

# DJIBOUTI

## Capital

Djibouti

## Ethnic Groups

Somali 60%, Afar 35%, other 5% (mostly Yemeni Arab, also French, Ethiopian, and Italian)

## Languages

French (official), Arabic (official), Somali, Afar

## Religions

Sunni Muslim 94% (nearly all Djiboutians), other 6% (mainly foreign-born residents - Shia Muslim, Christian, Hindu, Jewish, Baha'i, and atheist)

## Population

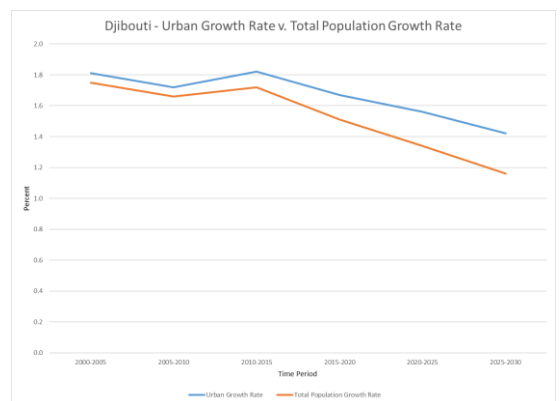
Total: 976,140 million  
Median age: 24.9 years  
Population growth rate: 1.93%  
Urban: 78.6%  
Rural 21.4%

## Fertility

Birth rate: 22.03 births/1,000 population  
Total fertility rate: 2.13 children born/woman  
Sex ratio of population: 0.83 male(s)/female

## Mortality

Death rate: 7.08 deaths/1,000 population  
Life expectancy at birth: 65.61 years  
Maternal mortality rate: 241 deaths/100,000 live births  
Infant mortality rate: 46.02 deaths/1,000 live births



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## Migration

Net migration rate: 4.37 migrants/1,000 population

## Health

Current health expenditure: 2% of GDP

Physician density: 0.22 physicians/1,000 population

Adult obesity: 13.5%

Alcohol consumption per capita: 0.21 liters of pure alcohol

## Education

Education expenditures: 3.6% of GDP

## Population Distribution

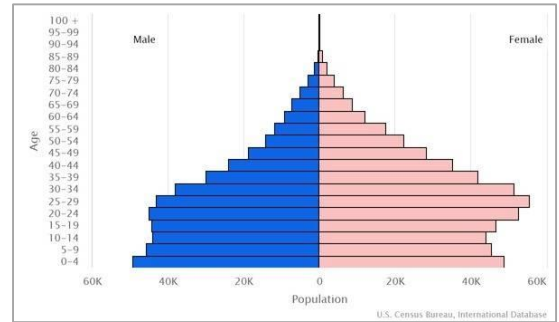
most densely populated areas are in the east; the largest city is Djibouti, with a population over 600,000; no other city in the country has a total population over 50,000

## Demographic Profile

Djibouti is a poor, predominantly urban country, characterized by high rates of illiteracy, unemployment, and childhood malnutrition. Approximately 70% of the population lives in cities and towns (predominantly in the capital, Djibouti). The rural population subsists primarily on nomadic herding. Prone to droughts and floods, the country has few natural resources and must import more than 80% of its food from neighboring countries or Europe. Health care, particularly outside the capital, is limited by poor infrastructure, shortages of equipment and supplies, and a lack of qualified personnel. More than a third of health care recipients are migrants because the services are still better than those available in their neighboring home countries. The nearly universal practice of female genital cutting reflects Djibouti's lack of gender equality and is a major contributor to obstetrical complications and its high rates of maternal and infant mortality. A 1995 law prohibiting the practice has never been enforced.

Because of its political stability and its strategic location at the confluence of East Africa and the Gulf States along the Gulf of Aden and the Red Sea, Djibouti is a key transit point for migrants and asylum seekers heading for the Gulf States and beyond. Each year some 100,000 people, mainly Ethiopians and some Somalis, journey through Djibouti, usually to the port of Obock, to attempt a dangerous sea crossing to Yemen. However, with the escalation of the ongoing Yemen conflict, Yemenis began fleeing to Djibouti in March 2015, with almost 20,000 arriving by August 2017. Most Yemenis remain unregistered and head for Djibouti City rather than seeking asylum at one of Djibouti's three spartan refugee camps. Djibouti has been hosting refugees and asylum seekers, predominantly Somalis and lesser numbers of Ethiopians and Eritreans, at camps for 20 years, despite lacking potable water, food shortages, and unemployment.

Age Structure



Population Distribution

