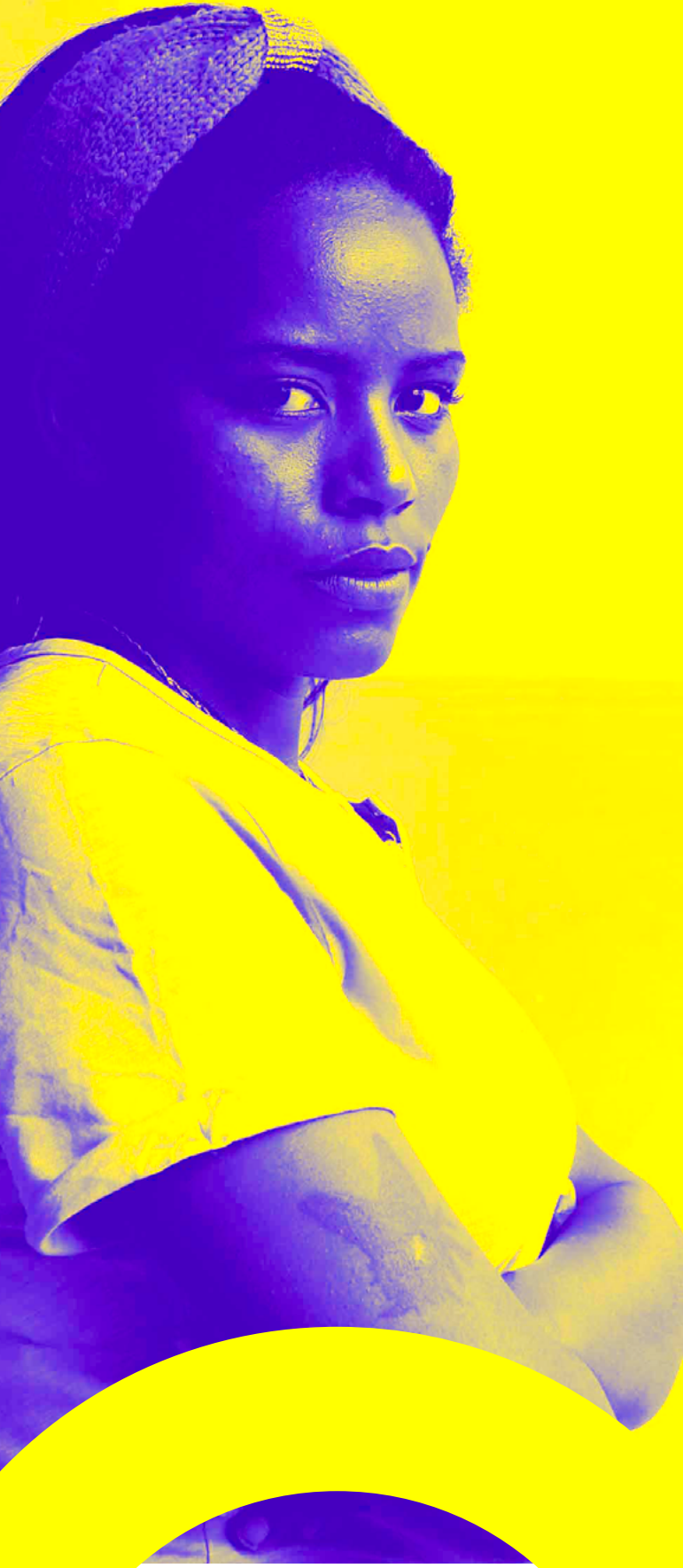




Ethiopia



Ethiopia has made young people and adolescents' health and wellbeing a major priority in recent years. This can be seen through a number of relevant strategies and guidelines,³⁴² including the recently developed National Adolescents and Youth Health Strategy (2021-2025).³⁴³ However, young people continue to face major challenges in relation to their SRHR, including a lack of access to services (particularly for young people living with disabilities), high rates of SGBV, and constraints regarding meaningful and inclusive youth participation (MIYP).

Adolescent and youth sexual and reproductive health

Through Ethiopia's second National Adolescent and Youth Health Strategy (2016-2020), the Ministry of Health (MoH) made significant efforts to improve adolescent and youth health. The strategy includes actions such as implementing youth-friendly services in hospitals, health centres, and partner clinics. These might include safe spaces for girls, youth centres, youth SRH corners, and one-stop health services, among others.³⁴⁴

The strategy also included clear acknowledgment of 'Adolescents and Youth with Physical Difficulties' as a 'Vulnerable and Special Needs Group'. Its planned interventions included providing disability-friendly information and services for adolescent and youth sexual and reproductive health (AYSRH) and designing comprehensive disability-focused AYSRH intervention guidelines for adolescents and youth with physical difficulties. The strategy also stressed the need for data collection tools that capture adolescents and youth with special needs.³⁴⁵

In the current National Adolescents and Youth Health Strategy (2021-2025), three of the four strategic objectives consist of: enhancing health literacy among adolescents and youth; improving equitable access to adolescent and youth health (AYH) services; and improving the quality of these services.³⁴⁶ The framework's strategic priorities include adolescent and youth development and engagement in health; expanding AYH service packages and service delivery outlets; mainstreaming continuous quality improvement in AYH service settings; increasing the competence of health staff working in AYH; and strengthening and scaling up AYH financing.³⁴⁷



Legal, social and policy barriers to SRHR

However, young people in Ethiopia continue to face major policy, logistics, and sociocultural barriers to accessing AYSRH services. This is evident in the fact that average use of modern methods of contraception remains low, and few young people take advantage of voluntary HIV testing and/or counselling services.³⁴⁸ Standalone AYSRH initiatives and spaces are also less common or available in rural areas, posing additional access challenges for young people living in these regions.³⁴⁹ Wide urban-rural disparities in young people's comprehensive knowledge about HIV and HIV testing also persist.³⁵⁰

Legal barriers are another challenge. While Ethiopia's HIV law allows HIV testing and treatment services for special population groups aged 13-18, the country's National Health Policy does not specify or provide information regarding an age of consent for accessing contraceptives, or treatment for other STIs. A lack of clear legal and policy provisions for the age of consent to such services can lead to confusion as to when adolescents can seek and receive the care they need. The lack of clarity also allows service providers to enforce their own belief systems regarding an appropriate age of consent.³⁵¹

Criminalisation of under-age sex

Moreover, according to the Transitional Penal Code of Ethiopia (TPCE), minors below the age of 18 are considered incapable of giving consent to engage in sexual intercourse, and there is no close-in-age exemption in Ethiopia.³⁵² The criminalisation of consensual sexual activities among adolescents and young people is directly at odds with the approach set out in international treaties that recognise adolescents' evolving capacities.³⁵³ Ethiopian legislation may also make adolescents and young people reluctant to seek out SRH services, for fear of prosecution or criminalisation, while also contributing to stigma and un-friendly attitudes from providers. In a youth consultation in Ethiopia by the Right Here Right Now partnership, participants mentioned that health professionals are not well trained when it comes to accepting the realities of young people. They reported that healthcare providers are often judgmental about adolescents seeking SRH services, and as a result do not treat them with respect.³⁵⁴

There also continues to be a lack of positive, open, and respectful safe spaces for young people living with disabilities to discuss disability and relationship issues. During the Right Here Right Now partnership's youth consultations, participants

living with disabilities reported that they often face service providers' assumptions that they are only seeking SRH services due to experiencing some form of SGBV (and not because they are consensually engaging in sexual activity).³⁵⁵ In effect, very little has been done in terms of disseminating information and undertaking awareness campaigns to improve public attitudes regarding the SRHR of people with disabilities.³⁵⁶



Ethiopian legislation may also make adolescents and young people reluctant to seek out SRH services, for fear of prosecution or criminalisation, while also contributing to stigma and un-friendly attitudes from providers.



Sexual and gender-based violence

Ethiopia has adopted various policies and laws against sexual and gender-based violence (SGBV). The Constitution protects women from any form of discrimination and violence. Recent legal amendments such as the Revised Criminal Law and Federal Family Law, Proclamation No. 1064/2017 (which prohibits sexual harassment at the workplace), have created an enabling environment for the prevention of SGBV, the protection of survivors, and ensuring the accountability of perpetrators. The health sector has also adopted various measures to prevent and respond to SGBV. According to a 2021 Ministry of Health report, 16 centres (9 One Stop Centers and 7 Integrated GBV centres) were established to respond and treat SGBV survivors, and provide holistic medical and psychological care along with legal support services.³⁵⁷

Traditional 'justice' can prolong cycles of violence

However, gaps remain regarding the enforcement



of relevant legal frameworks. For example, ensuring adequate protection for domestic violence survivors remains a major issue.³⁵⁸ And, according to the 2016 Ethiopia Demographic and Health Survey (EDHS), 34% of ever-married women in the age group 15-49 have ever experienced any type of physical, sexual, or emotional violence by either their current or former husbands. Among women in the same age group, 27% of ever-married women experienced at least one type of such violence in the past 12 months by an intimate partner.³⁵⁹

Another issue is people's tendency to rely on traditional forms of conflict resolution rather than national legislation. Participants in the Right

Here Right Now partnership's youth consultation in Ethiopia noted how communities, instead of enforcing the country's legislative SGBV-related provisions, often try to resolve cases of SGBV by sending elders to the victim's family (not even directly to the victim). As such, young people are often afraid of the stigma they or their families might face if they speak out and push for formal law enforcement. In a context of a lack of support from the community, and a lack of awareness about reporting hotlines, One Stop Centers, or safe houses, victims of SGBV are often forced to "make peace" with their perpetrators without proper resolution, reparations, or justice. The result is repeated and/or unaddressed cycles of violence.³⁶⁰



Meaningful and inclusive youth participation

There have been some commendable initiatives in Ethiopia to strengthen meaningful and inclusive youth participation (MIYP). The Ministry of Health recognized that young people were not effectively participating in the planning, implementation, monitoring and evaluation of health policies and programmes. The Ministry saw that this was in part due to a lack of appropriate and/or youth-led structures, and low investment in capacity strengthening for young people and youth-led organisations.³⁶¹

As such, and with adolescents' and youth's active involvement, the Ministry of Health developed the Adolescent and Youth Engagement Guideline 2018-2025,³⁶² to guide the implementation of the National Adolescent and Youth Health Strategy.³⁶³ Proposed youth engagement strategies include establishing a youth advisory panel to represent youth groups at the ministry; organising adolescent and youth health roundtables, as well as annual adolescent and youth health forums before ministry annual review meetings; and involving adolescents and youth in AYHS programme evaluation through applying participatory tools.³⁶⁴

While these efforts are welcome, the Adolescent and Youth Health Case Team (an outcome of the Adolescent and Youth Engagement Guideline) was recently restructured and merged with other departments. It now operates as the 'Reproductive Health, Family Planning and Adolescent and Youth Health Desk.' This merger is of some concern, as it takes the priority and focus away from adolescent and youth health (AYH), while also potentially reducing the space for young people's voices and leadership. Young people with disabilities are also largely under-represented in youth-related governmental decision-making bodies, according to participants in the Right Here Right Now partnership's youth consultation in Ethiopia.³⁶⁵

Recommendations

Adolescent and youth sexual and reproductive health (AYSRH)

- Expand the provision of both stand-alone and integrated youth-friendly services across urban and rural regions. Ensure AYSRH services are accessible for young people with disabilities. The Ministry of Health and Ministry of Education should also work with schools to communicate clear information about these services.

Sexual and gender-based violence (SGBV)

- Strengthen the capacity of law enforcement bodies and health service providers to prevent, respond to, and mitigate SGBV.

Meaningful and inclusive youth participation (MIYP)

- Fully implement the Adolescent and Youth Engagement Guideline, in order to better engage adolescents and youth at all levels of governmental decision-making processes, and ensure that adolescent and youth health (AYH) and MIYP remain a top priority.



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