FACT SHEET  TEENAGE PREGNANCY  ETHIOPIA

CONTEXT AND COUNTRY STATISTICS

Teen pregnancy is a burning public health and demographic challenge in Ethiopia. Although the legal age of marriage in Ethiopia stands at 18 years old, over 14% of girls are married by age 15, and over 40% by age 18. By far, 83% of all teen pregnancies occur within a marriage. Large variations exist between regions, income groups, and educational levels. Child marriage and teenage pregnancy have strong effects on the possibilities of Ethiopian girls to escape poverty. If a girl can avoid pregnancy, her access to education and economic opportunities drastically increases. Only 12% of married adolescent girls are enrolled in schools, compared to 60% unmarried girls (Girls Not Brides, 2017).

Latest statistics from the Ethiopia Demographic Health Survey (CSA and ICF, 2016) indicate that:

- 13% of women between the ages of 15 and 19 have already given birth, and 2% are pregnant with their first child. Most teen pregnancies occur in the context of early marriage.

- Teen pregnancies are more common in rural than in urban areas (15% and 5%, respectively), and among women in the Afar (23%) and Somali regions (19%); compared to the capital, Addis Ababa (3%). Teen pregnancy is highest among those without an education (28%); teen pregnancy rates at primary and secondary educational levels are at 12% and 3%, respectively.

- Among married adolescent girls, use of modern contraceptive methods stand at 31.8% in 2016, and for sexually active unmarried adolescent girls, at 55%. The unmet need for family planning of married adolescent girls is highest, compared to other age groups (20.5%).

GLOBAL STATISTICS

“About half of all adolescent pregnancies (15-19 yrs.) in developing regions are unintended, and more than half end in abortion, often under unsafe conditions” (Daroch, et al., 2016).

“Meeting the unmet need for modern contraception of adolescent girls would reduce unintended pregnancies by 6 million annually, averting 2.1 million unplanned births, 3.2 million abortions, and 5,600 maternal deaths” (ibid).

“Expanding modern contraception services to all women in developing regions would cost US$11 billion annually, or US$1.90 per person per year” (Guttmacher Institute, 2017).
COUNTRY POLICY ON TEENAGE PREGNANCY

Preventing teen pregnancies is among the priority issues of the Ethiopian Federal Ministry of Health. The high rates of teen pregnancies have a negative effect on the health and opportunities of Ethiopia’s youth, and stand in the way for the country to reap the full benefits of the demographic dividend. Investment in the health of adolescents and youth enables them to become healthy adults who are equipped to contribute positively to society.

Ethiopia has several policies that contribute to improve adolescent health, and prevent teen pregnancies. These include the National Youth Policy; the newly-developed Adolescent and Youth Health Strategy (ARH); and the School Health and Nutrition Strategy.

Through health extension and school health programmes, the Ministry of Health aims to improve adolescents’ access to contraceptives and family planning. Child marriage is prohibited by law in Ethiopia; and the law allows abortion in cases of rape, incest, or fatal health conditions of the mother or foetus, and for under-aged mothers.

“When a girl becomes pregnant, her life can change radically. Her education may end, and her job prospects diminish. She becomes more vulnerable to poverty and exclusion, and her health often suffers” (UNFPA, 2017).

“Complications during pregnancy are the second cause of death for 15 to 19 year-old girls globally” (WHO, 2014).

LINKS TO SUSTAINABLE DEVELOPMENT GOALS

Today, Ethiopia is home to the largest youth cohort in its history: about a third of its total population is below 24. This large and diverse group will shape the demographic, economic, social and political future of the country.

Investing in Ethiopia’s youth, including teen pregnancy prevention, contributes to realising the SDGs as it improves their health (SDG 3), education (SDG 4), and facilitates more gender-equal relationships (SDG 5 and 10). It is an essential strategy that contributes to reducing poverty (SDG 1), and upward economic development; including reaping the benefits of the demographic dividend.

REFERENCES


POLICY CHALLENGES

Challenges in reducing Ethiopia’s high teen pregnancy rate exist at structural, societal and individual levels. Structurally, health services often fail to address the specific needs of adolescents, and coverage of sexual and reproductive health services is unequal. At societal level, restrictive norms and stigma around adolescent and youth sexuality, harmful gender norms, and discrimination and judgement of adolescents, stand in the way of improving adolescent health.

In addition, adolescents have limited or incorrect knowledge about their sexual and reproductive health. For instance, only 52% of Ethiopia’s young people know that using a condom and limiting sexual intercourse to one uninfected partner can reduce the risk of HIV infection. All these challenges are aimed to be addressed within the newly-developed Adolescent and Youth Health Strategy, which is based on the WHO’s Accelerated Action to Health of Adolescent (AA-HA) guideline.