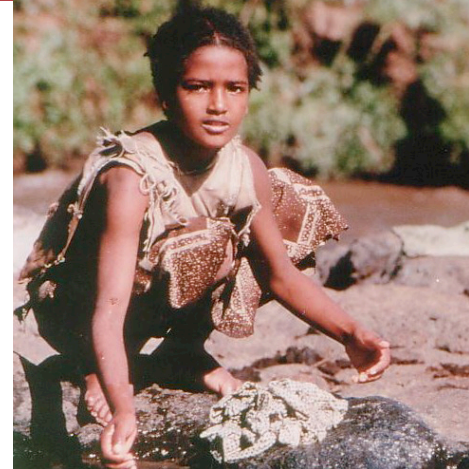


“Meserete Hiwot” (Base of Life): Supporting married adolescents with HIV prevention and reproductive health in rural Ethiopia

Prepared by Annabel Erulkar, Aragaw Lamesgin and Eunice Muthengi



With 44 percent of Ethiopia’s population under age 15, public health interest in youth has given rise to a number of adolescent programs. These programs are largely located in urban areas and target adolescents who attend school, older adolescent boys and young men, and unmarried adolescents living with their parents. Most programs overlook the vast majority of youth (85 percent) living in rural areas and key categories of vulnerable girls—girls who are out of school, girls at risk of child marriage, and adolescents who are already married (Erulkar et al 2004).

The disadvantage of being married early

While age at first marriage is generally increasing, in many parts of South Asia and sub-Saharan Africa, a substantial proportion of girls are still married early (Lloyd, 2005). Marriage confers upon adolescent girls new and different expectations, pressures and risks, including HIV and other reproductive risks. Girls married early are at a distinct disadvantage, most often possessing low levels of education and limited knowledge and skills to negotiate adult roles. Early marriage increases the risk of early childbearing, which is associated with adverse health consequences such as maternal mortality, anemia, and obstetric complications, and other adverse birth outcomes (Haberland et al 2005; Adhikari 2003; Makinson 1985; and Nour 2006). Studies in some settings in sub-Saharan Africa such as Kenya and Zambia, suggest that girls who marry early have increased risk of HIV infection, even compared to their unmarried sexually active peers, with 50 percent higher rates of infection among married adolescents compared to unmarried sexually active girls (Clark, 2004, Glynn et al, 2001). Married girls’ high infection rates are related to more frequent intercourse, limited condom use, and husbands who are significantly older, more experienced, and more likely to be HIV positive compared with boyfriends of unmarried girls.



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The Federal Democratic Republic of Ethiopia
Ministry of Youth, Sports and Culture

Before, my husband was drinking alcohol and spending money and there were conflicts between us. Now, we share the topics learned from the group meetings and got VCT and family planning.

— Married young woman, age 22, 3 children, never been to school

In the northern Amhara region, nearly 50% of girls are married by age 15 and 80% are married by age 18. Child marriage or early marriage, defined as marriage before the age of 18, is considered a violation according to many international and national standards, and illegal in Ethiopia. Article 7 of the Revised Family Code of Ethiopia states that the legal age of marriage is 18 for both men and women.

“Meserete Hiwot” (Base of Life): Building married adolescents knowledge, skills and social assets

To better understand the lives of adolescents in rural Ethiopia, researchers conducted a survey of over 1,800 adolescents in Amhara Region in 2004. The study found that many girls experienced early, unwanted arranged marriages, resulting in early unwanted sexual initiation and pregnancy, as well as social isolation in new marital homes. Moreover, few of these young wives and mothers had knowledge of HIV and reproductive health, and few received support during pregnancy or childbirth. Based on the findings of this study, the Population Council and the Ethiopian Ministry of Youth and Sports created a program to support girls who are married early, with a view to increasing their social networks, improving their ability to protect themselves from HIV/AIDS, and support their reproductive health.

Meserete Hiwot curriculum

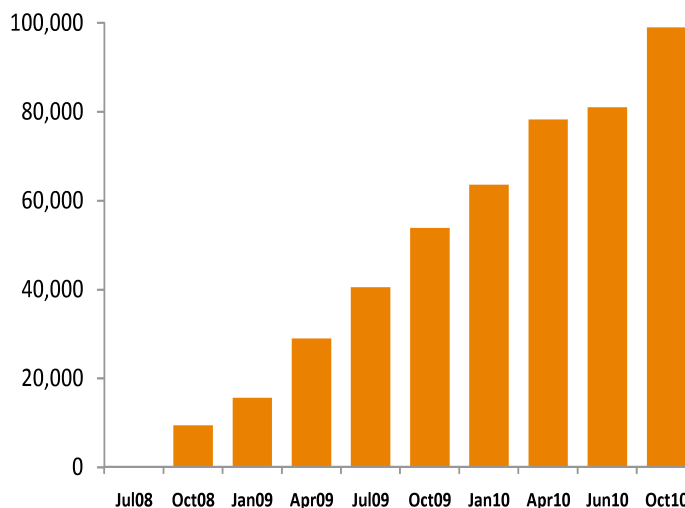
- Assertiveness & communication skills
- Hygiene
- Gender issues, including gender-based violence
- HIV and AIDS
 - Transmission and prevention
 - Voluntary counseling and testing (VCT)
 - Prevention of mother-to-child transmission (PMTCT)
 - Anti-retroviral therapy (ART)
- Reproductive Health
 - Family planning
 - Maternal and child health and nutrition
 - Sexually transmitting infections
- Harmful traditional practices
 - Early marriage
 - Female genital mutilation/cutting (FGM/C)
- Financial literacy

Since early 2008, the Population Council and the Amhara Regional Bureau of Youth and Sports have been implementing Married Adolescents’ Groups (MAG) supported by USAID/PEPFAR. Entitled “Meserete Hiwot,” Amharic for ‘base of life,’ groups of married adolescent girls and young women are recruited house-to-house by trained adult mentors who are, themselves, members of the community. Once in groups, members

receive a four-month course that includes gender and gender based violence (GBV), information on HIV and AIDS, voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMCTC) and other reproductive health information. In addition, information on other topics such as spousal communication, primary health care and hygiene, and financial literacy are included. Graduates are linked to government Health Extension Workers (HEWs) for medical services, including HIV related services and family planning.

Since its inception, over 99,000 married girls aged 10 to 24 have taken part in the groups in 18 districts/woredas of Amhara Region. Eighteen percent of participants have never attended school and 55 percent have less than five years of education.

Participation in Married Adolescents Groups, 2008-10 (Cumulative)



What difference does ‘Meserete Hiwot’ married girls groups make in the lives of married adolescents?

Young women participating in the groups describe increased knowledge and awareness of HIV and AIDS and changes in their relationships with their husbands:

Before, I had distorted information about HIV. Now I know about the mode of transmission very well, and also prevention measures. - *Married young woman, age 23, 3 children, 6 years of education*

Before, my husband was drinking alcohol and spending money and there were conflicts between us. Now, we share the topics learned from the group meetings and got VCT and family planning. - *Married young woman, age 22, 3 children, never been to school*

When I talk to my husband, he understands me. Previously, I couldn’t even express myself and my ideas to my husband. Now we talk to each other. -*Married young woman, age 22, 1 child, never been to school*

As a result of the program, I started using family planning. I would be pregnant by now if I had not started it. My husband and I went for VCT together. This helped us to take care of our family and lead a healthy lifestyle. We developed a good relationship, and we respect, and support each other. - *Married young women, age 22, 3 children, never been to school*

The project is being evaluated using a quasi-experimental research design, including surveys in the project sites and comparison sites. Survey data was collected before the intervention took place. Another survey will be undertaken in the same areas after 30 months of project implementation. Changes in girl’s knowledge, health seeking behavior and levels of familial support will be measured.

When I talk to my husband, he understands me. Previously, I couldn’t even express myself and my ideas to my husband. Now we talk to each other.

-Married young woman, age 22, 1 child, never been to school

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PARTNERS: Ethiopia Ministry of Women, Children & Youth, Amhara Regional Bureau of Women, Children & Youth

DONOR: USAID/PEPFAR

FOR MORE INFORMATION CONTACT:

W/ro Zimam Assefa
Head of Bureau
Regional Bureau of
Women, Children & Youth
P.O. Box 25
Bahir Dar, Ethiopia

Ato Aragaw Lamesgin
Population Council
P.O. Box 25562, 1000
Addis Ababa, Ethiopia
alamesgin@popcouncil.org

Ato Gebeyehu Mekonnen
Population Council
P.O. Box 25562, 1000
Addis Ababa, Ethiopia
gmekonnen@popcouncil.org

Dr. Annabel Erulkar
Population Council
P.O. Box 25562, 1000
Addis Ababa, Ethiopia
aerulkar@popcouncil.org

W/ro Aster Tefera
Population Council
P.O. Box 25562, 1000
Addis Ababa, Ethiopia
atafera@popcouncil.org

