



# Demystifying Data Fact Sheet

## Sexual and Reproductive Health Of Young Women in Ethiopia

- There are approximately 5,639,000 women aged 15–19 living in Ethiopia as of 2014; they account for 12% of the total female population.
- Two-thirds of girls attend primary school, but only 13% attend secondary school.
- Young women's access to media is extremely limited. Just 26% report at least weekly exposure to radio, 18% to television and 9% to newspapers. Media exposure among young women is consistently higher in urban areas than in rural areas.

### SEXUAL ACTIVITY, MARRIAGE AND BIRTHS

- One-quarter of Ethiopian women aged 15–19 report having ever had sex. Nearly the same proportion (23%) have ever married.
- The proportion of women who marry before age 20 is higher in rural areas than in urban areas (28% vs. 10%), and it increases as wealth decreases (from 11% among women in the wealthiest households to 34% among those in the poorest).

- Among 18–24-year-olds, 39% had sex for the first time before age 18. Among rural women and those in the poorest wealth quintile, these proportions are higher than average, at 45% and 54%, respectively.

- Twenty-eight percent of recent births to women younger than 20 were unplanned; that is, they were wanted at a later time or were not wanted at all.

### USE OF REPRODUCTIVE HEALTH CARE

- Half of never-married women aged 15–19 who have been sexually active in the past three months, and 24% of those who are married, use some method of contraception.
- Women who want to avoid having a pregnancy in the next two years but are not using a contraceptive method are considered to have an unmet need for contraception. Unmet need is high among 15–19-year-old women, whether they are married (33%) or never-married and sexually active (37%).
- Among married 15–19-year-olds, unmet need varies relatively little by urban and rural residence (32–35%) or household wealth (26–35%).
- Only 12% of the most recent births to mothers younger than 20 occurred at a health facility, and only 43% of pregnant women younger than 20 made one or more prenatal care visits.

- In 2008, Ethiopia had an estimated rate of 23 abortions per every 1,000 women aged 15–44. Of the estimated 382,500 abortions that year, only 27%

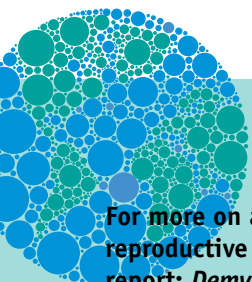
were considered legal. More than half of all abortions were estimated to have led to complications, and complications were particularly common among poor women and those in rural areas.

### SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE

- Ethiopian women aged 15–19 have heard of an average of four modern contraceptive methods.
- Forty-three percent of women aged 15–24 report that they know where to obtain a condom.
- Two-thirds of Ethiopian women aged 15–24 are aware that condom use and having one uninfected partner reduces the risk of HIV infection (62% and 68%, respectively), but only 24% have a comprehensive knowledge of HIV/AIDS, defined as knowing both of these HIV-prevention methods, knowing that a healthy person can be HIV positive and being able to reject two common misconceptions about HIV transmission.
- The proportion with comprehensive knowledge is nearly twice as high in urban areas as in rural areas (38% vs. 19%) and more than three times as high among the wealthiest young women as among the poorest (39% vs. 12%).

### GENDER INEQUALITY AND SOCIAL NORMS

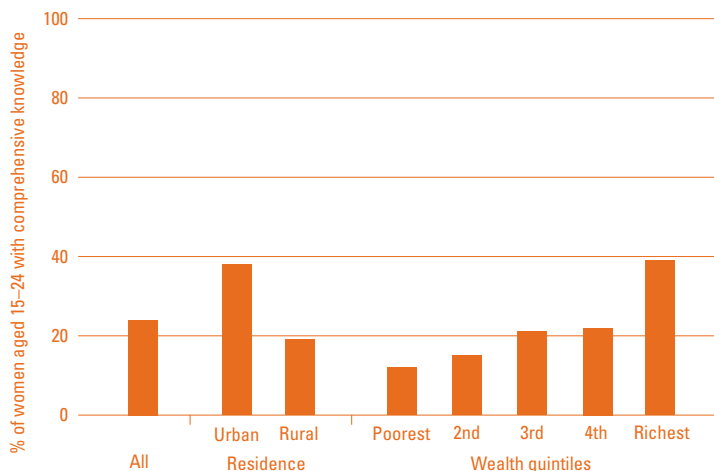
- The vast majority of women aged 15–19 (84%) agree that a woman is justified in refusing sex if she knows that her husband has had sex with other women.



For more on adolescent sexual and reproductive health, see the full report: *Demystifying Data: A Guide to Using Evidence to Improve Young People's Sexual Health and Rights.*

## Knowledge of HIV/AIDS

Comprehensive knowledge of HIV\* is generally low, and poor and rural young women have the greatest need for HIV education.



\*Comprehensive knowledge is defined as knowing that condom use and having one uninfected partner can reduce risk of HIV, knowing that a healthy-looking person can be HIV positive and rejecting two common misconceptions about HIV transmission.

- Three-quarters of women aged 15–19 (74%) believe that if a man has an STI, his wife is justified in asking him to use a condom.

- However, 64% of 15–19-year-olds agree with at least one of five specified reasons for why a husband may be justified in hitting his wife.

- Just over two-thirds of married women aged 15–19 (69%) report that they have sole say over their own health care or make such decisions jointly with their husband; for the remaining 31% of married young women, their health care is not in their control.

### POLICY ENVIRONMENT

- In the National Adolescent and Youth Reproductive Health Strategy, a policy adopted in 2006, the government demonstrated support and commitment to the advancement of adolescent sexual and reproductive health.

- Ethiopia's Constitution states that women shall have equal rights with men and supersedes customary laws, some of which allow practices that oppress or cause bodily or mental harm to women.

- The Revised Family Code of 2000 sets the legal age of marriage for both men and women at 18 and allows any interested person or prosecutor to petition to dissolve an underage marriage.

- The Criminal Code of 2004 prohibits the practice of female genital cutting, which is nonetheless widespread in some regions. A study conducted in seven of the country's 11 regions showed that, as of 2009, 58% of 12–24-year-old females had undergone some type of genital cutting.

- Ethiopia broadened legal criteria for abortion in 2005. The procedure is now legal if the fetus has a grave abnormality, if the woman is a minor or is physically or psychologically in-

capable of raising a child, if the pregnancy resulted from rape or incest, or if the pregnancy endangers the woman's life.

### POLICY AND PROGRAM IMPLICATIONS

- Large proportions of Ethiopian women aged 15–19, both married and not, have an unmet need for contraception. High unmet need can lead to high levels of unintended pregnancy which, in turn, may lead to a range of negative outcomes, including unplanned births, induced abortions and reduced educational opportunities for the young women involved. New, innovative ways of reaching young women with modern methods of contraception should be explored, including outreach in rural areas and youth-friendly service delivery.

- Although Ethiopia is making progress in lowering maternal mortality, the vast majority of births take place at home. This suggests that concerted efforts are needed to build institutional capacity and change cultural attitudes to ensure safer childbirth practices.

- A large majority of women likely do not receive any formal sexuality education. As a result, more emphasis should be placed on providing sexuality education to young people in out-of-school settings.

- Young women's limited access to media indicates that communication strategies not based on mass media, such as community awareness campaigns, are needed to reach young women with the information they need to safeguard their sexual and reproductive health and rights. The possibility of utilizing mobile phone technology to reach young women should also be explored.

- Despite the favorable policy environment outlawing underage marriage and female genital cutting, many young women still experience both. Evidence-based advocacy is needed to hold the government accountable for its human rights obligations.

*Most of the data cited here come from Anderson R et al., Demystifying Data: A Guide to Using Evidence to Improve Young People's Sexual Health and Rights, New York: Guttmacher Institute, 2013, and from special tabulations of data from the 2011 Ethiopia Demographic and Health Survey. For additional references, please go to: <http://www.guttmacher.org/pubs/FB-DD-Ethiopia.html>*

*Support for this fact sheet and the report on which it is based was provided, via a subgrant from IPPF, by the Dutch Ministry of Foreign Affairs under the Choices and Opportunities Fund.*



4 Newhams Row  
London SE1 3UZ  
United Kingdom  
Tel: +44 (0)20 7939 8200  
[info@ippf.org](mailto:info@ippf.org)

[www.ippf.org](http://www.ippf.org)



125 Maiden Lane  
New York, NY 10038 USA  
Tel: 212.248.1111  
[info@guttmacher.org](mailto:info@guttmacher.org)

[www.guttmacher.org](http://www.guttmacher.org)