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Sex, tensions and pills

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

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Citation for published version (APA):

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Chapter 1

¹ Cialis and Levitra, other common drugs for male sexual enhancement, were not available in the pharmacies where I did participatory observation.

² Because of the difficulties in finding young men who were willing to talk openly about their use of sildenafil citrate, the age range was expanded to include men between the ages of 18 and 35.

³ The different practices of transactional sex in which women engage have a long history in Tamatave, yet the unstable economic situation and the context of globalization in which they occur is new, and young women's engagement in transactional sex creates new patterns of marriage and kinship as well as intergenerational relations.

⁴ In most studies on sexuality in Ethiopia, sexuality is discussed as an aspect of a people's culture, focusing on the social organization of sexuality (Levine 2014), or as a subtheme of other topics, in particular HIV/AIDS (Zenebe 2006; Tadele 2006) or abortion (Kebede et al. 2014). Only a few studies were conducted in Addis Ababa (Kebede et al. 2014; Zenebe 2006). In the 2006 study by Zenebe, young women were only a subset of the participants.

⁵ These statements come from a chapter entitled 'How Do Orthodox Believers View Pregnancy and Its Control?' in a religious book that I bought at a bookstall next to one of the larger Orthodox churches in Addis Ababa. The statements were translated from Amharic to English by a research assistant.

⁶ However, several (middle-class) women that I spoke to as part of this study were considering becoming single mothers, as they said they were tired of cheating, untrustworthy men. One of them gave birth to a baby boy during the course of the study, whom she is now raising on her own.

⁷ This and the next quote are translated from the Amharic by one of my research assistants, Fantawork Samuel.

⁸ With the term 'technologies of sex', Manderson (2012) refers to products, the procedures and processes in which they feature, and the ideological and ideational structures that inform their uses in different cultural and interpersonal settings.

⁹ Wesangula, D. 2008. "Scandal of Birth Pills for Teenagers." *Daily Nation* (Nairobi, Kenya), 7 September, 5-6; Mawathe, Anne. 2009. "Kenya Concern over Pill Popping." *BBC News*, 15 July. Accessed 30 March 2012. <http://news.bbc.co.uk/2/hi/8145418.stm>.

¹⁰ Handy, Bruce. 2001. "The Viagra Craze." *Time*, 24 June. Accessed 5 July 2015. <http://content.time.com/time/magazine/article/0,9171,139084,00.html>.

¹¹ Knowledge about ECs has increased from 45% to 78% in Uganda, from 58% to 65% in Nigeria, and from 43% to 57% in Ghana (Abiodun et al. 2015; Aziken et al. 2003; Baiden et al. 2002; Byamugisha 2007; Darteh and Doku 2016).

¹² Besides the two studies in Addis Ababa, there have been other studies conducted on EC use in different parts of Ethiopia. All of them are surveys and nearly all of them have been conducted among female college or university students (Abera et al. 2014; Ahmed et al. 2012; Hailemariam et al. 2015; Lenjisa et al. 2014; Tamire 2007; Tajure 2010; Tesfaye et al. 2012; Tilahun et al. 2010a; Tolossa et al. 2013; Worku 2011). Some studies were carried out before the introduction of a dedicated EC product. In all but one of the studies, the percentage of female students who reported being sexually active was relatively low and ranged between 20% and 38%. It is difficult to interpret the findings of most of these studies because they give no information about the availability of ECs in their study areas (ECs have only been made

widely available in Ethiopia since 2007 and are mostly an urban product). Most studies conducted outside of Addis Ababa show an increase in the number of students who have heard about ECs: in earlier studies this often measured around 45% (Tajure 2010; Worku 2011), while more recent studies have found knowledge levels of around 75% (Abera et al. 2014; Lenjisa et al. 2014). Similarly, the percentage of students who have used ECs shows an upward trend: in studies conducted in 2010, 16% of those who were sexually active had used ECs (Tilahun et al. 2010b; Worku 2011), and in a more recent study this number had risen to 44% (Abera et al. 2014).

¹³ These additional interviews strengthened our finding that most young people prefer using short-term contraceptive methods. Although long-term methods, in particular implants and IUDs, are currently being promoted by the Ethiopian government, staff from public health clinics showed us statistics that confirmed that these are infrequently used by unmarried people. They also informed us, and this was confirmed by the clients with whom we spoke, that a considerable number of women, after being given one of these methods, come back to ask for its removal due to experienced side effects.

Chapter 2

¹⁴ Research has shown that progestin-only ECs can be effective if used within 120 hours of intercourse, thus expanding the window for use (Rodrigues, Grou, and Joly 2001; von Hertzen et al. 2002, cited in Wynn and Foster 2012).

¹⁵ The term 'morning after pill' is actually misleading since the pills can be used up to 120 hours after sexual intercourse.

¹⁶ Based on results from nine studies that the WHO recommends, the Levonorgestrel regimen is 52-94 percent effective in preventing pregnancy, with more effectiveness the sooner after intercourse it is taken (WHO 2012).

¹⁷ In addition to Postinor-2, other emergency contraceptive products have also been made available in African countries.

¹⁸ Wesangula, D. 2008. "Scandal of birth pills for teenagers." *Daily Nation* (Nairobi, Kenya), 7 September, 5-6; Mawathe, Anne. 2009. "Kenya concern over pill popping." *BBC News* (website), 15 July. Accessed 30 March 2012. <http://news.bbc.co.uk/2/hi/8145418.stm>.

¹⁹ It has been suggested that this gap in information partly exists because users can obtain ECs from different sources, and thus it is difficult to identify a user population to study. In addition, EC use can stay completely hidden because users can create a 'do-it-yourself' postcoital contraceptive by cutting up a package of regular oral contraceptive pills (Wynn et al. 2012).

²⁰ Most quantitative studies have been conducted among identifiable and general groups of contraceptive users, such as the clients of family planning clinics (Mayer et al. 2007; Muia et al. 2002; Smit et al. 2001), clients of pharmacies (Keesbury et al. 2011), and university students (Ado and Tagoe-Darko 2009; Byamugisha et al. 2006; Kongnyuy et al. 2007; Tilahun et al. 2010a).

²¹ Several bibliographic databases (PubMed, Web of Science, OvidSP) were searched for literature from 1998-2012 (to capture the period in which ECs were introduced to African countries). In addition, the websites of a number of reproductive health organizations were searched (including Population Council, Family Health International, the Guttmacher Institute, the International Consortium for Emergency Contraception, and EC Afrique). Search terms used were 'emergency contraception' and 'emergency contraceptives'. Studies conducted in sub-Saharan African countries, focusing on young men and women, and using qualitative data collection methods (mainly in-depth interviews and focus group discussions) were included. Due to the limited number of eligible studies, all studies were included (this included reports), and the quality of the studies was not assessed (Atkins et al. 2008; Thomas and Harden 2008).

²² Since this study provides rich information on the involvement of men and because it can be assumed that at least part of the men were young, the study was included in this review.

²³ Questions have been raised about the quantitative findings of this study, asking whether frequent EC users are not oversampled (Raymond et al. 2011).

²⁴ See the EC Afrique bulletin from December 2006 on 'male involvement in EC', downloadable from www.ecafrique.org.

²⁵ A study on abortion (Nyanzi et al. 2005) found how men (commercial motorbike riders) were involved in the process of abortion as instigators, facilitators, collaborators, transporters, advisors, informers, supporters, and even punishment givers.

Chapter 3

²⁶ Informal conversation with a respondent from a leading national family planning association in Ethiopia, May 2013.

²⁷ Ibidem.

²⁸ Ethiopian Orthodox Christianity, the dominant religion in the country, has up to 110-150 fasting days a year. Fasting entails restrictions on the time of consumption of food, the diet allowed, and abstinence from sexual activity.

²⁹ Unfortunately, we did not ask them to specify the media source.

³⁰ Eight people did not answer this question, some because they were buying the Postpill for the first time.

³¹ The leaflet has a separate paragraph entitled 'Non-contraceptive benefits' that talks about the beneficial effects of ECs, including a reduction in the incidence of benign breast cancer.

Chapter 7

³² For the study on sildenafil citrate use, because of the difficulties in finding young men who were willing to talk openly about their use of the product (see Chapter 8), the age range was expanded to include men from 18 to 35.

³³ See: <http://www.dktethiopia.org/FAQs/fasile-one-dkt-ethiopias-new-emergency-contraceptive>. Accessed on 6 September 2016.

³⁴ Another new contraceptive method under development is Sayana, a new type of three-month injectable. Acceptability studies among (mostly married) women in Ethiopia, Senegal, and Uganda (Burke et al. 2014; Keith et al. 2014) show that the majority of interviewed women would prefer Sayana (if available) over Depo because of its perceived fewer side effects, because there is less pain when it is injected (it is injected under the skin with a short needle and not in the muscle like Depo), and since it saves the time and expense of travelling to a health facility (as it can be injected in the home setting). In the Ethiopian study, women also expressed concern that home storage of the injection could compromise their privacy (Keith et al. 2014).

³⁵ In addition to pharmaceuticals, there is a growing body of literature showing how young men and women self-manage their sexual lives through the use of 'traditional' methods (Hilber et al. 2012; Scorgie et al. 2010). Some young women in Kwazulu-Natal insert 'love medicines' into genital incisions for the enhancement of sexual attractiveness and long-term partner commitment (Scorgie et al. 2010). *Curtidoras* (women enjoying life) in Maputo, Mozambique, actively use love potions and charms to satisfy and control the will and possessions of the often wealthy European men with whom they have a relationship based on gifts and monetary exchange (Groes-Green 2013). Some young men in Maputo consume certain foods and drinks to boost their sexual performance (Groes-Green 2011). In Zambia, young men from rural areas

use love potions or aphrodisiacs by drinking them or applying them to their penis in order to attract girls and have more energy to perform (Simpson 2009, 44).

Chapter 8

³⁶ For example, we tried posting an announcement on *temari net* (a kind of Facebook for Ethiopian students with a focus on reproductive health issues, set up by a big reproductive health organization). Due to the sensitivity of the topic, however, we were not given permission to post our announcement there, as the organization hosting the website was afraid our announcement would stimulate young men to start using the drug.

³⁷ There is a growing body of literature engaged in finding approaches to minimize the difficulties in collecting data on sensitive matters using self-reporting techniques. Studies have emphasized the need to carefully phrase the wording of questions on issues related to sexuality in locally appropriate ways (Groes-Green 2009b; Mavhu et al. 2008) and to use a 'mixed method/triangulation model' (Pool et al. 2010). Other studies comparing young people's responses to different ways of data collection have concluded that the 'most truthful' answers from sexually active adolescents are generated through in-depth interviews (because of flexibility and reciprocal exchange) and in particular 'participant observation' (Plummer et al. 2004; Poulin 2010). As Bleek (1987) rightfully remarks, however, participatory observation, when it comes to studying sexuality, is often not realistic.

³⁸ Piazza is the old historic city centre of Addis Ababa. Although it is not as trendy as areas like Bole and Bole Medhanalem, it is packed with many small local bars and remains a popular area for a night out.