

ADOLESCENT GIRLS IN URBAN ETHIOPIA: VULNERABILITY & OPPORTUNITY

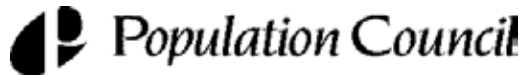


“Adolescent Girls in Urban Ethiopia: Vulnerability and Opportunity” is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents of “HIV Prevention for Vulnerable Adolescent Girls” are the sole responsibility of the Population Council and do not necessarily reflect the views of USAID or the United States Government.

ADOLESCENT GIRLS IN URBAN ETHIOPIA: VULNERABILITY & OPPORTUNITY

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Population Council
Addis Ababa, Ethiopia
August, 2009



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ACKNOWLEDGEMENTS

The authors acknowledge the support of our partners, the Ethiopia Ministry of Youth and Sports, the Regional Bureaus of Youth and Sports in Amhara Region and Addis Ababa, and officials in our study kebeles. In addition, we thank the Central Statistical Agency head office, as well as branch offices in Bahir Dar and Gondar for the assistance with sampling and facilitation they provided. We thank Lemi Negeri for coordinating data collection on this survey and Worku Ambelu for overseeing data entry and cleaning. Kelemua Hailemariam assisted us with processing of qualitative data and Awraris Alemayehu and Eunice Muthengi coordinated qualitative data collection and transcription. Thank you to Deborah Weiss, Nicole Haberland, and Gebeheyu Mekonnen for comments on earlier versions of this report. Finally, we thank all the young women who participated in this study and express our gratitude for sharing their experiences, ideas and opinions with us.

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EXECUTIVE SUMMARY

HIV/AIDS affects substantially more females than males, with a 3:2 ratio of female to male infections in Ethiopia. Differential infection rates are particularly extreme among younger age groups, though prevalence rates are generally low. For example, among the 15 to 19 year-old age group, for every HIV positive male, there are seven HIV positive females. In 2008, the Population Council undertook a survey of out-of-school, adolescent girls (aged 10 to 19) in slum areas of urban Ethiopia—a population that is highly vulnerable to HIV infection. The survey serves as a baseline for HIV prevention programs designed and implemented jointly by the Ministry of Youth and Sports, Regional Bureaus of Youth and Sports, and the Population Council.

This baseline survey consists of interviews with 1,836 girls in low income and slum areas of Addis Ababa, Ethiopia's capital, and Bahir Dar and Gondar, both in northern Amhara Region. The majority of participants did not live with parents, in some cases because they were orphans, but largely because of migration. Eight percent of respondents were double orphans, and 29 percent had lost one parent. However, 77 percent of respondents did not live with parents. Ninety-five percent of respondents aged 10 to 14 were living without parents, with most working as child domestic workers, underscoring the heightened vulnerability of this sub-population.

Sixty-nine percent of respondents had ever worked for pay, whether cash or in-kind. Of these, most (72 percent) were in domestic work, followed by sales in a shop/kiosk, or restaurant/bar work (6 percent each). A few girls reported that they engage in sex work. Sex workers appeared to have more income (mean 566 Birr/ USD 51.50 per month) and greater control of their income compared to girls in other professions. Sex workers, as well as girls working in bars and restaurants, were more likely to report being harassed at work and feeling their work could harm their health. On the other hand, domestic workers reported less harassment but worked longer hours for much less pay than girls in other professions (mean 82 Birr/ USD 7.50 per month).

Twenty-one percent of respondents were sexually experienced with the majority (60 percent) initiating sex within the context of marriage. Levels of coerced sexual initiation were high (29 percent). Some girls reported having sex in anticipation of receiving money in return. For most, however, transactional sex involved feeling obliged to “pay back” gifts or favors from boys/men.

Fourteen percent of respondents had ever been married, with a mean age spousal age difference of nine years. Thirty-eight percent of ever married girls were divorced. Consistent with other studies, girls married early were more likely to be divorced: 96 percent of respondents who were married before the age of 10 were divorced, though the number of girls married before age 10 was small. Considerable proportions of married girls experienced violence by their husbands, or suspected infidelity or otherwise feared that their spouses posed an HIV risk. For example, eight percent had been beaten by their spouse in the last month, and 9 percent had been forced by their spouse to have sex. Sixty-four percent of respondents felt unable to refuse their spouse sex, with marital sex often considered a woman's duty. Eleven percent reported that their spouse had been unfaithful, and a further 16 percent were "not sure," suggesting suspicions of infidelity. Eleven percent worried that their husbands would infect them with HIV.

Respondents were highly knowledgeable about basic information related to HIV/AIDS; 91 percent knew that a healthy looking person can still be infected, and 87 percent knew that there is no cure for HIV/AIDS. Overall 40 percent knew someone who was sick with, or had died of, AIDS. Respondents also revealed the widespread stigma related to HIV/AIDS. Roughly 40 percent did not want to be in the same room with people living with HIV/AIDS (PLWHA), 39 percent would not allow their children to play with PLWHA, 38 percent would be afraid to take care of a family member with HIV/AIDS, and 34 percent would not like to spend time with friends who have HIV/AIDS.

Exposure to HIV prevention messages was relatively low: 52 percent of respondents had seen a television spot and 50 percent had heard a radio spot on HIV in the last year. Peer education had reached only eight percent of respondents, and only 6 percent had visited a youth center—both potential mechanisms for receiving information about HIV.

This study provided valuable direction for programmers interested in supporting adolescent girls. Early adolescent (10 to 14 years old) and out-of-school girls are highly vulnerable and in need of dedicated attention. Special efforts are needed to support the sizable population of girls living away from parents, often engaged in domestic work, which typically involves long hours, low pay, and exploitative conditions.

Out-of-school, adolescent girls are not only vulnerable, but also hard-to-reach, requiring dedicated efforts to engage them in programming. Mechanisms

may include going door-to-door to identify the most marginalized girls and negotiating with gatekeepers, such as their guardians or employers, for their participation in a program. Explicit messaging is also needed on non-consensual and transactional sex. At the same time, messages must also address the risk of HIV transmission within marriage, and to promote the condom as an appropriate family planning and disease prevention method within marriage.



I. BACKGROUND

The HIV epidemic in Ethiopia is concentrated in urban areas, with prevalence estimated at 7.7 percent in urban settings and less than one percent in rural areas.¹ HIV/AIDS affects substantially more females than males, with a 3:2 ratio of female to male infections. Differential infection rates are particularly extreme among younger age groups, though prevalence rates are low. For example, among the 15 to 19 year-old age group, for every HIV positive male, there are seven HIV positive females.²

Adolescent girls are also highly vulnerable to other negative reproductive health outcomes, including early unwanted pregnancy and concomitant maternal morbidity and mortality as a result of early first birth. Specific circumstances may dictate vulnerability to adverse outcomes. For example, girls married early in Ethiopia (before the age of 18) generally experience earlier sexual initiation than those married later. Likewise, out-of-school girls are more likely to be sexually active than their in-school counterparts.³ Finally, girls living away from parents, including migrants and girls in low status forms of work, may be more susceptible to sexual abuse and violence than those in supportive and protective family environments. Girls' elevated biological susceptibility to HIV infection, coupled with their low social status and vulnerability, make them of special concern to HIV prevention efforts.

This report presents findings from a study of out-of-school adolescent girls in low income urban areas of Ethiopia. The study seeks to broaden our understanding of the experience of the poorest and most marginalized girls. In order to better inform appropriate programs for this group, the research focuses on individual as well as structural and social factors that may increase girls' vulnerability to HIV and other negative health outcomes.

Results of the study are divided into four main sections. In the section titled, "*The Situation of Adolescent Girls in Low Income Urban Areas*," we examine the profile and social context of adolescent girls in slum areas, including protective factors in girls' lives, such as families and social networks, as well as educational background and livelihood activities. The following section, "*Transition to Sexual Activity and Marriage*," explores patterns of sexual initiation and behavior, whether through marital relationships or outside marriage. "*HIV and AIDS*" describes levels of knowledge, stigma, and personal experience with HIV and AIDS. Finally, in "*Tracing Vulnerabilities of Adolescent Girls*

¹HIV estimates used in this document are from: Ministry of Health (MOH) & Federal HIV/AIDS Prev. & Control Office (HAPCO), "Single Point HIV Prevalence Estimate," June, 2007. Estimates vary between DHS and ANC data. However, where additional analysis is presented, EDHS 2005 is the source dataset.

²Erulkar A. (2007) "Dimensions of girls' vulnerability in rural and urban Ethiopia," presentation made at Gender Dimensions of HIV and Adolescent Programming in Ethiopia," Addis Ababa, April 11, 2007 (based on PC tabulations of EDHS HIV data, 2005).

³Burns AA, C. Ruland, W. Finger, et al. "Reaching Out-of-School Youth with Reproductive Health and HIV/AIDS Information and Services," Youthnet Issues Paper 4, Arlington VA: Family Health International, 2004.

in Urban Ethiopia,” we attempt to identify sub-groups of adolescent girls who may be at heightened risk of poor reproductive health outcomes. Indicators are selected to reflect increased vulnerability to HIV infection, including early or unwanted sexual debut and risky sexual behaviors, as defined by multiple partnerships and transactional sex. We then cross-tabulate demographic characteristics with risk behaviors to identify the most vulnerable sub-groups. The study provides information to inform programming that is appropriate for the Ethiopian context, including segmentation of programs.

II. METHODOLOGY

This is a population-based survey of out-of-school, adolescent girls aged 10 to 19, with a supplemental qualitative study. The study took place in selected low income and slum areas of three urban settings: Addis Ababa, the capital of Ethiopia, and Bahir and Gondar, two of the largest cities in northern Amhara Region. These locations were selected as they were the planned sites for HIV prevention interventions for adolescent girls. Two kebeles (the lowest administrative unit in Ethiopia) were selected in each urban area.⁴

In the first stage of the study, a census of the households in the study area was conducted. All household members were listed, along with their age, sex, school status, and relationship to the household head. This list of residents served as the sampling frame from which respondents were selected for the study. In each urban center, 666 households with eligible adolescent girls (out-of-school, aged 10 to 19) were selected for inclusion in the study. If a selected household had more than one eligible respondent, one girl was selected for interview using a Kish grid (a type of random number table). Once selected, trained female interviewers made up to three visits to the household to locate and interview the sampled respondent.

Female interviewers were selected based on their familiarity with the study locations and previous experience. In consultation with local offices of the Central Statistical Agency (CSA), efforts were made to recruit interviewers and supervisors who were involved in previous Ethiopia Demographic and Health Surveys (EDHS), to take advantage of their previous experience. Twelve interviewers, two supervisors, and one overall coordinator were recruited in each urban area and trained for five days. Supervisors were responsible for spot-checking and review of completed questionnaires to ensure completeness and proper application of skip patterns.

⁴*In Addis Ababa, the study took place in kebele number 8/9/18 and 6/7, in Bahir Dar the study area was kebele 3/15 and 13; and in Gondar we selected kebele 9/10/11/12 and 6/7.*

The survey questionnaire collected information on a wide range of issues including household amenities and assets, education, social networks and mobility, migration, livelihoods, reproductive health knowledge and practice, marriage, births, and sexual experience. The questionnaire was translated into Amharic and back-translated to ensure accuracy. Survey data were entered into the computer using CS-Pro, and converted to SPSS for analysis. Data are weighted by the number of eligible girls in the household in order to correct for unequal probabilities of being selected. Weighted data is presented for all results, except the characteristics of the sample (Table 1).

To supplement survey data, in-depth interviews were conducted among eight urban females in Bahir Dar and Gondar. Respondents ranged in age from 17 to 35. Slightly older respondents were selected for the in-depth interview as it was assumed that older respondents would be more at ease discussing topics of a sensitive, sexual nature and also recalling events of their adolescence, including their sexual initiation. In-depth interview topics covered a range of issues similar to those covered in the survey. Two female interviewers received an intensive, three-day training in which they reviewed each item on the in-depth interview guide and general guidelines for qualitative interviewing. Each respondent was interviewed over the course of three consecutive days for approximately 45 minutes each day. Three days of interviews were considered necessary to cover all the topics. In addition, respondents tended to become

more comfortable with the interviewer over time, and therefore more candid. As such, the most sensitive questions were reserved for the final day of interviewing.

Informed consent was obtained from all respondents in the study. Among respondents below the age of 18, informed consent was obtained from parents or guardians of respondents, as well as the respondents themselves. This report provides descriptive results related to the lives and experiences of urban, out-of-school girls in low income areas of Addis Ababa and Amhara Region. The report attempts to define conditions that may exacerbate the vulnerability of young women in urban slum areas to inform programs for this population.



III. SAMPLE CHARACTERISTICS

Of the 1,998 adolescent girls selected, 1,836 were interviewed, resulting in a 92 percent response rate. Table 1 presents the distribution of respondents by selected background characteristics. The majority of respondents (81 percent) were in the older age group, 15 to 19 years, probably because being out-of-school was a criterion for inclusion in the study.⁵ Thirty four percent of respondents had never been to school; and 47 percent had reached primary level of education. Only 19 percent had received some secondary education. A greater proportion of respondents in Amhara Region had never been to school (36 percent in Gondar and 42 percent in Bahir Dar) compared to respondents in Addis Ababa (25 percent).

The majority of respondents (84 percent) had never been married, and 11 percent were currently married. Five percent were divorced or separated, with relatively large proportions of respondents in Amhara having formerly been married (6 percent of Gondar respondents and 7 percent of Bahir Dar respondents) compared to Addis Ababa (2 percent). Most of the respondents in Gondar and Bahir Dar were Orthodox Christians (81 percent). In Addis Ababa, 50 percent were Orthodox, while 44 percent were Muslims.

Socio-economic status was measured by reading a list of 10 personal assets and asking if the respondent owned each. Assets included shoes, a sheet/blanket, a change of clothing, or a plate/cup. We focused on personal rather than household assets, as many of the respondents may have been domestic workers who lived in someone else's household, having limited or no access to the assets of the household. Respondents owned relatively few of the items mentioned— an average of 2.8 of the 10. There was no significant difference in ownership of assets between cities.

A significant number (76 percent) of respondents were migrants to the respective areas, with considerably more respondents in Bahir Dar reporting having migrated (84 percent) compared to Addis Ababa (75 percent) and Gondar (70 percent).

⁵Throughout this report, 'younger adolescents' refers to those in the age group 10 to 14, while older adolescents refer to the age group 15 to 19.

Table 1: Percentage distribution of study population, by selected characteristics

		Addis Ababa (n=604)	Bahir Dar (n=614)	Gondar (n=618)	All (n=1836)
Age group	10-14	20.0	18.4	18.0	18.8
	15-19	80.0	81.6	82.0	81.2
Educational attainment***	Never attended	25.2	42.4	35.8	34.4
	1 to 4 years	30.7	20.6	22.7	24.7
	5 to 8 years	26.3	16.8	23.0	22.1
	9+ years	17.8	20.2	18.5	18.8
Marital status***	Never married	91.0	81.1	79.9	84.0
	Married	7.1	11.6	13.6	10.8
	Formerly married	1.8	7.3	6.5	5.2
Religion***	Orthodox	50.0	87.3	75.2	71.0
	Muslim	43.7	11.4	24.8	26.5
	Other	6.3	1.3	0.0	2.5
Ethnicity***	Amhara	23.8	98.5	97.2	73.5
	Gurage	46.9	0.2	0.0	15.5
	Oromo	18.5	0.5	0.2	6.3
	Other	10.7	0.8	2.7	4.8
Socio-economic status	Low (0-2 assets)	59.1	56.0	52.6	55.9
	Higher (3-10 assets)	40.9	44.0	47.4	44.1
Migrant to area***		74.5	83.9	70.4	76.3

Note: Unweighted data; Differences between sites significant at *** $p < 0.001$

IV. THE SITUATION OF ADOLESCENT GIRLS IN LOW INCOME URBAN AREAS

A. FAMILIES & HOUSEHOLDS

Only 10 percent of respondents lived with both their parents; 13 percent lived with one parent, and the remainder (77 percent) lived with neither of their parents. Nearly twice as many respondents live with their mother as live with their father. More than one-third of respondents are orphans and 8 percent are double orphans, having lost both parents.

Interestingly, younger adolescents (aged 10 to 14) were less likely to live with parents than older adolescents (aged 15 to 19) (95 percent versus 74 percent), though they were more likely to have living parents (Table 2). They were also significantly more likely to be in domestic work (66 percent versus 46 percent) and to be migrants to the area (93 percent versus 71 percent) (data not shown).

Table 2: Parental co-residence and orphanhood status, by age group

	Age group		All (n=2704)
	10 to 14 (n=484)	15 to 19 (n=2220)	
Number of co-resident parents			
Live with two parents	2.1	11.6	9.1
Live with one parent	3.3	14.9	12.8
Live with no parents	94.6	73.5	77.3
Residence with mother or father			
Live with mother	5.0	24.2	20.7
Live with father	2.5	14.0	11.9
Orphanhood status			
Double orphan (2 parents dead)	5.7	8.3	7.8
Single orphan (1 parent dead)	23.8	30.3	29.2
Both parents alive	70.5	61.4	63.0

On average, households in which respondents lived had 5.8 members. There was indication of crowding in households, with an average of four household members sharing the same sleeping room.

B. MIGRATION

A large proportion of girls in the survey (76 percent) were not native to their current area, but had migrated from another area. A greater proportion of Bahir Dar respondents were migrants (83 percent), compared to Addis Ababa (75 percent) or Gondar (70 percent). Considerably more young adolescents (10-14) were migrants (93 percent) compared to older adolescents (73 percent), a difference that was statistically significant. Mean age at migration was 14 years. The main reasons for migration were for work (52 percent) and schooling (15 percent). Other reasons included migration following a family problem (8 percent), escaping early marriage (5 percent), and escaping poverty (5 percent). Only a small minority migrated with their parents (6 percent) or siblings (9 percent). The greatest proportion migrated with more distant relatives such as aunts or uncles (59 percent) or with employers (19 percent).

Migrants showed higher indicators of vulnerability than natives. Thirty-nine percent of migrants had never been to school, compared to 6 percent of natives, a difference that was statistically significant. Two-thirds of migrants reported having no friends (64 percent), compared to 29 percent of natives, and significantly more migrants were classified in the lower economic status (59 percent) compared to natives (47 percent).

I was born and grew up in Debre Tabor. I came here because of marriage...I was not comfortable with him [husband], so I left him and came here. I divorced him. As I told you, I am working as a waitress here. Gondar female, age 24, 10 years of education, working as waitress, divorced

C. EDUCATION & SCHOOLING

Formal & non-formal education

One-third of respondents (31 percent, weighted data⁶) had never attended school, with larger proportions of respondents in Amhara Region never having been to school (Table 3). While most students attended formal schooling, some had attended non-formal schooling, including nearly 4 percent of respondents in Addis Ababa, reflecting recent efforts to expand non-formal schooling as an alternative to basic education.

Table 3: School attendance by type of school and age at school entry, by site

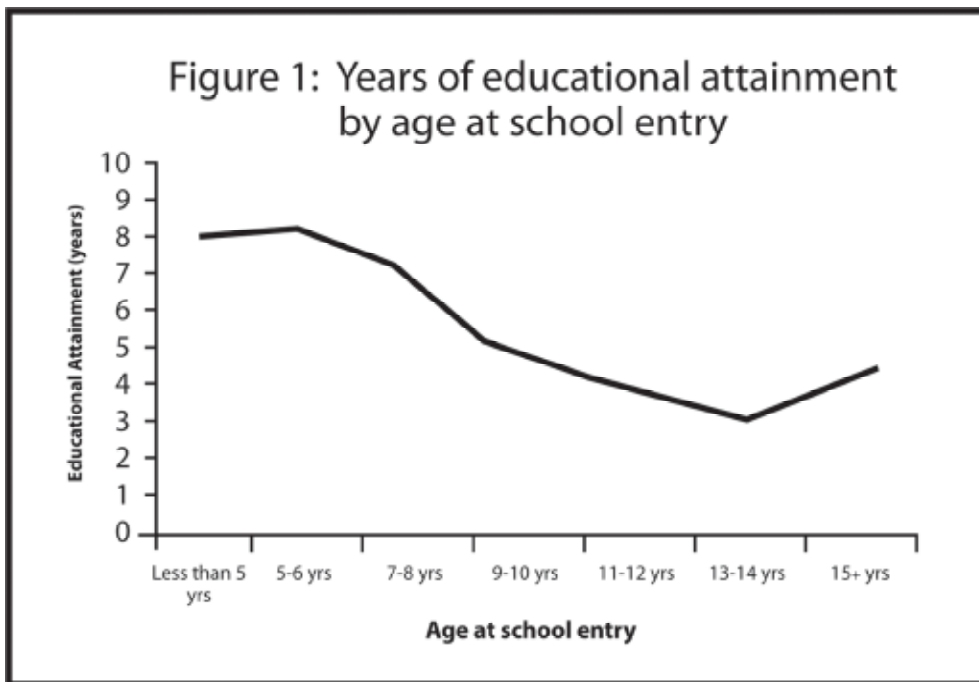
		Addis Ababa (n=917)	Bahir Dar (n=872)	Gondar (n=917)	All (n=2707)
School attendance	Formal school*	76.7	60.9	66.0	68.0
	Non-formal school*	3.7	0.2	0.3	1.4
	Never attended school	19.6	38.9	33.7	30.6
Age started school*	Less than 5	3.0	0.6	0.8	1.5
	5 – 6 years	17.4	19.3	23.1	20.0
	7 – 8 years	31.0	36.6	45.8	38.0
	9 – 10 years	27.9	21.7	17.1	22.1
	11 – 12 years	10.5	8.5	8.6	9.2
	13 – 14 years	5.2	8.9	2.7	5.4
	15+ years	5.0	4.4	2.0	3.7

*Note: Weighted data; Differences between sites significant at *p<0.001*

Official age of entry into primary school is seven years in Ethiopia⁷. A considerable number of respondents started school late, with 30 percent of Gondar respondents, 44 percent of Bahir Dar respondents, and 49 percent of Addis Ababa respondents starting school at age nine or later. Starting school late was associated with earlier drop-out and lower levels of educational attainment (Figure 1). Those who started school by age six achieved more than eight years of education, while those who started after age eight achieved less than four years of education.

⁶There are slight differences in results between weighted and un-weighted data. For the remainder of this report, we report results for weighted data, which corrects for unequal chances of being sampled.

⁷Ethiopia Ministry of Education, "Education Statistics Annual Abstract, 2000 E. C.1 2008-2008," Addis Ababa: Ministry of Education.



Respondents who had never been to school were asked the main reason for not attending. More than half (57 percent) mentioned that their families could not afford schooling, followed by family disapproval (15 percent), and the burden of domestic responsibilities (10 percent). Six percent mentioned that there was no school in the vicinity or within easy access of their home. Other reasons for not attending school included marriage (3 percent), death of parents (2 percent), lack of interest (2 percent), and illness (2 percent).

Vocational training

Respondents were also asked if they received any kind of vocational training. Only 7 percent had received such training, most commonly computer training, dress making, hairdressing, and accounting. However, only 26 percent of respondents who received vocational training were putting it to use.

D. WORK & LIVELIHOODS

Respondents were asked whether they had ever worked for pay, whether for cash or in-kind payment. Sixty-nine percent of respondents had ever worked for pay. The proportions of those who ever worked vary significantly by residence: 73 percent in Addis Ababa, 70 percent in Bahir Dar, and 64 percent in Gondar. Among those who had ever worked, 87 percent were working at the time of the survey. The mean age for starting work was 15 years.

I was working in a bar and many bad things happened to me. There were times that I would get into a fight with people. Men would treat you like a prostitute. While you are working you cannot refuse to be with them because the owner may not be happy. There are things like this.

Gondar female, age 24, 10 years of education, working as waitress, divorced.

Type of work & earnings

The most common paid work was domestic work (72 percent of working respondents), followed by salesperson in shop/kiosk (6 percent), restaurant worker/barmaid (6 percent), and daily laborer (5 percent) (Table 4). Ninety-seven percent of working younger adolescents were domestic workers. The majority of respondents (62 percent) got jobs through relatives; one-quarter found jobs on their own; 8 percent were assisted by brokers; and 6 percent found jobs through their friends.

Respondents reported their income for the last month in which they worked (Table 4). Income reported includes only cash, not in-kind payments such as housing, food, or clothing. Domestic workers were the lowest earners, making an average of 82 Birr, or about US\$7.50, per month. Clerical staff, office workers, and those working in the trades earned more, making an average of more than 200 Birr per month/ US \$ 18 per month. A few (13) respondents reported that they engaged in sex work; their reported income was higher than other respondents in the survey, making an average of 566 Birr per month, or roughly US \$51.

Table 4: Main occupations and mean cash income

Type of work	N	Percent of respondents	Mean monthly cash income (Birr/USD)
Domestic worker	1338	72.2	82 Birr/ US \$7.50
Salesgirl	119	6.4	148 Birr/ US \$13.50
Restaurant/bar worker	110	5.9	125 Birr/ US \$ 11.50
Daily laborer	98	5.3	194 Birr/ US \$ 17.50
Clerical/office worker	82	4.4	264 Birr/ US \$ 24.00
Tradesman	68	3.7	211 Birr/ US \$19.00
Sex worker	13	0.7	566 Birr/ US \$51.50
Other	26	1.3	166 Birr/ US \$15.00

Note: Weighted data; Exchange rate used is US \$1 = 11 Birr

Work environment

More sex workers in the sample reported harassment (31 percent) and threats to their health (77 percent) than other types of workers, differences that were statistically significant (Table 5). However, they also appeared to have greater control of earnings. Restaurant and bar workers also reported high levels of harassment (20 percent), failure to receive payment (23 percent), and threats to their health (38 percent), a theme repeated in the in-depth interviews:

I was working in a bar and many bad things happened to me. There were times that I would get into a fight with people. Men would treat you like a prostitute. While you are working you cannot refuse to be with them because the owner may not be happy. There are things like this. Gondar female, age 24, 10 years of education, working as waitress, divorced.

Table 5: Experience of work environment and control of earnings, by occupation

	Domestic worker (n=1338)	Salesgirl (n=119)	Restaurant /Barworker (n=110)	Daily laborer (n=98)	Clerical (n=82)	Trades (n=68)	Sex workers (n=13)	All (n=1811)
<u>Control of income</u>								
Decides on use of earnings	83.0	82.4	90.9	78.9	85.4	82.4	100.0	83.2
<u>Experience of work</u>								
Promised pay but not paid	11.8	4.2	22.7	12.6	18.3	14.7	7.7	12.3
Harassed by co-workers, boss, or customers	9.2	9.8	20.2	6.3	14.6	20.6	30.8	10.7
Been sexuallyharassed	5.5	3.4	18.2	6.3 2	3.2	4.4	53.8	7.1
Feels work threatens health	14.4	17.6	38.2	37.9	31.3	23.5	76.9	19.2

Note: Weighted data; ‘Other’ not included in table, but included in total ‘All’

E. GENDER NORMS & SELF PERCEPTIONS

In order to gauge attitudes related to gender norms, interviewers read a series of statements related to marital relationships, gender based violence, and roles within the family, and asked respondents if they agreed or disagreed with each (Table 6). For on all statements except one, those respondents with some education were more likely to hold gender equitable attitudes compared to those without education. Interestingly, girls who had never been to school were more likely to disagree with the statement that “girls are not as good as boys in school,” compared to girls who had been to school.

A composite score was calculated to reflect the number of items on which respondents held gender-equitable views. Within each area (marriage, gender based violence, and family roles) a maximum score of four was possible, reflecting that respondents held gender equitable views on all items presented. Views on gender roles within the family were the most equitable, with respondents holding gender equitable views on an average of three of four statements. Views on marital relationships were the least equitable, with respondents holding equitable views on only two of four statements.

Table 6: Percent of respondents holding gender ‘equitable’ views, by topic

	Educational Status		All (n=2707)
	No Education (n=828)	Some Education (n=1874)	
<u>Marriage & marital relations</u>			
Disagree with: ‘It is a man’s right to refuse to allow his wife to go out with her friends.’	47.3	72.2*	64.6
Disagree with: ‘It is a wife’s duty to have sex with her husband whenever he wants.’	42.5	60.0*	54.7
Disagree with: ‘If a woman disagrees with her husband, she must accept his opinion.’	40.1	60.1*	54.0
Disagree with: ‘It is better if a husband has more education than his wife.’	28.0	44.9*	39.7
<i>Mean number of gender equitable opinions (0-4)</i>	<i>1.6</i>	<i>2.4*</i>	<i>2.1</i>
<u>Sexual & gender based violence</u>			
Disagree with: ‘If a husband does not beat his wife, it means he does not love her.’	87.2	95.6*	93.0
Disagree with: ‘It is OK for a man to beat his wife if she burns the food.’	76.7	90.2*	86.1
Disagree with: ‘Some girls deserve to be raped because of the way they dress or talk to boys.’	60.6	70.5*	67.5
Disagree with: ‘Men rape girls because they cannot control themselves.’	39.0	46.7*	44.3
<i>Mean number of gender equitable opinions (0-4)</i>	<i>2.6</i>	<i>3.0*</i>	<i>2.9</i>
<u>Family roles</u>			
Disagree with: ‘When money is scarce, boys should be sent to school before girls.’	79.5	90.0*	87.4
Disagree with: ‘Girls are not as good as boys in school.’	87.9*	80.4	82.7
Disagree with: ‘Men are better at managing money than women.’	55.3	68.6*	64.5
Disagree with: ‘Boys should not do as much domestic work as girls.’	57.5	67.1*	64.2
<i>Mean number of gender equitable opinions (0-4)</i>	<i>2.7</i>	<i>3.1*</i>	<i>3.0</i>

*note: Weighted data; Differences between sites significant at *p<0.001*

In-depth interview respondents described girls’ being responsible for a considerable amount of domestic work, especially in rural areas.

I was living in the rural area...Boys went to school when we were little, but we, girls, were never sent to school. I had many things to do in the house. I was herding and I had to do work at home and I never had time for anything. There was too much work and we would get upset because of it...Because we were girls we did household chores, and when the time comes for us to get married then we would get married. If you were raped, then they would make you feel inferior. The society discriminates against us. Bahir Dar female, age 17, primary school incomplete, migrated from rural area, working as daily laborer, divorced.

Respondents in the qualitative interviews held generally liberal attitudes about gender roles, including the division of labor. Some respondents described how gender roles are more liberal in urban areas compared to rural areas:

I see both boys and girls helping their parents, even working in daily labor. As for me, there is no job I can't do - I can even haul stones. Some people think I'm like a man, and I say, 'why do you say male or female? Is there any problem as long as I can do the job?' This is the way I think... these days there are men who wash clothes and clean the house. I've seen men who wash dishes which they used for breakfast. So, here, 'men's or women's chores' doesn't work here. These are people who really care about their families. Bahir Dar female, age 26, 12 years of education, migrated from rural area, working as a waitress, divorced.

Respondents were also read a series of statements regarding their outlook for the future and their self perception (Table 7). Many suggested having low self esteem by agreeing with the statement, “At times, you feel worthless” (23 percent). One-fifth (19 percent) reported not having hope for the future and more than one-third (36 percent) gave indications of anxiety, reporting that worries periodically keep them from sleeping. Respondents with no education were significantly more likely to feel worthless and not have hope for the future. However, they were less likely to have sleepless nights due to anxiety than their educated counterparts.

Table 7: Percent of respondents reporting signs of low self esteem, depression or anxiety, by topic and educational attainment

	Educational Status		All (n=2707)
	No Education (n=828)	Some Education (n=1874)	
Agree with: ‘At times you feel worthless.’	26.6*	20.7	22.5
Agree with: ‘You do not have hope for the future.’	24.3*	16.3	18.8
Agree with: ‘At times you feel so worried you cannot sleep’	32.4	38.2*	36.4

Note: Weighted data

F. SOCIAL NETWORKS & SAFETY

Social networks and participation

More than half (56 percent) of participants reported that they had no friends, reflecting high levels of social isolation. Participation in social events or community groups was relatively low (Table 8). Respondents most commonly participated in a coffee ceremony (57 percent), religious service (39 percent), or went to a restaurant or café (12 percent). Few girls participated in revolving savings clubs (‘ekubs’) or funeral societies (‘idirs’). Younger girls and those with lower levels of education were less likely to participate in social events than older and more educated girls.

Table 8: Percentage of respondents participating in social events/activities in the last week, by age group

	Age Group		Educational Status		All
	10-14	15-19	No Education	Some Education	
Gone to a coffee ceremony	44.2	59.2	48.5	60.0	56.5
Gone to church/mosque	24.8	42.0	19.0	47.7	38.9
Socialized or chatted with friends	14.3	32.5	8.7	38.3	29.2
Gone to a restaurant or café	1.4	14.0	2.5	15.9	11.8
Participated in an idir/funeral society	0.8	3.6	2.2	3.5	3.1
Participated in an ekub/savings club	0.0	2.9	1.2	2.9	2.4

Note: Weighted data

Safety & well-being in the community

Respondents were read a series of statements about their feelings of well-being in communities and asked if they agreed or disagreed with each (Table 9). A moderate number of girls experienced discomfort in their neighborhoods, with 28 percent feeling scared of being beaten, and 11 percent having been groped by a male in the neighborhood. Five percent knew of a girl who had been raped, and 4 percent had been robbed in the last year. By contrast, only 12 percent of girls reported having a safe place to go in their community to meet their female friends.

Table 9. Feelings of well-being in the community (percentage agreeing with statement), by site

	Place of Study			All
	Addis Ababa	Bahir Dar	Gondar	
Scared of being beaten by someone in the neighborhood	21.8	35.2	27.3	28.0
Feel comfortable walking alone after dark in the neighborhood	32.9	16.6	24.5	24.8
Has been groped by a male in the neighborhood	11.8	10.0	10.0	10.6
There is a place in your community where you can meet your female friends	18.2	6.7	10.0	11.7
Feels there is a lot of crime in the neighbourhood	10.3	5.9	12.8	9.7
Know of girls in the neighborhood who have been raped	6.9	3.1	5.0	5.0
Have been robbed in the past one year	5.5	1.8	5.0	4.2

Note: Weighted data

V. TRANSITION TO SEXUAL ACTIVITY & MARRIAGE

Twenty-one percent of respondents had had sex, with 5 percent having a very early sexual initiation, before the age of 15. Most sexual initiation occurred within the context of marriage, with 60 percent of respondents first having sex with their spouse or their fiancé. The finding that most girls do not have premarital sex is consistent with those from other studies, including the Ethiopia Demographic and Health Survey (EDHS 2005) and secondary analysis of the EDHS.⁸ Thirty percent reported first sex with a boyfriend, and 5 percent first had sex with an acquaintance. A small number of girls had their first sex with a stranger, suggesting a forced first sex.

Indeed, keeping one's virginity until marriage was a widely-held value among many of the in-depth interview respondents. Respondents described that virginity in marriage was important for both men and women. However, in particular, keeping one's virginity until marriage was a mark of womanhood.

A woman is said to have proved her womanhood when she gets married and she is found to be a virgin. Then it is said that she has proved herself a woman. Gondar female, age 17, migrated from rural area, primary school incomplete, housewife, married.

A. NON-CONSENSUAL SEX

The study revealed considerable levels of non-consensual first sex. Study participants were read a series of possible conditions in which sex is initiated, both coercive and non-coercive, and asked if each applied to their first sexual intercourse. Situations included: you wanted to show love; you were curious about sex; because you were tricked; because the person insisted and would not take 'no' for an answer; because the person threatened you; because you were promised money or a gift; and because you were physically forced. All of these options were prompted in order to make the respondent feel that she is not being singled out, and to imply that the experiences are common. Multiple responses were possible. Responses of trickery, insistence of a partner, threats, economic motivations, or physical force were coded as non-consensual. Respondents who reported sexual initiation motivated by love or curiosity, and no other coercive condition, were considered to have had a consensual sexual debut.

⁸ Central Statistical Agency [Ethiopia] and ORC Macro. 2006. *Ethiopia Demographic and Health Survey 2005*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro; Moore Z, Govindasamy P, DaVanzo J, Bizuneh G, Themme A. *Trends in Youth Reproductive Health in Ethiopia, 2000 and 2005*. Calverton MD: Macro International Inc., 2008. Molla M, Berhane Y and Lindtjorn B. *Traditional values of virginity and sexual behavior in rural Ethiopian youth: Results from a cross-sectional study*, *BMC Public Health*, 2008, 8:9, Accessed February 20, 2008;

Among sexually experienced girls, 29 percent described first sex as occurring under coercive conditions. The most common forms of coercion were the partner's insistence/not taking 'no' for an answer (14 percent) and physical force (10 percent). Other forms of coercion, trickery, threats, and economic coercion, were each reported among 4 percent, each, of sexually experienced girls.

...when I was doing household chores he [boyfriend] pulled me down on the bed... He even beat my face and he acted like a mad man. I have never told anyone about it... I didn't want to have sex then. He forced me.... In the morning there was blood on the bed and I couldn't move. I was very frightened and asked what had happened. I stayed there since I couldn't move...after 3 or 4 days I got up, and I washed the bed sheets. I was very embarrassed. Bahir Dar female, age 17, primary school incomplete, migrated from rural area, working as daily laborer, divorced.

Girls who had sex before the age of 15 and those who had first sex outside a marital relationship were significantly more likely to have experienced coerced or forced first sex. Among girls who had first sex before age 15, 48 percent described coercive conditions, compared to 22 percent who had first sex at age 15 and older, a difference that was statistically significant. The association between early first sex and non-consensual sex has also been supported in studies in other contexts.⁹ Among girls whose first partner was a husband or fiancé, 20 percent described coercive conditions compared to 48 percent of respondents who had first sex with a partner other than a husband/fiancé, a difference that was statistically significant.

When a man needs to get something [sex] from a woman, he will do different favors for you. He will buy you things to make you happy, but the things are temporary. Then, afterwards, the woman will feel obligated to have sex with the man. Gondar female, age 17, migrated from rural area, primary school incomplete, housewife, married.

Transactional sex

Respondents were asked if they ever had sex because they thought they would get money in exchange. Eight percent of sexually experienced respondents reported that they had had sex in these circumstances. This type of transactional sex seemed to occur only occasionally: 39 percent of those reporting transactional sex had not had sex for this reason in the month prior to survey.

In-depth interviews revealed other forms of transactional sex. Rather than having sex in anticipation of receiving money or gifts, respondents described having sex in return for money, gifts, or assistance. Participants described boyfriends giving gifts or doing favors and girls feeling obliged to 'pay back' in the form of sex:

⁹See, for example, Abma, J, Driscoll A, Moore K. 1998 "Young Women's Degree of Control over First Intercourse: An Exploratory Analysis," *Family Planning Perspectives*, 30 (1): 12-18.

He may bring her earrings or a bracelet and a woman may be fooled by small things. In the cities, he may even bring her a ring. Then after he has given you the ring, things might happen because she is fooled by it. Or if he was with her when she was in trouble, he may say to her that I have done 'this' for you, so in return, you should do 'that' for me. If she wants to pay for how he has helped her, she may do it [sex]. Bahir Dar female, age 17, primary school incomplete, migrated from rural area, working as daily laborer, divorced.

When a man needs to get something [sex] from a woman, he will do different favors for you. He will buy you things to make you happy, but the things are temporary. Then, afterwards, the woman will feel obligated to have sex with the man. Gondar female, age 17, migrated from rural area, primary school incomplete, housewife, married.

I returned the favor if he [boyfriend] did a nice thing for me, and when he needed support... My former boyfriend supported me with different things including helping with my schooling. I never refused when he asked me to have sex because of his kindness. Bahir Dar female, age 18, 8 years of education, migrated from rural area, working as a waitress, never married.

I returned the favor if he [boyfriend] did a nice thing for me, and when he needed support... My former boyfriend supported me with different things including helping with my schooling. I never refused when he asked me to have sex because of his kindness. Bahir Dar female, age 18, 8 years of education, migrated from rural area, working as a waitress, never married.

Multiple partnerships

Among sexually experienced girls, multiple partnerships were rare, with 87 percent having had sex with only one partner. A further 6 percent reported having two lifetime partners. Only a minority of sexually active girls (7 percent) had more than two lifetime partners or reported 'not knowing' their number of partners, suggesting multiple partnerships.

B. MARRIAGE

Fourteen percent of girls had ever been married, with more girls ever married in Amhara Region (18 percent in Bahir Dar and 17 percent in Gondar), compared to 7 percent in Addis Ababa. Among married girls, 6 percent had been married before the age of 10, and 28 percent were married during early adolescence, between the ages of 10 and 14.

Table 10 shows the conditions of marriage, by age at marriage. While few respondents were married before the age of 10, all of these marriages took place without the knowledge or consent of the bride. Girls married later were more likely to know about the marriage beforehand, know the fiancé, consent to the

marriage, and want to get married at that time. Consistent with other studies, the younger a girl is when she is married, the larger the age difference with her husband. Girls married before the age of 10 had husbands an average of 12 years older; those married during early adolescence (10 to 14) had husbands an average of 9.6 years older; while those married between the ages of 15 to 19 had husbands who were an average of 8.5 years older.

Among ever married girls, 38 percent were divorced or separated. Girls married early were more likely to be divorced compared to those married later. The vast majority of girls married before the age of 10 were divorced (96 percent); 61 percent of girls married in their early adolescence were divorced, a statistically significant difference. This finding is consistent with other studies in Ethiopia demonstrating an association between early marriage and divorce.¹⁰

Table 10: Conditions of marriage, by age at marriage

	Age at marriage		
	Below age 10 (n=23)	Age 10 to 14 (n=99)	Age 15 to 19 (n=235)
Knew about marriage beforehand	0.0	35.6	76.2
Knew spouse beforehand	0.0	21.8	4.9
Consented to marriage	0.0	45.5	86.4
Wanted to get married at the time	0.0	29.7	72.8
Marriage was presided over by priest/imam	60.0	71.4	68.2
Mean age difference with spouse	12.0 years	9.6 years	8.5 years
Current marital status			
Currently married	4.3	39.4	80.4
Divorced, widowed, separated	95.7	60.6	19.6

Note: weighted data

Ever married respondents were asked questions related to marital violence, infidelity, and perceived HIV risks posed by their husbands (Table 11). Some married girls described violence within their marriage as well as suspected infidelity and risk posed by their husbands. Eleven percent worried that their husband would give them HIV.

¹⁰ *Tilson D. and Larsen U. 2000. Divorce in Ethiopia: The impact of early marriage and childlessness, Journal of Biosocial Science, 32(3), 355-72.*

Table 11: Marital violence, infidelity, and perceived HIV risk (n=374)

	Percentage
Beaten by spouse in last three months	8.3
Forced sex by spouse during the last three months	8.6
Able to refuse your spouse sex	35.8
You think your husband has always been faithful	
No	10.8
Yes	73.4
Do not know	15.8
Have you not always be faithful to your spouse	4.2
You feel scared your husband will infect you with HIV	11.4

Note: weighted data

Only a minority of respondents (36 percent) were able to refuse their husbands sex, with many respondents in the in-depth interviews describing marital sex as a woman's obligation and a man's right:

If a husband asks his wife for sex and she refuses, then the husband may do anything. He may send the wife out of his house... He may embarrass his wife by telling other people what she has done to him. The wife may refuse because she has a problem, but the husband may beat her up.

Bahir Dar female, age 17, primary school incomplete, migrated from rural area, working as daily laborer, divorced.

C. CONDOM & FAMILY PLANNING USE

Twenty percent of sexually experienced respondents had ever used a condom. Never married respondents were significantly more likely to have ever used a condom (45 percent), compared to married respondents (5 percent). Among ever users of condoms, only 31 percent reported consistent use of condoms ¹¹ (6 percent of sexually experienced respondents). Among sexually experienced respondents, 39 percent had ever used injectable contraception, and 31 percent had used contraceptive pills.

¹¹ Consistent condom use was measured by asking the respondent how many times they had used a condom during their last five acts of intercourse. A respondents was considered to be a 'consistent' condom user if they had used a condom during the last five acts.

VI. HIV & AIDS

A. KNOWLEDGE OF HIV/AIDS

Respondents were asked a series of questions related to knowledge of HIV/AIDS, counseling and testing, and condoms (Table 12). When asked how HIV is transmitted through an unprompted question, 93 percent correctly named sexual intercourse as a mode of transmission.¹² The greatest proportion of respondents knew that a healthy person can be living with HIV (91 percent) and that there is no cure for AIDS (87 percent). A common misperception in Ethiopia is that people can get HIV from sharp instruments; only 59 percent of respondents knew this was not the case.

Table 12: Percentage of respondents with knowledge related to sexually transmitted infections

	No Education (n=828)	Some Education (n=1,877)	All (n=2,705)
Agree with: A healthy looking person can be infected with HIV	85.6	93.3	90.9
Disagree with: There is now a cure for AIDS	87.0	87.3	87.2
Disagree with: People only contract HIV/AIDS in large towns and cities.	77.1	88.4	84.9
Disagree with: A condom can get lost inside a woman's body.	86.5	78.4	80.7
Disagree with: Condoms are not effective in preventing HIV/AIDS.	78.5	75.2	76.1
Agree with: A woman can give HIV to her unborn baby.	63.9	74.8	71.5
Disagree with: Most people get AIDS from accidents with sharp instruments.	51.1	62.7	58.9

Note: weighted data

B. PERSONAL EXPERIENCE WITH AIDS

Overall 40 percent of respondents reported they knew someone who was sick with or had died of AIDS. Most named a neighbor (50 percent) or an acquaintance (26 percent) as having HIV/AIDS. Only 5 percent reported that a family member had been sick or died from HIV/AIDS.

Few respondents (7 percent) worried that they might be HIV positive. Nearly 61 percent knew a place to get tested for HIV; 66 percent reported that they would like to be tested; and 30 percent reported they had already been tested. About two-thirds (66 percent) of respondents were aware of anti-retroviral therapy (ART) and, among these, 58 percent knew a place where to get it.

¹² While respondents knew other modes of transmission as well, arguably, the vast majority of infected women in sub-Saharan Africa are infected through sexual intercourse, making this the critical mode of transmission for educational campaigns.

C. STIGMA & DISCRIMINATION

Stigma and discrimination against people living with HIV/AIDS was relatively high among respondents (Table 13). Forty-one percent would prefer not to be in the same room with a person living with HIV/AIDS (PLWHA), while 39 percent would not let their child play with a child of a PLWHA.

Table 13. Percentage of respondents holding views reflecting stigma and discrimination against PLWHA

	Educational Status		All
	No Education	Some Education	
Would not want to be in the same room with someone who is HIV+	55.9	34.0	40.7
Would not allow children to play with the children of a PLWHA	55.3	32.2	39.3
Would be afraid to take care of a family member with HIV/AIDS	55.3	30.5	38.1
Feel uncomfortable spending time with a friend with HIV/AIDS	55.9	24.1	33.8

Note: weighted data

D. EXPOSURE TO MESSAGES RELATED TO HIV & AIDS

Respondents were asked about exposure to HIV/AIDS messages in the year prior to survey (Table 14). The most common source of information on HIV/AIDS was the television (for 52 percent of respondents), followed by radio (50 percent). Drama and service providers were also relatively common sources of HIV/AIDS information. Less common sources of information were peer educators (8 percent) and youth centers (6 percent). Older and more educated respondents were significantly more likely to have been exposed to messages for all medium mentioned.

Table 14: Percentage of respondents having exposure to HIV/AIDS education, by source of information, level of education and age group

	Educational Status		Age Group		All
	No Education	Some Education	10-14	15-19	
Seen a television spot about HIV/AIDS	34.5	60.2	32.0	56.7	52.3
Heard a radio program about HIV/AIDS	24.8	61.3	27.9	55.0	50.1
Attended a drama about HIV/AIDS	18.4	54.5	23.6	47.8	43.4
Rec'd HIV information from health provider	7.0	30.0	6.6	26.5	23.0
Attended a lecture on HIV/AIDS	1.6	21.7	5.6	17.7	15.5
Talked to a peer educator	0.1	10.7	3.1	8.4	7.5
Gone to a youth center	0.0	8.1	1.2	6.6	5.6

Note: weighted data

VII. TRACING VULNERABILITIES OF ADOLESCENT GIRLS IN URBAN ETHIOPIA

In order to identify girls who may be more vulnerable to negative reproductive health outcomes, we selected behavioral indicators that may lead to such outcomes, especially HIV infection. Three indicators were selected: 1) respondents who reported an early sexual initiation (before age 15), 2) respondents who reported non-consensual sexual initiation, and 3) respondents engaging in high risk behavior as reflected by being a sex worker, engaging in transactional sex, or having multiple partnerships. We determined which girls were more likely to engage in these behaviors or have had these experiences, considering demographic variables such as age, education, migration status, marital status, orphanhood status, and social isolation.

To reflect social exclusion and isolation, we built a variable using a measure of friendship networks, community support, and participation in social groups. Respondents were asked how many friends they had, with a substantial proportion (56 percent) reporting that they had no friends. In order to reflect community support networks, two statements were read to the respondents, who were asked if they agreed or disagreed with each: ‘if you needed money urgently, there is someone in your neighborhood from whom you could borrow money,’ and ‘if you didn’t have a place to stay, there is someone in your neighborhood who would take you in.’ Finally, group participation was measured by asking respondents if they had participated in a community club or group in the last year. Respondents who reported having no friends, having no community support, and not engaging in clubs or groups, were coded as being socially excluded. Those with at least one friend, or who reported at least one type of community support or group participation were coded as socially included.

Table 15: Negative or risky sexual behavior, by demographic characteristics

Characteristic	Sex before age 15 (n=140)	Sex age 15+ (n=406)	Coerced sexual debut (n=161)	Consensual sexual debut (n=392)	Risky sexual behavior (n=85)	Less risky sexual behavior (n=422)
Age group						
10 – 14	-	-	1.9	1.0	1.2	0.7
15 – 19	-	-	98.1	99.0	98.8	99.3
Never been to school	37.9***	16.0	28.6***	18.6	34.1**	19.4
Migrant to the area	76.4**	62.8	76.4***	62.8	77.6*	64.9
Marital status						
Never married	28.6	41.4	54.0***	32.4	72.9***	26.3
Currently married	27.1	46.8	17.4	51.3	12.9	51.9
Formerly married	44.3***	11.8	28.6	16.3	14.1	21.8
Orphanhood						
Both parents dead	10.9	13.1	11.5	12.8	15.7**	12.2
One parent dead	22.6	30.0	27.4	28.5	41.0	25.5
Both parents alive	66.4	56.9	61.1	58.7	43.4	62.3
Socio-economic status (low)	47.9***	29.1	39.1	31.9	21.2	34.4*
Socially excluded	35.0***	19.3	34.6***	18.6	23.5	22.9

Note: weighted data; Difference between groups significant at: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Never having been to school, being a migrant to the area, and marital status were all significantly associated with negative outcomes. Those who had never been to school and who were migrants were significantly more likely to engage in risky sexual behavior and to have experienced non-consensual or early first sex. Never married girls were more likely to have experienced coerced first sex and to engage in risky sexual behavior, compared to ever married girls. Social exclusion was associated with very early sexual debut and coerced first sex, but not with risky sexual behavior. Conversely, being an orphan was not associated with increased likelihood of early or coerced first sex. However, it was associated with engaging in risky sexual behavior.

Results suggest that HIV prevention efforts should focus on girls who have never been to school as well as orphans, migrants, and girls who are marginalized and excluded. Orphans are susceptible to risky sexual behavior and those who are socially excluded are vulnerable to early or non-consensual first sex.

VIII. IMPLICATIONS FOR PROGRAMS

Results of the research provide direction for program managers, particularly those supporting the most vulnerable adolescent girls in Ethiopia.

Out-of-school girls aged 10 to 14 require special attention

This research focused on urban girls who are out-of-school, revealing that most are living outside protective family structures, away from their mother and father or other caring adult. Among the younger girls (aged 10 to 14) in the sample, fully 95 percent were living away from parents. Most of these girls were migrants, had never been to school, and were in domestic service. These girls are arguably at high risk of abuse and exploitation, including sexual exploitation, and may end up in sex work. Girls in this situation are likely in need of focused, targeted support programs, allowing them to catch up on missed schooling and transition into safer and less abusive forms of work.

Programs need strategies to reach marginalized, socially isolated girls

A large proportion of slum dwelling girls are highly marginalized and isolated, out-of-reach of mainstream youth programs. Indeed, few girls in the study had been to a youth center (6 percent) or talked to a peer educator (8 percent) in the year prior to survey. None went to school, most did not go to church/mosque, and only a small minority participated in ekubs or idirs. Their marginalization and lack of participation was likely due to their long working hours; working girls devoted an average of 60 hours per week to paid work. In effect, girls in this sample had no available institutional contact through which to reach them. Programmers must devise ways to reach socially isolated and marginalized girls who do not have recreation time or are not allowed outside of their home or workplace. In order to reach domestic workers or married girls, programs may have to move house-to-house to identify eligible girls and negotiate their participation with their employers or family members.¹³ Other mechanisms should be devised to reach girls who are working as daily laborers or in restaurants and bars, including workplace programs and awareness raising among employers.

Programs need to address non-consensual sex and transactional sex

A considerable proportion of girls experienced unwanted sex, including physical force as well as excessive pressure. Further, many respondents, especially those interviewed in-depth, described feelings of sexual obligation to men or boys

¹³ See, for example, Erulkar AS, Mekbib T, Tegegne M. 2008. "Biruh Tesfa: Creating a Bright Future for Migrant Girls in Urban Areas of Ethiopia," Population Council: Transitions to Adulthood briefs, February.

who had bought them gifts or helped them in some way. Programs must go beyond simply discussing the dangers of sex and modes of HIV transmission. Messages should explicitly address power in sexual relationships, for girls and boys, as well as men and women. Messages for young people should stress that giving a gift or support does not entitle one to sex. Further, messages for married couples should address the fact that marriage does not entitle a man to sex with his wife without her consent.

Address HIV risks posed by husbands

Few programs address the HIV risk posed within marital relations. Yet few married couples use condoms, and a considerable number of respondents in this study worried that their spouse posed an HIV risk to them. Programs should address the HIV risk posed by married partners, including in cases when infidelity is suspected. Condom use within marital relationships should be de-stigmatized and promoted as an acceptable method for family planning and disease prevention within the family.

This study underscores the vulnerability of out-of-school adolescent girls in poor urban areas of Ethiopia. In particular, lack of protective structures such as parents, schools, and social networks contributes to girls' vulnerability. Limited livelihoods opportunities and exploitive work roles may further expose girls to negative outcomes, as well as lack of access to available information and services. Programs should address social and contextual factors that exacerbate girls' risk of negative reproductive health outcomes, including HIV infection.



APPENDIX: Selected tables by site, age group and educational attainment

Table A1. Percentage of respondents participating in public events/ activities in the last week by place of study, educational status and age group

	Place of Study			Age Group		Educational Status		All
	Gondar	Bahir Dar	Addis Ababa	10-14	15-19	No Education	Some Education	
Gone to a coffee ceremony	53.8	55.6	60.0	44.2	59.2	48.5	60.0	56.5
Gone to a market	49.8	39.8	48.7	23.3	51.2	32.2	52.4	46.2
Listened to the radio	30.2	36.6	58.1	29.8	44.3	21.5	50.6	41.7
Gone to church/mosque	32.6	30.8	52.9	24.8	42.0	19.0	47.7	38.9
Socialized or chatted with friends	26.5	21.1	39.6	14.3	32.5	8.7	38.3	29.2
Gone to a restaurant or café	9.1	9.1	17.1	1.4	14.0	2.5	15.9	11.8
Gone outside your home to socialize with friends of the same sex	6.8	7.4	12.0	1.9	10.2	1.1	12.1	8.7
Participated in an idir/funeral society	2.6	2.4	4.3	0.8	3.6	2.2	3.5	3.1
Participated in an ekub	1.4	1.7	4.0	0.0	2.9	1.2	2.9	2.4
Played football, netball or another sport	0.7	2.1	3.6	0.8	2.4	0.2	2.9	2.1

Table A2. Percentage of respondents who need permission and level of worry about differ issues.

	Place of Study			Educational Status		Age Group		All
	Gondar	Bahir Dar	Addis Ababa	No Education	Some Education	10-14	15-19	
Need someone's permission before you leave the house	87.0	86.4	88.0	91.1	85.4	97.7	84.8	87.1
Need someone's permission before you visit a friend.	75.1	82.6	84.7	85.3	78.8	89.5	78.9	80.8
Need someone's permission before you spend money.	71.8	65.4	60.2	65.8	65.8	77.7	63.2	65.8
Need someone's permission before you look for a job.	63.5	63.3	69.3	65.6	65.3	80.2	62.2	65.4
Feeling worried, not sleeping well or at all	41.5	34.7	33.0	32.4	38.3	25.0	39.0	36.5
Don't have hope for your future.	12.8	23.6	20.1	24.3	16.3	16.7	19.2	18.8
Feeling mentally incoherent and stressed	16.6	22.6	17.5	24.8	16.2	23.8	17.8	18.8

	Percentage of respondents agreeing with statements related to sexually transmitted infections					All (n=2,705)
	Place of Study			Age Group		
	Gondar (n=916)	Bahir Dar (n=872)	Addis Ababa (n=917)	10-14 (n=484)	15-19 (n=2,221)	
A healthy looking person can be infected with HIV	93.9	87.7	91.0	81.8	92.9	90.9
A woman can give HIV to her unborn baby	74.7	71.1	68.6	56.2	74.8	71.5
One can get AIDs from sharing eating utensils such as knives and forks	48.0	55.4	43.3	54.5	47.5	48.8
Most people get AIDS from accidents with sharp instruments.	48.6	32.1	42.3	50.4	39.1	41.1
A woman can always tell if she (herself) has a sexually transmitted infection	38.3	41.7	37.7	27.7	41.7	39.2
Condoms are not effective in preventing HIV/AIDS.	19.7	28.2	23.9	15.3	25.3	23.9
A condom can get lost inside a woman's body	15.9	24.1	18.0	9.9	20.9	19.3
People only contract HIV/AIDS in large towns and cities.	14.1	12.6	18.5	17.8	14.5	15.1
There is now a cure for AIDS	13.6	11.1	13.6	7.2	14.0	12.8
A woman can always tell when a man has a sexually transmitted infection	6.7	6.3	9.5	8.5	7.3	7.5

