How Rapid Population Growth is Affecting the Future of Young People In Rural Ethiopia

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What do young people have to look forward to in Ethiopia? If you ask a young person that question--one who has been living in a rural village since birth—you would hear stories of hopelessness. A young man would tell you how he will not be able to support himself and his family—were he to have one—by farming like his parents and grandparents. He would tell you that there was only enough land for the first son and maybe the second but there is nothing to give to the third and fourth, and there is often conflict within the family over who will share the land. He will also tell you that, even if there were a plot of land for him, it would not be enough to sustain a family. The land has been divided too many times and what remains now are only small plots barely enough to grow subsistence crops. As a result, he might consider moving to a town to find a job. But unemployment rates in the towns and cities are high, and finding work there is not any easier.

A young woman might tell you how she had attended school for a year or two, but now she is not able to continue. Her parents are too poor to send her to school and she was forced to drop out. Besides not having enough money, they were afraid she would be abducted on the road to school—something that is common where she lives. So now she must stay home, work in her family's fields, and prepare to get married and have children. The young woman who would tell you this story is probably 15 or 16 years old, and she will have her first child by the time she is 17.

Adolescents living in rural Ethiopia would also know that the problems they face are largely the result of too many people. They recognize that there have been too many children born per family making land, jobs and education scarce. They use the word "overpopulation" when talking about their problems. Some might say that they do not want as many children as their parents or grandparents had, but they aren't exactly sure how to go about doing that.

The Oromia Development Association (ODA) is one NGO that is hoping to make a difference in the lives of Ethiopian youth. Since 1999, ODA has been implementing a reproductive health service delivery project using community based reproductive health agents (CBRHAs) who go from house to house at the village level providing information, counseling, and access to oral contraceptive pills and condoms. They also provide referrals to local health clinics for longer-term methods of contraception, like injectables, Norplant and IUDs which have been in increasing demand. But ODA has recognized that adolescents have different needs than their parents and CBRHAs may not be the most effective way to meet them. ODA has begun providing adolescent reproductive health (ARH) services through youth clubs that serve both in-school and out-of-school youth in the *woreda* towns. Before deciding how to expand ARH services to rural youth,

however, ODA worked with a consultant to conduct the first comprehensive survey of rural adolescents' knowledge, attitudes and practices regarding reproductive health in Ethiopia.

Prior to arriving in Ethiopia in June of 2005, I had corresponded with ODA about various projects I might be able to do as part of my Bixby Internship, all of which, I hoped, would improve and expand access to contraceptive methods for the populations they served. Upon my arrival, however, the staff at ODA asked me if I could take on the completion of the rural adolescent survey since they had lost the consultant overseeing the project and there was no one to analyze the data or write the report. The results of this survey are widely anticipated throughout the country. Knowing that this study would be a very important one, not only for ODA, but also for providing important information about rural youth to the health sector in the country, I eagerly agreed in exchange for opportunities for field visits to some of the rural areas where community based distribution (CBD) projects were being implemented. I was eager to take on the challenge of a research project of this size, knowing it would help develop my research skills. But at the same time, I wanted to learn more about how community based projects were designed and managed and how they were working. Through my Bixby summer internship, I had the opportunity to do both.

A cross-sectional survey of adolescents in four zones of the Oromia Region was conducted in September of 2004. Oromia is the largest regional state in Ethiopia, comprising one-third of the country's total population. The overwhelming majority of the adolescent population lives in rural areas where access to social services is very limited and communication is difficult. The study was designed to answer questions like what are the knowledge, attitudes, beliefs and values regarding reproductive health among rural youth? What are their current practices regarding sex, contraception and the prevention of disease? What are their problems in general and their priorities in particular? How best can rural youth be reached? What opportunities/forums are currently available to support the promotion of ARH programs and the delivery of contraceptives? How can we fill gaps we will be identifying? Both qualitative and quantitative data were collected. The study population was selected from all rural adolescents, aged 15-24, in the 44 *woredas* (or towns) in four zones where the ODA project is being implemented. The total population residing in these 44 districts is estimated at 2,374,400, with the youth population estimated at 33% of the total.

Over 3200 adolescents were interviewed for the quantitative survey and 33 focus groups conducted to obtain qualitative data to enrich the quantitative. The quantitative survey was conducted through one-on-one interviews and covered such areas as current knowledge and use of the range of modern contraceptive methods as well as knowledge of availability, lapsed or lack or use and reasons why, knowledge of the signs and symptoms of sexually transmitted infections and how to prevent them, and knowledge of HIV/AIDS and its transmission. Additionally the survey sought to obtain information on adolescents' beliefs on a number of issues including the advantages and disadvantages of condom use, the ideal age that both boys and girls should marry, the desired number of children, and at what intervals they would like to space them. Information about health

seeking behaviors, access to media, and sexual activity were also obtained. Demographic information collected includes age, educational levels, ethnicity, religion, marital status, age at first marriage, age at first birth, and occupation. The survey was conducted in the local language with female researchers interviewing female respondents, and male researchers interviewing male respondents.

Survey analysis is not yet complete. However, initial findings are beginning to give us an important overview of where adolescents are in their knowledge of reproductive health. Data indicate that youth have broad-strokes knowledge of reproductive health but little details to support it. For example, while the majority of respondents were able to identify at least one modern method of contraception, only 16% have ever used a method and roughly 10% are currently using. "Health concerns" was one of the top three reasons cited for lack of use, which will help ODA identify methods to counter myths about family planning methods in the future. Over 70% knew that they could get an infection through sexual intercourse, but few were able to identify specific signs and symptoms. Over 88% had heard of HIV and AIDS and the majority of those were able to identify it as a sexually transmitted disease. However, only 20% were able to identify condom use as a means of protection and only 5% of contraceptive users used condoms. Half were not able to identify even one advantage of condom use.

The focus group discussions highlight issues which were not brought to light through the survey, including the problem of girls' early sexual initiation. The findings of the focus group discussions as well as quantitative data indicate that girls in the rural area start sexual activity as early as 13 years of age. Many lack awareness about reproductive health and don't know how to prevent pregnancy. As a result many girls become pregnant but aren't aware of their condition. Girls rarely visit health facilities to seek advice. If they go to a health facility they do so only at late stages of pregnancy with complications or requesting an abortion. They report that demand for abortions is increasing but they seek them at local health stations, health centers, drugs shops, and private clinics. They avoid government health facilities for fear of being seen by parents, relative or others in their communities. And they fear government clinics since their name is registered by government facilities, and abortion is illegal.

Far more information will be forthcoming as data analysis continues and results will be available in February 2006. But based on what is available now, the information will be able to support efforts to promote wide distribution of contraceptives as well as safe abortion services.

I'd like to share one final anecdote relating to my learning more about ODA's CBD programs. Recognizing the increased demand for longer term contraceptive methods from women in the project areas, ODA worked with government health centers to deliver Norplant and IUDs to women who wanted them. The RH project staff publicized the availability of these methods and arranged for particular clinic days to deliver the services. In some of the more remote areas, these were some of the first opportunities for women to obtain long-term methods. So many women lined up to receive Norplant, in particular, that there was not enough supply to meet the demand and women had to go

away disappointed. This should not be happening! Luckily, we were able to use this example for advocacy with the government who *must* invest in contraceptives so that women can choose to regulate their fertility the way they wish to. We will continue to use this example, as well as the data from the adolescent survey, to improve knowledge of women's needs and improve policies to address them.

I am grateful to the Bixby program for support for this internship which has been not only a tremendous learning opportunity for me, but which will also contribute to expanding important family planning services for young people in Ethiopia.