

Sexual health helpline in Ethiopia

Providing quality counselling services on sensitive sexual and reproductive health issues



- An estimated 43% of people living in Ethiopia are younger than 15.
- Unmet need for contraception in Ethiopia is highest among women aged 15–19.
- 62% of callers to the sexual health helpline in Ethiopia are aged 16–24.
- 60% of young callers are female.
- 27% of callers were referred from the radio and 21% were referred via friends.



Helping young people get the information they need

Many young people in Ethiopia are reluctant to attend health clinics for sexual health services, such as advice on contraception or family planning. If they live in rural areas – as 84% of the population do – they may have to travel long distances to their nearest clinic. They may be worried about costs. Or they may be concerned about confidentiality issues. And yet the need to reach young people with accurate information about sexual and reproductive health in Ethiopia is great.

An estimated 3.1 million school age children in Ethiopia are not in school, so they receive limited formal education about sexual health issues. Taboos around sexuality also mean that young people's understanding of sexuality and reproductive health is limited. Yet more than 50% of Ethiopian women have begun childbearing by the age of 20.

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Marie Stopes International's experience around the world has shown that the best way to reach young people with information about sexual and reproductive health is to provide it in a convenient, confidential and low-cost way. Setting up hotlines in countries such as Timor Leste and Mexico has also shown that helplines can offer the anonymity that is invaluable when addressing topics that are typically considered embarrassing or taboo. With this in mind, MSI Ethiopia launched a sexual health telephone helpline in Ethiopia in May 2011 to expand access to sexual and reproductive health advice particularly for young adults.

Staffed by one coordinator and seven call agents – six of whom have a health background and one of whom is a social worker – the toll-free 8044 number provides confidential counselling to callers from across the country. The team members have received training about the importance of providing non-judgemental counselling to young people, victims of gender-based violence and men who have sex with men.

Confidentiality is vital. Our analysis in sub-Saharan Africa showed that unmarried adolescent girls are far more likely to get their contraception from a friend or through a private pharmacy than going to a public clinic, as is the norm for most women. We believe that this is partly because single young women worry about stigma and judgement, which makes them feel uncomfortable using public clinics. The same desire for confidentiality leads many adolescents to be first counselled through a helpline service before they consider face-to-face contact with a provider at a medical facility.

How the helpline has helped

After it opened in May 2011, the number of calls increased gradually, reaching 1,000 in March 2012. However, the breakthrough came in April 2012, when MSI Ethiopia managed to obtain the toll-free number '8044' for its hotline. Supported by modest promotion via mass media, there was a dramatic increase in the number of callers to more than 6,000 in July 2012 alone. At the same time, the number of staff at the call centre was increased from three to six call centre counsellors. The languages spoken by the staff include Amharic, Oromo, Tigrigna and English.



In 2012, the first full year of operation, the sexual health helpline in Ethiopia received a total of 54,664 calls. That's an average of 4,500 calls every month. The service is particularly popular among young people. 64% of all callers were younger than 25 years old and 31.6% were younger than 21 years. The marital status of the callers was in line with their young age: three out of four callers (74.8%) were single. A surprisingly high number of men used the service. Almost half of the callers (45.2%) in the last six months of 2012 were men, indicating that the helpline is providing a promising gateway for male involvement. 27% of callers were referred from the radio and 21% were referred by friends.

The regional distribution of the callers shows a bias towards Addis Ababa, with almost half of the calls originating from the capital. With increasing penetration of mobile phones in the less urban parts of the country, however, it is expected that this bias will ease off over time.

Most of the callers asked questions about family planning and topics related to safe abortion, as well as sexually transmitted infections and HIV. MSI Ethiopia's hotline works closely with the Helpline of the HIV/AIDS Resource Centre and frequently refers callers to the resource centre for more specific information and counselling related to HIV.

The helpline referred more than 3,051 callers to a health provider for further services, including MSI Ethiopia's own services. This is only 12.5% of the total number of calls. MSI Ethiopia started to provide free family planning services to people who were referred by the call centre to one of our centres to increase this rate.

Conclusion

Making an informed choice is impossible without knowledge, which is why we are working so hard to open more effective channels of communications with young people. The helpline in Ethiopia is providing essential health information to young people – including vulnerable populations, such as victims of gender based violence – as well as generating referrals to health providers.

The volume of calls, prevalence of repeat callers and steady increase in referrals from friends, demonstrates an enormous demand for information on sexual and reproductive health. It also shows that the hotline was seen as both an acceptable and trusted communication channel for young people in Ethiopia. Future plans involve extending the scope of counselling provided by the call centre and strengthening the referrals to other health providers outside of MSI Ethiopia centres.

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