

# Case Study: Addressing HIV Vulnerability in Ethiopia

## Integrated Gender Strategies to Address HIV Vulnerability of Adolescent Girls in Urban Low-income and Slum Areas: Ethiopia<sup>1</sup>

### Overall Project Goal:

Reduce the vulnerability of adolescent and young women (ages 10–19) living in urban low-income and slum areas to adverse social and reproductive health outcomes, including HIV.

### Project Objectives:

- Improve adolescent girls' livelihood options.
- Provide education and services to adolescent girls experiencing violence and coercion.
- Increase knowledge and access to adolescent and reproductive health services, including STI/HIV testing and use of contraception and condoms.
- Increase social cohesion and capital among marginalized young women.

### Context:

The HIV epidemic in Ethiopia is concentrated in urban areas, with prevalence in urban settings estimated at 7.7 percent. Differential infection rates are particularly great among younger age groups, though prevalence rates are low. For example, among youth ages 15–19, for every one HIV-positive male there are seven HIV-positive females.

Many adolescent girls residing in urban city slums experience a number of vulnerabilities to their reproductive health and well-being. Recent survey results identify the most vulnerable girls in urban areas to be those who are out of school and migrants.<sup>2</sup> The survey results indicate that 43 percent of girls in slums areas were migrants from rural areas, compared to 29 percent of boys. Most adolescent girls residing in the slums migrated as a result of having left rural communities to seek better economic opportunities; some migrated to avoid (or escape) forced early marriages. Twenty-nine percent of adolescent girls surveyed who were living in urban slum areas reported coerced first sex; of these, 76.4 percent were migrants.

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<sup>1</sup> This is a composite case study. While set in Ethiopia, it draws upon integrated gender programming examples from the Biruh Tesfa project in Ethiopia and TAP and Reposition Youth (TRY) and Binti Panoji projects in Kenya, as cited in International Center for Research on Women [ICRW] (May 2009), *Integrating Multiple Gender Strategies to Improve HIV and AIDS Interventions: A Compendium of Programs in Africa*, Washington, DC. Supplementary information related to livelihoods and adolescent girls was also provided by Caro, D. 2009. *Livelihood Options for Girls: A Guide for Program Managers*. Washington, DC: USAID/Health Policy Initiative, Task Order 1.

<sup>2</sup> Abebar, Ferede and Annabel Erulkar. August 2009. *Adolescent Girls in Urban Ethiopia: Vulnerability and Opportunity*, Addis Ababa, Ethiopia: Population Council.

Social networks among recent migrants, although not strong, often link adolescent girls to work in households as domestic help. In a recent survey, of the 69 percent of recent female migrants who had worked for pay, most (72%) were in domestic work. A few adolescent women (0.7%) report that they engage in sex work. Sex workers appeared to have more income (US\$51.50) and greater control of their income compared to girls in other professions. Sex workers, as well as girls working in bars and restaurants, were more likely to report being harassed at work and feeling that their work could harm their health. On the other hand, domestic workers reported less harassment but worked for much less pay than girls in other professions (US\$7.50 per month); there is some question about under-reporting of harassment and sexual exploitation, especially among younger girls in domestic work. Girls report transactional sex, especially feeling obligated to provide sex in exchange for gifts provided by boyfriends. An additional vulnerability is young women's legal status. Because of their distance from home, it can be difficult for young women to acquire government ID cards.

Respondents were knowledgeable about basic information related to HIV/AIDS; 91 percent knew that a healthy looking person can still be infected, and 87 percent knew that there is no cure for HIV/AIDS. Yet, exposure to HIV prevention messages was relatively low. Peer education had reached only 8 percent of respondents, and only 6 percent had visited a youth center—both potential mechanisms for receiving information about HIV. More than half (56%) reported having no friends. Only 12 percent of girls reported having a safe place to go in their community to meet their female friends. Participation in social events was low, although more than half (56%) reported attending a coffee ceremony in the past week.

A programmatic scan shows that most existing adolescent HIV prevention efforts educate about reducing risky premarital sexual behavior and encourage participants with the "just say no to sex" slogan. Yet, these efforts overlook the context of sexual behavior. Staff highlight the economic needs that promote young women's unprotected activity, often in coerced situations. Project staff from current adolescent reproductive health programs also suggest additional reasons that some young women enter into sexual relations. In particular, some staff express dismay that young women may be encouraged to exchange sex for money and gifts, not only to meet everyday needs, but also for companionship, for the pleasures that can be involved,<sup>3</sup> and for access to luxuries, such as current fashionable clothing.

### **Project description**

The program is considering an intervention model using savings, group-based credit, and adult mentors to reach young women with livelihood and social support.

The program will use a model of group savings that, once a minimum balance has been met, can then be used for small loans. The program will also pilot new models of focus-

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<sup>3</sup> Boyce P., M. Huang Soo Lee, C. Jenkins, S. Mohamed, C. Overs, V. Paiva, E. Reid, M. Tan, and P. Aggleton 2007. "Putting Sexuality (back) into HIV/AIDS: Issues, Theory and Practice." *Global Public Health* 2:1, pp. 17–18.

ing on the savings-only group for groups with younger girls. (Earlier programmatic experience showed that, especially for the most vulnerable and younger women, lack of flexibility in access to loans during emergencies may have contributed to drop-out and, in some cases, potentially increased their vulnerability).<sup>4</sup>

To reach young women with reproductive health information, mentors will also periodically organize large seminars with invited guest speakers on topics such as HIV and AIDS, prevention of mother-to-child transmission (PMTCT), voluntary HIV counseling and testing, the role of nutrition in HIV management, drug and substance abuse, relationships, child rights, violence against women, and business management.

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<sup>4</sup> See the description of lessons learned from the TAP and Reposition Youth (TRY) intervention description in Kenya in ICRW (May 2009), *Integrating Multiple Gender Strategies to Improve HIV and AIDS Interventions: A Compendium of Programs in Africa*. Washington, DC, pp. 69–74.