Young Lives

Neglected experiences: Fertility and childbearing among young people in Ethiopia

This policy brief draws on a qualitative study of young people in eight rural and urban communities who are part of the Young Lives longitudinal study of 3,000 children and young people in Ethiopia.

The study investigates experiences of fertility and childbearing among young mothers and fathers, whose voices are rarely heard in the debates on child marriage.

Key research findings

- **Patriarchal gender norms** influence many aspects of sexual and reproductive health, including contraception use and fertility, as well as the age at which young people get married.
- **Many young parents are not formally married, especially in urban areas**. Informal cohabitation is usually a response to **unintended pregnancy**, or a way of conducting a sexual relationship while avoiding the costs of formal marriage.
- Young couples remain largely **uninformed about contraception and unaware of their choices**, and often learn from friends and family, in school, or from health extension workers.
- Young mothers are **highly constrained** in their ability to navigate and negotiate fertility, and sexual and reproductive health, across a broad range of domains. Those from poor families are less likely to use contraception.
- Most young couples only start using contraceptives **after they have had a baby**. Some do not use them at all.
- Young men usually have the final say in decisions about contraception and fertility, although some let their wives decide. The **family and wider community** also have an influence.
- Sometimes couples continue to have babies until they get one of their **preferred gender**.

Introduction

The policy context

In Ethiopia, 40 per cent of girls are married before the age of 18 and 14 per cent are married before their 15th birthday (UNICEF 2014; CSA [Ethiopia] and ICF 2016). Despite many efforts over the past years to reduce this figure, and some success, Ethiopia has still the 15th-highest prevalence rate of child marriage in the world and the fifth-highest absolute number of child brides. Of 15 million child brides, 6 million were married before age 15 (UNICEF 2014, 2018).

Early marriage is associated with higher fertility, teenage pregnancy and lower age at first birth. As a result of early marriage, Ethiopia has one of the highest adolescent fertility rates in sub-Saharan Africa – 65 births for every 1,000 girls and young women aged 15–19 (World Bank 2018). Thirteen per cent of women aged 15–19 are already mothers or pregnant with their first child (CSA [Ethiopia] and ICF 2017). There is a lower demand for contraception among younger women in rural areas because they continue to comply with the traditional norms around getting pregnant immediately after marriage (Dingeta et al. 2019). The majority of young women who married in childhood gave birth before they had completed adolescence; these women were somewhat less likely to have received skilled care during their last pregnancy and delivery (UNICEF 2018).

Early marriage is associated with negative health outcomes. It is also linked to school dropout, particularly for girls (Jensen and Thornton 2003; Solanke 2015; UNICEF 2018). This decreases their say in household decisions, including decisions about contraception (Jones et al. 2014) and affects their ability to choose the number of children they have and the spacing of their births (CSA [Ethiopia] and ICF 2017).

Ethiopia has made some strides with respect to the Sustainable Development Goal of eliminating child marriage by 2030, but accelerated effort is needed to fulfil this target. There are still gaps in the provision of gendered, equitable sexual and reproductive health services and there is still some way to go in the general empowerment of women. The experiences of young people transitioning to early parenthood remain a neglected area in both policy and programmes.

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This policy brief is based on a study of 42 young people who married early (14 young men and 28 young women) in eight communities (three urban and five rural). It draws on both qualitative and longitudinal survey data gathered by Young Lives. Young Lives is an international study of childhood poverty and transitions to adulthood following the lives of 12,000 children in four countries (Ethiopia, India,[1] Peru and Vietnam) since 2001. It aims to provide high-quality data to understand childhood poverty and inform policy and programme design. In Ethiopia, Young Lives follows 3,000 children in two cohorts (2,000 in the Younger Cohort, born in 2000/1 and other 1,000 in the Older Cohort, born in 1994/5). To date, Young Lives Ethiopia has carried out five rounds of surveys and five qualitative waves.

The study communities

The study focuses on communities in eight sites drawn from five regions: Amhara, Oromia, Southern Nations Nationalities and Peoples' Region (SNNPR), Tigray and Addis Ababa. Bertukan, Tach-Meret, Leki and Zeytuni are part of the longitudinal qualitative study, along with five other sites. The remaining four sites are additional ones that are included because we have recorded cases of early marriage and young parenthood there.[2]

Box 1. The study sites

- **Bertukan** is a neighbourhood in Addis Ababa. Girls are at risk of young-age sexual relationships, unwanted pregnancy and prostitution that has been associated with family poverty.
- **Leki** and **Lomi** are two rural communities found in Oromia. In both communities, voluntary abduction and forced abduction (which very often lead to early marriage) are still practised, and marriages are still arranged.
- **Tach-Meret** is a rural community found in Amhara region, which is predominately a crop-growing area.
- **Kok** is a semi-urban community in the Amhara region, known for its tourist attractions.
- **Zeytuni** is a rural community in the Tigray region, where households depend on farming for their livelihoods. Arranged marriage is common.
- **Gomen** is a semi-urban community in the same region, consisting mainly of Orthodox Christians. Arranged marriage is also common here.
- **Timatim** is a densely populated, rural community in the Gurage Zone of SNNPR.

The names of the sites and the participants have been anonymised to protect identity.

Main findings

Fertility and childbearing are directly connected to women's empowerment, which is generally associated with delayed marriage, smaller families, access to accurate information, and the ability to freely discuss family planning needs with spouses and other members of the household and the community. However, patriarchal gender norms currently give men control over women's and girls' bodies and

1 In the states of Andhra Pradesh and Telangana.

2 As part of the Young Marriage and Parenthood study, carried out in all four Young Lives countries. See www.younglives.org.uk/content/young-marriage-and-parenthood-study-ymaps. For more information about the findings of the study in Ethiopia, see Tafere et al. (2020).

sexuality, and have a strong influence on early marriage as well as contraception use and fertility. Very little is known about young people's own views on fertility, contraception and childbearing. This policy brief and the working paper on which it is based[3] are an attempt to fill that gap.

Of the 42 young people in the study, 31 were already parents (seven young men and 24 young women), and two were pregnant during the last round of the study. The remaining nine were without children or had recently married. More girls and young women were married or cohabiting than boys and young men, and the incidence of early marriage varied by location – 34 were from rural areas and only eight were from urban areas. Oromia had the highest number of child/early marriages (17) followed by Tigray (12) and Addis Ababa (6).

Social norms and family pressures affect decisions about marriage and cohabitation

> "There are girls who get married aged 15 and 16. Especially if the girl is good-looking, no one allows her to be alone even if she is not old enough for marriage. Besides, as the culture of the community, parents also want to marry her off early."

Mina, young woman, Timatim

Child marriage happens for various reasons, despite efforts to reduce the practice. Girls from poorer socio-economic backgrounds are more likely to marry before the age of 18. Societal norms and family pressures have a major influence on decisions about marriage. Some couples feel compelled to marry after having had sex because of the stigmatisation of girls who have sex outside marriage and especially because of unintended pregnancy. Marriage of girls at a younger age is assumed to ensure a girl's reproductive capacity. Parenthood is viewed as an important marker of transition to adulthood (Arnett 1998).

Not all young parents are formally married. In urban areas, most are cohabitating, while the majority of those who live in rural areas aim for love marriage, sometimes resorting to voluntary abduction. Forced abduction and parental arranged marriage are also practised in rural areas.[4] For example, Letish, from Zeytuni, was married at age 19 to a man she had never met. She said, "His parents came to ask my parents and then my father agreed to give me off in marriage and then arranged everything." Letish was not against the marriage, however, as it gave her the chance to stop the difficult and tiring waged labour she was doing.

Informal cohabitation usually happens as a response to unintended pregnancy or the desire to maintain a sexual relationship while temporarily bypassing the costs of formal marriage. For example, Bereket, a young man from Bertukan, told us, "The way I entered into marriage is full of accidental situations. I didn't have any plans for marriage. The pregnancy came suddenly and she had to live with me. After the pregnancy, we fully decided that we needed to live together."

Young couples have little awareness of or information on contraception

> "I got awareness [of sexual and reproductive health] from the media and people were coming to our school to increase our awareness about it."

Fatuma, young woman, Bertukan

Young couples have little awareness of or information about sexual and reproductive health and rights. The main sources of information for many are informal – peers, older siblings, neighbours, and to a lesser extent schools, media (television and radio) and health extension workers. Young people know little about reproductive health and childbearing in their transition to marriage. Urban couples have better information and knowledge about contraceptives than rural couples.

Contraceptive use is influenced by negative perceptions and family pressure

> "In our culture, once you got married and could not give birth immediately, families from the husband's side may suspect your fertility. His families were assuming I was applying birth control."

Hewan, from Leki, who was not using contraceptives but was unable to conceive for two years

Across the sites, young couples usually only started using contraceptives after having their first baby, learning about the use of contraceptives when they went for antenatal care.[5] There were also some who did not use modern contraceptives, and others who tried to delay the next pregnancy by breastfeeding.

Generally, the attitude of young married women towards the use of contraceptives was similar in the urban and rural sites, and was due to low educational attainment, low economic status, and deep-rooted cultural norms, especially in rural areas. Contraceptive use was also influenced by negative perceptions. On the one hand, contraception was seen as causing infertility and disrupting women's health, and on the other, it was considered a 'crime'.

3 Chuta, N., K. Birhanu and V. Vinci (2020) *Who Decides? Fertility and Childbearing Experiences of Young Married Couples in Ethiopia*, Working Paper 196, Oxford: Young Lives.

4 According to this practice, the girl is abducted and then the parents are asked to consent to the marriage. If a girl wants to get married to a particular boy, 'voluntary abduction' may take place, meaning that she has consented to the abduction.

5 Modern contraceptives in Ethiopia are available in every health facility free of charge. These are: male and female condoms, diaphragm and other barrier methods, vaginal contraceptives (foam, tablet and jelly), emergency contraceptives, progestin-only pill, combined oral contraceptive, injectable contraceptive, implants, and intrauterine contraceptive device (IUCD). However, in the study areas, implants and injectable contraceptives are the most commonly used types.

Young married women face expectations from husbands and extended family members to prove their fertility immediately after marriage. If they fail to become pregnant straight away, they are suspected of being infertile. This weakens their influence on decisions about fertility and childbearing. It also indicates the extent to which young couples are guided by members of their family and how little independence they have to make their own decisions.

Poor economic conditions can also decrease the use of contraceptives. Young married women who had little to eat believed that contraception had side-effects and was not good for their health if they were not receiving enough nutrition.

Young women's experience of antenatal and postnatal care

> "I gave birth to my first child at home just because I was afraid of going to a health facility and first birth is assumed to be done at home."

Haymanot, from Zeytuni

In both urban and rural areas, there is a home-to-home visit service where health extension workers deliver care that includes family planning. Most young mothers in the study said they went to the nearest health facility for ante- and postnatal care. Almost all reported giving birth at health facilities, with a very few giving birth at home with the support of traditional birth attendants, mostly in remote rural areas. For those who were giving birth at home, institutional delivery was encouraged only in cases where the woman faced birth complications. Young couples whose first child is born at a health centre are more likely to space their births and have fewer children overall, because they are likely start using contraception after the first birth.

Husbands and the wider community influence fertility

> "My spouse told me that having children one after the other may hurt my health. He told me to take contraceptives and then I accepted his idea."

Ayu, from Leki, who has two children three years apart

Across the sites, husbands were usually the dominant decision-makers on fertility and childbearing issues, although some thought it was only the wife's business. Whether couples had children soon after marriage or whether they allowed enough spacing between them was largely left to the men to decide, especially in rural areas, although wives were generally consulted. But friends, neighbours, family, in-laws, parents, health extension workers, and to certain extent grandparents, also had a say in this. Meselech is a mother of one child and lives in Tach-Meret. She said, "My grandmother advised me to extend the time for childbearing. However, my husband was very eager to have a child immediately after marriage." On the other hand, the husband of Ayu, from Leki, wanted to have spacing between children. So Ayu had her second child three years after the first.

Box 2. Kuru's story

After I married, my family wanted me to have a child. However, my wife started using contraceptives soon after marriage. Initially, she was using a three-month injectable, and then with a discussion, we changed to a three-year implant. Because we did not have anything at hand, we believed that it was good to have a child when our economy became good. One day while my wife was working in the kitchen, my mother discovered something strange in my wife's arms and became mad at us. Though I tried to explain, it was difficult to convince my mother as she believes children are God's gifts. So, with this pressure, we went to a health centre and withdrew the contraception.

Kuru, young man, Leki

The community's influence over the dynamics of couples' decisions got stronger once a child was born and with subsequent children. This was the case with Sessen, the mother of a 5-year-old child in Zeytuni, who delayed her second pregnancy for five years. "People are gossiping about me even now because I delayed the second birth. They think that I am still on contraceptives and delayed the second pregnancy."

Gender preference also impacts decision-making over fertility. Sometimes couples keep on having children until they get one of their preferred gender. Husbands usually prefer boys because they can support farming activities, while wives prefer girls for practical reasons like support with household chores. A mother of one, Letish, from Zeytuni, said: "I want to have more girls than boys because girls help me at home more than the boys."

Conclusions and recommendations

Ethiopia's ability to meet the Sustainable Development Goals requires policymakers to pay greater attention to the factors underlying women's decision-making over fertility and childbearing, especially when it comes to women from poor backgrounds. The study has come up with the policy recommendations below to address gender equality in fertility and childbearing.

1. Recognise the link between poverty and contraception

Young women living in poverty are more likely than young women from wealthier households to become pregnant or give birth before the age of 18 (UNFPA 2013). Access to contraception and advice, as well as to sexual and reproductive health services, is much more difficult for women and men from poor, rural households. The Government needs to provide better information and access and widen the choice of contraceptives, especially for the poor, who cannot afford to buy in private health facilities. They should

- increase young couples' knowledge about the choice of contraceptives at community and *kebele* levels;
- ensure contraception is genuinely affordable for the poorest families; and
- ensure an adequate supply of contraceptives by making family planning a permanent line item in the budgets of healthcare systems.

2. Address gender norms and laws on early marriage and fertility

The persistence of deep-rooted gender norms remains the key driver of child marriage and early fertility. Actions are needed to influence family and community norms related to early marriage and early childbearing. The Government should

- devise adequate laws and interventions that delay the age at first marriage and thus early childbearing;
- include the wider community, and especially mother in-laws, as well as religious leaders, officials and others, in programmes to ensure that change is effected and sustained;
- devise integrated interventions that combine group education with husbands and boys, mass media activities, and community mobilisation and outreach.

3. Introduce a stronger gender perspective into family planning policies and programmes

- Empower young women both economically and educationally so that they have room to negotiate equally with men around contraception.
- Reproductive health programmes should also address young men's roles as sexual partners, husbands, fathers, family and household members, community leaders, and gatekeepers to health information and services. They should also challenge traditional ideas around masculinity.

4. Close the knowledge and information gap for young people

Inaccurate information, or a lack of information, about family planning methods, creates prejudices among young women regarding what contraceptives to choose, when to start using them, and where to give birth.

- It is vitally important to offer comprehensive, age-appropriate sex education to young people before their first sexual experience. Sex education with specific characteristics regarding content and pedagogy, taught by trained teachers, can affect behaviour, and increases the use of contraceptives.
- Effective mass-media interventions should be used to increase communication about contraception and reproductive health education.

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Young Lives is an international study of childhood poverty and transitions to adulthood, following the lives of 12,000 children in four countries (Ethiopia, India, Peru and Vietnam). Young Lives is a collaborative research programme led by the University of Oxford and conducted in Ethiopia in partnership with the Policy Studies Institute (PSI) and Pankhurst Development Research and Consulting Plc (PDRC).

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