



Length of life for people in Ethiopia is increasing, but the longevity is not distributed equally

Describing the individual distribution of health provide valuable knowledge. We estimated and compared length of life inequality within and between population groups in Ethiopia over time.

Life expectancy has increased. The distribution of longevity is more equal in 2011 than 2000. Inequality in length of life is considerably larger within than between wealth groups.

Our findings contribute to the important process of identifying proper measures to further reduce length of life inequality and improve population health in Ethiopia.

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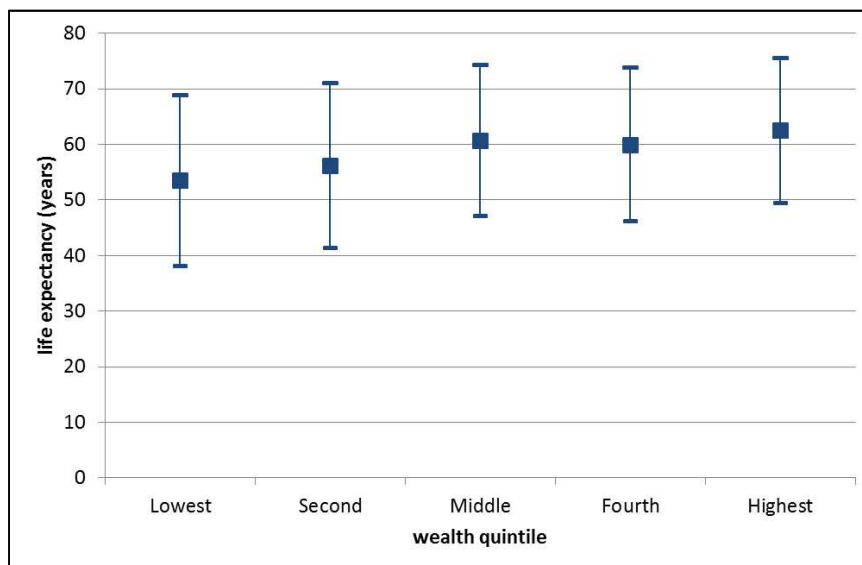
Global Health Priorities belongs to the Department of Global Public Health and Primary Care at the University of Bergen.

The group works interdisciplinary within the fields of medicine, economics, ethics and philosophy, political science, public health, epidemiology and statistics.

Links

[Original article](#) at International Journal for Equity in Health →
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Life expectancy (central dots) and absolute length of life inequality (high and low bar) for wealth quintiles indicate larger within- than between-group inequality.

Background

The need to measure and document health inequality is well established, but exactly what to measure and how to do it is not yet resolved. Most studies measure average health, as life expectancy and under-five mortality, and compare outcomes among pre-defined groups.

Measuring between-group inequalities based on differences of means does not provide sufficient information about the individual distribution of health and can mask relevant inequalities.

We believe that modeling health distribution using available summary measures will be of great value, as no good quality vital registration data exists in Ethiopia. In this study we estimated and compared within-group and between-group inequalities in length of life for population groups in Ethiopia in 2000 and 2011.

We used data from the 2011 and 2000 Ethiopia Demographic and Health Survey, and the 2010 Global Burden of Disease study.

Conclusion

In the Ethiopian context with a poor and highly rural population, inequality in length of life within wealth quintiles is considerably larger than between them. This suggests that other factors than wealth substantially contribute to total health inequality in Ethiopia, and that identification and quantification of these factors will be important for identifying proper measures to further reduce length of life inequality.

Main findings

Estimated life expectancy for the whole population has increased, from 49.7 years in 2000 to 60.9 years in 2011. This is an important and highly impressive development.

We see a clear socioeconomic gradient in Ethiopia, with a life expectancy ranging from 53.4 years in the lowest wealth quintile to 62.5 years in the highest quintile - an absolute difference of 9 years.

There are greater length of life inequality among males and rural residents compared to females and urban residents, but the gap has narrowed from 2000 to 2011.

The absolute length of life inequality within the various wealth quintiles varied from 25.9 years to 30.6 years. As shown in figure 1, this large difference is far greater than the absolute difference in life expectancy of 9 years.

“Length of life inequality within wealth quintiles is about three times larger than the between-group inequality”