



Graduate School of Development Studies

**Teenage Pregnancy and Motherhood in Merkato  
Slums in Ethiopia:  
Perspectives of Teenagers and Implications for Sexual  
and Reproductive Health Policies and Services**

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This document represents part of the author's study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

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## List of Acronyms

AYRH	Adolescent and Youth Reproductive Health
CEDAW	Convention on the Elimination of All forms of Discrimination Against women
CRC	Convention on the Rights of the Child
CSA	Central Statistics Agency of Ethiopia
EDHS	Ethiopia Demographic Health Survey
FMOH	Federal Ministry of Health
GOE	Government of Ethiopia
NGOs	Non Governmental Organizations
UNFPA	United Nation Population Fund
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

## **Abstract**

Researches that have been conducted on teenage pregnancy in Ethiopia are not only limited in number but also lacks concern to look the views and perspectives of teen girls/teen mothers. This research examined the life experience of teen girls by exploring factors that contribute to their pregnancy, life options and the available policy interventions to address the needs of teen pregnant/mothers.

I used two theoretical streams called Ecological and Social exclusion theories to better explain and understand the issue of teenage pregnancy/motherhood in Addis Ababa specifically Merkato Neighborhood. I also used a qualitative methodological approach; in-depth interview with teen mothers/pregnant and key informant interview with other different actors.

The main theme of this research is to illustrate problematic pregnancy/motherhood, which I believe has related with their socio cultural setting and views held about their pregnancy by the society as an intersection of the existing perception of gender and class.

This study showed that teen girls become pregnant as a result of rape, lack of good relationship with family or guardians, limited knowledge on reproductive health issues and lack of interest in education. Teen mothers experience different problems, not only because of their age but because of values, norms and beliefs of the community towards them and are excluded not only from economic resources but also from social matters. They are not allowed to participate in the society and lack opportunity to make friends and other contacts outside their household.

It is evident from this study that teen mothers/pregnant girls have their own needs that must be understood and recognized by policy makers and implementers.

## **Keywords**

Teenage, Unwanted pregnancy, Teenage pregnancy, Teen motherhood, Slum

# Chapter 1

## Introduction

### 1.1 Background of the Research

Adolescent pregnancy has been a major policy issue worldwide. Globally an estimated of 14 million adolescent girls between the ages of 15 and 19 gave birth every year (data for 1995-2000). While adolescent pregnancy is declining overall, high rates in many countries persist, mostly where poverty and poor health are endemic. Girls living in developing countries are the most at risk of adolescent pregnancy, on average, one third of young women in least developed countries give birth before age 20( Rowbottom 2007).

Teenage pregnancy<sup>1</sup> is wide spread in Ethiopia and it is an important demographic factor as Ethiopia is the second most populous country in Africa with a total estimated population of 77.1 million in 2007(CSA 2007). Out of the total population sixty percent is below the age of 20 and 18.6 million women fall within the reproductive age group and seventy percent of women between the ages of 15 and 19 have already become mothers or were pregnant with their first child (EDHS 2005).

Various research findings (Ngussie and Obare 2004, SimthBattle 2005, T-riku 2008) show that teenage pregnancy can have far reaching physical, social, and emotional consequences for young women, including increased risk of antenatal complications and mortality, failure to complete schooling, socioeconomic disadvantage and welfare dependence, increased chance of early marriage and subsequent marital break-down, maternal depression and less competent parenting.

Although governmental and nongovernmental organizations (NGOs) are increasingly engaged in addressing the issue of adolescent pregnancy, the problem still exists. Intervention programs are based on the categorization of adolescents as homogenous groups; but adolescents vary in many aspects such as education, families' educational and economic level, living arrangement and a variety of other features (IPAS 2004). In addition teenage pregnancy is assumed to be problematic by different other actors such as family, community, GOs and NGOs because girls are too young to be mothers and to care for their children. It is also argued that teenage mothers are incapable of being mothers not because of their age but because of socio cultural view of the society in which they are located.

My research looks teenage pregnancy in a different way in two accounts: it zooms in to the situation of teenage pregnancies in slums where vulnerable and marginalized teen mothers and pregnant teens are living and it explores the perception of the teen girls themselves who are living in slums.

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<sup>1</sup> The words 'teenage' and 'adolescent' pregnancy are used interchangeably throughout paper



On the basis of the above two accounts I will explore the contributing factors for teenage pregnancy, the perception of teen girls towards their pregnancy/motherhood and how pregnancy/motherhood changes the life options of teen mothers living in Addis Ababa's Merkato neighborhood. I will also explore existing intervention strategies to address the issue of teenage pregnancy in that neighborhood.

## 1.2 Statement of the Problem

Teenage pregnancy is a leading cause of death for young women aged 15 to 19 worldwide. Since adolescent girls are physically immature, they are more likely than older women to experience complications during delivery and abortion which contributes to physical disability and maternal death (UNICEF, 1998; in Tariku 2008). Teenage pregnancy can also lead to depression, poor school performance, and weak attachment to the labor force, low earnings, and emotional instability. In addition their children began life with many disadvantages that seemed likely spoiled their success in latter life (Bloom & Hall, 1999:297 cited in Mabala 2006).

Different actors viewed teenage pregnancy/motherhood as problematic and treat as an act happening to girls at the wrong time and teen mothers are viewed as immature, ill prepared to be mothers and inadequate to give care and support for their child. There are teen mothers, however, who describe themselves as good mothers and see motherhood as providing opportunities for personal growth and are proud of being parents (Kirkman et al. 2001). I argue that teen girls are not just passive victims but also social actors exercising agency in the wider settings, constrained by the socio-cultural settings of their environment.

Many young girls in Ethiopia engage in sex at a relatively early age, are not knowledgeable about their sexuality, and are unlikely to use contraception: they are therefore vulnerable to unintended pregnancies. A large proportion of births to young women are reported as unintended: more than half of all births to women under age 15 and more than one in three births to women aged 15-19 and 20-24, are unintended at the time of birth (Govindasamy et al. 2002).

Early marriage, rape, family relationships, peer influence and low school performance are some of the contributing factors to early sexual intercourse and pregnancy. According to a study carried out among high school students in Addis Ababa, 38 percent of all participants reported that they were sexually active. Of the sexually active students, 71percent had their first sexual experience between the ages of 14 and 16(Gebre 1990).Being sexually active at younger age therefore puts adolescent girls in danger of having unwanted pregnancies.

Adolescent girls and most young women who do not want to carry pregnancy to its full term seek abortion service and economic issues play a central role in their decision processes. Safe procedures are usually expensive and adolescents of low economic status seek less-skilled abortion services which can be unsafe and dangerous for their health (WHO 2007).In addition the legality or illegality of abortion plays a role in girls' decision-making processes. In countries where access to legal abortion is highly restricted, the vast majority of

abortions are illegal and do not appear in official statistic(Hyine et al. 1998).Although abortion has been legal in Ethiopia since 2006, many young girls do not go to places where safe abortion service is provided. Many adolescent girls try to terminate pregnancy themselves which is generally unsafe. They may also seek out unqualified providers and have abortions in unhygienic circumstances. The reasons are many and mainly related to cultural and socio-economical factors such as, lack of information, lack of access to services, lack of financial resource, and fear of social stigma.

Although actual data on the prevalence of illegal abortion is difficult to collect, fragmented studies conducted in Ethiopia indicates that many young women fall at risk, by trying to terminate pregnancy by self administrating traditional medicines or seeking a help from unqualified service provider practicing with unhygienic utensils and circumstances, resulting in the death of many young women (IPAS 2004).

There are several intervention strategies designed to address issues related to adolescent reproductive health in Ethiopia, which will be discussed in detail latter in Chapter Five. None of them, however, has included the perspectives of teenagers, and these interventions don't specifically focus on teenage pregnancy. Teenage pregnancy thus, still persists and requires the attention of policy makers and both government and non government service providers. Adolescent pregnancy needs to be placed and understood within the processes of social and cultural change that are taking place in specific countries and social contexts. In addition, one has to get closer to teenagers concrete lives, beliefs, attitudes and values, their interaction with their parents, peers and partners their objective opportunities and subjective aspirations. This must be done to assess their needs and design intervention strategies that full- fill those needs instead of designing strategies that address the *assuming needs* of adolescent girls (Bruce et al. 1998).

In this research paper I will explore factors contributing to teenage pregnancy and available interventions based on the voice of teenage girls living in Merkato by using Ecological and social exclusion theory as a theoretical framework this helps me to understand, explain and describe the issue of teenage pregnancy/motherhood in Merkato.

### **1.3 Situating the Research**

To explore and analyze the perception of teen girls towards their pregnancy and the factors contributing for their pregnancy, I substantiate my argument by examining teen mothers and pregnant teens in Merkato neighborhood. Merkato is a place which is located in Addis Ketema sub-city, one of the ten sub cities of Addis Ababa. According to the Ethiopian central statistics agency report(2007) the sub city is one of the most densely populated area in Addis Ababa with a total population of 320,389 within an area of 7.42sqkm (CSA,2007).

Merkato neighborhood is part of the old city center which is dominated by a mixture of commercial activities. It is characterized by deteriorating residential areas, extremely poor area with precarious sanitary infrastructure (few paved streets, precarious housing, limited& unstable employment and mostly

in the informal sector such as petty trade, taverns and other small alcoholic drink selling activities: it is very common to see youngsters in the streets; alcoholism, female-headed households, children and youngsters spend most of their time in the streets of the community. This extremely poor area includes the main bus station, where migrants from rural areas arrive and where they are often met by brokers steering these newcomers into domestic work or sex work (Erulkar et al. 2008) .

In this neighborhood poor adolescent girls who are living with relatives who demand them to perform different activities and as a result they spend much of their time in domestic tasks. These girls couldn't go school during the day time; they have to attend school during the evening if at all allowed to do so by relatives. This kind of schooling arrangement put adolescent girls in a condition where they practice unsafe sex and make them vulnerable to unwanted pregnancy. It exposes them to rape in the sense that girls who are attending school during the night have to walk in dark places which don't have electric light and not safe as a result they can easily be damaged and raped usually by boys at the street or they may be raped by any man in the street.

#### **1.4 Relevance and Justification**

I set out to look at teenage pregnancy in Ethiopia and started to read literatures. From my literature review I have identified that despite the significance of the problem limited work has done on teenage pregnancy which mainly focused on quantitative description based on figures and numbers, lack a concern to include the perception and views of teenagers. Adding to this policy frameworks are designed by projecting the needs of teen girls, ignoring the experience of girls by labeling teen mothers as problematic passive recipients. To this end I knew several pregnant girls and teen mothers who lack support from family, community and government and struggle to make their living. In addition I was interested in producing in-depth knowledge about the issue and explore the policy linkage with the teenage pregnancy from the teenagers' perspective. Therefore the above mentioned reasons motivated me to research teenage pregnancy in Merkato neighborhood, to explore the issue from the perspective of adolescent girls. I believe this paper will add knowledge about teenage pregnancy based on the perspective of young girls.

#### **1.5 Research Objective and Research Question**

Given the background of this research, objective of this research is:-

- To bring out the voices and perceptions of teen girls within the Merkato neighborhood about their life experience of motherhood/pregnancy in a way that can inform policy makers to consider teenage girls perspectives in designing and formulating policies and interventions.

### **The main research question explored is:**

How teenage pregnancy/motherhood is perceived by Merkato teenagers in Addis Ababa sub city.

### **Sub research questions**

- How teenage girls perceive their pregnancy/motherhood in Merkato?
- What are the major contributing factors for unwanted teenage pregnancy and what makes unwanted pregnancy problematic at Merkato?
- How teenage pregnancy does changes the life options of teenage girls in Merkato and how they cope with the situation?
- How is teenage pregnancy understood and dealt with by other different actors around them such as Family, Community, Government organizations and NGOs?
- What are the available policy interventions for teenagers to full fill their needs in Merkato?

In order to answer these questions I focused on issues like back ground information of teen mothers, their life experiences of being young mothers in the wider community, major changes in their life during and after pregnancy, their coping mechanism to make a living for themselves and to give care for their child and the socio-economic and cultural situation of their lives at Merkato.

## **1.6 Research Methodology**

This research was conducted through a field work that took six weeks in Addis Ababa and employed qualitative data collection method. The method was chosen because it gives me the opportunity to understand the research problem from the perspective of the teen mothers themselves. It gives detailed understanding of the issue under study and allows respondents to give detailed information on the study area; it gives the participants a chance to tell of their lived experience of the phenomenon under study. In addition qualitative research uses multiple methods that are interactive and make the research humanistic. It focuses on context, is emergent rather than tightly prefigured and is fundamentally interpretive; therefore this method enabled me to view social phenomena holistically (Marshall and Rossman 2006).

### **Primary Data**

The first step to collect primary data was identifying sample cases for the interview. When I planned to conduct this research I identified kebele women affairs office as one gate keeper to access my respondents. Based on my plan I visited the kebele women's affairs office but it was a big challenge to find a responsible person at the office. The main reason was that offices were discussing and reviewing their plan for the following year. I therefore had to visit that office several days to see the appropriate person who could help me to identify cases. I finally managed to identify 15 cases for detailed interviews.

Data was collected through face-to-face semi-structured, in-depth interviews with 15 mothers who gave birth before they were 20 years of age. Eleven of them were teenagers at the time of interview; the remaining four were women who gave birth before age 20 and are currently living in the study area. Among the eleven participants six had already given birth, three were currently pregnant and the other two girls terminated their pregnancies.

I also interviewed key informants from the Ministry of health, the Ministry of women's affairs, the Marie stopes clinic at Teklehaimanot district and mothers in the neighborhood.

The issues explored in the interviews were: their back ground information, their family relationships, support offered to teen mothers, their experiences of being pregnant and young mothers within the wider community and their current living conditions

All interviews with teenagers were conducted at their homes, except for those who were engaged in sex work during the time of interview. At the request of the participants interviews of four women were conducted at their work place where they prepare and sell food stuffs including 'Injera'<sup>2</sup>. Interviews with two commercial sex workers were conducted at the nearby cafeteria. The interviews were conducted in Amharic, and latter translated into English by the researcher. Respondents were informed about the purpose of the study and were told that they could stop the interview at any time if they don't want to continue and they were guaranteed their anonymity. The interview lasted an average of one and a half hours All interviews were recorded after having the consent of the participants and latter transcribed and analyzed by the researcher.

### **Research Participants**

The selection of participants was purposive and includes teenagers and women who all experienced pregnancy and motherhood during periods of adolescence. Although there are teen mothers who gave birth before age 15, for this study slightly older participants were selected for in-depth interview as it was assumed that they would be more at ease in discussing issues about sexuality and had a better recollection of events of their adolescence including sexual initiation. Regarding their economic back ground, all of the participants come from lower economic group without job in the formal sector and involved in the informal sector such as petty trade. The research participants who were currently pregnant or who had given birth were accessed through the women's affairs office at the Keble level<sup>3</sup> and those girls who terminated their pregnancies were accessed through the Marie stops Ethiopia Clinic at Teklehimanot district.

The main participants of the research were 11 teenager girls, but in order to have better explanation of different views in society across time I also interviewed four women who gave birth before age 20. The interview with these

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<sup>2</sup> A pancake like bread made from Teff flour that is typical for Ethiopia

<sup>3</sup> Kebele the lowest Administrative unit in Addis Ababa City Administration

women participants were not deep as it was assumed that as it had been a long time since they experienced teenage pregnancy and motherhood they wouldn't recalling the events that happened during their teen years as well. The interviews with these mothers instead deeply explore how the participants' life options have changed due to their experience of pregnancy/motherhood during adolescent period.

The experiences of these participants are not expected to show definite social realities for all teenage pregnancy in Ethiopia, as in this research there is no causal relation or generalization made to the population as a whole. The intention of this study is to understand the life experience of teen pregnant/mothers who are residing in slums by their own words and there is therefore, no generalization that can be made to the whole society based upon this study. But I believe this study gives a better understanding of teenage pregnancy and teenage mother hood in Addis Ababa sub city particularly in slum areas of Merkato and helps policy makers to understand and design their intervention strategies to address teenage pregnancy/motherhood in slums where teen girls are situated in a disadvantaged position.

### **Key Informant Interview**

In order to supplement the information that I obtained from the participants I carried out five key informant interviews with Marie stops Clinic, Ministry of Health and Ministry of Women's Affairs Office. I also looked for a family member or guardian of my teenager participants to make interview unfortunately they were not willing to be the interviewed in this topic. I did however interview with a mother whose daughter gave birth as teenager but the girl was not included in my interview.

The interviews were mainly aimed at exploring how these actors understood the issue of teenage pregnancy/motherhood and to explore the way they are dealing with it. As I will discuss in the next chapter these are actors that influence girls' sexual behavior, pregnancy and motherhood through their interaction.

In addition to the interviews this research was supplemented by the direct observation of the researcher while the interview was conducted with teen pregnant/ mothers

### **Secondary Data**

This research uses a variety of secondary data which are both published and unpublished materials related to teenage pregnancy. Reports, strategic plans, policy documents, guidelines that have been developed by the government of Ethiopia related to gender, reproductive health and any other related issue towards teenage pregnancy were consulted. It helps me to know how the government handles the issue of teenage pregnancy especially in slums of Merkato. Literatures and other theoretical documents and studies conducted in other countries were also used to link the study to other research and to give strength for the study.

### **Position and Motivation of the Researcher**

I have spent the last three years working for Ministry of Women's Affairs Office in Ethiopia, specifically on the issue of gender mainstreaming which made

it easier for me to have contact with girls and women. I also had a chance to consult pregnant girls who become pregnant with-in marriage or out of marriage, who were raped or had given their consent and to review different government policies on women's issues. In addition I have a strong belief that teen girls are important actors with their own agency and are not passive recipients of events: I disagree with categorizing teen pregnant girls/mothers as problematic and passive recipients. Furthermore, I feel that these adolescent girls are ignored and government and NGOs are not working by acknowledging the interest and needs of adolescent girls. Therefore the experience that I have and my personal belief as a black middle-class woman towards teen mothers have given me energy and enthusiasm to conduct this research.

### **1.7 Limitation of the Research**

This research was conducted based on the interview of teen mothers, teen pregnant girls and women who gave birth during adolescent in Merkato neighborhood. Due to limited time and resources I could not include all pregnant girls, teen mothers and women who gave birth before age 20 in that neighborhood. Nevertheless the study will provide a good insight about the view of teen girls towards teenage pregnancy and will add knowledge in the area of teenage pregnancy.

### **1.8 Organization of the Paper**

The paper has six chapters including this introductory chapter. Chapter two deals with defining the major concepts that are emphasized in the research and attempts to present their connection to the research through an analytical frame work. The other three chapters (three, four and five,) deals with the analysis and interpretation of the data collected during my field work. Chapter three focuses on causes of teenage pregnancy; chapter four deals with consequences of teenage pregnancy and chapter five will discuss policies and interventions. The last chapter of this paper will present conclusions that are drawn from the analysis and the general content of the paper.

## Chapter 2

# Theories Concepts and Analytical Framework for Analyzing Teenage Pregnancy

### 2.1 Concepts

Teenage pregnancy can be seen as a phenomenon that is created by social relation, a power relation based on class and gender that are governed by different hierarchies. These include sexual hierarchies that views teen girls as immature, not to be sexually active and not to be pregnant. Teenage pregnancies can also be viewed as an intersectional issue of gender, class ethnicity and sexuality. Unwanted pregnancies may happen and be problematic as the result of class differences, gender inequality and cultural connotation towards girls' sexuality or due to poverty.

In this paper I conceptualize teenage pregnancy in the words of teen mothers and will look at pregnancy as a phenomenon that can be experienced differently by different people because of different sets of power relation that lead to inclusion or exclusion. Hence teenage, teenage pregnancy and unwanted pregnancy are the key concepts that I am going to use to describe, investigate and analyze factors contribute to teenage pregnancy, perception of teen girls to teenage pregnancy/ motherhood and the view of other actors and available interventions.

**Teenage:** \_It is a term used synonymously with adolescent and defined by World Health Organization as a person between 10 and 19 years of age.<sup>4</sup> Sometimes the age category for teenager differs from adolescents and is categorized as adolescents of age 13-19. It is a powerfully formative time of transition from childhood to adulthood, roughly concurrent with the second decade of life and is characterized by significant physiological, psychological and social changes: "What happens between the ages of 10 and 19, whether for good or ill, shapes how girls and boys live out their lives as women and men- not only in the reproductive arena, but also in the social and economic realm as well" (Bruce et al. 1998:1).

**Teenage pregnancy:** a pregnancy that happens during girls adolescent time that may be wanted or unwanted and has different aspects. The first aspect that I found during my field work is that pregnancy can be wanted by the girl, father of the child, parents and the community. The second aspect is that the pregnancy may be wanted by the girl and the man involved or may be wanted by the girl only but parents and society may not want because of different socio-economic and cultural reasons. The third aspect is that pregnancy may be unwanted by all parties including girls. Hence it is not possible to con-

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<sup>4</sup> The second decade improving adolescent Health and development WHO/FRH/ADG/98.18Rev1 Distr:General Orig:English



clude that all teenage pregnancies are unwanted and problematic or wanted and is free from problems. In the following section I will discuss the different aspects of teenage pregnancy/ motherhood.

**Wanted Pregnancy:-** As I discussed before teenage pregnancy may be wanted or unwanted. Wanted pregnancy is a pregnancy which is wanted at the time of conception or just shortly after time of conception (Barber et al. 1999). When they try to fulfill their sexual interest teen girls may engage in sex that may result in pregnancy. Although they didn't plan to conceive a baby during sexual intercourse once they became pregnant some may like it and want to carry to full term and give birth.

**Unwanted Pregnancy: -** it is a pregnancy that occurs outside of the plans of both parties involved. It is one of the basic measures of women's autonomy and capacity for self-determination because it reflects a woman's capacity to determine whether and when to bear children. Available evidence notes that in many developing countries the occurrence of unintended pregnancy is high (Adetunji 1998).

Women have complex feelings towards their pregnancies. It is not a simple decision between categories of 'wanted' or 'unwanted' because the wanted pregnancy may become unwanted or the unwanted pregnancy may be wanted latter. Women's and teen girls view towards their pregnancy as wanted or unwanted is influenced by many social circumstances. Conditions such as girls' relationship to the child's father, financial situation and reaction from other social actors like parents, siblings and friends are those who can influence the evaluation of women or teenagers towards their pregnancies. Conditions change through time and it is expected that the perception of women or girls towards their pregnancy change over time (Barber et al. 1999). For example a girl who was in love with her boy friend may choose to become pregnant but if she is later in conflict with him she may wish that she had not become pregnant. Thus, pregnancy may be wanted at the time of conception, but conditions may change so that by the time the baby is born the mother considers the pregnancy unwanted. The reverse is also true; many young girls who do not want their pregnancy at the time of conception may show love and affection to their child after they gave birth. These girls may lack support and acceptance from the family, community and their partners due to different socio-cultural reasons. Parents may not be happy with the pregnancy and may kick them out of the house. The communities in which these girls are living may discriminate them and label as deviant because of the existing sexual hierarchy that stated teenage girls are not allowed to become sexually active and pregnant. On other hand government services may not be designed in a way to address the needs of teenagers. Compared to women aged 20-29, adolescents who experience a pregnancy are at greater risk of receiving inadequate prenatal care and is characterized by having premature deliveries (Raneri and Wiemann 2007). Besides society's discriminatory view towards abortion teen girls are at a higher risk of unsafe abortion because of accessibility and affordability problem to safe abortion services.

To this end I was interested in knowing the extent to which teenagers at Mer-kato planned their pregnancies and child bearing.

## 2.2 Theoretical Framework

The influence of the surrounding environment on adolescent girls' sexual behaviour can be understood and analysed by using the so-called ecological model, developed by Uri Bronfenbrenner. He developed the model as a system model to analyze the social ecology of families that positions individuals as influenced by factors operating at different social levels such as personal, family, neighborhood and wider cultural influences (Arai 2009). In this model I explored views and experiences of teen girls' pregnancy/motherhood which are the result of many interacting factors that are not only limited by the individual behavior. I used this model to explore and analyze how pregnant teen girls/mothers are being dealt with depends on the norms regarding gender and sexuality as well as on the institutional service setting. The model defines four types of systems that contain roles, norms and rules that shape the individual behavior. The systems include micro system, exosystem, mesosystem, and macro system (Ibid). Ecological theory provides a useful framework for understanding the effects of multiple levels of influence in the wider setting, such as individual, family, community and social system on behavioral outcome (Raneri and Wiemann 2007). My research looked at how adolescent girls' sexual behavior is influenced by all this four systems and also sees how the girls themselves operate within four mentioned systems.

The model views the individual with respect to the wider environment. Hence, adolescent girl's sexual behavior is influenced by their own attitudes and interests but also their relationships with in the family, community, social system, their class and gender in the society.

To analyze how teen girls are included or excluded from the services that are supposed to serve their needs and to observe how they are marginalized and discriminated from the social interaction in which they are living I used the social exclusion theory<sup>5</sup>. de Haan use the definition of social exclusion as 'the process through which individuals or groups are wholly or partially excluded from full participation in the society within which they live' (de Haan 1999:6). Social exclusion theory helps to explain how pregnant teen girls or teen mothers are systematically excluded from the services that are supposed to be available for all. It also explains how they are excluded from the social interaction in the community in which they are living. In addition I will also explore how being excluded in one aspect leads to be excluded to another aspect.

As de Haan (1999) notes the disadvantages faced by the excluded person may be interrelated, exclusion in one aspect can lead to exclusion in another aspect. Lack of access to information and education services about reproductive health and lack of access to use contraception services are first-hand forms of exclusion that further leads to unsafe and unwanted pregnancies. This fur-

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<sup>5</sup> England's social exclusion unit (SEU) has defined the term 'social exclusion' as 'a shorthand for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown' (SEU, 2001, p 11).

ther resulted in low educational level and lack of skill which are associated with shortage of employment.

Hence in this research I want to understand teenage pregnancy /motherhood from the perspectives of girls themselves and I also want to investigate how they are acting vis-à-vis all actors in the above mentioned models. My frame of analysis deals with teenage pregnancy/motherhood in five aspects (family, individual, peers, community and institutions) and I want to find out what the concrete conditions are in Merkato neighborhood.

Early pregnancy is strongly associated with the interaction of young girls with in their setting, communities, institutions, family, peers, partners and individual personal behaviors, such as lack of interest in education, place of residence etc (Woodward et al. 2001). Although girls' sexual behaviors are influenced by socio-economical and cultural settings in which they are living, they can also operate as actors and agents not only as victims in this wider socio-cultural setting.

The relationship between actors in the wider social context is shaped by different kinds of power relation that may also be shaped on the basis of gender and sexuality regime or a regime that does (not) create access to resources. Therefore my observations and the responses given by the girls regarding their experiences have to be looked at on the basis of regimes mentioned.

In the following sections actors that playing a role in girls' sexual life will be discussed and I will further discuss how the cultural norms as well as socio-economic resource settings become a barrier for adolescent girls to live a safe, happy and healthy life. I will also discuss how girl's sexual behaviors in the wider structural setting are influenced by factors layered around them and how teen girls operate as an agent with in the structure in which they are living. More over I will explore the possible outcomes obtained during their interaction in the wider cultural setting. Are they victimized? Or are they able to manage the situations and survive? Besides I will also explain the experiences of teen girls at the time of intercourse, pregnancy, abortion, giving birth and experiencing motherhood within the wider cultural environment.

**Communities:** - The wider cultural setting in which girls are living have an impact on adolescent girls' lives. In many societies' adolescents particularly girls are not supposed to be sexually active despite it is a natural and healthy phenomenon (Panday et al. 2009). In addition in some societies having a child before marriage is considered as deviant behavior. For example in some societies of Ethiopia, giving birth before marriage is considered as a taboo and single mothers face stigma and discrimination. In the Amahara <sup>6</sup>society there is a saying "*Kebal Befit Lij yistesb.*"<sup>7</sup> In this society particularly in the rural areas early marriage is highly practiced. Girls who get married at early age are expected to have intercourse with their husband which can be a horrible experience for

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<sup>6</sup> An Ethnic group in the central highlands of Ethiopia

<sup>7</sup> Desecrate her to have a baby before a husband which is not acceptable in that society

them that may result in pregnancy which might be unplanned and unwanted especially by the girls.

**Institutions:** Institutions influence girls' sexuality from intercourse to motherhood. Poorly designed and weakly implemented policies, laws and regulations have a negative impact on girls' lives. Laws with reliable implementing strategies are needed to protect girls from forced intercourse, abduction and other criminal acts. In some countries laws are well-enough designed, but implementation is weak. Even where adolescent and youth policy is well articulated, it is often relatively new, incompletely implemented, and inadequately resourced (Bruce and Chong 2003).

Institutions which are responsible for providing information and educational services on reproductive health need to follow an approach that includes all adolescents of different categories. Girls and boys need different approaches because their vulnerability is different. Girls are also not homogenous groups: they vary based on their economic situations and attendance of school (Bruce et al. 1998).

Maternal health services such as antenatal, postnatal and safe abortion services are not easily available for girls who are living in slums. Teen girls' bodies are immature to give birth and thus, need more care and attention of health service providers. Services are often not available, accessible, affordable or appropriate and service providers may not be friendly to poor, marginalized girls. High rate of maternal mortality and high prevalence of unsafe abortion cases can be taken as indicators of lack of appropriate services for mothers (Bruce and Chong 2003).

Youth programs such as leisure activities and the availability and accessibility of recreational places are interventions designed to improve the reproductive health of teenagers. Many youth programs failed to achieve the goal due to lack of recognition of need differences of adolescents. As Erulkar (2003) notes youth centers in developing countries are generally under-utilized and beneficiaries tended to be male, older, and often non-youth.

**Family:** - Several family-level characteristics have been linked to multiple pregnancies during adolescence: poor mother-daughter relationship, unsupportive family, low educational and economic levels of the family, parents attitudes towards education, and lack of willingness to facilitate young girls' access to information are all factors that contribute to teenage pregnancy (Raneri and Wiemann 2007, Card 1999). On the other hand warm interaction with parents and adult family members, better economic condition of the family and having an educated mother has a positive effect on the sexual life of teenage girls (Miller et al. 2001).

**Peers and Partners:** - Peers and partners played a key role in adolescent girl's sexual behavior and unwanted pregnancies. Girls may have unwanted pregnancy because of their partners' age and income differentials, exchange of money or goods for sex, sexual pressure from their partner and a sense of commitment to a partner. In addition gender power inequalities play a significant role in women's vulnerability to early and unsafe sex and pregnancy (Card 1999, Pandey et al. 2009). A perception of normative peer behavior is also an important factor that influences the behavior of adolescent girls and has been associated with both girls' sexuality and pregnancy. When teenagers believed

that their friends are having sex they are more likely to have sex and experience unwanted pregnancy (Kirby 2002, Wiemaan and Raneri 2007).

**Individual:** - Although teen girl's sexual behaviors are influenced by different actors located at different layers in the social structure the teenager herself is an actor in the wider ecological setting in which conception, intercourse pregnancy abortion, childbearing and motherhood are shaped in particular way. Their actions and level of exercising their agency is shaped by factors such as gender norms and level of poverty. Power imbalances constrain girls' ability to negotiate safe sex. The sexuality regimes of the society in which girls are located conceptualize teenage pregnancy as problematic and something not wanted though there are girls who feel warmth because of having a child (Wood and Jewkes, 1998).

## 2.3 Norms/Cultural Setting

### *2.3.1 Sexuality, Gender and Adolescent Life*

Sexuality among teenagers often characterizes and is associated with deviance, despite the fact that it is a healthy, normative part of the natural course of development of all adolescents (Pandy et al.2009).

Within the ecological model gender plays a role in influencing girl's sexual behavior. As young peoples' bodies begin to mature, new questions of identity and new types of relationships enter into the lives of adolescents in compelling ways. Feminist-based research has found that girls' sexual and other psychosocial behavior is influenced by gender expectations. For example, norms of femininity push girls to avoid conflict and listen to others' needs more than their own (Tolman et al.2003). In addition the arrival of puberty for girls brings the possibility of forced departure from school, economic and sexual exploitation, unwanted pregnancy, migration for work and increasing limitations on their participation in public life (Bruce &Chong 2003). When girls' drop out from school they lose the benefits of schooling, become vulnerable to early marriage, lack access to enter the labor market and are excluded from better earnings (ibid).

As a result of gender construction adolescent girls' self esteem and sense of agency or worth may be increasingly centered on their marriage ability, sexuality, and fertility and are supposed to have limited mobility and fewer social contacts. "A girl's body – its ability to reproduce, to give pleasure, and to undertake domestic work, may be seen by others and girls themselves as their sole social and economic asset" (Bruce &Chong 2003: 6). Compared to boys teen girls have limited friendship networks and few safe or supportive spaces. In addition adolescent girls lack support for providing information, programs and services to reach their need, to create safe and secure space, but the very nature of social construction related to boys and girls gives boys a chance to have expanded freedom and opportunity to access the information and services available to them(Erulkar 2003).

Adolescent girls who are growing and living in this cultural setting are vulnerable to sexual violence, physical abuse and unwanted pregnancy which feed

into existing gender imbalances by rendering the young mothers more economically vulnerable and dependant on male partners (Rowbottom 2007).

### ***2.3.2 Pregnancy Abortion and Motherhood***

Adolescent girls may become pregnant which may be wanted or unwanted, if wanted they need to have services like antenatal care, and if it is unwanted they may need to terminate the pregnancy. Due to various reasons such as lack of information, and access to the service, and lack of financial resources girls who wish to terminate the pregnancy may not be able to do so in safe places. They might therefore be obliged to carry into full terms or to terminate unsafely which can result in complicated health problems; some even may die during the process (Panday et al. 2009 and WHO 2007).

The other aspect that girls can experience during their adolescent period is motherhood. Traditionally adolescent motherhood has been associated with negative social psychological and societal out comes and society's perception towards adolescent pregnancy/ motherhood varies with cultural settings. For example in Ethiopia even though motherhood before marriage is unacceptable there is a tendency to push young girls to have children relatively at younger age.

There is a saying "Lij beljenet"<sup>8</sup> to motivate young people to have children yet in this cultural setting society doesn't accept motherhood before marriage. Adolescent girls face a challenge when they become a mother at lower age. The challenges are diverse and embedded in socio-economical and cultural settings. They may face rejection by families, relatives and community and may not get support from the public. As a result they need to drop out school to give care for their child. Teen mothers are largely uneducated and lack skill (Nigussie and Obare, 2004), and it is therefore difficult for them to find job in the formal sector. They may instead be relegated to finding employment in the informal sector where as noted by de Haan (1999) they perform precarious jobs with very low payment.

Adolescent motherhood is considered to have a negative impact on the child. As Breheeny and Stephens (2007) point out the children of adolescent mothers are typically characterized as a multiply disadvantaged and at risk for intellectual and social emotional problems, high level of conduct disorder. Although outsiders gauge adolescent mothers as incapable and their children as wrongly socialized children adolescent mothers perceive themselves as different and responsible agents. Different people (Kirkman et al. 2001) have studied the way adolescent mothers make sense of their own lives and found that adolescent mothers were aware of the existing negative discrimination of adolescent motherhood, but described themselves as good mothers who saw motherhood as providing opportunities for growth.

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<sup>8</sup> It is good having children as teenager

### ***2.3.3 Poverty and Social Vulnerability***

Poverty can be defined in different ways, it can be defined as: “the inability to have the necessary means to satisfy basic needs such as food, housing, access to basic education and health and sanitation services.” Social vulnerability involves the interaction of structural and conjunctural conditions and consists of different dimensions that are economic, social and cultural”(Stern 2002:5). Poverty cannot be limited only to material resources but also relates to lack of participation in different aspects of social life. Poverty is thus, lack of material resources and exclusion from socio cultural activities.

Several studies conducted on the issue of teenage pregnancy( Kirby 2007, Miller et al. 2001, Woodward et al. 2001) indicate that teen mothers are more likely to have been brought up in less-advantageous social environments, come from poor families and experience pre-existing disadvantages that results from poorer economic circumstances. The poverty cycle repeats itself, with pregnant adolescents beginning a lifelong course of poverty for themselves and their children through cutting educational opportunities and ensuring poor job prospects (Aldaz-Carroll and Moran 2001).

The vulnerability of girls is also aggravated by the situation on which they are living. Girls who are living in slum neighborhoods are more vulnerable to risky sexual behavior and pregnancy. Slum areas are characterized by poor housing with many residents living in one room toilets in short supply and safe water unavailability: deteriorating residential area, precarious sanitary infrastructure ,high poverty rates, limited employment opportunities usually in the informal sector in petty trade activities, taverns and other small alcoholic drink shops called *medija* and female-headed households. The poor employment in these communities may further prevent adolescent girls from staying in school and preventing pregnancy (Kearney and Levine 2007, Stern 2002).

Adolescent girls in slum may not have access to sufficient information and support about their reproductive health rights to make informed decisions regarding reproductive matters and other important aspects of their lives. Although rape is high in this kind of situation girls usually do not report it because of fear of societal discrimination. If they report they will be discriminated and latter face problem of finding marriage partner (Amanuel and Mengistu 2004 , Ngussie and Obare 2004).

The preceding sections of this chapter have shown how teenage pregnancy and motherhood are understood in theory. In the following chapters I will present the empirical findings based on the voices of teen girls who are living at Merkato.

## Chapter 3

# Children Having Children: Causes & Perceptions of Teenage Pregnancy/Motherhood

The back-ground of teenage girls and their families can explain well their life experience and the reasons behind the life choice that girls make. The context they live within both in and out of their homes shapes the life of adolescent girls. The first section of this chapter describes their living condition, provides a brief indication of their lives, and explains their living arrangements and the second section will present factors that contribute to unwanted teenage pregnancy. The last section will present the feelings and perceptions of young girls towards their pregnancy/motherhood.

### 3.1 Socio Demographic Characteristics of Participants

In this study eleven teen mothers who gave birth recently and who were pregnant during interview have participated. In addition I interviewed four women who gave birth during their adolescence to understand their different perceptions due to time differences. As I mentioned in Chapter One I didn't go in detail to know their experiences during intercourse, pregnancy and motherhood as they may not recall it sufficiently.

Participants had low level of educational attainment as majority of them did not go beyond primary school. Only three participants had the chance to attend secondary school and few didn't attend school at all. Some of the participants had migrated from regions to Addis Ababa to look for a job and to attend school. Here I will present the back ground information of respondents as a summary table.

**Table 1 Summary of Girls Background Information**

Personal factors	Age		Yes	No	Total
	<16	17-18			
Living with dual parents before pregnancy			2	9	11
Living with single parent before pregnancy			2	9	11
Living outside natal family			7	4	11
Attending school before pregnancy			10	1	11
Experienced peer pressure			1	10	11
Economic hard ship			10	1	11
Age pregnancy occurred	5	6			11
Consensual sexual relationship			6	5	11
Post pregnancy					
Education Terminated			10	1	11
Get married/marriage planned			2	8	10*
Support from the child father/lover			1	6	7**
Support from parents			1	6	7***
Negative response from Parents			4	0	4****



\*One girl not married but lives together

\*\* Four girls received minimal support from their lovers

\*\*\* Four girls received little support from parents

\*\*\*\* For seven girls not applicable because their parents are not were not aware of their pregnancy

### **3.1.1 Living Arrangement**

As it is indicated in Table 1 most of the adolescent girls sampled in Merkato, are not living with their natal family that is consistent with other findings like (Bruce, et al., 1998) which stated that many adolescents are not living with their parents or they may not be at school. Elukar (2003) also found that 79% of young girls in Ethiopia are not living with dual parents or are not at school.

The findings of this study revealed that adolescent girls in Merkato slum came from regions to live with their relatives by assuming to attend school and to find a job in Addis Ababa which was impossible for them to attend school at their parents' home. In this study poverty is identified as a core factor for the existing living arrangement which later exposed them to unsafe sex and unwanted pregnancy.

I was born in a rural family in Borena, south part of Ethiopia. Starting from ten years old I used to keep cattle I never go to school. My mother was the only person to give care for us since the death of my father. She is poor and couldn't afford to buy school materials for me. Moreover she needs my labor to keep the cattle. I had a big interest to attend school and I came here with my aunt to attend school but she didn't let me go to school and I end up as a teen mother (Tayu from Borena).

Tayu was born in Borena and grew up with her poor mother after the death of her father. Tayu couldn't attend school at Borena due to the poverty of her mother but she was eager to attend school and came to Addis with her aunt. The aunt herself is poor and unable to send her to school. Tayu thus, started work as a baby sitter in one house-hold but she quite that job and come back to live with her aunt by doing some peddling activities at "Tejbtes"<sup>9</sup> and taverns. The job exposed her to risk and she was raped and become pregnant. Tayu's rapist was happy with her pregnancy they were married and started to live together.

I took Tayu as an example, but all girls who migrated from regions have the same reason to come Addis; to look for job and to attend school but all reported with anger and regret their failures to achieve the dream they had before.

Out of eleven adolescent participants only four were living with their parents two girls were living with both parents and two girls were living with a single parent(mother only) before they became pregnant. The other seven participants were not living with parents but with relatives. This kind of living arrangement has an impact on their sexual behaviors: some of the participants

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<sup>9</sup> A place where Ethiopian Honey Wine is selling

reported that they often experienced conflict and misunderstanding with their relatives with whom they are living and were forced to run away to live alone that can expose them to unsafe sex and unwanted pregnancy.

### **3.1.2 Families' Economic and Education Level**

Adolescent mothers in Merkato came from families with low economic and educational level, their parents were in economic difficulties, and they had little, if any formal school education. They were involved in petty trade or daily laborer work with little income.

This research finding is consistent with other findings (Miller et al., 2001; Woodward et al, 2001) which stated those girls in better economic condition have less chance to be pregnant while girls from lower wealth families are at the risk of having pregnancy at a very young age.

My parents have no descent job; my father is a security guard in one government organization with little income and my mom is working as a petty trader on the street. We don't have our own house. The Keble gave us this house which only has one room and has no toilet. The room is so small and we are seven together to live in this house and now I gave birth and increased our family number by one member who is my child; I felt ashamed of my act (Lomi).

Lomi was born at Addis Ababa and grew up with her parents who are poor and lack job in the formal sector. When she was 15 years old she fell in love with a neighbor, and their love relation results in unwanted pregnancy. After the pregnancy he abandoned her, and she is now living at her parents' house.

As it is indicated in (Bruce et al, 1998) lack of education and poor economic condition of parents can leave girls with a limited chance to attend school, which can inspire them to leave their families and migrate to live with relatives. As a result of poverty most girls migrated to Addis and fostered by relatives, end up to engage in unpaid or poorly-paid and ill-treated domestic work instead of attending school. As a result some run away from their relatives' home and start to live on the street which increases their vulnerability to unsafe sex rape and unwanted pregnancy.

I want to go to school as my friends in my village do but my family is too poor to send me to school. I used to keep cattle when I was living with my mom. She didn't have enough money to buy school materials for me in addition she needs my labor to keep cattle (Tayu).

## **3.2 Contributing Factors for Teenage Pregnancy at Merkato**

In this section the major factors contributing to unwanted teenage pregnancy will be discussed based on the voices of teen mothers living at Merkato. The most contributing factors identified in this research paper are; rape, limited knowledge of contraception, living outside their parents, peer influence and lack of interest in education. This finding is consistent with other findings that rape; family education and economic level, lack of interest in education are factors which contribute to teenage pregnancy (Ngussie and Obare 2004, Smith-Battle 2005).

This study revealed that adolescent girls became pregnant mainly as the result of their socio-economic and cultural settings in the wider societal context in which different actors including girls interact in a way to influence their sexual behavior. The interaction is shaped by power relations resulting from gender and class difference. In the following section I will discuss how teen girls at Merkato experience unwanted pregnancy and how they are dealing with it.

### ***3.2.1 Sexual Intercourse and Pregnancy: By Choice or Forced***

Gender power inequality plays a significant role in girl's vulnerability to early and unprotected sex as well as pregnancy at Merkato. Ideally sexual intercourse needs to be safe, healthy and for pleasure but in many cases it is forced, unhealthy and painful to girls. Girls may be raped due to their position in the wider community which makes their experience of intercourse painful and horrible.

In this study five of the eleven teen girls were raped by different person including the person they considered as their 'boy friend'. Teen mothers of this study reported that the intercourse resulting in unwanted pregnancy was not consensual, and they believed that the incident was rape. Some of them reported to the kebele police office and Women Affairs Office but others don't.

Although in other findings rape is one contributing factor for teenage pregnancy it is a particularly a striking finding in this study is much more. Reasons are many; lack of strict laws and smart implementation strategies against rape, lack of focused life skill education, lack of knowledge about reproductive health right, and assertiveness trainings for adolescent poor girls are some reasons that are identified as contributing to the occurrence of rape in this neighborhood.

Almaz a 15years old girl at the time of interview was born at Addis Ababa. Her parents died while she was nine years old. Since the death of her parents she started to live with her aunt but her aunt also died one year ago, life for Almaz became challenging. She started to live alone with a limited help from the Keble. The support from Keble was small to cover all of her expenses' thus, she started to work a laundry job which earned her with a monthly payment of 30birr<sup>10</sup>. One day when she was ironing the clothes in one of her clients' home the man of the house raped her and become pregnant and dropped out of school.

I was living with my aunt since the death of my parents but she also died shortly after their death when I was 13 years old. After she died, I started to live alone by receiving some support from Keble which is not enough to cover my daily consumptions, like food, cloth and shelter so I need to look for a job to increase my income. I found a job to wash clothes for persons living in the Merkato area. This job bared me for rape and I raped by one of my clients whom I used to wash his cloths for 30 birr (2.1USD) per month and got pregnancy after rape (Almaz).

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<sup>10</sup> Ethiopian currency

During the discussion it clearly came out that her position in the ecological social relations model put her in a disadvantaged position, she then became victimized during her attempts to cope and survive after the death of her parents. Poverty plays a role in her life. It is because of being a poor and marginalized girl that puts her at a disadvantage position to get raped. The man knew that she has no one to protect her from such criminal act. She is not only economically poor but also socially marginalized.

### ***3.2.2 Limited Knowledge about Contraceptives***

Poor young girls do not have access to education and information about sexual and reproductive health; their knowledge about family planning and abortion services is very limited.

It is a remarkable finding that girls even at school don't have information about contraception. It is also a surprise to find that none of the girls who were involved in this study used any contraceptive methods. I was surprised during an interview with one teen mother who dropped her school after 8years education due to her pregnancy.

He was my boy friend. We spent two years in love, and one day he asked me to sleep with him but I refused because I am afraid of getting pregnant. However he told me that he took contraceptive injection. I trust him because I know he is a strong believer besides I love him very much. During that sexual intercourse I became pregnant (Lomi).

### ***3.2.3 Peer Influence as a Contributing Factor for Teenage Pregnancy***

Adolescent girls' sexual behavior is influenced by many factors: peer influence is one among them. Adolescent girls want to be like their friends; they want to do what their peer groups do, and they want to have what their groups have.

Although in theory peers have their own impact on girls' sexual behavior this research identified peer influence as a factor with only limited impact on their sexuality and pregnancy. Only one of the eleven participants reported that it is because of her friend's influence she engaged in sex and became pregnant. Poor girls who are living with their relatives do not have free time and have fewer contacts to talk with and to be influenced by peers. They have a lot of house hold burdens to bear; have no free time to go outside. Due to this reason though peer influence has an impact on teenage pregnancy in others findings this research showed that it has little impact for poor teen girls' sexuality in Merkato.

### ***3.2.4 Family Relationship***

Family relationship is another important factor that influences teenager's sexual behavior. As it is identified in others findings (Miller, et al. 2001) girls who are living with relatives and who lack healthy relationships with their parents or guardians have higher probability to become pregnant at younger age. Parental support, closeness, and healthy relationship between parents and children reduce adolescent pregnancy risk.

The findings of this research showed that most girls are not living with their parents, few live with single parent (mother only) and others live with relatives. These teen girls assigned to do unpaid jobs, end up ill-treated, subject to beatings and enforced to hard labor. All these factors including lack of good relationship with their relatives' increase girls' vulnerability to unwanted pregnancy. Some girls' runaway and others are kicked out by their relatives and forced to live alone. Living alone at this age is risky for girls. They may engage in sex because they feel sexually mature or they may be raped due to lack of protection.

I came from Borena three years ago to live with my aunt and to attend school. But she assigned me to do a job which is difficult for me. Beside that she always nagged me therefore I decided to leave her place and told her that I want to leave the house and need to have some kind of job like baby sitter which will be easily accessible to me. She agreed and found a baby sitter job to me with a salary of 20 birr (1.50USD per month). After two years working this job I gave up because my employers were not good to me. I return back to my aunt's place and started to peddle kolo<sup>11</sup> in taverns and 'Tej bets'. My aunt didn't bother about me; she didn't have interest to know about my day stay. During this time I met a man who used to buy my kolo and one day he and his friend took me to a village which I am not familiar with and he raped me in his room. I became pregnant after rape (Tayu).

### ***3.2.5 Lack of Interest in Education as a Contributing Factor for Teenage Pregnancy***

In others studies lack of interest in education or having low educational attainment was reported as one contributing factor for teenage pregnancy. When girls lack interest in education they prefer to drop out of school and do other activities which exposes to risk of unsafe sex and unwanted pregnancy (Ferguson and Woodward 2000). In this research I found a weak correlation between pregnancy and lack of interest in education. The reason is that poor adolescent girls know that the only way to get out of poverty is education. If they fail they know that they should go back to their place in the rural area thus, they don't want to drop the school.

### ***3.2.6 Poverty as a Cause for Teenage Pregnancy***

Poverty is the main contributing factor to unwanted pregnancy. Because of poverty girls migrate to Addis Ababa to live with their relatives, in some cases live alone or live on the street.

Poor girls came to Addis with the assumption that they can find job and can attend school. The reality is different, some end up as a domestic worker and are exploited by their employers, others who stayed at their relatives homes could not manage to live with them and left it and end up in street life and get raped. Others joined commercial sex work as source of income. Be-

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<sup>11</sup> Roasted and polished barley Traditional Ethiopian staple snack

cause these poor mothers couldn't attend school as a result of pregnancy/motherhood it is difficult for them to find job due to their low level of education and lack of skill. Poverty will continue to the next generation of these mothers because they are not in a position to send their children to school for better education due to shortage of resources. The daughters of these teen mothers may have a probability to be a teen mother and the trend continues infinitely.

### **3.3 Merkato Teenagers Perspective on Teenage Pregnancy**

Teen mothers refer to the trauma that they experienced when they knew their pregnancy and the challenge they faced in deciding whom to tell, what to do and how to handle as well as the harsh response they received from family, community and friends (Varga 2003).

Adolescent poor mothers who are living in Merkato slums felt sad when they knew their pregnancy and failed to know what to do next. Life became gloomy for them; they may develop low self-esteem and face self discrimination. As I discussed in the previous sections because girls are unwelcome to their pregnancy nearly almost all needed to terminate.

#### ***3.3.1 Pregnancy and Abortion***

When girls knew their pregnancy they felt desperate, angry and ashamed. During my interview it was difficult to finish one interview without interruption. In the middle of the interview they started to cry by recalling the event of their sexual intercourse, their pregnancy or previous life. Sometimes I myself cried with them. I was touched by their emotion and I felt that it is because of being a female that they were exposed to this experience.

During the discussion I realized that most of them (nine of eleven teen girls) wanted to terminate the pregnancy but their knowledge about reproductive health including abortion was limited. They assumed that abortion as illegal and were afraid to go places where safe abortion service would be provided but as it is discussed in chapter one abortion is legal in Ethiopia for some cases since 2006<sup>12</sup>.

I cried when I knew that I am a three months pregnant I was also thinking to commit suicide because I don't want to live with him (the man who raped her). I want to abort it but people told me that it is crime. I was afraid and kept the pregnancy and get delivered after I get married (Tayu).

On the other hand those participants who had information about the legality of abortion couldn't manage to terminate because of lack of the money to pay for the service. Others failed to abort because they knew their pregnancy only after 12 weeks, a time not possible to abort at clinic level.

During my field work I had an opportunity to visit an abortion service-provider clinic located at Addis Ketema sub city called Marie Stopes Ethiopia to

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<sup>12</sup> Revised Criminal Law of Ethiopia Article 551,552

make an interview with the clinic staffs and pregnant girls who came for abortion. Marie Stopes Ethiopia is an international Ngo working on reproductive health issues. It has four branches in Addis Ababa; Teklahamanot branch is the one that I visited during my field work.

My visit to this clinic gave me a chance to observe the feelings of girls who came for abortion. I could observe their desperate, depressed, unhappy and hopeless feeling before they got the service. The feeling of girls after abortion is completely different. They became a different person totally free, happier and confident. The available service however is not affordable to those poor girls who are living in Merkato. The service only targets those who can pay. However there are several poor girls who are in need of safe abortion services but couldn't access it.

According to one of my key informants at Marie Stopes Clinic "girls may want their pregnancy at the beginning but after some time it might be unwanted due to different reasons such as conflict with their partner or the partner may deny and abandon them", girls thus may wanted to terminate but it may not possible to get the service for two reasons:-

The first reason is time may pass until they decide to terminate and if the pregnancy is more than 12 weeks it is not longest possible to terminate at Marie Stopes Clinic.

The second reason is lack of money for the abortion service, as very young poor girls they do not have money and it takes time to find money for abortion. By the time that they get the money, it will then be too late possible to terminate the pregnancy.

According to this informant girls who came after 12 weeks of pregnancies "become nervous, cried, felt desperate and unable to know what to do next and feel as if it is the end of their life" when they are told by nurses that it is not possible to give the abortion service after 12 weeks. She also reported that she knew several girls who were going to places where unsafe abortion service are provided and faced problems such as health and psychological problem. According to her the main reasons to go unsafe places for abortion is lack of money and fear of discrimination. Because these places provide abortion service at low cost, 70 birr (6USD) but at Marie Stopes clinic they are supposed to pay 225birr (19\$), girls prefer to go unsafe places. Another reason is fear of discrimination, unsafe service providers give their service illegally, out of peoples' sight, therefore girls assumed that no one see them and know their act of terminating pregnancy and saved from discrimination.

This finding is consistent with other findings (WHO 2007) identified that many women seek abortion service very late because of lack of awareness of their need, lack of information where to go for the service; they may fear abuse ill treatment or legal punishments.

The other important finding of this paper is that in this neighborhood pregnancy before marriage is not acceptable for women and adolescent girls but after marriage giving birth is expected at whatever age. Teen mothers in this community faced discrimination and excluded from participation in public affairs freely and happily. It is not easy for them to have friends of their age and no one gives respect to them due to their pregnancy/motherhood before

marriage. No one treats them as a newly birth giving mother ‘*Aras*’<sup>13</sup>, no one prepare ceremony for them which is supposed to be prepared for “*Aras*” in the community.

Because of societies discriminatory act young mothers feel hopeless, weak and lack interest to participate in day to day societal activities. Some of them faced self discrimination because of normative setting of the community towards teenage pregnancy/motherhood. As part of the community and being socialized in a way congruent to society’s views they shared values and believes of their community as a result, they believed that they are deviant and discriminated themselves.

### ***3.3.2 Teenage Motherhood***

Teen mothers who gave birth recently reported that having a child affected both mother and child’s life since it had resulted in the teen mothers dropping out of school or becoming disrespectful in the community. On the other hand, women participants who experienced pregnancy as teenager showed mixed feelings; they are happy to see their children but they also have a feeling that because of pregnancy and motherhood as teenager forced them to live in poverty and lack competency in finding jobs in the formal sector.

The interesting finding in this paper is that although girls were not happy with their pregnancy all reported their unwillingness to give their child to relatives or adoption centers. They prefer to die with their child if they could not an adequate living rather than give their children to somebody else. On the other hand, there are teen mothers who love their pregnancy and their child despite being poor and marginalized. Two of eleven teen mothers who were pregnant during the time of interview reported that they are happy and reported that they were wishing to have a baby and would carry the pregnancy in to terms and will give birth. They feel warmth at the prospect of motherhood and feel that their lives will be meaningful if they have a child. Due to the effect of discrimination and being in a disadvantaged position, girls are motivated to have children that give them the chance to give care and love for their children, which they personally missed from their parents and the community.

In sum, most teen girls in Merkato were unwelcome to the pregnancy though there are exceptions. They felt that pregnancy/motherhood excluded them from participation in different public activities and privileges and tend to develop low self-esteem. However, there are few teen mothers who love to have children as teenager despite they lack financial resource and faced discrimination.

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<sup>13</sup> A mother who gave birth recently usually less than a month



## Chapter 4

# Challenges and Opportunities for Teen Mothers

Research has shown that teenage pregnancy is associated with numerous negative outcomes and greater rates of health problems for both teen mothers and their children. As Campbell (1968) summarizes, “The girl who has an illegitimate child at age of 16 suddenly has 90 percent of her life’s script written for her--- Her life choices are few; and most of them are bad”(Campbell in Carrion-Basham 2007:554). In this chapter the impact of adolescent pregnancy on life options of and missed opportunities of teen mothers coping mechanisms will be discussed.

### 4.1 Education and Job as a Missing Opportunities

Adolescent pregnancy and childbearing have been associated with poor educational achievement, poverty and related factors; the interruption and discontinuation of education are of particular significance. Pregnant girls are often forced to leave school not because of policy problem in the education sector but because of both embarrassment and physical demands of pregnancy and childbirth (WHO 2007).

As is indicated in others study the important aspect that adolescent girls lose out due to their pregnancy and motherhood is education. Adolescent girls who lack support and protection from family, partner and community are forced to drop out their school to care for their new baby.

In Ethiopia although the Ministry of Education encourages girls to go back to school many pregnant girls and teen mothers did not return to school after their pregnancy and once they have given birth. During my interviews with teen mothers at Merkato I found that teen mothers would love to attend school and wish to join university which would enables them to work in the formal sector. It was however impossible for them for the following two reasons: The first reason is lack of support; because of the norms and values of the community towards adolescent pregnancy/motherhood and due to poor family background, no one is willing to support them by giving care for the new baby and let them to go back to school. The second reason is that because society labeled them as deviant they developed lower self esteem and feel embarrassed to see their friends and other school community.

I discontinued my education after eight years of education. I was good at school. I usually get a rank from 1-10. After my pregnancy I was ashamed to go school. I was afraid to see my friends’ eyes at school (Almaz).

Due to the reasons mentioned teen mothers could not go back to school as a result they have lower educational attainment and greater likelihood of poverty as lower education limits job accessibility. Out of eleven teen mothers and four women whom I interviewed, only one girl who terminated the pregnancy reported that she is still at school.

Because teen mothers lack skill and have lower educational attainment it is difficult for them to find job in the formal sector and usually find a job of

washing clothes, cleaning houses and baking “Injera” for middle and high class families. Sometimes it is difficult for them to find this job for two reasons: the first reason is that employers need a person to take responsibility for whatever act they do in that house hold. Most teen mothers do not have such kind of person and therefore could not find this job. Another reason is that usually employers prefer workers who do not have baby and not pregnant. Therefore, it is difficult to find any job especially for pregnant girls. As a result, none of my participants has a job in the formal sector and some of them involved in petty trade.

I couldn't find job, even a house maid job after I left the job that I got when I arrived Addis because of lack of a person to serve me as ‘Teyaj’ . I don't know any person in Addis it is a big city and some time I felt that I am in the middle of an ocean. As a result, I started to do “business” which doesn't demand any *Teyaj*<sup>14</sup> or any skill or doesn't require level of education (Aisha commercial sex worker).

Aisha was born in a village called Workat in Gurage zone, and due to the poverty of her parents she left her parents home and started to live with her aunt at Shashemene. One day Aisha and aunt were travelling from ‘Workat’ to ‘Shashemene’ after celebrating ‘Meskel’ at ‘Workat’ by using public transport. The bus stopped at “Wolkite” to take break for lunch. During this time, she was separated from missed her aunt and the bus left her behind. She then came to Addis by begging one bus driver to give her a ride. When she arrived at Addis, she scared and started to cry and a lady met her on the street and felt sad for her. The lady decided to help Aisha and assigned her as a house girl with a monthly payment of 100birr in her house. The son of the lady attempted to rape Aisha then Aisha left that house and join sex work. She joined sex work not by choice but due to lack of access to another job even a house maid job because of lack of a person who serves a grant for her.

Respondents who gave birth recently couldn't find any job not only because they were physically weak but also not possible to take the new baby with them. As a result, by the time of interview, they were sitting and waiting to get food and cloth for the baby and for themselves from their neighbours and other people who like to donate them.

I gave birth 25 days ago I don't have any money because I didn't have job before I gave birth. I was working as a commercial sex work but I couldn't work after 7 months of my pregnancy. I consumed all the money that I have during the last three months. I don't have any family or relative here at Addis I came from Dessie after I quarrelled with my mother. Thanks to this big mama, she gave me this room for free for some period. She usually brings food and drink for me, neighbours also do the same I would like to thank them I believe that these people are messengers from Allah. (Merim a commercial sex worker)

From the discussion with Merim and other participants, it clearly came out that the relationship of different actors and teen girls under the wider ecological model does not always lead to the same result. There are people like this

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<sup>14</sup> A person served as a guarantee for girls to be employed for house maid Job

old mother who are against the dominant norm by including and giving care for teen mothers.

As I discussed earlier teenage pregnancy/motherhood limits the life options of girls and the impact extended to their latter life and determines the future carrier of their children as well. As (Kirby 2007) noted the outcome of teenage pregnancy is intergenerational which means children of teen mothers are most likely to drop school, obtain lower grades and report poorer school attendance, which means teen mothers will transmit their poverty to their children.

I gave birth when I was 16 years old and I dropped my school to give care for my baby and my husband, but my friends of that time who completed their education have a decent job and are living a descent life not only for them but also for their children. Their children can go to better schools and can join university will have better education which is good for their future life (woman participant).

This research revealed that education and job are the most important missing opportunities for poor adolescent pregnant/ mothers. Because teen mothers forced to drop out of school, they lack skill or haven't certificate of education. This leads them to further exclusion in the formal employment sector and their children also become excluded from attending school because of hidden and unhidden cost of education that teen mother can't afford.

## **4.2 Acceptance by Family, Partner and Community**

Girls who are pregnant or gave birth during adolescence faced rejection by their family, community and abandon by loves/partners. During adolescence, girls are not mentally mature but sexually active as a result they may start love affairs to satisfy their sexual desire, which may not culminate in long lasting relationship. Once girls become pregnant their lovers, may not want to stay with them, usually boys abandon and disappear. More over some pregnancies may be a result of rape. In either case, care of the children becomes girl's responsibility.

Due to the sexuality hierarchy that exists in the community, pregnant girls/mothers usually face rejection by their parents and relatives. When parents knew about their daughter's pregnancy, they become angry and feel ashamed especially men respond to the affair more aggressively and pass harsh decisions like kicking out their daughters.

I didn't know the pregnancy of my daughter until the date of her delivery. One day my daughter called me and told me that she felt sick. I took her to clinic. After some time one of the nurses came to me and told me that my daughter delivered. I didn't understand what she was talking about at first but latter I understand and wished to die. My daughter brought shame on my family. I was a respected woman in the community but now I lost my status due to her bad act. I didn't want to see her eyes let alone to take her and give care for her and her child. However, how I could do that because after all she is my daughter. I felt sad for the happening but the other bad thing was how to tell the scenario to my husband it was really hard to convince him to take her in our house (one mother in the community).

One of my participants reported that initially shunned by her uncle whom she was living with and she went away from home and returned back after the death of her uncle.

Another participant also reported that her father was upset and shouted at her to leave his house; she left her parents house and started to live with her relative. After frequent discussion between her mother the relatives he agreed and let her to come back to live with them. As she reported though she is living with them, he insults her and the child when he felt angry and drunk and the family members called the child by the name '*Diqala*.'<sup>15</sup>

As it was clearly came out during the discussion the reaction of parents and relatives to their pregnancy varied among men and women. Women especially mothers, usually accept and support their daughter's during pregnancy and throughout motherhood once it happened. Men's reactions are different; they become aggressive and assumed girls pregnancy as an act that is out of parents' control. The value and norm of the community towards gender have played important role. As many societies, in Ethiopian society men have more prestige and respect than women. For example, if a girl gave birth before marriage the community gossips her and give a name to her '*Set yasadegat*'<sup>16</sup>. Due to this, connotation men usually upset when their daughters pregnant at younger age.

The findings of this research revealed that poor adolescent girls who become pregnant with whatever reason faced discrimination and rejection by the community, family and partners /lover.

### **4.3 Coping Strategy**

The preceding sections of this chapter have shown that adolescent girls lack support and protection from their family, community, and government and non-government organizations. Poor mothers have very minimal support from the child's father and their parents' as a result they have to go alone the whole journey of their life with their new born baby.

As SimthBattle (2005), noted teen girls often do not have a plan to have a baby but once pregnancy has happened, it becomes a reason for planning the future as mothering anchored new sense of self and creating new connection to the world. Teen mothers find energy and enthusiasm to struggle with life once they give birth. Although pregnancy was not wanted and they felt sad during the time of pregnancy all mothers interviewed showed love and affection to their child and showed commitment to caring for their child once they gave birth. Life for them was nasty during pregnancy but now they need to be alive to raise their children. Giving birth gives them strength and serves as a coping mechanism for their life to continue.

I have no any source of income, I have no education, I don't like to live with my husband because he usually bit me when he drunk and when he broke.

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<sup>15</sup> A child who is born out of wed lock

<sup>16</sup> Improperly socialized girl who is reared by a woman not a man

However, I felt happy and warmth when I saw my daughter and when I play with her. I will forget all my internal chaos and got strength to fight life because I know that no one will give care to my daughter (Tayu).

As I mentioned before, almost all teenager interviews have conducted at their home that gave me a chance to observe how they lived in the neighbourhood during pregnancy and motherhood. Some of the participants live in a very small room, not-ventilated and unhygienic with very poor quality and rented from private renters. Others stayed in a similar type of room, which is very small, and unhygienic rented before gave birth and now allowed to stay for free for short period of time.

This research revealed that though community's norms and values reject teenage pregnancy/motherhood before marriage however there is individual effort to help poor teen mothers especially during motherhood. I found women, who are giving care and support for teen mothers despite the dominant norm doesn't allow it. The reasons are various; some were motivated to help them because they know them before and felt sad for them. Others were motivated to help because of religious obligation to do so. In their religion, helping poor people is a measure to go heaven. Due to one or other reason, I found women who help poor girls by donating food and by sharing a small room to stay for some time after giving birth. Surprisingly I found no men who were willing to help those poor mothers.

Some of the participants who didn't find room for free have to live with other poor girls by sharing a very small room, which has poor quality with expensive payment for them.

The room is small and doesn't have bed merely a mattress made of polypropylene with a grass inside. They don't have toilet and need to find one elsewhere, which can imply going far places to get public toilets. They don't have tap water at their home and need to go to "Bono"<sup>17</sup> to fetch water.

Teen girls reported that they didn't get any support from the government or NGOs. The existing poverty makes them vulnerable to further extreme poverty. They don't know what is going on the city, available policies, strategies and services and NGOs activities. Teen mothers especially the poor are marginalized and socially excluded from getting education, employment, community participation, health and other services.

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<sup>17</sup> Bono is a public tap water supposed to be sell at relatively lower cost

## Chapter 5

### Policies and interventions

Adolescent reproductive health policies, strategies and methods have been developed in the context of significant cultural and geographic diversity, but many programs are designed in a way that envisions adolescent girls as being enrolled in school, with family support and reliable access to media. These programs assume that girls can exercise some degree of personal agency over their lives. In many developing countries contexts however, for a substantial proportion of girls and young women in the poorest districts of large cities and rural areas, these assumptions do not hold (Bruce, et al. 1998). Many adolescents do not have both protective factors; being out of school and/or living with single parent or with relatives that may not only increase their social isolation and the economic pressures but it may also remove them from the reach of entitlements, information, and services vital to their well-being (ibid). In Ethiopia 79 percent of adolescent girls lack either enrollment in school or dual parental residence (Erulkar et al, 2004).

In the following sections the available policies and strategies aimed to protect and improve the reproductive health of adolescent girls, its implementation and its impact on their lives will be discussed

#### 5.1. National policies and strategies

The government of Ethiopia has formulated policies and strategies and has issued and revised laws related to young girls and women. The following are laws, policies and strategies that were identified during my field work:-

- Ethiopian revised family law, which contains the legal lower age limit for marriage
- Ethiopian revised criminal law about rape
- The ten years youth reproductive health strategy which is about issues related with reproductive health
- Health Sector Development program (HSDP)
- National women's Policy

Ethiopia revised the family law in the year 2000: the amended family law reiterates that the legal age of marriage is 18, and marriage can only take place with full consent of the marrying partners. In addition GOE revised the criminal law regarding rape and abortion. In the revised law if a boy/man has sex with a girl who is below 18 years old with or without her consent the law categorize the act as a crime due to the assumption that a girl below age of 18 is not old enough to make decision.<sup>18</sup>

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<sup>18</sup> Ethiopian Revised family Law & Ethiopian Revised Criminal Law

Revised criminal law gives an option to terminate the pregnancy for some special cases such as incest, rape, and others as stated in the law. According to this law there is no need of justification to prove, the simple statement given by the pregnant girl is adequate to prove that the pregnancy is the result of rape or incest. It is a further step taken by the government to protect girls and women in case of unintended outcomes such as pregnancy. But during the discussion that I had with teen mothers the knowledge about it is very minimal and many girls and women consider still now abortion is prohibited in any case.

Another effort made by the government is that Ministry of health produced a ten year (2006-2015) strategic plan document called 'National Adolescent and Youth Reproductive Health Strategy' to improve the reproductive health condition of youth with the following four major goals:-

- Provision of quality reproductive health service for adolescent and young people,
- Increase awareness and knowledge about reproductive health issues,
- Strengthen multi sectoral partnership and design and
- Implement innovative and evidence based adolescent youth reproductive health (AYRH) programs which are tailored to meet diverse needs of youth.

In this strategic plan the government acknowledges that currently youth have limited access to quality youth friendly services and are at increased risk of negative reproductive health outcomes (FMOH 2006). As it is clearly stated in the objective the strategic plan categorized all adolescents as a homogenous group and aimed to provide services for all adolescents as if they have similar needs. But adolescents vary with sex, economic level, education level and place of residence. Girls and boys have different needs, their vulnerability is different. Adolescents who are at school are in different situation with those who are out of school; poor girls have different needs than economically better girls. Formulating a policy by assuming adolescents' needs as similar and homogenous is inappropriate way of addressing the needs of adolescents since adolescents vary in many aspects. Policies and strategies therefore need to design in a way to acknowledge the heterogeneity of adolescents and formulate to address their needs accordingly.

In addition to this during my field work I didn't come across with a policy or strategy document which specifically target to teenage pregnancy. Ministry of Children and women's affairs office is a responsible body has no specific policy document related to young motherhood and teenage pregnancy. One of my key informants in this Ministry office told me though the problem is very real, and he personally and informally knew about the problem the Ministry kept a silence as if there is no problem. There is National women's policy aimed to create appropriate structure with government offices and institutions to establish equitable and gender sensitive public polices to protect the right of

girls and women in the country<sup>19</sup> however the implementation is still not promising.

Although there is no specific policy or set of guideline in regarding to teenage pregnancy I could observe a great effort made by Women Affairs Office at sub city and Keble level but lacked the attention of higher administrative officials regarding to budget and staff assignment. According to my key informants at the Keble women affairs office “even though there is little improvement in assigning the financial and human resource still it is far to fulfill the demand”.

During my field work I had a chance to observe their daily activities. I found these women who assigned to lead their office energetic and enthusiastic in their work. They know the status of each and every women and young girls specially the poor ones living in that area, they know what problems girls and women’s have but due to lack of sufficient resources they couldn’t go further step to solve their problem. It is meaningless for them to see the problem of women and girls without having the capacity to solve their problems. Some of them felt frustrated because they know the problem but couldn’t give solution draws the meaning of their presence.

The other program related to women and girls is the Health Sector Development Program III which is a five year health program gives emphasis for the following:

- Making pregnancy safer
- Improve Safe Motherhood services
- Addressing the sexual and reproductive needs of adolescents;
- Improving the relevance rate of contraceptive usage

In addition to the programs and policies designed by the government of Ethiopia there are international laws and major policies to advance women’s status and social and reproductive rights that government signed and ratified. The GOE is a signatory on major international conventions which aimed to promote reproductive health in a broad context of social development. GOE is a signatory of international conventions to protect the rights of women and children, like CEDAW, CRC and others.

Despite of all policies, programs and strategies unwanted and unplanned teenage pregnancy and motherhood still persist at Merkato neighborhood. Most of the interviewed teenagers knew little about the existing policy and available services such as family planning services for women and girls, legality of abortion and others.

Almost all of my participants reported that they don’t know about policy issues, they don’t have access of information, and they reported that no local authority communicated to them about the issues. They lack support from the government. They felt that as if they are not citizen of the country. Sometimes

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<sup>19</sup> National Policy on Ethiopian women 1993



they blamed on their “Edel” (fate) and other time blamed on the government, the society and their family.

When I knew I pregnant, I wanted to abort and talked with people in my surroundings and some of them told me that abortion is crime by law and I will be a criminal and others told me that making abortion is dangerous that it may took my life thus, I decided to carry into terms and gave birth (Tayu).

This teen mother is not well informed about laws, policies and services. She and her relatives didn't know about the legality of abortion in Ethiopia, and they are unaware of the availability of safe abortion services provided by NGOs and government clinics.

This research revealed that while polices and strategies are fairly well put in place and GOE ratify several international laws and declarations which aimed to protect the rights of girls and women, the implementation is in short supply. Adding to this designing policies and programs is not based on the perspective of adolescents and none of them incorporate the ideas and real needs of teen mothers.

## 5.2. Available Services

In order to implement laws, polices and program GOs and NGOs are making efforts to provide different services aimed at enhancing reproductive health and wellbeing of adolescents. Most efforts are focused on awareness creation programs, building youth centers peer education, but this approach misses those girls who couldn't access the means of delivery. For example there are youth centers at Keble built on the assumption that teenagers will come and spent their leisure time where they will be protected from different unhealthy activities during their leisure time. This research finding however showed that none of poor teenage girls go to these centers. As I discussed in Chapter Three poor adolescent girls who are not living with their parents have limited social contact and don't have free time to go youth centers because they are busy with household tasks or income generating activities.

Although limited numbers of youth centers are found in the sub-city the users are almost boys. Girls are not able to go there. It may be because of lack of permission from parents. Parents may not give permission for their daughter by fearing that girls may start love relationships with boys and will engage in unsafe sex which results to unwanted pregnancy. On the other hand girls who are working as a house maid are not allowed to go such places. It is unthinkable for them (Zeyneba woman participant).

Poor adolescent girls couldn't have access to information, health, education and other services and are vulnerable to unsafe sex and pregnancy. All of my participants reported that they didn't know about family planning service before they become pregnant and they never used it, despite the work of government and NGOs in the area.

I didn't know about contraception until I got pregnant. I never used it before, no one told me about it. I didn't know about contraception. I learnt it for the first time at clinic while I was delivering the baby (Tayu).

In addition to government organizations, NGOs are working in the area of reproductive health in Addiketema sub city. Marie stopes Ethiopia is one of the NGOs working on the study area and is involved in provision of FPS, awareness creation on reproductive health abortion services. The organization plays important role to change the attitude of the community towards use of family planning services. Home based awareness creation and service provision programs are programs of Marie Stopes Ethiopia aimed to create attitudinal change and increase service utilization.

I had an interview with two girls who had visited the clinic and found that girls become happy after having abortions. These girls were very happy and confident when I talked to them after abortion. But they told me that the payment is a challenge for many poor adolescent girls.

When I recognize that I am pregnant I wished to die. I am afraid to tell anybody, feel depressed sad, and unhappy. I got the abortion service from this clinic. Now I have a feeling which is different from the previous one. I felt happy because I can live as freely as my friends do and I can continue my education. However I felt sad because the service charge is not affordable for poor girls; I paid 225 birr which is big money for poor teen girls (Beza whose father has a grocery).

There are various kinds of services which are provided in the Kebele; awareness creation, provision of contraception and termination of unwanted pregnancy are some of the services. Abortion service providers in this locality both GOs and NGOs' are providing the service with a charge which is unaffordable for many poor adolescent girls. Many young girls who are in need of the abortion service but don't have money to pay are unable to get it.

I wished that I could terminate my pregnancy at that time but I couldn't do it because of lack of financial resource. All girls I knew had the same problem, government need to make available such kind of services free of charge or with small fee for teen girls who can't afford to pay but in need of the service (Merim).

My observation and the finding of this research revealed that programs and projects aimed to serve adolescents are not able to serve those poor girls. There are laws and policies focused on reproductive health but don't have appropriate implementing strategies.

Girls can be raped by different person including their own relatives, at home, in the street or somewhere else but the response from public institutions and the community is limited despite it is clearly stated as crime in the revised criminal law. During my field work one of key informants at Addis Ketema sub city reported that she knew a girl who was raped by a police officer but not yet in under custody for his crime.

Reproductive health services are not positioned to address the needs of the poor and marginalized adolescent girls who lack access to different services. According to one key informant at the Keble in Merkato there is a program named "*buna tetu*"<sup>20</sup> which aimed to increase the awareness level of

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<sup>20</sup> It is a cultural coffee ceremony in Ethiopia

women towards their rights including sexual and reproductive rights. The program completely excludes the participation of adolescent girls however.

I didn't know about contraception until I got pregnant I never used it before, no one told me about it. I know women who are going to Keble for a "Buna tetu" program to learn about child caring and family planning, but it is not for teenagers like me. During my delivery the doctor told me to use contraception and I started to use, because now I have information about. Besides I am married (Tayu).

To conclude though there are policies, programs and services aimed to address needs of adolescents they are not designed to be accessed by all categories of adolescents with various needs. The implementation is weak and lacks specificity to poor marginalized girls. Policies need to look at different perspective of adolescents. And need to consider the views, perspectives and concerns of adolescents at various levels and implement accordingly.

## Chapter 6

### Conclusion

This study was aimed to examine adolescent pregnancy/motherhood from the mothers own perspectives, exploring their attitudes towards the issues that they described as important in their lives. The preceding chapters explored the causes, consequences and policy interventions of teenage pregnancy in Ethiopia with particular reference to one district in Addis Ababa called Addis Ketema sub city specifically Merkato neighborhood. Eleven teen mothers and four women who experienced pregnancy as teenager were involved in this study. To explore the complexities and dynamics of teenage pregnancy/motherhood the Ecological model and Social exclusion theory were applied in the analysis and provided a deeper understanding of the experience of teen mothers and teen pregnant girls.

The findings of this study showed that majority of teen girls in this study are poor migrants from regions looking for job or to attend school at Addis which couldn't be possible at their home place otherwise. Before their pregnancy most girls worked as a house girl and experienced abuse either by relatives or employers.

My observation and the finding of this research showed that nearly all the pregnancies of the girls were unplanned and unexpected and a surprise for both adolescent girls and their relatives. Rape, poor family relationship, living out of natal family (being fostered), limited knowledge to contraceptive use and being poor are identified as major contributing factors for their pregnancy. Lack of interest in education and peer pressure was not a major factor that contributed to the girl's pregnancies.

This research revealed that most girls and women were not happy with their pregnancy and were in need of abortion but due to lack of financial resource and fear of social stigma they couldn't managed to do. I learnt that once they gave birth however most girls expressed their desire to keep and raise their babies instead of giving for adoption despite girls' lack any source of income.

Dropping out of school, lack of job opportunity in the formal sector, discrimination by community, friends and family and developing low self esteem are identified as the main consequences of teenage pregnancy. Most girls and women believe that being a mother at early age has a negative impact on their life by limiting the life options available for them. Due to their low educational level and lack of skill they couldn't work in the formal sector and only have limited space in the informal sector to do precarious jobs with low payment.

Although there are policies and strategies designed to improve the reproductive health of adolescent girls in Ethiopia the way they designed and implemented does not reach to poor adolescent girls who need them most. They were designed by categorizing adolescents as a homogenous group and by assuming the needs of adolescents instead of participation of adolescents' inputs during the design and implementation period. I found adolescent girls as heterogeneous groups with different needs depending on their situation. The find-

ings of this research showed that policies and programs failed to address the needs of poor girls especially those girls who are not living with their parents and lack access to school. The services are limited in terms of relevance since the teenagers themselves are not involved in formulation or delivery.

Adolescent girls may become pregnant out of their will, and may result from lack of decision power, gender inequality, due to lack of family planning services or lack of information how to get the services. No one gives the girls protection instead blamed for becoming pregnant. Society should take the responsibility for the unwanted pregnancy of adolescent girls and should give support for adolescent girls to prevent and to rehabilitate them from the unintended results of unsafe sex and unwanted pregnancy.

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## Appendices

### Annex I Summary information on Participants back ground and Circumstances

Table 2

#### Participants

Personal factors	Almaz	Lomi	Asefu)	Merim	Tayu	Dinber	Beza	Tadu	Elf	Tihun	Ayhsa
Living with parents before pregnancy	No	Yes	Yes	No	No	No	Yes	yes	no	No	No
Attending school before pregnancy	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Pregnancy due to peer pressure	No	No	Yes	No	No	No	No	No	No	No	No
Birth control use	No	No	No	No	No	No	No	No	No	No	No
Economic hard ship	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Age pregnancy occurred	15	17	14	18	18	15	18	15	17	18	16
Consensual sexual relation ship	No	Yes	No	Yes	No	No	Yes	No	Yes	Yes	Yes
Post pregnancy circumstances											
Education terminated	Yes	Yes	Yes	Yes	Yes	Yes	GS	Yes	Yes	Yes	Yes
Get married/marriage planned	No	No	Yes	No	Yes	No	No	No	No	Yes*	No
Support from partner	No	No	Yes	No	YMS	YMS	YMS	No	No	YMS	No
Support from parents	No	Yes	YMS	No	YMS	NA	YMS	No	No	NO	No
Parents reaction	NA	-ve	-ve	NA	NA	NA	NA	-ve	NA	NA	NA
Means of Livelihood	Little support from Keble	No job	Charcoal peddler	Sex worker	House wife	Peddle boiled coffee	Student	Help from mother	Sex worker	No job	Sex worker

Key to responses

Key to responses

Yes= yes, No= no, NA =not applicable, NP=not using at time of pregnancy

GS= go back to school, LJ=looking for job, NSJ=don't have secured job

SYDP =yes support only during pregnancy

YMS=yes minimal support

+ve = Supportive

-ve = weak support or rejection

\* Yes=Not married but live together

## ***Annex II* Check List for participants and key informants interview**

- I. **For teen Pregnant/mothers to know their need and their perception towards government responses**
  1. Personal information for teen pregnant girls/mothers  
Age, Education level before and after pregnancy, marital status
  2. Major contributing factors
    - Family economical back ground
    - Parents education level
    - Situation of family( single headed, living with mother only or father only )
    - Relationship with their parents
    - Peer influence to engage at sex
    - Knowledge of contraception
    - Use/not/ family planning services
    - Lack of interest in education , low achievement in education
    - Forced by economical conditions( survival sex)
    - Forced sex(Rape)
  3. Their feeling towards their pregnancy/motherhood?
    - Delighted, why?
    - Felt bad why?
    - Indifferent why?
    - The relation between teenage pregnancy/motherhood and their life options
    - What happened after pregnancy/motherhood?  
Education, job, family relationship, participation in the community affairs, relationship with the father of your child/lover
  4. Available support and Means of livelihood  
Government's work to protect teen girls from bad consequences of unwanted pregnancy
    - Before pregnancy
    - After pregnancy
    - Teen girls perception towards government policy support
      - Timely
      - Sufficient
      - AppropriateIf not, what they expect from the government and from other civil society?

- II. For community members in the area to know their perspective towards teen girl's pregnancy**
  - Knowledge of community about the teen age pregnancy?
  - Its contributing factors
  - Trends
  - Available support before or after pregnancy
  - Who responds towards the issue? Why?  
(Population control, girls' right,
- III. For the government organization to know about the existing policy and available services**
  - Government knowledge about teen girls pregnancy
  - Supports, available policy
  - Government concern on the issue(population control, girls right,)
  - The situation of health reforms and efforts made to reduce the high child and mother mortality rates and teenage pregnancies
  - Other actors job towards on teenage pregnancy within the policy frame work?
  - Achievements and challenges to respond the issue

For NGOs (Marie stopes clinic)

- Knowledge about teenage pregnancy
- How you support teen girls to fulfill their needs?
- How they knew about your organization?
- How many girls come to your organization for abortion, for family planning usage?
- How much money you requested to give abortion service? For family planning services?
- What do you do if they don't have that amount of money?
- What must be done to fulfill the needs of teen girls to live healthy and happy life?



