



**Advocates
For Youth**

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Reproductive and Sexual Health among Ethiopia's Youth

Youth ages 10 to 24 comprise about 35 percent of Ethiopia's population;¹ ensuring their health and future is vital to the nation. Ethiopia has made progress in improving youth's health; yet, young women still suffer high rates of maternal injury and death due to childbirth without skilled assistance and unsafe abortion. Persistent gender inequalities and traditional harmful practices, including female genital mutilation (FGM) and child marriage, contribute to these significant health challenges. Today, innovative programs provide Ethiopia's youth with life skills and sexual health information.

Disparities Persist, especially in Rural Areas, Yet Youth Know about Contraception and Preventing HIV

- Gender disparities persisted in access to education. For teens ages 15-19, 40 percent of females had *no* education in 2005, versus 21 percent of males. Among youth ages 20-24, 60 percent of females and 32 percent of males had no education. This is better than education levels among women and men ages 45-49, of whom 93 and 67 percent, respectively, had no education.²
- In 2005, females remained more likely than males to marry at a young age, particularly in rural areas. The median age of marriage among women ages 20-49 living in urban areas was 19.4 versus 16.1 among women living in rural areas and 23.4 for men in rural areas.²
- Among Ethiopia's young women ages 20-24, the median age at first sex was 18.2 years, an increase of more than 2.5 years over the median age at first sex (15.7) reported by women now in their 40s.²
- In 2005, 86 percent of all women knew about at least one method of contraception: 83 percent knew about the pill; 81 percent knew about injectable contraception. Less than half knew about condoms, implants, female sterilization, or intrauterine contraception (IUC). Nearly 91 percent of men knew about at least one method of modern contraception.²
- In 2005, 16 percent of married female teens and 24 percent of married 20- to 24-year-old women used a modern method of contraception, while 52 percent of sexually active unmarried females ages 15-24 used a modern method.²
- When youth ages 15-24 were asked to identify ways to reduce the risk of HIV and other STIs:
 - 47 percent of women and 66 percent of men knew about using condoms;
 - 66 and 77 percent, respectively, knew about limiting sex to one uninfected partner;
 - 64 and 79 percent, respectively, knew about abstaining from sexual intercourse.²

High Rates of Childbirth & Maternal Mortality Shadow Women's Lives

- In 2005, Ethiopia's adolescent fertility rate was 104 per 1,000 women ages 15-19; the rate was much higher in rural than in urban areas (122 versus 35). Among women ages 20-24, the fertility rate was 228 per 1,000; 260 in rural areas and 105 in urban areas.²

The Facts

- Birth spacing has been critical to reducing maternal and infant mortality; yet Ethiopian teenage mothers typically had children at shorter birth intervals than did older women. The median number of months between a birth and the preceding birth was 26 months for women ages 15-19, 32 months for women ages 20-29, and 35 months for women ages 30-39.²
- Most women were not assisted at childbirth by skilled attendants. In 2005, only 27 percent of women under age 20 and 29 percent of women ages 20-24 reported a health professional attending the birth; less than one percent reported a trained traditional birth attendant present. About 71 percent reported that *no one* attended the birth of their child.²
- There are an estimated 850 deaths per 100,000 live births in Ethiopia.³ The lifetime risk of a woman's dying in childbirth or from obstetrical complications in Ethiopia and other sub-Saharan countries is as high as one in 16, compared to one in 2,800 in developed countries.³
- Abortion is illegal in Ethiopia, except to save a woman's life or to preserve her physical or mental health.⁴ Because women are largely denied access to safe abortion, they turn to illegal and unsafe abortion. Unsafe abortion is the second leading cause of death for women of reproductive age, accounting for 55 percent of all pregnancy-related deaths.⁵
- In 2005, direct estimates showed 12 maternal deaths for every one death from other causes among women ages 15-19. Among women ages 20-24, the proportions were more than six to one.²

The HIV Epidemic Disproportionately Affects Women in Ethiopia

- Overall, 1.4 percent of Ethiopians age 15-49 are HIV-positive. Women and men living in urban areas are at especially high risk; almost 6 percent of adults in urban areas are HIV positive, while less than 1 percent of rural residents age 15-49 are HIV infected.²
- HIV has affected more Ethiopian women than men. For example in 2005, the HIV infection rate was twice as high among Ethiopia's women as among its men. The proportions infected were 0.7 percent of females ages 15-19 versus 0.1 percent of males the same age and 1.7 percent of females ages 20-24 versus 0.4 percent of males the same age. ² Among youth ages 15 to 24, 1.1 percent of women are infected with HIV in comparison to 0.2 percent of men.²
- Women's marital status also had an impact on their HIV risk. For example among men and women ages 15-49 in 2005, less than one percent of unmarried people were HIV infected. Yet, among women who were married or cohabiting, nearly two percent were HIV infected compared to one percent of men. Eight percent of divorced or separated women were HIV infected as were six percent of widowed women, compared to two percent of widowed men.²

Child Marriage Remains Prevalent in Some Regions of Ethiopia and Puts Young Women at Risk

- Child marriage often marks an abrupt transition into sexual relations with a husband who is considerably older than the girl being married. At the national level, 62 percent of Ethiopian women aged 20-49 get married before the age of 18⁶ and some girls marry as early as age seven.⁷
- One of the greatest risks of too-early childbearing is prolonged or obstructed labor, which can result in obstetric fistulas in settings where access to care is limited, as in Ethiopia, where 9,000 women are victims of fistula every year.⁸
- Child marriage may also put girls at increased risk of HIV infection compared to unmarried, sexually active girls. Married girls have sex more often, have more unprotected sex, and have partners who are more likely to be HIV-positive because of their older age.⁹

Female Genital Mutilation (FGM) Continues to Affect Ethiopia's Young Women

- Research has shown that FGM has often strongly negative effects on women's reproductive and sexual health, including blockage of the urethra, reproductive and urinary tract infections, scarring and infertility, and obstructed labor. Yet, FGM remains common in Ethiopia.^{10,11}
- The proportions of younger women who have undergone FGM have decreased; yet most Ethiopian women still experience this debilitating and risky practice. Among women ages 15-19, 62 percent have undergone FGM, compared to 73 percent of women ages 20-24, 78 percent of women ages 25-29 and 30-34, and over 80 percent of women ages 35 and older.²
- Data tracking the prevalence of FGM among women in Ethiopia provides the following rates by region: Afar Region: 94.5 percent; Harare Region: 81.2 percent; Amhara Region: 81.1 percent; Oromia Region: 79.6 percent; Addis Ababa City: 70.2 percent; Somali Region: 69.7 percent; Beneshangul Gumuz Region: 52.9 percent; Tigray Region: 48.1 percent; and Southern Region: 46.3 percent.¹²

Programs Work to Help Youth to Lead Healthy Lives

- In 2002, Ethiopia's Family Health Department of the Ministry of Health, informed by assessments conducted with 800 young people, developed a National Youth Charter. The Charter outlines a Plan of Action for increasing youth's access to and use of reproductive health services.¹³
- A Pathfinder project, Empowerment of Ethiopian Women (extended as Women and Girls Empowerment), promoted access to reproductive health and family planning services, education, and life and leadership skills for women and girls. As a result, the program reduced obstacles to basic social and economic rights for women of all ages, improved their access to family planning services, and helped reduce exploitation, violence, and forced marriage.¹⁴
- *Biruh Tesfa*, or Bright Future, is a program for poor, urban, out-of-school girls, ages 10-19 who are living in Addis Ababa and are at risk of exploitation and abuse. Developed by the Ethiopian Ministry of Youth and Sport and the Addis Ababa Youth and Sport Commission, the program helps girls build supportive networks, achieve functional literacy, and acquire livelihood skills and reproductive health education.¹⁵
- As part of the International Youth Speak Out Project, Advocates for Youth and Ethiopia's Talent Youth Association (TaYA) are building a youth activist leadership council that advocates for programs and policies to improve youth's reproductive and sexual health in Ethiopia as well as internationally.¹⁶

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