

DSW Ethiopia Brief

Making it Better for Adolescent Married Girls

Informed Choice Toward Planned Parenthood

Youth under ages of 25 account half of the global population. More importantly just over one billion of the world's youth categorically fall between ages 15 and 24. Much as this growing demographic trend may continue of holding for a foreseeable future, the challenge of demanding an extensive response to quality livelihood needs of the young people particularly in the developing countries remains so enormous. Being a frontline country in sub-Saharan region to face a high growth of youth population dynamic, Ethiopia is also home to one of the highest numbers of young girls marry at the ages of 15 to 24. Driven by this and other pressing development factors, the German Foundation for World Population (DSW) stay focused on integrated effort to promote sexual and reproductive health services in Ethiopia. Addressing the reproductive health and livelihood needs of adolescent married girls in rural woreda of the East Wellega zone is all the more one important showcase for DSW's newest project being designed in a community-

based response approach. Community members of different social, religious and economic groups take stakes in partnership with DSW's effort to promote the reproductive health and livelihood needs of adolescent married girls and young women in as many as seven typical rural woreda found in Ethiopia's most populous region (Oromia). As this project holds roots, several young married couples have taken lead roles as change agents and promoters. By the same token, they catalytically link the project, the community and the core target groups to sustain the pattern of their integration in line with the very essence of the project. DSW has a two-tier structure to implement this project. One of which by creating beneficial side effects for the demand of family planning services in light of the community's livelihood improvement, and on the other hand, by ensuring the supply side of the services meeting the sexual and reproductive health needs of adolescent married girls who either desire to delay first pregnancy or further spacing their child births.

P r i m e N u m b e r s

1,388

The number of homes visited by change agents to promote SRH issues in house to house tour in a month. Depending on the family size, participation in the dialogue during such visit varies.

100%

The percentage of adolescent married girls who chose to use family planning services have agreed to take blood test for HIV status. Often other members of the family volunteer.

2,776

The number of people addressed with SRH information in one month. Issues focused on delaying first pregnancy and spacing births. Most participants among them are young married girls.



Gonfe Hirpa (left) is one of the 24 change agents in Sibule woreda. She is responsible to promote about sexual and reproductive health needs/modern family planning service delivery. The fact that young married girls are champions of SRH issue as change agents, the likelihood of user-friendly condition for the young family planning users is positively practical. These change agents are bound to reach as many adolescent married girls as they could possibly identify. A door to door visits through the villages ensure the prevalent of the family planning service all the more convenient.



Project Put to a Good Use for a Livelihood Improvement



As part of the sensitization effort during the first phase of the project, four woreda in East Wellega zone have seen more than 2,776 people being reached with the sexual

and reproductive health issues. In a home-to-home visits and dissemination of various IEC/BCC (Information, Education & Communication/Behavior Change Communication) outreach, as many as 1,388 homes host 100 change agents in the most recent one month alone. Contiguous four woreda such as Boneya (Bilo) Boshe, Nunu Kumba, Sibul Sire and Wama Hagalo represent about 57 percent of all seven woreda combined. Wama Hagalo is being the highest to register 34 adolescent married girls who turned up in one month at the family planning service delivery points to delay births. As the family planning services steadily move closer to the community in need, informed

families find it more and more convenient to come closer to the service delivery to attain the choice of their planned parenthoods. Depending on the harvesting season and needs of each family, most of the young married girls frequent to travel either to an open market place or a flour mill. These occasions particularly gives them sufficient time to stop by the nearest community health service providers dispensing family planning services. Often change agents make arrangements with young married girls during one of the home visits and take them to the service outlets at their convenient time. Frequent interaction between the change agents and family planning users adds the opportunity on the one hand for DSW field office team to tackle challenges instantly, and on the other hand for the teenage wives to learn more about SRH issues on one-to-one discussion with change agents who are being regularly couched by DSW team at the field office.



Depending on the size of population and geography, in each woreda ranging from 24 to 28 change agents are deployed to mobilize their peers.

Access to Enhanced SRH Services for Young Married Girls

Comprehensive as it is, this project categorically targets primarily two age groups ranging from 15 to 24 years old married girls to address their SRH needs and create livelihood opportunities intent on improving their economic well-being. Adolescent married girls aged between 15 and 19 years are to access to family planning services and make informed choice of delaying first pregnancy. While the young married women of age 19 to 24 are to space child births. About 500 of young married girls get to further their education. Enhancing professional skills of the community based health service providers produces greater advantage for a comprehensive project such as this all the more effective to implement it.

P r i m e N u m b e r s

100

The number of change agents participate in credit and saving scheme to generate own incomes. There are 25 groupings each composed of 4 members in the credit & saving association.

57%

The percentage of geographic coverage during the first phase of the project. Sensitization kicked off since November 2010. In the past six months, four woreda have been covered.

181

The number of adolescent married girls and young women in a month made informed choice to use long term family planning services and have volunteered to take blood test for HIV.

Community Based Response Yields Greater Results

If the health of a family makes impacts on the wealth of the community, community based response to reproductive health needs of adolescent married girls would yield greater inputs into the wealth of a nation. In light of this maxim, DSW has found good reason in its new project to expend effort on young married girls' livelihood needs within community-driven approach. Even after an adolescent married girl



established a family of her own in close-knit community of such rural setting, her spouse, parents and in-laws still have strong say on almost every thing she does and wishes for herself.

That is why it is believed that with close involvement and active participation of important stakeholders such as par-

ents and in-laws, the community based response to reproductive health needs project would yield greater results. When a traditional community in rural East Wellega zone has approved family planning services intent on delaying pregnancy or spacing child births, it makes the project fully attainable worth reporting in terms of contributing to a wealth of the nation. Parents, in-laws, male spouses and young wives essentially constitute the core elements of a community led intervention. Encouraged and supported by her spouse, parents and her father-in-law, this young married girl who afforded a full smile readily positioning herself from a stretcher to take an implant injection for family planning purposes. She is one of the 84 young married girls aged between 15 and 24 were approached through a home-to-home visit and made a choice to delay further pregnancy for as long as three years.



Maternal Care Makes the Project Comprehensive

Once young married girls seek information and services for their sexual and reproductive health needs, trained nurses out in the field assist them to access to family planning commodities, intensive IEC outreach program, counseling, prenatal care, antenatal treatment, including even birth attendance. Because maternal care is one of the components this project extensively integrates into a program that set to address the SRH and livelihood needs of adolescent married girls.



As comprehensively practical as this project possibly requires a response to sexual and reproductive health intervention, young married girls and other vulnerable members of the community from as many as all the seven woreda receive family planning services and maternal care. Two full time employed senior nurses based in DSW's Nekemte field office frequently travel to each woreda to coach and guide the change agents as well as delivering SRH services whenever needs arise. Every field tour brings new elements of fine experience into the comprehensive efforts of addressing and promoting community based response to the SHR and livelihood needs of adolescent married girls and young women.

The union of young couples in mutually consented nuptial has more steps to take on in life than they have come along so far. Busha Guteta, 19 years old and Gonfe Hirpa, age 18 have never lived far apart since their childhoods. Though too early when two years ago the couples established a family, they bore one child. Attributed to an age old adage, "do a wife and her husband really get to be fetched from a ripple of the same river"? Gonfe as a family person took the courage to contribute for the community by becoming a change agent. Soon her spouse too emulates her path. Of course, their involvement has brought parents and in-laws from both sides forefront to approve the fact that the young couples have chosen to delay child bearing. Gonfe and Busha are now active champions of the family planning services.



Gonfe Hirpa and Busha Guteta

ACKNOWLEDGEMENTS

“Promoting Community Based Response to Reproductive Health and Livelihood Needs of Adolescent Married Girls and Young Women” is a three year project that primarily targets to address 58,000 vulnerable teenage married girls in seven woreda of the East Wellega zone. The merit of this project will essentially be defined by the ability of an increased number of adolescent married girls and young women in all of the seven rural woreda to choose delaying their first pregnancy and spacing their births. The German Foundation for World Population (DSW) gratefully acknowledges the David & Lucile Packard Foundation’s unwavering support to finance the project for three years. DSW’s appreciation also due to tripartite partnership agreement was signed between DSW, Oromia Finance and Economic Development Bureau and Oromia Health Bureau.

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This change agent gets ready on the stretcher to take an implant injection as she became long-term family planning user to delay birth for three years.



Long term family planning services commonly preferred by the young married women. It takes to stretch for a couple of minutes on the stretcher and expect no child at least for the next three years.



Change Champions Make All the Difference

Gonfe Hirpa, 18 years old, was born into a farming family of ten children. Married at her early adolescent age and now bore a child from her husband with whom she lives in a rural woreda called Sibule Sire (East Wellega zone). “Education was my first goal in life to pursue it further, however after I got married and had become pregnant to my first and only child it was impossible for me to handle maternal duties and school work at the same time. I had to drop out from 9th grade,” Gonfe bemoaned as she recalls the past. One fine day, Gonfe was approached by a team of DSW’s staffers from Nekemte field office during one of their numerous tours of the seven rural woreda to recruit and train change agents among adolescent married girls and their spouses. She became so eager to take role after a day long sensitization session she curiously attended. Having learned what it takes to be a change agent, Gonfe instantly gave consent to corroborate though at some point without consulting with her husband. At early stage, the husband showed no interest to see his young wife to become what

is called a change agent that would mean to promote the sexual and reproductive health services by going from home to home through most of the rural villages. Later he too was convinced and displayed strong desire to become a change agent. Using the financial incentives they both receive from the project (Promoting Community Based Response to RH and Livelihood Needs of Adolescent Married Girls and Young Women), they already started small IGA for their livelihood up keeping. With some prospect to continue her education, Gonfe has now seen a glimmer of hope to attain her life time wishes. “Promoting family planning services for my peers has some compassion in me because growing up among ten siblings at home and the only economic means to keep us survive was an ox and small plot of land. Even tilling the land required us of hiring another ox to pair, Gonfe describes her childhood’s up-bringing. If my parents had adequate information as I got now about the use of family planning services, we would be far better off economically by managing healthy and smaller size of family members”, she said.

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