

Global Health: Ethiopia

Lindsey Holguin, Rupinder Kaur, Alexis Maciel, Taylor Porter, Erita Shahbazi

California State University, Stanislaus

### Country Background

Ethiopia is located on the Eastern side of Africa, west of Somalia. It is approximately 1,104,300 square kilometers (km) in length (Central Intelligence Agency [CIA], 2020). Ethiopia is known to be an agricultural country and has monsoon weather. It is also susceptible to earthquakes, volcanic eruptions, and frequent droughts. According to the CIA (2020), there are approximately over 108 million people living in Ethiopia. The population's life expectancy is about 67.5 years. The rapid growth of the population puts a strain on available food resources which makes the population vulnerable to food shortages (CIA, 2020).

Ethiopia is one of the poorest countries in the world (CIA, 2020). It has one of the lowest levels of income inequality in Africa. More than 70% of the population are employed in agriculture. There is government investment in infrastructure and in the service sector. Exports include coffee, gold, sesame, khat, livestock, and horticulture products (CIA, 2020). The health care system in Ethiopia has a limited availability of health resources, an overreliance on out of pocket payments by citizens, and inequitable use of resources (Ali, 2014). Universal coverage of health care is limited. One of the reforms developed in 1998 is being implemented to make social health insurance and community-based health insurance available to Ethiopians (Ali, 2014).

Ethiopia is the oldest independent country in Africa and consists of 80 different ethnic groups (Teklehaimanot, 2020). The most significant part of Ethiopia's culture is its' language Ge'ez, which is the most ancient language of the world and is still used to this date. Food is another part of the culture of Ethiopia as it includes soup called *wat* with the bread of *injera* as main meals. Ethiopia's main religion is Orthodox Christianity however, it also consists of Islam, Judaism, and Paganism religions (Teklehaimanot, 2020). The Ethiopian Orthodox Tewahedo Church is the oldest church in Ethiopia. Ethiopia's political structure is a federal parliamentary

republic government (CIA, 2020). The government consists of the executive, judicial, and legislative branches (CIA, 2020).

### **Health Related Information**

As defined by the Centers for Disease Control and Prevention (CDC, 2015), a health indicator is a measurable characteristic that describes the health of the population. Ethiopia's key indicators span over the following six subjects: child health, demographic and socioeconomic, health financing, health systems, mortality and global health estimates, and sustainable development goals (World Health Organization [WHO], 2016). In regards to child health, 56.5% of infants were exclusively breastfed for their first six months of life. The poverty headcount ratio at \$1.25 a day was reported in 2011 at 30.7%. Under health financing, it was recorded that only 15.75% was allotted for general government expenditure on healthcare. The United States (U.S.) was reported at 21.29%. Under health systems, physician density per 1,000 was 0.025; the U.S. was 2.5 per 1,000. As a result, 28% of births were attended by a skilled healthcare worker compared to 99% documented in the U.S. Thus, mortality rates for neonates were recorded at 28.1 per 1,000 live births for both sexes (WHO, 2016). Ethiopia is a growing country with lacking resources leading to poor health indicators.

Ethiopia has become one of Africa's most poor states and is ranking 92 out of 95 on the United Nations Developed Programme human poverty index (WHO, 2012). Out of 70 million of their people, 45% are living below the poverty line. It is said that four out of five people are living without proper sanitation and at least three-quarters of their population do not have access to clean water. The overall health concerns of the country include maternal mortality, malaria, tuberculosis, acute malnutrition, HIV/AIDS, lack of clean water, and sanitation. Access to healthcare services is also a rising issue due to the limited number of health institutions, inept

issuing of medical supplies, inequality between rural and urban areas, and critical underfunding. Furthermore, approximately 50% of the population lives more than 10 km from the closest health facility with poor means of transportation (WHO, 2012). Ethiopia's poor conditions are not ideal when it comes to health and contributes significantly to their health issues.

### **Description of Hunger and Poverty Condition**

#### **Article I**

Growth in agricultural productivity had an impact on household poverty dynamics in Ethiopia (Abro, Alemu, & Hanjra, 2014). The problem of poverty is extensive with 29.6% of the population below the national poverty line. Poverty is more prevalent in rural areas (30.4%) than in urban areas (25.7%). A panel dataset was used and simulations showed that agricultural productivity had a positive impact in reducing poverty of rural households. The strengths of Ethiopia are that agriculture is a source of income, government policies can be beneficial, and the availability of livestock. There are many barriers identified that contribute to poverty. There is rapid population growth, a scarcity and low quality of land, and low amount of farming assets. Ownership of livestock is difficult for those who are poor and they are more likely to be inefficient farmers. There is a recurrence of droughts and inconsistent rainfall (Abro et al., 2014).

#### **Article II**

The famine is the main challenge for Ethiopia, while agriculture contributes to 80% of export earnings and 80% of employment opportunities (Mekuria, Mekonnen, & Melese, 2019). One reason is that croplands are being converted to *Khat* production, which increases export and does not provide food to the population. About 29.6% of the population live below poverty, and 35% are undernourished. Recently, climate droughts have affected 8.5 million people. Climate change is affecting agriculture by degrading land by increasing soil acidity, soil erosion, and

water stress. Natural resource degradation, such as soil erosion or loss due to climate changes, and population growth has placed Ethiopia in a vicious cycle of poverty, disease, and hunger. In Ethiopia, 14% of children are stunted, 9% of children are wasted, and 25% of children are underweight. A balance between food production and food consumption is required. Research development has been implemented to develop improved seeds to yield more crops, however the seeds do not reach farmers or reach very late. Animals were used more for income by selling rather than food in households. Animals contribute to 10% of food supply, and 85% of cash income. Given that Ethiopia's 90% of food supply is crop, a balance between food production and food consumption is required. Inadequate knowledge regarding food budgeting among households is increasing food waste, and the inability to manage livestock products (Mekuria et al., 2019)

### **Article III**

Food availability in households and inappropriate feeding practices have placed a burden on Ethiopia's children (Berra, 2020). The research article depicts the alarming effects of hunger and malnutrition. A cross-sectional study was conducted on 525 households who had children six to 23 months of age. They interviewed the parents and conducted anthropometrics on the children. Berra (2020) observed that 69% of the families had insufficient access to food. From that 69% of families, 56% were considered mild and moderate food-insecure households. The children of these food insecure households were stunted 41.8%, underweight 22.0% and wasted 14.9%. In the homes that were considered to be food-secure, the children were 16.2% stunted, 6.9% underweight, and 6.3% wasted. The article comments that household hunger is a main predictor for a child to be malnourished. A barrier to consider is the lack of nutritional knowledge. This lack of knowledge by the parents led to damaging effects to their children's

growth and development. Poor dietary quality and poor feeding practices are the main reasons why these families have children with retarded growth patterns. Some strengths would be that Ethiopia is a country that grows a majority of their own crops and that education and intervention programs have been designed to improve child nutritional status (Berra, 2020).

#### **Article IV**

Ethiopia is among some of the most famine-stricken parts of Africa. Sisha (2019), assesses the prevalence of food insecurity along with the determinants that contribute to being food insecure. The study expanded over 5,000 households in Ethiopia using the logit model. In the rural areas, 30% of those participants reported not enough food for the past 12 months and 44% were stunted in growth with a literacy rate of 47%. In the small town participant group 18.6% reported not enough food in the past 12 months with a 68% literacy rate and only 37% were stunted. Education was reported as the first most significant determinant of poverty with the study resulting in an overall literacy rate of 55%. Sisha (2019), reported that food insecurity problems were stemming from the agriculture sector as a result of climate shocks. In urban areas, rural migration for employment creates a workforce loss. Strengths to consider reside in financial services for farmers. Investing in them allows for increase in food production for the growing population as well as increase in employment in the rural areas (Sisha, 2019).

#### **Article V**

Food insecurity is a common issue among households in Ethiopia. Belachew et al. (2011), evaluates the correlation between food insecure adolescents, school absenteeism, and educational attainment. The study was conducted by evaluating 2,100 households across six rural

communities in Southwest Ethiopia through questionnaires. A bivariate analysis was done and showed that 33% of food insecure adolescents were identified as absentees compared to 17.8% of food secure adolescents. A report from the study also showed that there was a higher frequency of illness in food insecure adolescence than in food secure youth. Furthermore, there is increasing awareness that poor health and malnutrition have a significant effect on adolescence cognitive development, learning, and educational achievement. Some of the strengths to consider would be their interventions of including food stamp programs and school breakfast programs. These interventions were reported to have favorable outcomes for children on academic learning by helping to reduce stress and raise dietary intake. It is said that although these programs are being implemented as an emergency response, there is no aid in non emergency situations (Belachew et al., 2011).

### **Team Synopsis**

Before starting the paper, the group members discussed who would write each part of the paper. The group was self-conscious about their own operations. When the group communicated with one another in class and through email, the atmosphere tended to be informal, comfortable, and relaxed. For the most part, decisions were made at a point where there was a general agreement. Alexis talked about the economy and the healthcare system. Alexis chose article one. It took Alexis approximately nine hours to complete her part. Rupinder described the culture, religion, and political status. Rupinder's article is article two. It took Rupinder about ten hours to complete her part. Emita wrote about the geography, climate, and population. Emita's article is article three. It took Emita approximately eight hours to complete her part. Taylor and Lindsey

described the health related information for the country. Lindsey's article is article four which took eight hours to complete. Taylor's article is article five and it took her approximately eight hours to complete. The group did not have a set time frame of when they wanted each member's part to be finished. This can be seen as room for improvement for the future. The group may work on setting clear and demanding performance goals to work on.



## References

- Abro, Z., Alemu, B., & Hanjra, M. (2014). Policies for agricultural productivity growth and poverty reduction in rural Ethiopia. *World Development*, 59, 461-474. doi: 10.1016/j.worlddev.2014.01.033
- Ali, E. (2014). Health care financing in Ethiopia: Implications on access to essential medicines. *Value in Health Regional Issues*, 4(1), 37-40. doi: 10.1016/j.vhri.2014.06.005
- Belachew, T., Hadley, C., Lindstrom, D., Gebremariam, A., Lachet, C., & Kolsteren, P. (2011). Food insecurity, school absenteeism and educational attainment of adolescents in Jimma Zone Southwest Ethiopia: A longitudinal study. *Nutrition Journal*, 10, 29-37. <https://doi-org.libproxy.csustan.edu/10.1186/1475-2891-10-29>
- Berra, W. G. (2020). Household food insecurity predicts childhood undernutrition: A cross-sectional study in West Oromia (Ethiopia). *Journal of Environmental & Public Health*, 1–9. <https://doi-org.libproxy.csustan.edu/10.1155/2020/5871980>
- Centers for Disease Control and Prevention. (2015). *Health indicators warehouse*. Retrieved from the Centers for Disease Control and Prevention website: [https://www.cdc.gov/nchs/ppt/nchs2012/LI-18\\_CHURCHILL.pdf](https://www.cdc.gov/nchs/ppt/nchs2012/LI-18_CHURCHILL.pdf)
- Central Intelligence Agency. (2020). *Africa: Ethiopia*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/et.html>
- Mekuria, W., Mekonnen, K., & Melese, T. (2019). Food production and consumption in the highlands of Ethiopia: The missing link in food systems. *Review of Agricultural and Applied Economics*, 22(2), 71–80. doi: 10.15414/raae.2019.22.02.71-80
- Sisha, T. (2020). Household level food insecurity assessment: Evidence from panel data, Ethiopia. *Scientific African*, 7. doi: 10.1016/j.sciaf.2019.e00262

Teklehaimanot, T. (n.d.). *Ethiopian Treasures*. Retrieved 2020, from

<http://www.ethiopiantreasures.co.uk/pages/culture.htm>

World Health Organization. (2016). *Ethiopia key indicators*. Retrieved from the World Health

Organization website: <https://apps.who.int/gho/data/node.cco.ki-ETH?lang=en>

World Health Organization. (2012). *Ethiopia*. Retrieved from the

World Health Organization website:

<https://www.who.int/hac/donorinfo/callsformobilisation/eth/en/>

Section	Content	Source	Points
Country Background	--Identify country --Geography --Climate --Population --Culture --Religion --Political Structure --Economy --Health Care System Brief summary only—keep to around 1 page	<b>Good sites</b> •State Department Background notes for the country •CIA World Factbook •Stan State Library A-Z -Countrywatch (click on country/reviews for culture) -Global Road Warrior	10 points
Health Related Information for the country	Identify health indicators and issues	<b>Use both sources below</b> •Communicable Disease Control (CDC) •World Health Organization (WHO)	10 points
Description of Hunger/Poverty Condition for the country	Each team member contributes an article related to the problem Section includes: --brief summary of each of the articles --statistics on extent of problem --strengths of the country to tap into --barriers to consider Does not include solutions		50 points
Writing	--all in your own words --no quoting --writing is understandable --paragraphs are focused & have clear direction --paragraphs and ideas transition & flow smoothly --few grammar/punctuation errors --appropriate use of headers --adheres to page limit		10 points

	--APA compliant --Includes rubric with paper submission		
Team Synopsis	Description of team division & analysis --who did what work --estimate of time spent for each member --what went well with teamwork --how team performance could improve		10
TOTAL			90 points