



International Journal of Social Sciences and Management

A Rapid Publishing Journal

ISSN 2091-2986



Indexing and Abstracting

CrossRef, Google Scholar, International Society of Universal Research in Sciences (EyeSource), Journal TOCs, New Jour, Scientific Indexing Services, InfoBase Index, Open Academic Journals Index (OAJI), Scholarsteer, Jour Informatics, Directory of Research Journals Indexing (DRJI), International Society for Research Activity (ISRA): Journal Impact Factor (JIF), Simon Fraser University Library, etc.

Vol- 3(1), January 2016



Impact factor*: 3.389

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Research Article

BIOCULTURAL DYNAMICS OF TEENAGE PREGNANCIES IN
ETHIOPIA: MEDICO ANTHROPOLOGICAL APPRAISAL

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Abstract

Teenage pregnancy is a burning public health and demographic problem in Ethiopia. The adolescent girls of rural regions in Ethiopia account for alarming higher proportion of teenage pregnancies and contribute serious threats to health and development interventions by the Government. Teenage pregnancies and adolescent reproductive health hazards are burning global issues which have obstructed effective implementation of agenda of Millennium Development Goals (MDGs). The UNICEF estimates that 80 per cent of teenage pregnancies are reported in least developed countries of the world. The multiple socio-cultural factors such as lack of parental control and guidance, gender inequality, poverty, social exclusion, peer pressure, adoption of transactional and intergenerational sex by unemployed adolescent girls in poor homes as coping mechanism, gender based sexual assault prevailing in and around schools have stimulated increased teenage pregnancies in rural regions of Ethiopia. This paper based on review of research articles and research synthesis argues that teenage pregnancies is a national concern of Ethiopia preventing a significant section of adolescent girls availing access to preparedness for adulthood, exercising reproductive rights, opportunities for skill development, education, safe sex and reproductive health. This paper is an attempt to develop framework of research hypothesis and research questions to be adopted for further research on this thematic area. In rural regions of Ethiopia, increased number of women headed families coupled with rising poverty; unemployment and family disorganization breed sexual exploitation of adolescent girls exposing them to high risk sexual transmitted diseases and HIV/AIDS. The growing teenage pregnancies in the country have drastically affected achievement of agenda in Millennium Development Goals (MGDs) in term of reduction of maternal death by 75 percent by 2015. The health inequalities is a major contributing factor to deprive women of equal opportunity and availing access to reach her health potential irrespective of social status, ethnicity, gender, religion and economic status. The socio-economic conditions of family and community in rural regions of Ethiopia contribute to increasing teenage pregnancies and adolescent motherhood. These factors are inadequate opportunity in community level for positive youth development, illiteracy, poverty and limited employment opportunities. The study recommends for a comprehensive community driven approach promoting childhood interventions and adolescent development programme towards minimizing unintended teenage pregnancy and gender discrimination prevailing in rural and urban region of Ethiopia.

Keywords: Reproductive health; adulthood; teenage pregnancies; transactional sex; peer pressure; sexual assault.

Introduction

The genesis of study on reproductive health and gender dynamics and growing attention of anthropologists in this direction is traced back to era of ICPD. The International Conference on Population and Development (ICPD) in Cairo, 1994 grounded new platform for different nations to mainstream gender dimension in public health and addressing issues related to reproductive health, teenage pregnancies, reproductive rights and sexuality. The nations participated in this Conference are encouraged to adopt holistic approach to sexual and reproductive health covering a package of integrated reproductive health services on safe motherhood, child survival, family planning, preventing teenage pregnancies and control of sexual transmitted diseases. ICPD, 1994 pushed reproductive health into arena of social and behavioral sciences. The anthropologists were encouraged to conduct

empirical investigation on different dimensions of reproductive health focusing on agenda of ICPD and achievement of agenda of Millennium Development Goal. Greater focus was given to study household dynamics and gender inequality as inter spousal communication, decision making power of women on reproductive matters related to reproductive health, exercising their reproductive rights and sexual health. Medical anthropologists prioritize on research relating to bio-cultural dynamics of teenage pregnancy. This issue has attracted a great deal of concern and attention from religious leaders, the general public, policymakers, and social scientists across different countries of the globe. As follow up measures of ICPD, efforts were made by different nations to promote alliances between gender inequalities and reproductive health at family level, individual level and community level through strategic interventions. Teen pregnancy is a burning social problem threatening development agenda both in

developing and developed countries of the world. African countries are worst affected. African countries record highest rates of teenage pregnancy at global scale. Millions of African girls experiencing teenage pregnancies are denied access to the health, education, skill development and earning opportunities. These adolescent pregnant girls are not only pushed from adolescence to adulthood but also exposed threats of poverty, social exclusion and powerlessness and multiple deprivations and stigmatization. Teenage pregnancy makes girls powerless to exercise their human rights and participate in decision making. Adolescent fecundity is considered as the most bio-demographic and health index of sustainable development and achievement of agenda of Millennium Development Goal. The Millennium Declaration in 2000 has brought radical policy reformation and sensitized the Government of different African Countries to envisage policy and programs with new approach for the reduction of maternal mortality ratio (MMR) and achieving universal access to reproductive health. Other key MDG5 indicators are directed towards promoting and protecting the sexual and reproductive health and rights of adolescents as part of renewed global efforts to eliminate preventable maternal mortality. Teenage pregnancies in African Countries are gigantic and inimical to economic advancement. Teenage pregnancy is a complex issue threatening families, health care professionals, public men, donor agencies, government officials, and adolescent and young population.

WHO (2014) has estimated that not less than 16 million teenage girls are becoming mothers annually across different regions of the globe. In 2013, global teenage birth rate was 52 births per 1000 women in age group 15-19 years. Africa takes important landmark on international map for accommodating world's highest rates of teenage pregnancies. African women uphold unique labour force invested in agriculture. African women constitute two third of small farmers of the continent and contribute enormous potentials for promoting development. Teenage pregnancy is a great challenge to explore enormous untapped potentials preserved by young women and girls to boost up African development. WHO (2008) has estimated that reproductive and sexual ill health contributes to 20 percent of global burden of ill health for women and 14 percent for male. The teenage pregnancies in African countries have both short and long term health and social consequences that affect achievement of agenda of public health program. UNICEF (2014) has revealed that not less than 10 percent of adolescent girls in age group 15 to 19 years are victimized by forced sexual intercourse in 40 low and middle countries of the world. The teenage girls experiencing physical violence and gender inequalities are more likely to have an unwanted pregnancy that ultimately provides them a coping mechanism to have a more secure future. WHO (2009)

estimates that annually 16 million adolescent girls in age group 15-19 years' experience unwanted pregnancies and give births accounting 11 percent of total births worldwide. Ethiopia is one of the seven leading countries of the world that register 50 percent of all adolescent births worldwide. Ethiopia is one of the top ranking African countries recording highest percentage of teenage pregnancies and teenage marriage. Teenage pregnancy refers to pregnancies occurring to girls in age group of 13-19 years. In Ethiopia the mean age at first marriage is 16 years as compared to first child birth being 17 years (Mekonnen, 2013). A significantly large proportion of teenage pregnancies occur in rural regions of Ethiopia where these girls are characterized with illiteracy, poverty, unemployment, history of divorce, separation or no marriages and no enrollment in schools or early drop-out from schools. These adolescent girls are very often exposed to unprotected sex, reproductive health hazards and harmful traditional practices. Not less than 50 percent of adolescent girls in rural regions this country experience sexual activities without marriage. Illiteracy and drop-out from schools significantly influence their ability to manage obstetric care utilization and maternal status and child survival. The highest proportion of home deliveries are reported among adolescent mothers in rural areas of Ethiopia that accounts for significantly increased deliveries of low birth weight babies (Govindasamy *et al.*, 2002).

Materials and Methods

This piece of research is based on review of research articles published in different journals and books. The author has very meticulously developed framework of research questions and hypothesis which may generate new insights for undertaking further research on gender inequalities driven reproductive health issues among adolescent girls and envisage strategic intervention in arena of public health and management of reproductive health dynamics such as maternal and child health, family planning, fertility levels determinants, fertility preferences, infant, child, adult and maternal mortality, nutrition, women's empowerment in Ethiopia. Efforts have been taken to answer all key research questions by the desk review of research findings of different researchers through research synthesis and create a base for undertaking further multidisciplinary action research on reproductive health, gender inequalities and sexuality of adolescent girls in Ethiopia. This paper has outlined a wide range of research issues on social determinants of sexual and reproductive health of adolescent girls and suggested viable interventions for prevention of teenage pregnancies and poor reproductive outcomes. This study has also revealed a new direction of gender violence in and around the schools, families, neighborhood and community which has forced adolescent girls to adopt intergenerational and

transactional sex as coping mechanism and skip off adolescence from their life cycle and jumped from teenage to adulthood at the risk of educational deprivation, denial of skill development and health deprivations. The analytical approach adopted for this study focused on theme analysis, content analysis and constant comparison analysis in a rigorous manner. As many as 35 case studies of teenage domestic maids working in and around Mekelle city was collected adopting judgmental sampling to supplement the content analysis matrix.

Results and Discussion

Teenage pregnancies as serious health and social problems

Growing teenage pregnancies in Ethiopia pose serious health and social threats to development agenda of the country and challenging concerns for policymakers and health administrators. These threats have been manifested in adverse effects on the education, reproductive health, skill development, increased rates of alcohol abuse and substance abuse, the burden of disease (HIV, TB, mental illness etc.), urban migration, impunity for crime, lack of access to crucial rights related services, such as justice and security, health, nutrition and social services, reduced earning and employment prospects for the young woman of the country. The population of Ethiopia covers 60 percent of people belonging to age groups 10 -29 years. Ethiopia is marching ahead with young population. They uphold vast human resource potential for development of the country. A large chunk of adolescent and young people accounting for 84 percent of total live in rural area. A significant section of adolescent girls in rural areas of Ethiopia become pregnant every year outside marriage (Negussi *et al.*, 2014). Demographic and Health Survey, Ethiopia (DHS, 2001) has revealed that adolescent girls in age group 15-19 years conceived for second time constituted 16.3 percent of girls in the same age group. Adolescent girls in age group 15-17 years contribute to more than 25 percent of all teen pregnancies. This group of adolescent girls is most vulnerable. One in every five adolescent become mother of second child. Demographic and Health Survey, Ethiopia (DHS, 2011) indicates that teen girls in age group 15-19 years contribute to 68.6 percent of teenage pregnancies and motherhood in the country. Total Fertility Rate (TFR) of this population group in rural areas of the country is 99 as compared to 27 in urban areas. These adolescent girls represent 77.0 percent of never married women. A section of these adolescent girls who entered into marriage is forced to share their home and husband with co-wives. These vulnerable married adolescent constitute 96.9 percent of their age cohort. The median age of first intercourse among rural women in Ethiopia is 16.7 years the health and social problems encountered by teenage mothers are numerous and complex. In rural regions of Ethiopia, the

teenage mothers encounter numerous challenges to treat infections of their new born babies without access to basic services. Teenage pregnancies within and outside marriage in rural regions of Ethiopia have brought several social, health issues including premature labour and obstetric complications along with emotional problems for mothers. The new born babies of these young mothers are exposed to various medical complications and ill health syndromes. The children born to teenage mothers are exposed to low birth weight and higher risk of infant mortality. These children are deprived of emotional support and cognitive stimulation. Teenage pregnancies among adolescent girls in Ethiopia bring multiple socio-economic problems. Eighty per cent of adolescent mothers are pushed to vicious circle of poverty. Teenage pregnancies are associated with educational deprivation, alcoholism and substance abuse. These multiple social problems and vulnerability are early marriage, non-consensual sex and limited access to family planning and reproductive health services (CSA and ORC Macro, 2001). The adolescent boys and girls are most vulnerable population of this country. Although the Government of Ethiopia has envisaged National Reproductive Health Strategy to implement multi-sectorial program responding health needs of young people living in pastoral communities of rural Ethiopia, the benefits of all components of the package have not reached to the stakeholders appropriately. The adolescent girls in age group 13 – 19 years are worst sufferers in pastoral communities. Most of these girls leave school by age of 16 and enter into marriage by age of 16 years and deliver first child by age of 19 years. The young people of the country in this vulnerable age group are living with sexually transmitted disease and HIV/AIDs. The proportion of young people struggling with HIV/AIDS pandemic is growing day by day. The epidemiological studies have indicated that teenage pregnancy, early marriages, large number of pregnancies, sex with multiple partners and close gap between pregnancies experienced by teenage girls in rural regions of Ethiopia multiply cervical cancer epidemic (MOH, 1998; MOH, 2000).

The adolescent girls in rural regions of Ethiopia are marginalized, vulnerable and struggling with large number of problems. Illiteracy, poverty, breakdown of parental homes, inequality and poor participation in decision making and exercise their choice to own their life plan have put adolescent girls of Ethiopia at greater risk of teen age pregnancy and early motherhood. Pregnant adolescents are more exposed to vulnerability and gender violence than others. Teenage pregnancies and early motherhood stimulate poverty cycle between generations and expose them to social exclusion and high social cost. Teenage pregnancies in Ethiopia brutally violate human rights of young women apart from undermining their enormous untapped potential for promoting development.

Absence of social policies and programs directed to reduce poverty and gender inequalities pose serious threats to women empowerment and safeguarding their rights.

The reproductive health and right of young women in rural areas of Ethiopia have been violated severely. Their reproductive life has been characterized with teen age pregnancy, early marriage, abortion, gender based violence, rape and maternal mortality (Layos *et al.*, 2011). Illegal abortion has accounted for half of the maternal deaths in Ethiopia. The growing maternal mortality has posed serious threat to reproductive health of women in Ethiopia. WHO (2004) has estimated that unsafe abortion causes one of every four maternal deaths all over the world. Ethiopia, Kenya and Mozambique are three leading African countries which have been registered with highest unsafe abortion rates with 36 per 1000 women in age group of 16 - 44 years. The illegal practice of unsafe abortion has been multiplied among unwed mothers and young women in rural regions of Ethiopia since last couple of years. The women and adolescents in women headed households are poorly empowered in these regions. They fail to exercise their reproductive rights and choose how many children they want to have and when. The process of social dialogue to legalize abortion is yet take full shape in all aspects. There is a wide gap in policy framework for accommodating required expenditure on Sexual and Reproductive health that will ensure access of women to efficient methods of safe motherhood in rural regions of Ethiopia. The women in rural regions of Ethiopia are exposed to inequalities on the issues of socio-economic status, ethnicity, education level, age, religion and resources available to them. Ethiopia is one country in Africa with the highest maternal death rate registering 673 deaths for every 100,000 live births. The growing maternal mortality in Ethiopia has indicated the status of inequality, poverty, absence of inappropriate medical care and gross violation of human rights of women. Adequate efforts could not be taken for redesigning the health policy and programmes to accommodate agenda of Millennium Development Goals (MDGs5) for reduction of maternal death by 75 percent between 1990 and 2015. The agenda of MDG5 could not be translated into action to safeguard reproductive rights of women in Ethiopia. Teenagers in rural regions of Ethiopia exhibit poor utilization of maternal health care covering antenatal care and professional deliveries compared to older women with similar background and characteristics (Kwast and Liff, 1988).

The growing unsafe abortion among adolescent mothers not only accounts for public health issues but also contributes to high maternal mortality. Ethiopia registers fifth largest number of maternal death with 32 percent of all maternal deaths caused by unsafe abortion. The

Government of Ethiopia has framed strict abortion law in 2005 (Gebrehiwot and Liabsuetrakul, 2009).

Poverty as root cause of teenage pregnancy

The poverty is root cause of social, economic and health problems encountered by young people constituting more than one third population of the country. The poverty situation is aggravated by rapid population growth and low per capita income estimated at rate of US\$ 660 in 2000. Traditional cultural practice and poor living environment force significant section of adolescent girls to get involved in sex between the ages 14 to 16 years. The adolescent and young boys and girls are exposed multifaced social, health and economic problems caused by poverty, superstition, breakdown of families and poor access to basic health services required for better quality of life (Govindasamy *et al.*, 2002). Poverty in rural communities of Ethiopia is reflected in different dimensions such as inadequacy or absence of productive means to address individual needs relating to water, food, shelter, education, health and nutrition. The women in poverty stricken homes are exposed to destitution of assets, vulnerability and human development. Poverty is root cause of teenage pregnancy in rural and urban regions of Ethiopia. Ethiopia is one of the poorest countries of Africa accommodating not less than 47 per cent of people living below poverty line (PRB, 2002; MEDAC, 1999). Poverty adversely affects sexual and reproductive health of significant section of adolescent girls and young women in rural region of Ethiopia (MOH, 2005). Illiteracy and deprivation of opportunities trigger up teenage pregnancy and early motherhood in poor homes and prevent significant section of young women participating in development opportunities. World Bank (2013) points out that teenage pregnancy is directly linked with poverty and inequality. The pregnant adolescent girls are more vulnerable and exposed to poverty trap than adolescent girls without children. The strategic interventions focusing on reduction of gender inequalities coupled with creation of more opportunities for girls will contribute significantly towards reduction of teenage pregnancies and early motherhood. In rural regions of Ethiopia, adolescent girls experiencing pregnancy are exposed to reproductive health hazards and social exclusion along with threat to their wellbeing, education and economic prospects. These teenage mothers are exposed to alcoholism, smoking in pregnancy, poor maternal health, isolation and relationship breakdown, post natal depression and parenting difficulties. Different studies have validated that there is positive correlation between variation in teenage pregnancies and level of deprivation. Adolescent girls in poor homes are worst sufferers compared to their sisters in well to do families. The adolescent girls below 16 years of age are prone to become pregnant three times more than those experiencing first sex beyond 16 years of age (NegussieTaffa *et al.*, 2014). Teenage pregnancies multiply the mental health

problems among adolescent girls. The adolescent girls addicted to alcohols and drugs avoid use of contraception and choice of safe sex. Educational deprivation and poor attendance at schools are positively associated with increased teenage pregnancy episodes. The girls from broken homes are deprived of family support and healthy parental relationship. The broken parental relationships significantly influence the decision of adolescent girls about their sexual and reproductive health. The teenage pregnancy in rural and urban regions of Ethiopia has generated gigantic and inimical effects on overall wellbeing of adolescent population and development of the country as a whole. It may be counted as one of the main obstacles of pulling down administrative efforts and investment in achieving agenda of Millennium Development Goals (MDGs). Reproductive health issues of teenage mothers are multidimensional which are yet to be addressed in rural regions of Ethiopia. Teenage sexual and reproductive health has not been well protected in rural regions of Ethiopia. Multiplication of teenage pregnancies has posed serious threat to proper implementation of reproductive health programme in the country. The teenage girls in age group 13 – 19 years in poor homes are getting pregnant and opting for illegal abortion. The teenage pregnancy is a serious health issues. The teenage mothers having babies suffer from poverty, illiteracy and risky behaviours decreased economic opportunities and earnings throughout their lifetimes. The adolescent mothers are very often deprived off adequate access to information and health services. Not less than 16 millions adolescent girls give birth every year in different low and middle income countries of the world. The issues of teenage pregnancies are diverse and complex. Moreover, wide range disparities exist in the occurrence of teenage pregnancies among different religious and ethnic groups in rural regions of Ethiopia. The households in rural regions are drastically affected by drought, food insecurity and abject poverty. Household food insecurity and poverty have far reaching negative impact on household, community and national economy. The children of poverty stricken homes are affected by a multitude of social factors such as teen pregnancy, illegal abortion, domestic violence, alcoholic, illiteracy and substance abuse. The cycle of teen pregnancy revolves within the women headed families or disorganized families. The researchers have validated that there is positive co-relationship between teenage pregnancy and poverty. The studies have shown that children born to teen parents develop tendency to accept early sexual behaviors and motherhood and creation of social milieu that ultimately stimulate the cycle of poverty among future generations (Healthy Teen Network, 2008). The women headed households have been multiplying day by day due to family disorganization, divorce, separation and abandoning family by husband. In such families, the teen

age girls are often sexually abused by cousins or step father or neighbour or boyfriend of mothers and got pregnant. Single parent environment devoid of social control and appropriate parenting has uncontrolled sexual interaction of adolescent girls and stimulated teenage pregnancies and abortion of unwed mothers. The large chunks of teenage mothers are hailed from poverty stricken homes in rural regions of Ethiopia. The young women without adequate education are reported getting pregnant repeatedly at early age compared to their sisters with high level of education. Mothers are adopted as role models by teenage daughters in terms of acquiring early motherhood and early pregnancy. This is an impact of social learning process within family and community. The women headed households have strong influence on reproductive health and reproductive decision making of teenage girls. The religious values and ethics not recognizing abortion stimulate growing teenage pregnancies in rural regions of Ethiopia. Religious belief acts as vibrant determinant for growing teenage pregnancies. The other determinants of teenage pregnancies threatening reproductive health and reproductive rights of girls in rural regions of Ethiopia are exposure to pre-marital sex, lack of parental control, incestuous sex relationship, peer pressure and social approval of early motherhood. Peer reaction and support is another contributing factor for growing episodes of teenage pregnancies in rural Ethiopia. A section of teenage pregnant girls expressed approval of peer group on early pregnancy as encouragement for their transitional motherhood.

Premarital sex and Teenage pregnancies

The young women in rural regions of Ethiopia encounter multiple discrimination on the basis of sex, marital status and economic status. A great majority of adolescent and young girls are sexually active which exposes them to risky sexual behavior. Personal desire for sexual encounter coupled with peer pressure and economic needs has stimulated premarital sex and pregnancies among a significant section of adolescent girls (Seme and Wirtu, 2009). A section of teenage girls involved in pre-marital sex with their boyfriends accept pregnancy as bonus of love expression to satisfy the burning desires of their lovers. The teenage girls working as domestic aid in house of elderly males are very often forced to surrender their body to satisfy unmet sexual desire of their masters with assurance of continuing financial support and other economic needs. These psycho-social and economic factors add multiplication of growing teenage pregnancies in rural regions of Ethiopia. Teenage pregnancy is a serious threat to protection sexual and reproductive health of adolescent girls in rural regions of Ethiopia. The increasing premarital sexual activity among adolescent girls of Ethiopia is serious issue. Premarital sex and premarital pregnancies bring a multiple reproductive

health hazards to young girls in form of abortion, reproductive tract infection, sexually transmitted diseases and HIV infections. The factors stimulating premarital sexual activities among adolescent girls are religiosity, perceived parental attitude towards sex, peer pressure, erosion of traditional values and norms on sexual behavior, inadequate participation of women in decision making, living arrangements and lack of parental guidance. The adolescent girls in urban area are reported engaging in premarital sex at higher percentage than their counterparts in rural areas. Exposure to peer pressure and pornographic movies among urban adolescent girls influence adolescent girls to get involved in premarital sex. Excitement for sexual encounter and strong urge for getting babies for sharing loneliness trap a section of rural adolescents becoming pregnant (Kassa *et al.*, 2014). A teenage pregnancy within marriage in rural regions of Ethiopia has been stimulated by cultural practice of child marriage. Cultural factors influence sexual behavior and teenage pregnancies (WHO, 2009). In rural areas of Amhara region of Ethiopia, more than 50 percent of adolescent girls entered into marriage prior to age of 15 years. The Government of Ethiopia has made law for girls to marry at the age of 18 years. The cultural practice of child marriage has deprived a significant section of adolescent girls of availing education, life skill opportunities and information of reproductive health. The adolescent pregnant mothers below 16 years of age are exposed to four times obstetric complications and risk of maternal death and pregnant mothers of 20 years of age. The pregnant adolescent mothers are deprived of due physical, psychological and medical support from family and community level. Teenage pregnancies and exposure of adolescent girls to risk of STI, HIV/AIDS and early motherhood are national pandemic in Ethiopia.

Sugar Daddy Syndrome and Teenage Pregnancies in Ethiopia

The social structure, cultural determinants, prevalence of transactional sex and cross-generational sex with older men has strong bearing on reproductive health issues of women. The transactional sexual relation and cross-generational sex of adolescent girls contribute to teenage pregnancies and exposure of young women to multiple reproductive health hazards. In patriarchal social set up, women are provided limited choice in sexual decision and handicapped to abstain from undesired sexual intercourse with spouse or any male controlling the resources at family level. They are very often exposed to marital rape by own spouse against their will and choice, reproductive tract infection and gross violation of reproductive rights. The rising of poverty, unemployment and women headed households breed sexual exploitation and multiplication of reproductive health hazards among young women. The breakdown of safety net and exposure to structural violence at family and community level coupled with

denial of parental and social support have pushed significant chunk of adolescent girls adopting transgenerational sex as alternate means of livelihood. The economic push and pull factors play vibrant role in enhancing teenage pregnancies and their reproductive health hazards as outcomes cross-generational and transactional relationship of adolescent girls in urban and rural areas of Ethiopia. In rural regions, the adolescent girls and young women adopt cross generational relationship through “Sugar Daddy” as a coping mechanism to absorb economic shocks and stress. The case studies of couple of domestic aids have revealed that a significant section of young girls are involved in sexual relationship with much older men known as ‘Sugar Daddy’ relationship in lieu financial support for their basic needs. Violence against adolescent girls and women in rural regions of Ethiopia is deeply rooted in gender inequality and discrimination. The deficiencies in parental and social support from broken homes have triggered up such relationship with so called ‘Sugar Daddy’ who sexually exploit adolescent girls and young women and support their economic rehabilitation in terms of financing small business such as beauty parlour, coffee shop, Beer parlour and so on. The older rich men and foreigners working in educational institutions and industries in Ethiopia are often involved in transactional sex with adolescent girls and young women who are working as domestic aid in their house in exchange of expensive gifts and support for entrepreneurial ventures. Such relationship is consensual where the girls are unable to exercise their choice for safe sex by use of condom. Such transactional sex pushes these girls to involve with multiple sexual partners and get exposed to risk of HIV/AIDS and other sexually transmitted diseases. The increasing cross generational sex and teenage pregnancies are attributed to various societal factors such as withdrawal of family support, economic hardships characterized by discriminatory social norms, peer pressure inappropriate physical environment, unemployment, and abject poverty. Socio-economic compulsions at family level force unmarried adolescent girls to involve in cross generational sex with older and rich men and exposed to risk of pregnancy by unprotected sexual intercourse and exposed to sexual transmitted diseases and even HIV infections. Gender discrimination and violence severely affect adolescence sexual and reproductive health and prevent them from fully realizing their rights to reproductive health and equality. Violence against adolescent girls and women in rural regions of Ethiopia is deeply rooted in gender equality and discrimination. The adolescent girls are forced to encounter domestic violence in the home, sexual abuses in the school and sexual harassment at public and work.

Gender violence in Schools stimulates episodes of teenage pregnancies

Schools going adolescent girls are very often exposed gender violence in and around schools. Sexual violence exposed to adolescent girls in schools of Ethiopia reflects dynamics of gender inequality and social norms regulating authority and expected gender roles. A section of adolescent girls experienced a gender violence and harassment by the male students and teachers which have undermined their right to education in absence of appropriate protective majors. Such exposure of sexual abuse in schools imposes emotional pressure and leads to violence of girls' fundamental right to dignity and equality. A good number of studies have been conducted on gender violence in and around schools of different regions of Ethiopia. The gender violence and sexual exploitation in and around schools are wide spread in Ethiopia (Gobena Daniel, 1998).The studies have revealed that girl students in high schools and higher educational institutions are exposed to sexual violence by teachers with threat of award of poor grade on denial of sex. The prevalence of gender violence in and around of schools is under reported and little preventive measure is initiated. Save the Children Denmark in association with Ministry of Education and Ministry of Women Affairs of Federal Government of Ethiopia undertook a large scale study entitled A Study on Violence against Girls in Primary Schools and Its Impacts on Girls' Education in Ethiopia. The study covers 116 primary schools, 11 secondary schools and 5 teacher training colleges distributed over 41 sample wore das in 9 regions of Ethiopia and 2 cities such as Addis Ababa and Dire Dawa of Ethiopia in 2008. This study has unbilled many hidden dimensions of gender dimensions in and around schools of Ethiopia. Not less than 77 of teachers and 54 percent of parents endorsed school environment exposing girls for sexual harassment by school boys, teachers, school guards, counseling officers and administrators. The cultural sanction of abduction locally known as (telefa) very often involves raping of girls and forcing her to marry the abductor. Such cultural practices trigger off male attitude both in family and school forand closed the gate of school compound for late comers. These late comers' school girls are trapped by abductors and exposed to different forms of sexual exploitation and rape. The traditional norms and orthodox values forced the girls to undertake excessive work load at home, expressed submissiveness and obedient to elders which often keep them tied with these social values not to protest against coercion and force sex by school teachers and elderly male personnel in the school. This study has indicated that sexual abuse and exploitation of children in Ethiopia have been manifested in form of rape and child prostitution. The study further reveals that sexual coercion by teachers constitutes 60 percent followed by 49 percent by parents and 25 percent by students. School teachers are

reported to be perpetrators of gender violence both in and around schools. Not less than 31 percent of school girls are exposed to sexual rape in and around schools. The dynamics of sexual violence in schools are complicated. The factors promoting gender based violence in schools are systematic deep rooted in cultural, social, economic and institutional dynamics. The adolescent school girls are very often exposed to sexual harassment and sexual assault by the male students and teachers. The girls becoming pregnant by their school teachers are under reported. There are cases of girl students involved in trans generational sex with teacher in exchange of monetary benefit and assurance of award of good grades. Gender based violence often push the girls to get drop-out in order to avoid trauma or painful experiences of sexual violence by teachers in schools (EmnetAssefa, 2013). These adolescent girls are also forced to involve multiple sexual partnerships ignoring opportunities to negotiate for safe sex and prevention of pregnancies. In schools sexual abuse is exposed to them through forced sex against their will. School related gender based violence involves threats of sexual, physical, or psychological violence exposed to girls around schools. Such violence is enforced by unequal power dynamics. The victims are exposed to non-consensual touching, verbal or sexual harassment and sexual coercion and assault. Gender violence in schools manifest social norms regarding authority and expected gender roles. The boys and girls in rural areas have been exposed to conflict among their parents and domestic violence. They have silently observed and accumulated torture of females by males in their own homes. They have been acculturated and socialized within gender violence prone social setup which has stimulated their attitude to reflect the violence observed in their own homes at school curriculum. The adolescent boys in schools manifest expressions of aggression, violence, sexual power, whereas adolescent girls demonstrate in their behavior submissiveness and passivity. Such behaviors of the girls are prone to gender violence by male students and teachers (Gorfu and Demsse, 2008). Lack of strongly enforced legislation coupled with inappropriate child protection policies and poorly operating reporting mechanism stimulate multiplication of gender violence in schools of Ethiopia resulting in teenage pregnancy outside marriage. The study does not have evidence of full extent of gender based violence in school across all regions of Ethiopia except case studies and review of published articles. The reported cases of gender based violence in schools of Ethiopia remains hidden. The social taboos and fear of undermining the reputation of schools in providing safe places available for adolescent school girls restrict reporting of such cases to higher authority and public. A significant section of adolescent girls feared to reject proposal for sex by the teachers nor report to their parents and ultimately opt to stay at home. The gender violence in

schools not only adds school drop-outs among adolescent girls but also exposes to them reproductive health hazards, risk of sexual transmitted diseases and ultimately teenage pregnancies. Gender violence in schools has been manifested in form of psychological and verbal harassment, coercion, sexual assault, discrimination and exploitation in and around the schools. The sexual violence in schools is common in all countries of Africa. The adolescent girls are forced to encounter domestic violence in the home, sexual abuses in the school and sexual harassment at public and work place. Such exposure of sexual abuse in schools imposes emotional pressure and leads to violence of girls' fundamental right to dignity and equality. The dynamics of sexual violence in schools are complicated. The factors promoting gender based violence in schools are systematic deep rooted in cultural, social, economic and institutional dynamics. The teachers play the role of perpetrators of sexual abuse and exploitation instead of preventing gender violence in schools. In Cameroon, male students imposed sexual violence to not less than 30 percent of students. Absence of corporal punishment to offenders and discipline stimulate gender based violence in schools of Ethiopia. The undisciplined male students involved in gender violence in school need to award with physical punishment.

Conclusion

Millennium Development Goals (MDGs) emphasizes on reduction of teenage pregnancy in all countries of Africa. The key success in reduction of teenage pregnancy lies in empowerment of adolescent girls and creation of social policy and strategic intervention agenda that aim at working with young people and sensitizing them about their rights and reproductive health. The Federal Ministry of Health, Government of Ethiopia has adopted agenda of Millennium Development Goals (MDGs) and developed multicultural strategic support plan to address the reproductive and sexual health needs of culturally diverse population of the country. There is an urgent need to reduce teenage pregnancies and minimize disparities in teen pregnancies and birth rates in rural regions of Ethiopia. Indigenous communities need to be involved for executing broad based strategies that reach majority of adolescent girls in rural areas through media campaign and communication strategies. The community based interventions need to be envisaged covering components like community mobilization and sustainability, enhancing adolescent access to contraceptive and reproductive health care services awareness along with sensitization campaign and mainstreaming programme among diverse communities. The growth of international tourism, communication, expansion of marketing network, economic inequality have not only opened up employment avenues for women and girls outside their countries but

also enhanced demand for women and girls to be trapped for commercial sex. The sex trade has become a transnational problem. The globalization, commercialization and commodification of women pose serious threat to dignity, quality of life and protection of reproductive health of women and girls in all African countries. Civil Society Organizations need to be encouraged to extend collaboration with Government Agencies and international donor agencies to design and execute adolescent pregnancy prevention campaign in rural regions of Ethiopia. The interventions need to be made for empowering adolescent girls in communication and negotiation skill and understanding adverse effects of teenage motherhood. A package of Integrated of Personal Responsibility Education Programme for Adolescent girls directed for preparedness of adulthood need to designed and implemented. This package of services will cover education of adolescent girls for strengthening healthy relationship in community along with vibrant self esteem and positive relationship dynamics. This intervention would lead to behavior change communication among adolescent girls apart from promoting social cooperation for marriage, family interaction, romantic involvement and dating. Promotion of positive adolescent development drive would not only prepare them for healthy adulthood but also promote healthy attitude, values, self-esteem for adolescent growth apart from preventing teenage pregnancies. This package needs to accommodate interventions for promoting financial literacy, independent living skill and empowerment for self-sufficiency. The other components of this package shall be entrepreneurship development, parent child communication skill, empowerment for decision making, communication and stress management. The holistic approach for preparing adolescent girls to accept healthy, adulthood would go a long way in preventing teenage pregnancies in rural regions of Ethiopia apart from minimizing sexual risk behavior among adolescent population. There is an urgent need to promote alliance between structural adjustment programmes and utilization of health and reproductive health services by women in Ethiopia. The participation of women in household level decision making process on individual use of reproductive services is very important. All the reproductive health hazards of women and adolescent girls are direct or indirect outcome of marital rape, denial of reproductive rights to women, male dominance and patriarchal values in family and communities of Ethiopia.

The government of Ethiopia has launched a good number of path breaking intervention in collaboration with USAID and adopted as many as 3,700 local public schools. In these schools, girls advisory groups have been formed to educate girls on disadvantages of early marriage and school drop-outs. These groups interacted with parents and religious leaders for corruption preventing child marriages

and school drop-outs. This program has prevented more than 4,000 child marriages and enhanced Ethiopian girls admitted in schools. The cumulative effects of all components in this programme have led to reduction in teenage pregnancies and subsequent damages on girls' reproductive health and social well being. The reproductive health interventions targeted to address health needs of adolescent girls and women in rural regions of Ethiopia have been handicapped by shortage of health personnel coupled with de-motivation of staff with low remuneration, inadequate training and non-availability of incentives for improvement of skills. Efforts need to be made to renew and strengthen the programme through expanding human and financial resources, sensitizing decision makers for enhancing resources for implementation of reproductive health programme. The dissemination of best practices and experience in execution of reproductive health intervention in the country among policy makers, public men and administrators would add new strength to ongoing reproductive health and teenage pregnancy prevention programme.

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