Magnitude of Teenage Pregnancy and Sexual & Gender Based Violence with special focus on Intersectionality; A cross sectional study In Adama, Addis Ababa & Debre Birhan towns,

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In collaboration with

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Acronyms

FP	**Family Planning**
GBV	**Gender Based Violence**
HCTS	**Hallelujah Consultancy and Training Service**
RH	**Reproductive Health**
SGBV	**Sexual and Gender Based Violence**
SRH	**Sexual and Reproductive Health**
TP	**Teenage Pregnancy**
WHO	**World Health Organization**
YMCA	**Young men's Christian association**

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Summary

There are about 1.8 million young people in the world between the ages of 10 and 24. 90 percent of them live in poor countries. In Africa, 32% of the people are in this age group. In Ethiopia, about one-third of the entire population is between the ages of 10 and 24. Most of these young individuals live in rural areas. 33% of the people in Ethiopia are teenagers and young adults. The period of adolescence and youth is known as a significant time in a person's life during their growth. Marriage is nearly universal in Ethiopia. By age 45-49, only 1% of women and 2% of men have never been married. In Ethiopia, violence against women and girls continues to be a major challenge where Women and girls face physical, emotional, and sexual abuses that undermine their health and ability to earn a living. Evidence reveals that GBV is an outstanding problem in Ethiopia. 23% of women in Ethiopia aged 15 to 49 is Experience physical violence, and 10% experience sexual violence. Nationally, 13% of the 15-19 years old married teenagers have already begun childbearing. The prevalence of HIV in adolescents and youth aged 15-24 years old is still high. Adolescents and youth used in Ethiopia are cigarettes, alcohol, and khat. 36.8 % of adolescent girls and 43.3 % of adolescent boys aged 15-19 years consume alcohol. The national prevalence of Khat consumption among adolescents andyouth is 51%.

Intersectionality which refers to the complex, cumulative experiences of marginalized individuals or groups in which multiple forms of discrimination intersect is getting more attention. Disability is one form of Intersectionality which is becoming among the significant challenges in Ethiopia. An estimated 1.3 billion people experience significant disability and There are estimated 15 million persons with disabilities in Ethiopia, Representing 17.6 % of the population.

The purpose of this study was to assess the prevalence of TP and SGBV among adolescents and young people and marginalized youths in Adama, Debre Birhan, and Addis Ababa. Heterogeneous purposive sampling was utilized for the case of this study. A qualitative and quantitative study design using FGDs, key informant interviews and interview with adolescents and youth was used throughout the research process. Quantitative Data on SGBV and teenage pregnancy was collected from health facilities of the study sites. Data on TP and SGBV was collected from a total of nine health facilities. Data was collected on the TP and SGBV for the last 4 months.

Data analysis: The qualitative data collected interviews, and the focus group discussions were translated, potential themes were identified, and an analysis was done with inductive approach. Findings are compared with existing research findings and conclusions are made and recommendations suggested based on the findings.

Results of the study: *A total of 49 individuals with age range from 18-53 years were participated in the qualitative part. 12 individuals from different profession, age, and sex were selected for key informant interview, and 37 individuals from both sexes were participated in FGDs. More than half (59%) of the participants were females with educational status ranging from grade 5 to masters level. A total of 366 positive pregnancy tests were reported among selected health institutions in the study period. Of these, 10.9% (40) of them were teenage pregnancy. Nearly, one-fourth (22.5%) of these teenage pregnancies were below 18 years old. 427 GBV cases were treated at selected health institutions in four months period prior to the study, and 95.8 % of victims were single, 64.6% elementary school students. Highest proportion 88% of the violence was forced rapes, and 5 % of the total victims found to be pregnant. Violence among females reaches its peak between age groups of 11-19 and got lower between 30 and 45 years old. 7.4 % of them were committed on males, and majority of male victims are between the age of 5 and 10 years old. Common causes of teenage pregnancy and sexual and gender-based*

violence were found to be: Economic problems, Tradition and norm, rural to urban migration, Unemployment, conflict, Peer influence, SGBV, Early marriage, Urbanization and increased use of Technology, Norm/tradition, Substance abuse and Weak spiritual bond. Almost all participants described that law enforcement is weak; and perpetrators are not being held accountable. Major Consequences of SGBV and Teenage Pregnancy, according to our study are classified as: Personal, family Community, and National level impacts such as physical, psychological, and economical aspects. School attrition, abortion and its complication, psychological problems like depression and anxiety, stigma and prostitution are also mentioned.

Recommendation: *Financial problems, less literacy, peer pressure, substance use, and early marriage are among the major challenges that expose to SGBV and Teenage pregnancy. Hence, to reduce, child marriage, teenage pregnancy and SGBV the following recommendations are strongly suggested:*

Woman and girls empowerment, Ensure peace and security, Reducing stigma and discrimination, reducing vulnerability of adolescents and youth, Establishing functions GBV reporting mechanisms, establishing functional care, treatment and referral system

I. Introduction and Background

Approximately 33% of the people in Ethiopia are teenagers and young adults. This greatly affects the country's social, economic, and political plans. The third National Adolescent and Youth Health Strategy want to make the health and well-being of young people in Ethiopia better. The Ministry of Health knows that teenagers and young people, including those with disabilities, need accurate and helpful health information and services. This means that different areas or industries need to collaborate and cooperate in order to provide these things. To achieve the Health Sector Transformation Plan II (HSTP II) and the Sustainable Development Goals (SDGs) by 2030, it is important for the government, companies, organizations, and young people to collaborate and work together.

Urban women are most likely to be employed in sales and services (56%) and in the professional/technical/managerial sector (13%). In contrast, urban men are most likely to be employed in skilled manual labour (25%) and sales and services (22%). In rural areas, 55% of employed women and 83% of employed men are engaged in agricultural work. Women with a secondary education or higher tend to be employed in sales and services and in professional, technical, and managerial occupations, whereas women with little or no education tend to be employed in the agricultural sector.

The proportion of self-employed women in the agricultural sector increased from 22% in 2005 to 46% in 2016. There has been no marked change among women in employment by non-family members since 2005, but the proportion of women working in agricultural sectors who are paid in cash only increased from 3% in 2005 to 8% in 2016. Women employed in the nonagricultural sector (62%) are more likely than women working in the agricultural sector (8%) to be paid in cash only. Overall, 46% of employed women are not paid at all for their work, and 40% are paid in cash only.

Almost half (49%) of employed women are self-employed, 37% work for a family member, and 15% work for someone outside the family. Women in the agricultural sector are much more likely than women in the nonagricultural sector to work for a family member (51% versus 26%).

The period of adolescence and youth is known as a significant time in a person's life during their growth. The World Health Organization (WHO) says that adolescence is the time when a person is growing up and becoming an adult. It usually happens between the ages of 10 and 19. The WHO also says that youth is the time between ages 15 and 24. These two age groups, 10-19 and 20-24, are often grouped together and referred to as 'young people'.

There are about 1.8 million young people in the world. Most of them are between the ages of 10 and 24. 90 percent of them live in poor countries. In Africa, 32% of the people are in this age group. In

Ethiopia, about one-third of the entire population is made up of teenagers and young people between the ages of 10 and 24. Most of these young individuals live in rural areas.

Around 33% of the people in Ethiopia are teenagers and young adults. This greatly affects the country's social, economic, and political goals. The Ministry of Health knows that teenagers and young people need proper information and services to stay healthy. This means that different areas or industries must collaborate to offer these things.

The National Adolescent and Youth Health Strategy (2021-2025) is a plan to assist individuals who interact with young people. The plan involves several issues that affect teenagers such as their food, drug use, mental well-being, non-communicable diseases, accidents, violence against women, early marriage, and female genital cutting.

The plan called the National Adolescent and Youth Health Strategy (2021-2025) deals with issues related to reproductive health and other important health problems that can affect young people. To make sure that young people who live in poor and far-away areas can have access to healthcare, it's important to reach out to them. It also includes specific groups of people like teenagers and young individuals who have HIV, teenagers with disabilities, and young individuals living in areas affected by conflict. This is done in order to help them get information and access important services.

Marriage is nearly universal in Ethiopia. By age 45-49, only 1% of women and 2% of men have never been married. Two in three (65%) women and 56% of men age 15-49 are currently married or living together with a partner. Women are less likely than men to be single; one in four women (26%) and 42% of men have never been married.

In Ethiopia, violence against women and girls continues to be a major challenge and a threat to women's empowerment. Women and girls face physical, emotional, and sexual abuses that undermine their health and ability to earn a living; disrupt their social systems and relationships; and rob them of their childhood and education.

Experience of violence: Among women age 15-49, 23% have experienced physical violence and 10% have experienced sexual violence. Four percent of women have experienced physical violence during a pregnancy.

Marital control: Sixteen percent of ever-married women have experienced at least three types of marital control behaviors by their husbands or partners. Forty-three percent have never experienced marital control behaviors by their husbands or partners.

Spousal violence: Thirty-four percent of ever-married women age 15-49 have experienced spousal physical, sexual, or emotional violence. Physical and emotional violence were experienced by 24%

each, and sexual violence by10%.

Injuries due to spousal violence: Twenty-two percent of ever-married women who experienced spousal, physical, or sexual violence reported injuries, including 19% who reported cuts, bruises, or aches and 10% who reported deep wounds and other serious injuries.

Help seeking: About one-quarter of women who have experienced physical or sexual violence has sought help. Gender-based violence against women has been acknowledged worldwide as a violation of basic human rights. Growing research has highlighted the health burdens, intergenerational effects, and demographic consequences of such violence (United Nations 2006).

Ethiopia has put in place appropriate and effective legal and policy provisions to promote the rights of women and girls. These rights are enshrined in the Constitution. Ethiopia has also ratified many of the international and continental agreements that promote and protect women's rights, including the Convention on the Elimination of Discrimination against Women (CEDAW), and the Protocol to the African Charter on the Rights of Women in Africa. In addition, Ethiopia has established specific legal measures and actions to address violence, including the Revised Family Law in 2000 and the Revised Criminal Code in 2005 (UN Women 2016).

There are laws, rules, and guidelines for people with disabilities (PWDs) in Ethiopia. These include the Constitution, which says that the government is responsible for giving disabled people the help and services they need to recover and live well. So, the law should make sure that everyone is protected and treated fairly. This includes not discriminating against people based on their race, nationality, social background, appearance, gender, language, religion, political beliefs, wealth, birth, or any other status.

Moreover, there are different national policies on inclusion of persons with disabilities such as:

- **HSTP-II (2021-2025)** (Includes Maternal, Child and adolescents health including AYH with school health initiatives and programs).
- **National Plan of Action of PWDs (**aims at making Ethiopia an inclusive society)
- **The Rights to Employment for PWDs (to a**void discrimination of equal opportunities)
- **The Federal Civil Servant Proclamation (on** recruitment, promotion, and deployment)
- **Labor Proclamation (**makes unlawful for an employer to discriminate against workers)
- **Building Proclamation (on** accessibility in the design and construction)
- **Proclamation on "UN Convention on the Rights of Persons with Disabilities" (UN CRPD) by Ethiopia, Growth and Transformation Plan (GTP),**

To solve these problems, the Ethiopian government has taken various actions through different policies. The policy documents consist of the National Youth policy, the Health sector transformation

plan, and the National Adolescent and Youth Reproductive Health Strategy.

The 2021-2025 national strategic plans included and supported special groups like teenagers and young people with HIV, teenagers with disabilities, and young people in areas affected by conflict. This was done to ensure that they can easily get information and necessary services. It's important to involve young people in all program activities because it helps us learn things that can make our programs and health goals better.

Even though there have been positive changes like better healthcare services for young people and increased knowledge about health, adolescents and young people still have many difficulties. These difficulties include new health problems and illnesses that can be avoided. This plan is made by talking and working with different groups of people like government departments, health organizations, and young people themselves.

II. Statement of the problem

Despite the progress in the overall health status of the general population of the country, the issues of gender based violence, the health of adolescents and youth and problems of persons with disabilities are not fully addressed.

A Study undertaken in Butajira Rural Health Program, was carried out in the predominantly rural Meskan and Mareko District, had interviewed 3,016 women between 15 and 49 years of age, with a mean age of 29 years. The study had shown that Injuries were inflicted by partners, where: 19% had been injured at least once, One third of injured women were hurt badly enough during pregnancy to need health care, 8% reported physical violence during pregnancy and About 17% of women reported that their first sexual experience was forced.

In Ethiopia, Women who experienced physical or sexual violence were twice as likely to report that their general health was fair or poor as non-abused women. Women who had ever been pregnant and who experienced violence also had more induced abortions than non-abused women. Only few abused women asked formal agencies or authorities for help. 39% of the women had never talked to anyone about the physical violence.

In Oromia region, a study has examined the circumstances surrounding pregnancy and childbirth among women selling sex in Ethiopia. In Adama City, researchers asked 30 commercial sex workers aged 18 and older who had ever been pregnant. The women reported on pregnancies experienced are due to Missed injections, skipped pills, and inconsistent condom use was causes of unintended pregnancy. Abortion was common, typically with a medication regimen at a facility. Comprehensive sexual and reproductive health services should be provided to women who sell sex, in recognition and support of their need for family planning and their desire to plan whether and when to have children.

A study in Amhara region of Debre Markos town revealed that among the pregnant women, studied, 34.8% had an unintended current pregnancy. Women aged 24 years were three times more likely to have an unintended pregnancy than those aged 35 years. According to this study, the prevalence of unintended pregnancy was 34.8% and unintended pregnancy was significantly correlated with women's age, marital status, gravidity, and who made decisions on family planning.

A study was conducted in Addis Ababa among Adolescent mothers under 20 years of age and mature mothers aged between 20 and 34 years to determine the pattern, obstetric outcome, knowledge, and practice of modern family planning methods and factors that predispose to pregnancy among adolescent mothers.

The results have showed that 51% were unemployed adolescents. 67% of adolescent mothers had no knowledge about modern contraceptive methods. Another 67% of the adolescent pregnant mothers failed to attend antenatal clinic and 33% of the adolescent mothers delivered low birth weight babies.

In Ethiopia, there are about 15 million people with disabilities, which are 17.6% of the total population. People who have disabilities can still contribute and be useful in society. So, we need to make it easier to get around and make people understand better. We must make sure that everyone has access to education, training, and jobs that match their skills and interests, in order to create fairer societies. Most people with disabilities live in rural areas where 95 percent live in extreme poverty. Many of them rely on their families or beg for their basic needs and financial support. Research shows that 74. 6% of people encountered difficulties in accessing healthcare services. Out of this, 61.5% faced physical obstacles, and 59. 3% had trouble communicating with healthcare providers.

People who have disabilities can still contribute and make a positive impact on society. Reports have found that there are around 15 million people with disabilities in Ethiopia, which makes up about 17.6% of the whole population. However, they cannot see the various national policy papers, including health policies created by the health ministry. To make sure young people who live in poor and faraway areas can access healthcare fairly, it's important to reach out to them. Therefore, the government has chosen to turn the "National adolescent and youth health strategy" for the years 2021-2025 into an accessible document for people with disabilities.

III. SituationalAnalysis

The Ethiopian government has made it clear that it is dedicated to helping women succeed. They announced the Women's Policy in 1993 and created a new Constitution in 1994 to support their commitment.

The Women's Policy's main goal is to make sure that women have the same rights as men in politics, the economy, and society. It wants to create a system in government offices and institutions that take into account gender differences, so that public policies and actions benefit both men and women in a fair way. According to the policy mentioned earlier, Article 25 in the new Constitution promises that everyone will be treated equally by the law. It also states that no one can be treated unfairly because of their gender. Furthermore, Article 35 emphasizes the importance of everyone having equal opportunities in economics, such as being treated equally in job opportunities and owning land.

According to the principles before the Beijing conference, Ethiopia not only agreed to the Beijing plan of Action fully but also had a significant role in preparing the document at smaller levels. The government has worked with non-government organizations and the civil service society to make a huge effort in solving important issues. Various plans and programs were created and carried out using the existing systems in place to address gender-related issues. We made a special effort to reduce the difference between genders in development. We did this by taking positive actions and deciding which of the twelve areas of concern were the most important.

A key part of the gender programs in our country is making sure that gender is included in all policies and programs. This report shows the improvements made in gender and development since the Beijing declarations.

Adult mortality: Women and men who have reached age 15 have a probability of dying before age 50 of 10% and 12%, respectively.

Pregnancy-related mortality: The pregnancy related mortality ratio was 412 maternal deaths per 100,000 live births for the 7 years before the survey.

Lifetime risk of pregnancy-related death: The lifetime risk of pregnancy-related death (a death related to pregnancy or childbirth) is 21 in 1,000 women in Ethiopia.

Evidence from the Ethiopian demographic and health survey reveal that there is High Adolescent and Youth Morbidity and Mortality in Ethiopia. **T**he all-cause mortalityrate per 1000 population decreased for both genders for 15 to 19 years from 2000 to 2016: (females 2.22; and males 2.86/1,000 population). However, the rate is relative higher for boys who might be due to exposure to road traffic accidents,injuries, and other interpersonal violence. The death rate among rural youth is slightly higher than that of urban youth.

The risk of female mortality increases as they enter the reproductive age due to pregnancy-related health problems such as unsafe abortion, and birth complications. In Ethiopia, Pregnancy-related mortality for age 15-19 years is 293 per 100,000 live births.

Major health concerns of women, adolescents & youth and Intersectionality in Ethiopia:
The major health concerns of women and adolescents and youth in Ethiopia includes the following areas:

Gender-Based Violence & Harmful Traditional Practices: Evidence reveals that GBV is an outstanding problem in Ethiopia. 23% of women in Ethiopia aged 15 to 49 is Experience physical violence, and 10% experience sexual violence. There is poor awareness about the existing legal framework. GBV is so common that 60.3% of married young women believe that a husband has the right of beating his wife. More than half (53%) of married adolescent women aged 15-19 do not know the existence of a law that protects women from GBV in Ethiopia

Due to socio-cultural and economic factors, women have limited space for decision-making. Moreover, Young girls with disabilities also suffer from GBV, as they are viewed as “defenseless and live under poor protection”. Hence, disability and poverty are among the major causes of gender based violence. A study shows that factors that make women and girls with disabilities and their families more vulnerable to GBV are:

- Lack of knowledge on GBV and personal safety: where women with mental disabilities are more easily targeted by perpetrators,
- Environmental barriers: they rely on other community members to access services and assistance,
- Inadequate shelters: privacy and dignity of women and girls require assistance with daily home care
- Stigma and discrimination in the community: they do not attend the same social events

Gender-based violence and harmful traditional practices are major issues in Ethiopia. According to a study called EDHS 2016, 23% of women aged 15 to 49 experience physical violence, and 10% experience sexual violence. About 25% of women who have been subjected to physical or sexual violence have looked for support to deal with their situation. Gender-based violence (GBV) is very common. In fact, 60.3% of young married women think it's acceptable for a husband to hit his wife. Many people do not know much about the current laws that are in place. More than half (53%) of young married women between the ages of 15 to 19 in Ethiopia are not aware of a law that safeguards women from gender-based violence.

Moreover, harmful traditional practices are common in Ethiopia. For example, the prevalence of FGM among women of 15-49 years at the national level is 47% in 2016 (EDHS). The practice is likely to persist unless new approaches to intervention are implemented. Hence, Ethiopia has developed a comprehensive response with community empowerment and strong enforcement of legislation to

effectively end FGM by 2025.

Child marriage and Teenage pregnancy: Marriage before the age of 18 years is illegal according to the Ethiopian constitution. However, child marriage is still a significant problem in the country. Nationally, 13% of the 15-19 years old married teenagers have already begun childbearing. Teenage childbearing is more common in rural areas. 15% of teens give birth to a child before age 18 years. Afar and Somali have the highest teenage birth estimated at 23% and 19%, respectively. Addis Ababa is the lowest with 3% of teens giving birth before the age of18 years.

Teenagers and young people are getting sick or dying because they start having sex early. The 2019 PMA survey found that most people have their first sexual experience when they are about 16 or 17 years old. The average age for first marriage for girls living in rural areas is 17.8 years. This is less than the number for teenage girls in cities. People in rural communities typically wait about seven years after their first sexual intercourse to start using birth control for the first time.

Teenage pregnancy with its serious consequences is among the leading cause of morbidity and mortality. It leads to complications of unsafe abortion among girls aged 15–19 years. Moreover, Babies of teenagers face higher risks of low birth weight, preterm delivery, and other neonatal morbidity and mortality.

Moreover, teenage pregnancy and child marriage can be obstacles for girls' future education, job opportunities, and various socio-political engagements. Girls who become pregnant before the age of 18 years are more likely to experience violence within a marriage or partnership. Moreover, Unmarried pregnant teenagers are affected by stigma, rejection, or violence by partners, and peers.

There is data from the Ethiopian survey on people's health and population that shows the death rate for everyone went down from 2000 to 2016. This was true for both girls and boys who were between 15 and 19 years old. For girls, the death rate was 2. 22 out of every 1,000 people, and for boys it was 2.86 out of every 1,000 people. But the rate is higher for boys, possibly because they are more likely to be hurt in car accidents, get injured, or be involved in fights. The number of young people dying in rural areas is a little bit higher than the number of young people dying in cities.

Although the number of girls and young women dying between the ages of 15 and 19 is getting lower, their chances of dying increase as they become able to have children. This happens mostly because of health issues during pregnancy, like unsafe abortion, problems during pregnancy, and difficulties during childbirth.

In Ethiopia, there were 293 deaths of teenage mothers out of every 100,000 live births in 2016. The rate is 320 out of every 100,000 babies born to young people aged 20-24 years.

Child Marriage and Teenage Pregnancy: Getting married before turning 18 is against the law in

Ethiopia. But, getting married as a child is still a big problem in the country. In the whole country, 13% of teenagers who are 15-19 years old and are married have already started having children. Having a baby at a young age is more frequent in countryside places. About 15 out of every 100 teenagers have a baby before they turn 18 years old. The number can differ a lot depending on where they live. The places called Afar and Somali, which have lots of fields and farms, have the highest number of teenagers having babies. In Afar, about 23% of teenagers have babies, and in Somali, about 19% of teenagers have babies. Addis Ababa has the least number of teenagers, only 3%, who have a child before turning 18 years old, according to the EDHS 2016.

Teenage pregnancy is a major reason why many young people get sick or die. It can cause serious problems, like unsafe abortions, for girls between the ages of 15 and 19. Additionally, babies born to teenagers are more likely to be underweight, born prematurely, and experience other health problems after birth.

Child marriage and teenage pregnancy can cause serious negative effects on society and the economy. They can make it difficult for girls to continue their education, find good jobs, and participate in social and political activities. Girls who get pregnant before they turn 18 are more likely to suffer from violence in their marriage or relationship. Additionally, young girls who are not married and become pregnant face judgment, rejection, or even harm from their partners and friends.

So far, the ministry of health has been using two different plans for adolescents and youth. The first one called AYRH was used from 2006 to 2015, and the second one called AYH is being used from 2016 to 2020. The ministry and its partners have learned a lot from implementing these plans.

The Ethiopian ministry of health had implemented two strategies related to adolescents and youth before the current strategy፡ The AYRH strategy (2006-2015) and the AYH (2016-2020) - where the ministry and its partners have gained ample experience the implementation.

Low Contraceptive Use and Poor Maternal Health Service Utilization: Adolescent and youth morbidity in connection to early engagement in sexual activity has been detrimental. The median age at first sex in Ethiopia is 16.4 years. The median age for first marriage is also 17.8 years for rural girls. The first contraceptive use occurs at least seven years after having the first sexual intercourse in the rural community.

Only 36.4% of young women aged 15-19 years use modern contraceptives immediately after marriage. This may be because of the religious and cultural influence to prove their fertility soon after marriage. As a result, there is higher unmet need of 24.3% in this age group. Moreover, Teenage pregnancy and motherhood are increasing from 12% in 2011 to 13% in 2016.

Low service utilization remains a major problem although more pregnant adolescent girls and women

visit health facilities during pregnancy. Mini EDHS (2019) report revealed that 26.6% of pregnant adolescents do not have any antenatal care visit. While 72.8% had one antenatal visit, only 36.4% had four antenatal care visits which show a high dropout. In addition, only 34.5% of adolescents had a postnatal check during the first two days afterbirth.

HIV/AIDS and STIs among Adolescents and Youth: Comprehensive knowledge of HIV among adolescents and youth is very low especially among rural females. Studies show that 5.4% of urban females and 3.2% of sexually active rural women had sexually transmitted infection. 15,000 new HIV infections are estimated in 2019 where Majority of the new infections occurring in the age group below 30 years. The prevalence of HIV in adolescents and youth aged 15-24 years old is still high. Gambella and Addis Ababa have the highest HIV prevalence both in the general population and among young people 15-24 years old. It is 1.93% inGambella, and 1.79% in Addis Ababa.

Substance Use: Studies indicate that substance use among Ethiopian adolescents and youth are considerably rising. The most common addictive substances used by adolescents and youth in Ethiopia are cigarettes, alcohol, and khat. 36.8 % of adolescent girls and 43.3 % of adolescent boys aged 15-19 years consume alcohol. The national prevalence of Khat consumption among adolescents and youth is 51%.

Due to the rapid advancement of information technology and the Internet, Cyber addiction is also currently evolving as a main public health problem, particularly among adolescents and youth. Of the young segment of the Ethiopian population, college and university students are at the highest risk of substance use.

Mal-Nutrition, Non-Communicable Diseases (NCDs) and Injuries among Adolescent and Youth: Adolescence is a time of faster growth in anyone's life time. Hence, Adolescent malnutrition is an important public health problem due to the faster growth. Malnutrition at this age will have a lifelong health and nutrition behavior which can also affect future generations.

The prevalence of underweight is very high among rural adolescents (31%) who are attributed to deep-rooted poverty, cultural taboos, illiteracy, and other related factors. Poor nutritional status in childhood or during pregnancy is linked to poor birth outcomes such as obstructed labor, premature birth, or low-birth weight babies, and severe bleeding during child birth. Severe anemia during pregnancy is associated with increased maternal mortality.

Overweight and obesity among children and adolescents in Ethiopia is increasing and currently is 11.3%. To improve these problems, Nutrition screening and counseling; micronutrient supplementations; promotion of healthy behaviors and healthy lifestyles; delayed early marriage/teenage pregnancy are recommended.

NCDs are emerging epidemic in Ethiopia. It accounts for 30% of deaths in 2014. In a study conducted among working adults in Addis Ababa, the prevalence of diabetes mellitus was 6.5% and the

prevalence of hypertension was 19.1% .Injuries due to Road Traffic Accidents (RTA) account for 22.9% of the mortality or injury among adolescents and youth (15-29).

Intersectionality:

Intersectionality refers to the complex, cumulative experiences of marginalized individuals or groups in which multiple forms of discrimination intersect.
The term "Intersectionality" was coined by law professor Kimberlé Crenshaw, who defined it as "a prism for seeing the way in which various forms of inequality often operate together and exacerbate each other". Intersectionality offers a lens through which to examine the multiple layers of inequality that affect an individual. Considering these compounding effects allows us to see and understand how experiences differ between people, even among a common group.

According to Collins (Collins, 2000; King, 1988) it is a perspective that explores the interactions of social markers such as race, class, gender, age, and sexual orientation that shape an individual's or group's experience
Hence, Intersectionality theory is important because it emphasizes the fact that crises affect different people in different ways, and that recognizing those differences is necessary for building empathy and tackling injustice and inequality effectively.

It helps to analyze co-occurring and mutually reinforcing forms of inequality. The Center for Intersectional Justice explains it as "fighting discrimination within discrimination, tackling inequalities within inequalities, and protecting minorities within minorities".
The theory was originally centered on intersectional feminism, which highlights how women face multiple and varying levels of discrimination. Today, Intersectionality has spread beyond feminism to describe the ways in which members of marginalized groups can face inequalities that stem from multiple facets of their identities.

Understanding intersectional identity, or the different aspects of one's identity that may expose him/her to discrimination, is a great way to get a feel for the intricacies of this theory. Common categories of intersectional identity include gender, race, ethnicity, sexual orientation, disability, social class, and more.
These markers of our identity overlap, and therefore cannot be fully addressed in isolation. For example, the issue of the wage gap between men and women should also address the wage inequalities among women themselves. While women earn, on average, 82% of what a man makes, even women experiences that gap differently: Latin women earn 54%, Native American women earn 57% and Black women earn 62 percent. Hence, Intersectionality allows us to address such inequalities.

Disability

Disability is one form of Intersectionality which is becoming among the significant challenges in Ethiopia. There are estimated 15 million persons with disabilities in Ethiopia, Representing 17.6 % of

the population. A vast majority of people with disabilities In Ethiopia live in rural areas. 95 per cent live in poverty and many more depend on family support or begging.

Key facts: An estimated 1.3 billion people experience significant disability which represents 16% of the world's population. Persons with disabilities have twice the risk of developing conditions such as depression, asthma, diabetes, stroke, obesity, or poor oral health.
Persons with disabilities face many health inequities.
Persons with disabilities find inaccessible and unaffordable transportation 15 times more difficult than for those without disabilities.

Disability is part of being human and is integral to the human experience. It results from the interaction between health conditions such as dementia, blindness, or spinal cord injury, and a range of environmental and personal factors. An estimated 1.3 billion people – or 16% of the global population – experience a significant disability today. This number is growing because of an increase in non-communicable diseases and people living longer. Persons with disabilities are a diverse group, and factors such as sex, age, gender identity, sexual orientation, religion, race, ethnicity, and their economic situation affect their experiences in life and their health needs. Persons with disabilities die earlier, have poorer health, and experience more limitations in everyday functioning than others.

Factors contributing to health inequities
Health inequities arise from unfair conditions faced by persons with disabilities.

Structural factors: Persons with disabilities experience ableism, stigma, and discrimination in all facets of life, which affects their physical and mental health. Laws and policies may deny them the right to make their own decisions and allow a range of harmful practices in the health sector, such as forced sterilization, involuntary admission and treatment, and even institutionalization.

Social determinants of health: Poverty, exclusion from education and employment, and poor living conditions all add to the risk of poor health and unmet health care needs among persons with disabilities. Gaps in formal social support mechanisms mean that persons with disabilities are reliant on support from family members to engage in health and community activities, which not only disadvantages them but also their caregivers (who are mostly women and girls).

Risk factors: Persons with disabilities are more likely to have risk factors for non-communicable diseases, such as smoking, poor diet, alcohol consumption and a lack of physical activity. A key reason for this is that they are often left out of public health interventions.

Health system: Persons with disabilities face barriers in all aspects of the health system. For example, a lack of knowledge, negative attitudes, and discriminatory practices among healthcare workers;

inaccessible health facilities and information; and lack of information or data collection and analysis on disability, all contribute to health inequities faced by this group

Injuries are among the leading causes of death and disability among adolescents and youth in Ethiopia. Road traffic injuries, physical fight, and burns are the most common forms of injuries. Injuries due to Road Traffic Accidents account for 2.7% of injuries among adolescents and youth between the ages of 15-29. Road traffic injuries account for 31.5% among all trauma patients in Ethiopia. Physical fight is also common among younger adolescent boys leading to severe injuries.

Another common form of disability in Ethiopia is mental illness. Evidence indicates that about 75% of mental disorders in adulthood have their onset in adolescent and youth. In Ethiopia, mental illness in children and adolescents is estimated to be between 17% and 23%, with higher prevalence in urban settings. Hence, mental illnesses make the highest burden of non-communicable disorders.

Persons with disabilities are productive members of society. However, it needs to make the physical environment more accessible, challenging attitudes and mistaken assumptions and promoting more inclusive societies and employment opportunities such as access to basic education, vocational training and jobs suited to their skills, interests and abilities,

IV. Literature review

In Ethiopia, about 27 million people are very poor. Women are hit harder by poverty compared to men. Because women often have limited access to resources and little control over their own lives, they make up the majority of people living in extreme poverty. Gender differences still exist at all levels, as shown by social signs. Seventy-five out of every hundred women cannot read or write. Although efforts are being made to promote primary education, when girls marry at a young age, it lowers their chances of getting higher education. In Ethiopia, 75% of girls get married before they turn 17, and around 13% get married between the ages of 17 and 21. The number of girls who quit school is higher than boys and girls often have tasks at home that might affect their education.

Roughly 16 million young ladies matured 15–19 a long time and 2 million teenagers beneath the age of 15 a long time grant birth every year. These births constitute generally 11% of all births around the world. The extent of youths giving birth extended from 2% in China, to 18% in Latin America and the Caribbean, to more than 50% in sub-Saharan Africa (World Wellbeing Organization, Citation2008).

Evidences show that variables related with adolescent pregnancy includes the age of the mother at pregnancy, breakdown of parental homes, having parental young pregnancy, religion, and ethnicity. (Ayele, W. M, Citation2013; Beyene et al., Citation2015; Tewodros and et al, Citation2010)

According to EDHs 2016 report, In Ethiopia, a huge share of births was needed at the time of conception (75%), whereas 8% of births were not needed at all. Ethiopia showed its strong dedication to improving women's lives by creating the National Policy on Women in 1993 and passing a new Constitution in 1995. The National Policy on Women aims to make sure that women have the same rights and opportunities as men. It does this by creating systems within the government to support women's political and economic well-being.

The Ethiopian Government is determined to help women have an equal say in the country's economy, politics, and society. The first National Policy on Women in 1993 helped the government establish a plan to support and empower women. The Women's Affairs Office of the Prime Minister's Office is responsible for making sure that the Policy is effectively put into action by coordinating and overseeing related activities.

The Policy says that the Government is mainly responsible for making sure that the National Policy on Women is put into action. After the National Policy on Women was announced, the next step was to create a government system that would put the Policy into action. In order to implement the Policy, it was important to include women's rights in the government's structure. This would help address women's issues and priorities in the government's policies and development plans. The main aim is to make sure that government policies in the economy, politics, and society take gender into account and work for everyone.

The Beijing Platform for Action emphasized the need for government and non-government organizations to work together to implement the recommendations made at the Fourth World Women Conference in Beijing in 1995. To encourage collaboration, governmental and non-governmental organizations have worked together on various projects at the national and sub-national levels.

Mainstreaming is including everyone, especially people with disabilities, in everyday activities and society. It is about ensuring equal access and opportunities for all individuals, regardless of their abilities to make them to be part of the programs, contribute, benefit, and receive recognition and technological support for their efforts.

Women have made progress in social, political, and economic areas. In politics, the government wants women to be fully involved in the country's political activities. Currently, 50 percent of seats in the House of Peoples Representatives are filled by women. The new Constitution of the Federal Democratic Government of Ethiopia has solved the problem that rural women have faced with getting and controlling land. Now, they have the same rights as men to use and control land, which allows them to enjoy their basic economic rights. Some places have made sure that women are given the same treatment as men when it comes to giving out land to people.

In the area of society, the 1993 Health Policy has focused on the health needs of families, especially women and children. In simpler terms, the local governments are setting up clinics and health centers in rural areas to provide basic healthcare services for mothers and children, as well as reproductive health services. They are also focusing on preventing and treating HIV/AIDS. Family planning activities are being increased because many women in Ethiopia have a high number of children compared to other countries in Africa.

Steps are also taken to stop violence against women: The government has reviewed its family law and penal codes to find and change any parts that are unfair or biased. Ethiopia has agreed to follow two important international rules about women's rights. The Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Political Rights of Women are two agreements that aim to protect and promote women's rights.

The National Women's Policy aims to make men and women more equal. It requires cooperation between government and non-government organizations, as well as other stakeholders in Ethiopia. A survey has been done to gather information from more than 60 different ethnic groups in the country showed that some harmful practices that affect women and young girls were recognized. These include female genital mutilation, getting married at an early age, being forcibly taken away, and the pressure to have children.

Women's groups aim to empower women and advocate for their rights and well-being. There are groups of professional women who focus on specific areas like health, law, education, and disability.

Their goal is to address problems and interests that affect women. These groups highlight issues where women face disadvantages and work to find solutions.

Education data displays a decrease in students who leave school before completing their education, the amount of girls attending school, the number of teachers, the subjects students choose to study categorized by gender, and other related information. All programs in different sectors are separated, but special focus is given to Human Resource Development. It will be monitored every three months and every year to track how many women are benefiting and to identify any problems.

Budgeting for women is creating a plan to manage and allocate money wisely. It involves setting financial goals, tracking income, and expenses, saving for the future, and making informed spending decisions. It is a way for women to take control of their finances and achieve financial security and independence.

In different studies, it was found that Nearly one half (49%) of women experienced physical violence by a partner at some point in their lives, 59% of ever-partnered women experienced sexual violence at some point, and 35% of all ever-partnered women experienced at least one severe form of physical violence.

To help women do better financially and have more control over money, women from local communities have been taught ways to make money and given loans. The government and private sector are taking steps to help women make money by revising and using the credit system. They want to make it easier for women to get loans. They have also created a special institute to help women start small businesses using these loans.

Women in decision-making refer to the involvement and participation of women in positions of power and influence where important choices and determinations are made. This can include roles in politics, business, and various other sectors. Increasing the representation of women in decision-making is an important goal for promoting gender equality and ensuring diverse perspectives are considered. It recognizes the value and potential contribution that women can bring to these positions, as well as the need for inclusive and equitable representation overall.

Even though there are not many women in decision-making roles, their presence in public areas has increased. This is due to more women being in parliament and being appointed to high-level positions that were once mostly held by men. Women in government and legislative bodies who are involved in making decisions bring new ideas and perspectives that focus on issues specifically affecting women.

The national constitution was made to protect women's basic rights and their ability to access and control resources, as well as to ensure equality between men and women in marriage. It acknowledges the unfair treatment and prejudice that women in Ethiopia have experienced throughout history.

Women have been given more opportunities to use and control resources like farmland, water, and forests. New policies and programs have been made to be more fair and equal for both men and women.

The changes in government policies and economic programs have affected women and men differently. Women now have more responsibility in meeting their family's needs due to changes in the way things are organized. The Ethiopian government is paying special attention and taking action to meet the specific needs of women in programs that adjust and improve the country's systems and structures. Women have been included in this program and given money and training to create new jobs for themselves.

V. Project description and the purpose of the research

The issue of teenage pregnancy and SGBV on adolescents and youth has been among the problems of the younger generation that poses significant health and socio-economic challenges to the country.

To this end, Ethiopia has been working on prevention of teenage pregnancy and SGBV on adolescents and youth by developing a series of national adolescent and youth strategies each lasting for five years. The current 2021- 25strategy aims at reducing teenage pregnancy from 13 percent to 7 percent and raising median ageat first marriage from 17 to 18 years.

However, there are few studies conducted to monitor the effectiveness of the strategy. Hence, with The objective of comparing the findings with existing preventive strategies, The purpose of this the call is to assess the prevalence of TP and SGBV among adolescents and young people and marginalized youths in Adama, Debre Birhan and Addis Ababa.

VI. Goal and Objectives of the study,

General objective: The main objective of this consultancy service is to prepare a study report on the prevalence of Teenage Pregnancy and SGBV in comparison of existing preventive strategies in Adama, Addis Ababa and Debre Birhan towns

Specific Objectives:

- ✓ To Assess the Magnitude of Teenage pregnancy and SGBV in three towns among intersectional youth groups
- ✓ To Identify the Root causes of TP and SGBV among adolescents and intersectional groups
- ✓ To Describe the Consequences of TP and SGBV among adolescents and intersectional groups
- ✓ To Explain the Experiences of the country in controlling TP and SGBV among adolescents andintersectional groups
- ✓ To Compare and contrast the existing strategies of TP and SGBV among adolescents and intersectional groups

VII. Scope and Operational Definition of the study

1. Scope of the study:

The study will cover and address the following areas

- ✓ Prevalence of Teenage pregnancy and SGBV in the three towns among intersectional youth groups(youths who are disadvantaged)
- ✓ Root causes of TP and SGBV among adolescents and intersectional groups
- ✓ Consequences of TP and SGBV among adolescents and intersectional groups
- ✓ Experiences of the country in controlling TP and SGBV among adolescents and intersectional groups
- ✓ Compare and contrast existing strategies of TP and SGBV among adolescents and intersectional groups
- ✓ Suggesting Recommendations

2. Operational definition

- Teenage pregnancy/Teenage childbearing: Percentage of women age 15-19 who have given birth or are pregnant with their first child.
- Intersectionality: : according to the Miriam Webster dictionary, Intersectionality is defined as: the complex, cumulative way in which the effects of multiple forms of discrimination such as racism, combined, overlap, or intersect especially in the experiences of marginalized individuals or groups

  It is a perspective that explores the interactions of social markers such as race, class; gender, and age, that shape an individual's or groups' experience (Collins, 2000; King, 1988).
- GBV: The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life".
- Physical violence: "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation".

- Sexual violence: The World Health Organization (Krug et al, 2002) defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work". (Krug, E.G. et al., eds. (2002). World report on violence and health. Geneva, World Health Organization)

VIII. Methodology of the study

A. Study design

A qualitative and quantitative study design using FGDs, key informant interviews and interview with adolescents and youth was used throughout the research process.

B. Samples and data collection methods:

1. Sampling methods:

Heterogeneous purposive sampling was utilized for the case of this study.

- Sampling for Qualitative data collection:
  - **FGD:** a total of six focus groups of adolescents and youth between the ages of 15-24 years old each group with 6-8 individuals were engaged in the study with Focus group Discussions..

    Participants of the FGDs were selected from government youth centers and youth centers of FGAE

  - **Key Informant Interviews:** A total of 12 key informants were selected for the interview on teenage pregnancy and SGBV.

    Key informants are selected from: Health service providers, Teachers and Women adolescents, and youth Experts

- **Sampling for Quantitative data collection:**

  Data on SGBV and teenage pregnancy was collected from health facilities of the study sites. Data on TP and SGBV was collected from a total of nine health facilities. Data was collected on the TP and SGBV for the last 4 months. The total numbers of pregnancies in the facilities were extracted from charts by using data extraction sheet. Those girls between the ages of 15-24 years old were identified as numerator.

2. Data collection methods

The researcher utilized a qualitative and quantitative study designs and data analysis method as deemed appropriate.

Hence, collection of qualitative data was done using the following data collection methods:

- Desk review: a desk review was conducted through review of documents and Secondary data

analysis. Related literatures especially in the Ethiopian context was reviewed and compared with the actual findings of the study.

- FGD: Focus group discussions with small groups of adolescents and youth were conducted at each town. A total of six focus group discussions were conducted.

  Two FGDs from each town were selected. Due to the sensitive nature of the issues to be discussed, FGDs were done separately for males and females. Hence, three FGDs with Males and there FGDs with females were conducted.

  Each focus group constituted a minimum of six and a maximum of eight individuals. The members of the focus group were recruited from adolescent and youth focused organizations.

  All The members were adolescents and youth from the age of 15-24 years old. Led by highly experienced experts from hallelujah Consultancy services, on average a one hour intensive focus group discussions were held with each group.

- Key Informant Interviews: a qualitative interview was conducted among selected individuals with an open ended interview guide. These individuals are key informants from organizations working with adolescents and youth. A total of 12 key informants were interviewed on teenage pregnancy and SGBV.

- Quantitative data: Data on TP and SGBV was collected from a total of nine health facilities. Data was collected on the TP and SGBV for the last 4 months prior to the data collection period. The total number of pregnancies in the facility was collected, the data was disaggregated by age, and those girls between the ages of 15-24 were identified as numerator.

3. Data analysis

The desk review, the qualitative data collected from interviews, and the focus group discussions were analyzed separately. The qualitative data collected in local language by key informant interview and FGD were translated to English. After reading and re- reading the translated document, potential themes were identified, and finally, thematic analyses were done with inductive approach. In our findings are compared with existing research findings and conclusions are made and recommendations suggested based on the findings.

IX. Major Deliverables of the study

The consultant has provided the following deliverables:

1. **Inception report**

   Inception report which contains the possible contents of the research, methodology, andwork plan with a timeframe was delivered at the beginning of the study period;

2. **Study report**

A. **Draft report:** the consultant submitted the first draft report for YMCA for review, comments and feedback; then the consultant will finalize the report in view of these comments;

B. **Final report:** the consultant will incorporate any feedback from YMCA or any conducted workshops and will resubmitted final report

C. **presentation: the consultant will present the overall findings of the study for YMCA and other groups as required by YMCA;**

X. Stakeholder Analysis

1. Stakeholders for the purpose of this research project:

To conduct this research on the Magnitude/Prevalence of Teenage Pregnancy and Sexual & Gender Based Violence in Adama, Addis Ababa & Debre Birhan towns, different stakeholders were considered. Among them are:

- Government health facilities and key informant staffs
- Government youth centers and key informant staffs
- Family guidance association of Ethiopia, model SRH clinics and key informant staffs
- Family guidance association of Ethiopia, model Youth Centers
- Marie Stopes Ethiopia, model SRH clinics and key informant staffs
- Experts from Education departments/offices as key informants,
- Experts from Women and Youth departments/offices as key informants,
- Key informants from legal entities who follows the GBV cases,
- Adolescents, youth and women who are willing to participate in the study
- Persons with disabilities (especially adolescents and youth) who will participate in the study

2. Stakeholders for adolescents, youth, women and persons with disabilities program implementation:

The health and wellbeing of young people cannot be addressed by the health sector alone. Hence, Stakeholders are crucial for the effective and efficient implementation of the national strategy.

Hence, Multisectoral approach and programming with other sectors for AYH is very important: Keeping adolescents and youth at the center of each intervention, Coordinated, multisectoral programming, and response across different areas are vital. . Hence, the following are the key interventions

- Multisectoral approach interventions to AYH service access
- Strengthening school health program with MOE
- Programming with Ministry of Women, and Social Affairs
- Programming AYH with Industrial Park Development Corporation
- Programming of AYH at TVETS and Higher Educational Institutions (HEI)
- Adolescent and youth health interventions in humanitarian and fragile settings

- Coordination and collaboration on AYH intervention at all levels

Thus, diversified stakeholders, who are important to the implementation of programs on adolescents, youth, women, and persons with disabilities with their needs and roles required, are summarized in the table below.

Stakeholders	**Possible responses**
Line ministries, commissions, and agencies	• Create health promoting schools • Ensure AYH services are provided at workplaces • Advocacy and coordination
NGOs, CSO, and professional associations Development Partners	• Program designing and implementation • Advocacy for age-appropriate health information and services • Capacity building • Support with budget • Youth innovation and advocacy
Political leaders and parliament	• Evidenced and data • Measurable programs /M&E system
Trained Health professionals	• Provide quality health information and services • identify youth in need and provide services, • Work with schools, youth centers, and industrial parks
Community	• Support in the advocacy, identification, and referral system. • protect young people from an ill-health condition
Youth associations young people themselves	• Engage in planning, implementation, and M&E. • Advocate in the prevention of HTPs and unhealthy lifestyles

XI. SWOT Analysis */Opportunities and Challenges*

1. Opportunities

- Profound change in political, economic social and cultural relationships have dominated in Ethiopia that provided women, government as well as NGO's with challenges concerning women's status.
- There has been a concerted efforts to put into action the goals and strategies laid down in the constitution, the National Women's Policy and the overall Rural-Centered Development Programme,
- The national Gender Policy frame work and the constitution are meant to provide a frame work which all government structure and development partners can use tackle women's' in their general or specific activities.
- There is also an opportunity to have not only legislative support, policy frame work but also institutional arrangements that enables the mainstreaming of gender concerns in all programs and activities as it was recommended by the Beijing platform for action for the advancement of women.
- In the five-year development strategic plan every effort being made empower women. It is rural focused, agricultural led industrialization plan of development that we base and try to integrate the Beijing platform for action prioritizing poverty among the twelve critical areas of concern.

2. Challenges and limitations

- Despite all the positive and encouraging activities ahead is much more challenging when it comes to implementation of action plans,
- Despite the fact that the political commitment, legal support and institutional arrangement the bureaucratic resistance to accept the gender experts as equal partners and to the gender equitable integration of woman as subject of public policy has made it more difficult to perform effectively because of traditional set up of society and thinking.
- the absence of organizations in the civil society, because of past experience and because of lack of resources combined with reluctance of women themselves,
- Absence of profound study findings is also a challenge in addressing the issues of GBV, Disabilities and adolescents and youth health.
- Shortage of time to implement the research, unforeseen issues that demand more time such as finding an ethical clearance from accredited institutions, finding heads of offices to get permission to work in their institutions, …

- Ethical clearance:

3. Mitigation plans for the challenges faced:

- Ethical clearance: the consultant looked for and found an organization that can provide ethical clearance the earliest possible,
- Reducing the lengthy office bureaucracies: the consultant utilized the informal approaches such as directly communicating heads of target organization using previous working partnerships,
- Starting the data collection immediately following the approval of the IRB from EPHA,

XII. Results of the study

A. Socio-demographic characteristics of study participants

A total of 49 individuals with in the age range of18-53 years old have participated in the qualitative part of this study. Hence, 12 individuals from different professions, age groups, and sex were selected For key informant interviews. Additional 37 individuals from both sexes were participated in 6 FGD sessions. More than half (59%) of the participants were females with educational status ranging from grade 5- masters level (Table 1).

Table1: Socio demographic characteristics of key-informant interview participants on SGBV and teenage pregnancy among cities of Addis Ababa, Adama, and Debre Birhan towns, 2023

Participant Code	Age	Sex	Educational status	Occupation/Department
p1	50	Female	Masters	Teacher
p2	31	Male	Masters	Midwife
p3	31	Female	Degree	Women affair
p4	28	Female	Degree	Nurse
p5*	53	Male	Degree	Disability inclusion
p6*	32	Male	Degree	Disability inclusion
p7	35	Female	Degree	Nurse
p8	29	Female	Diploma	Nurse
p9	40	Female	Degree	Teacher
p10	50	Female	Degree	NURSE
P11	34	Female	Masters	Teacher
P12	35	Female	Degree	Police officer

Source: Study finding of "Magnitude of Teenage Pregnancy and SGBV among Addis Ababa, Adama and Debre Birhan towns", 2023

* These key informants are staffs of Women's affairs office, but specifically working as focal persons for Disability inclusion

Among the total of 37 individuals who have participated in the FGD sessions, half 19(51.3 %) were females. Furthermore, more than half (54 %) were educated to secondary level and nearly one third (32.4 %) of the participants were unemployed. (Table 2)

Table 2: Socio-demographic Characteristics of FGD participants on SGBV in Addis Ababa, Adama and Debre Birhan cities, 2023

Table 2: Socio-demographic Characteristics of FGD participants on SGBV among Addis Ababa, Adama and Debre Birhan towns, 2023

Sites	Sex		Educational status			Occupation				Total
	Male	Female	Primary	Secondary	College and above	Student	Unemployed	Government employed	Private business	
Addis Ababa	6	7	3	8	2	3	7	1	2	13
Adama	6	6	1	6	5	9	2	-	1	12
Debre Birhan	6	6	2	6	4	4	4	2	2	12
Total	18	19	6	20	11	16	12	4	5	37

Source: Study finding of "Magnitude of Teenage Pregnancy and SGBV among Addis Ababa, Adama and Debre Birhan towns", 2023

B. Prevalence of teenage pregnancy and SGBV

A total of 427 cases were treated for SGBV at the selected health institutions in the study sites. According to the recorded data in these facilities, 95.8 % of the victims were found to be singles. 64.6% of them are elementary school students. The Highest proportion (88%) of the violence committed was forced rapes, and 5 % of the total victims have got pregnant due to the committed act. (See Table-3 below)

Table 3: Socio-demographic information of SGBV victims among Addis Ababa, Adama and Debre Birhan towns, 2023

Variables	Category	Frequency	Percentage
Marital status for age > 10 years	Single	324	95.8
	Married	6	1.7
	Divorced	8	2.3
	Total	338	100
	KG	13	3.2

Educational status	Illiterate	24	5.8
	Elementary	265	64.6
	High school	93	22.6
	College and above	15	3.6
	Total	410	100
Pregnancy for age > 10 years	Yes	17	5
	No	321	95
Type of violence	Attempt	51	12
	Forced rape	376	88
Area where SGBV cases were reported	Addis Ababa	243	56.9
	Adama	138	32.3
	Debre Birhan	46	10.8

Source: Study finding of "Magnitude of Teenage Pregnancy and SGBV among Addis Ababa, Adama and Debre Birhan towns", 2023

A total of 366 positive pregnancy tests were reported among the selected health institutions in the study sites. Of these, 10.9% (40) of them were teenage pregnancy. Nearly, one-fourth (22.5%) of these teenage pregnancies were among girls with age groups below 18 years. (See Table-4 below)

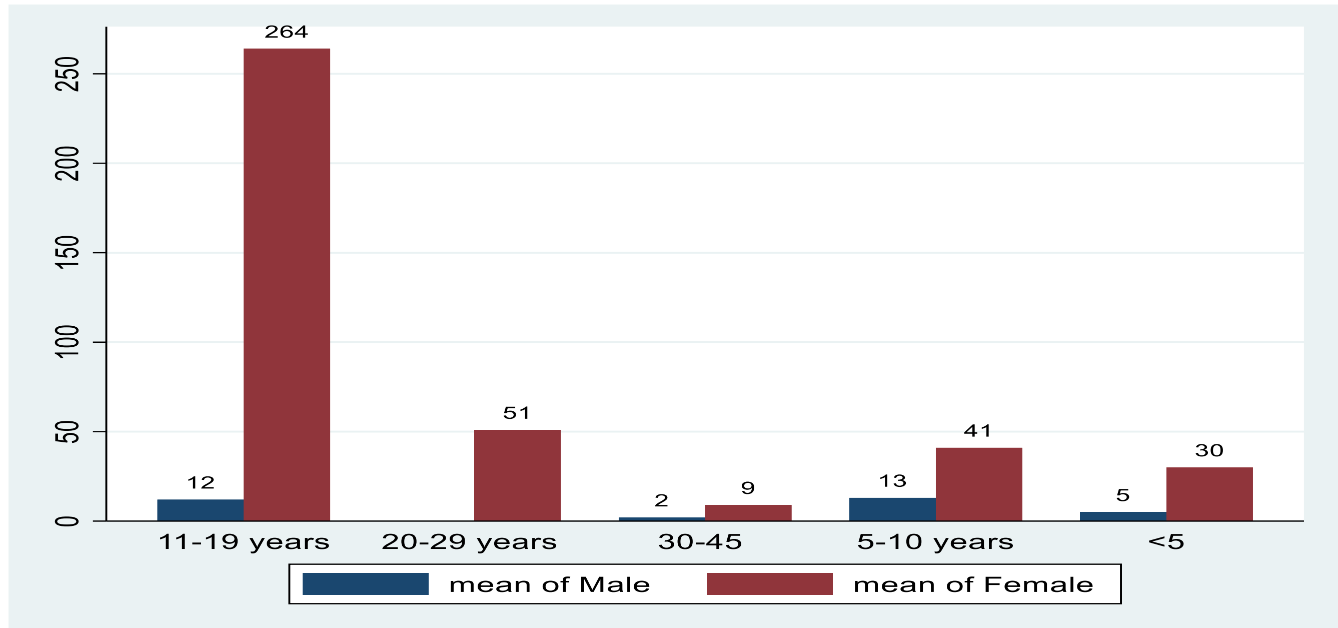
Table 4: Socio-demographic information of Teenage Pregnancy among Addis Ababa, Adama and Debre Birhan towns, 2023

Area where TP cases were reported	Total	Below 19 Yrs.	
		#	%
Addis Ababa	179	22	12.5
Adama	104	11	10.5
Debre Birhan	83	7	8.4
Total	366	40	

Source: Study finding of "Magnitude of Teenage Pregnancy and SGBV among Addis Ababa, Adama and Debre Birhan towns", 2023

Violence among females reaches its peak between age groups of 11-19 and got lower between 30 and 45 years old.

Of all the total violence, 7.4 % of them were committed on males, and majority of male victims are between the age of 5 and 10 years old. (See Fig 1)



Source: Study finding of "Magnitude of Teenage Pregnancy and SGBV among Addis Ababa, Adama and Debre Birhan towns", 2023

Figure 2: Magnitude of Sexual and gender based violence in Addis Ababa, Adama and Debre Birhan cities, 2023

C. Root causes of sexual and gender-based violence

Economic problems: Most participants agreed that because most women in Ethiopia are vulnerable to different forms of abuse as they are economically dependent on men's income.

This study also revealed that individuals from poor families are more vulnerable to SGBV. For example, housemaids are the most abused segment of the population, because they have a low literacy and they are not familiar with the city-life where they live.

"When a woman faces SGBV, she keeps silent to protect herself and her children from economic crisis that could arise from the conflict with her husband. Therefore, women try to adapt SGBV because of their financial dependence". (28 years old, Female, Nurse)

Tradition or Norms: tradition was also described as one major cause for SGBV. The unequal attention given to boys and girls, stigmatization of women following SGBV by the community, and accepting SGBV committed by males as a normal act were key norm-related factors contributing to SGBV.

Most victims of GBV do not expose their cases as they are afraid of the norm, culture, and the stigma. Moreover, the perpetrator may be more powerful, and threaten them not to expose the case.

"Community awareness matters. Sometimes as Ethiopians the tradition and norms have their own impact. Even, there are proverbs like "Male are to Public/squares and Females are to kitchen". Despite the fact that there are improvements, such attitudes reduce women empowerment." (31 years old, Female, Women Affair)

Rural to urban migration: majority of the participants believes that there is a significant "rural-to-urban migration" and they mentioned that the migration increases the risk of labor exploitation in the cities.

"A girl who came from a rural area was raped by unknown man who promised her to get a job. She reported the case to police when he disappeared, but still we are unable to find him because she doesn't have enough information about him". (A 35 year old, Female, Police officer)

Legal issues and law enforcement: Under this theme, issues related to the existing laws and their enforcement, evidence collection, and implementation gaps were raised. Some participants mentioned that the existing laws related to violence measures are not commensurate to the level of the violence committed.

"Imprisonment of perpetrators and releasing them after few years cannot reduce the risks of SGBV. Rather, stronger and more teaching measures to the extent of death sentences should be implemented to perpetrators". (22 year-old Male FGD participant)

Some participants also raised the issue of collecting evidence on the committed violence is inappropriate and inadequate. They explained that SGBV by its nature is clandestine which makes the evidence collection and finding testimonies very difficult unlike other ordinary cases.

"Most of the times SGBVs are committed in secrete places which make it difficult to get testimonials of eye witnesses and other evidences. Hence, there is a need to have special evidence generation mechanism/procedure for such cases". (50 year old, Female, Teacher)

Almost all participants described that the enforcement of the existing laws is weak which leaves, perpetrators not being held accountable. They added that if a person commits violence and doesn't get accountable by law, that person will continue committing the same crime repeatedly on others.

"although are there are Rules and regulations, the prolonged process of trials give perpetrators more time to hide evidences and even to negotiate with the victim's family giving gifts and dowry. Moreover, the victims abandon their cases losing hope on the judiciary system. , ". (28 year old, Female, Nurse)

Unemployment: Many of the participants also explained that a high rate of unemployment is one of the problems causing SGBV. The participants believe that when persons are unemployed, they become hopeless and start using substances like Khat, alcohol, and shisha using such substances make them more vulnerable to be abused or to abuse others.

Moreover, our study showed that unemployment could contribute to SGBV increasing vulnerability of the poorest segment of the population for. As described above people with economic problems may expose themselves to abusers to get their basic needs.

"Our friends are getting abused to fulfill their basic needs, because they are unemployed, and don't have any income source". (20 year old, Female, FGD participant)

"Unemployment is also taking a lion share for youth engagement in different violent acts because of losing hope for the future. If you don't have a good future, you could engage in substance abuse such as excessive alcohol drinking, Khat chewing, and smoking Shisha". (23 year old, Female FGD participant)

Conflict and instability: Some participants also frequently mentioned the contribution of conflict and instability for SGBV.

"The current conflict and instability in the country is exposing displaced women to different forms of violence including rape. Even after the violence, there is no legal accountability to the perpetrators. In the absence of peace and security, anyone can attack you, and you cannot be safe". (31 year-old Female, Women Affair)

Weak spiritual bond: Some participants underscored that weak spiritual tie of individuals 'with their religious institutions is among the causes of SGBV.

"Religious institutions can also teach their followers. They are more honored by the society, so

they need to educate the society and denounce such activities of GBV". (35 year-old Female, Nurse)

D. Root causes of teenage pregnancy

Peer influence: the highest proportion of the study participants indicated that peer pressure is a key issue behind teenage pregnancy.

"Once, an 18 years old pregnant student came to our facility. Her parents live abroad. She and her brother, who is also young, live with the money their parents send from abroad. One day, her friend took her out of town for recreation. She didn't know that her friend was taking her to a shisha smoking house. That day, she smoked the shishsa with the pressure of her peers and she became addicted gradually. One day she was smoking the shisha and got raped there where she even did not know that she was raped by the time. As she was almost unconscious, she even did not know about her first sex" (31 year old, Male, Midwife).

SGBV: SGBV was also mentioned by many participants as a major cause of teenage pregnancy.

"A 16 years old pregnant girl living with a step-father and a step-mother came to my workplace looking for an abortion service. During examination, she is found to be an 8 months pregnant. We told her the risks associated with discontinuation of the pregnancy and reassured her to continue the pregnancy. Finally she gave birth and we have tried to support her as no one was by her side. The pregnancy was occurred as she was raped by her step-father. Although her step-mother knew the case, she did not want to expose it afraid of disrupting her marriage, as she and her husband have many children to care for." (31 year old, Male, Midwife)*

*The girl was living with her father and her step-mother before her father died. Then, her step-mother got married to another man and the girl had to live with a step-father and a step-mother.

Early marriage: Early marriage especially in rural areas is also identified as a major cause for teenage pregnancy.

"Early marriage is still common in rural areas especially with those children from poor and uneducated families." (40 year-old, Female, Teacher)

Urbanization and increased use of Technology: Youth are increasingly exposed to different technologies; including different social media platforms which are reported by the study participants as a pushing factor to teenage engagement in sexual activities and subsequent pregnancy.

"Last time, a child was brought to our clinic after he faced anal sex. When we asked him, He told us that he watched a video with his friend, and they had tried to practice it on themselves. I believe that there is a need to restricting websites that are freely available on internet. ". (29 years old, Female, Nurse)

Norm/tradition: The norm discourages youth from accessing sexual and reproductive health services; hence norm was also identified as a key barrier to service utilization by almost all participants.

"Even though there is improvement in current SRH use, still problems are there because being seen at health institutions for family planning and other services as a student is taboo." (31 year old, Male, Midwife)

Substance abuse: Youth engagement in different substance abusive behaviors was also mentioned as a main reason behind teenagers' engagement in unsafe sexual activities and accompanying pregnancy.

"Addiction is getting common with the predisposing factors of: peer pressure, age and less-maturity, biological and hormonal change, Economic reasons, Orphanage where many teens being Out of school". (A 50 year old, Female, Teacher)

"There are many houses serving alcohol, Khat and other substances. I think the owner should not serve to under age children". (31 year old, Female, Women affair)

Living Environment associated Factors: Living Environment was the most frequent issue mentioned by participants in different aspects. Environment in this sense includes the housing, school, and neighbors.

Some participants also agreed that the environment (neighborhood) that the children grow has its own effect on their engagement in sexual practice.

"Children growing up in places where prostitution is more common watches what the women are doing and they normalize sex markets. This has an effect on children's adulthood life."

(23years old, Male, FGD participant)

Many participants also described that because schools are surrounded by different houses serving alcohol, Khat, and different substances, students are being exposed to substance abuse.

"Most schools are surrounded by houses supplying alcohol and different substances which targets students and get them to abusive behaviors." (40 year old, Female, Teacher)

"Schools are surrounded by different alcohol and substance selling houses. Sometimes we found different substances in the bag of our students. Thus, it is good if the government take control over those houses. (5o year-old, Female, Teacher)

Some participants also mentioned that the living condition especially in camps where internally displaced people leave exposes women and children for SGBV and unwanted pregnancy.

"Rape was attempted to a child at an IDP center, while two family members live in the same tent. We took evidences and he is now under legal control. But their living condition is still difficult". (35 years old, Female, Police officer)

E. Major Root causes of SGBV and Teenage Pregnancy among the vulnerable groups:

Participants of this study raised different Major Root causes of SGBV and Teenage Pregnancy among the vulnerable groups:

1. **Intersectional problems:**

   Persons with disability are more vulnerable to intersectional problems due to both physical and sexual abuse. These abuses in turn will result in major SRH complications such as unintended pregnancy, abortion, high morbidity, and mortality rates.

   When the disability occurs, especially in a young girl, the risk and the problems that follows the exposure increase exponentially due to the young age, the disability, and her being female.

"If we take, for example, the film industry, when a film is casted on disability, what they do is they cast individuals who do not have a disability to act as if he/she is disabled, while

they could include persons with real disability like us. I think this should get corrective measures." (53 years old, male, IDP participant)

2. **Poor perception among community members**

   Most participants frequently mentioned that majority of the community members perceive that persons with disability have "low sexual desire, hence less sexual contact" which makes them less susceptible to HIV and sexually transmitted diseases, teenage pregnancy and SGBV.

"We have got different case reports of sexual abuse and rape among persons with disability, and the main reason for the abuse is that the perpetrators perceive that persons with disability have little sexual exposure, and they are healthier than the general population"(32 years old, Male, IDP participant)

3. **Poor access to education**

   Majority of the study participants also mentioned poor access to education as a key contributing factor behind teenage pregnancy and SGBV among persons with disabilities without taking in to consideration their intersectional issues.

"Most of the time, Persons with Intersectionality problems have limitations in protecting themselves, and in reporting what has happened on them. Thus, if they get educated, they will be empowered to take care of themselves and have access and capacity to report abuses committed on them" (53 years old, male, IDP participant)

4. **Economic discrimination**

   Some participants believe that there is a significant problem of discrimination of persons with disability and Intersectionality issues during employment. Access to employment and for decent work that generates a better income is another challenge behind these segments of the society which in turn exposes them to SGBV and teenage pregnancy.

“Currently, most employing organizations are challenging us because of our disability. I think employers need to evaluate us based on our performance than focusing on our physical appearance or other problems.” (23 years old, male, FGD participant)

5. **Policy gaps and poor law enforcement**

   Under this subtitle, the issue of poor enactment of policy decisions and regulations were described as cause of SGBV among individuals with Intersectionality problems.

“There are many international agreements that Ethiopia has ratified, but because of the weak implementation, still we have public health facilities such as health institutions, hotels, and schools without any physical access to persons with disability.” (53 years old, male, IDP participant)

F. Consequences of SGBV

Personal level impacts: Participants repeatedly described that SGBV has different consequences at individual, family and community level. They described its personal consequence into three categories such as physical, psychological, and economical aspects.

“As adolescents and youth are biologically and physically immature, they face serious complications following an abuse” (40 years old, Female, Teacher)

“It exposes them to unwanted pregnancy, and abortion. Abortion has its own serious health impact even leading to infertility. Furthermore, it is difficult to rear a child for economically dependent and physically immature young mothers.” (50 year old, Female, Nurse)

“They also develop fear that similar events will happen to them again. And, if the perpetrator was the income source for the victim, the victim will face economic challenges. If they face any form of disability, those impairments could hinder them from many things prohibiting them from leading the usual forms of life. Furthermore, its psychological effect will also be severe''. (31 year old, Female, Women affair)

Family level impacts: The serious impact of SGBV was also revealed by majority of participants. They listed out its psychological and economic impacts in different ways.

> **"It breaks trust in the family. For example, if a family member rapes a girl, re-establishing trust within the family will be difficult. . In addition, divorce may occur, and if it occurs, children could be exposed to different economic problems. "(28 year old, Female, Nurse)**

Community level impacts: Some participants described that SGBV can affect the community at large if violence gets normal part of the norm.

> **"Women are critical members of the society but when young girls get pregnant, they lag behind from school, which in turn has a significant impact to development of the society and the country. Additional social problems such as family disruption occurs and the society is losing a productive young women" (50 year old, Female, Teacher)**

National level: The loss of productive segment of the country is the most commonly mentioned national consequence of SGBV by majority of the participants. Some participants also added that spending a lot on treating cases and legal procedures as a major Consequence on the country's economy.

> **"Women are less corrupted than men. Hence, absence of women in the political power is a Loss to the country and the society, as they may contribute a lot in reducing orruption". (31 year old, Male, Midwife)**

G. Consequences of teenage pregnancy

Personal level: Numerous consequences of teenage pregnancy were mentioned by participants, but the most common of them are school attrition, abortion and its complication. As they are very young, psychological problems like depression and anxiety, economic problems to rear the child, stigma with family and the community and risk of prostitution will be major challenges.

> **"Because of the pregnancy they may detach from their family and they may get engaged in prostitution to raise their child, ". (22 years old, Male, FGD participant)**

Family level: According to the majority of participants a family will economic burden to support both the mother and her children, in addition to the embarrassment they face from the community.

“The family expects her to support the family, but she fails to do so due to pregnancy". (23 years old, Male FGD participant)

National level: Most participants also discussed the impact of teenage pregnancy on the country’s economy. They explained that when there is teenage pregnancy, women will not advance in their education, they will go in to a conflict with their family, and then go out for street life because of financial problems, and the country will lose to have productive and educated women.

“The country could also loss the productive force of the nation, and financial losses related to treatment could have also been used for some other purpose". (31 year old, Female, Women affair)

XIII. Discussion

Financial problem was believed to be one of the major causes to SGBV, and this finding is supported by a study done among two Ethiopian public university students[1]. This study also reported that some students engage in transactional sex to get financial benefits from other people outside the campus.
This study found that conflict and instability is causing SGBV.

This finding is also supported by a study done among internally displaced persons in Somali region[2]. Furthermore, another qualitative study done in Ethiopia also strengthened these findings by indicating that SGBV is used as weapon of war to revenge the opposing group during conflicts and wars between different ethnic groups and the government[3].

Rural to urban migration is believed to exacerbate SGBV. This study identified that housemaids coming from rural area with lower level of education are highly vulnerable to different forms of SGBV. This result also supported by a study done in Debre Tabor among housemaids[4].

Females' dressing style was mentioned as triggering factor to SGBV, and this finding is also supported by a qualitative study done at public universities in Ethiopia[1].
Some of our study participants mentioned that spiritual bonding of the society with their religion is getting Weaker which perpetuates SGBV and the resulting teenage pregnancy due to lower moral values.

One of the bad consequence of SGBV is its nature that a person who is abused or seeing someone abused is high likely to be abuser. This study finding is supported by a study done Wolaita Sodo[5], North Showa Zone [6].

Educating woman not only helps themselves to protect themselves from SGBV but also their children will also reduce the occurrence of SGBV. Males from more educated mothers are less violent than males from illiterate mothers[7].

Exposure to technology equipped with different websites were as key triggering issue to SGBV, and this finding is supported by a study from eastern Ethiopia, which reported that those youth who watch pornography are more vulnerable to be abusers or being abused[7].

Substance use was also the other frequently mentioned problem related to SGBV n this study and this result is also in line with a study done among male high school students in eastern Ethiopia[7], college students Gondar [8], Debre Tabor housemaids[4] ,high school students in Debre Birhan[9], Wolaita Sodo[5], Somalia[2], North Showa Zone[6]

This study found different health related, physical and psychological consequences of SGBV. Moreover women also face rejection from family and community, sexually transmitted diseases and

complications of pregnancy and abortion. This finding is supported by a study done among Debre Birhan students [9], Wolaita high school [5], North Shewa zone[6], Ethiopia[3]

Having both too loose[9] and too tight control[8] by family is reported as a risk factor for SGBV. But, having free communication between parents and children is suggested as a solution to reduce peer influence and subsequent teenage pregnancy. This suggestion is also supported by studies done among college students in Gondar[8] and Debre Birhan [9]

XIV. Conclusion

- The sample size of the study (especially the quantitative sample) is not very large due to different factors such as the choice of the study design (we chose both quantitative and qualitative methods), the time and budget constraints; hence, the findings of the study at all sites may not be as representative to reflect the actual problems.

- It has been difficult to find the lived experiences of SGBV victims in the under 18 years old due to the difficulty of getting consents to include them in the FGDs

- The Magnitude of Teenage pregnancy and SGBV in the three towns of the general population and the intersectional groups are within range of other findings conducted in other towns in Ethiopia,

- The Root causes of TP and SGBV among adolescents and intersectional groups includes: Economic challenges, peer pressure, Intersectional challenges,

- The Consequences of TP and SGBV among adolescents and intersectional groups are found to be individual, family, community and national level consequences such as health, economic, les empowerment of women,

- The Experiences of Ethiopia was searched through the review of secondary data and is highlighted in the "Major challenges" and "Literature review" sections of this document. Literatures including the national policies, existing country strategies of Ethiopia and current activities of governmental sector ministries are found to be promising in in controlling TP and SGBV among adolescents andintersectional groups

XV. Recommendation

Financial problems, less literacy, peer pressure, substance use, and early marriage are among the major challenges that expose to SGBV and Teenage pregnancy. Hence, to reduce, child marriage, teenage pregnancy and SGBV the following recommendations are strongly suggested:

- **Empowerment of Woman and girls:** Economic empowerment of women and girls: this will reduce economic dependence of women and girls which at time leads young university students to engage in transactional sex outside the campus for financial benefits. Moreover, empowering women and girls in education, politics and income generating activities: this will give them the power to bargain, protect themselves from GBV, child marriage

- **Ensure peace and security**: conflict is found to be one major cause of SGBV, Rape, unplanned pregnancy, and its associated complications. Hence, ensuring peace and security will help in reducing such problems and helps to enforce laws, rules, and regulations against GBV. Moreover, ensuring peace and security will reduce the risk of displacement which is one of the risks for exposure to GBV.

- **Inclusion of Intersectionality**: In Ethiopia, there are about 15 million people with disabilities, which are 17.6% of the total population.
  Moreover, the most vulnerable segments of the society such as adolescents and youth, persons with disability, persons living with HIV/AIDS, Commercial sex workers, IDPs, … face significant burdens and challenges of SGBV and teenage pregnancy. Most of these categories of the society are less educated.
  Hence, to make them more productive members of the society, there is a need to make sure that everyone has access to education, training, and jobs that match their skills and interests

- **Reducing stigma and discrimination:** discrimination against women, or against persons with disability, will result in negative consequences which in turn lead to stigmatization. All actors including the government and non-governmental organizations, religious and community leaders need to strengthen their efforts in these areas.

- **Strengthening the spiritual link of the community:** as weaker spiritual bonding of the society with their religion is mentioned as one of the causes of SGBV and the resulting teenage pregnancy, there is a need to strengthen this bondage through religious institutions.

- **Reducing vulnerability of adolescents and youth:** Better communication between parents and children create awareness which helps to reduce peer influence and subsequent teenage pregnancy. It will also help in reducing the exposure and risk to substance abuse.

- **Establishing functions GBV reporting mechanisms:** victims of any form of violence including SGBV should have the access to care and support including legal support.

- **Establishing functional care, treatment and referral system:** a system that ensures the care and support of victims of AGBV will help them to get early and better treatment which will reduce the associated complications

References

1. Ministry of Health: The Ethiopian Adolescent and Youth Health national strategy 2021-2025,
2. WHO, Multi Country study on women's health and Domestic violence against women - http://www.who.int/gender/violence/en/
3. MINISTRY OF HEALTH WOMAN, CHILD AND YOUTH DIRECTORATE, STRATEGIC PLAN FOR ACTION ON HEALTH RESPONSE TO GENDER BASED VIOLENCE/SEXUAL VIOLENCE, 2020/21 – 2025/26
4. Marisa C. Et.al. (IN PARTNERSHIP WITH SOCIAL IMPACT, INC) Systematic Literature Review of Gender-Based Violence in Ethiopia, Magnitude, Policies, and Interventions: By:, Fatu Drame, Erica Schmidt, & Haley Stepp
5. United Nations Report of the Fourth World Conference on Women; Beijing, 4-15 September 1995
6. Kassa M. et.al; Teenage pregnancy and associated factors in Ethiopia: a systematic review and meta-analysis International Journal of Adolescence and Youth, Volume 26, 2021 - Issue 1Review Article, ORCID, Published online: 08 Dec 2021
7. Eileen A Yam et.al Pregnancy Experiences of Female Sex Workers in Adama City, Ethiopia: Complexity of Partner Relationships and Pregnancy Intentions,
8. Nigussie K , et.al Magnitude of Unintended Pregnancy and Associated Factors Among Pregnant Women in Debre Markos Town, East Gojjam Zone, Northwest Ethiopia: A Cross-Sectional Study,
9. Kaufman, M.R., et al., *"We are responsible for the violence, and prevention is up to us": a qualitative study of perceived risk factors for gender-based violence among Ethiopian university students.* BMC women's health, 2019. **19**(1): p. 1-10.
10. Dahie, H.A., M.M. Dakane, and B.S. Hassan, *Prevalence, patterns, and determinants of gender-based violence among women and girls in IDP camps, Mogadishu-Somalia.* Journal of Migration and Health, 2023. **8**: p. 100193.
11. Mitiku, W., B. Tamrat, and Y. Adaye, *Gender based Violence and Security Challenges of Women in Ethiopia: With Special Focus on Women under Ethnic Conflicts.* Journal of Education, Society and Behavioural Science, 2023. **36**(9): p. 17-29.
12. Azanaw, K.A., A.A. Gelagay, and A.M. Lakew, *Sexual violence and associated factors among housemaid´ s living in Debre Tabor town, Northwest Ethiopia.* PAMJ-One Health, 2020. **3**(10).
13. Tantu, T., et al., *Prevalence and determinants of gender-based violence among high school female students in Wolaita Sodo, Ethiopia: an institutionally based cross-sectional study.* BMC Public Health, 2020. **20**(1): p. 540.
14. Mekonnen, M., et al., *Sexual violence and adverse reproductive health outcomes among youth females in North Shoa zone, Oromia, Ethiopia: A community-based cross-sectional study.* SAGE Open Medicine, 2022. **10**: p. 20503121221125142.
15. Beyene, A.S., C. Chojenta, and D. Loxton, *Factors Associated with Gender-Based Violence Perpetration by Male High School Students in Eastern Ethiopia.* Journal of Interpersonal Violence, 2021. **37**(17-18): p. NP16421-NP16452.

16. Birkie, M., et al., *Risk factors for gender-based violence among female students of Gonder Teacher'Training College, Gonder, Northwest Ethiopia: a cross-sectional study.* The Open Public Health Journal, 2020. **13**(1).
17. Mingude, A.B. and T.M. Dejene, *Prevalence and associated factors of gender based violence among Baso high school female students, 2020.* Reproductive health, 2021. **18**: p. 1-11.

ANNEXES

Annex-1: Timeframe for the study and commitment

The consultant will finalize and submit the study results with in the given time frame of the consultancy (30 working days from awarding the assignment) unless there are uncontrollable situations.

	Expected due date								
	October			**November**					
	10	20	27	03	10	17	**30**	Responsible	
Signing contract								**YMCA and HCTS**	
Preparing official letter of support								**YMCA**	
Conducting desk review and Developing an inception report								**HCTS**	
Developing questionnaires								**HCTS**	
Conducting the assessment (AA)								**HCTS**	
Conducting the assessment (Adama)								**HCTS**	
Conducting the assessment (Debre Birhan)								**HCTS**	
Submitting first draft report								**HCTS**	
Preparing workshop and Providing Feedback on the draft report								**YMCA**	
Incorporating comments in to the report								**HCTS**	
Submitting final draft report								**HCTS**	

Incorporating comments (if there is any)								**HCTS**	
Preparing PowerPoint presentations								**HCTS**	
Conducting Validation workshop								**YMCA**	
Presenting the findings to the workshops								**HCTS**	
Submitting the final report and any related documents								**HCTS**	

NB: YMCA= Young Men's Christian Association

HCTS= Hallelujah Health and Health-Related Consultancy and Training Services

Annexe-2: FGD guide

Magnitude of Teenage Pregnancy, and Sexual & Gender Based Violence in Adama,Addis Ababa, and Debre Birhan towns

Young Men's Christian Association (YMCA)

Consultant:

Hallelujah health and health related consultancy and training services

October, 2023 - Addis Ababa, Ethiopia

In collaboration with YMCA; Hallelujah health and health related consultancy and training services (a private consultancy and Training firm), has developed this questionnaire to assess the Magnitude of Teenage Pregnancy and Sexual & Gender Based Violence in Adama, Addis Ababa and Debre Birhan towns

The questionnaire focuses on the Magnitude of gender based violence, the major factors for early marriage and teenage pregnancy, and the status of persons with disability in regard to sexual and reproductive health.

The research particularly focus on violence against women especially adolescents and youth and persons with disabilities. The researcher wants to explore the major factors behind, to compare the findings with the existing data, and to recommend what can be done to reduce early marriage, teenage pregnancy, and SGBV in the community.

The method of investigation chosen is conducting a FGD with adolescents and youth and an interview with key informants and with adolescents and youth themselves including PWDs, CSWs.

We wish to thank in advance all of you who are participating in the research.

Study site: ....

Date: …………………………………………………

Facilitator:…………………………. ……

Moderator: …………………………………………….

Demographic data

Participant Code	**Age**	**Sex**	**Religion**	**Educational status**	**Occupation**	
P1						
P2						
P3						
P4						
P5						
P6						
P7						

A. <u>SGBV</u>

1. **Do you understand what SGBV means?? What are included in it? (Discuss on it).**
2. Where do you get information about GBV (media, school, or friends)?
3. **What do you think are the root causes of SGBV?**
4. **Are there any provisions which restrict women's access to health services in particular which:**

- Require the consent of a male relative/husband for a married woman
- Require parental consent in case of adolescents' access to contraceptives or abortion;
- Allow medical practitioners to refuse provision of a legal medical service on grounds of conscientious objection

5. Are there barriers for the following SRH services,

    - IUDs (intrauterine devices) or hormonal contraceptives
    - Emergency contraceptives, including the morning-after pill,
    - Abortion on request

    - What kind of medical services are free of charge?
    - Are women's rights to sexual and reproductive health, and health insurance, apply also to girls under 18?

6. **Are the following acts criminalized?**

    - Transmission of HIV or other STIs
    - Female genital mutilation
    - Marriage below 18 years of age
    - Abortion
    - Violations of modesty or indecent assault (e.g. not following dress code)

7. **Do you think that Ethiopia have regulations in the constitution, legislation or in other legal codes that guarantee☹(in what way it contribute to improve SRH)**

    - Protection of women (and Men) against gender based violence
    - Access to contraceptive use
    - Abortion services

8. **Is health education provided in schools? Are there legal obligations to provide health education in school?**

    - Prevention of sexually transmitted diseases
    - Prevention of unwanted pregnancies
    - Promotion of a healthy lifestyle, including prevention of dietary disorders of teenage girls, including anorexia and bulimia
    - Psychological/psychiatric training on self-control of aggression, including sexual aggression

9. **Do you think that adolescents and youth at your age getting more and more exposed to the following addictions? Please also discuss your experiences. Do you know any national policies regarding women's safety in public spaces?**

- Drug abuse
- Alcohol addiction
- Khat chewing

10. **What do you think are the Consequences of SGBV?**

B. Persons with Disability

11. Do you think that: (Discuss on it)

    - Persons with disability are more vulnerable for SGBV?
    - Are there laws or policies that protect persons with disability?
    - Persons with disability deserve special protection from SGBV, Rape?

C. Teenage Pregnancy

12. Do you think that early marriage common in your community? If yes, what do you think are the reasons? Probe:

    - What factors contribute to the increasing problem of Teenage Pregnancy?
    - How does this problem impact the lives of children?
    - What are the disadvantages of early marriage? How does early marriage affect teenager's education?

13. Do you think that teenage pregnancy common in your community? If yes, what do you think are the reasons? Probe:

    - What factors contribute to the increasing problem of Teenage Pregnancy?
    - How does this problem impact the lives of children?

- What are the disadvantages of teenage pregnancy? How does teenage pregnancy affect teenager's education, health, family, community, and nation?

14. What measures can be taken to reduce the cause of teenage pregnancy in the community?

15. What measures can be taken to reduce the cause of early marriage in the community?

Annex-III: Interview Questionnaires for Key Informants

Magnitude of Teenage Pregnancy, and Sexual & Gender Based Violence in Adama, Addis Ababa, and Debre Birhan towns

Young Men's Christian Association (YMCA)

Consultant:

Hallelujah health and health related consultancy and training services

October, 2023 - Addis Ababa, Ethiopia

In collaboration with YMCA; Hallelujah health and health related consultancy and training services (a private consultancy and Training firm), has developed this questionnaire to assess the Magnitude of Teenage Pregnancy and Sexual & Gender Based Violence in Adama, Addis Ababa and Debre Birhan towns

The questionnaire focuses on the prevalence of gender based violence, the major factors for early marriage and teenage pregnancy, and the status of persons with disability in regard to sexual and reproductive health.

The research particularly focus on violence against women especially adolescents and youth and persons with disabilities. The researcher wants to explore the major factors behind, to compare the findings with the existing data, and to recommend what can be done to reduce early marriage, teenage pregnancy, and SGBV in the community.

The method of investigation chosen is conducting a FGD with adolescents and youth and an interview with key informants and with adolescents and youth themselves including PWDs, CSWs.

We wish to thank in advance all of you who are participating in the research.

Study site: ....

Date: ……………………………………………….

Facilitator/Interviewer: …………………………..

Interviewee: …………………………………………….

a. Demographic data

i. Age
ii. Sex: ……………….
iii. Educational status
iv. Occupation ……………
v. Work experience

b. SGBV

1. **Do you think that adolescents and youth in your community have a good understanding of what SGBV means? Do you provide information on SGBV and related SRH issues to them? Is health education provided in your facility? What information's are provided? (Discuss on it)**

2. **Do you think that gender perspective is included in national health-related policies? If so, are there laws, policies, regulations in the Constitution, legislation or in other legal codes in Ethiopia that guarantee: (probe with the following questions)**

   - The right to equal access for women and men to all forms of healthcare,
   - Access to sexual and reproductive health services
   - Women's rights to make autonomous decisions regarding sexual and reproductive lives

3. **Are medical services related to women's sexual and reproductive life / violence against women covered by universal health coverage?**

   - What kind of medical services are free of charge?
   - Are women's rights to sexual and reproductive health applied also **to girls under 18**?

4. **Are there any policies which restrict women's access to health services in particular which:**

   - Require the consent of a male relative/husband for a married woman
   - Require parental consent in case of adolescents' access to contraceptives or abortion;

- Allow medical practitioners to refuse provision of service on grounds of personal beliefs

5. Are there barriers that prohibit certain medical services, or require authorization by a physician, in particular: IUDs (intrauterine devices) or hormonal contraceptives ; Emergency contraceptives, including the morning-after pill, Abortion

6. **Are the following acts criminalized?(legal, religious and cultural)**

   - Transmission of HIV or other STIs
   - Female genital mutilation
   - Marriage below 18 years of age
   - Abortion
   - Violations of modesty or indecent assault (e.g. not following dress code)

7. **Does Ethiopia have regulations in the constitution, legislation or in other legal codes that guarantee:**

   - Protection of women (and Men) against gender based violence
   - Access to contraceptive use
   - Abortion services

8. **Do you know any national policies regarding women's safety in public spaces? Are there specific health and safety protective measures for women , and/or with special provisions for mothers with young children, in "closed" institutions including** Prisons, Police detention cells, Hospitals, Camps for displaced women and families

c. Persons with Disability

9. Do you feel that persons with disability are more vulnerable for SGBV? Do you know any laws or policies that protect persons with disability? Do you thin persons with disability deserve special protection from SGBV, Rape?

d. **Teenage Pregnancy Questionnaire**

10. Do you think that adolescents and youth at your community getting more and more exposed to the following addictions? Please also discuss your experiences with addicted cases.

    - Drug abuse, Alcohol addiction and Khat chewing

- Is early marriage and teenage pregnancy common in your community? If yes, what do you think are the reasons?
- What are the disadvantages of teenage pregnancy? How does teenage pregnancy affect teenager's education?
- What are the challenges adolescents faced during their pregnancy?

11. What measures can be taken to reduce the cause of teenage pregnancy in the community?

Annex-IV: Interview Questionnaires for Adolescents and Youth

Magnitude of Teenage Pregnancy, and Sexual & Gender Based Violence in Adama, Addis Ababa, and Debre Birhan towns

Young Men's Christian Association (YMCA)

Consultant:

Hallelujah health and health related consultancy and training services

October, 2023 - Addis Ababa, Ethiopia

In collaboration with YMCA; Hallelujah health and health related consultancy and training services (a private consultancy and Training firm), has developed this questionnaire to assess the Magnitude of Teenage Pregnancy and Sexual & Gender Based Violence in Adama, Addis Ababa and Debre Birhan towns

The questionnaire focuses on the prevalence of gender based violence, the major factors for early marriage and teenage pregnancy, and the status of persons with disability in regard to sexual and reproductive health.

The research particularly focus on violence against women especially adolescents and youth and persons with disabilities. The researcher wants to explore the major factors behind, to compare the findings with the existing data, and to recommend what can be done to reduce early marriage, teenage pregnancy, and SGBV in the community.

The method of investigation chosen is conducting a FGD with adolescents and youth and an interview with key informants and with adolescents and youth themselves including PWDs, CSWs.

We wish to thank in advance all of you who are participating in the research.

Study site: ....

Date: ……………………………………………………….

Facilitator/Interviewer: ………………………………..

Interviewee: ……………………………………………….

A. **Demographic data**

1. Age
2. Sex:
3. Educational status at what age did you become sexually active? Write the number in each age group: 10-14: ………….. 15-19: ………. 20-24: ………….
4. How did you first find out about sex? Write the number in each age group.

   Family:……. Friends:……

5. Are you currently working? If not why?

   …………………………………………………………………………………………………
   ………………………………………………………………………………………………….

6. What is your main source of financial support?

B. **<u>Questions on SGBV</u>**

1. **What do we mean by SGBV? What does it include? (Discuss on it)**
2. **Is the gender perspective included in national health-related policies? If so, are there laws, policies, regulations in the Constitution, legislation or in other legal codes in Ethiopia that guarantee: (probe with the following questions)**

   - The right to equal access for women and men to all forms of healthcare,
   - Access to sexual and reproductive health services
   - Women’s rights to make autonomous decisions regarding their sexual and reproductive lives

3. **Are medical services related to women’s sexual and reproductive life / violence against women covered by universal health coverage?**

    - **What kind of medical services are free of charge?**
    - **Are women’s rights to sexual and reproductive health, and health insurance, applied also to girls under 18?**

4. **Are there any policies which restrict women’s access to health services in particular which:**

    - Require the consent of a male relative/husband for a married woman
    - Require parental consent in case of adolescents’ access to contraceptives or abortion;
    - Allow medical practitioners to refuse provision of a legal medical service on grounds of personal beliefs

5. Are there barriers that prohibit certain medical services, or require authorization by a physician, in particular:

    - IUDs (intrauterine devices) or hormonal contraceptives
    - Emergency contraceptives, including the morning-after pill,
    - Abortion on request

6. **Are the following acts criminalized?**

    - Female genital mutilation
    - Marriage below 18 years of age
    - Abortion
    - Violations of modesty or indecent assault (e.g. not following dress code)

7. **Are there any exceptions to these prohibitions (Q # 6) and under what circumstances do exceptions apply?**

8. **Does Ethiopia have regulations in the constitution, legislation or in other legal codes that guarantee:**

    - Protection of women against gender based violence
    - Access to contraceptive use
    - Abortion services

9. **Is health education provided in schools? What information's are provided?**
10. **Are there any measures to increase women's safety in public urban spaces, in public transportation, etc.?**

11. **Are there specific health and safety protective measures for women, and/or with special provisions for mothers with young children, in "closed" institutions including in: what are they?**

    - Prisons, police detention cells
    - Hospitals,
    - Camps for displaced women and families

12. **Do you think that medical and legal professionals are specifically trained on gender-based violence/discrimination?**

13. **Do you know any legislative reform, policy, or practice, that you consider "good practice" regarding health and safety for women?**

C. Persons with Disability

1. Do you feel that persons with disability are more vulnerable for SGBV? (Discuss on it)
2. Do you know any laws or policies that protect persons with disability? (Discuss on it)
3. Do you thin persons with disability deserve special protection from SGBV, Rape?

D. Questions on Teenage Pregnancy Questionnaire

1. Do you think that adolescents and youth at your community getting more and more exposed to the following addictions? Please also discuss your experiences with addicted cases.

    Drug abuse; Alcohol addiction and Khat chewing

2. Is early marriage and teenage pregnancy common in your community? If yes, what do you think are the reasons?

3. How does this problem impact the lives of children?

4. What are the disadvantages of teenage pregnancy? How does teenage pregnancy affect teenager's education?

5. Have you ever got pregnant, give birth? What were the challenges faced during your pregnancy?

6. What measures can be taken to reduce the cause of teenage pregnancy in the community?

Annex-V: Guide to interviewers, data collectors, and Supervisors

Magnitude of Teenage Pregnancy and Sexual & Gender Based Violence in Adama, Addis Ababa & Debre Birhan towns

Hallelujah health and health related consultancy and training services

October - December, 2023 - Addis Ababa, Ethiopia

The purpose of the data collection is to answer the following Specific Objectives:

- To Assess the Magnitude of Teenage pregnancy and SGBV in the three towns among intersectional youth groups
- To Identify the Root causes of TP and SGBV among adolescents and intersectional groups
- To assess the burden of TP and Describe the Consequences of TP and SGBV among adolescents and intersectional groups
- To Explain the Experiences of the country in controlling TP and SGBV among adolescents and intersectional groups
- To Compare and contrast the existing strategies of TP and SGBV among adolescents and intersectional groups

1. **Understand the tools very well:**
    - Read in detail all questions before the interview to ensure that you understand them and understand how to ask the questions.
    - If unclear, clarify with your supervisor in advance.

2. **Purpose of the data collection:**

   The purpose of this assessment is to collect a quantitative and qualitative data (using FGDs and interviews) on situations and Prevalence of Teenage Pregnancy and Sexual & Gender Based Violence in Adama, Addis Ababa & Debre Birhan towns.

   Tools for the FGDs, Key informant interviews, and interviews with adolescents & youth are prepared. A semi-structured questionnaire for the quantitative data collection is also crafted.

3. **Source of information:**
    - FGD: A total of Nine focus groups of adolescents and youth between the ages of 15-24 years old each group with 6-8 individuals will be engaged in the study with Focus groups.
    - Key informant Interviews: A total of 12 key informants will be selected to be interviewed on teenage pregnancy and SGBV.
    - Interview with adolescents and youth: a total of 6 interviewees will be included in the study

4. **Preparation for the interview - On the day of the interview:**
    - Be formally / modestly dressed;
    - Make sure that you have enough papers and ball-point pen with you for taking notes. In addition, you may have with you a camera in case it is needed,

- If you are carrying out interviews at the facility level, and you happen to be there during an inoculation exercise, take some time to observe the process and take note of any challenges experienced and what solutions are being adopted; and
- Where an interviewee makes claim of a physical facility or a software / Programme, please ask to see it and confirm that fact in your records.

5. Facilitating the FGD and the interview process

A. Approach in Conducting the FGD and the interview

- Be punctual for all interviews
- Be polite, audible while asking questions.
- Record all data, explanation, number or other information as you receive it
- Seek permission to take pictures for all physical facilities.
- Focus and adhere to the questionnaire as much as possible, but feel free to ask additional questions if you need clarity
- If a response is unclear, please ask the interviewer to repeat the answer.
- Do not record your opinions, even if you are convinced it is correct. Record only what the interviewee gives as responses. However, where necessary, place your personal comments in the last section of questionnaire where you sign after completion.

B. Conducting the actual FGD and interview

- If necessary, you may ask key informants for policies or source of information for further reference
- Getting a complete data might entail going to contacting them more than once
- Hence, Take detail contact of the interviewees for future clarification
- If necessary, you may collect any additional documents / reference materials mentioned by the interviewee before you leave the venue of the interview – not later, unless it is not practical to do so.
- Where not practical, indicate in your interview notes why it was not practical.
- Under such circumstance, pursue the interviewee at a later date using the contact info gathered.

6. Handling the clients and facilitation process:

- Take note of any challenges experienced during the data collection process
- Do not force or attempt to force information to be shared with you.
- Where there is resistance, insist only once and politely proceed to the next question (but mark the resistance).

- Where you are unable to get necessary information due to deemed resistance, record that fact in your interview notes and report to your supervisor verbally immediately after the interview.
- If you feel there is animosity or feel threatened, do not push back. Instead, politely close the interview and exit the interview room/venue.
- Record that fact in your notes and immediately report to your supervisor.