



Voices, visions and priorities: Key issues of young people living with and affected by HIV in Ethiopia

As part of a global consultation led by Link Up consortium members Global Youth Coalition on HIV/AIDS (GYCA) and the ATHENA Network, a consultation was held in 2013 in Ethiopia with young people living with and affected by HIV, to find out their views and experiences of accessing HIV and sexual and reproductive health (SRH) services. Focus group discussions and community dialogues took place in and around Addis Ababa and Dessie, with the help of Horizon Youth Development, Chilanchil Youth Development, Talent Youth Association and Millennium Raey Development Association.

Key issues and priorities that were identified by young people in Ethiopia highlighted the need for the integration of HIV and SRH for young people living with HIV, young sex workers, young people who use drugs and young people from LGBTI communities.¹

These included:

Human rights, including sexual and reproductive rights

- **HIV-related stigma and discrimination remain high and so young women have concerns about disclosing their status** to their partners or family members for fear of stigma and discrimination.
- **Homosexuality in Ethiopia is punishable, unlawful and seen as an 'immoral' act.** Many people don't believe that LGBTI people exist in Ethiopia. "I don't think anyone could say 'I am Gay!'..."
- **Young people's sexuality is highly sanctioned.** Just being seen walking close to a person of the opposite sex can cause tensions or arguments in families; "Imagine, just being close with a [person of the] opposite sex is sometimes seen as having sex."
- **Some gender difference in the way boys and girls are taught to think about sex** – boys are encouraged to feel entitled while girls strongly discouraged, especially from engaging in pre-marital sex, and threatened with the possibility of unwanted pregnancy.
- **For young women who engage in sex work, human rights violations are the norm.** Among 13 sex workers involved in the community dialogues, all participants had faced at

least one form of rights violations and sexual or physical violence, including forced marriage, rape, sexual abuse, exploitation, coercion, etc.

Comprehensive sexuality education

- **Most women's access and knowledge on reproductive health services is limited to contraceptives.**
- **Cultural taboos prevent open discussion on sex and reproductive health with partners or family members;** "It is easier to 'do sex' than to speak of sex and sexuality".
- **Young women are not told about what to expect growing up and are not knowledgeable on how to prevent unwanted pregnancies and sexually transmitted diseases.**
- **Issues around gender identity and sexual orientation are not spoken about or taught,** in some cases even acknowledged.
- **Sexuality education in schools is severely limited;** "The school principals thought of students aged 15 or 16 as a child; those principals were refusing sexual education in the school, they thought sexual education could lead to sexual intercourse, what they had missed however was that most of us were having sexual intercourse".

Access to safe and comprehensive services, and knowledgeable, ethical, supportive and qualified health service providers

- **HIV-related stigma and discrimination present as disincentives to accessing HIV services.**
- **Young women expressed a preference to be able to access SRH services, including maternity services, in the same place as their HIV treatment, to avoid having to disclose to multiple service providers;** "I did not tell my brother I was HIV positive and when I got pregnant I wanted to have my baby in the health centre where I get my treatment so that I don't have to disclose to any other health service provider and accidentally or by force disclose my status to my brother. But when the time for me to give birth came, my brother insisted I have my baby in a private clinic and everything fall apart".

1. Participants of community dialogues in Ethiopia were young women living with HIV (36 participants); young people who use drugs (9 participants); young people who engage in sex work (13 participants); and, young people who chose not to identify with any one group (20 participants). All quotes are from young people who took part in the community dialogues.

- Sex before marriage is considered inappropriate for girls, which may also be a disincentive to approaching SRH services.
- Many young people seem to be unaware of what SRH services are available, where to find them and how much they cost; those who have used them find that they are unfriendly towards young people.
- General distrust of services and concerns over confidentiality; “Everyone can see you when you enter to the centre, I don’t want people saw me at VCT centre, plus, I didn’t have quality conversation with the counsellors who were busy, and looked very tired, ... I don’t think I would go such place again”.
- Quality of services and professionalism of staff at government hospitals were questioned, and there is a sense that confidentiality and freedom are sacrificed in return for free services; “They are abusive, even the guard, the receptionist treated you badly, because you did pay nothing for the service you get.”
- Most young people are not aware of the situations in which abortion is legal or where it is safely accessible; however, even when they are aware of being able to access safe abortion, they feel judged as young people in need of the service; “We feel sitting at the waiting room next to elders is uncomfortable”. Cost is also a barrier for young people. Abortion “brokers” deliberately lead people away from authorised, safe abortion providers like Marie Stopes, to illegal back-street abortionists.

Meaningful youth participation in all aspects of decision-making

- Most of the women are not aware of the country’s HIV and AIDS policy.
- Spaces for young women living with HIV to engage in decision-making forums are extremely limited. Challenges include literacy ...

Addressing gender-based violence

- Young women who test HIV positive fear the reactions of family members and male partners, and may face violence or abandonment on disclosure. “I have lived with my husband for many years and had a healthy sex life and never used any protection. Two years ago when I found out that my period had stopped I went to a clinic and was told that I was pregnant and was asked to have an HIV test. That is when I found out that I was HIV positive. I told my husband about the pregnancy but not being HIV positive because I was afraid. He accepted the pregnancy, so I told him we should get tested together, but he said no and added that he would leave me if I get tested too.”
- Young married women may not be included in any joint decision-making regarding the use of family planning; “I use pills, secretly, because he [my husband] doesn’t want me to use any methods, he wants more child. I can’t say ‘no’. Sometimes I forget to take a pill before he arrives home. In such moments, I take double. I know this can’t help me, but I don’t know what I can do.”
- Sexual decision-making within a heterosexual couple tends to be made by the man; however, both young men and young women feel pressure to have sex. For young men, most pressure comes from peers, but some from girlfriends; for young women, pressure comes from male partners; “I hold myself obliged to do sex while I didn’t feel it. ... If he had chewed kat, and if he drank, he got so much aroused for sexual intercourse. I sometimes also do feel that way if I had the same drug. So, even I felt pressured, I do it to avoid a conflict.”
- The majority of participants had experienced one or more forms of sexual violence. One young woman reported being raped by a man who had employed her as a housemaid, and she became pregnant and a mother as a result of the rape.
- Is domestic work associated with a pathway into sex work? “Not surprisingly, all participants had been working as house maid before current work (sex work).”



In 2013, Link Up consortium members Global Youth Coalition on HIV/AIDS (GYCA) and the ATHENA Network led a consultation with young people living with and affected by HIV. Nearly 800 people from every region of the world responded

to a **global online survey** that collected quantitative and qualitative data in five languages, and over 400 young people participated in a series of **community dialogues and focus groups** with national partners in Ethiopia, Uganda, Burundi, Bangladesh and Myanmar.

These face-to-face dialogues focused on and created a platform for key stakeholder groups, specifically young women living with HIV, young people engaged in sex work, young people who use drugs, and young LGBTI people. The consultation aimed to learn directly from young people living HIV and from key affected populations about their

lived experiences of accessing HIV and SRH services; participating in decision-making as young people most affected by HIV; and their vision for realising their sexual and reproductive rights.

KEY PRIORITIES EMERGING FROM THE CONSULTATIONS

- ✓ Human rights, including sexual and reproductive rights
- ✓ Comprehensive sexuality education
- ✓ Access to safe and comprehensive services, and knowledgeable, ethical, supportive and qualified health service providers
- ✓ Meaningful youth participation in all aspects of decision-making
- ✓ Addressing gender-based violence