rural	0.25	1.29	3.10	3.69	4.55	4.38	3.94	3.98
Education:								
No education	0.33	1.75	2.76	3.45	5.05	4.65	3.95	4.26
Primary	0.32	1.17	2.75	3.15	4.49	4.27	3.18	3.26
Secondary	0.23	0.33	2.16	2.15	4.35	3.77	1.94	1.82
Occupation:								
Working	0.31	0.80	2.68	2.14	4.52	3.88	3.34	2.94
Not working	0.14	0.81	2.13	3.20	4.34	4.79	2.47	3.49

Source: Survey Data, 1998.

Table 13 presents mean number of children born to women by age group and different socio-demographic variables for the two population: displaced and non-displaced. Women in different age groups may be exposed to different socio-economic conditions that may affect fertility. The effect of such variation should be examined by controlling the age of the women. For the coming analysis women are grouped into three groups. The first group are women who are in their early fertility stage (15-24) and the second group are those aged (25-34) who are at the peak fertility stage, and the third group are women in the age group 35 and over who are at the end of their fertility.

4. 3. 1. Age at first marriage

Age at first marriage is generally known to be inversely related to family size i.e. the earlier a woman gets married the higher the family size would be and vice versa.

The results in table 13 show that as age at marriage gets early and as current age of the women increases mean parity increases. Women who are currently at the end of their reproductive age and who got married early (10-19) have the highest mean CEB i.e. for example, displaced women who are at the end of their reproductive age had mean CEB of 5.31 and women who got married early and who are currently 45-49 years old had mean CEB of 4.70 children.

Displaced and non-displaced women who married for the first time when they were below age 15 had mean CEB of 4.3 which shows that there is no difference between the two groups of women. It is important to note however that, displaced women had higher CEB for women who got married after age 19 than non-displaced women married at the same age.

4. 3. 2. Marital Status

In Ethiopia marriage is generally said to be universal and illegitimate birth is relatively low (Abdulahi et al., 1994). In the present study marriage is classified into currently married and divorced/widowed. Table 13 indicates that mean parity for divorced/widowed is high among displaced women. All displaced women who are currently married had higher mean parity (3.74) than divorced/widowed displaced women (3.63). And currently married non-displaced women also had higher mean CEB (3.88) than divorced/widowed non-displaced women.

4. 3. 3. Ever use of Contraceptives

Women use contraceptives for spacing birth or for limiting their family size. Contraceptive use affects fertility in two ways. Women who have achieved high parity may use contraceptives to limit their family size, or women who have small number of children and who are in the younger age group might use contraceptives to space their children.

In the present study women who had ever used contraceptives had higher parity than the non users across all age groups. The explanation for this could be that women might have started using contraceptives after they have achieved their desired number of children, or it might mean that they discovered family planning after having given birth to most of their children. And non-users in younger age group might not have achieved the desired family size and want to have more children. And non-users in older age group might not need to use modern contraceptive and they some how had managed to have small number of children (through breast feeding and the like).

4. 3. 4. Place of childhood residence

Place of childhood residence refers to the reported place where respondents had resided up to age 12 and is considered as their place of socialisation to fertility values. Place of childhood residence of women is also believed to influence their reproductive behaviour. It is said that if a woman's childhood residence is rural she might experience high fertility than their urban counterparts i.e. the degree of exposure to modernisation element is assumed to have a direct effect on fertility.

Women who resided in urban areas during childhood may be influenced by urban ways of life. Information like use of contraceptives are easily diffused in cities than rural areas. Exposure to radio, television, newspapers, etc. increases knowledge about family planning and birth control. Therefore this would bring disparity in fertility for the two groups. By controlling for the effect of age, variation in CEB by place of childhood residence was examined. Accordingly women whose childhood residence is urban had lower parity (2.64) than women whose childhood residence was rural (3.9). Women who currently are in the peak fertility age (25-34) and whose childhood residence was urban had lower parity (2.7) than women with rural background (3.69).

4. 3. 5. Level of Education

Level of education is expected to be inversely related with fertility. Education changes the attitude of women towards reducing their number of children. The more the time is spent in school the higher will be age at first marriage and the lower the level of fertility will be.

Education may also reduce fertility through the knowledge about reproductive health. The more educated the woman is the higher the knowledge about reproductive health and the higher will be the need to limit or space children.

In this study women with secondary and above education had lower mean parity (1.94) than women who had no education or than women who had primary level of education. When controlling for age fertility declines as level of education becomes higher.

4. 3. 6. Work Status

For the purpose of analysis respondents were grouped into two (working and not working). Since women spend most of their time outside home fertility is assumed to be low for women who have jobs than women who do not have any job. The result in the present study doesn't seem to follow this pattern for displaced women.

Women in the working category for displaced population are those who are engaged in Food For Work programme and they work only half a day. Mean parity for working displaced women was (2.68 for age group 25-34) and (4.52 for age group 35 and over). Mean parity for not working displaced women aged 25-34 was 2.13 and for women aged 35 and over it was 4.64 which shows that parity for working women is higher than women who do not work.

The possible explanation for this could be as past studies indicated, women in the informal sector have higher parity than women in the formal sector (CSA, 1993). Or it might mean that displaced women might have achieved the current parity before being involved in the food for work programme.

4. 4. Migration status and Fertility

In the analysis of fertility differentials between migrants and non migrants it is expected that the differentials exist by duration of stay of migrants at the area of destination. Migrants with short duration of stay are expected to reflect traditional and cultural behaviour of the areas of origin. On the other hand migrants with long duration of stay are expected to assimilate into the culture of the host community and they may tend to reflect the fertility experience of the host community. This means, they adapt the culture of the community at destination because they have stayed long (chapter one).

In the present study, displaced persons were forced to leave their place of residence and they were brought to Addis Ababa by the government and non-governmental organisations. There is no age / sex , education or occupation selectivity for these group. Since almost all of them stayed in Addis Ababa for about seven years it is difficult to speak about adaptation and also it is very difficult to get non-displaced women with same duration of stay for comparison purpose. Because of the effect of displacement on family disintegration fertility might decline. In this case the " theory of disruption " is likely to work. Most of displaced women in the study are divorced and widowed, this shows that there is a family disintegration. To test the effect of disruption on fertility, the study population were grouped into three.

Displaced, migrant non-displaced, and non-migrant non-displaced. A one way ANOVA was conducted to test whether the variation in fertility as measured by mean number of children ever born was due to variables like : age at first marriage, education, childhood residence, marital status etc. Table 14 shows the result for one way ANOVA of the three groups.

Table 14 Mean Children Ever Born by Migration status of Women (one way ANOVA), A.A. 1998

Variable	Displaced	Non-displaced		All Women
		Non-migrant	Migrant	
Age at marriage				
10-14	4.33	-	4.20	4.34
15-18	3.47	3.39	4.28	3.67
19+	3.41	2.21	3.45	3.17
F Ratio	6.675**	6.73**	4.08**	9.425**
Childhood Residence				
Urban	2.88	2.38	3.46	2.82
Rural	3.94	-	3.97	3.96
F Ratio	-	-	-	5.006**
Education				
No education	3.94	4.13	4.30	4.11
Primary	3.18	2.71	3.69	3.22
Secondary	1.94	1.12	2.76	1.88
F Ratio	-	6.060**	-	6.055**
Husband education				
No education	4.10	4.29	4.16	4.16
Primary	4.10	3.82	4.30	4.11
Secondary	3.10	2.58	3.45	3.30
F Ratio	-	3.873**	-	5.894**

Contraceptive Ever use				
Non-user	3.11	1.73	3.73	3.03
User	3.17	3.09	3.88	3.39
F Ratio	-	5.219**	-	3.596**
Marital Status				
Currently married	3.70	3.51	4.05	3.84
Divorced/Widowed	3.60	2.86	3.76	3.58
F Ratio	13.242**	10.088**	6.489**	32.084**

Source: Survey Data, 1998

** Significant at 0.05 level of significance.

4. 4. 1. Age at Marriage

Table 14 indicates that mean parity for displaced women who got married before age 14 was 4.33 and 4.20 for migrant non-displaced women. This may be because women who got married as early as age 10 -14 might have achieved their highest family size before being displaced. For women who got married after age 15 mean parity was lower for displaced women than non-displaced migrant women.

The non migrant group are women who were born in Addis Ababa, and since they were brought up in an urban environment their fertility is expected to be the lowest. Accordingly non-migrant women who got married after age 15 and before age 18 (15-18) had mean parity of 3.39 children and women who got married after age 19 had mean parity of 2.21 children. Mean parity for non migrant women was the lowest at every level of age at marriage.

4. 4. 2. Place of childhood residence

Relationship between place of childhood residence and mean parity was also examined. The result indicates that migrant women with urban origin had lower mean parity than women with rural origin. Average parity was 2.88 for displaced urban origin women and 3.46 for migrant non- displaced urban origin women. Mean parity for urban displaced women was lower (2.88) than migrant non- displaced urban women (3.46). Displaced women with rural origin had 3.94 mean parity and non- displaced migrant women with rural origin had mean parity of 3.97. It seems that there is no difference between the two groups of women.

4. 4. 3. Level of education

The result reveals that as educational level of respondents increase fertility gets lower (table 14). The result is similar for all groups of women : displaced, non- migrant non displaced and non- displaced non migrant. Mean parity for women with no education was similar for all groups of women. However non- migrant women with primary education had lowest parity (2.71) than the other two groups of women with primary education (3.18 for displaced and 3.69 for non- displaced migrant women).

The non- migrant group had the lowest parity for women with secondary level of education. Displaced women had lower parity for all levels of education than non-displaced migrant women. The effect of husband's education on mean parity was also examined. The average parity declines when husband 's education was above secondary. There was no any difference in average mean parity between women whose husband's education was primary and women whose husband's were not educated.

4. 4. 4. Marital Status

The ANOVA result indicates that currently married displaced women and divorced/widowed displaced women had mean parity of 3.7 and 3.6 children respectively. The difference was found to be statistically significant at 0.05 level of significance.

Currently married displaced women had lower mean parity 3.7 than mean parity of non-displaced migrant currently married women 4.05. Divorced/widowed displaced women also had lower parity (3.6) than divorced/widowed non -displaced migrant women (3.76). Non migrant women however, had the lowest mean parity than the other two groups.

In general, for all selected variables the result for the one way ANOVA shows that displaced women had lower parity than non- displaced migrant women and non- migrant women had the lowest mean parity.

The variation in fertility as measured by mean CEB was found to be statistically significant by age at marriage and marital status for displaced and migrant non-displaced women; whereas age at marriage, education, contraceptive ever use and marital status were found to bring statistical fertility differential among non-displaced non-migrant women.

4. 5. Relation between Displacement and Fertility

This section deals with a multivariate analysis of differentials in fertility for different groups of women. Respondents were categorised into three groups : displaced, migrant non- displaced and non-migrant non-displaced, to measure the effect of displacement on fertility. The dependent variable is children ever born to ever married women.

The analysis was done for all women in the entire reproductive age group (15 -49) for each of the three separate groups. Age of respondent was controlled while analysing the effect of migration on fertility of women. Other variables such as age at marriage, ever use of contraceptives, educational level of the respondent, place of childhood residence and husband's education were treated as independent variables.

The focus is to examine fertility of women in relation to their migration status (displaced, migrant, non-migrant). Multiple Classification Analysis (MCA) was used to examine the impact of each independent variable on fertility. Table 15 presents the results of MCA as applied to all displaced women in child bearing age by the independent variables. From the table it can be observed that the total variation explained by the six variables was about 38% (R^2=0.38). It means that fertility of displaced women was affected by other variables other than those included in the model.

The effect of each independent variable on fertility which is expressed by (eta) η^2 and (beta) β^2 respectively show that from all independent variables age at marriage was the strongest variable that explains fertility differentials among displaced women. Adjusted mean parity of displaced divorced/widowed women was 3.68 which is lower than the grand mean (3.71). Currently married displaced women had an adjusted mean CEB of 3.94 which is greater than the grand mean. It can be observed that divorced/widowed women had lower parity than currently married women. This might be because of the presence of high percentage of divorced/widowed women in displaced population. However marital status was not found to be a strong predictor of fertility differentials among displaced women.

Table 15 Relation between CEB of displaced women and socio demographic variables (MCA result)

Variable	No. of cases	Mean CEB	
		Un adjusted	Adjusted
Age at marriage (η^2 =0.02 , β^2= 0.02)			
10-14	42	4.26	4.27
15-18	142	3.67	3.70
19 +	47	3.36	3.26
Education (η^2 = 0.05 , β^2= 0.004)			
No education	74	4.38	3.70
Primary	111	3.53	3.62
Secondary	46	3.09	3.26
Contraceptive Ever use(η^2 = 0.01 , β^2= 0.01)			
Non user	129	3.92	3.58
User	102	3.45	3.88
Husband Education (η^2 = 0.03 , β^2= 0.01)			
Primary	74	4.15	4.01
Secondary	120	3.34	3.61
No education	37	4.05	3.48
Place of childhood residence (η^2 = 0.04, β^2=0.001)			
Urban	171	3.39	3.67
Rural	60	4.13	3.71
Marital Status (η^2 = 0.002 , β^2= 0.01)			
Currently Married	79	3.58	3.94
Ever Married	152	3.78	3.60

R = 0.62

R^2 = 0.38

Grand Mean = 3.71

No. of cases = 231

Source : Survey Data, 1998

The result for age at first marriage shows that adjusted mean parity increases when age at first marriage gets early. Women who married when they were below age 14 had mean parity of (4.27) which was greater than the grand mean (3.71). This variable was found to be the strongest predictor variable of fertility differential in displaced women. Women with secondary and above education had the highest adjusted mean parity than women with primary or no education. Women with urban origin had lower adjusted mean parity than women with rural origin. Urban women also had mean parity (3.67) which was lower than the grand mean. Contraceptive ever users had higher adjusted mean parity (3.88) than non- users (3.58). The reason as indicated above may be ever users might have started using contraceptives after they have already achieved the current fertility level.

Table 16 Relation between CEB of migrant non-displaced women and socio- demographic variables (MCA Result).

Variable	No. of cases	Mean CEB	
		Adjusted	Non-adjusted
Age at marriage (η^2 =0.03 , β^2=0.02)			
10-14	59	4.04	3.86
15-18	75	4.25	4.29
19+	37	3.18	3.37
Education (η^2 = 0.02 , β^2 = 0.001)			
No education	85	4.19	3.89
Primary	51	4.00	3.96
Secondary	35	3.28	4.07
Husband Education (η^2 = 0.03 , β^2=0.02)			
Primary	62	4.37	4.28
Secondary	54	3.35	3.50
No education	55	4.06	4.00
Marital Status (η^2 =0.01 , β^2 = 0.02)			
Currently Married	139	4.08	4.09
Divorced/widowed	32	3.38	3.34
Childhood Residence (η^2 =0.01 , β^2=0.01)			
Urban	65	3.67	3.92
Rural	106	4.07	3.91

R = 0.43
R^2 = 0.19
Grand Mean = 3.95
No. of cases = 171
Source : Survey Data, 1998

From table 16 it can be observed that 19% (R^2=0.19) of the variation in fertility is explained by the five variables. The variation in fertility for migrant non-displaced women was strongly explained by age at first marriage (η^2=0.03 , β^2= 0.02). Adjusted average mean CEB for women who got married early (10-14) was 3.86 for migrant non-displaced women and 4.29 for women who married after age 15 and before age 18 (15-18). The grand mean CEB was found to be 3.95.

Currently married migrant non-displaced women had higher mean parity (4.09) than divorced/widowed migrant women. This shows that marital disruption among migrant women had great effect on fertility. For migrant non-displaced women it seems that other variables other than fitted in the model explain the variation in fertility better. Women whose husbands had secondary and above education had the lowest adjusted mean CEB than women whose husbands are not educated or are with primary education.

Table 17 Relation between CEB of non-migrant women and socio-demographic variable (MCA result)

Variable	No. of cases	Mean CEB	
		Unadjusted	Adjusted
Age at marriage (η^2 =0.13 , β^2= 0.08)			
10-14	29	4.69	4.08
15-18	93	3.45	3.59
19 +	35	2.16	2.29
Education (η^2 = 0.15 , β^2= 0.03)			
No education	46	4.64	4.02
Primary	65	3.19	3.15
Secondary	46	2.44	3.13
Husband Education (η^2 = 0.05 , β^2 =0.02)			
Primary	71	3.67	3.73
Secondary	58	2.78	3.14
No education	28	4.00	3.07
Marital Status((η^2 =0.01 , β^2 = 0.02)			
Currently Married	122	3.51	3.59
Divorced/widowed	35	3.00	2.69

R = 0.71

R^2 = 0.51

Grand Mean = 3.40

No. of cases = 157

Source : Survey Data, 1998

Table 17 shows that the variation in CEB that is explained by the four variables is 51% (R^2 =0.51). The important variable that strongly explains the variation in CEB is age at first marriage, followed by education of the respondent and marital status .

The adjusted mean parity for women who got married early (10-14) is 4.08, which is greater than the grand mean (3.40). As it is expected when age at marriage increases, mean parity decreases. For women who were born in Addis Ababa (non-migrant) education was also found to be another important variable that explains variation in fertility. Adjusted mean parity for women with no education was found to be 4.02 children which is a lot higher than the grand mean (3.40). Mean parity for women with primary and secondary education was almost the same (3.15 and 3.13 respectively). Currently married women had adjusted mean parity of 3.59 and divorced/widowed women had 2.69 adjusted mean parity.

In general the results of MCA (table 15,16,17) show that currently married non-displaced migrant women had the highest adjusted mean parity than currently married displaced and currently married non-displaced non-migrant women, however the difference doesn't seem to be that much high. Effect of displacement on fertility may be explained by family disruption which could be examined by observing mean parity of ever married women for the three groups. The result shows that divorced/widowed displaced women had the highest adjusted mean parity than non- displaced migrant women. Adjusted mean CEB of divorced/widowed displaced women is even higher than currently married non-migrant women. Non migrant women had the lowest CEB than the other two groups and currently married non-displaced non-migrant women had the highest CEB.

This might be because most of non-displaced migrant women have rural background. If this is the case, it means that displacement didn't have any effect on fertility of displaced women or it might mean that the women were displaced after achieving the desire family size or possibly it might mean that they just have high fertility. Non-migrant women who were born in Addis Ababa had the lowest mean parity. The grand mean for these women was 3.40 which is very much lower than displaced (3.71) and non-displaced migrant women (3.95).

Chapter Five

5. Fertility Regulation

The present study was interested in assessing about knowledge and use of contraceptives because it was assumed that fertility of displaced women might be low because of displacement. To measure the effect of displacement on fertility information about contraceptive use is needed. On the other hand, if they are going to be reintegrated into the society their fertility behaviour will depend on their knowledge and practice of contraceptives. Therefore this chapter deals with knowledge of any family planning method, ever use, current use and future intention to use. It also shows variation in use for different demographic and socio-economic variables .

5. 1. Knowledge of contraceptives

The information on knowledge of contraceptive in this study is based on the response to the question, whether the respondents have heard of any family planning methods. If the response is "yes" they would further be asked which methods they have heard about.

The majority of displaced and non-displaced women covered by the study knew at least one method of family planning. More than 85 % of the displaced respondents and 92% of the non-displaced respondents knew at least one method of family planning. Since most of the displaced women lived in urban areas like Asmara and Assab their knowledge of contraceptive is high. In the 1995 Fertility survey for example, the level of knowledge of at least one family planning method for all women who reside in urban Addis Ababa was 97.5 %.

The number of methods known indicates to what extent the information on variety of family planning methods has been disseminated. The distribution of women who have specific knowledge of contraceptives is presented in table 18. Pill is widely known among all women in the sample followed by condom, injection and IUD. Male sterilisation is the least known method by all respondents.

It is believed that knowledge of five or more methods is a more stringent measure of comprehensive knowledge of family planning methods (DHS, 1991). The percentage of women knowing five or more methods is 80 % for displaced women and 85 .8% for non-displaced women, which shows a vast coverage of knowledge of family planning methods.

Table 18 Distribution of displaced and non-displaced women who knew specific method, 1998. A.A.

Method	Displaced (%)	Non-Displaced (%)
Pill	98.4	98.6
IUD	65.7	76.7
Injection	84.7	86.5
Diaphragm	48.3	48.9
Condom	86.2	93.0
Female Sterilisation	51.0	56.3
Male Sterilisation	40.3	45.1
Rhythm	67.9	70.7
Withdrawal	43.5	54.6

Source : Survey Data , 1998.

5. 1. 2. Differentials in knowledge of Contraceptive

Level of knowledge of contraceptives depends upon background characteristics of the respondents (like education, place of residence, place of birth, work status etc.)

Table 19 Distribution of women who knew at least one method of family planning by selected variables. 1998, A.A.

Variable	N	Displaced (%)	N	Non Displaced (%)
Age				
15-19	16	61.5	27	86.7
20-24	33	84.6	48	92.3
25-29	67	89.3	48	95.9
30-34	59	89.1	60	95.2
35-39	75	74.5	82	94.0
40-44	27	55.6	50	87.5
45-49	25	49.0	56	87.1
Education				
No education	76	59.8	134	91.2
Primary	118	77.1	109	87.9
Secondary+	90	87.4	113	98.3
Religion				
Orthodox	286	74.5	328	91.6
Muslim	36	66.7	21	91.3
Ethnicity				
Amhara	119	74.8	217	93.5
Tigre	145	73.2	27	90.0
Other	32	78.0	118	88.7
Work Status				
Working	223	73.8	63	90.0
Not Working	61	79.2	261	91.9
Husband Education				
No education	25	59.5	77	90.6
Primary	69	75.0	107	88.4
Secondary	109	79.0	100	98.0
Marital Status				
Never Married	40	74.1	55	88.7
Curr. Married	84	88.4	221	91.7
Ever Married	169	69.5	66	94.3
Number of living children				
None	55	71.4	72	87.8
1-2	83	82.2	93	94.9
3-4	102	77.9	103	93.6
5+	56	64.0	95	91.2
Childhood Residence				
Rural	64	63.4	247	5.0
Urban	177	78.0	140	89.7

Source: Survey Data .1998

5. 1. 2. 1. Current Age

The level of knowledge of contraceptive methods is almost the same for women in each of the three age groups (25-29, 30-34 , 35-39). Knowledge of any contraceptive method is higher for the age group 25-39 than the other age groups (15-24, 40-49). Relatively small number of women at the youngest age group (15-24) and oldest age group (40-49) have knowledge of contraceptives.

5.1.2.2. Childhood Residence

Women whose childhood residence was urban are more likely than women with rural background to know contraceptive methods. Differentials in knowledge is higher for urban origin women than rural origin women (table 19). This might be due to the exposure to urban life like mass media and family planning. About 78.0 % of displaced women whose childhood residence was urban and 63.4% of women with rural background responded that they knew at least one family planning method. Therefore differential in knowledge of at least one family planning is apparent due to childhood residence.

5.1.2.3. Number of living children

It is believed that knowledge of contraception has relation with the number of living children a woman has. It is generally considered that since young women are in the beginning of forming new families they might not be interested in delaying or preventing pregnancy, therefore they might not seek information on family planning methods, while older women and those who have big family size may seek to limit their children and therefore may look for family planning methods to control births(DHS, 1991). How ever the fact from the present study doesn't prove this hypothesis .

In the present study, the higher the number of living children a woman has, the lower the knowledge of contraceptives. From table 19 it can easily be observed that 82.2% of women with 1-2 living children have the highest number of contraceptive knowledge than the others. Women with five or more living children have the lowest knowledge of family planning (64.0% for displaced and 91.2% for non- displaced). Knowledge of family planning decreases as number of living children increase.

The reason for this variation could be that number of living children is dependent upon age of the mother. As age increases parity increases. The younger the woman is the lower the parity , and the older the woman is the higher the parity. And it has been shown that knowledge of contraceptive is low for the youngest (15-24) and for the oldest (40-49) age group.

5.1.2.4. Level of Education

Level of education of the respondent has positive relation with knowledge of contraceptives. This is also true for husband's education and wife's knowledge of contraceptives. For example, from displaced women with no education only 59.8 % and from women with secondary and above education about 87.4% knew at least one method of family planning. For non-displaced women there was no significant variation in the level of education and knowledge of contraceptives.

5.2. Ever use of Contraceptives.

All women who responded that they have knowledge of at least one method of family planning were further asked if they or their partner had ever used any method of contraceptives. About (54.1 % of displaced and 40.8 % of non-displaced) ever married respondents who had ever used methods of contraceptives had used pills followed by injections (9.2 % for displaced and 9.8 % for non- displaced) and Rhythm (8.2 % for displaced and 14.3 % for non-displaced).

Ever use of any contraceptive method among ever married women of child bearing age (15-49) is 65.3 % for displaced women and 58.4 % for non-displaced women. In the 1995 fertility survey 69% of currently married women residing in Addis Ababa were reported as ever having used methods of family planning. The figure was 38 % for all women who knew about contraceptive methods.

5. 2. 1. Differentials in Ever use of contraceptive methods

Table 20 Distribution of ever married women who had ever used a contraceptive method Addis Ababa , 1998.

Variable	N	Displaced (%)	N	Non-displaced (%)
Current age:				
15-19	-	-		-
20-24	-	-	19	70.4
25-29	43	62.3	27	67.5
30-34	33	51.6	31	55.4
35-39	48	48.5	50	61.7
40-49	19	19.3	40	35.4
Education:				
Primary	39	59.1	104	53.8
Secondary	69	50.0	67	70.1
No education	39	31.0	135	45.9
Work Status:				
Working	114	41.3	56	62.5
Not working	33	58.9	232	52.6
Previous Job:				
Yes	49	51.0	10	40.0
No	96	41.6	172	50.0
Husband Education:				

Primary	36	39.1	112	53.6
Secondary	70	49.6	94	71.3
No education	13	30.2	82	40.2
No. of living children:				
0-2	59	50.5	112	61.8
3-4	65	49.2	108	58.3
5+	28	26.5	96	53.1
Childhood Residence:				
Urban	114	47.6	146	60.3
Rural	36	36.7	144	43.1

Source: Survey Data, 1998.

5. 2. 1. 1. Current Age

Experience with contraception is lowest among youngest age group (15-19), it peaks in the middle of the child bearing ages and then drops off among older women. The relationship between current age and ever use of contraception assumes a curvilinear form. Ever use among non- displaced women was higher than the displaced women for all age groups.

5 .2. 1. 2. Level of Education

The study shows that level of education of the respondent doesn't have relation with ever use of contraceptives. Rather ever use of contraceptives increase with the increase in the level of education of the husband. Women whose husbands had secondary and above education are the highest ever users of methods of family planning for both groups (i.e. 49.6% for displaced and 71.3% for non-displaced).

5. 2. 1. 3. Number of living children

Ever use of contraceptives is also closely related with the number of living children a woman has. Ever use of contraception increases as the number of living children rises from one to four children and then it declines (table 20). This differential in parity might mean that oldest and youngest women are less users of family planning. Ever use of contraception is higher for women having one or more children than women who had no children .

5. 2. 1. 4. Childhood residence

The extent to which family planning methods were ever used depends also on childhood residence of the respondents. Women whose place of residence was urban had ever used more family planning method (47.6% for displaced and 60.3% for non-displaced) than women whose childhood residence was rural (36.7% for displaced and 43.1 % for non-displaced).

5. 2. 2. Methods used

In the previous section it has been reported that pill was the most widely known method for both group of respondents. And when one knows about a specific method, there is a high probability of using it. Pill was the most widely ever used family planning method. That is, about 44.9% of the displaced women and 37.3% of non-displaced women who had heard about family planning methods had ever used pills. Rhythm and injection were practised by the respondents following pills. The other methods were reported as to have ever been used by some of the women or as not to had ever been used.

5.3. Past use

Displaced women and non-displaced migrant women were asked whether they were using any family planning method before coming to Addis Ababa. The response was that 55.4 % of displaced women and 11.1% of non- displaced women who had ever used contraceptives were users before coming to Addis Ababa. The reason for the small use by non-displaced women could be that, either they got married after they came to Addis Ababa or they might not have the knowledge of contraceptives since the majority of them came from rural areas or even if they have the knowledge they might not have the access.

Pill was the most widely practised family planning method for the two groups of women. From the total displaced women who responded that they were using family planning before Addis Ababa, 82.6 % were using pills. More than one method was also practised by both groups of women.

Women who were past users but who discontinued to use were also asked the reason for discontinuance. Around 70.4% of displaced women responded that since they do not have husbands now the discontinued the use of contraceptives. Currently married women who were past users discontinued the use of contraceptives because of health reasons or they wanted children. Divorced/widowed women discontinued to use because they have no partners now or besides having no partners, they feel that they are old enough not to use.

5. 3. Current Use of Contraceptives

Currently married women of reproductive age who are current users of contraceptives are 54.1 % for displaced women and 41.6 % for non-displaced women .

Pill is the most widely used (20.7 %) contraceptive among all women (married and never married). Most of the women use family planning methods that help to space children than to limit. In Latin America for example, female sterilisation is the most widely used method, which shows that women in Latin America use contraceptives to terminate childbearing and limiting their family size to a relatively small number (DHS ,1991).

5. 4. 1. Differentials in Current use of contraceptives

Table 21 presents the level of current use of contraceptives by selected socio- economic and demographic variables .

Table 21 Distribution of women who are current users of contraceptives. Addis Ababa , 1998 .

Variable	N	Displaced (%)	N	Non-displaced (%)
Current Age:				
20-29	34	61.5	31	40.5
30-34	23	63.0	17	62.5
35-39	27	60.9	31	44.9
40-49		-	22	27.5
Childhood Residence:				
Urban	77	56.8	62	48.2
Rural	20	50.0	40	37.4
Education:				
Primary	49	55.1	22	51.7
Secondary	25	64.0	34	43.6
No education	20	40.0	36	35.3
Work Status:				
Working	78	51.3	22	52.4
Not Working	17	64.7	71	38.8
Husband Education:				
Primary	36	52.8	39	40.6
Secondary	49	57.1	41	50.6
No Education	10	50.0	18	32.7
No. of Living Children:				
0-2	35	48.1	31	48.3
3-4	42	64.3	39	43.8
5+	21	39.3	32	40.9

Source : Survey Data , 1998.

5. 4. 1. 1. Current Age

Current use of contraception is low (table 21) for the youngest age group and the oldest age group. The (35-39) age group are the highest (63.0%) current users of family planning. These group are in the peak fertility stage and most of them might have already achieved their desired number of children.

The reason for non-use or small use among the youngest and the oldest age group may be that, the youngest age group are in the early stage of fertility and want to have more children. And the oldest women (40-49) are at the end of their fertility stage and might not require contraceptives in some cases, or the women might think that they do not need it any more (because of menopause etc.).

5. 4. 1. 2. Place of childhood residence

There is strong relationship between place of childhood residence and current contraceptive use. Women whose childhood residence is urban are higher users of contraceptives than women whose background is rural. That is 56.8% of displaced currently married women whose childhood residence was urban and 50% of women whose childhood residence was rural are current users contraceptive users.

5. 4. 1. 3. Level of Education

The result shows that the lowest current users of family planning are women with no education (40.0% for displaced and 35.3% for non-displaced). However displaced women with primary education use more than women with secondary education. This might be because most of the women have urban background and exposure to urban way of life by itself contributes towards high use of contraceptives. Husbands education shows the expected pattern in that when husband's education increases current use of contraceptives of wives also increases. This is true for both displaced and non-displaced women.

5. 4. 1. 4. Number of living children

Current contraceptive use is small for small parity women and for women who have more than five children. The highest current users of family planning are women with 3-4 children for both groups. The reason for the small use of contraceptives by smaller parity women and highest parity women may be because of the relation between contraceptive use and age.

5. 4. 2. Methods currently being used

Pill is used by most women followed by injection and rhythm. Forty three percent of currently married displaced women and only 18.8 % of currently married non-displaced women are users of pills. Female sterilisation and IUD are currently being used by non-displaced women only. The use of condom and withdrawal is not that much high compared to other methods used.

5. 5. Future intention to use

Women who had heard about contraceptive methods but never used any were asked if they or they partner had decided to use in the future. Youngest women aged 15-24 expressed their desire to use contraceptives in future. Future intention to use decreases as age increases. Women with urban childhood residence also are the highest group of potential users. Women with low parity 1-2 and 3-4 also expressed their intention to use contraceptives in future. Differential in future intention to use was also apparent due to different levels of education. Women with secondary and above education responded that they have planned to use contraceptives in future.

5. 5. 1. Methods preferred by future users

Most of the women who had never used any contraceptives preferred to use pills. Fifty one percent of displaced women and 47.3% of non-displaced women who had never used any contraceptives responded that they prefer to use pills in the future followed by injection and periodic abstinence. IUD is preferred by non-displaced women (7.7%). About 7.2 % of displaced and 3.1 % of non-displaced women stated that they have an intention to use contraceptives in future after consulting friends or physicians .

5. 5. 2. Reason for no intention to use contraceptives in future

All married women who have heard about family planning methods and who were never users and do not want to use in future were asked the reason for not planning to use any family planning in future. About 25.7 % of displaced women and 34.1 % of non-displaced women responded that they do not want to use contraceptives in future because they want to have children. There were women (3.5% for displaced and 4.5% for non-displaced) who oppose the use of family planning and 7.6 % of non-displaced women responded that it was because of health reason that they do not want to use family planning in future .

CHAPTER SIX

6. Maternal Health , Child Care and Child Mortality

6. 1. Maternity Care

High risk pregnancy and child birth exists when the utilisation of maternal and child health care services are very minimum. The survival and well being of the mother and of the child depends on the utilisation of health care services (without mentioning the adequacy and quality of them). Respondents who gave birth in the last seven years (after the fall of Derg) were asked whether they got any medical service during pregnancy. If the response is "yes" they would further be asked what type of service they received and whether they have received vaccination against " Tetanus Toxoid "(T.T)(deaths due to neo natal tetanus could be prevented if mothers receive T.T vaccination during pregnancy). There were also questions about the number of visits of health care services and the timing of pregnancy at first visit.

6.1.1 .Neo natal tetanus vaccination

All women between ages 15 -49 years should receive a full schedule of T.T vaccination. World Health Organisation (WHO) recommends a five dose schedule of T.T vaccination. Table 22 shows WHO T.T vaccination schedule.

Table 22 WHO T.T vaccination schedule for women of reproductive age .

Dose	Schedule
T.T1	At first contact
T.T2	4 weeks after T.T1
T.T3	6-12 months after T.T2
T.T4	1-3 years after T.T3
T.T5	1-5 years after T.T4

Source : Centre for Disease Control , 1992 .

Women in the reproductive age who gave birth in the last seven years were asked if they had received T.T vaccination during the last pregnancy. About 88.5 % displaced women and 92.1% of non- displaced women responded that they had received T.T vaccination at least once during their pregnancy.

Table 23 Distribution of women who had received T.T vaccine at least once during their pregnancy by number of dose , Addis Ababa, 1998.

Dose	Displaced (%)	Non-displaced (%)
T.T1 only	12.8	15.5
T.T2 and T.T1	12.3	12.3
T.T3, T.T2 and T.T1	41.3	28.2
T.T4, T.T3, T.T2 and T.T1	3.7	9.7
T.T5, T.T4, T.T3, T.T2 and T.T1	5.1	7.3
None	11.5	7.9
Do Not Know	13.3	19.1

Source: Survey Data, 1998.

Although the coverage is high the number of T.T vaccine received is not satisfactory. As table 23 revealed only 5.1 % of displaced women and 7.3 % of non- displaced women received the full dose of T.T vaccination that is recommended by WHO. Out of the total displaced women 12.8 % received T.T1 vaccine and 12.3 % received two doses (T.T1 & T.T2). And considerable number of them (41.3 %) received three doses and after that the number declines. This could be because a woman who started receiving vaccination during her pregnancy is likely to take the three vaccines (T.T1, T.T2, , T.T3) before giving birth, this could be done while she went to hospital for ante natal care. But once she gave birth there is no need to go to hospitals for timely check ups, therefore there is a high probability that the fourth and the fifth vaccines will be missed. The other reason could be that the women are going to receive the other two vaccines in future (they might be just starting it). However the data shows that only small percentage of women received the full dose.

6. 1. 2. Maternity Care

As indicated above the chances of survival and well being of the child depends on the type of care the mother received during pregnancy besides receiving T.T vaccination. Women who gave birth after the fall of Derg were asked if they had received any medical care during their pregnancy. About 86 .8 % of displaced women and 84.8 % of non-displaced women responded that they had received medical care at least once during the pregnancy of the last child born after the fall of Derg. Table 24 shows the summary for selected demographic and social variables in timing of utilisation of ante natal care services for the last birth after May 1991.

Table 24 Percentage distribution of women by selected socio-demographic variables in timing of utilisation of ante natal care services , Addis Ababa , 1998.

Variable	Timing					
	1st trimester		2nd trimester		3rd trimester	
	Disp.	Non Disp.	Disp.	Non Disp.	Disp.	Non Disp.
Childhood Residence						
Urban	46.4	40.3	42.0	50.7	11.6	9.0
Rural	34.6	31.7	61.5	63.4	3.8	4.9
Ethnicity						
Amhara	39.4	39.4	51.5	51.5	9.1	9.1
Tigre	42.6	44.4	48.1	55.6	9.3	-
Other	61.5	30.3	30.8	63.6	7.7	6.1
Religion						
Orthodox	42.9	57.4	48.0	54.5	9.2	6.1
Muslim	40.0	-	-	60.0	-	8.1
Education						
No Education	47.4	52.6	50.0	56.3	12.5	12.5
Primary	35.6	31.4	54.5	45.5	11.1	1.4
Secondary	60.7	48.6	35.7	51.4	3.6	-

Source: Survey Data.

Data in table 24 indicate that from all displaced women with urban origin , 46.4 % visited ante natal care services during their first trimester of pregnancy (1-3 months), 42 % during the second trimester (4-6 months) and 11.6 % during the third trimester (7-9 months). The majority of displaced women (61.5 %) with rural origin visited ante natal care services during their second trimester and 34.6 % visited during the first trimester.

Education was also found to be an important factor in timing of the first visit of ante natal care services during pregnancy. Fifty percent of displaced women with no education visited ante natal care services during the second trimester of pregnancy and about 60.7% of displaced women with secondary and above education visited ante natal care services during the first trimester and 35.6% of women with primary education visited ante natal care services at the first trimester.

When number of years spent in school increases timing for the first visit of ante natal care services gets earlier. Women with better education (secondary and above) go to hospitals to get treatment earlier than women with primary or no education. In general the data indicate that most women visited ante natal care services when they were in the second trimester of their pregnancy.

6. 1. 3. Delivery Care

Whether displaced women receive health care during delivery was also another interest of the study. Table 25 presents data on place of delivery of the last child born after may 1991. The table shows that 43.7% of displaced women delivered at home their last child born after may 1991 , 24.4% delivered at hospitals and 31.9% delivered at health centres.

Table 25 Distribution of Women By Place of Delivery and Health Workers Assisted During Delivery Addis Ababa, 1998.

Variable	Displaced (%)	Non-displaced (%)
Place of Delivery		
Home	43.7	32.9
Hospital	24.4	32.2
Health Centre	31.9	34.9
Treatment Given By		
Doctor	18.5	33.3
Nurse	40.7	37.5
TTBAs	40.3	27.8
Other	1.5	1.4

Source: Survey Data, 1998.

Out of the total births by displaced women 18.5 % were delivered by doctors and 40 % were delivered by traditional trained birth attendants(TTBAs) and only 1.5 % responded that they were delivered by friends, mother or relatives at home.

The figure for non -displaced women was that 32.9 % delivered at home and 67 .1% of them received medical supervision either at hospitals or health centres. Displaced women who got medical supervision at delivery were 56.3 %. About 65 .3 % of non-displaced women were delivered by either doctors or nurses, only 27.8 % were delivered by TTBAs and 1.4 % responded that they were delivered by friends or relatives. In general, a little higher percentage of displaced women than the non-displaced delivered at home by TTBAs and relatives and from those who got medical supervision most of them (40.7 %) were treated by nurses.

6. 2. Immunisation of Children

Respondents were asked questions about immunisations of children who were born after May 1991. The questions asked were whether children born after may 1991 had received immunisations against diseases like tuberculosis (Bacille Calmette Guerin (BCG)), Diphtheria, Tetanus Toxoid & Pertussis (DTP), Measles and Polio. Only measles immunisation is recommended at the initial stage as a primary relief effort for the displaced population. Even if the population had come from countries with high coverage of immunisation, measles immunisation should still be given high priority. However all of the other vaccines are recommended to be integrated in the long term health program if these population are to remain stable for more than three months (CDC , 1992).

6. 2. 1. Immunisation Coverage

The data presented in table 26 shows immunisation coverage for the last child born after may 1991. Mothers who gave birth after may 1991 were asked if they had immunised their children, if the answer is "yes " they would further be asked which vaccines the child had received. If the answer is "No " they would be asked the reason for not immunising their children.

Table 26 Distribution of children who had any immunisation Addis Ababa , 1998 .

	Displaced (%)	Non-displaced (%)
Children Immunised	91.1	92.4
Not Immunised	8.9	7.6
Vaccine Immunised		
Polio	99.2	99.3
BCG	89.7	92.6
DTP	86.3	90.2
Measles	84.3	83.1

Source: Survey Data, 1998.

About 91.1 % of displaced children and about 92 .4 % of non-displaced children had received at least one vaccine. The figure shows that immunisation coverage is high for both groups of children. About 99.2 % of last born displaced children received vaccine against Polio, 89.7 % had received a BCG vaccine and 86.3 % received three doses of DTP vaccination .About 84.3 % of displaced children received vaccine against measles.

As it can be observed from table 26 Polio vaccine coverage is very high. This might be the result of past campaigns against Polio. The result further indicates a decline in proportion of children who received other vaccines (BCG , DTP , Measles). The reason for this, as the mothers put is that, the child was young to receive the next vaccine, mothers forgot about the next vaccine, the child was sick at that time etc.

In general, it can be said that immunisation coverage is reasonably high and further notice or information should be given to mothers to complete all the recommended vaccines for their children .

6. 3. Level of Child Mortality

Proportions of children ever born who have died are well known to be indicators of child mortality. Proportions of children dead classified by mother's five year age group or duration of marriage can provide estimates of probabilities of dying between birth and child hood ages. William Brass was the first to develop a procedure for converting proportions dead of children ever born reported by women in age group 15-19, 20 -24, etc. into estimates of the probability of dying before attaining certain exact child hood ages (UN, 1983). An important assumption made was that the risk of dying of a child is a function only of the age of the child not other factors, such as mothers age or the child's birth order. However since in reality it appears that children of young mothers experience above average mortality risk, estimation of infant mortality (probability of dying before age 1) that can be derived from the reports of women aged 15-19 are generally disregarded (UN, 1983).

But later Sullivan and Trussel computed another set of multipliers using data generated from observed fertility schedule.

Before going to the estimation of child mortality it is necessary to check the quality of mortality data. The data is based on number of children ever born and proportion survived or proportion dead. The data quality was assessed by calculating sex ratio and by examining the behaviour of the reported average parities .

Examination of data by sex ratio shows that the data had problem among non-displaced women aged 40-44 which may be due to sampling error or mis reporting of sex of the child or possibly under reporting of births. Examination of average parity among women of different age groups was acceptable in case of displaced women. For non -displaced women except for the age group 40-44 the data seems to be plausible.

6. 3. 1. Under five Mortality

The study asked a retrospective question on the number of children ever born and number surviving. Under five mortality was estimated based on Trussel regression equation with Coale and Demny West model life table. West model life table was selected because when little is known about the mortality experience of the population under study, the west model is recommended simply on the grounds of generality (UN , 1983).

The Trussel method assumes that fertility and child mortality have remained constant in the recent past. The estimated under five mortality is given in table 27 by age of women and time reference for the two groups of women (displaced and non-displaced).

Table 27 Estimates of under five mortality and time reference by age of women .A.A., 1998.

Age of women	Age (X)	Displaced		Non displaced		1995 ***survey result	
		Under Five	Time Reference	Under Five	Time Reference	Under Five	Time Reference
15-19	1	-	-	-	-	66	July 1994
20-24	2	72	Jan.1996	128	Aug.1995	101	Nov.1993
25-29	3	87	Feb.1998	85	July 1993	132	Dec.1992
30-34	5	89	Jan.1994	87	Feb.1991	91	Nov.1991
35-39	10	95	July 1992	45	Feb.1988	115	Aug.1990
40-44	15	89	Aug.1990	48	Apr.1985	155	Sep.1988
45-49	20	122	Aug.1990	74	May 1982	148	Aug.1985

Source : Survey Data, 1998; *** CSA, 1995.

As mentioned above the estimates of (q1) values do not show the real estimates, therefore these values are ignored. Giving the allowance for variation that could arise from sampling, the remaining show that child mortality has been falling in case of displaced population.

Based on the average result for the three age group (20-24, 25-29, 30-34) child mortality for displaced population was 83 per 1000 live births, and 100 per 100 live births for non-displaced population who reside in same kebeles. Under five mortality for urban Addis Ababa was found to be 109 per 1000 live births in 1995.

Child mortality was higher for non-displaced than the displaced population, and it fluctuates over time.

One reason for the high child mortality among non-displaced population might be, in the study most of the non-displaced women were from lower class. For example around Kore some of the respondents were beggars/lepers. They settled in Kore because the Leprosy Control Hospital (ALERT) was located there.

In Kaliti most of the dwellers were workers of the nearby factories and most of them were economically poor. The area is a small new town which doesn't have enough facilities like water and clinic. The nearby clinic is located in the next town of Akaki.

Therefore since most of the comparison groups are women who are economically poor there is a high probability of high child mortality. And this result calls for an in-depth research on child mortality in Addis Ababa.

For displaced population lower child mortality was observed. Since they have stayed here for the last seven years they might have adapted to the situation. And child mortality was found to be declining. This could be because child mortality is expected to be high at the emergency stage of displacement usually from three months to one year (CDC, 1992). Afterwards because of adaptation to the situation it will level off and later decline.

However, tuberculosis was observed to be prevalent among them and in this situation, adult mortality might be high. In Kolfe camp for example the key informants indicated that people are dying of tuberculosis. One of our respondent in Kaliti had also died from tuberculosis few days after the interview. Since tuberculosis is closely related with HIV virus, it is possible that people are dying of AIDS. However further research could be conducted in this area since the present study doesn't have any information on AIDS.

CHAPTER SEVEN

7. SUMMARY AND RECOMMENDATIONS

7.1 Summary

In the present study efforts were made to show selected demographic and socio-economic characteristics of internally displaced persons residing in Addis Ababa by comparing with non-displaced persons when necessary. Fertility, child mortality, contraceptive (knowledge, attitude, practice), maternity care, child immunisation and some selected socio-economic variables were treated. According to an enumeration conducted by the government on February 1997, there were about 17, 615 displaced people residing in Addis Ababa, out of which 3499 (63.8%) were headed by females and 1987 (36.2%) were headed by males. Even though the government claims this figure to be the actual number, it is believed that there were people who were not enumerated. Other studies showed that total number of displaced people residing in Addis Ababa were more than 45, 000 (MOLSA, 1995; GTZ, 1994). Because of lack of information however the present study focused only on the enumerated number .

The study population were Ethiopian nationals who were displaced from Eritrea after the end of the civil war in May 1991. After the war was over tens of thousands of civilian Ethiopians were forced to leave Eritrea, most of them being spouses and children of the ex-soldiers. About 40, 000 household civilians were displaced from Eritrea and they were scattered all over the country. Most of them settled in areas where they have some relatives or to the areas from where the husbands came from.

Displaced people reside in 14 different camps all over the region. They are living in a deplorable condition in tents, grain stores, corrugated roof buildings with out windows which is internally partitioned by dirty clothes, plastic materials etc. The average space per family (about 4.6 persons) is no more than 2-3 square meters. There are no kitchen facilities, toilet facilities are poor and in some camps they are out of use.

Except in Kore camp, the other camps get tap water and electric light inside the camps. In Kore (in the three camps) there is no tap water and electricity. The people buy water from the neighbouring residents and they use kerosene lamp at night.

The majority of the displaced population (from the total sample) were Tigreans (50.1%) followed by Amharas (39.8 %). Almost all of them (96.5%) were followers of Ethiopian Orthodox Church and only 3.1 % of the respondents were Muslims.

About 33.1 % had never attended school , 40.3 % of them were with primary (1-8 grade) education and 26.6 % have attended secondary education (9 and above). This indicates that the majority of displaced women were not illiterates, at least they have attended primary education.

Place of childhood residence (up to age 12) was urban for 74% of the women, which indicates that urban-urban migration was dominant in the population .

Present occupation of the respondents was that, about 79.7% were engaged in "food for work program" and the rest had no job. Before displacement 18.3% had no job and 81.7 % were engaged in formal or non-formal activities. About 83.9 % of the respondent's husbands were ex-soldiers and 11.6% were employed in the formal sector and 4.5% of them were engaged in informal activities.

Widowed and divorced/separated displaced women were 61.7% and only 24.7% were currently married , the figure for never married women was 13.6%. Mean age at first marriage for all ever married displaced women was found to be 17 years. Number of households with only one member was 3.7% and the largest family size was found to be 11 persons. The average household size was 4.6 persons. From the total households 77.2 % were headed by females and only 22.8 % were headed by males.

About 52.3 % of the displaced population were between the age group 15 to 64 and about 47.7% were under age 14 and over age 65. From the total population 57.1 % were females and 42.9% were males.

The reported current fertility as measured by total fertility rate (TFR) was found to be 1.64 and average number of children ever born (CEB) for the age group 45-49 which estimates a woman's average completed fertility was found to be 5.3 children indicating the fact that by the end of her reproductive age a displaced woman would have at least five children.

The results of the analysis on fertility behaviour of displaced, non-displaced migrant and non-displaced non-migrant women indicate that most of the variables considered (age at marriage, marital status, place of childhood residence, education, contraceptive ever use) appear to significantly affect fertility behaviour of all women. However, factors that affect fertility varied by migration status of women. Variables like age at marriage, education, husbands education and marital status were found to have statistically significant effect on fertility of non-displaced non-migrant women while only age at marriage and marital status were found to be statistically significant variables that affect fertility of displaced and non-displaced migrant women .

In general, after controlling for the effect of age, marital status was found to be the strongest variable that causes fertility differentials in displaced population followed by age at first marriage.

When asked about knowledge of contraceptives, more than 85 % of displaced women responded that they had knowledge of at least one method of family planning. And from those who knew at least one method of family planning 80 % had knowledge of five or more methods. Differentials in knowledge of contraceptive methods was also dependent upon current age, educational level, childhood residence and marital status. From all ever married women who had responded that they knew at least one method of family planning 54 .1 % had used pills.

About 43.7 % of the respondents who gave birth in the past five years delivered their last child at home and 56.3 % delivered either at hospitals or health centres. Women who were delivered by traditional trained birth attendants (TTBAs) were 40.3 % and 40 % of them were delivered by nurses. Mothers had immunised 91.1 % of their last children born after may 1991. Almost all of them (99.2 %) were immunised against Polio, 89.7 % received BCG vaccine, 86.3 % received DTP vaccine and 84.3 % received vaccine against measles.

Child Mortality was estimated using Trussel equations. Accordingly, the average child mortality rate was found to be 83 / 1000 live births for displaced children and it shows a declining trend over time. For the non-displaced population child mortality in the study was found to be 100/1000 live births. The figure for the 1995 Fertility Survey for Urban Addis Ababa was 109 /1000 live births. Mortality rate for non-displaced population fluctuates over time. Given the bad living condition and sanitation where the displaced population live, one might expect a higher child mortality rate among displaced population, however this was not the case in the present study .

7.2. Recommendations

As the foregoing discussion indicated, displaced people in Addis Ababa are leading hard life. They live in houses which are crowded. They are economically poor. The government and concerned non-governmental organisations should give priority to enhance their well being, and rehabilitate them. Based on the finding of the present study however the following recommendations are forwarded.

1) The exact number of internally displaced persons residing in Addis Ababa is not known. When formulating policies and setting priorities it is important to get full information about these people (internally displaced persons). From close observation it was understood that the February 1997 enumeration didn't include all internally displaced persons living in Addis Ababa. Therefore, a proper second round enumeration should be conducted by the government.

2) Their housing condition and living situation was found to be very poor, overcrowd and poor sanitary arrangements were witnessed, most of the houses were with out windows, the roofs were made of plastics. In this case mortality is expected to be high , however the level of child mortality was lower than the non-displaced and even declining. The poor housing condition might have an impact on high adult mortality. Therefore further research that studies adult and infant mortality of displaced population is recommended.

3) Since child mortality was found to be lower in displaced population than the non-displaced, this calls for an in-depth research in the areas of child mortality among the residents of Addis Ababa. And also it is advised to conduct a mortality survey of Addis Ababa.

4) A good surveillance system should be established by the Ministry of Health at each camp which registers the occurrence of disease among the population so that an outbreak of a disease could easily be controlled before it reaches the society.

5) Even if there were communal latrines in every camp they were not enough and many were filthy and out of use. Additional toilets have to be constructed and maintained as long as these people are going to stay there.

6) Assisting people in camps should not continue any more. The government should try to find ways to formally reintegrate them into the society. Non-governmental organisations should also assist in reintegrating these people.

7) Although there is high number of divorced and widowed among displaced population, high fertility was observed. Extra-marital fertility therefore may be masked by indicating marital status as separated or divorced. Therefore there is a research need that shows the extent and consequence of extra-marital fertility.

8) Although the nature of displacement of people from Eritrea is different, the government should not wait until huge number of people leave their homes and head to cities. The situation shouldn't be ignored until it is out of control. Rather when there arises a situation that force people to leave their residence, assistance should be given immediately at the source of the problem.

9) Last but not least, governments should try their best to avoid the root causes of displacement.

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ADDIS ABABA UNIVERSITY
Addis Ababa, ETHIOPIA

DEMOGRAPHIC TRAINING AND RESEARCH CENTRE
INSTITUTE OF DEVELOPMENT RESEARCH

Date: 17 June 1998

Ref. No.: DTRC/IDR/74/98

TO: Prof. Tewodros Solomon
Dean, School of Graduate Studies

FROM: Markos Ezra (Ph.D)
Coordinator, DTRC

SUBJECT: Final M.Sc. Theses of DTRC Students

The 1997/98 A.Y M.Sc. Theses Defence program of DTRC was conducted between June 1 - 6, 1998. The examination Committees suggested that some minor modifications and corrections should be made before the theses are submitted to the School of Graduate Studies. the committees also suggested that theses supervisors should make sure that the changes are incorporated.

Accordingly theses supervisors have approved that the suggested changes and corrections have been incorporated. I therefore, recommend that the following theses be accepted by the school.

1.	Ambachew Legesse	Demographic Responses to Household Food Insecurity In North Wollo
2.	Berhanu Ayichew ✓	Premarital Sexual Behavior, Pregnancy Incidence and Its Resolutions in Bahir Dar Town
3.	Fekadu Badnessa	The Impact of Development Projects on Some Socio-Demographic Variables: A Comparative Study of Atat Hospital's Women's Groups in Rural Ethiopia
4.	Gugsa Yimer	Risk factors of Malnutrition Among Children in Southern Ethiopia

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5.	Konjit Kifetew	Socio-demographic Determinants and Consequences of Female Adolescent Sexual Behavior in Addis Ababa
6.	Senait Tibebu	Demographic and Socio-economic characteristics of Internally Displaced Persons in Addis Ababa: A comparative analysis with the Non-Displaced
7.	Teshome Adno	Unemployment in Addis Ababa: Levels, Trends and Differentials
8.	Yared Mekonnen	Barriers to the Utilization of Maternity Care Service in Southern Ethiopia: Analysis of the Service and User-Related Factors
9.	Yenehun Twaye	High Risk Births, Unmet Need In Family Planning, and Their Correlates in Ethiopia
10.	Yitayew Ayalew	Contraceptive Discontinuation and Method Switching Among Registered Modern Family Planning Acceptors in Bahir Dar

The performance certificates along with the recommendations of the DGC will follow soon.

With regards.

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DECLARATION

I, the undersigned, declare that this thesis is my work and that all sources of the materials used for this thesis have been duly acknowledged.

Name Senait Tibebu Abraham

Signature Senait Tibebu

Place: Addis Ababa University

Date: June 19, 1998