2008

Improving reproductive health and HIV prevention among married adolescents in Amhara, Ethiopia

Annabel Erulkar
Population Council

Tekle-Ab Mekbib
Population Council

Improving Reproductive Health and HIV Prevention Among Married Adolescents in Amhara, Ethiopia

Annabel S. Erulkar
Tekle-Ab Mekbib

2008

This study was funded by the U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) under the terms of Cooperative Agreement Number HRN-A-00-98-00012-00, Frontiers in Reproductive Health. The opinions expressed herein are those of the author and do not necessarily reflect the views of USAID.

Suggested citation: Erulkar, Annabel S. and Tekle-Ab Mekbib. 2008. "Improving reproductive health and HIV prevention among married adolescents in Amhara, Ethiopia," *FRONTIERS Final Report*. Washington, DC: Population Council.

CONTENTS

Executive summary iii

List of abbreviations iv

Acknowledgements v

Background 1

Timing and effects of marriage in Ethiopia 1

Early marriage and HIV and reproductive risk 3

Objectives 4

General Objective 4

Specific Objectives 4

Intervention 5

Dialogue on HIV, reproductive risks and child marriage 5

Expanding VCT counseling, "pre-counseling" and referral, through religious leaders and other community leaders 6

Venues for married girls to receive HIV/RH education and referral 6

Technical Assistance to PEPFAR Country Team in Gender/HIV/RH 7

Research methods 7

Findings 8

Summary and discussion 9

Lessons learned 9

Recommendations 10

Dissemination and scale up 10

Appendix: Contents of training manuals 11

EXECUTIVE SUMMARY

Ethiopia is the second most populous country in sub-Saharan Africa and one of the continent's poorest nations. Amhara region, in the northern part of the country, is the nation's second largest region, with an estimated population of 22 million people. This region also has the highest rates of early marriage, with 50 percent of Amhara girls married by their 15th birthday and nearly 80 percent married by age 18. Premarital sex is less common in Ethiopia than in most other countries in sub-Saharan African, with most girls, and especially rural girls, experiencing first sex within the context of marriage. In Ethiopia, the timing of marriage is closely tied with the timing of first birth and the initiation of reproductive health (RH) and HIV risks. Delaying girls' marriage in Ethiopia will likely have the effect of reducing risks associated with early first birth and HIV exposure.

The general objective of this project is to improve reproductive health, prevent new HIV infections, and promote mutual faithfulness through addressing the HIV and reproductive risk among married adolescents, who are a large, vulnerable, and neglected category of Ethiopian youth. The Population Council partnered with Ethiopia Ministry of Education, the Ethiopian Orthodox Church, and the Ethiopian Muslim Development Agency to implement the project in Amhara region.

The program used religious structures to spread messages about early marriage, HIV, and reproductive health. Local women leaders were trained as mentors of married adolescent girls, convening clubs through which HIV/RH information was conveyed, as well as referrals for services. Nearly one million rural Ethiopians were reached with messages through trained priests and 16,000 married girls were engaged in clubs.

The model proved highly acceptable, even in the relatively traditional environment of rural Ethiopia. The influence of the priests and imans (Islamic religious leaders) was apparent in acceptance of messages at the community level. In addition, the focus on adolescent girls had the effect of raising their status within their communities, effectively making them sources of RH and HIV information for their extended families.

Based on demonstrated feasibility, it is recommended that HIV/RH programs increase their focus on married adolescent girls, a category of youth which has previously been largely ignored. This is particularly important in regions with high rates of early marriage. Religious leaders are highly effective at passing messages related to reproductive health and HIV. In most settings in sub-Saharan Africa, religious leader maintain considerable influence over communities. Additional efforts can be made in many settings to engage religious leaders to more effectively promote reproductive health.

LIST OF ABBREVIATIONS

ABC	Abstinence, be faithful, and condom use
ANC	Antenatal Care
ART	Anti-retroviral Therapy
DOD	Days of Dialogue
EMDA	Ethiopian Muslim Development Association
EOC-DICAC	Ethiopian Orthodox Church Development and Inter-Church Aid Commission
FBO	Faith Based Organization
FP	Family Planning
MOYS	Ministry of Youth and Sport
NGO	Non-governmental organization
PMTCT	Prevention of Mother to Child Transmission
RH	Reproductive Health
STI	Sexually Transmitted Infection
VCT	Voluntary Counseling and Testing
YSO	Youth serving organization

ACKNOWLEDGEMENTS

We gratefully acknowledge our partners in this endeavor: the Ethiopia Ministry of Youth and Sport, the Amhara Regional Youth and Sport Bureau, Zonal and Woreda Youth and Sport Offices, Ethiopian Orthodox Church- DICAC and Ethiopian Muslim Development Agency. Their dedication and commitment was central to the success of this program. Thanks go to the Kebele officials and the members of the project advisory committee, for their ongoing support and enthusiasm for this project. Finally, we thank all the married girls, families, religious leaders and community leaders, for their enthusiastic response and commitment to the goals of the project.

BACKGROUND

Ethiopia is the second most populous country in sub-Saharan Africa and one of the continent's poorest nations. The country's HIV epidemic is escalating, especially among young women.[1] Estimated prevalence is 1.7 percent among young women aged 20 to 24.[2] Despite this, programs for Ethiopian adolescents remain largely undifferentiated and generic. Most programs for young people in Ethiopia are either peer education programs, HIV clubs or youth centers, which are models that have been imported from developed country settings. Existing programs include neither gender-specific nor Ethiopia-specific messages, but rather concentrate on generic ABC messaging (Abstinence, Be faithful, use Condoms). By design, these programs effectively make assumptions about who Ethiopian young people are, often assuming that they are in school, living with their parents, unmarried, and having power and agency over their own bodies.

Over the past few years, the Population Council has worked with a range of local government and non-governmental partners in Ethiopia to expand what is known about adolescence and to develop programs that are appropriate to the context in urban and rural areas of the country. Initial activities included demographic analysis of Ethiopian adolescents using existing datasets, rapid assessments and training service-givers with existing youth-serving non-governmental organizations (NGOs), and diagnostic research among urban and rural adolescents. These activities did, indeed, underscore the poor fit between existing youth programs and the population they were intended to reach. In particular, the designs of current youth programs overlook the realities of Ethiopian girls, who are often married, living away from parents, out of school, and extremely vulnerable.

In late 2002, the Council worked with 15 local youth serving organizations (YSOs) and trained service givers – peer educators and youth club leaders – to fill out simple registers that reflect their day-to-day activities and contacts. The daily logs were entered into the computer, and results fed back to the organizations. Analysis revealed that youth programs are reaching mostly urban males, older in-school adolescents, and even adults.[3] Messages conveyed during these contacts were mainly on modes of HIV transmission, with little attention paid to the context within which sex takes place, or the power one has to decide whether or not to have sex.

Timing and effects of marriage in Ethiopia

Subsequent research by the Council and the Ministry of Youth and Sports (MOYS) revealed that most Ethiopian girls do not fit neatly into the adolescent paradigm implicit in existing youth programs. Marriage is a feature of many Ethiopian girls' adolescence, even during early adolescence, with 50 percent of Amhara girls and 26 percent of Tigray girls married by age 15 (Table 1).

[1] Ministry of Health (MOH) Disease Prevention & Control Department, AIDS in Ethiopia, 5th Edition, Oct, 2004, June

[2] PC tabulations of EDHS, 2005

[3] Mekbib T, Erulkar AS, Belete F. 2005. "*Who is being reached by youth programs: Results of a capacity building exercise in Ethiopia*." Ethiopian Journal of Health Development. Vol. 19 (1) 60-62.

Table 1: Median age at marriage and percent of girls married by age 15 and 18, among girls aged 20 to 24, by region and educational attainment (n=2844)

	Married by age 15	Married by age 18	Median age at marriage
Rural	33.9	62.6	17.6
Urban	15.8	29.8	Over age 24
Region			
Addis	6.6	16.9	Over age 24
Affar	20.0	70.0	16.2
Amhara	50.2	79.9	15.0
Ben Gumz	31.3	63.2	16.8
Oromiya	10.3	42.6	18.7
SNNP	5.0	31.2	19.9
Somali	8.0	37.2	18.7
Tigray	26.1	68.8	16.4
Educational attainment			
No education	35.0	63.5	17.5
Incomplete primary	29.1	51.0	18.9
Complete primary	18.3	45.0	20.5
Incomplete secondary	10.1	26.9	23.4
Complete secondary	3.4	7.2	Over age 24

Source: Population Council Tabulations of Ethiopia DHS, 2000

Further, the majority of Ethiopian girls experience sexual initiation within marriage, with only five percent of rural girls and six percent of urban girls reporting sexual initiation before marriage.[4] Families arrange the majority of early marriages and most girls do not decide on the timing of marriage, or the choice of partner. With 50 percent of Amhara girls married by age 15 and 80 percent married by 18, the vast majority of these child brides (98 percent) have no say in the timing of marriage or the choice of marriage partner, who is often a man considerably older. Having experienced forced early marriage, many girls describe the trauma of early marital sexual initiation[5]:

> *"I hate early marriage. I was married at an early age and my in-laws forced me to sleep with my husband and he made me suffer all night. After that, whenever day becomes night, I get worried thinking that it will be like that. This is what I hate most." (Amhara girl, age 11, married at age 5).*

[4] Erulkar AS, Mekbib T, Amdemichael H, Conille G, forthcoming, Early Marriage in Ethiopia: Background Paper, Interagency Collaboration on Early Marriage, Addis Ababa, Ethiopia.

[5] Erulkar AS, Mekbib T, Simie N, Gulema T. 2004. "The experience of adolescence in rural Amhara region Ethiopia" Accra: Population Council.

Early marriage and HIV and reproductive risk

Amhara is the largest region in Ethiopia, with the lowest age at marriage and among the highest rates of HIV infection in the country.[6] That high rates of HIV co-exist with high rates of early marriage is not unconnected. Emerging evidence from sub-Saharan Africa is revealing that girls who marry early are at substantially elevated risk of HIV infection compared to their unmarried sexually active counterparts.[7] Elevated risk has been linked to increased sexual frequency, negligible use of condoms, and partners who are older, more likely to be sexually experienced, and more likely to be HIV infected.[8] Data from Malawi suggests that while only 2% of girls enter marriage HIV+, 20% of grooms are HIV+ at the time of marriage.[9]

In addition, girls who marry early, give birth early. Table 2 reflects the close association between the timing of marriage and the initiation of sex and first birth among young women in Ethiopia. Among girls who marry before age 15, median age at first birth is 17 years, compared to 24 years for girls who marry after age 19. With the vast majority of births in Ethiopia being unattended, the country has among the highest rates of maternal mortality and morbidity in the world, including fistula.

Table 2: Median age at first sex and first birth among Ethiopian young women aged 15 to 24, by age at marriage

Timing of marriage	Median age at first sex	Median age at first birth
Before age 15	16.7	17.3
Age 15 to 19	18.7	19.3
Age 20 to 24	22.5	23.2
Never married	24+	24+

Based on survival analysis to account for censored cases; Population Council analysis of DHS, 2000

Existing youth programs are not likely to reach married adolescent girls. Programs are concentrated in urban areas and target unmarried youth, while these rural girls are most often out-of-sight, isolated, engaged in domestic work, farm work and/or childcare, and subject to the control of their husbands and in-laws. Moreover, programmatic messages may be irrelevant as married girls are not able to be abstinent and have little control over the faithfulness of their partner or over condom use.

---

[6] Estimates of HIV prevalence in the country are derived from sentinel site data from selected antenatal care facilities. The most recent update on AIDS in Ethiopia includes Amhara sentinel sites as among the sites with the highest HIV prevalence. Among the 66 sentinel sites in the country, Bahir Dar Health Center had the third highest prevalence, with an estimated 20 percent HIV positive. See AIDS in Ethiopia (5th Report), Ministry of Health, June 2004.

[7] Clark S, "Early marriage and HIV risks in sub-Saharan Africa" Studies in Family Planning, 2004: 35(3) 149-160. Glynn, JR, et al. 2001. "Why do Young Women have a much Higher Prevalence of HIV than Young Men? A Study in Kisumu, Kenya and Ndola, Zambia," AIDS, 2001; 15 (suppl 4): S51-S60

[8] Clark, Ibid, Bracher M, Santow G, Watkins, SC. 2003. Moving and marrying: Modeling HIV infection among newlyweds in Malawi. Paper presented at 2002 Annual Meeting of Population Association of America

[9] Bracher, Santow, and Watkins, Ibid.

Communities often erroneously assume that marrying girls off will prevent premarital sex and HIV infection. Understanding the HIV/RH risks of marriage may facilitate delayed marriage and first childbirth, and individuals in a couple knowing each other's HIV status before marriage has tremendous potential to prevent transmission and/or foster long-term faithfulness. Few, if any, programs in Ethiopia have addressed the HIV and RH risk of pre-married and married adolescent girls, a sizeable, high-risk population. This activity was implemented in Amhara region to support later, safer, and chosen marriage and forge faithfulness within marriage through community awareness, delayed marriage, premarital VCT, and linkage to other RH services.

OBJECTIVES

General Objective

The general objective is to improve reproductive health, prevent new HIV infections, and promote mutual faithfulness through addressing the HIV and reproductive risk among married adolescents who are a large, vulnerable, and neglected category of Ethiopian youth.

Specific Objectives

The specific project objectives are to:

- Delay sexual initiation and commencement of HIV/RH risk among unmarried adolescent girls in Amhara region by promoting social change, delayed marriage and awareness of the risks of RH and HIV transmission for married adolescents.
- Promote couples knowing their HIV status before marriage through premarital VCT in order to protect uninfected individuals among discordant couples as well as to foster long-term faithfulness.
- Improve HIV and RH knowledge of married adolescent girls, their husbands, and families as well as unmarried girls, through HIV prevention information, RH education and referrals through girls clubs and extended family activities.
- Increase the information related to the risks and vulnerabilities of married and pre-married girls in Amhara region in order to contribute to programming that responds to their circumstances.[10]

[10] The fourth objective relates specifically to outcomes during the first year of FRONTIERS funding.

INTERVENTION

The "*Improving Reproductive Health and HIV Prevention among Married Adolescents*" project utilized the existing religious and community structures to reach the young girls, their prospective husbands, their families and communities that support early marriage in rural hotspots. The project is a partnership between the Ethiopia Ministry of Youth and Sport, Amhara Regional Youth and Sport Bureau, the Ethiopian Orthodox Church, and the Ethiopian Muslim Development Agency. The project grew from longstanding collaboration with all partner organizations, supporting the most vulnerable adolescents in the country.

Dialogue on HIV, reproductive risks and child marriage

Religion is a powerful force in Ethiopia, with religious leaders having considerable influence over communities. In addition, for many remote rural communities, the religious structures may be the only sustained institutional point, especially where there are few roads, few schools, and where medical facilities are few and far between.[11]

The Population Council partnered with the Ethiopian Orthodox Church Development and Inter-Church Aid Commission (EOC, DICAC) and the Ethiopian Muslim Development Association (EMDA) to undertake 'Days of Dialogue' (DOD) among religious leaders from rural areas. The Council convened separate workshops with EOC and EMDA, including selected religious scholars and representatives from theological colleges. In these workshops, religious teachings related to marriage were reviewed and appropriate texts selected for inclusion in a curriculum. For example, the 15th century religious text, "*The Fethenegist*" was cited as it describes that a young girl should not be married until she is psychologically and physically ready. The Council and partner faith-based organizations (FBOs) jointly compiled HIV/RH curricula based on religious teachings, for use in DODs.

Subsequently, Days of Dialogue (DOD) were conducted among religious leaders in Amhara. DODs are two-day trainings that include discussion on key issues such as early marriage and educational sessions on HIV, VCT, PMTCT, safe motherhood, gender-based violence, and other reproductive health issues. In the final session of the workshop, participants developed action plans and core messages for discussions in their own communities on early marriage and marital risk of HIV, while promoting later safer marriage and premarital VCT.

Following the training, religious leaders integrated messages in their routine activities and undertook outreach in their own communities to raise awareness on early marriage, HIV risk, safe motherhood, FP, and VCT. In addition they referred those in need of services such as VCT or antenatal care (ANC) to appropriate health centers. They filled out registers to record the number of people reached with messages and referrals.

[11] Data on Church attendance are not available in the DHS. However, a Population Council survey conducted in Amhara found that 44 percent of rural Amhara women aged 30 to 45 had attended Church/Mosque in the week prior to the survey.

Expanding VCT counseling, "pre-counseling" and referral, through religious leaders and other community leaders

Premarital VCT has the tremendous potential to prevent a considerable number of HIV infections. Potentially, couples knowing their status before marriage may either result in discordant couples not marrying or their taking steps to prevent infection in the uninfected partner. At the same time, the demand for VCT, especially in rural communities, is limited. VCT is often considered for individuals already showing symptoms of the disease. Many healthy people do not see the benefit in VCT, considering a positive result only a death sentence. Additional efforts to create demand for VCT are needed in Ethiopia, particularly rural Ethiopia. Education on ART is a necessary component of this demand creation.

Two hundred community-level representatives were trained as VCT/ART educators, advocates and referral agents. Trainees included selected religious leaders, community-based reproductive health agents (CBRHAs), and health extension workers. Religious leaders were identified by their coordinating agencies (EOC or EMDA), and health extension workers were identified in consultation with the regional health bureaus. Participants were trained to educate community members on VCT and ART, over a three-day training, with a trained Population Council staff member performing the training. Community VCT advocates promoted premarital VCT, educated on the availability of ART, and referred those interested in premarital VCT to existing VCT sites, where certified VCT counselors are located.

Venues for married girls to receive HIV/RH education and referral

Once married, adolescent girls are often confined to the domestic sphere and engaged in a considerable amount of domestic work. Moreover, their movements and contacts with outsiders are often controlled and limited by members of their new families (husbands and in-laws).[12] Indeed, analysis of the Ethiopia DHS found that, compared to their unmarried counterparts, married adolescent girls in Amhara are significantly less likely to have heard HIV messages through radio (37 percent of unmarried; 9 percent of married), through newspaper (13 percent of unmarried; 1 percent of married), or from teachers (38 percent of unmarried; 2 percent of married). Their disadvantage in terms of knowledge and exposure is likely associated with lower levels of education and increased confinement after marriage.

The project established married girls' clubs, giving girls venues through which they received information, advice, and social support, including in instances where they felt their husbands pose an HIV risk. The clubs were managed by the Regional Youth and Sports Bureaus who have considerable experience in implementing married girls clubs in Amhara. Informal education teachers or other women's leaders served as mentors for the groups. Mentors were recruited at the local level from the project communities, in partnership with local Kebele officials and staff from the Zonal Youth bureaus. Fifty mentors were trained by Population Council staff and other resource people on HIV, RH, and other activities of interest to girls including non-formal education, skills building and livelihoods. Mentors facilitated weekly girls' meetings to include HIV and RH education, non-formal education, skills building, life skills and other livelihoods

[12] Haberland N, Chong E, Bracken H. 2004. "A World Apart: The disadvantage and social isolation of married adolescent girls," New York: Population Council.

activities. Each group met for a three month period, after which they received certificates of completion of the course. For their work, mentors received a modest monthly stipend of 300 Birr, or about USD $30.

Technical Assistance to PEPFAR Country Team in Gender/HIV/RH

In addition to strategies to address HIV marital risk and early marriage, the Council provided technical assistance to the PEPFAR Country team and USG partners in gender, HIV and RH. Special emphasis was placed on the specific gender and HIV issues in the Ethiopian context, using data from DHS and other data sources. A one-day workshop was held for the PEPFAR country team including USAID, CDC, Department of Defense, and implementing partners, related to HIV and gender programming. The workshop included Council staff and partners, as well as specialist staff from the Council's New York office.

RESEARCH METHODS

This project included a monitoring component to track the number of people trained and reached through various interventions. Recordkeeping systems were developed with our partners to record the profile of trainees. In addition, simple handheld registers were developed for trained religious leaders, mentors of married girls clubs, and VCT promoters. These registers recorded the contacts made with project messages, their demographic profile, and the content of the message received. All project affiliates were trained on the recordkeeping formats and received follow up refresher training. Records were collected monthly field coordinators and entered at the Population Council offices in Addis Ababa. Descriptive analysis was undertaken to understand the scale of the intervention being implemented as well as the types of messages conveyed.

In addition, a qualitative mid-term review was undertaken among project affiliates and beneficiaries. In-depth interviews were conducted among adolescent girls, priests and imams, husbands and parents of adolescent girls, and congregational members. The objective of the assessment was to understand beneficiaries' experiences and perceptions of the program and to provide directions for future program development. Respondents for the qualitative study were identified through project affiliates, particularly Population Council field officers. Respondent selection sought to obtain respondents from diverse project settings and circumstances. Interviews were conducted by Population Council staff and research assistants, and elicited information on exposure to the program, perceptions of the program, and suggestions for further improvement. In all, 74 in-depth interviews were conducted, transcribed, and translated into English. Informed consent was obtained from all respondents prior to the initiation of the interviews.

FINDINGS

This pilot intervention proved to be highly successful and acceptable to the community. Service statistics revealed that the intervention surpassed its targets, with 1,265 priests and imams trained through Days of Dialogue. These trained priests reached over 937,000 community members, spread across vast, remote rural areas of Ethiopia. Fifty trained mentors of married girls reached over 16,000 married girls through clubs. The 202 trained VCT promoters referred 2,663 people for VCT.

Findings from the mid-term review suggested that the intervention was acceptable and well-received in the community. Congregation members described the influence of the priests and imans, with messages carrying more weight when delivered from these religious leaders:

> *"I will make changes in my life because [the priest's] words come from the Holy Bible… I promised myself that I would stop drinking because when I get drunk, I go for other girls… I had some awareness of these issues previously but the Church Fathers have the power to change my attitudes completely." (Married male congregation member, aged 37, married to 32 year old woman, 3 children, never been to school)*

Equally, priests and imams recognized the value of the Days of Dialogue and outreach:

> *"In the congregation, most of them accept our teachings…. I regret that this kind of lesson did not start earlier. We could have reduced the death rate and saved generations from this disaster… Concerning early marriage, previously there was some resistance in some places, but we are managing to convince them through lessons from the Holy Bible." (Clergy, age 38, Zenzelma-Robot KA, Amhara Region)*

Likewise, married girls groups were extremely successful with girls citing improvements in marriage in general, reproductive health communication, and access to services, including VCT.

> *"I protected myself because of the program. Had I not participated in the program, I would never have gone to the clinic to test for HIV and my results are negative. I will take care of myself after this. I took my husband to the clinic to test for HIV…" (Married adolescent, age 18, never been to school)*

> *"My husband is happy about the program because I discuss with him at home and our relationship has improved a lot." (Married adolescent, age 18, 8 years education)*

The focus on married girls through this program served to raise their visibility within their communities. While previously, married girls were generally low status members of households, through the clubs, they became sources of HIV and RH information for their households.

SUMMARY AND DISCUSSION

Few programs in Ethiopia have addressed the HIV and reproductive health risks of married adolescent girls. *"Improving Reproductive Health and HIV Prevention among Married Adolescents in Amhara, Ethiopia"* was an innovative program aimed at delaying early marriage and supporting adolescent girls who are already married. Grounded in the realities of rural Ethiopia, the program used religious structures to spread messages about early marriage, HIV, and reproductive health. Local women leaders were trained as mentors of married adolescent girls, convening clubs through which HIV/RH information was conveyed, as well as supporting referrals for services. Nearly one million rural Ethiopians were reached with messages through trained priests and 16,000 married girls were engaged in clubs.

The model proved highly acceptable, even in the relatively traditional environment of rural Ethiopia. The influence of the priests and imans was apparent in the acceptance of messages at the community level. In addition, the focus on adolescent girls had the effect of raising their status within their communities, effectively making them sources of RH and HIV information for their extended families.

LESSONS LEARNED

"Improving Reproductive Health and HIV Prevention among Married Adolescents in Amhara, Ethiopia" demonstrated the feasibility of integrating early marriage messages into religious teachings. Many program planners believed that the issue of early marriage was too sensitive for the religious community. However, this program demonstrated that the religious community is prepared to discuss sensitive family issues such as the timing of marriages and the role of HIV transmission within marriage, if the result would be better health and well-being for the communities they serve. In fact, priests are well-placed to provide such information in a confidential and sensitive manner; we also found them eager for information and training related to these sensitive family matters.

In addition, the program demonstrated the feasibility of reaching married girls with RH information and referrals for services. Newly married girls often are subject to control by family members, particularly in terms of how and with whom they spend their time. This project negotiated with households for participation of married girls in the girls' clubs. This household level negotiation, with husbands and other gatekeepers, ensured that a large number of girls were able to participate in the program, and achievement that some thought not to be possible.

RECOMMENDATIONS

Based on the demonstrated feasibility, it is recommended that HIV/RH programs increase their focus on married adolescent girls, a segment of youth which has previously been largely ignored. This is particularly important in regions with high rates of early marriage. Religious leaders are highly effective at passing messages related to reproductive health and HIV. In most settings in sub-Saharan Africa, religious leader maintain considerable influence over communities. Additional efforts can be made in many settings to engage religious leaders to more effectively promote reproductive health.

DISSEMINATION AND SCALE UP

This project demonstrated that RH programming for married adolescent girls in remote rural areas is feasible and acceptable. As a result of the program, additional attention has been paid to this highly vulnerable group of adolescents. Additional donor funds have been committed to married adolescent programs and groups in Ethiopia. For example, Care and EngenderHealth have designed programs for married adolescent girls, based on the successful experience of *"Improving Reproductive Health and HIV Prevention among Married Adolescents in Amhara, Ethiopia."*

The workshop, "*Gender Dimensions of HIV and Adolescent Programming in Ethiopia,*" held in April 2007, intensified the focus on vulnerable sub-groups of Ethiopian adolescents, including married adolescents, domestic workers, and rural-urban migrants. The Population Council is the recipient of the cooperative agreement, "HIV Prevention for Vulnerable Adolescent Girls," a four-year program focusing on the most marginalized and vulnerable girls in Ethiopia.

APPENDIX: CONTENTS OF TRAINING MANUALS

I. Manual of the Ethiopian Orthodox Church

- **Early Marriage**
  - What is early marriage?
  - Attitude of the community towards early marriage
  - Social problems of early marriage
  - Health problems of early marriage
  - Fistula
  - Spiritual problems
  - Psychological problems
  - Teachings of the Church and the country's law
  - Responsibilities of clergy members
  - Responsibilities and obligations of society and the family

- **Consent to Marriage**
  - The Consent of Marrying Individuals in relation to Ethiopian Law
  - Individual vs. Parental Consent in Marriage

- **HIV/AIDS, Voluntary counseling and Testing and ART**
  - What is HIV and AIDS
  - Major ways of transmitting HIV
  - Market Place Temptations
  - Ways in which HIV cannot be transmitted
  - Magnitude of the problem
  - HIV/AIDS prevention methods
  - Voluntary HIV counseling and testing (VCT)
  - The use of pre-marital VCT
  - Antiretroviral therapy (ART) and Holy Water
  - The church's teachings
  - Responsibilities and obligations of clergy members, an individual and a family

- **Harmful Traditional Practices (HTPs) and Gender- Based Violence (GBV)**
  - Harmful Traditional Practices (HTPs)
  - Marriage by abduction
  - Female genital mutilation (FGM)
  - Gender-Based Violence (GBV)
  - What legal options or choices do abused women have?
  - Rape
  - The Church's teachings
  - The country's law
  - Responsibility and obligations of the community

- **Migration**
  - Reasons for Migrating
  - Trafficking
  - Consequences of Migration
  - Labor Exploitation
  - Physical and Emotional Abuse

- Sexual Abuse
- Increased Exposure to HIV infection
- International Migration

- **Alcohol and Drug Abuse**
  - Impact of Alcohol Abuse
  - Effects of khat
  - Impact of Substance Abuse
  - Drug Abuse and HIV/AIDS
  - Factors in drug abuse
  - Controlling and Prevention of Drug Abuse
  - Teachings of the Church

II. Manual of the Ethiopian Muslim Development Agency

- **Early Marriage**
  - What is early marriage?
  - Attitude of the community towards early marriage
  - Social problems of early marriage
  - Health problems of early marriage
  - Fistula
  - Spiritual problems
  - Psychological problems
  - Teachings of Sharia and the country's law
  - Responsibilities of scholars and callers
  - Responsibilities and obligations of society and family

- **Consent to Marriage**
  - The Consent of Marrying Individuals in relation to Ethiopian Law
  - Individual vs. Parental Consent in Marriage

- **HIV/AIDS, Voluntary counseling and Testing and ART**
  - What is HIV and AIDS
  - Major ways of transmitting HIV
  - Market Place Temptations
  - Ways in which HIV cannot be transmitted
  - Magnitude of the problem
  - HIV/AIDS prevention methods
  - Voluntary HIV counseling and testing (VCT)
  - The use of pre-marital VCT
  - The Islamic view regarding ART use
  - Sharia views and responsibility of Muslim scholars and teachers

- **Harmful Traditional Practices (HTPs) and Gender- Based Violence (GBV)**
  - Harmful Traditional Practices (HTPs)
  - Marriage by abduction
  - Female genital mutilation (FGM)
  - Gender-Based Violence (GBV)
  - What legal options or choices do abused women have?
  - Rape

- Sharia's view and the country's law
- Responsibilities of Muslim scholars and callers
- Responsibilities and obligations of the community

- **Migration**
  - Reasons for Migrating
  - Trafficking
  - Consequences of Migration
  - Labor Exploitation
  - Physical and Emotional Abuse
  - Sexual Abuse
  - Increased Exposure to HIV infection
  - International Migration
- **Alcohol and Drug Abuse**
  - Impact of Substance Abuse
  - Drug Abuse and HIV/AIDS
  - Factors in drug abuse
  - Controlling and Prevention of Drug Abuse

III. Manual for Mentors of Married Girls' Clubs

- Communication skills
- Expressing ourselves/Being what we are
- Exercise on how to resist societal and family pressure
- Reproductive Organs and Changes during Adolescence
- Family Planning
- HIV/AIDS, Voluntary counseling and Testing and ART
  - What is HIV and AIDS
  - Major ways of transmitting HIV
  - HIV/AIDS prevention methods
  - Voluntary HIV counseling and testing (VCT); Couple VCT
  - Prevention of Mother to Child Transmission of HIV and Safe Motherhood
- Gender Based Violence
  - Gender-Based Violence (GBV)
  - What legal options or choices do abused women have?
  - Supporting Abused women
- Migration
  - Reasons for Migrating
  - Consequences of Migration
- Alcohol and Drug Abuse
  - Impact of Substance Abuse
  - Drug Abuse and HIV/AIDS
  - Factors for drug abuse
- Personal Hygiene
- Financial Literacy
  - Budgeting
  - Saving