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*Young people's use of contemporary reproductive and sexual health technologies in Addis Ababa, Ethiopia*

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## CHAPTER 4

### Emergency contraceptive use in Addis Ababa, Ethiopia: Challenging common assumptions about young people's contraceptive practices\*

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\* Based on: Both, Rosalijn. 2015. "Emergency Contraceptive Use in Addis Ababa, Ethiopia: Challenging Common Assumptions about Young People's Contraceptive Practices." *Reproductive Health Matters* 23 (45): 58-67.



## **Abstract**

Drawing on an ethnographic case study of young people's (aged 18-29) use of emergency contraceptives (ECs) in Addis Ababa, Ethiopia, this article highlights areas of disconnect between how reproductive health experts envision EC use and local meanings ascribed to ECs by young people. ECs – designed by reproductive health experts to be used only in case of emergency – were preferred by study participants over other contraceptive methods because of their ease of use, discreetness, perceived minimal side effects on beauty and future fertility, and usefulness in navigating reproductive intentions. The findings point to features that young people find desirable when it comes to contraceptive methods and suggest that common assumptions of reproductive health experts about young people's contraceptive practices need to be reconsidered, namely: 1) that young people can plan for prevention of unwanted pregnancy by buying a contraceptive method in advance; 2) that existing contraceptive technologies are appropriate for young people; 3) that young people prefer to use modern contraceptive methods; and 4) that young people in premarital relationships aim to prevent unplanned pregnancy.

## Introduction

Recent studies from sub-Saharan Africa on young people's use of emergency contraceptives (ECs) show that there is a disconnect between young people's ways of using this fertility regulating method and the ways in which reproductive health experts intend (young) people to use them. These studies found that some young people in urban areas of sub-Saharan Africa use emergency contraceptive pills repeatedly, sometimes as their regular contraceptive method. Repeat users claim that ECs fit their everyday lives because they are convenient in situations where they have infrequent sex, the number of pills is small, and they do not experience disturbing side effects (Both 2013; Gold 2011; L'Engle et al. 2011; Teixeira et al. 2012).

In contrast, reproductive health experts, while acknowledging that ECs can be taken safely as often as needed, do not recommend them for regular use because they are less effective than other contraceptive methods and frequent use can result in menstrual irregularities (WHO 2012). ECs are intended and marketed as a 'back-up' method to be used after unprotected intercourse, when other contraceptives have failed (for example, after breakage or slippage of condoms), after incorrect use of contraceptives (for example, after having missed one or more regular contraceptive pills), or after being forced or coerced into having unprotected intercourse (Wynn and Foster 2012). The envisioned user of ECs is thus 'an individual who experienced non-consensual sex, a contraceptive accident, or a consensual encounter in which other forms of contraceptives are not used' (Haggai 2003). The introduction of ECs has often been accompanied by moral anxieties regarding overuse of the product and promiscuity, false claims that it is an abortifacient, and fears that frequent use implies condomless sex and can result in increasing numbers of STIs (Wynn and Foster 2012). In sub-Saharan Africa, women using ECs have repeatedly been portrayed as irresponsible by service providers and the local press (Gold 2011; L'Engle et al. 2011; Mawathe 2009; Williams 2011).

The disconnect between envisioned and actual use has been noted for other contraceptives as well. When contraceptive technologies are developed, they are inscribed with 'specific competences, actions, and responsibilities' about envisioned users (Hardon 2006, 615). Underlying these are 'hegemonic notions of gender and sexuality' (Hardon 2012, 56), as well as biomedical definitions of 'safe sex', that do not necessarily correspond to local circumstances when technologies are made available in different settings. The local appropriation of contraceptive methods has been termed 'cultural variability' by Marks (2001). Writing about the history of the oral contraceptive pill (OCP), she noted how the pill, during its introduction in different countries, was not a neutral object; rather, culturally-informed attitudes towards contraception, as well as social, economic, and religious factors, shaped how it was perceived (*ibid.*). In a similar way, Russell and colleagues describe how contraceptives operate in and represent a universe of culture, morality, and emotion (Russell et al. 2000). This complex web of factors and its effect on contraceptive (non-)use is often ignored by the designers of such methods and by those making them available in different local contexts.

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Using ethnographic data, this article analyses how ECs are adopted and interpreted by unmarried young people aged 18-29 in Addis Ababa. Are the young people using ECs the same group as the intended users? How do young men and women use ECs in sexual relations? How do young women and men view ECs in relation to other available contraceptive options? How does this relate to common assumptions held by reproductive health experts about young people's contraceptive use?

### Emergency contraceptives in Ethiopia

ECs became available over-the-counter in pharmacies and drugstores in Addis Ababa in 2007 and currently cost 10 ETB (approximately €0.40). As in other African settings, young people in Addis Ababa prefer to buy ECs from pharmacies and drugstores, rather than obtain them from youth-friendly services or public health facilities (Gold 2011; Morgan et al. 2014). ECs are available under the brand name Postpill and are sold in a small, plain box containing a strip with two pills that need to be taken 12 hours apart, as well as an information leaflet with instructions in Amharic and English. Since becoming available, sales of Postpill have shown a steep increase, with more than 1.7 million packs sold in Ethiopia in 2013, mostly in urban areas (DKT International 2013). Studies on EC use in Ethiopia (most of them quantitative) have shown that knowledge and use of ECs is indeed higher in urban than in rural areas, especially among university students and commercial sex workers (Ahmed et al. 2012; Gold 2011; Tesfaye et al. 2012; Tilahun et al. 2010a). In Addis Ababa, the availability of Postpill is similar to that of OCPs, yet they are less widely available than condoms, which are also sold in small shops, supermarkets, and at night by street vendors around bars and crowded areas. All contraceptive methods, except Postpill, are actively promoted in the media through large billboards and TV commercials under Ethiopia's currently progressive family planning programme (EMoH 2006). ECs were only promoted when they first became available. The posters that accompanied the introduction of ECs read 'When the unexpected happens... Postpill ... an important second chance. (...) They offer women an important second chance to prevent pregnancy when regular methods fail, no method was used, or sex was forced'. Only a few study participants recalled these posters and messages; young people were mainly informed about ECs through word of mouth (Both and Samuel 2014).

### Methods

This article draws on a subset of data collected during thirteen months of ethnographic fieldwork, conducted between September 2012 and February 2014, on young people's (aged 18-29) use of sexual health technologies in Addis Ababa, Ethiopia. Fieldwork began with an exploratory phase consisting of observations (25 days) and questionnaire distribution (N=36) among 16 males and 20 females purchasing contraceptives in different pharmacies and drugstores. The majority of respondents were in their twenties. All except two were unmarried, indicating the popularity of ECs among unmarried young people. The educational background of

the respondents ranged from elementary school up to university level, with men being slightly more highly educated overall. A detailed description of the data collection techniques used inside the pharmacies and drugstores can be found elsewhere (Both and Samuel 2014). Data collected during this phase informed the next study phase of focused ethnography.

In the focused ethnography, unstructured interviews were conducted with 30 additional young people, eight men and 22 women. They were initially approached through the personal networks of the author and female research assistants, after which the group was expanded using snowball sampling methods. Young people were selected based on the criteria of being in the age range of 18 to 29, unmarried, having current or past experience with sexual relationships and a willingness to talk about it. Young people participated in between one and six interviews leading to a total of 65 interviews (the number of interviews that each person participated in depended on their willingness, availability, and degree of rapport developed). The interviews were aimed at generating in-depth personal histories of dating, relationships, sexuality, and contraceptive use (use of any method, not only ECs). Relationships that participants were involved in ranged from casual affairs to steady relationships, and some got married during the course of the research. Participants had different educational backgrounds ranging from elementary school up to university level. They came from different socioeconomic backgrounds and included housemaids, university students, factory workers, and NGO employees.

Depending on the preference of the person, interviews were conducted in informal settings such as cafés or inside young people's homes and lasted between 45 minutes and two hours. Interviews were conducted in Amharic or English and were not recorded because it was felt that using a voice recorder would breach the atmosphere of trust; instead, detailed notes were written down immediately after each interview. The author has good knowledge of Amharic and depending on the preference of the study participant, interviews were conducted by the first author alone or together with a female research assistant. That the author and the research assistants were female, in the same age range as the study participants, and held a non-judgmental attitude towards premarital sex, facilitated open discussion. Nevertheless, in Addis Ababa, as in many other settings, sexuality is not easily discussed and women are particularly secretive about their sexual activity. Sharing the findings of the author's observations in pharmacies or, if the meeting was held in a private setting, bringing samples of the different contraceptive methods, proved successful techniques to start lively conversations. Additional information was obtained from informal conversations and by spending time with study participants outside the interviews, including visits to Orthodox Churches, cafés, bars, and walks along the streets of Addis Ababa.

An initial coding scheme was developed for recurrent themes, which was constantly refined through discussions with research assistants and key informants (including pharmacists and leaders of youth associations). During content analysis, data from the semi-structured questionnaires were compared with what was said about ECs in the unstructured interviews. All study participants were informed about the study objectives and gave verbal informed consent prior to their involvement in the study. All names used in this paper are fictive. Approval for the study was obtained from the Amsterdam Institute for Social Science Research (AISSR) Ethical

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Advisory Board, the Medical Ethics Review Committee of the Amsterdam Medical Centre (AMC), and the Sociology Department of Addis Ababa University (AAU).

The study had several limitations. The findings are based on a small number of respondents and therefore generalizations are difficult. In addition, more women than men participated, which resulted in the perspectives of men being somewhat underrepresented. Furthermore, due to the sensitivity of the topic, it is possible that respondents underreported the number of times they had used ECs, in particular in the semi-structured questionnaire, when there was little time for rapport building.

### Findings

When talking to young people about Postpill, they quickly mentioned its frequent use with statements like 'It will be hard to find a female student who does not carry a Postpill in her bag' and 'Postpills are popped like candy'. Young people also referred to the many empty boxes of Postpill that one can see on the streets of Addis Ababa. All young people participating in the pharmacy survey had used ECs at least once, one male and three females had used ECs more than ten times. Of the 30 young people participating in the interviews, approximately half, most of whom were female, had used ECs at least once before. The next sections discuss four themes underlying the popularity of Postpill that were consistent across interviews, regardless of age, relationship status, or educational level: infrequent and unplanned sex; fear of the side effects of other contraceptive methods; ECs as complementary to periodic abstinence; and the ambiguity of reproductive intentions. It is important to note that the study participants defined safe sex in the context of preventing pregnancies and less in the context of acquiring STIs including HIV.

### Contextualizing infrequent and 'unplanned' sex

Having infrequent sex has been considered by reproductive health experts as an important reason for low uptake of regular contraceptive methods among unmarried young people. It has been related to women being involved in long-distance relationships or in relationships where one of the partners travels often (Sedgh and Hussain 2014). Nearly all study participants, both those involved in long-distance relationships (such as high school lovers attending different universities) and young people in relationships where both partners resided in Addis Ababa, spoke about how sex occurred infrequently. They related this to the socio-cultural context of secrecy surrounding premarital sexuality. Studies on sexuality in different parts of Ethiopia show how double standards regarding premarital sexuality originating from the past are still influential today. Girls are expected to abstain from sex until marriage, and not doing so puts their moral standing and that of their family at risk (Kebede et al. 2014). Boys enjoy more freedom and, as long as done discreetly, are even expected to have sexual encounters (Levine 2014). In one recent study, young men narrated how having premarital sex prevented women from questioning their manhood and helped them develop sex skills needed for marriage (Tadele 2006). In urban areas of Ethiopia, premarital sexuality is on the rise and young people are increasingly exposed to sexual

information through the Internet and pornographic videos (Both and Pool *forthcoming*; Tadele 2006). This puts women in particular in a position where they try to make sense of longstanding condemnatory discourses on sexuality and their own sexual activity (Kebede et al. 2014). Indeed, female study participants spoke about their parents' successful attempts to try to limit their freedom to go out and associate with men. Young women narrated how they hardly communicated with their parents about sexual matters except in the form of receiving warnings (Tesso et al. 2012). 'Don't bring home a *dikala* [bastard child]' was something frequently said to young women.

Aside from control exercised by the family, both young men and women felt as if they were being constantly watched by society. They used the term *yelugnta* to describe this. *Yelugnta* is defined in the literature as 'an intense shame based on what others may say or think of you and/or your family' (Poluha 2004) and was described by study participants as 'People don't live their lives for themselves but for others' or 'In Ethiopia, everyone has an opinion about each other. Everybody is interfering with your life. Mentally, that is a big problem'. Some young men tried to escape the societal gaze by renting a condominium (apartment) with a group of friends or renting a room in a bigger compound and using it amongst themselves to invite women. That this did not necessarily diminish social control became clear from Dawit's story, a 28-year-old male who had a daytime job and studied for his BA degree in the evenings:

I used to live with my parents. One of the biggest reasons to move out was to be freer. (...) Now I live on a compound where the owner of the house lives. I live in a side house [one room], of four by four meters. It doesn't have its own shower and toilet, we share that. So I don't usually bring a girl home. I have to be comfortable and confident with her before I do that. Because if I do that, they will start talking, 'Dawit has brought a girl home...'. So I usually don't bring a girl home. Actually what I usually do is to rent a hotel room to spend the night.

The moral context surrounding premarital sexuality, in particular the pressure felt by women to live up to social expectations of abstaining from sex until marriage and the moral judgment of society felt by both men and women, was the main contributing factor to having sex on an infrequent basis. It led young people to actively look for discreet places to meet. Dawit referred to one of the most common practices observed among young people involved in different kinds of relationships: renting a room for a couple of hours or for a night. Many bars in Addis Ababa have rooms for rent and there is also a wide range of guesthouses available. In the old centre of the city, known for its (local) bars, it is common for all rooms to be occupied on a weekend night. One evening I ran into Hewan, a female university student whom I had interviewed previously, saying goodbye to one of her friends who was holding hands with a guy. After greeting Hewan, I asked whether they were a couple. She replied: 'Mmm.... kind of. They are going to spend the night together in a room around here. Students get a discount there!' Renting a room made it possible to escape social control but required money and – especially for women – a good excuse to stay out the whole night, thus it could not happen on a frequent basis.

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Other spaces to meet that were mentioned and observed included: evening walks (the protective darkness facilitating discreet encounters); public parks located on the outskirts of the city (it was common to see couples making out between the trees and bushes); dark backstreets; bars with dimmed lights and loveseats; and meeting inside the compound of an Orthodox Church. The Orthodox Church's conservative stance on premarital sexuality paradoxically made it a 'safe' place to meet. Aster, a 19-year-old woman with secondary schooling, explained that as young people are given permission to go to church – especially during religious holidays – it is among the few places where they can freely go. Therefore, especially in the evenings, you could see many couples inside the church compound. Visiting the church could also be a pretext for meeting elsewhere (Tadele 2006).

Young people clearly faced challenges in meeting each other on a frequent basis and in keeping their sexual activity hidden. They expressed a preference for ECs because they need to be taken only once and can be obtained after sex has occurred. Helen, a 23-year-old female BA student, said 'You hear people say that Postpill is easy to use because you only take it once'. Mi'iraf, a 29-year-old female MA graduate, said 'Speaking from my experience, Postpills are convenient because I have sex irregularly and you can take it after sex'. Aside from infrequent sex related to the difficulty of meeting, women often referred to sex as 'unplanned'. Several women told me it is 'not done' to quickly consent or take the initiative to have sex, and related this to the social norms that prescribe women to behave in shy and decent ways. When I informed Dawit about my observations regarding the popularity of Postpill, he responded:

*Dawit:* Yes, I know it. I have also used it. This happened when I was with a girl with whom I couldn't use condoms.

*Author:* Why not?

*Dawit:* We would meet and spend the night together but she didn't want to have sex. But often in the middle of the night it would happen. So the next morning I would go to get a Postpill from the pharmacy.

*Author:* How often did this happen?

*Dawit:* Maybe once a week.

Several other men mentioned how women would agree to go with them to a room but then initially said 'no' to sex. Although men often said that they found this behaviour conservative, at the same time they also found it unattractive if women openly spoke about their sexual experience. Women thus struggled with exploring their sexuality and trying to live up to social expectations of being a *ye bet lijj* (stay-at-home girl). They feared that going out frequently or being open about their sexual experience would lead to men not considering them a marriageable partner (marriage was considered an important life goal by both women and men). It is therefore unsurprising that women were positive about how ECs could be obtained after sex had taken place. It was also the case that they often did not buy ECs themselves. Nearly half of the customers buying ECs in pharmacies were young men, and the most common reason given by them for why they were buying the method was that their partner was too shy or scared to buy it herself. Furthermore, because the pills

have to be taken only once, young people could quickly dispose of the box and pill strip so that their use of the pills remained covert.

### Concerns about side effects of other contraceptive methods

Concerns about side effects is often mentioned in the literature as a reason for women discontinuing or not using any (modern) contraceptive method and it is often related to a lack of information or misinformation about modern contraceptive methods. In this study, fear of side effects was frequently mentioned, especially by women who held particularly negative beliefs about OCPs and injectables, methods most often used in Ethiopia. It is unclear to what extent these opinions related to the fact that young people received little information about the side effects of these methods. For example, women obtaining OCPs from pharmacies often bought a single strip at a time (one box contains three strips) and therefore did not receive a leaflet with information about side effects. Tizita, a 26-year-old female with secondary schooling, and Eden, also 26 years old with a BA degree, spoke about the side effects that were commonly attributed to OCPs:

Pills have an effect, like gaining weight and it gets dark below your eyes. (Tizita)

People say it [OCPs] brings *madiat*, which are dark shades on your cheeks and that it stays for a long time. (Eden)

Further probing about these side effects revealed that a major objection to weight gain and facial changes was that both are visible to others and so limit possibilities for discreet use.

Several study participants spoke about the side effects associated with injectables. For example, Kalkidan, a 29-year-old female with a college degree, said: 'After I got it [injectable] I was bleeding for three months, which was driving me crazy!' Furthermore, eight of the 36 purchasers of ECs in the pharmacy whom we spoke to had used injectables previously, and five specified that they had discontinued use because of disturbing side effects. Injectables were also related to weight gain and *mahan* (infertility). It became clear from the statements of some young men, and of some young women who talked about their boyfriend's opinion, that men sometimes shared women's concerns about the negative health implications of injectables and OCPs. For example, Yared, a 28-year-old taxi driver, believed that girls who used birth control pills at a young age would end up having difficulties in getting pregnant once they got married.

Women in this study contrasted OCPs and injectables with Postpill, emphasizing how it contains only few hormones. In the survey, statements such as 'Postpills have no side effects compared to other methods' and 'With Postpill I can get pregnant when I want unlike with the injections' were made. International guidelines on ECs confirm that its side effects are mild: a minority of EC users may experience slight changes in the start day of menstruation as well as irregular bleeding or spotting, or nausea (rarely accompanied by vomiting) (ICEC 2012). Young people's positive evaluation of the absence of side effects of ECs might be subject to change in

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the future, because five women and two men in the interviews mentioned examples of repeat users whose menstrual periods became disrupted or who became pregnant. Genet, a 25-year-old female BA graduate, said:

I was afraid about the effect it [Postpill] may have on your fertility. Especially one time when I used it two times shortly after each other. I have a colleague who took Postpill continuously for some time. Then she hadn't seen her period since April [it was December]. She did a pregnancy test but it was negative.

It is likely that such stories will impact the uptake of Postpill, because irregular bleeding (disliked by women) can make it difficult to recognize pregnancy and so affect another popular practice: using ECs in combination with periodic abstinence.

### Complementing periodic abstinence

Several study participants – especially higher educated women – relied on counting the days of their menstrual cycle as a form of birth control. From a public health perspective, periodic abstinence is seen as less effective than modern contraceptive methods and concerns have been raised about its contribution to mistimed and unwanted births (Che et al. 2004). Women who use this 'traditional' method are considered in need of or lacking access to 'modern' contraceptive methods. However, the women using periodic abstinence in this study made a conscious choice to do so because they found existing methods unacceptable. Study participants also said that they used periodic abstinence because it indicated trust in a relationship.

Women narrated how periodic abstinence is not always an easy method, for example because of an irregular cycle, or because they would give in to sex on unsafe days in the heat of the moment. This was explained by the female BA graduate Genet, who was involved in a long-term relationship:

It [counting days] only works when your period is regular. Like my period is very regular. But when I get stressed it might come earlier or later. So it is hard. Also, on the days that are safe you might feel pushed. While on other days, you start getting intimate and then it [sex] happens. That is actually how I got to use the Postpill. It is difficult.

It was thus popular among these women to use Postpill as a complementary method. For example, eight of 36 people who bought Postpill in the pharmacy said that periodic abstinence was their main method of birth control. Half of these were men who supported their partners by keeping track of safe days with them. When asked why they were buying Postpill, one 28-year-old man said, 'I count the days with her. Sometimes the days get mistaken because her period is irregular. I get scared', and an 18-year-old man said, 'We use the counting of days but this was an unsafe day, we did it [sex] *sanasibew* (without thinking about it)'. Here, Postpill complemented periodic abstinence when the couple was unsure of whether sex had occurred on a safe day or when sex occurred in the heat of the moment on a day they knew was not safe.

## Reproductive intentions

Reproductive health programmes assume that pregnancies in premarital relationships are always unintended, yet young people's desires to avoid or pursue premarital pregnancies are sometimes ambiguous in premarital relationships: they shift over time along with the social circumstances and changing relationships in which young men and women find themselves (Van der Sijpt 2011). For women in Addis Ababa, concealing their sexual activity was very important, and becoming pregnant and so disclosing their sexual activity might seem a contradiction. Yet there were a few examples where pregnancy was welcomed by one of the partners in order to bind the relationship.

The clearest example of this came from Mi'iraf, a 29-year-old NGO employee holding an MA degree, who had been in a relationship with Yohannes for nearly two years. After each of them had tested separately for HIV, they stopped using condoms and relied on periodic abstinence. Recently, Yohannes had started to ask her to have his baby, but Mi'iraf hesitated because she was not entirely sure about the relationship. She believed his proposal to be an indirect way of asking her to marry him, of binding her to him. If she got pregnant, that would be a reason to stay together, though she first wanted to find out whether she liked him enough:

I had sex with Yohannes. He didn't want me to take the pills [because he wants me to get pregnant]. We used Postpill three or four times. The first time he didn't want me to use it but I insisted. I don't think he knew about Postpill before that, at least he never said so. I know it through a good friend of mine. (...) The last time we used it I had not counted the days. When we were about to have sex I said 'Please don't do it, it is not safe'. He told me 'I want to make the most beautiful baby to love'. I went to buy Postpill later but didn't tell him. Thereafter, when we walked in the evening he would say *k'as* (be careful, walk slowly). He didn't want me to exercise in the gym. 'Give it at least two months', he said. I couldn't tell him that I took the Postpill. Only after a week I told him. He cried.

A few weeks later, Mi'iraf explained that she had taken the Postpill because she was not sure whether her family would consider Yohannes good enough for her. Furthermore, because Yohannes had not made things official (by sending respected people, *shemagile*, to her family to ask for her hand), she believed her parents would be embarrassed if she got pregnant. In the months that followed, several things occurred between the two of them that made Mi'iraf wonder whether he was really committed to her and whether he would make a good father, causing her to use the Postpill several more times.

Another example of concealing EC use from one's partner came from a 20-year-old male student who came to buy Postpill in the pharmacy and said:

My girlfriend doesn't know she is taking Postpill. I give it to her with a drink or banana.

The motives of this young man for secretly giving Postpill to his girlfriend were not clear. These examples illustrate that both women and men were able to use Postpill without their partner's knowledge.

### Discussion

ECs are intended to be used only in case of emergency: after failure, incorrect, or non-use of routine contraceptive methods (WHO 2012). However, the findings of this study reveal that young people in Addis Ababa often prefer ECs over other contraceptive methods and sometimes use them repeatedly as their main method of pregnancy prevention. This builds on findings in other sub-Saharan African countries that young people's EC use is disconnected from prescribed use (Gold 2011; L'Engle 2011; Teixeira et al. 2012). The findings provide insights into the features of contraceptive methods that young people consider highly desirable and question common assumptions held by reproductive health experts about young people's contraceptive practices.

One of the main findings of this study is that young men and women, regardless of their relationship status, have infrequent sex, and this translates into a preference for ECs. A recent study shows that infrequent sexual activity is one of the most common reasons for non-use of contraceptives among women in developing countries (Sedgh and Hussain 2014). In addition, infrequent sexual activity as a consequence of being involved in long-distance relationships has been mentioned as a reason behind repeated EC use (Gold 2011; Keesbury et al. 2011). This study further investigated reasons that contribute to infrequent sexual activity among young people and found that, in Addis Ababa, it was mostly shaped by the secrecy surrounding premarital sexuality; this was influenced in particular by the pressure felt by women to live up to long-standing normative frameworks about womanhood that prescribe them to abstain from sex until marriage, as well as the moral judgment of society felt by both men and women (Kebede et al. 2014; Poluha 2004). Avoiding damage to one's reputation has been found to be an important factor in shaping sexual behaviour across many different settings (Marston and King 2006). For example, studies in South Africa and Tanzania have shown that young people may hide their relationships from parents for fear of disclosure of their sexual practices. This makes it difficult for them to easily access contraceptives out of fear of being discovered (Lesch and Kruger 2005; Wamoyi et al. 2010). In Addis Ababa, social control limited the opportunities for men and women to go out – the freedom of women in particular was limited – and restricted the spaces where young people could meet to those that were hidden from the parental and societal gaze. The context of infrequent sex led some young men and women in Addis Ababa to use ECs as their main method of pregnancy prevention, because they only need to be thought of and taken when sex has actually taken place. In addition, young men often purchased ECs for their partner if she felt embarrassed or shy, and could so protect their partner's reputation.

Young people's sexual and reproductive health and rights programs are informed by the belief that young people can plan for safe sex by obtaining a modern contraceptive method in advance. Social norms prescribe that women in Addis Ababa

behave in a shy and reserved way towards sex, and this leads many women to refer to sex as 'unplanned'. Regardless of whether women expect to have sex, this context makes it more logical for them to act on pregnancy prevention after sex has taken place. Knowing about the possibility of using ECs, one could argue, enhances freedom in navigating 'unplanned' sex, because young women can anticipate that, if needed, ECs can be counted on. Even though ECs were bought after sex had taken place, they were used in a preventive way and women did not consider them different from 'regular' contraceptive methods that are taken before sexual intercourse.

Study participants' preference for ECs seems to be guided by a risk perception in which the risk of getting pregnant is greater than the risk of HIV or other sexually transmitted infections. Young people also preferred ECs because they were associated with none or tolerable side effects and enabled the management of premarital sexuality in a discreet way. Young women, and to a lesser extent young men, associated OCPs and injectables with infertility, weight gain, and facial changes. Although pre-marital pregnancies must be prevented, fertility must be preserved for the future. Young, unmarried women in Addis Ababa and other sub-Saharan African settings therefore often choose to rely on less effective methods such as periodic abstinence (Bledsoe et al. 1994; Johnson-Hanks 2002), and ECs are used as a back-up (Gold 2011; L'Engle et al. 2011).

Weight gain and facial changes caused concern because they could reveal women's sexual activity, harm their reputation, and make them feel less attractive (Both and Hardon *forthcoming*). Concerns over side effects of hormonal contraceptive methods are seen as a main contributor to the non-use of these methods among young women across different settings (Castle 2003; Williamson et al. 2009). Although from a strictly biomedical perspective these concerns may be considered misconceptions, they are real for these young people. The findings indeed underscore the need to provide young people with complete and clear information about the side effects of hormonal contraceptive methods.

The findings from this study resonate with those from other qualitative studies on EC use in sub-Saharan Africa with regard to ECs being mostly used by unmarried women (Gold 2011; L'Engle et al. 2011; Teixeira et al. 2012). This raises the question of whether existing contraceptive technologies meet the needs of young people engaged in premarital sex. Emergency contraceptives are unique in offering discreetness, ease of use, and minimal (perceived) negative effects on future fertility and physical appearance, and these characteristics should guide the development of new contraceptive methods for young, unmarried people. It is promising that reproductive health experts have started to recognize the demand for pericoital methods and are planning to make a pill available that can be taken 24 hours before or after intercourse. In Uganda, unmarried young men and women have said they would welcome such a method and described advantages similar to those associated with ECs (Cover et al. 2013; Raymond et al. 2014). Reproductive health experts involved in the design of contraceptive methods for young people and working with young people's sexual and reproductive health and rights programs must acknowledge that ECs can be used 'routinely' in contexts such as Addis Ababa where sex occurs infrequently, while simultaneously informing young people about its possible effects on the menstrual cycle and stressing that ECs offer no protection against STIs including HIV.