

**Desk Review on Adolescent SRHR  
Information and Service Delivery in  
Addis Ababa and Bahir Dar**

## 1. Introduction

Break Free is an initiative funded by Plan International Netherlands, in partnership with Sexual and Reproductive Health and Rights Africa Trust (SAT), Plan International Ethiopia, and the Forum for African Women Educationalists (FAWE), collaborating with the technical partner, Young Men's Christian Association (YMCA) Ethiopia. The program aims to strengthen young people's sexual and reproductive health and rights (SRHR) and promote gender equality across nine African countries. Its ultimate goal is to empower young people to make informed decisions about their futures and exercise their right to live free from early pregnancy and child marriage.

As part of this initiative, YMCA Ethiopia conducted a desk review focusing on sexual and reproductive health (SRH) information and service delivery in Addis Ababa and Bahir Dar. This review sought to identify relevant policies at both national and regional levels and to uncover the barriers and enablers affecting youth access to SRH information and services. Additionally, it aimed to map how SRH education is currently delivered to both in-school and out-of-school youth, as well as assess the current status of teenage pregnancy and child marriage in these areas.

The desk review will include not only findings from the review but also actionable recommendations for improving SRH information and service provision for adolescents and youth, along with strategies for advocacy programming. To develop this document, a comprehensive literature review and critical analysis were performed on various sources published since 2020, including reports, online articles, policy texts, and both academic and grey literature (such as program reports, evaluations, and press articles).

Adolescent sexual and reproductive health and rights (SRHR) are fundamental to the overall well-being and development of young people. In Ethiopia, however, access to quality SRHR services and information remains a significant challenge, particularly for adolescents. This desk review delves into the current state of SRHR information and service delivery for adolescents in Addis Ababa and Bahir Dar, drawing on data and research findings.

## 2. SRHR Policy and Legal Framework

Ethiopia's SRHR policy landscape includes:

- **National Adolescent and Youth Health Strategy (2016-2020)**, which was extended to continue its progress. This strategy seeks to ensure access to youth-friendly SRHR services, education, and resources for adolescents.
- In **2021**, the Ethiopian Ministry of Health, with support from international organizations like UNFPA, prioritized **Adolescent and Youth-friendly health services (AYFHS)** as part of broader SRHR interventions. The implementation of these services focuses heavily on urban centers like Addis Ababa but has seen slower roll-out in regional towns like Bahir Dar.

Both Addis Ababa and Bahir Dar have made strides in implementing youth-friendly clinics, but gaps in consistency and access remain across both regions, particularly in the more rural areas surrounding Bahir Dar. However, the ongoing conflict in the Amhara region has set back and undone much of the progress made in Bahir Dar and its surrounding areas.

### **3. Current status of child marriage and teen pregnancy**

In Ethiopia, both child marriage (CM) and teenage pregnancy (TP) remain significant challenges. Despite national efforts to curb these issues, cultural and socio-economic factors contribute to their persistence. In Bahir Dar and surrounding areas, the rates of teenage pregnancy are particularly concerning. A study indicated that around 12.2% of pregnant women attending antenatal care were between the ages of 15 and 19. Key drivers of teenage pregnancy identified include rural residency and early marriage, with rural girls being more likely to marry and conceive before the age of 18 due to limited access to contraception and education.

In Bahir Dar Zuria and the city itself, Program reports show a decline in child marriage rates from 30% to 28% between 2020 and 2022. Despite this slight decline, the region continues to face high rates of both child marriage and teenage pregnancy, especially in rural areas. Economic challenges and cultural norms drive families to marry off girls early, exacerbating the issues in Bahir Dar and Dangla. Additionally, conflict and drought have worsened the situation, as families increasingly view marriage as an economic coping mechanism.

The ongoing conflict in the Amhara region has intensified the challenges associated with Child Marriage and Teenage Pregnancy in Ethiopia. Displacement due to violence and insecurity has disrupted educational opportunities for many girls, leading to extended periods at home that increase their vulnerability to early marriage and pregnancy. With schools closed or inaccessible, many children, particularly girls, are confined to their homes, making them more susceptible to abuse and violence. Families often prioritize marrying off their daughters as a perceived means of protection and economic security, further perpetuating harmful cultural practices. As communities grapple with instability and loss of livelihoods, the pressure to conform to traditional norms surrounding early marriage intensifies. Consequently, adolescent girls face heightened risks, with many being forced into marriages and facing pregnancies at a young age. This dynamic jeopardizes their health and educational prospects and poses long-term socio-economic repercussions for the entire community, underscoring the need to address the underlying causes of Child Marriage and Teenage Pregnancy amid the ongoing conflict.

National interventions, including Ethiopia's National Roadmap to End Child Marriage and Female Genital Mutilation (2020-2024 UNICEF), have been implemented to tackle these issues; however, enforcement remains weak. In Faggeta Lekoma and Dangla, child marriage continues to be prevalent due to economic insecurity and cultural traditions, leading to high teenage pregnancy rates. Although awareness campaigns have made some progress, a significant number of girls still marry before the age of 18.

In urban areas such as Addis Ketema and Lideta sub-cities, urbanization has improved access to education and healthcare, resulting in lower Child Marriage rates compared to rural areas. However, teenage pregnancy persists in certain pockets due to poverty and inadequate reproductive health education. Overall, while Ethiopia has made strides in reducing Child Marriage and Teenage Pregnancy, these issues remain deeply rooted in less urbanized and economically disadvantaged regions.

### **3. Access to SRHR Services for Adolescents**

Post-2020, there has been a concerted effort to expand adolescent-friendly services, but challenges persist:

- **Addis Ababa** has relatively well-established youth-friendly health centers, providing services such as contraception, STI testing, menstrual health services, and counseling. However, adolescents continue to report barriers such as stigma, fear of judgment, and confidentiality concerns. A **2022 UNFPA report** noted that while there has been progress in adolescent and youth SRHR service delivery in Addis Ababa, However health workers often lack specific training to effectively serve adolescents, which impacts service uptake.
- In **Bahir Dar**, the situation is more challenging. While efforts have been made to improve youth access to SRHR services, particularly with the help of NGOs, many adolescents in the rural surroundings lack reliable access. Distance to facilities, low awareness, and traditional norms limit access. The armed conflict has significantly hindered access to sexual and reproductive health services for adolescents. Women and children, particularly adolescents, bear a disproportionate burden of the public health crisis, leading to increased risks related to sexual and reproductive health.
  - The healthcare system is on the brink of collapse, with significant losses of facilities and personnel due to both the Northern Ethiopian War and the ongoing conflict.
  - Reports of attacks on healthcare workers and facilities have further strained the system, limiting access to essential health services.

#### 4. SRHR Education and Information Delivery

SRH education for adolescents is integrated into public school curricula but often lacks depth on critical topics such as contraception and consent. For out-of-school youth, SRH information is mainly disseminated via community outreach, media, and NGOs, though coverage remains inconsistent.

- **Out-of-School Youth: Community-Based Programs:**  
Community outreach in Addis Ababa is robust, featuring youth centers and mobile health clinics. In Bahir Dar, outreach efforts exist, but rural areas are primarily served by health extension workers, a service constrained by limited resources.
- **In-School Youth: Curriculum-Based SRHR Education:**  
Efforts have been made to integrate SRHR topics into the school curriculum in both Addis Ababa and Bahir Dar. However, cultural taboos and inadequate teacher training hinder effective delivery, especially in rural schools.

Despite advancements post-2020, adolescent SRHR education remains inconsistent. In Addis Ababa, SRHR is included in secondary school curricula, but sensitive topics such as contraception and safe abortion are still challenging to address. NGOs are active in filling educational gaps through community outreach and digital campaigns.

Bahir Dar has fewer structured SRHR education programs. Schools provide limited information on SRHR, leading many adolescents to depend on NGO-led initiatives or informal sources for their knowledge. While peer education programs are on the rise, they have yet to achieve widespread implementation. The

ongoing instability in the region has further exacerbated the knowledge gaps regarding SRHR among young people.

### **Digital Platforms and Media:**

Since COVID, digital SRHR education has gained traction, particularly in Addis Ababa, where platforms like Telegram, Facebook, and WhatsApp are extensively used to share information. However, areas outside Addis, especially remote locations in and around Bahir Dar, face significant challenges due to limited internet connectivity.

In both cities, digital platforms have become crucial for disseminating SRHR information since 2020, especially in response to the disruptions caused by COVID-19. However, disparities in internet access, particularly in rural areas near Bahir Dar, have limited the effectiveness of these platforms.

## **5. Cultural and Social Influences**

Cultural beliefs continue to heavily influence SRHR access and education:

- In **Addis Ababa**, although urbanization has led to more open discussions around SRHR, societal stigma persists, particularly regarding contraceptive use among unmarried adolescents.
- In **Bahir Dar**, traditional values and strong religious influences often discourage adolescents from seeking SRHR services. Adolescent girls, in particular, face restrictions from their families and communities when trying to access SRHR services, limiting their autonomy and access to information.

## **6. Youth Perception regarding SRHR**

Cultural beliefs significantly influence SRHR for adolescents and youth in Ethiopia, where issues like pre-marital sex, induced abortion, and the use of SRH services are often stigmatized. This societal context shapes young people's experiences and their willingness to seek SRH services.

University students, in particular, report facing significant unmet needs for SRH services and encounter numerous barrier to accessing reliable, high-quality, confidential, and youth-friendly care on campus. Due to these challenges, many students are compelled to seek services off-campus, highlighting a gap in SRH support within educational institutions.

There is a clear desire among students for more opportunities to learn about SRH during their time at university, with many expressing openness to mobile health (m-health) programs as a viable means of disseminating SRH information.

To effectively meet the SRH needs of young people during this vulnerable period, sustained commitment and investment from both universities and the government are essential. Additionally, further research is necessary to explore how to deliver effective interventions that improve SRH outcomes among university students and how these initiatives can be scaled and adapted to diverse contexts.

A **2023 study** highlighted the role of community and religious leaders in influencing adolescent attitudes toward SRHR. Efforts to engage these stakeholders in both Addis Ababa and Bahir Dar are ongoing, but change has been slow.

### **Young People's Views on Improving SRH**

Young people have articulated several key areas for improvement in sexual and reproductive health (SRH) services, emphasizing the importance of community education and awareness as foundational elements. They recognize that comprehensive education programs aimed at families and communities are essential to reduce stigma and enhance understanding of SRH issues. By normalizing discussions around sensitive topics such as contraception and safe abortion through awareness campaigns, young people believe that society can foster a more supportive environment for healthy sexual behaviors.

In addition to education, young people advocate for enhanced access to SRH services that prioritize their privacy and confidentiality. They propose the creation of separate, youth-friendly spaces within health facilities to make services more inviting and comfortable. Furthermore, they call for flexible service hours, including evening and weekend availability, to better accommodate the diverse schedules of young individuals.

Recognizing the importance of youth involvement, young people express a strong desire to participate actively in the design and implementation of SRH services. They suggest establishing feedback mechanisms that allow them to voice their needs and experiences, ensuring that services are tailored to the specific requirements of young people, including those from marginalized groups.

Training and support for health workers are also crucial components of improving SRH services. Young people have highlighted the need for health professionals to receive training in youth-sensitive approaches and non-judgmental counseling. They stress that health workers must be aware of how their personal beliefs can affect the quality of care they provide, advocating for an empathetic and understanding approach to youth health needs.

Peer education and support programs have emerged as valuable tools for engaging young people in discussions about SRH. Youth see the potential for peers to play a significant role in encouraging one another to seek services and share information about available resources. This peer-led approach not only enhances understanding but also builds a network of support among young individuals.

Access to comprehensive and accurate information on various aspects of SRH, including contraception, safe abortion, and sexually transmitted infections (STIs), is another critical area identified by youth. They advocate for information dissemination through multiple channels, such as schools, community centers, and online platforms, ensuring that all young people can access the knowledge they need to make informed decisions.

Moreover, young people have pointed out that certain legal barriers, like the requirement for parental consent for services such as abortion, create unnecessary obstacles to accessing SRH care. They call for policies that support youth autonomy, empowering them to make choices regarding their health without undue restrictions.

Finally, addressing stigma and misconceptions surrounding pre-marital sex and unintended pregnancies is essential for fostering a culture of acceptance and support. Young people advocate for a shift in societal attitudes, encouraging open conversations and understanding, which can ultimately lead to healthier outcomes for all.

## 6. Challenges and Barriers

Several barriers to accessing SRHR services and information include:

- **Sociocultural Stigma:** Adolescents and Youth, particularly females, face social stigma when seeking SRHR services, especially for services related to contraception or STIs. Fear of stigma and shame leads to avoidance of SRH services.
- **Economic Constraints:** Service affordability is a significant barrier, with free public services often limited by long wait times and resource shortages.
- **Gender norms:** Girls, especially in **Bahir Dar and Western Gojam**, face greater restrictions in accessing services due to societal expectations.
- **Geographic disparities:** Adolescents in **rural areas** surrounding Bahir Dar are significantly underserved due to limited healthcare infrastructure and access.
- **Lack of youth-friendly services and Limitations in Health system:** Despite the growth of adolescent-friendly services, many facilities do not fully meet the needs of adolescents due to staff training gaps or facility environments that are not adolescent-centered. Health workers face challenges in providing care due to restrictive community norms, personal biases, and inadequate facilities.
- **Knowledge Gaps:** Both youth and health workers lack comprehensive knowledge about available services, which limits effective communication and understanding.
- **Displacement and the disruption of education due to the ongoing conflict in the Amhara region:** The education system is heavily affected, with over 3.9 million children unable to register for school. This disruption not only limits educational opportunities but also affects SRHR education, which is critical for empowering adolescents to make informed decisions about their health.

With approximately 591,857 internally displaced persons (IDPs) in the region, many face dire living conditions that increase health risks, including those related to sexual and reproductive health. Access to comprehensive SRHR services is significantly constrained in these circumstances, exacerbating health vulnerabilities for adolescents and youth. The instability and interruption of services as a result of the conflict further compound these challenges.

### Enablers to SRHR Access:

- **Enablers:**

- **Policy Support:** Recent policies prioritize adolescent health, though implementation gaps exist.
- **Community-Based Programs:** Outreach programs and mobile clinics improve SRHR access, especially for out-of-school youth.

There are Positive Shifts in SRHR Landscape Despite existing barriers, there are emerging positive changes in adolescent SRHR, such as:

- Increased discussions among young couples about contraception.
- Improved awareness and access to safe abortion services, although barriers still exist.
- A growing willingness among health workers to engage in conversations about SRH with youth.

## 7. Ongoing Initiatives and Programs

Several youth-focused SRHR programs have been launched and gained traction, providing safe spaces for adolescents to access SRHR services without fear of judgment. Some NGOs are working to implement peer education programs and community-based SRHR initiatives targeting underserved adolescents and Youth.

Despite these efforts, both regions still struggle to achieve universal coverage of SRHR services for adolescents.

## 8. Conclusion and Recommendations

- The review identifies persistent barriers for youth in accessing SRH services, including feelings of shame, restrictive cultural norms, and inadequate health system support. However, there are signs of progress, with increased awareness and shifting attitudes among youth and health workers. Continued efforts are essential to address remaining barriers, particularly community misperceptions surrounding SRHR.
- **Addis Ababa** has made progress in expanding adolescent-friendly SRHR services and information through formal health facilities and digital platforms, but barriers such as stigma and inconsistent education remain.
- **Bahir Dar**, though improving, still faces significant challenges in SRHR service delivery, particularly for rural adolescents. The ongoing conflict in the Amhara region has further deteriorated the availability and quality of SRH information and services.
- The ongoing armed conflict in the Amhara region has led to severe public health crises, compounded by historical grievances and political marginalization. Immediate attention and intervention are crucial to address the humanitarian needs and restore health services in the region.

- While the situation in Bahir Dar and West Gojam presents significant challenges for SRHR information and service delivery, strategic interventions and enhanced coordination can help mitigate these challenges and support the health and rights of adolescents in the region.

## **Recommendations:**

### **1. Training and Capacity Building for Healthcare Providers**

- **Youth-Sensitive Training:** Strengthen training for healthcare providers to focus on confidentiality, sensitivity, and non-judgmental care, ensuring they can effectively serve adolescents and address their unique needs.
- **Capacity Building for Educators and Health Workers:** Provide continuous training on delivering SRHR content effectively, handling sensitive topics, and fostering a supportive environment for youth.

### **2. Expanding Access and Adolescent-Friendly Services**

- **Increase Youth-Friendly Centers:** Establish more adolescent-friendly health centers, especially in underserved rural areas around Bahir Dar, ensuring facilities are adequately staffed and supportive.
- **Flexible and Accessible Services:** Introduce youth-friendly spaces within health facilities that respect privacy, with flexible service hours (including evenings and weekends) to meet young people's schedules.
- **Infrastructure Improvements:** Enhance the physical setup of health facilities to ensure privacy and reduce interruptions during consultations.
- **Reduce Waiting Times:** Implement adequate staffing and increase service points to reduce waiting times for SRH services.

### **3. Peer Education and Digital Outreach**

- **Scale Up Peer Education:** Implement peer-led programs across urban and rural areas, empowering youth to educate their peers on SRHR topics and reduce misinformation.
- **Digital SRHR Platforms:** Use platforms like TikTok, Facebook, Instagram, and WhatsApp to disseminate SRHR information, particularly in urban areas with high internet penetration.
- **Access to Digital Resources:** Collaborate with telecommunication companies to offer data-free access to SRHR educational content, ensuring rural youth have equal access.

### **4. Community and Family Engagement**

- **Community and Religious Leader Involvement:** Engage community, religious, and family leaders to address cultural taboos and reduce stigma surrounding SRH, especially in rural Bahir Dar.
- **Parent and Family Education:** Equip parents with skills and knowledge to engage in SRHR discussions with their children to reduce cultural resistance and foster support.

## 5. Policy and Programmatic Integration

- **Align Policies with Practices:** Strengthen the implementation of SRHR policies in public health centers, ensuring consistent application, particularly in rural settings.
- **Comprehensive SRHR Education in Schools:** Integrate SRHR education across all levels of school curricula to improve adolescent knowledge and attitudes toward SRHR.
- **Gender-Specific Programs:** Develop gender-sensitive programs addressing barriers girls face in accessing SRHR, including menstrual health education and combating stigma around contraceptive use.

## 6. Targeted Interventions for Out-of-School Youth

- **Community-Based and Mobile Outreach:** Strengthen community-based interventions and mobile outreach services tailored to out-of-school youth, utilizing radio and peer-led education to reach remote communities.

## 7. Monitoring, Evaluation, and Research

- **Continuous Monitoring and Evaluation (M&E):** Enhance M&E systems to assess SRHR program impact on adolescents, identifying gaps and refining programming based on findings.
- **Youth Feedback Mechanisms:** Establish regular consultations with youth to gather input on service quality, ensuring programs are responsive to their needs.
- **Further Research:** Investigate youth perspectives on SRHR access and community values on SRHR to inform future interventions.

## 8. Advocacy and Awareness

- **Community and Cultural Sensitivity:** Develop culturally sensitive advocacy to reduce stigma around adolescent SRHR, working closely with religious and community leaders to foster acceptance.
- **SRHR as an Entry Point:** Utilize family planning and maternal health as initial topics to introduce broader SRHR discussions.
- **Awareness Campaigns:** Conduct campaigns on risks associated with poor sexual health to motivate adolescents to use SRHR services.

## 9. Strategic Partnerships

- **NGO and Government Collaboration:** Enhance collaboration between NGOs and government bodies, such as the Ministry of Health, to reinforce support for SRHR programs.
- **Public-Private Partnerships:** Engage in partnerships to build youth-friendly centers in underserved areas and ensure sustainable, high-quality SRHR services.

## 10. Legal and Structural Improvements

- **Reduce Legal Barriers:** Advocate for policies that support youth autonomy in accessing SRHR services, such as removing parental consent requirements for services like abortion.
- **Standardized Procedures:** Ensure consistent quality of care across facilities, particularly for sensitive services like abortion, and provide clear procedural guidelines.

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