

Improving Modern Contraceptive Uptake among Married Adolescent Girls in Pastoralist Regions of Ethiopia: Family Circle Case Study

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Background

In Ethiopia the use of contraception varies greatly between urban and rural groups (50% vs 38%, respectively), and between geographies. While the national contraceptive prevalence rate is 41%, in the Somali and Afar regions, the rates are 3.4% and 12.7% respectively (EPHI, 2021). Moreover, in these regions, child marriage rates are not only the highest but also appear to have risen since 2000. Of young women aged 20-24, 67% of those in Afar and 55% of those in Somali had married before the age of 18. Rates of adolescent pregnancy are correspondingly high: 23.4% of women under 20 in Afar and 18.7% in Somali have already given birth. In both regions, contraception is viewed unfavorably, mostly due to the belief that it promotes sexual promiscuity and impairs fertility. In addition, low contraceptive use is driven by poor and inequitable access to health care services, including inadequate health workforce and poor infrastructure. Addressing the unique enabling factors and barriers in this specific population is critical to designing culturally sound and targeted interventions to reverse these trends. This study examines the effects of a sexual and reproductive health program designed in partnership with married adolescent girls aged 15-19 in Afar and Somali regions to increase use of modern contraception among this population.

In 2021, Population Services International and the Ethiopia Ministry of Health (MOH) adapted *Smart Start*, an intervention for contraceptive uptake developed and tested in the agrarian regions of Ethiopia, to the pastoral regions of Afar and Somali. The adaptation used a human centered design (HCD) process to gather insights from girls, husbands, and community leaders and to rapidly test and iterate program components that addressed the cultural barriers and limited service delivery infrastructure in the regions. The resulting intervention, *Family Circle*, embraces essential topics around future goal setting, pregnancy complications, health benefits of spacing and delaying pregnancy, and information on traditional versus modern contraceptive methods to initiate conversations with couples in a community-based setting. The intervention leverages the existing health system through the following key strategies: community sensitization, capacity building for

community health workers and engagement with key community influencers and husbands. Key programmatic elements include mapping, identification, mobilization and linkage of married girls, provision of aspirational messaging to couples, counseling, service provision and follow up by Health Extension Workers.

Objectives

The primary study objective was to assess whether the introduction of the Family Circle increased the number of contraceptive users aged 15-19 in Afar and Somali where the program was being implemented. Additional data was collected on the efficiency of the Family Circle (i.e. the rate at which program attendees accepted a method of contraception) as well as the ability of the program to attract and engage with husbands of married adolescent girls ages 15-19.

Methodology

This study comprises secondary analyses of data captured from Ethiopia Ministry of Health DHIS2 and routine program monitoring. Data collection was done at the program site level, defined as the health post. Afar data was collected from 40 health posts from the period of May 2021 – June 2024 and in Somali data was collected from 141 health posts over the same period. A pre/post study design was used to compare the average number of family planning acceptors (both new and repeat users) aged 15-19 per month in the study sites before and after the introduction of the Family Circle. In addition, program monitoring data tracked the overall number of girls ages 15-19 who were counselled using the new approach (beginning in August 2022 when the program rolled out), the total number of adolescent girls counselled who accepted a method of contraception, and the number of adolescent girls whose husbands attended counselling with them.

Results

In the year preceding the Family Circle launch (August 2021 - July 2022), a total of 1,512 adolescent girls 15-19 received a method of contraception at one of the selected health posts (993 in Afar and 519 in Somali), for an average reach per month per site of 0.7 clients (2.1 in Afar and 0.3 in Somali). Following program rollout (August 2022 and June 2024) a total of 11,718 adolescent girls 15-19 received a method of contraception at one of the selected health posts (3,351 in Afar and 8,367 in Somali), for an average reach per month per site of 2.9 clients (3.6 in Afar

and 2.6 in Somali). This represents a 323% increase in the average number of clients per site per month (76% increase in Afar and 741% increase in Somali).

Overall, during the implementation period the program reached 20,086 girls with counselling (4,855 in Afar and 15,231 in Somali). In both geographies, contraceptive uptake among those counselled was high: 58% (69% in Afar and 55% in Somali). In addition, 35% (n=7,010) adolescent girls attended with their husbands (44%, n=2719 in Afar and 32%, n=10,357 in Somali).

Discussion

The implementation of Family Circle in the hard-to-reach pastoral contexts of Afar and Somali communities of Ethiopia has demonstrated increases in the average number of adolescent clients taking contraceptive methods per site per month. The increases were especially notable in the Somali region, where the average reach went from 0.3 clients per month, or many sites serving no adolescent clients, to an average of 2.6 adolescent clients in each site. In addition, the high rates of contraceptive uptake among counselled adolescent girls and couples suggests that the approach is effective for this audience and provides a compelling reason to take a method. Rates of husband attendance were encouraging, given the influence men wield on the family in pastoralist communities and their historically limited engagement in family planning discussions. More generally, this study suggests that communities with low contraceptive use, if approached in a way that is relevant and culturally sensitive, may choose to voluntarily adopt family planning methods in high numbers. The authors speculate that the combination of aspirational messaging, working to educate the larger community on the value of child spacing, and strengthening the existing approach to health service delivery to be more responsive to the needs of adolescents in pastoralist communities contributed to the increase in contraceptive uptake. Further inquiry is needed to assess rates of method continuation and long-term impacts on birth rates and spacing between births.

References

Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF. 2021. Ethiopia Mini Demographic and Health Survey 2019: Final Report. Rockville, Maryland, USA: EPHI and ICF.