Ethiopian young people's sexual and reproductive health and rights

Evidence from GAGE Round 3

Outline of Presentation

1. Introduction: GAGE Overview and Context
2. Research Findings
3. Conclusions and Implications for Policy and Practice
4. Questions

Introduction: GAGE Overview and Contexts

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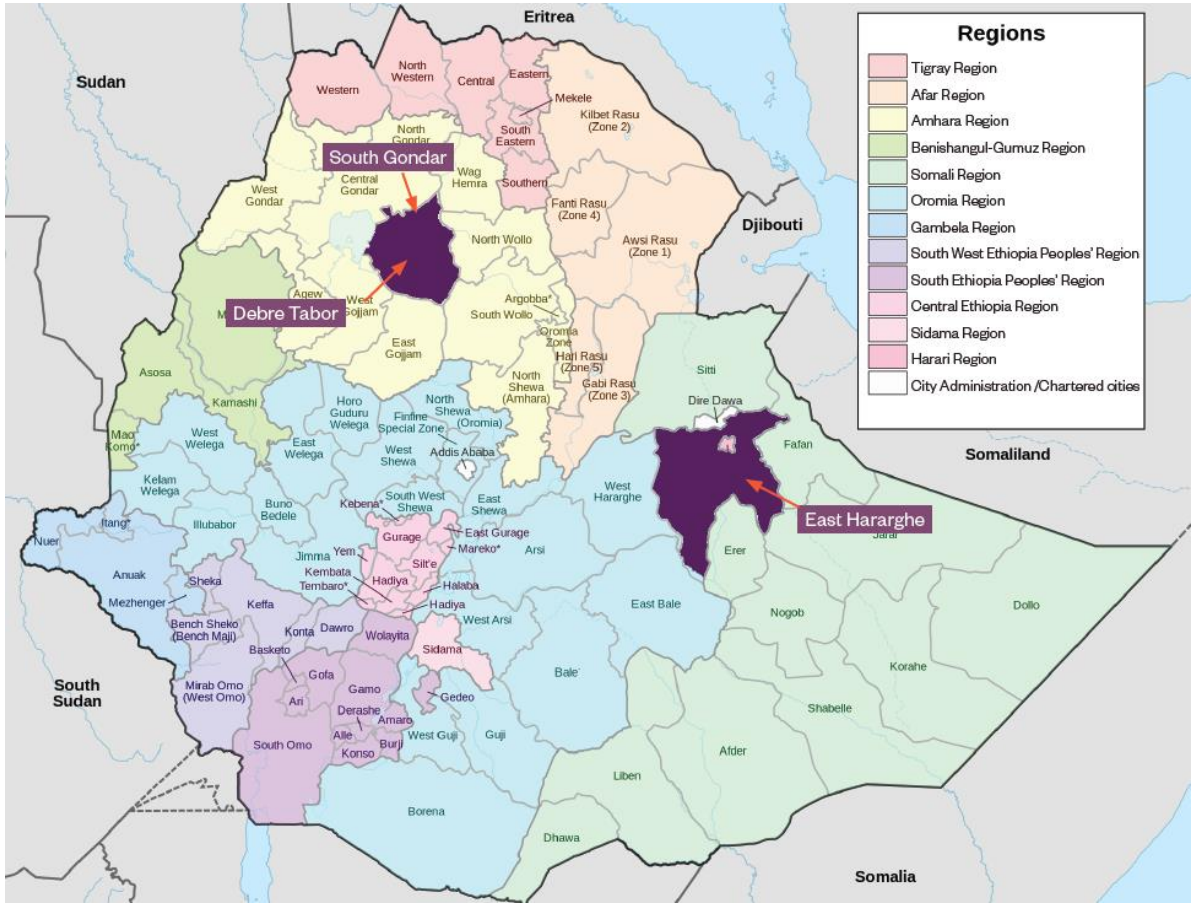
Gender and Adolescence: Global Evidence (GAGE):

A longitudinal research programme (2016-2026)

We are following 20,000 adolescent girls and boys - the largest cohort of adolescents in the Global South

Round 3 study sites and sample



- **Extended time frame:** Early 2021- late 2022
- **Quantitative sample: 4,810 young people**

- 2800 females (700 married < 18)
- 2000 males

- 3800 adolescents an average of 14 years old
- 1000 young adults an average of 19 years old

- 2100 in rural South Gondar
- 2000 in rural East Hararghe
- 700 in Debre Tabor

- 200 young people with disabilities

- **In-depth qualitative interviews** with 402 adolescents, their families and community, district and regional key informants.

Improved well-being, opportunities and collective capabilities for poor and marginalised adolescent girls and boys in developing countries

CAPABILITY OUTCOMES

- Education and learning
- **Sexual and reproductive health**
- Bodily integrity
- Psychosocial well-being
- Voice and agency
- Economic empowerment

CONTEXTS WHICH SHAPE ADOLESCENT GIRLS' AND BOYS' CAPABILITIES

CHANGE PATHWAYS

- Empowering girls
- Empowering boys
- Engaging with boys and men
- Supporting parents and engaging in-laws
- Promoting community social norm change
- Strengthening school systems
- Strengthening adolescent services

SEXUAL AND REPRODUCTIVE HEALTH:

- Access to timely puberty education
- Environments supportive of good menstrual health
- Delayed sexual debut
- Awareness and uptake of contraception
- Awareness and uptake of pregnancy-related services (including abortion)
- Freedom from intimate partner violence

Problem: inadequate knowledge about what works is hindering efforts to effectively tackle adolescent girls' and boys' poverty and social exclusion

Sustainable Development Goals

Target 3.1 By 2030, reduce the global maternal mortality ratio

Target 3.7 By 2030, ensure universal access to sexual and reproductive health-care services

Target 5.2 Eliminate all forms of violence against all women and girls

Target 5.3 Eliminate all harmful practices, such as child marriage and FGM

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GENDER & ADOLESCENCE: GLOBAL EVIDENCE

GAGE findings on Sexual and Reproductive Health and Rights

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Few parents deliver puberty education

- Of all adolescents, 17% had ever spoken to their mother about puberty.
- Of all adolescents, 11% had ever spoken to their father about puberty.
- Adolescents in rural South Gondar and Debre Tabor were more likely to have spoken to their parents about puberty than their peers East Hararghe.
- In rural and urban South Gondar, girls are more likely to talk to their mothers; boys are more likely to talk to their fathers.
- In East Hararghe, this is not true. Boys are more likely to talk to their mothers (15% vs 11%) and fathers (16% vs 7%) than girls.
- Of all groups of adolescents, girls in East Hararghe were the least likely to have ever spoken to a parent about puberty.

Girls who have ever spoken to their mother about puberty often do so only after menarche.

'I tell my mother the first day I see menstruation. She said it is no problem, it is related with your age, anyone experiences it at a certain age, she told me that all females experience it.'

(14-year-old girl, East Hararghe)

Schools provide some puberty education—but many rural students are years over age for grade or drop-out before lessons are provided.

'We got the information from the school. We learn about it starting from grade 5 in Biology course.'

(17-year-old boy, Debre Tabor)

gage GENDER & ADOLESCENCE: GLOBAL EVIDENCE

Most young people have some knowledge about the menstrual cycle

- Most adolescents (74%) and young adults (88%) know that the average menstrual cycle is 28 days.
- Most adolescents (80%) and young adults (86%) know that menarche means that girls can get pregnant.
- Females' knowledge of cycle length is unsurprisingly better than males'.
- In Debre Tabor, females are slightly more likely than males to know that pregnancy can occur after menarche.
- This is not the case in rural areas, where males' knowledge is better than females'.
- Of all groups of young people, females in East Hararghe (71%) are the least likely to know that menarche means that girls can get pregnant—because most leave school in early adolescence before completing primary school.

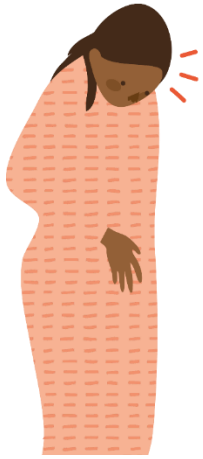
- Young people's knowledge is improving over time.
- Most improvement is due to young people growing up.
- School-based classes, girls' clubs, and NGOs have also contributed to improvement.

Act With Her has been important to progress

AWH aimed to improve girls' sexual and reproductive health outcomes, alongside reducing their risk of violence and improving their access to education and economic empowerment, by providing them with knowledge and strengthening their aspirations and voice.

The programme was delivered in four arms:

1) Work with girls
2) As above—and work with parents and boys
3) As above—and work with communities on social norms and systems strengthening
4) As above—plus provide girls with school supplies and period products



The programme improved young people's knowledge—and reduced stigma

'I am young, I am 13 years old. When our life is good life, I will experience menstruation soon. However, since the condition of living is not good for me, I may experience the first menstruation when I become older than 15.'

(12-year-old girl, South Gondar)

'We learn about body change, that there are changes in voice, growing of hair under armpits and over sex organs, widening pelvic bone. After we experience those changes, we experience menstruation.'

(11-year-old girl, East Hararghe)

'Boys used to laugh at a girl that experienced menstrual leak … Teachers advise them [the boys] by saying, 'These girls are your sisters. Menstruation is natural. When they menstruate, you should have to help them instead of laughing at them.'

(15-year-old girl, East Hararghe)

Girls and young women struggle with menstrual health

- Girls start their periods at different average ages across locations—due to differences in nutrition.
  - East Hararghe: 14.1
  - Debre Tabor: 14.5
  - South Gondar: 15.1
- Girls and young women in urban Debre Tabor (81%) are more likely than their peers in South Gondar (48%) and East Hararghe (43%) to use disposable or purpose-made period products.
- Urban females (84%) are also more likely than their rural peers to hygienically dispose of period products (58%).
- Girls and young woman are often embarrassed or afraid to ask family members for support with MHM. This is more likely to be the case in East Hararghe (79%) than South Gondar (49%) or Debre Tabor (21%).
- A minority of young females (16%) report that their daily activities are restricted by menstruation.

Shame and stigma limit girls' access to period products.

'I am ashamed about buying pads … Those who own shops are males, so I fear asking them.'

(16-year-old girl, East Hararghe)

Stigma—and a lack of period products—limit girls' access to education.

'When you experience a menstrual leak at school, it is very scary … When you want to leave the school compound because of a menstrual leak, the security workers of the school do not allow you to leave the compound … You may be afraid to tell them about menstruation.'

(15-year-old girl, South Gondar)

Sexual activity varies by age, sex, and location

Young adults are more likely to have had sex than adolescents.

Only 12% of adolescents vs. 50% of young adults.

Females are more likely to have had sex than males.

- Of adolescents, 19% of girls and 1% of boys.
- Of young adults, 62% of young women and 29% of young men.

Young people in East Hararghe are more likely to have had sex than those in South Gondar or Debre Tabor.

- Among adolescent girls: 37% in East Hararghe, 9% in South Gondar, 3% in Debre Tabor
- Among young women, 87% in East Hararghe, 75% in South Gondar, 27% in Debre Tabor.
- Among adolescent boys, 3% in East Hararghe and under 1% in other locations.
- Among young men, 63% in East Hararghe, 30% in South Gondar and 6% in Debre Tabor.

Recall that adolescents are a mean age of 14. Young adults are a mean age of 19.

Sexual debut is linked to marriage—usually…

- Of all adolescent girls, 86% of those who have been married have had sex, versus 2% of those who have never married.
- Of all young women, 93% of those who have been married have had sex, versus 3% of those who have never married.
- Of ever-married girls and young women who have NOT had sex, all are from South Gondar, which has a custom called *geyed*, which prohibits a husband from having sex with his wife until an agreed upon age.
- Premarital sex is more common, but still unusual, for young males. Of young men, 89% of the ever-married versus 6% of the never married report having had sex.

Premarital sexual activity, especially for females, is highly stigmatised.

'There is a culture in our society which highly opposes a return of a girl to her family's house after she went with a boy. This is a great shame in our society … Her family will be happier if she died than seeing her come back home.'

(Religious leader, East Hararghe)

'There are some girls that have sex with the boyfriend, but most girls do not have premarital sex.'

(16-year-old girl, South Gondar)

But, premarital sex is becoming more common.

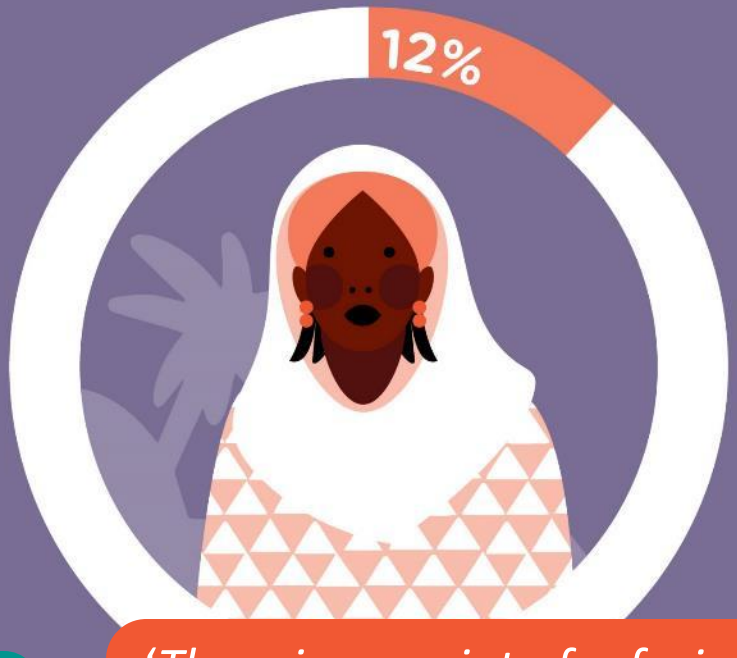
'Many youths have condoms in their pockets, just in case.'

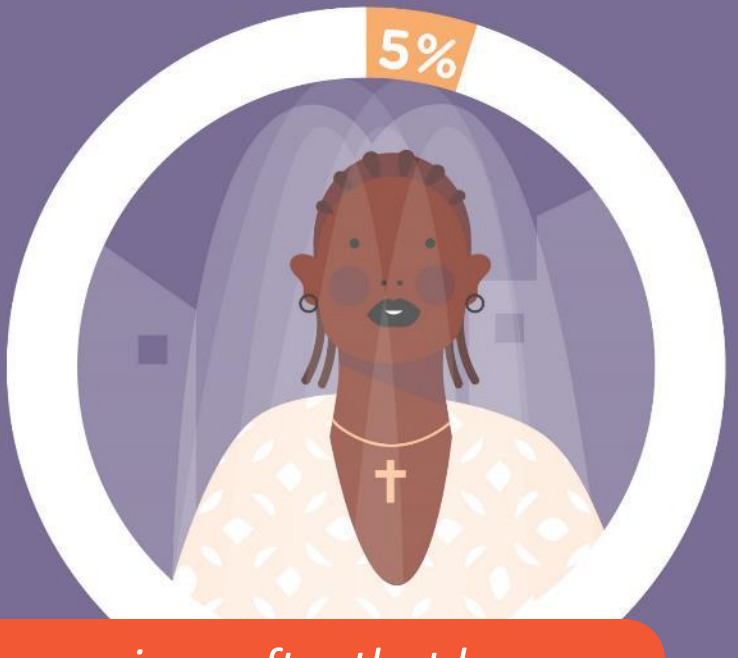
(15-year-old boy, South Gondar)

'The main cause that pushes girls to rush toward a relationship and to start sexual intercourse is economic problems – they have to fulfil what they need. For instance, as you know, most people here are poor…so they can't afford to give their daughters clothes, shoes and other things.'

(Teacher, South Gondar)

Of adolescent girls, who were an average age of 14 years old, 25% of those in **East Hararghe** had already been **married**. Marriage was less common among girls in **rural South Gondar** (12%) and in **urban Debre Tabor** (5%).





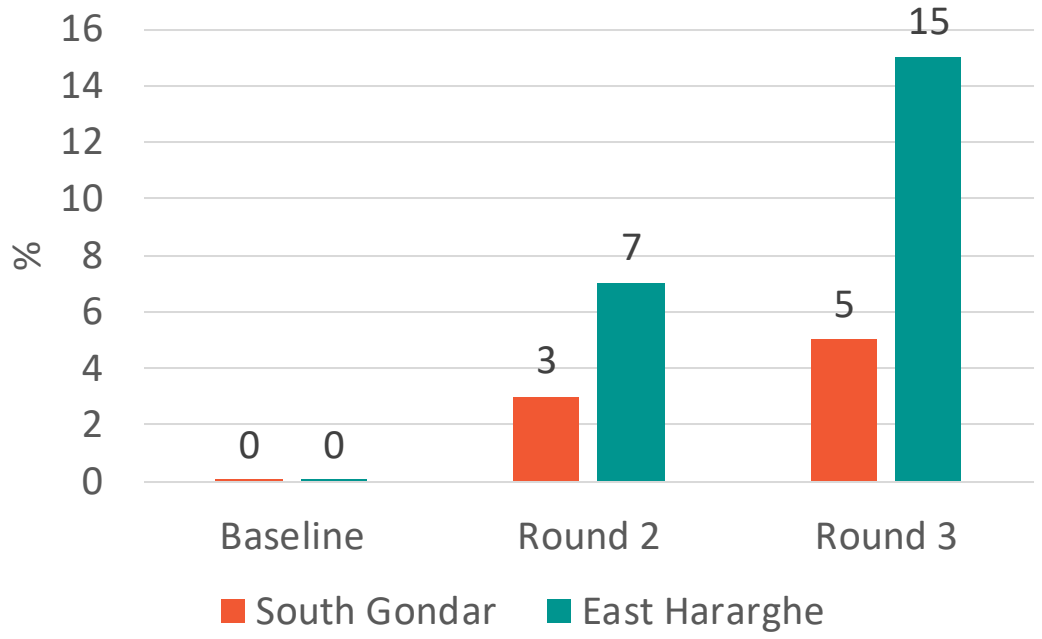
'Girls get married by their own will.'

(15-year-old girl, East Hararghe)

'There is no point of refusing the marriage after that because there is nowhere we can go after disobeying our family'.

(16-year-old girl, South Gondar)

East Hararghe has a growing problem with child marriage



Proportion of girls who have ever been married, by round

This graph represents the rate of child marriage over time—using only the girls who were randomly selected into the baseline sample when they were between 10-12 years old.

- At baseline, only 2 girls in East Hararghe were married—out of nearly 1200 girls in the sample.
- In South Gondar, 7 girls were married out of 1100 in the sample.
- By Round 2, 7% of girls in East Hararghe were married—versus 3% of those in South Gondar.
- By Round 3, 15% of girls in East Hararghe were married—versus 5% in South Gondar.

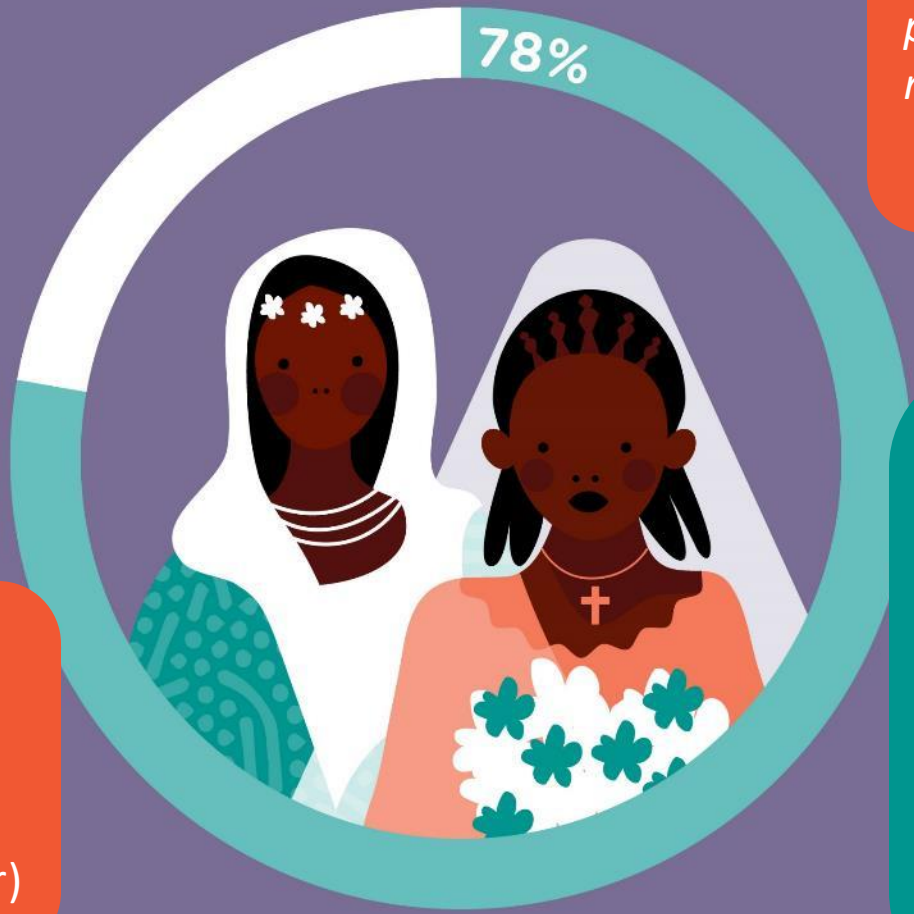
'Girls do not like disagreeing with their mothers. They rush to follow a young man that told her he loves her. She contacts him when she is angry and asks him to take her home if he loves her truly.'

(12-year-old girl, East Hararghe)

'The main supporters …have been women, the mothers, who have been encouraging the girls and the boys as well for the marriage.'

(Community key informant, East Hararghe)

Of young women living in rural East Hararghe and South Gondar, 78% were **married prior to age 18.**



'If she [a girl] is in school, the school principal will never allow them to marry her.'

(Kebele chair, South Gondar)

'Married girls *are safe, no one wants to touch them.'*

(20-year-old young woman, South Gondar)

'We punish the father of a boy who took a girl [for marriage] with 500 birr. If a religious leader makes nikah [religious marriage] for under-aged girl, he will pay 3,000 birr because he has to know better than others.'

(Religious Leader, East Hararghe)

'Many girls are seen to marry someone who has better income, even if she doesn't love him.'

(17-year-old boy, South Gondar)

Sexual debut is sometimes the result of rape

In rural South Gondar and Debre Tabor, ¼ of young women have experienced sexual violence.

Rape is so common that unmarried girls and young women use contraception to prevent premarital pregnancy in the event.

'Any girl above the age of 10 can get raped'.

(Mother, Debre Tabor)

In East Hararghe, 'only' 8% of young women have experienced sexual violence.

Rape is committed by peers and is not recognized as rape.

'When it gets dark, boys want to have sex with girls, they beat the girl that refuses sex … They do not beat the girl that accepts…'.

(16-year-old girl, East Hararghe

Most young people are aware of contraception

Four-fifths of young people know that early pregnancy can be dangerous for girls' growing bodies:

- Awareness is higher in Debre Tabor than in rural areas.
- Awareness is generally higher among females than males.
- The exception is East Hararghe, where boys and young men are more likely know this than girls and young women.

- **Three-fifths of adolescents can name a form of contraception.**
- **Four-fifths of young adults can name a form of contraception.**

- Knowledge is highest in Debre Tabor.
- Knowledge is *much* higher in South Gondar than East Hararghe.
- Girls (32%) and young women (51%) in East Hararghe are the least likely to be able to name a form of contraception.

Young people's knowledge is highly linked to access to formal education.

'The teacher has collected girls and taught us about early marriage and the consequences of early marriage. If we get married early we might face difficulty during birth.'

(15-year-old girl, East Hararghe)

'We were taught about contraceptives in 8th grade. There are injections, pills, or the loop [IUD].'

(14-year-old girl, Debre Tabor)

Young people still have many questions about SRH

They cannot ask their parents.

'There is no open discussion within families. We do not have such tradition … if a girl asks her mother such question, that will raise suspicion that she has started a relationship.'

(Mother, Debre Tabor)

Schools rarely provide in-depth, practical education.

'We had the education in biology and also in science at lower grades … We have the education but the education is not that much in detail. Mostly the teachers focus on condoms but not on the other contraceptive methods. The chapters in the books are also very short … Because of that, I tried to get the information from the media.'

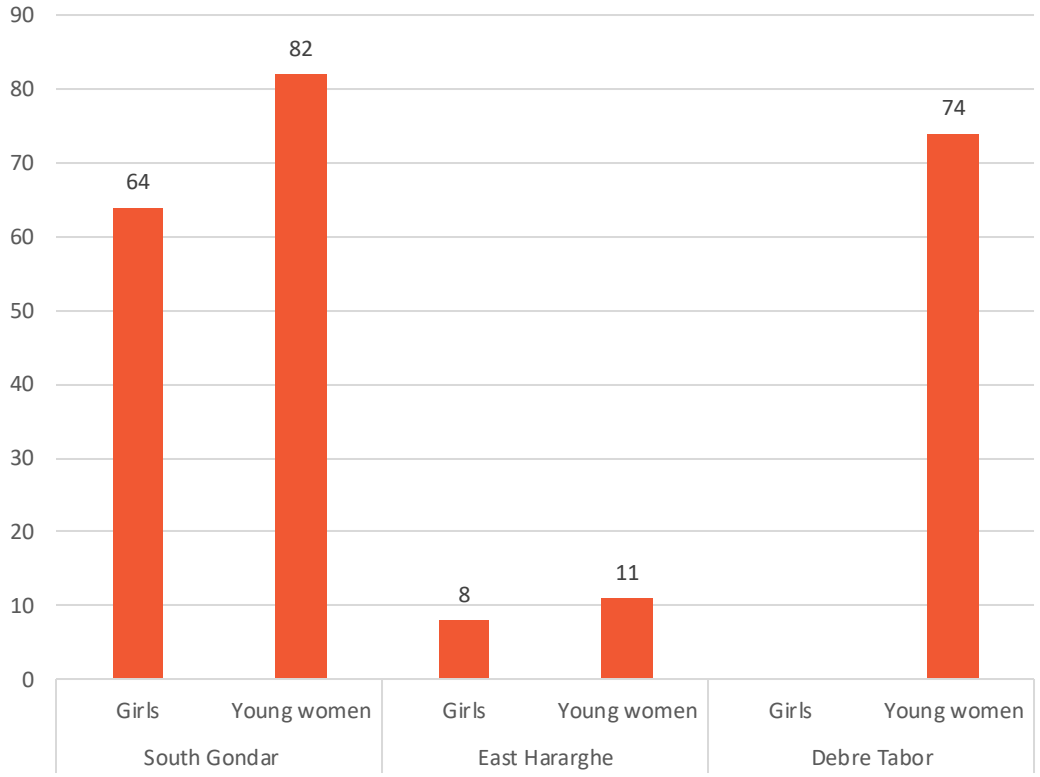
(16-year-old girl, Debre Tabor)

Health education has fallen by the wayside due to recent conflict.

'There is no awareness creation in schools, these days … The current situation of the country dominates the media and our discussion. Therefore, the education and health issues are not getting proper attention.'

(Father, South Gondar)

Contraceptive uptake varies by location and age



Ever used a modern method—of sexually active females

(too few girls in Debre Tabor were sexually active to report)

- Contraceptive uptake is far higher in South Gondar than in East Hararghe.
- In South Gondar, young women are more likely to have ever used contraception than adolescent girls.
- In South Gondar, current use is far lower than ever-use.
- Four-fifths of young users prefer short-acting hormonal methods—mostly injectables.
- Contraceptive uptake is shaped by fertility preferences--young people want large families:
  - In South Gondar, 3.9 children.
  - In East Hararghe, 6.4 children.
  - In Debre Tabor, 3.3 children.

Social norms explain location differences in uptake

In East Hararghe, it is so important for brides to prove their fertility immediately after marriage that HEWs do not discuss contraceptives with even the youngest married girls.

'It is impossible for the unmarried girls to use contraceptives in our area. It is also not allowed for married girls who do not have their first child to use contraceptives. We, as the health extension workers, do not encourage unmarried and those who have married recently to use family planning.'

(HEW, East Hararghe)

In South Gondar, many couples wait to have children until girls' bodies are mature—and they are financially stable.

'I start using contraceptives immediately after marriage … We talk about having kids … but we drop the idea when we think about our problems … We don't even support us well. How could we add another person into this life?'

(20-year-old young woman, Debre Tabor)

In South Gondar, contraception is increasingly accepted for unmarried girls—due to growing violence.

'Most of the girls start using the contraceptives when they join high school because they must walk to the school, which is far from home, and the probability of rape is higher .. Currently, even the parents are advising their daughters to use the contraceptives because they know it will prevent unwanted pregnancy.'

(18-year-old young man, South Gondar)

Uptake is shaped by young people's concerns…and available services

IUDs and implants are believed to cause permanent sterility—and many girls are worried about the side-effects of the pill.

'I tried the pill but I can't handle the side effects. I had dyspepsia [stomach pain] *and the pill aggravated the symptoms.'*

(20-year-old woman, South Gondar)

Girls are ashamed to ask for emergency contraception.

'It is usually boys that we see. They even come to ask for emergency contraceptives … Girls are usually shy and afraid to ask for such services.'

(HEW, Debre Tabor)

Condoms are associated with HIV and are rarely used.

'It is taboo even to touch it [a condom] *with hand'.*

(HEW, East Hararghe)

Rural young people have limited access to youth-friendly services.

'There are services such as family planning given to older adolescents … classes are located in a secluded place and there is a waiting room for adolescents where they can watch TV or read as they wait. But there is no such infrastructure at the kebele [community] *level.'*

(HEW, Debre Tabor)

'Even if we are trained to be accommodating and non-judgmental, some cannot help it but show it in their gesture and treatment. They say 'why are these girls asking for contraceptive at this age?' and so.'

(HEW, Debre Tabor)

Pregnancy rates vary by age and location

Girls and young women in East Hararghe are especially likely to have been pregnant—because they are more likely to have been married and less likely to have ever used contraception.

Of all adolescent girls, who are a mean age of 14, 12% have been pregnant.
Rates vary by location. Of married girls:
- 68% of those in East Hararghe
- 22% of those in South Gondar

Of all young women, who are a mean age of 19, 48% have been pregnant.
Rates vary by location. Of married young women:
- 88% of those in East Hararghe
- 65% of those in South Gondar
- 53% of those in Debre Tabor

Abortion services are increasingly available…in urban areas

Only 1/4 of young people know of a place to access abortion services.

Rates vary by location:

- 59% in Debre Tabor
- 32% in South Gondar
- 13% in East Hararghe

Abortion services save lives

'We all know two girls among our neighbours who drank poison and died due to unwanted pregnancies.'

(Father, Debre Tabor)

Demand is high in urban areas.

'Abortion service is packaged in the health centres … centres perform abortions for a foetus before two months old … The demand of the service is very high … Customers come even from neighbouring woredas [administrative divisions]. *In fact, these days we are facing shortage of instruments for performing abortion and kits for abortion. The service is being given but more is required.'*

(HEW, Debre Tabor)

Social norms limit availability.

'Even if health professionals are trained … they believe that abortion is a sin in our religion.'

(Key informant, South Gondar)

In East Hararghe, 95% of young people agree that a **wife owes her husband total obedience**. This is far higher than in rural South Gondar (81%) and urban Debre Tabor (49%).

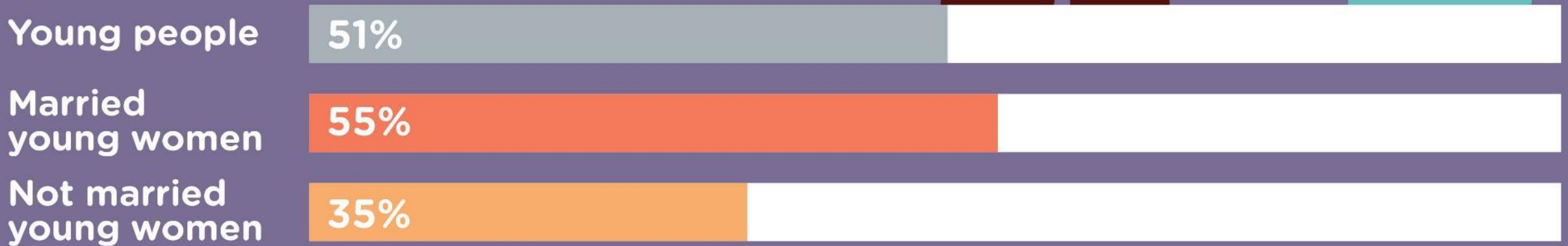
'We help them resolve their problems and reconcile through community elders.'

(Woreda level KI, Debre Tabor)

Half of young people are of the view that **intimate partner violence is private** and should not be discussed outside the home. Young women who have been married are far more likely to believe this than their peers who have not married.

'I will not report him … I decided to be with him when I decided to get married.'

(18-year-old young woman, South Gondar)



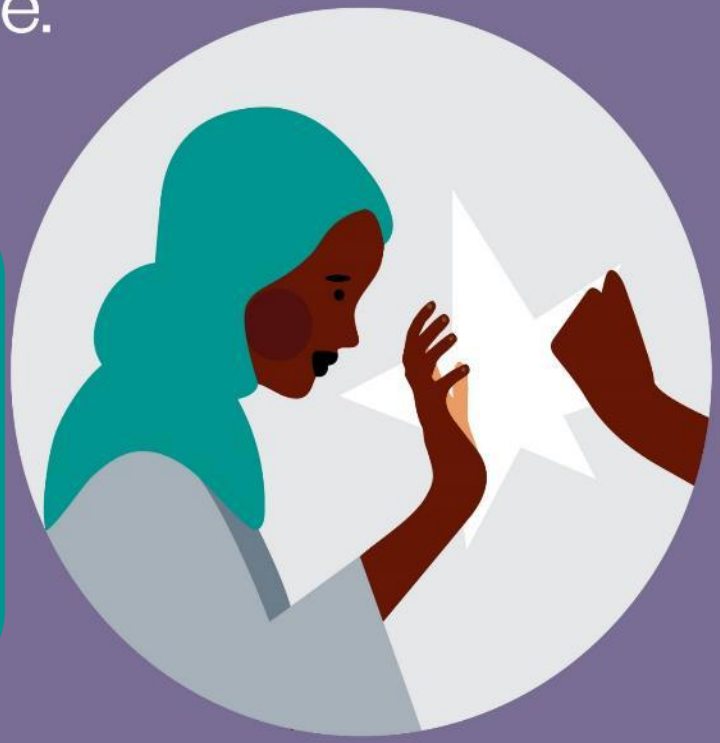
Over one-third (35%) of young people agree that **it is acceptable for a man to beat his wife** in order to mould her behaviour. Young men in East Hararghe are the most likely to agree.

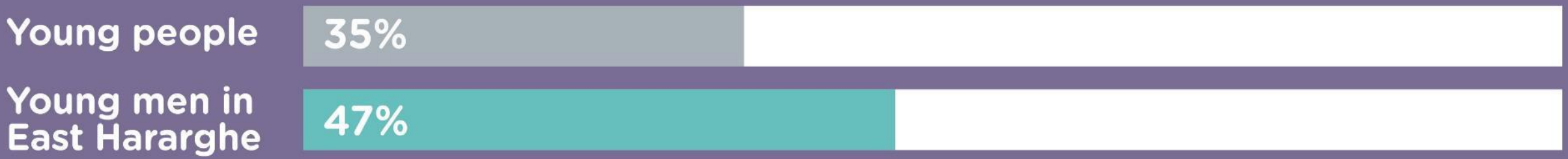
'As per our culture, a man has the right to show his wife the right direction … Once the female is married, nothing they can say.'

(18-year-old young man, East Hararghe)

'My sister refused to stay with her husband. He was beating her all the times, then she had fled to our home several times … My father beat my sister three days with a stick. '

(12-year-old boy, East Hararghe)





Conclusions and implications for policy and practice

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Conclusion

- A minority of adolescents receive timely puberty education—because it is taboo for parents to discuss sexual topics with their children, because many young people leave school before these topics are presented in science class, and because school-based education is not comprehensive.
- Menstrual health is a challenge for girls—because menstruation is highly stigmatized and because period products are expensive.
- Girls' clubs and NGO programming can reduce the stigma that surrounds menstruation—and impacts are larger when boys are included.
- Sexual debut is tightly linked to marriage—but premarital sex is becoming more common.
- Child marriage is common, especially in East Hararghe, where adolescent-driven child marriages are also pushing down the age of marriage.
- Contraceptive uptake is shaped by social norms—and is extremely low in East Hararghe due to pressures on brides to demonstrate their fertility immediately after marriage.
- In South Gondar, contraceptive uptake has grown in tandem with awareness about the health and social risks of early pregnancy--and girls' risk of sexual violence.
- Early pregnancy is common—especially in East Hararghe.
- Rural adolescents have limited access to abortion services.
- Intimate partner violence is common, driven by social norms, and believed to be a private affair not to be reported.

Recommendations: To better support adolescents through puberty & help girls manage their periods

1. **Use school and community-based classes** (including through girls' clubs and gender clubs) to provide adolescents, including those with disabilities, with accurate and timely information about their maturing bodies.
2. **Work with boys** to reduce menstruation-related stigma.
3. **Work with parents** to improve their knowledge about adolescent development and their comfort with discussing puberty – and specifically menstruation – with their children.
4. **Ensure that girls are offered practical advice**, in school-based and community-based venues, about how to manage menstruation (including how to make sanitary supplies and how to dispose of sanitary products hygienically).
5. **Ensure that all schools** have spaces and supplies that female students, including those with disabilities, can use to manage their periods.

Recommendations: To improve young people's knowledge about SRH and uptake of contraception and services

1. **Provide age-appropriate, comprehensive sexuality education to all adolescents**, including those with disabilities, starting no later than age 10. Offer courses in schools and communities, taught by trained, non-judgmental educators who encourage questions.

2. **Ensure that adolescents are taught the health risks of adolescent pregnancy** and the multi-generational social and economic risks of early parenthood. This messaging should be 'standalone' and aimed at decoupling child marriage and early pregnancy.

3. **Use marriage as a point of intervention to work with couples** to ensure that partners are knowledgeable about reproductive biology and their options for preventing pregnancy and disease.

7. **Encourage health workers to disseminate information about contraception** even in areas where it is not yet welcome, taking care to work with girls and women to find methods that meet their needs and directly address their concerns about side-effects. They should also proactively target men and boys with information and advice.

5. **Ensure health extension workers provide a full range of youth-friendly sexual and reproductive health services**, including information, contraception, HIV testing and treatment, and referrals for abortion services.

6. **Publicize abortion services at the community level** and ensure girls in rural areas have access to transportation. Strengthen policing around schools to protect girls from rape and launch awareness campaigns to reduce stigma against survivors of sexual violence.

7. **For outreach activities**, consider involving the adolescent and youth councils that have been established at regional level to support improved knowledge around sexual and reproductive health issues.

Recommendations: To eliminate child marriage

1. **Adopt a multi-pronged strategy to step-up school and community-based awareness-raising about the negative health, educational, economic and social impacts of child marriage**, as well as addressing broader discriminatory gender norms and how these leave girls at risk of child marriage.
2. **Invest in empowerment programming for girls**, including school-based girls' clubs and gender clubs, which can help girls protect themselves and their peers from child marriage. Programming must be carefully tailored to account for local practices – for example, whether marriages are adolescent-led or arranged by families.
3. **Provide tailored outreach to girls**, especially in rural areas, about how they can report risks of impending child marriages; simultaneously, strengthen reporting chains and ensure that reports are acted upon.
4. **Enforce the child marriage law**, including fining the parents of under-age partners, religious leaders who officiate, and adult husbands.
5. **Invest in capacity-building of local government officials at district and community levels** so that they are aware of the provisions of the Family Law in banning child marriage, and how they can practically strengthen its implementation.

Recommendations: To reduce intimate partner violence

1. **Invest in community conversations and mass media campaigns that address discriminatory gender norms,** including the widely held beliefs that wives must obey their husband, that intimate partner violence is private, and that violence is an acceptable form of control.
2. **Educate parents about their responsibility to their daughters**, even after they may be married, including supporting them to report intimate partner violence and seek support from one-stop centers.
3. **Provide tailored outreach about how girls and women experiencing intimate partner violence can report and seek support.**
7. **Expand access to one-stop centers**, to ensure that survivors of intimate partner violence can receive integrated health, legal and psychosocial support.
5. **Provide boys and young men with programming designed to encourage non-violent masculinities** and address their mistaken beliefs that they have the right to be violent towards their wife.
6. **Strengthen the role of civil society organisations** (e.g. the Ethiopian Human Rights Commission and the Ethiopian Women Lawyers Association) in addressing all forms of gender-based violence, including intimate partner violence.
7. **Strengthen the rule of law,** ensuring that perpetrators of intimate partner violence are prosecuted and imprisoned, rather than relying on traditional justice systems, which almost universally favour men.

Contact Us

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GenderandAdolescence

About GAGE:

- Gender and Adolescence: Global Evidence (GAGE) is a decade-long (2016-2026) mixed-methods longitudinal research programme focused on what works to support adolescent girls' and boys' capabilities in the second decade of life and beyond.
- We are following the lives of 20,000 adolescents in six focal countries in Africa, Asia and the Middle East.

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