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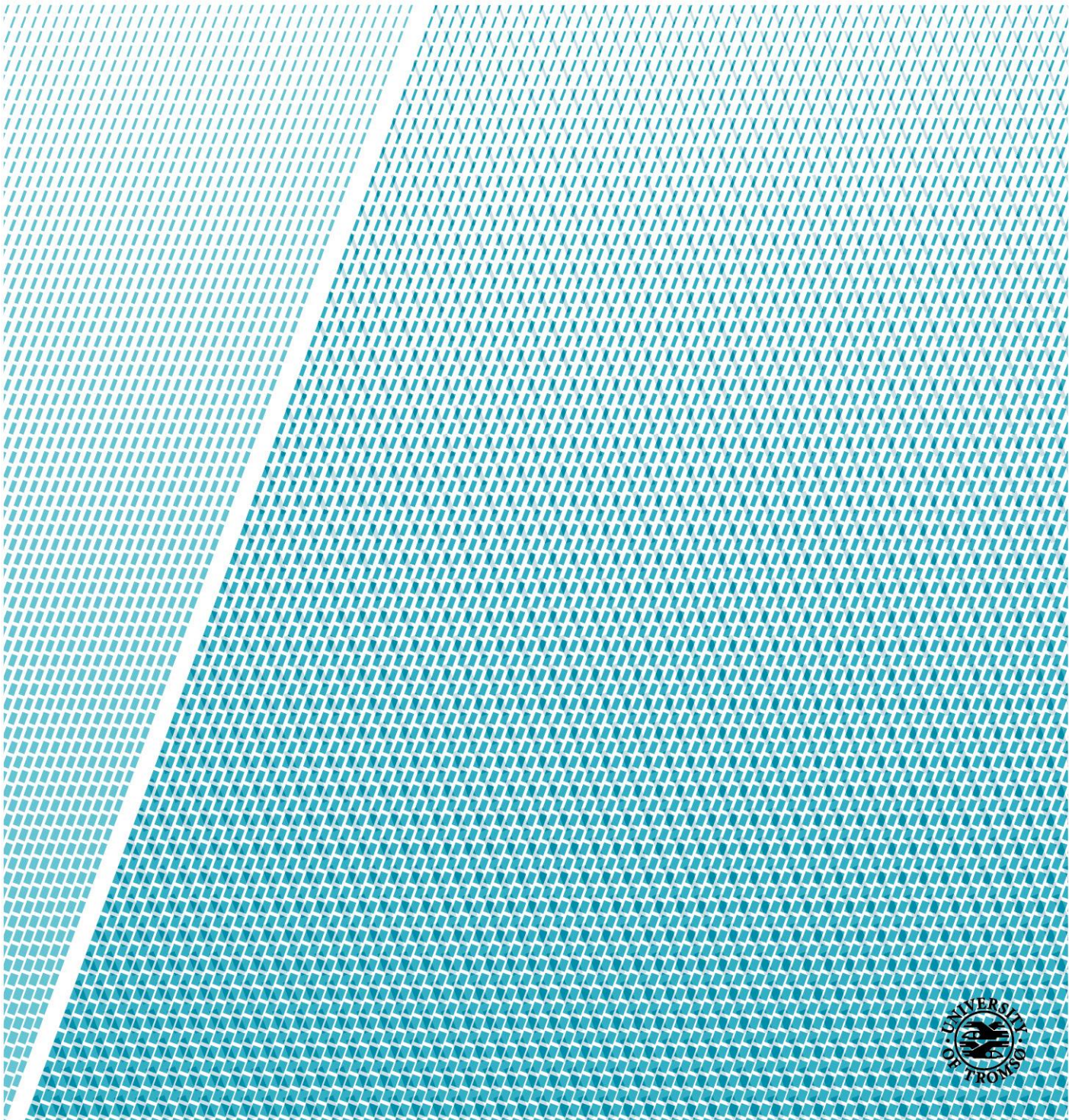
Faculty of Humanities, Social Sciences and Education

Sexual and Reproductive Health among University Students in Addis Ababa, Ethiopia

The influence of gender and sexuality on sexual and reproductive health

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Master's thesis in Sociology – October 2018



Abstract

The project focuses on sexual and reproductive health among university students in Addis Ababa Ethiopia. The intention is to investigate how gender and sexuality influence student's sexual and reproductive health. Moreover, the aim is to investigate how youth perceive their knowledge about sexuality and sexual and reproductive health, how they understand the responsibility of women and men in sexuality and sexual and reproductive health and how understandings about sexuality, gender relations and reproduction affect their sexual behaviour. It also investigates how youth's understandings can be utilized in order to raise awareness and use of sexual and reproductive health services, and to increase the relevance of the information provided.

The study has been conducted at Addis Ababa University, through qualitative methods. 15 in-depth interviews with students, three focus group discussions with students, and five interviews with employees/volunteers at SRH services on campus has been conducted. In total, 35 people have been interviewed. A document analysis of the three strategies *National Adolescent and Youth Reproductive Health Strategy 2007-2015*, *National Adolescent and Youth Health Strategy 2016-2020* and *Communication Strategy on HIV/AIDS and Sexual Reproductive Health for Higher Education Institutions* has also been conducted. The aim is to make visible (potential) differences at the political/legal level and among laypeople.

The findings indicate that (perceptions of) gender and sexuality strongly influence people's sexual practices and sexual and reproductive health. It also influences people's knowledge about the topics and their abilities to engage in safe sex. There also seems to be a gap between the political/legal level and laypeople's perceptions – both of the problem and what the solutions would be.

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Susanne Rolandsen

Tromsø, October 2018

List of acronyms/abbreviations

| | |
|----------------|---|
| AAU | Addis Ababa University |
| FGD | Focus Group Discussion |
| FGM/FGC | Female Genital Mutilation/Female Genital Cutting |
| GBV | Gender Based Violence |
| HEI | Higher Educational Institutions |
| HTP | Harmful Traditional Practices |
| MoE | Ministry of Education |
| MoH | Ministry of Health |
| RH | Reproductive Health |
| SNNP | Southern Nations, Nationalities and Peoples' (Region) |
| SRH | Sexual and Reproductive Health |
| STI | Sexually Transmitted Infection |
| UNFPA | United Nation Population Fund |
| WHO | World Health Organization |

Contents

- 1. Introduction..... 1
- 2. Background: political and legal context, defining SRH, and Addis and campus as context 4
 - 2.1 The national agenda: gender equality and women’s empowerment and rights..... 4
 - 2.2 Defining sexual and reproductive health 6
 - 2.3 Setting the scene: Ethiopia, Addis Ababa and campus as context..... 7
- 3. Methodology 9
 - 3.1 Selection and the informants 9
 - 3.2 Qualitative methods..... 10
 - 3.2.1 In-depth interview 10
 - 3.2.2 Focus group discussions 11
 - 3.2.3 Fieldwork: doing research in foreign cultures..... 12
 - 3.2.4 Document analysis 14
 - 3.3 Data generating 15
 - 3.3.1 Planning and creation of interview guides..... 15
 - 3.3.2 Conducting the interviews 17
 - 3.4 A new context: trust and research relationships 20
 - 3.5 Analysis..... 22
 - 3.5.1 Discourse analysis..... 23
 - 3.5.2 Thematic analysis 24
 - 3.5.3 Analytical strategies and the role of theory 25
 - 3.6 Ethics and transcribing 26
 - 3.7 Reliability, validity and generalisation..... 26
- 4. Theoretical framework..... 29
 - 4.1 Previous research 29
 - 4.2 Doing gender 34
 - 4.3 Sexual scripts 35
 - 4.4 Plastic sexuality and pure relationships 37
 - 4.5 Heteronormativity..... 39
- 5. What is the problem represented to be?..... 41
 - 5.1 Identifying the problem representations 41
 - 5.1.1 A female problem 41
 - 5.1.2 A development problem 43
 - 5.1.3 A rights problem 45
 - 5.1.4 A health problem..... 46
 - 5.1.5 A knowledge problem 47

| | |
|---|-----|
| 5.2 Presuppositions, silences & effects, and other ways of representing the problem | 49 |
| 5.2.1 The female problem | 50 |
| 5.2.2 The development problem and rights problem | 55 |
| 5.2.3 The health problem | 58 |
| 5.2.4 The knowledge problem..... | 60 |
| 5.3 The power of framing and final remarks..... | 62 |
| 6. Thematic analysis | 66 |
| 6.1 Gender..... | 66 |
| 6.1.1 The challenging concept of gender | 66 |
| 6.1.2 Gender relations and doing gender | 67 |
| 6.1.3 Potential changes | 70 |
| 6.2 Sexuality | 75 |
| 6.2.1 The established sexual scripts | 75 |
| 6.2.2 Students sexual practice and the potential emergence of new sexual scripts | 79 |
| 6.3 The silenced sexuality and lack of talk | 82 |
| 6.4 Doing gender within sexual scripts..... | 85 |
| 6.4.1 Male sexuality..... | 85 |
| 6.4.2 Sexual initiative | 86 |
| 6.4.3 Responsibility for contraceptive use | 88 |
| 6.5 The impact of gender, sexual scripts and lack of talk on students sexual and reproductive health..... | 91 |
| 7. Conclusion and final remarks | 94 |
| 8. References..... | 99 |
| 9. Appendix..... | 105 |
| Appendix 1: Participants | 105 |
| Appendix 2: Request for participation, in-depth interview | 107 |
| Appendix 3: Request for participation, FGD..... | 109 |
| Appendix 4: Request for participation, SRH..... | 111 |
| Appendix 5: Interview guide in-depth interview..... | 113 |
| Appendix 6: Interview guide, FGD..... | 118 |
| Appendix 7: Interview guide SRH services | 120 |
| Appendix 8: Research approval..... | 123 |

1. Introduction

The Federal Democratic Republic of Ethiopia is currently going through interesting times. Ethiopia is witnessing changes in society as a result of progressive changes in policy and legislation contributing to improvements towards gender equality, women's empowerment and women's rights. Simultaneously, traditional gender perceptions still occur in society (Preliminary Gender Profile of Ethiopia 2014, Ringheim and Gribble 2010). Although it is important to take into consideration that changes take time, this might indicate that there is a (potential) gap between political and legal efforts and visions, and public perceptions and practice among laypeople.

The (potential) gap can be witnessed within the field of sexual and reproductive health (SRH). Even though the prevalence of adolescent birth rates is declining, unintended/mistimed pregnancies are still common (more than 30% of births among adolescents were unintended) and despite that knowledge/use of contraception has increased, contraceptive methods are still relatively rarely used (Shiferaw et al. 2015, Ringheim and Gribble 2010). Despite the fact that Ethiopia liberalized their abortion law in 2005, allowing abortion in the cases of rape, incest, and for adolescents unable to bring up a child, there are still many women today who do not know this, and the prevalence of unsafe/illegal abortion is still high (Ringheim and Gribble 2010, Geleto and Markos 2015).

These perceptions are visible among youth and students in Ethiopia, as a variety of studies on SRH conducted at different universities have the same conclusions; the level of knowledge is low, available SRH services on campus were not known by the students/not youth friendly, student's SRH needs received little attention in higher educational institution, and that universities must launch programs directed to sexual and reproductive health problems, especially among female students. Studies show that youth not only lack knowledge and awareness on SRH, they also lack an understanding of *why it is of importance* (Adinew et al. 2013, Yared et al. 2017). Many also experience unmet needs for contraception (Shiferaw et al. 2015). These findings indicate that there is a need for more knowledge and awareness on SRH among youth in Ethiopia.

Studies show that lack of SRH knowledge among youth is an important health problem, and access to sexual and reproductive health knowledge and services is important in reaching international agreements (Ringheim and Gribble 2010, Adinew et al. 2013). In order to live up to both international agreements and national goals, SRH must be addressed, and the needs must be met – in line with political/legal visions.

Gender and sexuality and the effects it has on youth's sexual and reproductive health, has not been much addressed within the SRH context. It has been argued by some, for instance Gele, that it is crucial to bring in gender relations and gender norms (and the power relations associated with this) in reproductive health, and not merely biological sex. Moreover, it is stated that one cannot overlook gender and its implications for sexual and reproductive health (Kilden 2017). Because of this, I will include a qualitative, sociological investigation of gender, gender relations, sexuality and sexual behaviour, and how it influences youth's sexual and reproductive health – especially today in the changing times in Ethiopia.

My research questions are:

How do youth perceive their knowledge about sexuality and sexual and reproductive health?

How do youth understand the responsibilities of women and men in sexuality and sexual and reproductive health?

How does understandings about sexuality, gender relations and reproduction affect their sexual behaviour?

How can youth's understandings be utilized in order to raise their awareness and use of sexual and reproductive health services, and to increase the relevance of the information provided?

By focusing on youth's¹ perceptions of gender, sexuality and SRH, the goal is to achieve an understanding of their experiences and unique comprehension of their needs. This might contribute to raising awareness and use of SRH services, but on the student's premises.

¹ I will apply WHO's definition of youth (15-25 years old) as the students participating in this project could be classified in this group (MoH 2016). I will also use *students* simply to refer to this specific group of youth, and to highlight the specific situation/context students are in. When I am analysing document or referring to previous research, they may however utilize other definitions, as youth can be defined in different ways.

In the following sections, I will first provide information about the Ethiopian legal/political context and efforts that has been made in regard to gender equality and women's empowerment. I will also define sexual and reproductive health and provide a presentation of the context where the fieldwork was conducted. I will further present previous research, before elaborating on the theoretical framework which is utilized. I will conduct a discourse analysis of the three strategies *National Adolescent and Youth Reproductive Health Strategy 2007-2015*, *National Adolescent and Youth Health Strategy 2016-2020* and *Communication Strategy on HIV/AIDS and Sexual Reproductive Health for Higher Education Institutions* based on the 'What is the problem represented to be' approach provided by Bacchi. This will provide a deeper understanding about the context and how SRH is perceived and make visible the structural level's understanding of the problem, which potentially could help explain the gap visible between the levels. Finally, I will analyse the data generated through interviews with university students to emphasize their perceptions and understandings, thus directing the attention of the analysis to the lower level.

2. Background: political and legal context, defining SRH, and Addis and campus as context

2.1 The national agenda: gender equality and women's empowerment and rights

International goals and agreements such as the International Conference on Population and Development (1994), The Fourth World Conference on Women (1995), the previous Millennium Development Goals and the Post-2015 Development Agenda of the Sustainable and Development Goals, must be seen as important contributors for the increased focus directed toward gender, and for much of the progress that has been witnessed within the field, as several goals target aspects such as gender equality and women's rights (Ringheim and Gribble 2010). Through international agreements, nations and international organizations have made commitments to work together to achieve the goals. Thus, international agreements can influence domestic politics, as nations are implementing international standards and instruments within domestic frameworks.

Ethiopia is an interesting country in this respect. As a developing country, Ethiopia has faced major challenges in the past. The country has had high prevalence of harmful traditional practices such as female genital mutilation/cutting, abduction and child marriage. Moreover, the country has had high maternal mortality and adolescent birth rate, as well as high numbers for unsafe abortions (Preliminary Gender Profile of Ethiopia 2014, Ringheim and Gribble 2010). However, the Federal Democratic Republic of Ethiopia has made enormous efforts towards gender equality and empowerment for women. The country has ratified a number of international and regional agreements, has been progressive in its domestic affairs regarding implementation of international and regional standards, while strengthening their national policies and legislation (Preliminary Gender Profile of Ethiopia 2014). From an international and regional level, Ethiopia has ratified agreements such as the Convention on the Political Rights of Women (CPRW) in 1953, the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) in 1981, the African Charter on Human and People's rights in 1998, adopted principles of the Beijing Platform of Action (BAP) in 1995 and the Millennium Development Goals in 2000, as well as endorsed the agenda for the Sustainable Development Goals for 2030.

At a national level, both the National Policy of Women (1993) and the Constitution of the Federal Democratic Republic of Ethiopia (1995) have been important in emphasizing the rights of women and equality of men and in encouraging equal participation in the different spheres of life – and also highlights *the right to access to reproductive health services* (Preliminary Gender Profile Ethiopia 2014). Ethiopia has also made alterations in the Family Law form 1960 and Criminal Code from 1949, resulting in a revised Family Code (2000) and a new Penal Code (2005), e.g. raising girl’s minimum age of marriage from 15 to 18 years, and criminalizing domestic violence, rape, female genital mutilation/cutting, abduction and early marriage.²

The structure within the government has also been subject to alterations in the government’s strive for gender equality and women’s empowerment, which resulted in the establishment of Women’s Affairs Office (WAO) within the Prime Minister’s Office. In 2005, the Ministry of Women’s Affairs (MoWA) was established with the purpose of coordinating and following up implementations, and to ensure women’s participation. In 2010, this was restructured, and the result was the establishment of the Ministry of Women, Children and Youth affairs (MoWCYA) where the mandate

required a more holistic approach to address the constraints and opportunities for women, children and youth issues and to ensure the creation of opportunities for the participation of women and youth in political, economic, and social affairs of the country (Preliminary Gender Profile of Ethiopia 2014: 22).

The government’s efforts toward gender equality and empowerment of women continues through the work with e.g. National Gender Mainstreaming Guidelines, Gender Responsive Budgeting (GRB)/National Gender Responsive Budgeting Guidelines, and the establishment of forums and conferences such as the bi-annual Gender Forum and the annual Women’s Conference, which bring together different partners from different levels (Preliminary Gender Profile of Ethiopia 2014).

The Ethiopian government’s efforts toward gender equality and women’s empowerment on the political and legal level has led to substantial results and changes. In Ethiopia, fewer

² Although changes in the legal framework is touched upon here, the legal changes are simply referred to through other sources. A detailed investigation of the laws themselves has not been conducted, as the purpose is to provide an introduction to the legal framework only.

young women in the age 15-19 are undergoing FGM/cutting these days compared to older women, young women have more education compared to their mothers, mortality rates are reduced (although still high), the high adolescent birth rates have declined, and knowledge about/use of contraception has increased (Ringheim and Gribble 2010, Preliminary Gender Profile 2014, Shiferaw et al. 2015). The ideal family size has declined as young women and men want fewer children than their parents. Not only the national policies and laws have changed, the Ethiopian society is in many ways changing.³

The Government of Ethiopia has been committed to improve the reproductive health status of the population, as they have committed to international agreements/goals, such as the Millennium Development Goals, the Sustainable Development Goals and Global Strategy for Women's, Children's and Adolescent's Health 2016-2030. This is also seen through the creation of the National Reproductive Health Strategy 2006-2015 (2006), as well as the National Adolescent and Youth Reproductive Health Strategy 2007-2015 (2006) and continued through National Adolescent and Youth Health Strategy 2016-2020. Focusing on youth can be seen as important especially in relation to Ethiopia's rapid population growth, and as young people constitute a major cohort of the population, estimated to 33,8% of the population (CSA 2015 in MoH 2016: v).

2.2 Defining sexual and reproductive health

Despite the new policies, laws and progress, the country is still facing challenges, also in the field of *sexual and reproductive health*. Reproductive health was first officially recognized at the International Conference on Population and Development (ICPD) in Cairo in 1994 and indicated a shift in policy from population control to focusing on individuals rights (Adinew et al. BMC, Oranje et al. 2011). In the Program of Action, adopted at the conference, paragraph 7.2 defines reproductive health as

a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility

³ However, as will be elaborated on throughout this paper, the effort made by the government – not at least the results – may be more nuanced than this.

which are not against the law, and the right to access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (UNFPA 2004: 45).

Moreover, World Health Organization describes sexual health as

a state of physical, emotional, mental and social well-being in relation to sexuality, it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (World Health Organization 2017).⁴

2.3 Setting the scene: Ethiopia, Addis Ababa and campus as context

Ethiopia is a landlocked country located at the Horn of Africa, with a population estimated to 99,391,000 in 2015 (WHO 2018). A majority of the population live in rural areas. According to the Ethiopian Government Portal (numbers from 2012 with total population estimate on 84,320,987) the rural population was 66,8 million while the urban population was 13,2 million. Ethiopia has nine regions; Tigray, Afar, Amhara, Oromia, Somali, Benishangul-Gumuz, Gambela, Southern Nations, Nationalities and Peoples and Harari, as well as Addis Ababa and Dire Dawa are city administration (Jemaneh 2013, Temanotat Etiopia: Kjønnslæstelse 2016). Ethiopia has a diverse cultural landscape as the country has more than 80 ethnic groups (Røe and Aadland 1996: 6 in Jemaneh 2013: 13). Thus, one can find cultural variety and different social practices throughout the country – for instance in the case of female genital mutilation FGM. More than 80 languages are spoken, however, Amharic is the official language (Ethiopian Government Portal 2018). Ethiopia is a very religious country. Despite a variety of religious belongings, Orthodox Christianity and Islam are the major groups (between 35-45% of the population each) followed by Protestantism (MOI 2004: 16 in Flemmen and Zenebe 2016, Ethiopian Census 2007 and MoI 2004 in Jemaneh 2013: 13). Orthodox Christianity is the state religion.

The capital Addis Ababa contains a mix of people with different religious and ethnic belongings (as well as people who are not religious/do not relate to ethnic belonging). Addis Ababa could make visible more liberal lifestyles, as one this can be witnessed more in urban areas while cultural conservatism in rural areas (Oljira et al. 2012). This could influence

⁴ I will in the following use SRH and how it refers to the two provided 'definitions', although documents I refer to may utilize RH or SRH.

student's (sexual) behaviour, as it might constitute a more liberal, free and diverse context. Also the city's many bars and night clubs could influence this, as well as campus (life) itself. For many students, both the city and campus represent something new and 'free'.

Addis Ababa University is the oldest and largest higher learning institute in Ethiopia, with a current enrolment of 48 673 students. It has 14 campuses, and 10 colleges and 12 research and teaching institutes. Students from all parts of Ethiopia study at the university (Addis Ababa University 2018). This study has been conducted at Sidist Kilo campus, but students from different campuses/programs have participated. Sidist Kilo campus has a student clinic/health centre, and other offices where one can get information regarding sexual and reproductive health, testing and contraceptive methods, or merely help in regard to gender related matters.

3. Methodology

In the following sections, I will present the decisions, approaches and steps that have been made to generate data which would answer the research questions and conduct the research in a cohesive way. I am endorsing is a social constructivist approach.

3.1 Selection and the informants

The informants can be divided into two groups; students composing the main informants, and employees/volunteers at clinics, offices and student's clubs providing sexual and reproductive health services for students on campus as the second and additional group of informants.⁵ I wanted to speak to students about their perceptions and opinions regarding sexual and reproductive health needs and services, in accordance with the aim of the project. I also wished to interview people providing services to understand which services are offered to students, and how they understand students sexual and reproductive health needs.

38 people were interviewed. 32 students were interviewed in 17 in-depth interviews and three FGD. Two in-depth interviews were not included in the data due to language barriers, resulting in data consisting of 15 in-depth interviews. This included interviews with seven female students and eight male students, where five of the female students came from cities, and two came from rural areas. Four male students came from cities, and four came from rural areas. In total 18 students participated in FGD, where three of the participants had also participated in an in-depth interview. Three FGD were held; one for female students from cities, one for female students from rural areas and one for male students from cities and rural areas. Each group consisted of 6 participants. Four employees at SRH services on campus were interviewed, as was a volunteer in one of the student clubs. A Programme Specialist at UNFPA Ethiopia was interviewed, although this is not included in the data, but provided me information about the context and SRH field in Ethiopia.

The students ranged from 1st year students to 5th year students, although most were 2nd or 3rd year students. They were from different regions in Ethiopia and had different religious and ethnic belongings, contributing to diversity in the selection and that a variety of perceptions were made visible. Two were married (although not living with their spouse). The rest were

⁵ They will be referred to as employees at SRH services on campus.

unmarried, although not explicitly asked. The students studied different programs, and at different campuses.

3.2 Qualitative methods

The research is based on qualitative methods as this was considered most suitable to answer the research questions and to highlight student's perceptions and opinions. Qualitative methods are well suited to provide information about social life, and to describe people's experiences and understandings, also about themselves and the lives they are living. Qualitative methods aim to achieve an understanding of social phenomena and have an interest for how things are being done, said or perceived (Brinkmann and Tanggaard 2015, Thagaard 2013). Much of the research that has previously been conducted within this field in Ethiopia has been based on quantitative methods (surveys). I therefore saw a need for qualitative research seeking explanations and better understandings of the phenomena which are being studied, and to bring a qualitative approach to the field of SRH.

The topics of the studies are private matters, but also public matters as they always and inevitably are shaped by social relations. To grasp the dynamics between the private and public I wanted to use a combination of in-depth interviews and FGD. In addition to highlighting different aspects of the research's topics, combining methods has methodological strengths. As claimed by Kvale, when endorsing a social constructivist approach, one might argue that social phenomena are complex and that different interpretations will exist (Kvale 1996:214 in Halkier 2010:16). The validity of the research might increase if one combines different methodological approaches, to make visible the various dimensions and interpretations. Combining in-depth interviews and FGD could enable triangulation (Olsen 2002: 153), and function as a 'control mechanism' to compare that was told in the different interview settings.

3.2.1 In-depth interview

In-depth interview was regarded a fruitful method to grasp student's perceptions and understandings about the topics raised, and their personal attitudes and interpretations. In-depth interviews are well suited to understand the world from the interviewee's point of view, and to get closer on people's experiences, thoughts, feelings, attitudes and lives – their perception of the world and their lives (Kvale and Brinkmann 2017:20, Brinkmann and

Tanggaard 2015:17, Thagaard 2013:95). It is also argued that in-depth interviews provide the participants a voice in research. Thus, in-depth interview was used in order to get closer to the participants perspectives and understandings, and to approach topics which may not be elaborated on in less private settings. It was also seen as suitable in light of the (potential) sensitivity of the topics as (semi-structured) interviews can provide the participants control (Corbin and Morse 2003).

Both the *interviewer and the interviewee* are participating to the creation of meaning and understanding through the interplay occurring between the two. The ‘construction of knowledge’ thus occurs in the interplay between the participants where the knowledge produced depends on the relationship between the interviewer and interviewee (Kvale and Brinkmann 2017: 22). This is important to take into consideration when evaluating interpretations and the data. It is also important to be aware that an asymmetrical relationship between the two will be visible (Kvale and Brinkmann 2017: 22, Olsen 2020:18, Brinkmann and Tanggaard 2015: 27).

3.2.2 Focus group discussions

Focus group discussion (FGD) was regarded a well-suited method to highlight the social aspects of the research’s topics. In FGD the *interaction between the group’s participants* produce the data, generating data on group level (Halkier 2010: 9-14). FGD are well suited to produce data about interpretations, meanings, evaluations, norms, practice, interactions and negotiations that occurs at group level as FGD resemble, in miniature, the communication and interaction occurring in social life and society (Halkier 2010: 10 -13, Bloor et al. 2004: 4-8 in Halkier 2010: 11). FGD can provide data from/with a contextual understanding one would not possess as a researcher and which would be difficult to achieve through in-depth interviews (Halkier 2010: 10-15).

FGD was therefore seen as a suitable method to make visible the social aspects of the topics.⁶ It was also seen as a fruitful method to use when doing research in a foreign culture, as the interaction between the participants could enable me to get a better understanding of the cultural context, and nuances I would not be aware of, or could have difficulties grasping

⁶ However, as will be returned to, the interaction did not occur in the ‘desired’ way.

through other methods. FGD could also function as ‘explorative interviews’. It was also regarded a fruitful method to use when studying sensitive topics, especially in combination with other methods (Helitzer-Allen, Makhamberra and Wangel 1994: 76). As highlighted by Colucci, FGD conducted through activity-oriented questions could make sensitive topics less intimidating when “discussed through practical and enjoyable tasks” (Colucci 2007: 1424). FGD with tasks/activity-oriented questions could be beneficial when conducting interviews with young people, as they can easily get bored, and as they “tend to act out and express their feelings and ideas in a more active way than adults” (Colucci 2007: 1424). Although the students could be described as adults/young adults, it was regarded a well-suited approach to include activity-oriented questions to make it less threatening, and to prevent them from getting bored.

Disadvantages associated with FGD, such as little detailed/personal information due to the public setting, and underreporting of undesired perceptions due to the ‘evaluation’ in the group (Lindstrom et al. 2010), was tried compensated for through the composition of the groups, and the combination of FGD and in-depth interviews.

3.2.3 Fieldwork: doing research in foreign cultures

Fieldwork as a general term can be described as a “method used to attain knowledge of how things that are obvious or taken for granted are created, maintained or changed within the frames of social communities” (Hastrup 2015: 46, my translation). Additionally, the aim is to grasp and understand the drifting powers both in society and social life (Hastrup 2015: 47).

When conducting fieldwork in foreign cultures,

the researcher tries to understand the culture from the inside by participating with those who are studied. At the same time, the foundation in the outside will enable the researcher to study the foreign culture in a more distanced perspective (Thagard 2013: 84, my translation).

It is important that the researcher “not only live in the field, but *with* the field” (Hastrup 2015: 49, my translation), and to obtain a position which makes it possible to participate in social life with, and as an equal with, the other participants. The researcher in the field not “only have to move in the same field, but also in the same rhythm as the locals” (Hastrup 2015: 55, my translation). It is important to reflect upon which people to establish contact with, as contact with some people and groups may disable contact with others. The people who the

researcher establish contact with, will be important for the overall understanding and insight of the field (Thagaard 2013: 71-74).

Gaining acceptance in the field can be achieved through different measures. An often used strategy, is taking the role as an ‘apprentice’ where the researcher must be taught about the field by the people occupying the field. When conducting fieldwork in a foreign culture, the role as an ‘accepted outsider’ is also emphasized (Thagaard 2013: 72 and 84). It is also important to reflect upon the relations which are established in the field. Although near contact with participants is necessary to understand the field and their understandings of the field, it is necessary to strive for a balance between near contact, but to avoid being personally/emotionally involved, and to maintain the role as ‘researcher’ (Thagaard 2013: 70-76). As not every position will be available for the researcher it is important to take the role or position which will be available (Hastrup 68).

It is important to be aware that the knowledge and understanding one get from the field will not be neutral or objective, as it will always be influenced by the researcher’s knowledge, interests, and the position one obtains in the field (Hastrup 2015: 47, Thagaard 2013: 83). Additionally, it can be questioned how authentic the settings/situations may be when the researcher is present as participants can be affected by the researcher’s presence – which will influence the data (Thagaard 2013: 71 and 78).

Language is of importance when doing research in a foreign culture/language, as misunderstandings and lack of understanding might occur (Hastrup 2015: 61). Considerations were made regarding the need of a translation, which will be returned to. The fieldwork I conducted would maybe not be regarded as the ‘classic anthropological’ fieldwork as it would only last about six weeks and I would live at a hostel. I would also generate (most of) my data through in-depth interviews and FGD. However, considerations regarding fieldwork were made throughout the entire process, as this would have implications on the data.

3.2.4 Document analysis

A document analysis has been conducted based on three strategies *National Adolescent and Youth Reproductive Health Strategy 2007-2015* (MoH 2006a), *National Adolescent and Youth Health Strategy 2016-2020* (MoH 2016) and *Communication Strategy on HIV/AIDS and Sexual Reproductive Health for Higher Education Institutions* (MoE 2013). The document analysis has been conducted through a discourse analysis.⁷ A document analysis can be used within a variety of areas and serve different purposes (Lynggaard 2015: 153). It will often look at changes over a certain period of time within the field of study.

The aim of utilizing document analysis was to provide a contextualised understanding of the structural level, and to investigate the work within the field and potential changes. Moreover, it was used to investigate the structural level's perception of the problem, to potentially grasp differences between their perception of the problem and laypeople's perceptions. The three strategies can be classified as a secondary document/sources, as everyone can access the documents, although it was not written for the 'broader public' (but rather those working within the field) (Lynggaard 2015: 155). As the strategies are written by different ministries, organizations and stakeholders working within the field, both nationally and globally, they can be regarded as legitimate and authentic documents. As they are written in collaboration of several ministries/organizations/stakeholders, one can argue that they might provide a more neutral/nuanced presentation than if they had been written only by one ministry/organization, as they could (potentially) be interested in highlighting only their interests and perspectives. However, as the ministries/organizations/stakeholders all work within this field, they might have somewhat similar perceptions of topics, the situation and interests, but as the aim of the strategies is to improve the situation, it is nevertheless likely that they do portray the situation in realistic ways.

Two of the documents were found through snowball sampling in the process of doing literature searches, namely *National Adolescent and Youth Reproductive Health Strategy 2007-2015* and *Communication Strategy on HIV/AIDS and Sexual Reproductive Health for*

⁷ The analytical approach will be returned to later.

Higher Education Institutions.⁸ The documents were often referred to in other documents/research, and clearly constituted important documents within the area of study (Lynggaard 2015: 158). When interviewing the employee at UNFPA Ethiopia I was informed about the strategy *National Adolescent and Youth Health Strategy 2016-2020*. This was a follow-up strategy and enabled me to see the continuance/changes occurring. Other documents/strategies were found but as these three strategies would make visible changes over a period of time and different levels, areas of focus and target groups, they were seen as sufficient for the purpose the document analysis would serve.

3.3 Data generating

3.3.1 Planning and creation of interview guides

The main informants were students, and an equal amount of female and male students was desired to be able to highlight different perspectives. Through research and conversations with people who had conducted research in Ethiopia/were from Ethiopia, it became clear that the division urban/rural was an important factor with major implications for people's background, knowledge and access to information. This had to be taken into consideration. Findings also show that rural girls are especially vulnerable for SRH challenges and must be included in research on these topics in a higher degree (Svanemyr, Haile and Kiflie 2017). I aimed to include female and male students from rural and urban areas, to obtain diversity in the selection and to enable the different perspectives they would possess to be made visible. I planned to interview in total 12 students in in-depth interviews; six female students (from urban/rural areas) and six male students (from urban/rural areas).

I had conversations with Ethiopian students in Norway functioning as 'pilot interviews'. In one interview, it became clear that the different understandings, information and level of knowledge people from rural/urban areas possess, could be seen as power differences, where people from rural areas might feel inferior due to the limited knowledge and information they (might) possess. I therefore decided to conduct one FGD for female students from cities and one for female students from rural areas. I would conduct only one FGD for male students with a mix of students from rural/urban areas, due to potential time limitations. The groups

⁸ When doing literature search, various databases were searched through by searching words like SRH, Ethiopia, youth SRH, in various combinations. Some of the databases were gone through in detail from the past years to see if documents had not been included in the specific searches.

would consist of 6-7 participants – not too small, but also not too big as they can be difficult to moderate (Halkier 2010: 38). Considerations were made on aspects such as if the participants should know each other. No final decisions were however made at the time, as the recruiting process would happen in Addis Ababa by a recruiter and not myself. I wanted to conduct interviews with employees at SRH services on campus. These interviews were not taken for granted due to limited information before arrival, and were therefore not a main priority in the planning process.

As I did not speak Amharic (the official language in Ethiopia, nor any of the other languages spoken) I would have to conduct the interviews in English. I therefore depended on interviewing students who spoke sufficient English. It was considered whether a translator would be necessary. As it was perceived unproblematic to recruit students who spoke English by the recruiter, and English is the language used when teaching at the university (thus, students are familiar with English, although at different levels), it was decided that I would conduct the interviews in English. If necessary, a translator could be hired. The choice not to use a translator was also made as involving three people in the interview could lead to meaning being ‘lost in translation’. As the interviews would concern sensitive/personal topics, it might also have felt uncomfortable for the participants to talk about this through a third person, and they may not have felt that they could be personal. As the interviews would be conducted in a language which is not the mother tongue for both the interviewee or me, I was aware that the meaning of what was intended to be expressed could be lost.

When creating interview guides, time was spent on studying sensitive topics in research, as the focus of my research could be classified as sensitive. Although controversy has been witnessed in regard to what constitutes a sensitive topic it is often referred to Lee’s definition: “research which potentially poses a substantial threat to those who are or have been involved in it (Lee 1999: 4)⁹. Literature on the topic was sought to get awareness and to create interview guides that incorporated advices and considerations found. As a result, the interview guides were made rather general, not seeking personal information or asking direct questions about the informants and a ‘debrief’ was included in all interview guides. A research

⁹ Work on sensitive topics, for instance by Decker et al 2011, Elmir et al. 2011, and Dickson-Swift et al. 2009 have all utilized Lee’s approach to sensitive topics.

description had been sent to NSD (Norwegian centre for research data)¹⁰ and approved by them, and to REK (Regional committees for medical and health research ethics) (where registration/approval was not necessary). The feedback from both authorities were taken into consideration and ‘guided’ the process of making the interview guides.

Three interview guides were made; one for in-depth interviews with students, one for FGD with students and one for employees at SRH services on campus.¹¹ The in-depth interview guide for students was aimed to be semi-structured. I wanted to include topics that were seen as important based on the knowledge I had attained, and to provide data which could answer the research questions. The guide contained of eight topics with several questions under each topic. Potential follow-up questions were made which could be asked if relevant, and which functioned for me as a reminder of themes/factors which could be relevant. Aware of my limited understanding of the context, as well as the aim to highlight student’s perceptions and understandings, I wanted to allow the students to emphasize what they saw as important. This would hopefully provide me with different perspectives, and not just my own preconception. The balance between focusing on specific topics, which was needed to answer the research questions, and simultaneously not create interview guides which were too narrow and based on my own (potential) misconceptions, was challenging. Incorporating flexibility was important. The questions/tasks for FGD were made open, hoping that a variety of opinions and perceptions would be made visible. The interview guide consisted of five questions/tasks. A combination of describing and evaluating questions/prompts and task were given, with an overarching emphasize on activity-based questions to make students active in the discussion and make it less threatening due to the potential sensitive topics (Calucci 2007). As for interview guide for interviews with employees at SRH services, only a draft was made as this would be altered in Ethiopia.

3.3.2 Conducting the interviews

The fieldwork in Addis Ababa would last just over six weeks (from mid-March to early May 2018). Due to various reasons, among others a national state of emergency in Ethiopia at the time the fieldwork was conducted (causing fear for the university to be closed) almost all the planned interviews were conducted within the first two and a half weeks of the fieldwork. As

¹⁰ See appendix 8.

¹¹ See appendix 5,6 and 7 for interview guides.

I still had time left of my fieldwork after finishing these interviews, I recruited participants for additional interviews through the contacts I had established (snowball sampling). Access to the students was unproblematic due to the recruiter who had already started the recruiting process. Information sheet with consent for participation were handed out and signed at the interview. All interviews were conducted on campus, a neutral and convenient place. Due to lack of access to an office, some interviews were conducted outdoors, although at a private place where people would not walk by to ensure privacy. Interviews with employees at SRH services were conducted at their offices. The rest were conducted in the office of the recruiter.

Most of the interviews lasted about one hour, however ranging from around 40 minutes up to – for rather few – one hour and twenty-five minutes. For some who did not speak sufficient English, several questions were dropped/not followed up since much time went to repeating/certifying questions. Some questions turned out to be difficult to understand, also among several who spoke good English. For instance, the terms *gender/gender roles* were for many difficult to understand and had to be explained.¹² The question regarding *boundaries* in relation to sexuality was also difficult to understand. Although this question was later rephrased, the concept of boundaries seemed to be difficult. Due to these experiences, this question was often dropped entirely. These experiences led to some minor changes in the interview guide, where some follow-up questions were dropped, simplified or merged into one or two follow-up questions.¹³

Although it had been regarded unproblematic to conduct interviews in English, and in most cases it was, one FGD consisted of participants with limited English skills, making it difficult to understand the questions and each other. Much time was spent repeating/clarifying questions, and to translate from English to Amharic and then to Oromo so everyone in the group could understand. This was time consuming, and it is not unlikely that meaning got lost in translation. It also hindered the interaction/dynamic desired in a FGD. In another FGD it became clear that four out of six participants were studying together and were/had been active in the same SRH activities/organizations. On one hand, this was interesting: as they knew

¹² Providing students an explanation of the terms could be seen as little desirable as my explanation could impact their understanding/answers.

¹³ The lack of understanding of the terms could be explained as the terms could be described as ‘theoretical’/academic terms rather than terms laypeople use in their everyday lives – which will be returned to in the thematic analysis.

each other, the interaction between them resembled a ‘normal’ interaction in everyday life where they talked freely, interrupted each other, and questioned each other’s statements – and at some points disagreed with each other. However they dominated the conversation, and the other two participants remained silent despite my efforts to include them. Throughout the three FGD conducted, students often raised their hands and waited for me to allow them to speak. The desired group interaction was not (always) attained.¹⁴

As will be returned to later, despite considerable concerns, the students did not seem bothered by being interviewed about topics such as gender, sexuality and reproductive health, nor by sharing information or opinions. In the debrief, it became clear that none had experienced it as problematic to talk about these topics, it had not been perceived as intrusive, and some even expressed gratitude and appreciation for being able to talk about these topics, which were clearly considered important by the students. Only on some occasions did some laugh a little while elaborating on more intimate topics, or grasping for a pen or the recorder. Whether these are signs of informants feeling bothered by the topics or just the interview situation in general is not known.

Several SRH services were brought to my attention. I established contact with them through snowball sampling, as the recruiter provided me with names of people to contact, and further names were provided by them. In two occasions I had to go through the director of the offices. In one of the interviews conducted, I got the contact information of a volunteer of one of the clubs on campus. This person was later contacted, and an interview was conducted. After conducting interviews with students, I made considerable changes in a draft interview guide for SRH services, which resulted in a new interview guide.

When arriving in Addis Ababa, I reach out to NGOs to get information about the context, current situation and work that has/is being done. Towards the end of the stay I got response from UNFPAs office in Addis Ababa, and was able to conduct an interview with one of their Programme Specialists working on SRH among youth. Although this is not included in the

¹⁴ Due to the limited group interaction in the FGD, caused by a variety of reasons, the data generated from FGD has been analysed in the same way as for the in-depth interviews.

data, the interview provided valuable information and understanding of the context, and what has and is being done.

3.4 A new context: trust and research relationships

Creating trust among the students never occurred to be problematic. Once attending the interview they got the ‘request for participation’ sheet with information about the project, anonymity and confidentiality details. For the FGD this not only included the required signature for consent for participation, but also required signature for confidentiality agreement.¹⁵ The students never seemed to doubt my promises regarding anonymity/confidentiality. During the interviews, students talked (surprisingly) open and free. Several shared, to various degrees, personal information and many expressed gratitude and appreciation for being able to discuss these topics, both before and after the interviews – something I took as indications of trust and that a good relationship had been established with the informants.

Trust was achieved among the students due to a variety of reasons. The recruiting happened (mostly) through an employee at the university who many students already knew and who most likely has been regarded as trustworthy. Hence creating a trustworthy context for my project, and where I did not have to build up trust a longer period ahead of the interviews. It is of my opinion that trust was established partially due to the similar age and the relationships that were created because of this. My age (just some years older than them) and my role as a student, which I intentionally highlighted (although still within the framework of a ‘researcher’) to connect with them easily, seemed to work as bonding common characteristics. That I highlighted that I was doing the research from student’s perspectives and took the role as an ‘apprentice’ (Thagaard 2013: 72) while they were the experts who had to teach me, seemed to enable the good relationships that were created, and the easy-going conversations, even about topics which would normally not be talked much about in the Ethiopian society. That the students willingly talked about potentially sensitive topics could be explained by fact that the interview guide was rather general, allowing them to decide how personal they wanted to be, and what – within the framework of the questions – they wanted to talk highlight. It could also be caused by the fact that I was from another culture. Because of this, and because the topics of the interviews were not regarded as ‘*as taboo*’ in my culture as in

¹⁵ See appendix 2, 3 and 4 for ‘request for participation’ sheets.

theirs – highlighted by some of the students – they might have felt more free to talk about this, knowing it was on ‘neutral ground’ and that I would not judge them. That I was not from, or a part of, their culture, that I did not know many people in Addis Ababa or Ethiopia, and that I would only stay in Ethiopia for a limited amount of time, seemed to be important in creating trust and allowing the informants to speak freely. Due to this, the information they shared would be spread to others, and there was no risk that their friends or family would hear about it.

Although trust and good relationships were created I was aware of the importance of creating professional distance to the students (Kvale and Brinkmann 2017: 108). The role as ‘researcher’ (instead of a student) was maybe more emphasised when conducting interviews with male students in order to not send out confusing signals as we were about the same age and were to talk about sexuality and related matters – after advice from people I talked to before going to Ethiopia. One ‘dilemma’ that occurred was however that several of the informants gave me their phone number/email address after the interviews. Due to the various views upon the researcher’s role, as professional and distanced, but also more resembling personal friendship, maybe especially in the field where you need people’s help in order to understand the culture, this represented a dilemma I was not quite sure how to handle (Kvale and Brinkmann 2017: 108, Thagard 2013, Hastrup 2015). Some of the informants expressed interest for information about Norwegian/European NGOs, internships or education, either asking directly or implying that they would like me to help them. Keeping ‘ethical guidelines’ in mind, I was also aware that rules, guidelines and principles should always be perceived as contextual, and not perceived nor used mechanical (Kvale and Brinkmann 2017: 103-104). Hence, I tried to solve this as best I could, differently in every situation. Although good relations and trust were created overall, scepticism was met (to a certain extent) on a few occasions in the process of getting admission to conduct interviews with SRH services on campus.

When conducting interviews, and meeting people both on and outside campus, I was often invited to different events such as fellowship meetings, dormitories, club meetings, and coffee ceremony. As it is important to participate in activities in the Ethiopian culture (Zenebe 2006), and as a way to increase my understanding about the Ethiopian society but also to

express my appreciation for the student's participation/invitation, I tried to participate in the things I was invited to. Due to different reasons such as Easter break where students went on holiday and the fact that most of the interviews were scheduled so close the first weeks that I simply did not have the time, I sadly missed out on much of this. This led to the troubling feeling that I had received their help but not giving anything back, and the feeling that I missed out on important insight about the Ethiopian society and different cultures.

Some of the people got the position as gatekeepers, such as the recruiter, and some students became key informants (Thagaard 2013, Hastrup 2015). The key informants in many ways became a 'way' into the culture. Due to their openness and welcoming nature, I could ask questions, clarify and attain more information. I could also ask about the perceptions I had gotten about the field. On one occasion, when telling one of them about how I perceived the people I had met in Addis Ababa; as open, friendly, welcoming and extremely generous, his immediate response was 'Well, it's because you're white' – illustrating how the researcher's characteristics may influence people and the setting, and how people may not behave in the 'natural' or 'normal' way towards the researcher as to other participants in the field. The data one attains in the field will be influenced by this.

I tried to be aware while being out in public areas. As the topics of the research are not talked much about, I found it difficult to ask about these things when having casual/informal conversation with people I was just an acquaintance with. I almost felt like I needed the interview setting as an 'excuse' to approach these topics. Where casual conversations with acquaintances could have been a source for knowledge, this was therefore often not the case.

3.5 Analysis

The analysis consists of a discourse analysis and a thematic analysis. A discourse analysis based on the 'What is the problem represented to be' approach will be applied when conducting the document analysis. The thematic analysis will be based on the data generated through interviews with students, as this analysis serves the purpose of emphasizing *their* perceptions and keeping it close to their descriptions. The two analytical approaches were regarded well suited to highlight not only different aspects but also different levels. Through applying the different analysis, the aim is to bridge the themes emphasized among students

and the overarching discourses/problem representations at the policy level to see how different levels are connected (or not) and in which ways.

3.5.1 Discourse analysis

When conducting a discourse analysis of the three strategies I will lean on Bacchi's 'What is the problem represented to be' approach – focusing on how, through discourses, problems are represented and the consequences of the representation. For Bacchi, discourse is understood as “language, concepts and categories employed to frame an issue” (Bacchi lang 1999: 2).

The analysis represents a critical interrogation of policies, since what people think should be done about something reveal what one sees as problematic about it, hence “policies and policy proposal contain *implicit* representations of what is considered to be the ‘problem’ (‘problem representations’)” (Bacchi 2012: 21). It is important to note that the representations of problems are interpretations of social conditions, as Bacchi states “They are interpretations or constructions of the ‘real’. We can have no direct access to the ‘real’” (Bacchi 1999: 9).

According to Bacchi, policies produce ‘problems’ rather than being the best solution to solving problems, as well as “policies *produce* ‘problems’ with particular meanings that affect what gets done or not done, and how people live their lives” (Bacchi 2012: 22). Moreover:

the focus is not on intentional issue manipulation or strategic framing. Instead, the aim is to understand policy better than policy makers by probing the unexamined assumptions and deep-seated conceptual logics within implicit problem representations (...) paying attention to the forms of knowledge that underpin public policies (...) In this view the ‘public’, of which we are members, is governed, not through policies, but through problematisations – how ‘problems’ are constituted (Bacchi 2012: 22).

This results in that “lives are lived in specific ways *due to* the shaping impact of proposals that create particular understandings of ‘problems’ (Bacchi 2012: 22).

Bacchi divides the analysis in 6 steps; 1. identifying what the ‘problem’ is represented to be; 2. What presuppositions or assumptions underpin the representation of the ‘problem’; 3. How the representation of the ‘problem’ has come about; 4. What is left unproblematic in the problem representation, locating where the silences are or if the ‘problem’ can be thought about differently; 5. What effects are produced by the representation; 6. How/where has this representation of the ‘problem’ been produced, disseminated and defended and how has it been (or could be) questioned, disrupted and replaces. In other words, the analysis focus on ‘competing constructions of *issues*’ (Bacchi 1999: 5) where it is important to not merely pay

attention to the ‘problem’ but also the “interconnections between policy areas, and to reflect upon which issues remain unaddressed or undiscussed because of the way certain ‘problems’ are represented (Bacchi 1999: 2). Additionally, it is important to pay attention to what is not being done, as “inaction can be as important as action” (Bacchi 1999: 3). When applying the analytical approach, I will apply step 1, 3, 4 and 5. However, I will not only focus on the effects created merely by the representation itself, but also include possible effects created by what is silenced/not addressed in the representation of the problem. This will however be returned to in more detail later.

3.5.2 Thematic analysis

The data generated through interviews with students is analysed based on a thematic analysis where the aim is to study the information from the contestants on each and every theme. It enables one to investigate the topics in depth and provide a deeper understanding of the phenomena which are being studied, for instance by comparing and contrasting the information from the different contestants (Thagaard 2013: 181-182). It is therefore necessary to have data from all the contestants on all of the themes – in order to compare and contrast between the different contestants.

When comparing the themes between the different participants, connections may be spotted. Patterns may become visible where some aspects will be included in this, while other things may not fit into the patterns identified (Widerberg 2014: 133). As stated by Widerberg “Maybe the latter is just as interesting and says just as much about the themes as the actual pattern” (Widerberg 2014: 133, my translation). For the thematic analysis, the selection of themes can occur in different ways; either be chosen based on the empirical data itself, theories/theoretical frameworks, or the way one wants to present it – although often through a combination (Widerberg 2014: 126). If the selection of themes is based on the empirical data, it will be found in the empirical data. It is however often seen in light of theoretical terms/theories, also to spot the ‘silences’ as what is not mentioned can be just as important as what is mentioned.

It is also important to take into consideration the overarching perspective/picture, as this is what one want to describe. A critique against the thematic analysis, it that statements and

sentences are taken out of their (original) context and the way they were originally talked about. A (potential) loss of the bigger overarching perspective that was presented, and which one ultimately wants to present, is present if one is not aware of this and attentive of the original context (Thagaard 2013: 181, Widerberg2014: 132-133) .

Coding

After the interviews were transcribed, all of the 24 interviews were uploaded to NVivo10/11 for coding and analysis, where each and every interview was read and coded. Over 50 codes were developed in this process. By reading each and every interview carefully I was able to be attentive to, and maintain, the overarching perspective of the interviews, and to grasp the context in which things had been said. After the interviews were coded separately, all the codes were collected, and I started reading through the codes that had been developed to approach and select the themes. The material was analysed, as emphasized by Søndergaard, both *horizontal* or ‘across’ histories and interviews in order to grasp the themes that crystallized, but also *vertical* to some extent, in order to include the context where the different themes had emerged (Søndergaard 2000: 80). Already in the coding process, certain themes emerged. When reading the codes, some of the topics that had already emerged became even more prominent, while other themes emerged in this process. Several different codes were for instance merged in this process to one theme, while new themes became visible.

The analysis, and choice of themes is somewhat based on a combination of the empirical data, theory and the presentation of the paper. The themes that are highlighted are found in the empirical data, as this has been the primary source for the analysis, and the aim has been to keep it as close as possible to the informant’s descriptions. Both theoretical terms and theories have been applied and thus contributed to the crystallization of themes, as well as the presentation – to present the findings in a way that make sense for the reader – has been of importance.

3.5.3 Analytical strategies and the role of theory

The literature often refers to analytical strategies as either *inductive* or *deductive*, although most researchers recognise that this is not occurring in a strict ‘either one or the other way’ or

as ideal types (Olsen 2003: 73-74, Olsen 2012). I have used a mix of the two, as the analysis is based on the empirical data from the interviews and documents but applying existing theories/terms and utilized information from literature reviews. This mix of analytical strategies (empirical data as the point of departure and later applying theories/theoretical terms) can be described as an *abductive* analytical approach. (Blaikie 2016: 19). The theoretical framework was first intended to be used as *sensitizing concepts* – concepts which are not definitely defined, but rather provide direction for the analysis (Swedberg 2012:22, Flemmen).¹⁶ However, as the theoretical framework provided fruitful contribution to the analysis, it has been applied to the data.

3.6 Ethics and transcribing

The project was registered and approved by Norwegian centre for research data. The informants were assigned ‘request for participation’ sheets with required signature regarding consent for participation. For focus group discussions, an additional signature regarding confidentiality agreement was required to ensure the participants anonymity also among the other participants. Before signing, students were informed about the project, what participation would entail, that it was volunteer to participate and that they could withdraw from the interview at any time, without any consequences. Participants names were anonymised, so their identity would not be revealed, and the names used in the analysis are fictive names. I was the only one with access to the recorder and the recorded interviews, and the recordings were deleted after transcribing all the interviews. All information, recordings and transcribed interviews have been stored on a computer with password, not available for others. When transcribing the interviews, everything was transcribed just the way it was said in the interviews. The quotes used in the analysis have undergone minor alteration for grammar to make it better suitable for the written context. The content is however the same.

3.7 Reliability, validity and generalisation

It is crucial to evaluate how reliable and valid the research process and results are, and reliability and validity should be taken into consideration during the entire process (Kvale and Brinkmann 2017: 272-276). *Reliability* can be described as evaluating if the research has been

¹⁶ Sensitizing concepts derives from Blumer, and are concepts which have no clear/definitive definitions, but – due to their ‘undefined’ and rather vague nature – work as tools which can provide/suggest directions for the researcher to look (Swedberg 2012: 22, Flemmen 2018).

conducted in a trustworthy and reliable way, and evaluating the result's credibility and consistency. It is often described as if the same results can be reached by other researchers, also using the same methods (Kvale and Brinkmann 2017: 276, Thagaard 2013: 201-202). This can be difficult in qualitative methods, as the interviewer, for example through his/her relation to the participants, influence the production of knowledge. The researcher will have to argue for reliability by giving an account for how the data has been generated (Thagaard 2013: 202, Kvale and Brinkmann 2017: 276). Transparency, to make the process visible, and to describe the research strategy and methods, is crucial to argue for reliability.

Validity is concerning the interpretations of the data, and how valid these interpretations are. The validity of the research pays attention to the link between what has been studied and the interpretation the researcher makes, and if we indeed have investigated what we were supposed to investigate (Kvale and Brinkman 2017: 277). Validity is often regarded as a statement's truth and strength, and how valid it is (Kvale and Brinkmann 2017: 276). Just as for reliability, it is important to take validity into consideration during the entire process, and validity is also strengthened by transparency; making visible one's theoretical standpoint, the analytical process and on what ground interpretations are made (Thagaard 2013: 205). It is also important to take into consideration how one might influence the results/interpretations as a researcher.

Acknowledging the challenges of achieving reliability in qualitative methods, as my experience of the field, the informants I interviewed and the relationships established with the participants have influenced the data generated, I have tried to achieve reliability though making the process transparent. Moreover, as reliability concerns how trustworthy and reliable the research is, I have strived to be accurate and consistent throughout the process, for instance by checking and controlling things throughout the execution of the research. I have also strived to be consistent in the coding process to ensure reliability. I have tried to ensure validity, also by making the process transparent; stating my point of departure, the analytical approaches and how I could have influenced the data generated through my experiences/relations in the field. I have tried to ensure validity when reflecting upon how I have reached interpretations/results, and how my experience in and relations established in the field have created the foundation for my understandings and interpretations. I have tried to be

aware (and consistent) about the terms utilised, to ensure that we are talking about what we should be, according to the research questions.

Some limitations can however be mentioned. As the interviews were conducted in English, misunderstandings could have occurred, and meaning could have gotten lost in translation. As most of the students had been or were active in SRH activities/clubs, this could have provided me with data and interpretations which are somewhat skewed compared to the broader range of students, as the students interviewed may have been more aware, knowledgeable and interested in SRH than other students. Underreporting/misreporting of undesired behaviour, and overreporting of desired behaviour could be occurring, especially as it deals with (potential) sensitive topics.

Various opinions are witnessed in regard to qualitative method's potential for *generalization*, where some claim it is problematic to generalize qualitative method, while other rejects the term completely as they regard it positivistic (Kvale and Brinkmann 2017: 289, Olsen 2003: 86). A fruitful take on generalization could be the one provided by Søndergaard, where she claims it is not the level of the concrete empirical data which constitutes the foundation/potential for generalisation. It is the *meta codes*, the abstract layer of codes where empirical descriptions have been lifted to a higher level, "Which constitute the foundation of an overarching analysis" Søndergaard 2000: 60, my translation). It is at the level of meta codes the potential for generalization is found.

The question concerning generalization would therefore concern:

whether the description of the meta codes would make a constructive tool for others, if the description could provide meaning in and create interesting understandings of phenomena within other sub-cultures and other cultural contexts (Søndergaard 2000:63, my translation).

The abstract layers of codes and analytical tools developed at the meta level have the potential to be useful in other contexts and could provide a contribution for further utilization.

Therefore, I would argue that the potential for generalization exists, but not merely based on the level of empirical descriptions.

4. Theoretical framework

4.1 Previous research

Previous research has focused both on sexual and reproductive health among students specifically, youth in general, and the broader population, highlighting their sexual behaviour, knowledge/awareness, use of contraceptive methods and challenges associated with this. Additionally, it cast light over student's sexual and reproductive health challenges.

Sexual behaviour and SRH knowledge among Ethiopian youth

In their study *Sexual and reproductive health experience, knowledge and problems among university students in Ambo, central Ethiopia* (mixed methods of surveys and in-depth interviews, with 400 survey respondents and 10 in-dept interviews) Yared et al. (2017) focus on student's experience, knowledge and problems related to SRH. The study shows that more than half of the students had ever had sex and that many of them were sexually active. Students knew about STIs and contraceptive methods (to various degrees), but many reported having and/or knowing of unsafe sex, multiple sex partners, problems with STDs, unwanted pregnancies and (unsafe) abortions. However, most of the students did not perceive themselves at risk of STI/HIV. Thus, the findings imply that students are sexually active, but students – although knowing of STIs and contraception – engaged in what could be described as risky sexual behaviour and they did not perceive them self at in risk. The study also showed that “youths in Higher Education Institutions (HEIs) in particular are at risk of Sexually Transmitted Infections (STIs) and SRH problems”, due to lack of family control, peer pressure, and the hidden and instantaneous nature of sex on campus. SRH services were not known by many of the students, nor youth friendly. The findings imply a need for more information/attention directed to SRH in Higher Education Institutions.

Mulu et al. (2014) in their study *Sexual behaviour and associated factors among students at Bahir Dar University: a cross sectional study* (quantitative method, 817 study participants) also investigate sexual behaviour among university students, and finds that a substantial proportion of the students (36,4%) had ever had sex, and that students are having unprotected sex, multiple sex partners, sex with commercial sex workers and sex for exchange of money. Moreover, it is point at factors which influence having sex, such as night clubs, khat and alcohol. They also recognize that university students are exposed to risky sexual behaviour,

and identify challenges for student's sexual and reproductive health specific, as "most related interventions targets the general public as a result it do not directly respond to higher education institution students need and expectations" (Mulu et al. 2014).

Cherie and Berhane (2012) in *Oral and anal sex practices among high school youth in Addis Ababa, Ethiopia* – although focusing on high school level – investigate oral and anal sex practices among high school youths (quantitative cross-sectional study with a sample size on 3840). The study highlights the importance of understanding and addressing the full range of sexual behaviours for creating appropriate interventions to prevent/control STIs and HIV. Only focusing on vaginal-penile intercourse will lose sight of other sexual practices and create interventions which do not address the variety of sexual practices occurring. The authors find that 5,4% had ever had oral sex and 4,3% had ever had anal sex. Several had multiple partnerships and consistent condom use was only reported by 12,2%. The reasons why students engage in these sexual behaviours were prevention of pregnancy, preserving virginity and reduction of HIV and STIs transmission. Although, the number of youth who had ever had oral/anal sex appeared to be low, the high number of multiple partners and the inconsistent condom use, is worrying. The need to address these sexual behaviours in interventions/sexual education, and to provide information about the dangers and how to protect oneself in relation to oral/anal sex, was addressed. Moreover, the reasons provided for engaging in oral/anal sex "wrongly perceived that these sexual acts provide protection form STIs including HIV". This was described as alarming and it was stated that unless measures are taken to change misconceptions, "oral and anal sex could become the source for the next wave of HIV and STIs epidemic".

Student's knowledge of sexual and reproductive *rights* is addressed in *Knowledge of reproductive and sexual rights among University students in Ethiopia: institution-based cross-sectional* by Adinew et al. (2013) (quantitative cross-sectional study, with 642 participants), bringing a 'right-based approach' to SRH. The authors highlight that people have the right to make decisions regarding their own sexuality, and that the knowledge of these rights is critical for youth in order to protect themselves. More than half of the students participating in the study were found to be knowledgeable about reproductive and sexual rights (factors associated with knowledge were private schools, coming from urban areas,

being a student at faculty of health science, participating in RH clubs, utilization of RH services and discussing sexual issues with someone). Although students were found to be knowledgeable, it was stated that the level of knowledge among students was low. The limited knowledge was described in relation to the sources of information youth have available, such as parents approaching SRH from cautionary perspectives rather than an informative one, sexual education limited to RH and only taught in science/biology (not addressing rights), and youth facing barriers like shame, guilt, embarrassment. About 1/3 of the students had no awareness that the student clinic on campus provided RH services, and few had used it. The low level of knowledge of their rights, was also illustrated through statements students responded to, where a large proportion of the students agreed that “parents have the right to decide on sexual and RH issues for their children” (63,75%) and “unmarried couples have no right to use contraceptives other than condoms” (56,7%). The study addresses the perception that lack of knowledge is ‘protective’ as keeping this knowledge from youth will keep them from engaging in such activities. Furthermore, the authors remark that as university students represent the educated segment of the population, the low level of knowledge about SRH and their rights, was not adequate.

The role of male involvement, health worker’s attitudes and communication

A study by Kassa et al. (2014) *Level of male involvement and associated factors in family planning services utilization among married men in Debreworkos town, Northwest Ethiopia* (quantitative cross-sectional study, 524 participants) brings the attention towards male involvement (although focusing on male involvement among married men). The study highlights that male involvement is important for family planning to succeed and is associated with better sexual and reproductive health outcomes. The study identifies reasons for low utilization for family planning, such as limited choice/access to methods, fear of side-effects, poor quality of available services, cultural/religious oppositions, gender-based barriers and attitudes of men towards family planning. The level of male involvement was low, and the authors call for family planning programs to “incorporate the responsibility and role of males in the uptake of family planning services”.

A study by Tilahun et al. (2012) *Health worker’s attitudes toward sexual and reproductive health services for unmarried adolescents in Ethiopia* (descriptive cross-sectional survey with

423 participants) directs the attention towards health worker's attitudes. The authors address that adolescents face a variety of SRH problems, but simultaneously face lack of health care services and/or difficulties in accessing them. Although the majority of the health care workers had positive attitudes towards sexual and reproductive health to adolescents and providing SRH services to them – which is important to recognize – it was found that 30% of the health care workers had negative attitude towards providing SRH services to unmarried adolescents, 46,5% had unfavourable reaction to providing family planning to unmarried adolescents, and 13% agreed/favoured to set up penal rules/regulations towards adolescents involving in pre-marital sex. 18% believed in strict control of adolescents, and especially females. Thus, the health worker's attitudes can provide barriers for adolescents to access/utilize SRH services, and thus contribute to negative SRH outcomes among adolescent. The need to also address attention toward the service providers is therefore of importance.

Studies have also been conducted about the importance of communication, where a study by Tesso et al. (2012) *Parent-young people communication about sexual and reproductive health in E/Wollega zone, West Ethiopia: Implications for interventions* (cross-sectional study with 2269 participants) highlights that communication about sexual health is rarely occurring in families due to barriers such as fear of parents, cultural taboos regarding sexuality/sex, embarrassment, parent's lack of knowledge and failure among parents to give time to listen/parents lack the interest to discuss. Parent communication is infrequently (and late), and in warning and threatening ways, as well as mostly concerning topics such as HIV/STI, sexual abstinence, body change during puberty and unwanted pregnancy, thus a narrow range of SRH topics are discussed. A study by Melaku et al. (2014) *Sexual and reproductive health communication and awareness of contraceptive methods among secondary school female students, northern Ethiopia: a cross-sectional study* (807 participants), also highlights how discussion about sexual and reproductive health issues with either parents or friends have positive effect on the contraception awareness. Additionally, it highlights that communication between parents-children is important to transfer knowledge, although often hindered due to barriers.

A broader take on sexual and reproductive health

A study by Williamson et al. (2009) *Limits to modern contraceptive use among young women in developing countries: a systematic review of qualitative research*¹⁷ examine limitation in use of modern contraception, and finds that use of hormonal methods was limited due to lack of knowledge, obstacles to access, concerns over side effects (especially infertility) and lack of control making young women using traditional methods or abortion. The majority of women had received little sex/contraceptive education, had inaccurate perceptions of pregnancy risk, considered health services not accessible or for married women only, feared getting negative reactions from clinic staff, and did not receive guidelines for use – all influencing/limiting their use of modern contraceptive methods. For some women, partners attitude would not be of support for contraceptive use. Reputation and social status limited contraceptive use, as pre-marital sex would lead to social disapproval. Many women would therefore rely on traditional contraceptive methods and abortion. Increasing modern contraceptive use, would require “countering the negative perceptions of modern contraceptive methods, and challenging inaccurate beliefs and cultural norms around fertility at the community level”. They also direct attention to the role men have in decisions regarding contraceptive use, and the need to include both sexes in SRH interventions.

Dynes et al. (2012) in *The influence of perceptions of community norms on current contraceptive use among men and women in Ethiopia and Kenya*¹⁸, highlights the importance of the community, or ‘the place-specific perceptions’ (Dynes et al 2012: 766), and the influence it has on peoples contraceptive use. The place shapes people’s attitudes/behaviour related to SRH, as community norms, and people’s perception of the community norms, can/will influence people’s sexual and reproductive behaviour, health and contraceptive use. Both the physical environment (e.g. distance to health facilities) and the social environment (e.g. community norms concerning gender and power relations and attitudes regarding sex and family planning) is of importance. The authors highlight the difference between ‘community ideal’ and ‘personal ideals’, where the community ideal often influences the personal ideal. They also locate ‘positive deviants’, those whose personal ideals do not match the community ideal, and where personal ideals are prioritized. The authors argue that more research must focus on the place and its influence on contraceptive use, and take into

¹⁷ Based on literature searches of 23 databases

¹⁸ Quantitative methods, with total sample size consisting of 520 Ethiopian women, 300 Ethiopian men, 655 Kenyan women and 310 Kenyan men.

consideration perceptions of community ideals and individual's own preferences. They also call for research focusing 'positive deviance', as "women who act as positive deviants in their community are clearly influenced by a unique set of stimuli that shape their reproductive desires, and most importantly, their ability to enact these desires" (Dynes et al. 2012: 771).

4.2 Doing gender

West and Zimmerman introduce an understanding of gender as a routine accomplishment, achieved through and embedded in everyday interaction. There is a massive interactional work involved in 'producing' gender and being a gendered person. This work is an ongoing activity in people's lives (West and Zimmerman 1987: 125). When seeing gender as a routine accomplishment:

the "doing" of gender is undertaken by women and men whose competence as members of society is hostage to its production. Doing gender involves a complex of socially guided perceptual, interactional, and micropolitical activities that cast particular pursuits as expressions of masculine and feminine "natures" (West and Zimmerman 1987: 126).

The focus is not on the individual or a perception of gender as expressing people's essential nature, but on the interactional and institutional arenas where gender is conceived as "an emergent feature of social situations" (West and Zimmerman 1987: 126).

To illustrate how this is done, they introduce the terms *sex*, *sex category* and *gender*. *Sex* refers to the determination of biological criteria for classifying someone as either male or female. *Sex category* refers to the placement in a sex category based on application of the sex criteria. *Gender* is the activity of managing one's behaviour in accordance with "normative conceptions of attitudes and activities" (West and Zimmerman 1987: 127) which are appropriate and suitable for the sex category one (claims to) belong to. In this way, "gender activities emerge from and bolster claims to membership in a sex category" (West and Zimmerman 1987: 127). People must manage their behaviour, do gender right, in accordance to one's sex category. The interactional aspect and the work involved with producing gender and being a gendered person in acceptable ways and as competent individuals is visible.

Important to note – leaning on Garfinkle's case with Agnes, a transsexual born and raised as a boy but eventually adopting a female identity – is the point that *while gender is created*

through interaction, it simultaneously structures the interaction. Moreover, the case of Agnes illustrates how there are ‘conceptions of femininity’, ways of doing femininity/female. These are taken for granted and routinized by females, but something Agnes had to learn and do correctly, to behave acceptable as a woman and to be accepted as a woman. This illustrates the accomplishment of gender (West and Zimmerman: 131).

While doing gender could be seen simply as using well-defined behaviours to produce familiar ways of achieving masculinity or femininity, it is important to note that:

displaying gender must be finely fitted to situations and modified or transformed as the occasion demands. Doing gender consists of managing such occasions so that, whatever the particulars, the outcome is seen and seeable in context as gender-appropriate or, as the case may be, gender-*in*appropriate, that is, *accountable* (West and Zimmerman 1987: 135).

Hence, to do gender

is not always to live up to normative conceptions of femininity or masculinity; it is to engage in behaviour *at the risk of gender assessment*. While it is individuals who do gender, the enterprise is fundamentally interactional and institutional in character, for accountability is a feature of social relationships (West and Zimmerman 1987: 136-137).

One can *do* gender, but the *achievement* of gender depends on the evaluation from others (West and Zimmerman 1987: 140).

As doing gender creates differences between women and men, which seems to be natural or essential, the differences created reinforce the ‘essentialness’ of gender: “if, in doing gender, men are also doing dominance and women are doing deference (...) the resultant social order, which supposedly reflects “natural differences,” is a powerful reinforcer and legitimator of hierarchical arrangements” (West and Zimmerman 1987: 146). Everyone knows their place in ‘the interaction scheme of things’. If someone engages in activities associated for the other sex category, the routinization is challenged. Thus

If we do gender appropriately, we simultaneously sustain, reproduce, and render legitimate the institutional arrangements that are based on sex category. If we fail to do gender appropriately, we as individuals – not the institutional arrangements – may be called to account (for our character, motives, and predispositions)” (West and Zimmerman 1987: 146).

4.3 Sexual scripts

The concept of sexual scripts by Gagnon and Simon, offers a theoretical framework to illustrate how sexuality is created in social and historical contexts. Sexual scripts provide

information about who we can have sex with, when, how, what we can do and why so (Simon and Gagnon 1984; Pedersen 2015).

To illustrate this, they introduce the terms *cultural scenarios*, *interpersonal scripts* and *intrapsychic scripting*. *Cultural scenarios* are described as “the instructional guides that exist at the level of collective life” (Simon and Gagnon 1984: 53), which provide information about what we can or cannot do. Cultural scenarios are crucial in shaping sexual behaviour and is something one must relate to. The scenarios will however change over time, and will change due to the sexual actor (when negotiating individual adaptations) and by “those who contributes to formulate representations of the cultural scenarios in the public sphere” (Pedersen 2015: 48, my translation). As the cultural scenarios are too abstract to be applied for specific situations, one must adapt them to specific situations. In improvising, one changes the social definition of sexuality (Pedersen 2015: 48). This illustrates *interpersonal scripts* which refer to the process where individuals are shaping cultural scenarios into ‘scripts for behaviour’ in specific contexts. This process “transforms the social actor from being exclusively an actor to being a partial scriptwriter or adapter shaping the materials of relevant cultural scenarios into scripts of behavior in particular contexts” (Simon and Gagnon 1984: 53). Interpersonal scripts represent people’s response to the world, and draws on the cultural scenarios. *Intrapsychic scripting* refers to the individuals need to script one’s behaviour, as “Where complexities, conflicts, and/or ambiguities become endemic at the level of cultural scenarios, much greater demands are placed on the actor than can be met by interpersonal scripts alone” (Simon and Gagnon 1984: 53). It refers to the process of “negotiating solutions for one’s longings, desires and the specific situation one finds oneself in, with the partner(s) who are there (Pedersen 2015: 48-49, my translation).

Sexual scripts and the relevance of the cultural scenarios, interpersonal scripts and intrapsychic scripting are not identical in every social setting, nor for all the people within a setting. The authors contrast *traditional/paradigmatic societies* and *postparadigmatic societies*. In traditional/paradigmatic societies, “cultural scenarios and a limited repertoire of what appear to be “ritualized improvisations” may be all that is required for understanding by either participants or observers” (Simon and Gagnon 1984:53). They are further characterized by high degree of shared meaning. The meanings are regarded consistent in different spheres

of life. However, in postparadigmatic societies, there are fewer shared meanings, and characterized by disjuncture of meanings between different spheres of life. The script framework includes the societal impact on our understanding of sexuality. As stated:

From a scripting perspective, the sexual is not viewed as an intrinsically significant aspect of human behaviour; rather, the sexual is viewed as becoming significant either when it is defined as such by collective life – *sociogenic significance* – or when individual experiences or development assign it a special significance – *ontogenic significance* (...) these are societal settings in which the sexual takes on a strong meaning and successful performance or avoidance of what is defined as sexual plays a major role in the evaluation of individual competence and worth (Simon and Gagnon 1984:54).

The scripting process is a derivative of the social process. (Simon and Gagnon 1984: 57).

While converting scenarios to interpersonal sexual scripts, the actor is however empowered, as one becomes one's own 'producer' (Simon and Gagnon 1984:55 and 58), although others who confirm or disconfirm the actor. One is thus evaluated, and the sexual illustrates both "social, gender and moral competence and, as a result, the demands placed upon interpersonal scripting often are compelling" (Simon and Gagnon 1984: 59). Self-control becomes important as "The actor ultimately must submit to the playwright, while both nervously anticipate the responses of overlapping, but not always harmonious internal and external critics" (Simon and Gagnon 1984: 56).

As sexuality is socially and historically located, and negotiation will occur, sexuality will change and vary within and between cultures. The scrip framework brings together different levels of meanings; "the cultural intersubjective and the intrapsychic to one gathered system of interplay" (Pedersen 2015: 49, my translation).

4.4 Plastic sexuality and pure relationships

In his book *The Transformation of Intimacy: Sexuality, Love and Eroticism in Modern Societies* (published 1992), Giddens introduces two terms which will be used in the analysis to cast light over important changes; *plastic sexuality*, and *pure relationships*. Giddens terms adds dimensions not present within sexual scrips, namely the connection between gender and sexuality. Utilizing Giddens' terms plastic sexuality and pure relationships combined with Simon and Gagnon's sexual scripts, can moreover tell us about the changes occurring in the connection between gender and sexuality, and within sexual relations and the value of sexuality. By using Giddens' terms in the analysis, the aim is to make dimensions visible which would not be seen by merely using script theory. Although Giddens focuses on the

transformation in modern (and western) societies, the terms and what they point at can still constitute important contributions also in this setting.

The book deals with the transformation in regard to intimacy and sexuality, and the liberating aspects associated with this. Looking back in time, Giddens sees that heterosexual relationships – founded in marriage – has constituted the norm, and intimacy and love have had reproduction as the purpose. As a contrast to this, he introduces the terms pure relationships and plastic sexuality. Pure relationships are described as.

a situation where a social relation is entered into for its own sake, for what can be derived by each person from a sustained association with another; and which is continued only in so far as it is thought by both parties to deliver enough satisfactions for each individual to stay within it (Giddens 1992: 58).

Giddens states that love used to be tied to sexuality through marriage, but is now connected through the pure relationships, which is a part of “a generic restructuring of intimacy” (Giddens 1992: 58). He also highlights the autonomy that pure relationships bring about.

Plastic sexuality “is crucial to the emancipation implicit in the pure relationships” (Giddens 1992: 2). Plastic sexuality is described as “decentred sexuality, freed from the needs of reproduction (...) Plastic sexuality can be moulded as a trait of personality and thus is intrinsically bound up with the self” (Giddens 1992: 2). He highlights how plastic sexuality is important also for women’s call for sexual pleasure, and how it frees sexuality “from the overweening importance of male sexual experience” (Giddens 1992: 2). As sexuality is no longer tied to reproduction/has reproduction as the goal, different forms of sexuality are made visible. This is highly linked to Giddens’ focus on reflexivity and identity, and where – in modern societies – identities are always in flux (Giddens 1992: 30). Through pure relationships and plastic sexuality, a diversity of sexualities and individual expressions of sexuality are made visible. Moreover, “Sexual emancipation consists in integrating plastic sexuality with the reflexive project of self” (Giddens 1992: 194).

Through Giddens’ terms pure relationship and plastic sexuality, new sexual practices are made visible, and sexual diversity (without a standard/normality) is visible. I will discuss to

what extent these concepts are fruitful for understanding young Ethiopian student's situation at the present.

4.5 Heteronormativity

The analysis will be supplemented by a term provided by Butler, *heteronormativity*, and her focus of making visible the diversity between women, not merely the diversity between the gender categories.

Butler perceives gender as “a process, construction and a doing” (Lykke 2008: 62, my translation), and *performativity*. Especially through her book *Gender Trouble* (published 1990), she creates an alternative to the traditional feminism, which according to Butler focused solely on the differences *between* the gender categories and failed to make visible the differences *within* them. Moreover, the categorization of complementary genders, and the belief that gender is a ‘natural essence’ and founded in biological sex (which constitutes the foundation of one’s gender, gender identity and sexual desire) is what creates *heteronormativity* and makes it the ruling norm in society (Lykke 2008:116). Butler however, tries to make visible the variety of gender identities and sexual identities, and to question heteronormativity as the ruling norm (Mortensen et al. 2011: 74). To do this, she introduces gender as a ‘doing’ instead of something one is or possess. When Butler introduce gender as a construction, she also breaks with biological determinism, where sex is seen as something natural and which is the foundation for gender, identity and sexuality (Lykke 2008: Mortensen et al. 2011).¹⁹

Butler highlights how gender is created through language, and leans on Foucault’s theorization about discourses, where things are produced as an effect of our ways of talking about it (Lykke 2008). Foucault’s perception of power, and the relationship between power and discourses, is also important for Butler, where the power is both regulating and productive, but always hidden from us. This however make things look natural (such as the

¹⁹ Thus, Butler deconstructs the relationship between sex and gender, where gender is seen as the primary and creating the illusion of biological sex as natural/inner essence. This deconstruction is necessary to break with heteronormativity, show the diversity of identities, and to denaturalize the deterministic coherence between gender and sexuality.

biological sex). For Butler, however, there exists no gender ahead of the discourses (Mortensen et al. 2011:75-76).

5. What is the problem represented to be?

Based on the strategies *National Adolescent and Youth Reproductive Health Strategy 2007-2015* (MoH 2006a), *National Adolescent and Youth Health Strategy 2016-2020* (MoH 2016) and *Communication Strategy on HIV/AIDS and Sexual Reproductive Health for Higher Education Institutions* (MoE 2013) created by different ministries, organizations and stakeholders, a discourse analysis based on the ‘What is the problem represented to be’ approach has been conducted. Through the analysis, six problem representations concerning sexual and reproductive health (SRH) were identified; a female problem, a development problem, a rights problem, a health problem, a knowledge/awareness problem and a service problem.²⁰ Most of the problem representations are visible in all three strategies, a development problem and a rights problem is not evident in the *Communication Strategy on HIV/AIDS and Sexual Reproductive Health for Higher Educational Institutions*. The problem representations will in the following section be presented with quotes to illustrate how they are portrayed. This is a necessary step for the further analysis, aiming to investigate silences and effects of the problem representations, and if, and how, the problem could be represented in alternative ways.

5.1 Identifying the problem representations

5.1.1 A female problem

In the introductions and throughout the strategies it is highlighted that SRH is, if not a gender problem then at least a somewhat *gendered* problem. Male involvement and male power/domination is on a few occasions made explicit. Gender aspects, that SRH applies for both genders, and that gender inequity must be addressed is highlighted. The strategies aim to reach *young people, youth and adolescents* (both genders), and a guiding principle in one of the strategies is “The recognition that *gender differences* are fundamental in framing AYRH” (MoH 2006a: 3, my emphasize)²¹. The strategies also recognise gender as an important determinant regarding access to services and information. Gender is also acknowledged in the context of higher educational institutions, where “the communication process including the planning, implementation, monitoring and evaluation should be gender sensitive and gender responsive” (MoE 2013: 16). However, SRH is nevertheless constructed as a female problem,

²⁰ Although I apply the term sexual and reproductive health (SRH) in my analysis, it is however important to note that the three different strategies apply different terms; mostly reproductive health (RH) and occasionally sexual and reproductive health (SRH).

²¹ AYRH, Adolescent and Youth Reproductive Health

and the focus throughout the strategies centres around and aims for women in specific. A problem representation constructed is therefore that SRH constitutes a female problem.

The female problem representation is visible throughout the strategies through international/national commitments, guiding principles and targets/initiatives. It is visible through international commitments/conventions such as the Fourth World Conference on Women (1995), the previous Millennium Development Goals and the new Post-2015 Development Agenda of The Sustainable and Development Goals, which to a high degree focuses on women and women's rights (MoH 2006a: x and 3; MoH 2016: v). The female focus is also visible as Ethiopia has adapted and reviewed several laws to protect, improve and focus on women's rights in particular. This includes the Revised Family Law, protecting young women's rights from for instance forced marriage, the Revised Penal code penalizing several harmful traditional practices (HTP) and sexual violence, and The New Criminal Code which has criminalized practices that will affect girls in specific. A focus is seen on strengthening the protection of girls and women. (MoH 2006a: 3-7).

A female problem representation is visible as women/girls receive special focus as they are regarded especially vulnerable and *victims* of SRH problems. This could be caused by the "limited community commitment to girls' education (...) and the low status of women" (MoH 2006a: 6), the gender hierarchy, limited autonomy, girl's limited agency over their sex lives, and no/little decision-making power. The *low status of women* makes them more vulnerable for SRH problems and underlies and directly affects the negative RH outcomes addressed in this strategy" (MoH 2006a: 6). The negative sexual and reproductive health outcomes include Female Genital Mutilation/Cutting (FGM/FGC), HTP, abduction, early marriage, rape, unwanted pregnancy – described as "one of the major RH challenges faced by adolescents in Ethiopia" (MoH 2006a: 11) – and abortions (MoH 2006a: 6-11). Sexually active girls are more likely to be infected by sexually transmitted infections (STIs) and HIV/AIDS than men, and also experience societal pressure to prove their fertility (MoH 2016:7). A female focus and a representation of the problem as a female problem is highly visible as "gender inequities across all sectors limit young girls and young women's empowerment" (MoH 2006: 24). The female problem is visible in regard to gender-based violence, where women are vulnerable/victims of this (MoH 2016: 11). Although intimate partner violence or domestic

violence is touched upon, and aspects such as power differentials which limit the ability to negotiate safer sex and increasing gender inequalities –which includes both genders and illustrate the interplay between genders – is mentioned, the focus is nevertheless on women. Men are (more or less) excluded from the problem representation, and gender in a broader perspective is not much elaborated on.

A female problem representation is also constructed when targets/initiatives are addressed, directed towards women/girls to empower them. This is also the case for targets/initiatives regarding contraception, as they are mostly directed towards women and girls. Only on a few occasions is male involvement addressed. When addressing the objective ‘Decrease risk and vulnerability of adolescents and empower them to make healthy transitions to adulthood’, a strategy is to “provide information and skills to strengthen what young women can do to protect themselves from HIV infection and unwanted pregnancy” (MoH 2006a: 25), involving counselling young women about their rights. Worth mentioning is the exclusive focus on girls/women in achieving this, where men are excluded, representative for many of the objectives/initiatives in all three strategies. If men/boys occasionally are mentioned it is mostly in a somewhat negative/undesired context (MoE 2013). Only on a few occasions are men addressed in ‘neutral’ contexts, such as when male responsibility was articulated as “you have responsibility to protect your partner” (MoE 2013: 31).

5.1.2 A development problem

Another representation of the problem is a development problem, where SRH matters are seen in relation to development. This is constructed as SRH specifically constitutes a problem of development (when not fulfilled), but also that SRH, among other issues, is seen as a contributor to a broader development, or a hinder for a broader development. The problem representation is articulated from the beginning of the strategies and provides both a rationale and goal for the strategies. Investment in SRH is needed as it can hinder development and for future development to happen. The challenge of, and desire for, development is an overarching theme throughout the strategies, also when providing the presentation of the context of sexual and reproductive health.

The problem representation can be seen in light of international commitments such as the International Conference on Population and Development (1994), the Fourth World Conference on Women (1995) and the Convention of the Rights of the Child (1989) (MoH 2006a: 3). The commitment to the Millennium Development Goals and the new Sustainable Development Goals is important in the construction of the problem (MoH 2016: v), as Ethiopia has made obligations to achieve the goals and where “The GOE is a signatory on major international conventions that promote reproductive health in a broad context of social development” (MoH 2006a: 7).²²

The articulation of a development problem is also seen at the national level through national initiatives, and where SRH is seen in light of effort in other fields and other strategies to create national development. This is illustrated when achieving the objective of the National Reproductive Health Policy is seen in light of the Health Sector Development Plan, and as enhancement of effectiveness in the health system is focused on in order to meet the PASDEP (National Plan for Accelerated and Sustained Development to End Poverty). It is also seen in light of the importance of attaining the goals of the Growth and Transformation Plan (GTP-2) (MoH 2006a: x-2; MoH 2016: v). This is articulated as “the strategy enhances and sustains the mainstreaming of adolescents and youth health and rights issues into the country’s growth and transformation agenda and helps achieve the post-2015 global goals including the Global Strategy for Women’s, Children’s and Adolescent’s Health 2016-2030” (MoH 2016: vi).²³ A development focus is visible in regard to overarching national growth and transformation.

The importance of focusing on SRH to achieve national development is also seen when emphasizing;

To enhance reproductive health and well-being among young people in Ethiopia ages 10-24 so that they may be productive and empowered to access and utilize fully quality reproductive health information and services, to make voluntary informed choices over their RH lives, and to participate fully in the development of the country (MoH 2006a: vi).

It is also stated that “social investments in education and health, with a renewed focus on vulnerable and marginalized groups, will build a strong economic base for the country” (MoH

²² GOE, Government of Ethiopia

²³ However, as will be returned to, SRH is in the strategy quoted included in a broader ‘health’-term, and no longer articulated as a SRH problem specifically. Therefore, the quote utilizes a ‘health’ term which is broader than SRH solely.

2006a: 1), with positive implications of growth and development of the country. This is also seen in regard to the rapid population growth Ethiopia has experienced and the large amount that young people make up of the country's population, which will put pressure on for instance health services. It is therefore addressed the a to “empower young people to make informed choices on their reproductive health, including their desired fertility” (MoH 2006a:1). This could illustrate the need to focus on and address SRH to create development.

5.1.3 A rights problem

Another problem representation visible, is seeing SRH as a rights problem, both in light of human rights, national legislation and women's rights. The problem representation is articulated from the beginning of the strategies when providing a presentation of the SRH context, and when giving the introduction and rationale for the strategies. The rights problem representation is visible as some of the guiding principles of the strategies are a ‘development-oriented and *rights-affirming principle*’ (MoH 2006a: 3, my emphasize) and a ‘right based approach’ (MoH 2016). Several targets/actions in the strategies focus on enabling supportive environment and “strengthen legal and policy framework” (MoH 2016: 31), thus focusing on legislation, policies and human rights principle, and seeing SRH in light of these. The strategies are moreover rooted in the International Conference on Population and Development (1994), the Fourth World Conference on Women (1995), the Convention of the Rights of the Child (1989). Thus, the strategies are grounded in (among others) human rights (Ministry of Health 2006a: 3).

Sexual and reproductive health is seen in light of human rights specifically, as human rights are emphasized throughout the strategies (MoH 2006a, MoH 2016). It is stated that the *National Adolescent and Youth Reproductive Health Strategy 2007-2015* is grounded in human rights (MoH 2006a: 3), and insufficient SRH coverage is regarded a violation of human rights. The human right focus is also seen as Ethiopia has addressed and included human rights issues/aspects in their legislation (MoH 2016: 11).

The rights focus is found both at the international level, and Ethiopia's national legal framework, where laws have been adapted/revised. The Government of Ethiopia has adapted laws and major policies and revised legal policy framework to advance women's status and

reproductive rights specifically. Thus, one can witness a focus on women's rights. This is the case for the Revised Family Law protecting women from forced marriage, setting the legal age for marriage at 18 years old and where marriage can only occur with full consent (MoH 2006a: 8; MoH 2016: 12). It also applies for the Revised Penal code, penalizing several HTP and sexual violence (MoH 2006a: vi), and where HTP are seen in light of human rights and as a violation of them (MoH 2016: 12).²⁴ Additionally, The New Criminal Code allowing abortion under extraordinary circumstances “addresses human rights issues, women's and children's rights in particular” (MoH 2016:11). The representation of a rights problem is also visible regarding the aim of “mainstreaming of adolescents and youth health and rights issues into the country's growth and transformation agenda” (MoH 2016: vi), and when addressing “The rights of all adolescents, including young adolescents to access tailored reproductive health programs” (MoH 2006a: x).

The rights problem representation is also visible when articulating challenges and limitations, such as addressing poor awareness about existing legal framework. Poor awareness of human rights in specific is explicitly stated as “young people have limited knowledge of their human rights and legal structures” (MoH 2006a: 22). It is also highlighted that:

young people need to know about reproductive health so that they can make informed decisions about their reproductive health and sexuality. Young people and their communities (...) have limited awareness and knowledge regarding youth reproductive health rights and needs (MoH 2006a: xii).

5.1.4 A health problem

Sexual and reproductive health is also represented as a health problem, and as a threat to the overall health and well-being of the population. It is often talked about in terms as ‘health status’, provision of health services, and health promotion. The vision of the *National Adolescent and Youth Reproductive Health Strategy 2007-2015* highlights ‘health and well-being’ and address reproductive health needs of the population as it focus on reproductive health, and youth friendly reproductive health services. Seen in light of the development problem representation, where poor health outcomes can lead to less development, and in light of the population growth, it is somewhat applied in a public health context. This makes it possible to perceive it as a *public health problem* (MoH 2006a). This is seen in association

²⁴ Illustrating the link between different problem representations, such as the link between rights- and female problem representation.

with poverty, education, FGM, abduction and rape, which can be considered health related problems of public character, affecting a large amount of the population, and can have negative reproductive health outcomes. The term public health is nevertheless not used explicitly. Thus, a public health discourse is never explicitly articulated, nor is it established as a public health problem. It is merely a health problem.

In the *National adolescent and youth health strategy 2016-2020* there is however a shift in focus, where the focus is not solely on sexual and reproductive health, but on *health* in general, including a broader range of health issues. As stated in the strategy, it is a “strategic framework for tackling the full range of adolescents and youth health and development issues in Ethiopia” (MoH 2016: v). It is also stated that the strategy is “the first of its kind that goes beyond SRH” (MoH 2016: XIII) and addresses other aspects than SRH only, such as nutrition, mental health, substance use and various forms of violence. SRH does no longer constitute a health problem that must gain special attention as a ‘independent’ health problem, but is now seen as merely one, of many, health problems. It is stated that “The strategy goes far and beyond SRH, HIV and STIs to provide broad strategic directions to promote, prevent, and protect the health and wellbeing of Ethiopian adolescents and youth” (MoH 2016: 2), and when elaborating on currently existing health services, they are regarded as “limited to SRH, HIV and STIs and do not fully address the broader health and health-related problems faced by adolescents and youth” (MoH 2016: 2). Thus, a different representation of the problem is articulated, where focus on SRH in specific is regarded as *limiting*. Focusing on SRH specifically would moreover be at the expense of other health problems. Thus, the shift in problem representation would imply that focusing on solely on SRH would constitute a problem rather than a solution, as it would be at the expense of other health issues.

5.1.5 A knowledge problem

SRH is not constructed as a knowledge problem itself. A knowledge problem as in limited/lack of knowledge and awareness about SRH is however represented as a major problem. The lack of knowledge among young people and their communities is highlighted throughout the strategies. It is acknowledged in one of the strategy’s goals “To increase awareness and knowledge about reproductive health issues, which leads to healthy attitudes and practices in support of young people’s reproductive health” (MoH 2006a: xi). Limited

knowledge about human rights/legal framework is acknowledged (MoH 2006a: 22-21). The knowledge problem exists throughout the society, both among parents, caregivers, community members and young people themselves (MoH 2006a: 21). It is also visible among policy makers, causing a need to “Increase policy makers’ knowledge regarding AYRH (...) develop programs to inform policy makers, law enforcers, women’s and youth serving organizations regarding RH rights for youth” (MoH 2006a: 24).

The knowledge problem is also seen in regard to education, which is an important determinant for reproductive health outcomes, with a need to “develop AYRH curriculum for the formal and non formal education sectors” (Ministry of Health 2006a: 27). Additionally it is stated that:

Though students at the primary level are introduced to family life topics such as personal hygiene, harmful traditional practices, menstrual hygiene, and environmental hygiene, among others, there is very limited information on reproductive health topics such as physiology, reproduction cycle, and life skills (MoH 2006a: 16).

It is highlighted that reproductive health issues are mainly taught in science, and acknowledged that the Ministry of Education is “integrating HIV prevention programs into all subjects but there was no reported link or integration with RH topics” (MoH 2006a: 16). Although ‘Family Life and Sexuality Education’ constitute an area to be addressed, aspects such as sexuality is however not emphasized and is basically excluded from the discourse. It is mentioned that “Very few youth programs deal with life skills, gender dynamics, livelihoods, and the social and economic factors that frame adolescents’ decision-making processes” (MoH 2006a: 16). Sexuality education programs were also described as non-standardized and fragmented (MoH 2016: 9).

A contributing factor creating a knowledge problem is that some topics, for instance HIV/AIDS receive more focus than others. HIV/AIDS has received relatively much attention, at the expense of the broader range of STIs, making young people more aware of HIV/AIDS than STIs in general. Moreover, comprehensive knowledge about sexual and reproductive health in general is lacking, and misuse of emergency contraceptives (use of EC as regular contraceptive) has increased (MoE 2013: 3-7).

It is highlighted that in order to increase knowledge one must:

Identify respected influential community members and engage them in community dialogues on adolescent RH, harmful traditional practices, and gender inequities. Ensure that youth are active participants in these community dialogues as they are essential in identifying the RH issues they face and in promoting ways forward (MoH 2006a: 22).

Also parents and family members must be engaged in dialog on RH, also to increase parent's knowledge (MoH 2006a: 22). It is identified a need to inform adolescent/youth on their rights, healthy reproductive life choices, empower them to make decisions on their reproductive life, address gender concerns and inequities and the low status of girls. It is also highlighted that boys begin to establish sexual behaviour during adolescent based on expected gender roles. Thus, the strategies address, to some extent, aspects in regard to knowledge about rights, gender and sexual behaviour and factors which must be addressed in order to enhance knowledge. However, this is not deeply elaborated on or made into prioritized topics.

People are moreover mostly talked about as unknowledgeable or unaware and in need of more knowledge in the strategies, as if they must be enlightened (by someone). One can however occasionally see an alternative portrayal of people, such as youth possessing knowledge/awareness and can contribute to solve the knowledge problem. This is illustrated in the above stating that youth must participate in community dialogues and are crucial in identifying their issues and in finding the way forward. Youth participation and involvement is mentioned occasionally throughout the strategies (MoH 2006a, MoH 2016). However, the main impression is nevertheless that youth (and other people) are in need to be enlightened.

5.2 Presuppositions, silences & effects, and other ways of representing the problem

Several representations of the problem are visible in the three strategies. It is however not sufficient to focus merely on the problem representation itself, but also on the presuppositions that underpin the representation, how the representation has come alive, aspects that are left unproblematic in the representation, the effects produced by the representation, how/where the representation has been produced and how it has/can be questioned and replaced (Bacchi 2012). I will focus on some of these aspects, such as how the representation of the problem has come about, what is left unproblematic, where the silences are, if the problem can be thought about differently, which effects are produced and how it has been or could be

questioned, disrupted and replaced. Some of the problem representations will in the following section be discussed together.

5.2.1 The female problem

The *female problem* representation can have been established due to international pressure, commitment to achieve global goals and implement international laws/rights – thus, adapting a problem representation from a higher level, where girls/women’s rights must be addressed. This problem representation is highly visible and is not surprising if one look back in time and take into consideration the suppression and inequality women have experienced – and still are experiencing. A major focus on girls/women, will however make other aspects left unaddressed.

The excluded men

A focus on men or male involvement is not truly emphasized. In the overwhelming focus on girls/women, where also targets/initiatives are directed towards them, male involvement is not established as a crucial part of the problem. It is on the contrary close to absent. It is however stated that:

Working with men and boys on changing their attitudes is key in addressing negative gender norms that keep young women at increased vulnerability of early marriage, harmful traditional practices, and limited agency over their reproductive lives” (MoH 2006a: xii).

It is also stated that:

All programs need to include men and gatekeepers as women have very limited decision-making power. Young adolescent boys can be sensitized early on about gender inequities, HTP and sexual violence. Programs engaging young married men will increase the chances of young women’s agency to decide on their reproductive lives” (MoH 2006a: 21).

Although it is important to acknowledge that male involvement on some occasions is addressed, these are some of the few times where it is explicitly addressed. It is however worth noticing that male involvement is directly addressed mostly in ‘negative terms’; when their attitudes must be changed in regard to gendered challenges in society, or where men’s attitudes and behaviour is ‘causing’ unhealthy practices or outcomes, such as HTP, sexual violence or limiting women’s agency and decision-making power. It seems as if men’s attitudes and behaviour, the way they do their gender one might add, is the problem or at least causing the problem – a problem-oriented focus on men. Rarely is male involvement mentioned in a more ‘neutral’ context or addressed **equally** as women. And rarely, if ever, is it

advocated for male involvement, participation and responsibility in SRH in general. By not including men, gendered ‘spheres’ are created where SRH is not a sphere for men, or a way to do their gender right, while it belongs to women’s sphere and their ways of performing their gender.

The lack of gender

Another ‘silence’ is *gender*. This is not much elaborated on and it is not established as a gendered problem. It is however interesting to see that both in the introduction of the strategies and occasionally throughout the strategies, gender related aspects are talked about – also in more explicit ways. The potential to establish a gender, or somewhat gendered, representation of the problem is visible. It is, however, never truly established.

To illustrate this, terms such as ‘gender hierarchy’, ‘gender disparity’ and ‘gender concerns and inequities’ are used, and it is mentioned to “engage adolescents in reflecting on the role of girls/boys and gender inequities” (MoH 2006a: 23). It is stated that boys during adolescent start to establish sexual behaviour based on gender expectations (MoH 2006a: 22) – illustrating that gender plays an important role in SRH and influences SRH outcomes. It can be argued that gender and ways of doing gender, should be emphasised more in this context. A deeper elaboration of gender relations, gendered hierarchy, power, domination, status, and the relational aspect between genders – and sexual behaviour – could help understand how gender is done and how it influences sexual and reproductive health outcomes.

The silenced female sexuality

Women/girl’s sexual behaviour is not directly addressed, only men’s sexual behaviour is addressed, although the strategies mainly emphasize women/girls elsewhere. It can be argued that a creation of a ‘male sexuality’ is visible – contributing to the creation of gendered sexual scripts. The male sexuality is however often portrayed as a ‘problematic’ sexuality, causing many SRH problems women are victims of. A similar articulation of a female sexuality is not visible, also contributing to the creation of gendered sexual scripts where this is not perceived for girls and women. Sexuality itself, in a neutral and **non-problematic** context is not much emphasized either.

A one-sided portrayal of women

Girls/women are portrayed as victims in the strategies (of external factors), as not truly empowered or possessing agency, and with limited decision-making power. An alternative portrayal of women is not established, and women's personal potential for empowerment and their potential for agency and change, is excluded. Women are therefore not portrayed as autonomous individuals. Men are portrayed either as 'causing' undesired outcomes due to their behaviour, or the dominant, possessing power. Men are therefore *doing* power and domination, while women have little or no way of *doing* the same. Potential changes in gender relations are not addressed. The strategies build on traditional gender relations and traditional power distribution – traditional ways of doing gender, although this is undoubtedly the reality for many of the inhabitants in Ethiopia.

The one-sided portrayal of women is also seen as women are talked about in a very broad and general way, as members of the same category *women*, almost implying that they face the same challenges. They are portrayed as a homogeneous group, and one fail to recognize the diversity between women. One also fails to make visible that some women may be more vulnerable than others. *Intersectionality* – the interplay between “gender and other socio-cultural categories such as class, race, ethnicity, sexuality, age, nationality, geopolitical positioning” (Lykke 2008: 103) is somewhat silenced.²⁵ It could also be claimed that the homogenous portrayal of women builds on, support and contribute to maintain heteronormativity as the norm, as this is not challenged.

It should however be mentioned that the strategies do emphasize the inclusion of “the marginalised and vulnerable groups” (MoH 2006a: x) and “special attention needs to be devoted to young married girls in rural areas and to most vulnerable and orphans youth” (MoH 2006a: 3). It is emphasized that rural adolescent girls are regarded vulnerable for different harmful traditional practices and negative sexual and reproductive health outcomes (MoH 2006a: 18). Therefore, the strategies do indicate that some (groups) may be more

²⁵ Intersectionality can be defined and applied in various ways, but for the purpose it serves in this context, the 'definition' provided by Lykke is regarded sufficient.

vulnerable than others, although often in a general way simply referring to vulnerable and marginalised groups. Although acknowledging that some groups may be especially vulnerable – rural girls being one of the groups –the main portrayal of women nevertheless is that of victims and a homogenous group.

Both the representation of the problem as well as the silences have *effects*, as important aspects are not elaborated on, nor properly included in the representation of the problem. An obvious effect, and the effect most likely desired by representing it as a female problem, is an increased focus on girls/women and their sexual and reproductive health – among others through laws which better protect them, and empowerment. Other effects can however be created by this representation. Representing something as a female problem, and focusing almost exclusively on females, might have the countereffect that people perceive SRH as solely a problem for women. This could cause a lack of interest, involvement or responsibility from men as this is not ‘their problem’. The lack of focus on men in the representation of the problem could also have the effect of lack of/limited knowledge about SRH among men. It could also make men and their SRH needs and challenges invisible as SRH is only seen as a matter of women and not for men. This could potentially make it stigmatizing for men to experience or talk about SRH and potential problems, and to seek SRH services, as this is not constructed as a sphere for them. This could also contribute to maintaining traditional gender relations in regard to SRH, and something that does not fit to the ‘male label’ or the ways of being, or performing, as a man. Traditional gender relations and traditional ways of doing gender can be maintained through a representation of SRH as a female problem, and ‘gendered effects’ are created as this is regarded something men should not be involved in or focus on. This is also seen as the strategies build on traditional gender relations and power distribution (and do not address potential changes), where an effect can be that the traditional gender relations and power distribution is maintained.

In association with the portrayal of women as victims, an effect can be that women continues to be seen as victims and not as autonomous individuals, and as someone who must *be* empowered and who cannot empower themselves. This can moreover have the effect that people are not familiar with female autonomy. It illustrates ways of doing gender, and where these ways of doing gender could be maintained through representing the problem as a female

problem, and maintaining traditional gender relations. It also illustrates the presupposition about women and how the presuppositions influence the policies, as they don't challenge the traditional perceptions of gender, but rather maintain women as subordinate, and must therefore do subordination. Representing it as a female problem, and focusing almost exclusively on females, could therefore have the effect of maintaining it as a female problem in the future, and make it difficult to achieve male involvement in SRH, as it maintains traditional ways of doing gender, and does not challenge the established ways of doing gender.

The one-sided portrayal of women as a homogeneous group where the diversity between them is not made visible can have the effect that women are perceived as a homogenous group facing the same challenges. One also fails to recognize how some women may be more vulnerable than others, for instance in an intersectional approach. It could also have the effect that one fail to address and help these women. The different factors/structures influencing women's lives are lost. The one-sided portrayal could also have the effect that it loses of sight that there are many ways of being, and doing woman, and that women face different challenges. An obvious effect may be remaining traditional gender relations and ways of doing gender. One also loses of sight the diverse challenges women actually do face, as only some are addressed in the strategies due to the homogenous portrayal of women. Moreover, this portrayal of women, also as victims and in need to be empowered, does not apply for all women in Ethiopia.

Not establishing a broader gender discourse, where several important topics remain unaddressed in the strategies, may have the effect that these topics will not be talked about (privately nor in the public debate) or perceived as important among people in general. This could have the further consequence of lack of awareness about these topics, and a limited understanding of the gender interplay. The focus on a female problem rather than a gender(ed) one may also influence the way gender is perceived. As the problem clearly involves gender in the broader sense, but is only articulated and addressed towards females, one could understand gender as simply meaning 'female'.

The talk of a male sexuality and not addressing female sexuality, could have the effect that only men are seen as sexual beings. This could create gendered sexual scripts, where only male sexuality is address. This could influence people's perceptions of sexuality and their sexual behaviour, as something for men and not for women. This could influence, and be an expression of, the sexual scripts one witness and relate to in society. Additionally, when sexuality 'as a thing in itself' is not addressed, and especially not among unmarried youth, this could also impact the overarching sexual scripts in society.

5.2.2 The development problem and rights problem

Both the development and rights representation of the problem can be claimed to be effects of external pressure, and from problem representations form a higher level. This can be seen as an adaption of the problem representations constructed at the international level, deriving from the already mentioned International Conference on Population and development (1994), the Fourth World Conference on Women (1995), the Convention of the Rights of the Child (1989), Millennium Development Goals and the Sustainable Development Goals. The international 'environment' construct and develops representations of problems and goals to be achieved (in light of different paradigms and problem representations). By committing to collaboration to achieve the goals, these problem representations must be adapted at the national level to achieve them in accordance with international policies and standards. When the development and rights discourse is visible and crucial in setting the agenda and representing the SRH field, this illustrates the pressure, or discourses, from above.

This is illustrated as the development and rights problem representations are emphasised at the national level. Although highlighting the changes of national laws, especially how the laws now better protect women and girls, the development representation is emphasised the most at the national level, and seen in context with the Health Sector Development Plan, Growth and Transformation Plan (GTP-2) and PASDEP. The development representation is also articulated in an informal and casual way in regard to national development, without always referring to specific plans and strategies. The development representation has also derived from the demographic realities (and potential challenges) Ethiopia is facing, with a population containing a large amount of young people. Both international pressure to achieve international goals, and the national context and national commitment for development, can

be seen as important reasons for the construction of a development and rights representation of the problem.

The representations will however always include silences. For the development representations it can be claimed that the SRH aspect itself has been somewhat silenced or ‘drowned’ in the problem representation. While SRH can be represented as a problem of development where improvements on this specific field is *needed* for overall development, SRH is more often seen as merely a factor affecting bigger, and maybe more important, ‘development issues’ such as poverty. This can remove the focus from SRH as a ‘problem of itself’ and reduce it to something less, such as focusing on SRH merely as a measurement for poverty reduction.

Silences can be identified also within the rights representation. Although emphasizing both human rights, revised/adapted national laws and women’s rights, this problem representation is not much emphasised compared to other representations. It is mostly talked about when referring to specific revised/adapted laws, but not much talked about in a broader, general or informal way. It is mostly talked about the adapted/revised laws in relation to women, to protect women and girls. The rights representation can be claimed to be represented as a female matter, in relation to the female problem representation, and at the expense of the human rights.

A further potential silence, if one directs attention to the human rights focus within the problem representation, is that human rights can be criticized for focusing too much on the individual and losing track of groups. Thus, the rights of groups might be silenced. The focus on the individual within human rights can be justified and explained by the rationale behind human rights – the fundamental rights and freedom of individuals which one is born with and supporting these rights (United Nations 2018)²⁶ – and moreover supported for instance by the shift of focus witnessed at the International Conference of Population and Development from population control to individual rights. However, one can question if human rights highlight the individual at the expense of group’s rights and group belonging, a question raised also by

²⁶ Although this is only one of many approaches provided in regard to ‘human rights’.

Nussbaum in her elaboration on capabilities and human rights.²⁷ However, as the rights presentation of the problem also include a focus on women's rights, one might say that the criticism (to some extent) is countered, as one also address women as a group – in some respect including focus on group rights.

As the Communication Strategy on HIV/AIDS and Sexual and Reproductive Health for Higher Education Institutions does not articulates a rights representation of the problem, nor a development problem representation, this aspect is completely silenced in the strategy. This could of course be explained by the fact that Higher Educational Institutions constitute the context.

The representation and silences will produce effects. The relatively large focus on the development representation can be claimed to be transferred to laypeople, especially as it often is addressed in informal ways. This could establish the problem representation also among laypeople. SRH is however seen as a contributor to the overall development, and maybe more importantly, as a factor influencing bigger development challenges such as poverty reduction, social and economic development and the future of Ethiopia. This can 'reduced' SRH to something less than an individual area of focus. SRH could therefore gain less focus compared to development in a broader sense – both in the strategies but also among laypeople. One can also question if the focus on sexual and reproductive health in light of development indicates the presumption that once the country is 'developed', the problems (also regarding SRH) will disappear. Although linked to the rights discourse the major focus on the development discourse might contribute to remove some of the focus from the rights discourse.

For the rights representation, an effect of talking about laws/rights mostly in the context of protecting women/girls, can cause the potential effects that mostly girls and women are aware of this. The discourse is somewhat made into a women's matter. Lack of awareness of the

²⁷ Nussbaum further highlights how there are many theoretical questions in regard to human rights, and approaches to human rights and theories of rights. Although the academic discussion about human rights/theories of rights, with participants such as Nussbaum and Sen highly contributing to this through their development of capability approaches, is interesting and important, it will however not be elaborated further on (Nussbaum 1996).

laws, or lack of understanding of this as a problem, can maybe be seen most among men. Hence it can create somewhat ‘gendered’ effects. That a rights problem was not consistently addressed in the strategies and talked about mostly in relation to the revised laws – a formal talk and setting – can create the effects that this is mostly talked about at the legal level. Thus potentially not ‘reaching the ground’, nor regarded as important or even a problem among laypeople. As the rights representation is unaddressed in the *Communication Strategy on HIV/AIDS and Sexual and Reproductive Health for Higher Education Institutions*, this might have the effect that it will be unaddressed also in higher educational institutions and among students. This can further have the effect that this is not perceived relevant for the students, nor that students become aware of their rights. This is supported by previous research focusing on student’s knowledge about sexual and reproductive rights, where the level of knowledge among students about their sexual and reproductive rights is low (Adinew et al. 2013).

5.2.3 The health problem

The representation of the problem as a health problem can be seen in light of the focus on (human) rights and development and obligations to achieve international (and national) goals to improve the sexual and reproductive health of young people. The representation can be seen as a result of international pressure and obligations. External influence is also illustrated when explaining the shift in focus from ‘reproductive health’ in *National Adolescent and Youth Reproductive Health Strategy 2007-2015* to merely ‘health’ in *National Adolescent and Youth Health Strategy 2016-2020* as

local and global changes have occurred in the demographic, social, economic and technological environment that influence policy and program decisions. Particularly, ongoing changes in the epidemiological profile of adolescents and youth health conditions have been driving a shift in paradigm beyond SRH/HIV towards addressing the full spectrum of AYH and development problems and their determinants to design a comprehensive health sector response strategy (MoH 2016: v).

The acknowledgement of national demographic status and potential challenges and a desire to improve (SRH) health status/condition of the people, are also reasons for this problem representation.

Silences are however visible as some aspects are left unaddressed. It is talked about in ways which could construct it as a public health problem, but the term *public health* is however not

used. The shift from focusing on ‘reproductive health’ to merely ‘health’, not only indicate a shift in problem representation, but also that SRH now constitute a matter of several ‘equal’ health problems, and becomes less visible than previously. Occasionally throughout the strategy when ‘health’ is mentioned, it is difficult to know what exactly is being talked about – if it is regarding health problems in general, some of the health problems mentioned in the strategy, or whether it regards SRH specifically, or at all.

Some aspects are emphasised more than others. A major focus can be found in regard to HIV/AIDS. Acknowledging the importance of focusing on HIV/AIDS, especially in Ethiopia and many African countries, this is by no mean surprising. What seems to be occurring is however that the massive focus on HIV/AIDS is overshadowing for instance sexual transmitted infections (STIs), where STIs are mentioned but not emphasised nearly as much as HIV/AIDS. The same occurs in regard to HTP and gender-based violence (GBV) which throughout the strategies are constructed as major health challenges, although a deeper examination of the *causes* for HTP and GBV are not elaborated on in specific. Although gender disparity and inequity are mentioned, and gendered hierarchy and sexuality is mentioned just a few times, it is not elaborated on further. Therefore, some of the factors causing the health challenges that are focused on, are silenced.

There is also an overarching focus on *structure* within the health problem representation. This is seen both through the focus on external factors influencing sexual and reproductive health, such as socio-cultural and economic factors (MoH 2006a: x) and aspects such poverty, education, low status of women, THP and FGM. The structural focus is also seen through the major focus on services/health provision and the broader system/structure of health provision. A focus on multi-sectoral collaboration and partnership is visible throughout the strategies in relation to provision of health services, and to address socio-cultural and economic factors shaping SRH (MoH 2006a, MoH 2016). The structural focus is also illustrated through the extent the strategies address health facilities, commodities, coordination, monitoring and the mentioned multi-sectoral collaboration/partnership. Within the structural focus, the individual level, and individual behaviour, is silenced. Only in the *Communication Strategy on HIV/AIDS and Sexual Reproductive Health for Higher Education Institutions* is individual behaviour emphasized, as the strategy brings up sexuality, risky behaviour, perceived risk,

prevalence of unprotected sex, sexual experimentation, multiple sex partners, casual sex as well as unprotected sex (MoE 2013: 4 and 12) – aspects which clearly influence peoples sexual and reproductive health and wellbeing.

Effects are visible from the problem representations and silences. The shift from ‘reproductive health’ to ‘health’, might cause the effect that SRH is not established as a health problem itself among laypeople and as a topic which needs special focus. Rather it is simply one of many health problems. As a worst case scenario, it could lose some of the attention and ‘status’ as an area in need for particular effort, an area of focus which was created by the *National Reproductive Health Strategy 2006-2015* (MoH 2006b), and continued through the *National Adolescent and Youth reproductive Health strategy 2006-2015* (MoH 2006a). SRH could be forgotten or made ‘invisible’ in the broader health term. The overwhelming focus on HIV/AIDS, HTP and GBV, may have the effects that other challenges such as STIs and factors causing HTP and GBV are less known about – which in fact is emphasized in the strategies themselves and in the knowledge discourse. On the other side, the shift from focusing on reproductive health to simply health could have beneficial effects. As sexuality (and SRH) is considered taboo in (many) Ethiopian cultures, the shift could make it easier to address SRH in a less stigmatizing or offensive way, as it would be included in a broader and more neutral health term. One could therefore reduce some of the taboo and shame (for some) associated with talking about SRH.

An effect of the overarching structural focus where attention is directed towards external factors influencing SRH outcomes, the provision of services and the broader health system, is that individual behaviour which also influence SRH outcomes are forgotten. The health problem representation may end up never reaching laypeople, as it is mostly talked about through a structural approach. Thus, it does not direct attention toward individual behaviour and what individuals can do to create positive SRH outcomes themselves, nor individual behaviour causing negative SRH outcomes.

5.2.4 The knowledge problem

The construction of a knowledge problem can be seen in light of national strive for development, improvement of people’s health and acknowledging the lack of knowledge. The

information provided must be improved to ensure the overall health and well-being of the people, and to achieve the desired national development. The representation is constructed in an overarching way with a structural approach, focusing on the importance of providing knowledge about health needs, and addresses institutions/community structures where knowledge and information could be provided. Individual/behavioural aspects and factor are mostly left silenced.

The overarching focus is also seen to create other silences, such as not addressing topics in detail and leaving some topics unaddressed. On several occasions it is stated that there is a need to increase knowledge among people, but it is not elaborated much on *the knowledge or information* that should be provided; what kind of information and how it should be taught. For instance, ‘Sexuality Education’ is mentioned as something young people should have access to, but it is not explained what should be included in this (MoH 2006a: 16). Sexuality itself is not much addressed in the strategies either. Moreover, when the *National Adolescent and Youth Health Strategy 2016-2020* focusing on ‘health’, lists up priority actions in regard to increasing access to adolescent and youth health information/education, the term SRH is never mentioned. The only aspects highlighted is HIV/AIDS, leaving knowledge about aspects such as STIs unaddressed. It can also be difficult to know whether SRH matters are even included in the broad term ‘health’. Knowledge about SRH in specific, can be difficult to identify, and potentially silenced.

Despite (sometimes) mentioning adolescents and youth who are sexually active, youth’s sexual behaviour and factors influencing this, such as peer pressure, power, gender and negotiation, is not addressed directly, nor emphasized much. This is mostly mentioned in the *Communication Strategy on HIV/AIDS and Sexual and Reproductive Health for Higher Education Institutions*, as the strategy is grounded in a behavioural approach. Although behavioural change/behavioural change communication is mentioned, aspects concerning this is however not much addressed (MoE 2013).

The effects of the problem representation, and the silences, can be seen in different areas. The structural approach, although providing insight about how/where to provide information to youth and identifying structural possibilities for this, nevertheless ignores other levels. The

general approach leads to lack of direction in regard to the specific content the information/education should contain, and how this should be taught, such as the case when ‘sexuality education’ was mentioned, but it was not elaborated on the content. As some aspects are emphasized more than others, such as HIV/AIDS and gender-based violence, an effect may be that these areas remain the primary focus, and that other areas such as STIs, gender, sexuality, power, negotiation and decision-making are not included. Therefore, one does not manage to broaden up the range of information provided, or to include other important or necessary aspects. This could further have the effect that, while acknowledging that more information must be provided, the solution will simply be to ‘bring in more information’, but not broadening up or altering the information provided. Moreover, utilizing the broader health term in relation to providing knowledge, may have the effect that SRH itself is ‘forgotten’ and not a prioritized area to provide information about.

It is also interesting to see how people are portrayed mostly as unknowledgeable and unaware, and in need to *be* enlightened, although the strategies also do provide an alternative portrayal. As they (to some extent) emphasize youth participation, they indicate that youth should and could be active participant in the knowledge creation. This is illustrated as it is stated that youth should be active participants in dialogues, and are important in identifying youth’s issues (MoH 2006a: x and 22). However, although youth participation is mentioned occasionally through the strategies, it is overshadowed by the portrayal of them as ‘in need’ of knowledge. This could also be supported by previous research, where a large number of students did not believe that students had the right to political participation to influence in SRH matters (Adinew et al. 2013). The focus on youth participation seems to be more of an ideal.

5.3 The power of framing and final remarks

A number of problem representations have been identified within the three strategies. It is however interesting to see how the problem representations not only perceive the ‘problem’ differently, but also operate on different levels, or more precisely, how the *strategies* operate on different levels. The *National Adolescent and Youth Reproductive Health Strategy 2007-2015* and the *National Adolescent and Youth Health Strategy 2016-2020* emphasize a structural approach, while the *Communication Strategy on HIV/AIDS and Sexual Reproductive Health for Higher Educational Institutions* emphasize an individual,

behavioural model. This has the implication that some problem representations are not even visible within the *Communication Strategy on HIV/AIDS and Sexual Reproductive Health for Higher Educational Institutions* due to the different levels they operate on. There are two different, and potentially conflicting – or complementary one might say – perceptions regarding the level of the problem; namely if the problem is identified at the structural level or the individual, behavioural level. What is special is the exclusive focus on one-or-the other in the different strategies; as either a structural approach *or* and individual, behavioural approach. Reading the three strategies together provides a somewhat balanced picture of the problem(s), however, reading them as separate documents, will provide problem representations where major aspects are left unaddressed, thus providing only one perspective to the problem.

Leaving the problem representations identified for now, and taking a broader perspective on the ‘What is the problem represented to be’ approach, it is important to take into consideration the context which the construction of representation occur – also as representations can be constructed for instrumental reasons or to achieve specific goals (Bacchi 1999: 7-9). This has already been touched upon within some of the representations, but as a final remark, much in line with Bacchi’s questions, I want to add another question, at least make it more explicit, namely *why some problem representations are more emphasised compared to others* (Flemmen 2007).

Some of the representations have been more emphasized than others, such as a female problem and a development problem, as well as certain aspects within the representations, such as harmful traditional practices, gender-based violence and the focus on HIV/AIDS. This could even be at the expense of focus on STIs, elaboration on gender (relations), sexuality (education) and sexual behaviour, just to name a few. This can be seen in light of the context the policies are developed in, as some representations may be more desirable to emphasize and work on, such as the mentioned female and development representations, and HIV/AIDS, HTP and GBV, as they are acknowledged at the international agenda and regarded priorities. They can also be seen as more linguistically acceptable, illustrated by the case where it was not regarded acceptable to call something ‘National Sexuality Education Curriculum’ but acceptable when it was phrased as ‘Family Life HIV Education’, hence contextualised in

relation to HIV/AIDS (Oronje et al 2011). Private aspects or sexual behaviour, which also includes premarital sex among youth and which is socially unacceptable, may however not be desirable to articulate explicitly, perhaps especially as it is considered taboos in many Ethiopian cultures.

Bacchi's argument that the 'What is the problem represented to be' analysis needs "identification and assessment of problem representations, the ways in which 'problems' get represented" (Bacchi 2012: 2), can emphasize the importance of how things are seen as problems. However, this could potentially be seen the other way around; how some things are *not* perceived as problems and hence left out of the problem representation, illustrating that "inaction can be as important as action" (Bacchi 1999: 3) or when "talking about a 'problem' as if 'acting' is simply inappropriate or not an issue (Bacchi 1999: 3). Moreover, the division public and private, where the private is located "outside of 'public' accountability" (Bacchi 1999: 3), can also have implication on the articulation of what the problem is. If one perceives sexuality as a private matter (and a taboo) this can be a reason why it is not much addressed in the strategies as it not regarded an issue of public accountability. One could however question if there is political willingness to address sexuality (and sexual and reproductive health) specifically through the problem representations articulated. Moreover it can be claimed that it certain issues, e.g. premarital sex among youth, do not have its established 'framework' to work within, such as the female- and development discourse have.

We are now touching upon the important aspect of 'framing' highlighted by Bacchi when "language, concepts and categories employed to frame an issue affect what is seen and how it is described" (Bacchi 1999: 10) which is important to take into consideration regarding the problem representations and how they came about. It is also important for my question regarding why some representations are emphasised more than others. Moreover, '*strategic framing*', highly linked to discourse analysis and defined as "a way of selecting, organizing, interpreting and making sense of a complex reality to provide guideposts for knowing, analysing, persuading and acting" (Rein M, Schon D in Oronje et al. 2011: 9) is also important to take into consideration in regard to framing. The strategic framing is however not done just by the politicians or policy makers creating policies – where "policy-making is arguably male-dominated in most African countries" (Oronje et al 2011: 8) – but also by

numerous stakeholders trying to influence the policies and decision-making. This can be easier to achieve if one utilizes certain framings rather than others. The power of framing has major impact.

This is illustrated by the names of the different strategies, where ‘National Adolescent and Youth Reproductive Health Strategy’ “vs” ‘National Adolescent and Youth Health Strategy’ perceive the problem different, but also brings into the world different understanding and effects. This could also be illustrated by the terms applied in the strategies; mainly ‘reproductive health’ (RH) and occasionally sexual and reproductive health (SRH). This will lead to different representations and illustrates the power of definition. Regarding framing, it could be more likely to witness political willingness to act if one ‘frame’ something as a female problem – referring to the already established and acknowledged ‘female framework’ with collaboration also at the international level, and where it could be argued that showing political willingness towards this is positive – rather than framing it in other, less desirable ways, and potentially in conflict with societal norms. This might explain why aspects such as sexuality, sexual education, sexual behaviour among youth, gender and gender relations are not much emphasized in the strategies, and where other aspects are emphasised more.

6. Thematic analysis

6.1 Gender

Perceptions of gender are not set once and for all, but will change and be negotiated, and vary from one society or culture to another. It is not surprising that the students had somewhat different perceptions of gender, gender relations, potential changes occurring and the extent of these changes, as the students interviewed had different cultural, religious and ethnic belonging, and came from different regions and family backgrounds. Despite variation between the students – which will be elaborated on – many patterns were common for most of the interviews.

6.1.1 The challenging concept of gender

Gender was portrayed by the students as an abstract and challenging phenomena, and something many people have trouble understanding. This was seen as some of the students had problems understanding questions related to gender and needed further explanation on this before they understood the questions. This could be caused by the fact that many terms relating to gender may be more theoretical terms used in academic settings, and may not be familiar among laypeople in general, nor used much in everyday interaction. Additionally, it could be explained by language problems. Moreover, gender was described as ‘difficult’ and that “even in educated individuals, you don’t have an awareness about gender” (Ruth). Some described further challenging aspects in regard to gender when saying “it creates a lot of conflict when you talk about that subject in particular” (Ehete), pointing at complicated and challenging aspects of gender, for instance rooted in culture and religion, which will be returned to later.

Gender also seemed to be understood by some as merely *women*. One student explicitly stated that “Gender you know, when you ask people in Ethiopia about gender, they tell you that gender is about women”, (Genet). This was further explained by the fact that as women had been disadvantaged in the past but now were supported more, people would assume the term gender as women. The tendency among the students was also to automatically talk about and elaborate on *women* and the challenges and changes occurring for women when asked about *gender*. The immediate focus on women therefore resulted in data consisting of explicit elaborations on women, but not much – at least not explicitly – about men. In fact, men were mostly talked about only when contrasting it to the elaboration on women.

However, some elaborated on the aspect of gender, illustrating their awareness and that they knew the differences between sex and gender, and contrasted their awareness to other's lack of awareness. Lacking awareness of gender and lack of gender equality (in people's lives and societies), was seen as if the people and societies were 'uneducated', as educated people and societies would have the awareness of gender and live with (some degree of) gender equality. Moreover, it was stated that people from rural areas and uneducated people had little knowledge about this.

6.1.2 Gender relations and doing gender

The students described that to some extent, there exists clear gender roles in Ethiopia today – although it was highlighted that there is a difference between urban and rural areas as well as according to your education level and religion. The differences between the past and the present was also elaborated on by the students, pointing at how things had been worse but that changes had and were occurring, and that things were better now. Although agreement could be seen among the students on this, they differed in their perceptions of how much change had *actually* occurred. Some highlighted the effort made by the government, while others critically claimed that not enough had been done, that the laws were weak or simply not enough, and that not much change had actually occurred. The students therefore ended up pointing at (some) changes which have occurred and the common description that things in many aspects are better now, but that there *still* are problems. There are still clearly defined gender roles and gendered expectations for women and men in Ethiopia. As one student stated, “Still there is, in the culture, there is such a thing that certain roles are given to women and certain roles are given to men (...) the expectations are very different” (Genet).

Women are expected to be soft, emotional, caring, nurturing, not strong and a person needing help from others. Moreover, women were described since restricted as many women would not be allowed to go anywhere without the permission of the husband. On the other hand, men were expected to be strong, the provider, heroic, and free to go everywhere and do whatever they want. The clearly defined gender roles were also visible when different tasks were given to women and men. Women are expected to cook for the husband and children, to protect and raise their children and take care of the family. Everything in the house was described as the

responsibility and obligation of women. Thus, a gendered division of labour was visible. These tasks were not assigned for men however, and as some female students stated; a man never cooks. This gendered division of labour was visible even if the woman was working.

The differences, both in regard to personal characteristics and the different tasks provided for women and men, were by some seen as founded in religion, stating that “our Bible teach us that the man and the women, we have our roles” (Hirut). Living in accordance with this was respecting the religious believes. Others stated it was in accordance with culture, tradition and custom, and some mentioned that things were regarded more efficiently when done by women or men.

Men were not only seen as superior, but as obviously superior, even today. Thus, indicating that this was taken for granted. Men are more dominant – although improvement compared to earlier times had occurred – and women could still be dominated by men today. Men also possess more (societal and relational) power than women and controlled position. It was also stated that men still feel dominant over women today, and that the man can control the family. This was, by some, described as the duty of the husband. According to the students, this leads to women being denied many of their rights, as well as allowing men things women are not. Some thought that women have been afraid to show their power.

A picture of a gendered hierarchy and an unequal power distribution is painted.²⁸ The hierarchy and men as superior was also visible when a female student said that women can work, but the work should not make her ‘more busy’ than the man, nor should she earn more money than him. The man has to make “More money, he has to be more educated than you (...) so in any aspect he has to be more than his wife” (Sara). It was also stated that “There are few women who can make decisions, but most of them cannot. For example, their older brother can decide for them, their parents can decide for them or their husband can decide for them” (Ruth).

²⁸ The term ‘patriarchy’ was however only used by one of the students.

The gendered descriptions provided by the students could be interpreted as a perception of gender as an essence and identity – or roles – they naturally possess. This is seen through the ways they talk about gender where certain roles are given to women and men. However, this can also be seen in light the *doing gender* approach – where gender is being done in everyday interaction, and not merely – or at all – a role they naturally possess. Moreover, it is something one must learn how to do correctly, and is internalized throughout life and taken up by the individuals to enact in order to be competent members of society, and to do their gender right: “You know it in your heart, it is custom. I grew up looking at my mom doing all that kinda stuff, so I’m expected to do it” (Hirut).

Applying the doing gender approach one can clearly see different ways of doing gender, where women are doing their gender through for instance housework and (to some extent) doing submissive, while men do their gender through being strong and superior, and to some extent doing domination. When stating “men are obviously superior. Many things are allowed for men, but not for women” (Sara), both the doing gender is visible – that there are different things which women and men are allowed to do in order to perform their genders – as well as the gender hierarchy. In describing men as possessing control over his family, but describing it as a *duty* of the husband, one can see it as an expression of the gender hierarchy and male power, but also as a duty – a way of doing their gender right.

One can also see ways of doing gender when students described the ways women and men should behave; for women to be soft and emotional, while men should be strong and can do whatever they want. This creates ways which gender should be done in order to be done properly, as well as creating ways in which gender can be done wrong. The relational aspect between the two (e.g. in regard to power) is also visible, as for the case where one of the students elaborated on the fact that women can work, but the work should not make her ‘more busy’ than the man, nor should she earn more money than him, and that the man has to be more than his wife. The interactional aspect of doing gender is clearly visible.

Doing gender is maybe more interesting when illustrating violations of the right way to do gender. One student got corrected by her friends: “if you can’t cook like that, oh you are not

going to get a husband” (Ruth). The same student stated that she did not want to get married nor have children, and received major reactions when she told this to others. Violations of gendered norms could result in harassment: “You can experience it while you’re walking, or like sitting in the café, or in class. Some may say ‘shut up, you’re a woman’ or ‘you can’t stand here because you’re a woman’” (Ehete). Obviously, there are some things one cannot say or do due to the ways one’s gender should be done.

6.1.3 Potential changes

Although most students agreed that somewhat clearly defined gender roles (still) exist today, changes were occurring, although they seemed to disagree on the extent of these changes. Some students described the present situation as good, while others mentioned that many (especially the educated) want to fight the ‘backwards’ attitudes of the past. People and families are now being educated in regard to gender: “Because things are getting better as I told you, and families are being educated both by the education system and the media. And they started to accept the fact that women are competent enough if they are well trained, well educated, if they are given the chance they can do everything” (Genet).

Female focus

When describing the changes, a pattern was seen throughout all the interviews, namely the exclusive focus on women and the changes occurring for them. In other words, one could claim that changes in regard to gender was reduced to, or merely perceived as, the changes happening for women – much like the already mentioned perception of gender understood merely as women. Thus, the changes one could witness for women, such as accessing the education system (freely with men), getting jobs, participating in decision-making and meetings, accessing leading positions and making female voices heard was highlighted by the students. Affirmative action, and the government’s policies and laws focusing on women were also emphasized.

This exclusive focus on women, was visible in several of the statements from students when asked about gender and potential changes, such as:

In Ethiopia today (...) a little improvement has been observed, but there are still problems from our culture. For some decades, the view on gender in Ethiopian culture is awkward.

Yeah, I mean women are not treated well (...) but nowadays, I mean a few things are rising and women are just trying to use their potential (Asfaw).

A desire and need among the students – both female and male – to empower women in society was described (however, highlighting that this was not necessarily desired by everyone in society, such as the older generation, which will be returned to shortly). The desire for women’s empowerment described by the students could indicate a desire to create and make visible new ways of doing gender where women could access different spheres and do their gender in different and more varied ways than before. Thus, new ways of ‘doing woman’ are made visible.

Interestingly, men and ways of doing male was never elaborated much on in these changing times. This remained silenced. The already elaborated on perceptions of ‘the role of men’ as superior, dominant and possessing power seemed not to be – at least explicitly – challenged or changed. In regard to the relational aspect of gender, this could seem odd as one would assume that changes occurring for one gender would impact the other. This could be a contributing factor for why changes for women seems to be hard to truly make happen. Their ways of doing gender are changing, but men’s ways of doing gender seems not to be changing much, thus creating a potential conflict and challenging the interactional aspects. On some occasions, a desire for change in regard to ways of doing gender for men was explicitly mentioned, although mostly by female students:

But now I think – including me – most girls love the family guy who would be supportive for his wife and care for his children. And back then, they care but they don’t show it, they don’t prove it like they don’t explain it (Hirut).

The same student further mentioned “I would be very happy if my brother came into the kitchen and said: ‘how can I help you?’. But our custom is not advising us to do such kinda things” (Hirut). It was also pointed at potential new ways of doing gender for men as one student stated “when I get married I am expected to cook for my husband, to protect my children, to raise them properly which is... it seems totally my obligation. But it’s not. You know like, their father has the obligation to give too” (Sara). Thus, the students student’s take a stand against the ‘traditional’ ways of doing gender where it is the woman’s responsibility to raise children and to cook, as these student highlight that the fathers have obligations and where it would be appreciated they were family men and helping out – thus pointing at potential new ways of doing gender for men.

An *ambivalence* was visible; on one side changes were seen, but at the same time they were limited due to, and occurring within, the established ways of doing gender. This was illustrated when one female student said “But what I’m expected to is, even if I have work (...) I have to cook for him when I come back from work. Everything in the house is my responsibility” (Sara). It was also described by one student as

We are mixing the culture at present. I mean, women have both the tasks outside like educating themselves, having good jobs, and improving themselves financially (...) And also their tasks in their homes like cooking, nurturing their family, taking care for their children. You know, we are mixing these things, both the roles given by the culture, and also the improvement (Genet).

The changes were also seen as a student stated that women in cities are feeling equal these days and can do what men can do, indicating that women can do gender in new ways and in ways which were previously only for men. This could also be interpreted as power being more equally distributed where women can now access spheres which previously were exclusively for men. However, this also says something about the division between urban and rural, potentially implying that new ways of doing gender is only available a some privileged few.

The younger generation was stated to have a new view on gender, indicating that it is the younger generation, together with the urban and educated elite, that have the possibility to do gender in new ways. However, the view that things are better in the cities was somewhat nuanced by female students, who still experienced harassment and (to some extent) unequal opportunities.

The broader change

The changes were not only visible through the examples the students provided, but also – or even more so – through how the students positioned themselves in regard to the changes, and through their standpoints and believes. For instance, female students talking about female empowerment, wanting a husband who is a family guy or saying they do not want to marry or have children, challenge the norm and the traditional ways of doing gender, and make visible new ways which gender can be done. It also makes visible that ‘doing woman’ is not done in one way only. Potentially more interesting – also in light of the lack of focus on change in

regard to men – is how new ways of ‘doing men’ can be seen through how male students are emphasizing women’s empowerment, equality and the need and desire to ‘lift up women’. Thus, male students are taking a stand against the ‘backward’ and ‘bad’ attitudes in the country in the past where men were dominant and did not respect women. They do not identify with, nor desire, this. This was illustrated through statements such as “if you take me, with my kids, I will make them equal” (Berhane), and a male student stating “there is a backward attitude in our country when we talk about gender. But now there are many scholars, many students who want to fight that backward attitude. That includes me. Yeah, I am a feminist. I am a feminist” (Mengiste). New ways of doing gender are made visible through male student’s standpoints,²⁹ although changes in male gender expectations/ways of doing gender was not explicitly addressed much elsewhere.

The students acknowledged that change may not be not wanted by everyone, and that the extent to which the changes were desired varied. As we have seen, they attributed a willingness of change to those being educated and living in cities. Differences between generations, are also underlined. The older generation “feel like we are trying to eradicate their culture” (Sara). Thus, gender equality can be seen as a threat to culture.

The fear of eradicating culture is one obstacle to change, where religion might be another. One student said that their community is built on the principles of the Bible and “in the Bible there is a husband and a wife, and wife will have a lot of tasks in the home. The man has tasks outside the home. It is in the Bible, but in the context of Bible, the husband will love and scarify for his wife” (Paulos). Thus, when feminists say that women do not need a man to help them as women can do anything by themselves, that they don’t want to marry or that women/wives should not accept their husband’s commands, the feminists create a division in the community, according to the student. Feminists are in a more fundamental way breaking not only with established ways of doing gender, but also with religious believes. As the society to a large extent is based on religious believes, one can see the link between religion

²⁹ One must however acknowledge the difference between talking about it ‘hypothetically’ and enacting it. It could be relatively easy to merely state opinions or elaborate on things one desires to do. Actually doing it on the other hand – in a society with social norms and gender expectations – can be more challenging. What the students, and their generation, will actually do in the future, will be interesting to see.

and the social organization.³⁰ Thus, when feminists introduce (radically) new ways of doing gender, they not only challenge and potentially change gender isolated – it also impacts the religious and social organization, leading to some sort of gendered and social state of anomie.

This could help explain the ambivalence associated to gender changes and why they are ‘hindered’ or challenging to make happen. Moreover, the student also stated that “I will be the first man to empower women, but I will oppose feminists idea to empower women” (Paulos) which could indicate that empowerment should (only) happen in specific ways and to a certain extent, and one could ask oneself, if it should only happen to the extent where it does not change the structure/social organization of society. Feminists, and what they say and represent, was by this student called weird and ‘not Ethiopian’ – again illustrating the criticism of western feminism – and, while other students claimed that culture was hindering change, this student claimed that feminists and what they brought about, would create and constitute a problem in their culture and in the ‘biblical study’.

All students talked about the overarching effort and strive towards change, such as affirmative action, laws, policies, and the government’s effort, which all could be contributing reasons for the changes the students elaborated on. However, the fact that the changes in some respect still occurred within the traditional ways of doing gender, could be seen in light of what some of the students said; that it is not reaching the ground. As one student stated “The strategy is good, the way they say is good, but I don’t think so, it is not reaching the ground. It is like, it is in the air or something like that” (Hirut) and “Honestly speaking, it is difficult to reach the ground” (Hirut). It was also emphasized by some that reforms were not enough:

There are laws obviously, the constitution also gives equal rights to women as men, but we should work on the implementation of the laws (...) the mere fact that it is on paper doesn’t mean it’s being interpreted, and we’re working on it. We should work on the practical aspect of it (Sara).

Another student when asked if one could witness changes in society in regard to gender answered “Partially, partially. Because laws and policies are a little bit far away from society”

³⁰ The strong link between religion and other aspects such as customs and institutions – pointing to the social organization – has also been highlighted in other studies such as Flemmen and Zenebe (2016) *Religious Mahbär in Ethiopia: Ritual Elements, Dynamics, and Challenges*.

(Ruth) and continuing “in the constitution of FDRE, Federal Democratic Republic of Ethiopia, article 35, there are talks about gender equality, but when you go to the customary laws of each and every society, you find, you could find something that cannot be implemented (Ruth). Additionally, several of the students addressed the need to work with leaders in society, for instance religious leaders and priests, to truly create changes.

This illustrates the somewhat special situation in Ethiopia, where major effort has been done at the structural level, but this is not reaching the ground. This is contrary to many other cases where it is the grassroots movements who are calling for change and effort and trying to influence the policy makers to make this happen at the structural level. However, this also illustrates the ‘middle level’, namely the customary laws, which could constitute a somewhat problematic middle level and, in some respect, seems to be overruling the national laws. Additionally, one could ask if the customary laws are being addressed sufficiently in order to address the challenges seen at this level. The customary laws could therefore be important to address in order to make sustainable change in regard to gender occur. Similar findings in regard to a ‘problematic middle level’, namely the customary laws/customary and how they differ – and in some respect overrule – the national laws, has also been addressed in other studies, such as Jemaneh 2013.³¹

6.2 Sexuality

6.2.1 The established sexual scripts

Sexuality was described as something which was described as something not openly talked about in society. The interviews made, however, visible ‘rules’, regulations and restrictions for sexuality, which could be described as *sexual scripts*, which must. These must – or at least should – be followed.

Heterosexual script/heteronormativity

Sex was perceived as something that should happen between man and woman, husband and wife. Although husband/wife, boy/girl, man/women were used when elaborating on sexuality, it was however never explicitly stated that the heterosexual relation was the foundation of sex.

³¹ The study *Representation of Gender and Gender Relations in Newspapers’ Narratives: the Case of Ethiopia* thus focus on the representation of gender and gender relation in Ethiopian newspapers, but also touches upon the customary laws/customary and its impact on gender and gender relations.

This was simply taken for granted. Applying Butler's term heteronormativity constitutes the norm, and the taken for granted heterosexual relation constitutes the standard, making other sexual practices or identities invisible. Homosexuality was only mentioned on two occasions; once simply when misunderstanding a question, but where the reaction was clear "This is unacceptable in our country" (Mengiste). The other time, it was mentioned in regard to 'risky sexual behaviour' and described as not common but something one occasionally would hear about: "It is not the way we are made. I am a woman and I have to mate with a man. A man has to mate with a woman. And this is not natural (...) it is conflicting natural" (Hirut). This statement emphasizes its deviant position as something which is in conflict with nature and the natural. However, the statement could also say something about the view on sexuality, as it mentions that women and men must mate with each other. This could indicate an understanding of sexuality in relation to the act of reproduction, and where sexuality gains its value in light of reproduction and not merely as a thing in itself or detached from reproduction.³² When sexuality gains its value through the act of reproduction between women and men in the heterosexual relationship, heteronormativity can be said to be the ruling principle in society, and so taken for granted that it does not need to be articulated.

The dominant sexual script: sex only within marriage/abstain until marriage

Through the student's descriptions, there seemed to exist rules in relation to sexuality – telling people what one can do, with whom, when and how – implying the existence of sexual scripts other than merely the heterosexual script. All the students described the scripts and restrictions as very visible in society and something to obey – thus it could be seen as *cultural scenarios* in Simon and Gagnon's terms. The students described what we can call society's *dominating sexual script* as the one where sex is to occur within marriage – between husband and wife – and with your spouse only. Having affairs outside of marriage was regarded wrong, just as having sex before marriage. Hence, one would engage in sexual activity at the time one got married, and youth are strongly encouraged to abstain.³³ Having sex before marriage was described by the students as forbidden, bad, weird and religiously and culturally unacceptable – as the script was said to be founded in religion and culture. The sexual

³² As will be touched upon later, this perception of sexuality could potentially be changing.

³³ However, nuances or deviations from this script will be returned to throughout the section 'doing gender within sexual scripts', where one can see potential changes in scripts and the emergence of new scripts. A 'double standard' is also visible where the scripts are not equally applied for everyone or occurring for everyone to the same extent.

scripts/cultural scenarios were also visible on campus, as sex on campus is forbidden and students will face reactions such as being expelled.

Many of the students contrasted today's sexual scripts with previous scripts, namely the one (many of) their parents had grown up with, where arranged marriages were more common. This was not described as the dominating cultural scenario/script today, as youth themselves nowadays would choose for themselves. The changes in sexual scripts was described by one student;

I mean, generations pass, different perspectives come. Now I think we know in a different way... I think in their days, back in the days is not the way we think now (...) And the way they saw woman and man relationship is different of course. To be open, I think my mom and dad, I don't think they dated, they just got married. But now, you just don't get married. You have these steps, and you (...) first you need to be boyfriend and girlfriend. Then you have to know each other more, talk, and then pass to the next step. So I think it is different (Hirut).

Following the scripts seemed to be important, and where not rushing or doing it 'before its time' was highlighted: "I mean, they have to get married to do that kind of stuff, and if they are doing it before they get married, that is completely wrong" (Hirut). This also illustrates how *'doing sex'* is of importance; it has to be done right and in accordance to the scripts to be acceptable.³⁴ As one student said "Abstaining until marriage is a sign of purity and you will get respect from, even from the person you marry" (Sara).

This can be understood not merely as the importance of following the 'rules' and the positive effects of doing so, such as gaining respect. It can also point to the link between sexual practice/sexual scripts and the evaluation of you as a person and the profound consequences breaking the 'rules' would have for your social recognition. This was illustrated by a student saying that in order to be seen as an acceptable man in the community, sex before marriage is not acceptable. Script theory views the performance or avoidance of what is defined as sexual as important in the 'evaluation of individual competence and worth' (Simon and Gangnon 1984). Thus, one's sexual behaviour in accordance to the scripts or not, is seen in relation to you as a person. Involving in sexual relationships before marriage/outside of marriage would have negative impact on the evaluation of your individual competence and worth. In other words, you as a person is involved in the performance/avoidance of what is defined sexual,

³⁴ Here we are also touching upon 'the view on sexuality' and how sexuality/being sexually active can be acceptable when done in certain ways, but not acceptable in other situations. This will be returned to later.

and this may be considered of even more importance in cultures where the ‘collective’ is of importance. This also illustrates the interactional aspects by the script theory where – if ‘violating the rules’ – there will be consequences as others will react to your behaviour. By obeying the scripts and avoiding the undesirable, one will avoid negative reactions. One will simultaneously not challenge the scripts, and thus contribute to reproducing it. The fact that all the students mentioned or related to the dominant sexual script in some way, could also be understood as the internalization of the scripts.

The importance of scripts is visible when we talk about contraceptive methods. Some of the students perceived contraception to be only for married people/couples:

But for the rest I don’t think, I mean, I don’t feel right when we talk about people who were just having affair with someone without getting married. But for those who are married, they can use condoms, and they can use pills” (Asfaw).

He is complying with the dominant script underlining that sex is to occur within marriage. He even feels uncomfortable talking about people violating the script. This also illustrates how the script has impacts on the use of contraceptives (as appropriate or not), and furthermore on the sexual and reproductive health field in a broader sense. Contraceptive use must be *done* correctly – in this case, within marriage/relationship. Several of the students stated that young people are not encouraged to use contraceptives, as they should abstain and save themselves for marriage.

Buying contraceptives – which was considered challenging among the students – can be seen in light of the dominant sexual script. Being seen buying emergency contraception, was an indicator that you are sexually active although you are not married (since one would not buy them if one were married). Buying emergency contraception or other contraceptives would have a symbolic effect, as admitting that one is not following the sexual script, hence violating the cultural expectations.

The dominant sexual script of sex within marriage was also dependent upon your particular religion. If you were conservative you favoured the dominant script and abstaining before marriage would be the only option. If not conservative or not even religious, sex would be perceived as normal also before marriage and one would be encouraged to use contraceptive

methods if being sexually active before marriage. The script would therefore depend on your religious belonging. This illustrates how a society never only have one script (or one version of a scrip).

6.2.2 Students sexual practice and the potential emergence of new sexual scripts

Abstinent until marriage, thus sex only within marriage, and sex for the purpose of reproduction was described as society's dominating script. This seemed to be the script (most) students navigated in accordance with. However, through the way they talked about things such as gender and sexuality, there seems to be potentially new sexual scripts emerging, challenging the dominating one. There will always be a variety of scripts in and between cultures (Simon and Gagnon 1984), and a country like Ethiopia with its cultural, religious and ethnic diversity would not be different. New scripts are emerging due to what Simon and Gagnon calls *interpersonal scripts* and *intrapsychic scripting*: Cultural scenarios – the abstract 'rules' – must be adapted to 'scripts of behaviour' in specific contexts, and individuals need to script their behaviour in accordance with their personal desires. Thus, sexuality will be negotiated and adapted in accordance with contexts and personal desires.

The potential emergence of new scripts became visible when students explicitly stated that young people, both in relationships and not, as well as under the age of 18, were sexually active without being married. Not only did it illustrate the emergence of new sexual practices, but also the awareness of the dominant script – and thus the violation of this: “Sex before marriage, it's really not acceptable, but people like, they do it» (Ehete). The potential emergence of new scripts can be see through statements from students such as “I don't say it necessarily has to be after marriage, so if you wanna do it you can do it, but you have to protect yourself from the consequences” (Sara) and “as far as someone feel comfortable to have sex at this stage, I just encourage” (Ruth). It was also said that “it's happening regardless, like people are having sexual intercourse whether we deny it or not” (Almaz). This could indicate that the students are in a position to negotiate the cultural scenarios and the dominant script and put more weight on the aspects related to the interpersonal script and intrapsychic scripting, than the abstract cultural scenarios. This could make the students more empowered to negotiate sexuality, sexual behaviour and sexual scripts, and illustrate that sexuality is not static. I will return to this point.

The potentially new emerging scripts could also be seen in the description of student's sexual practice. First of all, campus was described as a 'sexual place' or a place where sex occurred³⁵, as students had freedom since they were out of their parent's, family's and local community's control. Students as almost adult, wanted to do what their (sexually active) friends did and were easily able to contact people for sexual relations. Due to their freedom and being away from their families, 'nobody will see you' and it 'will be your right to do things or not'.

Campus is a place where (some) people are sexually active, without being married. Students described sex on campus with boyfriends/girlfriends, (multiple) partners as well as sugar daddies, indicating sexual practices which are challenging established sexual scripts, and potentially may create new scripts. Sex was moreover seen in light of partying, alcohol, smoking and drugs, which could increase the risk of having sex, as people would lose control of themselves. Alcohol was also seen as making people vulnerable to make sex. However, this was not only talked about in a setting of 'risk' or making people vulnerable to have sex, but parties and alcohol were also seen as a 'possibility' to have sex. People would party and drink in order to gain sexual experience. 'Sugar daddies' was regarded a serious problem, where female students with financial problems could be involved in this, receiving gifts (either money or other material gifts) as payment from older men to have sex with them. This was associated with unprotected sex.

Student's sexual behaviour and how it challenges the established scripts was also seen students engaged in sexual activity 'for fun' and not planned, as well as "driven from your sexual need" (Berhane). This cannot only be seen in relation to its implication for contraceptive use (which will be returned to shortly) but indicate new scripts where unmarried people are having sex, and a new understanding of sexuality. Although this sexual behaviour was mentioned in a 'risky' context, the practice itself could be understood in light of Giddens term *plastic sexuality*. A sexuality detached from reproduction, and making visible a variety

³⁵ Although not always/necessarily referred to campus as the actual place (the concrete campus), as sex is forbidden on campus, but maybe more so referring to campus in a 'symbolic' way, where one is free and away from family and local society's control. Thus, campus in a more 'symbolic' meaning constitutes a sexual place.

of sexualities, and where the relations one enters, *pure relationships*, are entered for ‘their own sake’ and as both parties get something satisfying out of the relationship. This can be interpreted at the level of interpersonal scripts/intrapsychic scripting, where these in time will change the existing cultural scenarios/scripts. Thus, the sexual practice among (some) students can be an expression of new ways of understanding and doing sexuality.

Although one might witness new sexual practice and new scripts potentially emerging, the scripts may not be radically new. This is illustrated by the fact that students, although pointing at aspects indicating changes, still all relate to the dominant script, emphasizing that this is the ‘main’ or dominant script. Moreover, even though people are having sex also before marriage – thus violating the script and potentially contributing to the emergence of new scripts – this is happening *hidden* and *secretly*. “So you know they are involved in this but they don’t talk about it, they’re not open about it” (Ehete). In this way, one can see what Simon and Gagnon highlighted, that the adaptation/negotiation will always happen in some relation to the cultural scenarios (as well as the intrapsychic scripting), making it acceptable within a specific context. As having sex before marriage means violating the socially, culturally and religiously founded script, with major implications for the evaluation of one’s ‘individual competence and worth’, the way to negotiate one’s personal desires and longings in accordance with the cultural scenario, is to have sex hidden/secret. Thus, although new sexual behaviour and potential new scripts are emerging, they are not made visible.

When students’ sexual behaviour is breaking with the dominant sexual script it has implications in other ways than being hidden – it is also unprotected. As one student stated “they think it’s not right so they do it by hiding it (...) so they’re not free to go and buy things that makes the sex safe” (Sara). Students engaging in sexual activity are aware of violating the script. Buying contraceptives would make this visible and expose them to other people’s judgements. In order to avoid such reactions, students have unprotected sex. Having sex before marriage is occurring, but it is hidden and unprotected. This illustrates the link between the cultural scenario, interpersonal scripts and intrapsychic scripting, and how the negotiation between the intrapsychic scripting and the interpersonal scripts happens mainly in accordance with the cultural scenarios – and even at the expense of personal safety. The dominant cultural scenario/script could in many ways be described as causing this risky sexual behaviour.

6.3 The silenced sexuality and lack of talk

A returning topic throughout the interviews, was that sexuality is perceived a taboo and something not (to be) talked about – especially not in public where this would be seen as an indicator of being sexual active and have implications on how people perceive you as a person. Talking about sexuality and sexual and reproductive health was described as unacceptable.

Sex – and talking about sex – was perceived as something bad, evil and forbidden. “It’s like talking about some kind of evil. They don’t want to talk about it. Or they avoid to talk about it (...) everything related to sex, we don’t talk about them in public” (Sara). Moreover, and associated with the sexual scripts, sexuality was described as something ‘weird’ and something the society makes a ‘weird thing’ since it is not talked about and is forbidden until marriage. It was also mentioned that in rural areas, sex was ‘thought of as a devil’:

In Ethiopia you grow up to think sex is bad. They don’t even tell you why sex is bad before marriage. They just, it’s a common. When you grow up and sex needs to come, you just try it. They don’t tell you how to control it. They don’t tell you how, whom to talk to, what do to. They just tell you sex is bad before marriage. That’s a big problem (Berhane).

The lack of talk has implications for young people who are to engage in sexual activity, since they don’t get the necessary knowledge or information. When engaging in sexual activity, many are not prepared due to the lack of talk and information. They may for instance not be able to protect themselves. Sex is bad, but as he says, sex is bad *before* marriage, and as some of the students stated, sex within marriage – thus in accordance to the sexual script – was perceived as something natural and normal. Sex is therefore bad – not just in itself – but when *done wrong*, when violating the script. Although sex was by many described as a bad thing in society in general, this example illustrates that it is necessary to pay attention to the way sex is *done* to understand the perception of sex as bad or not. The way sex is done is therefore important in understanding it.

Many of the students had not talked to parents about sexuality and sexual and reproductive health, and for several it was not normal to talk openly with family about these matters. If they had talked to their parents, it was mostly in general terms, and mainly about HIV/AIDS.

Several of the students had not received sexual education in school as it was thought inappropriate to teach students about this. It was stated by some students that some schools would have HIV/AIDS clubs, but not teach about sexual and reproductive health. This can be interpreted as HIV/AIDS is more acceptable to teach than SRH specifically, maybe because of the context and history of HIV/AIDS. The sexual education in school, if provided, would be general and not deal with things in depth. The reasons for not talking to youth about sexuality, contraceptive methods and reproductive health, is the assumption that it would encourage youth to be sexually active – a violation of the sexual script of abstinent until marriage.

Although some students mentioned they could talk openly with friends, and that friends in many aspects were one of the most important sources of information, some also hesitated in doing so due to the fear of reactions, gossip and talk. The fear of talking was explained by people being scared of judgements. If one talked freely, there would be reactions such as name-calling, and people would question you and why you had this knowledge. Talk about sexuality and SRH matters would also have, what seems to be symbolic effects; if one talked one would be considered a sexually active person, hence labelled ‘rude’ and with implications on how you are perceived as a person.

Many of the students highlighted that well educated families living in urban areas would be more open and free to talk about these matters with their children. It was also pointed out that the (social) media, internet, radio and television was trying to make it ‘popular’ and trying to increase the discussion around certain topics. Interestingly, and pointing to some sort of paradox of the talk, it was stated that:

It’s not openly discussed because the society have norms and values (...) And the society is also afraid of the norms and the values, that’s why the issue is not talked about more. But the issue of the sexual harassment, the female genital mutilation, early marriage is the issue of talk recently (Jemal).

It is not talked about, but simultaneously there is an ‘issue of talk’. Some aspects which are considered ‘problems’ or at least ‘problematic’ are talked about and constitutes the ‘issue of talk’. The way you talk about things, and which things you talk about is what matters and this constitute some topics as more acceptable than others: “I mean, it’s talked a little bit but, as I said before, talking about sexuality I mean, frankly is counted as a taboo, so it’s not usual to

hear about such things, but it may be talked about by society if some problem occurred” (Asfaw).

Due to the lack of talk about sexuality, it is perceived as difficult for students to get information, knowledge and awareness regarding sexuality and SRH. A few students perceived their knowledge to be sufficient. However, most of the students said they knew the basic (mainly regarding HIV/AIDS, a few STIs, and a few contraceptive methods), but felt they did not know enough, and therefore felt they needed – and wanted – to learn more. The need for more knowledge was also described as a general need among all students, and people in general. Some stated that as they did not study medicine or biology, they did not know the details, nor did this get much attention as – at the university – the focus will be on your education and not on SRH. Thus, if one does not study medicine/biology one do not hear much about it, as biology seemed to constitute the only sphere one would hear about it. As one student said “Safe sex, if not feely discussed about reductive health and contraception methods, it becomes difficult I think. Since there is not awareness, it makes it difficult to make it safe” (Genet). This was also mentioned by one of the male students who knew that a lot of contraceptive methods existed since he had watched it on TV, but did not know more deeply about it as it is not common to talk about it. It is also seen in previous research that students have little knowledge and awareness and that talking about these matters have positive effects on people’s sexual and reproductive health (Yared et al. 2013, Adinew et al. 2013, Tesso et al. 2013 and Melaku et al 2014). As one student stated “If you are not told, how can you know?” (Hirut).

Some described it as culturally unaccepted to talk about these things to the opposite gender. This can create a challenge for women and men’s understanding of each other. As stated by one student, the lack of understanding and knowledge about each other’s bodies and perspectives could have implications “I feel like they are gonna be inconsiderate if they don’t know what’s going on in a woman’s body” (Seble). And it was said “I think anything related to sexual intercourse has to be safe, and in order for it to be safe we need the contribution and the close attentiveness of both genders, because it’s a mutual thing” (Misgina) – thus the lack of talk between genders could have major consequences. Additionally, the lack of talk was seen in relation to setting boundaries for oneself, where it could create challenges in regard to

setting boundaries for oneself and one's sexuality, stated "As far as you don't talk about it, it's too difficult to set boundaries" (Ruth).

6.4 Doing gender within sexual scripts

Gender has an impact on sexuality and sexual behaviour, where one can witness gendered scripts within the sexual scripts, or that the sexual scripts are gendered. Thus, doing gender is also important in relation to sexual scripts and sexual behaviour. The importance of gender in relation to sexuality and sexual scripts was clear throughout all of the interviews, although the students hold somewhat different views in regard to the gendered expectations (and the potential changing gender expectations). We will now take a closer look into some of the many gendered aspects that were problematized by the students.

6.4.1 Male sexuality

At the most basic level, it is a male sexuality that becomes visible in the interviews. Female sexuality is either silenced – by not being mentioned explicitly – or talked about as something for women to avoid. Thus, a female sexuality was only somewhat present, and only in terms of a constrained or restricted sexuality. Sexuality itself is therefore gendered.

Male sexuality was explicitly talked about several times for instance when saying "Sex is something that men can enjoy, and women, something that is weird for women because she has to be virgin when she gets married" (Ruth). Gender and gendered expectations are present within sexual relations, and it is acceptable for men, but not acceptable for women. This statement could imply that the dominant script – abstinence until marriage – does not apply to men. This was also illustrated when the student talked about reactions to being sexually active, explaining:

Sexually active. Yeah, it's negative, too negative. Especially for women. Too negative. In the dormitory of boys, if you don't make sex at this stage, in my age, it is so difficult, and 'aren't you a boy? How can't you make sex at this stage?'. But when it comes in case of girls, if you make sex you will not talk to anybody. Maybe your best friend, one of your friends may know, but most of the people doesn't prefer to talk to... I have made a sex in such a way, and I liked it. No they didn't. Most of the girls doesn't do that (Ruth).

The gendered differences are visible both in regard to expectations and reactions. Not only is sex more common for men, but it seems natural and 'expected', and something they must do

to perform their gender right. Thus, it implies that men are excepted from the sexual script. The script seems to be accepted that men engage in sexual relations and gain sexual experience before marriage. The dominant script itself may have gendered connotations.

That sexuality was not considered acceptable for women, was also illustrated when women did not talk about sexuality. There seemed to exist a special fear among women in regard to talking about it in a frank way – due to the fear of judgement, which would be worse for women – and where the talk could imply that they were doing both their gender, and sexuality, wrong. Moreover, it was also said that “women are not supposed to discuss about it, it’s supposed to stay in the bedroom” (Almaz) and “most of the girls after having sex, they don’t tell to anyone else, they don’t tell to their friends. That’s why they face problems after having sex” (Sara). This was on the other hand in clear contrast to what (some) stated about the men

Boys are not ashamed because it is not weird for boys and it’s weird for girls, among girls. Boys they talk how to make sex with the girls that they want. And when, if they make sex (...) They talk. As I told you, sex is something enjoyable for boys and weird for girls. So by such constructions they talk, they talk. Boys talk a lot and girls ashamed a lot Ruth).

Thus, different gender expectations were made visible, where men can enjoy sex, and to some degree seems to be expected to have sex, while women should not. Contrary, sex is something for women to be ashamed about – and where the negative reactions associated with being sexually active are different for women and men. Thus, not only are different gendered expectations visible, but also different gendered scripts and ways of doing gender within sexuality.

6.4.2 Sexual initiative

Although most of the students when asked about who could take initiative to sexual relations, replied that they believed both could take initiative, they all however contrasted it to what would be acceptable in according to society and culture. The acceptable would be for the man to take initiative. Male initiative was described as both ‘normal’ and ‘obvious’, and therefore could be understood as a ‘normal’ and ‘obvious’ way of performing one’s gender as a man. This was also linked to the gender hierarchy in society: “But in culture and tradition, as I told you, men and boys are more superior. He has to ask” (Berhane). The rationale behind male initiative could be seen simply as a necessity: “Because females don’t express their feelings

and males express their feelings” (Mengiste). The gendered sexual scripts are implying that women are not supposed to express their feelings, especially not sexual feelings, while men are. This was also illustrated when a student stated;

I told you that there is a patriarchy, that females don't express her feelings. For example (...) if you want to have sexual intercourse with males, you don't ask males, but [if] males want to [have] sexual intercourse with you, males totally ask you (...) even if you are not interested in that even, males yeah, males initiates that (Mengiste).

Male initiative could thus both be seen in light of gendered expectations and as a way of doing gender as a man, but also a necessity due to the lack of initiative from women – based on acceptable ways of doing gender for women.

Female initiative seems to be violating the gendered expectations in general. One student explained “I think it's okay, but societally I don't think it's acceptable. Even (...) you can't even ask him out first. He should ask you out first for relationships. He has to, he has to be the one who will take the initiative” (Sara). As the man takes initiative, he is performing his performing male properly, and as the woman is not taking initiative, she is doing woman/female in an acceptable manner. When asked about what would happen if a woman took initiative to sexual relations, one student answered by laughing and saying “She is considered the man (...) Yeah. If a woman takes initiative for such activity, she is considered as, it's considered that she is not woman. She doesn't have a quality of woman” (Genet). Gender is an achievement accomplished through interaction, and where a woman taking initiative would be seen as not doing woman.

The perception of male initiative was also challenged by the students since they believed both should be able to take initiative (before elaborating on the societal acceptable norm) – in some ways ‘taking a stand’ against traditional ways of doing gender, also within sexual scripts. By saying that taking initiative should be a matter of interest, they indicate that it is not related to gender at all, but simply to sexual interest: “But from my perspective, both of them, both of them can do this. It's possible. I mean, both are equal, so it's what they want that matters. If you really love your partner, you don't have to be shy” (Berhane). Thus, interests, personal desires, and love would be what matters.

Statements like this can be interpreted as expressions of new ways of doing gender – where women are also allowed to take initiative and where it would be acceptable if they did. This could potentially create new gendered, sexual scripts, where male initiative would not be the only acceptable way of initiating sexual relationships: “But like, it’s changing as I told you, this generation... it’s both for this kind of, for our time” (Ehete). This might indicate that the younger generation relate to other gendered expectations and other ways of doing gender, as well as new gendered sexual scripts. One could therefore argue that the dominant script – sex only within marriage – and traditional ways of doing gender/traditional gendered scripts represents an ‘old’ script, while currently gender expectations and scripts are being negotiated and are emerging among the youth.

The negotiation and emergence of new scripts and ways of doing gender (also within sexual scripts) are however hidden – as previously mentioned – and although students ‘take a stand’ and contrasts their opinions with the dominant script, the traditional ways of doing gender/gendered scripts is highly visible in student’s descriptions. This creates a (potential) conflict in regard to what they may want and stand for, and what they can actually do. New ways of doing gender moreover seems to be more accessible for some than others; such as men, people who are rich, people who are educated, independent women, people who are not religious, and people living in urban areas. This was illustrated by students stating “if she a university student, it’s both, but in other part it’s most of the time the guy” (Tesfalem) and “Those who are independent and have their own work and are empowered, they do what they want” (Sara).

Therefore, it could be argued that the new ways of doing gender (the new gendered scripts) and the potentially new emerging sexual scripts, in some ways represent *exclusive scripts*, available for the privileged few. Gender, class, education level and generation are of importance in making the new scripts/ways of doing gender available.

6.4.3 Responsibility for contraceptive use

Doing gender was also visible regarding (negotiating) responsibility for contraceptive use. All the students said that in their opinion it should be a shared responsibility, but – as for the case

of initiative – they also contrasted this against the societal norm and what most often occurred: “I think both of them [should] take responsibility when they have sexual relation (...) but high responsibility is seen on the female student. The males are not that much responsible for this issue” (Hiwet). It was further described “In my opinion, both are responsible, because both are enjoying this thing, you know what I mean. Both are a part of the activity” (Genet). However, the student also stated that by the culture the woman is given the responsibility. The female responsibility for contraceptive use was described as “part of the rule that is assigned to the woman” (Genet), “The duty falls on the woman, because she is the first level victim of the consequences of the sex” (Sara), and as “only females are at risk for the potential result” (Mengiste). Female responsibility was taken for granted as she would face the consequences.³⁶ Other students contradicted the ‘female responsibility’ perception, and one student said responsibility for contraception should be the man’s responsibility. Although most of the students perceived it as a shared responsibility – but that in fact, it most often was the woman’s responsibility – when asked if a woman could insist/request a man to use condom, different perceptions were given by the students. One student stated:

Yeah, it’s kind of unfortunate, because we haven’t reached that level where women are comfortable enough and confident enough to ask, to demand for use of contraceptives or condoms, and that’s something that the society has put upon us. And we’re not, you know, we’re supposed to please the man under all circumstances and therefore men might not care for using contraceptives or using condoms during intercourse and therefore we have to actually attend to their needs and therefore neglecting our own, which is protecting our sexual health and maintain our reproductive rights (Misgina).

Another student said that the man would consider the woman odd if she requested use of condom. When the student was asked if a man could tell a woman to use contraceptives, the instant reply was “Yes! Unfortunately yeah. Not only the man, the woman herself believes like this” (Genet). A woman telling does not constitute an acceptable way of doing woman. The hierarchy or power differences between the two are clear. Men possesses more power and ability to ‘negotiate’ than women. It also illustrates how this way of doing gender and the power differences has been taken up by women. This was also illustrated when a student said, “if he wants to use condom, he uses, but if he doesn’t want to use, he doesn’t use. It’s working like that (...) most of the time the men doesn’t care about whether she is using contraceptives (...) they just care about what they feel at that moment” (Sara). This also illustrates the

³⁶ When referring to the consequences the students automatically thought of pregnancy, and did not take STIs into much consideration. When specifically asked about STIs, they occasionally addressed also this, but pregnancy constituted the biggest fear and risk, and was seen as only affecting women.

perception shared by some, that the man could insist or tell the woman to use contraceptives, thus highlighting the power difference and possibilities for negotiation.

Avoidance of pregnancy rather than STIs was in focus. Women were expected to take responsibility as she would be the victim (of pregnancy), but protection of STIs was not addressed. When asked about STIs, a student stated “it works both ways, you’re right. But even for this case, for the STD case, she has to tell him. And he knows for himself, but she has to be somehow wiser than him” (Hirut).³⁷ Similar thoughts were also mentioned by a male student who said “When we consider diseases men also need to be responsible for that, but most of the time males are not, males are careless for that” (Mengiste), and continuing “he [is] eager to contact her without any contraceptive method, but females care, they care” (Mengiste). Similar thoughts were also expressed by another student who did believe both of them should be responsible for contraceptive use, but stated:

But I don’t think men understand the use, because they are not affected by sexual relationship. Most of the girls are affected, like pregnancy, abortion and so on. The only way a man can be affected is having diseases. But the woman will be affected more often, with different areas; physically, emotionally, socially (...) So, I think the woman should be more of protective. You don’t expect the man to be more protective, cause he’s not that much affected right (...) But I’m not saying that the men don’t have to protect (Berhane).

There are gendered differences in regard to responsibility. Women do responsibility, but men do not have to do this. These examples illustrate the complex, and sometimes contradicting, aspects of gender relations and the gendered implications for responsibility which were seen among the students. In one way, both *should* be responsible for contraceptive use, but in practice they are not. Despite acknowledging that men can be affected by diseases, it is still not expected that men take responsibility. The following paradox is made visible: despite the fact that a female sexuality is not articulated, that women should not be sexually active and that women will get reactions if they are sexually active or talk about it, women are nevertheless the ones responsible for contraceptive use.

³⁷ STD, sexually transmitted diseases.

6.5 The impact of gender, sexual scripts and lack of talk on students sexual and reproductive health

Everything that has been elaborated on until now – doing gender, the dominant sexual script and new potential scripts emerging, the gendered sexual scripts, and the lack of talk about sexuality/SRH – all influence student's sexual and reproductive health.

Challenges using contraceptive methods

Several of the students did not know where to get contraceptives or expressed insecurity about where to get it, and the price.³⁸ Many of the students did not know that they could get contraceptives on campus, nor that they could be obtained for free. The few students who knew, mostly mentioned condoms, and not the other contraceptives available on campus. Students who knew contraceptives were available on campus expressed insecurity about the service. A lack of information among students about the available services on campus and what they provide is evident, as is insufficient communication between the SRH services on campus and students.

Pharmacies and clinics/hospitals out of campus were the places most students referred to when explaining where to get contraceptives, indicating that the students did not perceive campus as a place to get contraceptive methods. The 'student clinic' was regarded a place you went when you were sick, and not relevant for SRH matters (although some mentioned it could be a place where they might provide also SRH services).

Other challenges mentioned was a fear among students: of other people seeing them receiving it, rumours spreading, and the fear of being judged. Students also feared communicating with health workers. This fear especially occurs among women/girls. Students feel ashamed getting contraceptives, as they know it is not right to have sex before marriage according to the dominant script. Thus, getting contraceptives would be publicly admitting that one is sexually active. Lack of confidence was also described as a something which could hinder people from getting contraceptive methods. Another potential challenge in regard to getting contraceptive

³⁸ This could be a result of not being sexually active and not using contraceptive methods, and therefore not knowing about the price.

methods was the clinics/services and the doctor/nurses, where the level of trust was not necessarily present. Students would avoid using the clinics for these purposes as they believed it would not be private and confidential. This was even more crucial on campus, where students feared their friends and teachers would get the information. Getting contraception on campus was therefore seen more challenging than getting it other places.

Challenges having safe sex

In regard to challenges having safe sex, or reasons why students would engage in unprotected sex, lack of knowledge/awareness was described as a major problem. If students did not have knowledge/awareness about SRH it would be challenging to have safe sex. Not only could this lead to lack of use of contraceptive methods, but also wrong use of it. It was furthermore described as difficult to ask others for help due to the lack of tradition for talking. People would also trust their sexual partners too much, and do not believe they might be infected by STIs or HIV/AIDS. The perception that ‘it won’t happen to me’ seemed to occur among students. This could be seen in light of the problem of ‘controlling their feelings’, described as a reason why people would engage in unprotected sex. It was also mentioned that people ‘may forget’ to use contraceptive methods, which could be seen in light of unplanned sex and alcohol consumption. Another factor making students avoid contraception, was a fear of side effects (some which could be described as misconceptions), such as putting on weight/losing weight, or that using contraceptive methods could/would make you infertile. Some students would therefore avoid using contraceptive methods to avoid side effects. Several students mentioned that a major challenge was economic problems, where students could not afford to buy contraceptives.

Challenges for Higher Educational Institutions in regard to student’s SRH

What has been elaborated on does not only illustrate challenges students face in getting contraceptive methods and having safe sex, but also illustrates lack of information and insufficient communication between the SRH services on campus and students. The lack of information about the available services on campus was seen among all the student. When interviewing people working at SRH services on campus, it became clear that (some) distribute contraceptive methods (and a variety of them) and offer testing and counselling,

provide different trainings/programs, peer education and events such as panel discussion. Services exist (although several highlighted that more services had been provided previously, but that funding and focus had declined). One employee at a SRH service even told that the service had organized programs regarding SRH, but that few students showed up. In other words, they do offer services, but students do not attend. The information does not seem to have reached the students and the students did not perceive this as a relevant place for SRH related matters.

All new students get information about the available SRH services on campus during a one (half) day orientation when they start as new students. However, several of the students reported never getting this information, nor getting information about the different events such as panel discussion, trainings/programs and existing clubs during their several years as students. Some of the male students said this information and training would mostly be held for women, thus it was not perceived as relevant/aimed for them or other male students. According to the students, the distribution of information is not good enough and does not reach all the students, and some described it as something you must figure out yourself.

Several of the students addressed the university's responsibility for providing sufficient information and services, and for creating awareness, as well as a current state of lack of commitment to address/provide SRH information. It was stated that the university should provide students with basic information, and not merely leave the responsibility to NGOs or clubs. It was also highlighted that students coming to the university have different backgrounds and therefore different level of knowledge/awareness about SRH. Hence, the university should take responsibility in creating awareness, and utilize the context that campus composes – a place where people (with different backgrounds and level of knowledge) come together to learn.

7. Conclusion and final remarks

As sexuality is not talked about, it can be difficult to get knowledge and awareness. The students wanted more knowledge and felt they did not know enough about sexuality, and the variety of aspects related to this, nor sexual and reproductive health. Youth who are about to engage in sexual activity may not be prepared, as they may not know how to protect themselves due to limited knowledge.

Clearly defined gender expectations seem to exist in Ethiopia today. Women and men are expected to do different things, and a gendered hierarchy is visible. This constitutes traditional ways of doing gender. Changes are seen however, especially articulated for women, as political/legal effort has focused on women's empowerment and rights. New ways of doing female are therefore emerging, at least for some. Customary laws can however challenge/hinder these changes. Although not as explicitly addressed, changes towards/among men are witnessed, implying that new ways of doing male are emerging.

Sexuality is not to be openly talked about, and 'bad' if it does not occur in acceptable ways. A dominant sexual script is visible, where sex should occur only within marriage, linked to reproduction. Heteronormativity is established as the norm. Traditional ways of doing gender are visible within sexuality, creating gendered scripts: men should take initiative to sexual relations, while women should not. A male sexuality is articulated, while female sexuality is not – if it is talked about, it is in regard to restrictions. Men are not required to take responsibility for contraceptive use, but this is a task assigned for women. Thus, one finds gendered responsibility within SRH. New ways of doing gender are however emerging also within sexuality, creating new gendered scripts. Responsibility for contraceptive use is by some seen as a shared responsibility nowadays – at least it should be. New gendered scripts are also seen as women can take initiative to sexual relationships and be sexually active, also before marriage. However, the new scripts may be available for only a privileged few, thus constituting exclusive scripts. Men seems to be excused from the dominating script of abstaining until marriage, as it is expected for them to be sexually active/gain sexual experience – as a way of doing gender. Thus, the dominating script does not apply for everyone to the same extent.

New sexual scripts are however (potentially) emerging through student's sexual practices. Students have sex before marriage, and for fun. Not only is this implying new sexual practices, but also that sex is (somewhat) released from reproduction. The new sexual practices are however hidden/secret, as students know they are violating the dominating script.

The understanding of sexuality, gender relations and reproduction also affect sexual behaviour in other ways. That the dominating script is highly visible and important to obey, makes it challenging to get contraceptives and have safe sex. Some regard contraceptives for married people only. This could also be caused by the view on sexuality linked to reproduction, where contraceptives would 'contradict' the value of sexuality. It can also be difficult to get contraceptives as the lack of talk would make you unaware. Buying/getting it would be publicly admitting that you are violating the dominant script. The lack of talk furthermore contributes to information not being spread. Many students did not know about the SRH services on campus. Understandings of gender, sexuality and reproduction could make it challenging for students to have safe sex. Also the new sexual practices among students can make this challenging, as sexual activity is not planned or happen in relation to alcohol consumption. That it must be hidden/secret, to not (publicly) violating the dominating script, can also contribute to unsafe sex. It can therefore be argued that it is important to make visible and legitimize the diversity of scripts and personal negotiation of them, to make contraceptive use legitimized in all sexual practices.

For youth to get awareness, use SRH services and perceive the information relevant, one must acknowledge that youth are sexually active and legitimize the diversity of sexual practices. By doing so, one can maybe prevent sexually active students from feeling judged, engage in hidden/unprotected sexual relationships, or make them feel not entitled to use contraceptives. By talking and providing information, knowledge/awareness can be created. Students may feel it is relevant for them, and use the services provided.

Through the document analysis, different problem representations were articulated at the structural level; a female-, development-, rights-, health- and knowledge problem. Both the articulation of problems and the silences have effects. The female problem representation

places the responsibility of sexual and reproductive health on women, also at the policy level. Therefore, it could remain as a female problem. This could also occur as men/male responsibility is not included. This could also remain traditional ways of doing gender and continue to exclude men in the field of SRH. To involve men, also in the problem representations, is crucial to bring men and male involvement into the field of SRH and to create sustainable changes. Articulating it as development problem, but seeing it (mostly) in relation to overall development/development on other fields, can create limited attention directed to the field of SRH itself. The focus on structure/system and health provision in the health problem representation, although important, can create distance to the people it is supposed to address: perceived as not relevant for laypeople and not concerning aspects which concerns them. Articulating it through a 'health' discourse contrary to SRH specific provide SRH less attention. Less knowledge and awareness may be generated in the population about SRH specifically. This is seen as a knowledge problem is visible in all fields and levels of society, constituting a major problem.

Several of the problem representations were visible among the students, such as articulating it as a female problem and a knowledge problem. This could indicate that problem representations articulated at the higher level, influence people and their perceptions. This was also seen when it was highlighted by the students that if it sexuality was talked about, it was mostly about HIV/AIDS, harmful traditional practices or things which constitutes problems – exactly what was articulated at the higher level.

Some problem representations visible in the strategies were however not visible among the students. A rights problem representation was not truly articulated among the students, and only mentioned on a few occasions: to point at a disparity, that the laws and legal effort 'up there' are not reaching the ground and how customary laws (often) dominates. That a rights discourse was not articulated among the students, could be interpreted as this is not relevant/important for them. It could also be an effect of the 'silence' of this in the *Communication Strategy on HIV/AIDS and Sexual Reproductive Health for Higher Education Institutions*. Some problem representations clearly did not reach to the ground, and this could potentially help explain the potential gap mentioned in the introduction, where effort is made on the political/legal level, but people are not necessarily informed nor affected by this.

Although students did refer to some problem representations articulated at a higher level, they also raised new topics and introduced new perspective to established discourses. This was seen when students wanted new or different information about sexuality and SRH, which was regarded more relevant for them, and which was easier to actually apply for their own lives. Students perceived it important to talk about gender, sexuality and SRH, and to talk about it in detail. Furthermore, they saw a need to address aspects such as responsibility for contraceptive use, negotiating safe sex, boundaries, and to know more about the opposite gender to create better understanding and protect themselves. A desire to broaden up the discourses and include aspects which are silenced and unaddressed was seen among the students.

This could be seen as a need to establish new frameworks at the structural level to enable new problem representations to be articulated, and to make visible other sides, perspectives and aspects. This is important as the problem representations seems to have impact on people; what they refer to and how they understand things. To make (sustainable) change happen, and in accordance with the student's perspectives, one cannot merely utilize the already existing frameworks, but one must expand the discourses. This also means to include and address sexual behaviour, gender and sexuality – the gendered and social context of sexual and reproductive health – explicitly, and to bring this into the sexual and reproductive health field.

In some respects, there is a gap between the students and what they perceive as relevant – their problem representations – and what is articulated as problem representations at the higher level. Expanding the discourses could potentially make SRH related matters be perceived more relevant among the students and help minimize the gap between the political/legal level and laypeople.

The doing gender approach and sexual script theory seems to be fruitful contribution to understanding gender and sexuality, and dynamics, negotiations and changes. Although script theory acknowledge that scripts change. and new scripts emerge, it could however be difficult to tell when, exactly, a new script is *established*. Thus, it could be challenging to state that a

new script is established, and not merely potentially emerging (and among some). Adding Giddens' terms plastic sexuality and pure relationships, make visible nuances which would not be as explicitly expressed through merely the use of doing gender and sexual scripts. Adding Butler's term heteronormativity also helps grasping dimensions more explicit. The doing gender approach and script theory seems to be fruitful contribution highlighting the gendered and social context of SRH. They could therefore provide fruitful contributions to the broader field of SRH. The use of Bacchi's 'What is the problem represented to be' approach also seems to make a beneficial contribution. As it focuses on problem representation on the policy level, one can make visible differences between problem representations and perceptions at the structural level and laypeople's perceptions, when used together with laypeople's descriptions.

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9. Appendix

Appendix 1: Participants

| Student | Urban/rural | Year of study | Religion | Ethnicity |
|----------------|--------------------|----------------------|----------------------------------|----------------------------------|
| Female | Urban | 4 th | Christian | SNNP |
| Female | Rural | 3 rd | Christian, protestant | SNNP |
| Female | Urban | 3 rd | Christian, protestant | Missing data |
| Female | Urban | 4 th | Christian, orthodox | Do not relate to |
| Female | Rural | 3 rd | Christian, orthodox | Oromo |
| Female | Urban | 3 rd | Not religious | Do not relate to |
| Female | Urban | 3 rd | Not much religious/ Christian | Missing data/do not relate to |
| Male | Rural | 3 rd | Muslim | Missing data |
| Male | Urban | 5 th | Christian, protestant | Oromia/missing data |
| Male | Urban | 1 st | Christian, orthodox | Missing data |
| Male | Rural | 2 nd | Christian, apostolic | Do not relate to |
| Male | Urban | 4 th | Christian, orthodox | Amhara |
| Male | Rural | 3 rd | Christian, orthodox | Amhara |
| Male | Urban | 2 nd | Not religious | Do not relate to |
| Male | Rural | 3 rd | Christian, orthodox | Amhara |
| Female | Urban | 3 rd | Christian, orthodox | Missing data |
| Female | Urban | 3 rd | Christian, orthodox | Missing data |
| Female | Urban | 3 rd | Christian | |
| Female | Urban | Missing data | Missing data | Amhara |
| Female | Urban | Missing data | Christian, orthodox | Amhara |
| Female | Urban | 3 rd | Christian, orthodox | Tigray |
| Female | Rural | 2 nd | Missing data | Amhara |

| | | | | |
|--------|--------------|-----------------|-----------------------|--------------|
| Female | Rural | 3 rd | Christian, orthodox | Amhara |
| Female | Rural | 2 nd | Christian, orthodox | Missing data |
| Female | Rural | 1 st | Missing data | Amhara |
| Female | Rural | 1 st | Missing data | Oromia |
| Female | Rural | 1 st | Missing data | Oromia |
| Male | Missing data | 2 nd | Christian, protestant | Hadiyya |
| Male | Missing data | 4 th | Christian, orthodox | Amhara |
| Male | Missing data | Missing data | Missing data | Missing data |

Request for participation in research project

”Sexual and reproductive health among university students in Addis Ababa, Ethiopia”

Background and intention

The aim for this project is to understand how students perceive sexual and reproductive health (SRH) and personal knowledge/awareness on SRH. Additionally, the project seeks student’s unique insight, experiences and needs related to SRH in order to see how this could be utilized regarding SRH information and interventions.

The questions to be answered are i)how do students perceive their knowledge about sexuality and reproduction, ii)how do students understand the responsibilities of women and men in sexuality and reproductive health, iii)how does understandings about sexuality, gender relations and reproduction affect their sexual behavior and iv)how can students understandings be utilized in order to raise their awareness and use of sexual and reproductive health services, and to increase the relevance of the information provided?

The project is a part of a master degree in sociology at the university of Tromsø, Norway, and the project will result in a master thesis. The project is also conducted in collaboration with Addis Ababa University, and the Center for Gender Studies, College of Development Studies.

You are invited to participate in the project since you are a young student at AAU.

What will participation in the project entail?

The project is based on qualitative methods, and a mix of individual in-depth interviews and focus group discussions.

When you agree to participate in an in-depth interview, an individual interview will be conducted by one interviewer. The interview is expected to last approximately one hour. The interview will be recorded, and notes will be taken.

It is important to note that personal health information is of no relevance for this project, and will therefore not be discussed. The questions will center around perceptions of aspects such as gender relations, responsibility in SRH, as well as how students perceive SRH and the information that is provided.

What will happen with the information?

All personal information will be treated confidential. Only the student in charge of this project (and possibly an assistant) will have access to personal information. To ensure confidentiality personal information will be stored in a separate file on a PC that is protected by a username

and password. Participants will be given codes and the names will not be linked to the information given.

All participants in this project will be anonymized, and will therefore not be recognized in the written thesis.

The project is to be ended August 15, 2018 when the master's thesis is handed in. All personal information and recordings will be deleted.

Voluntary participation

It is voluntary to participate in the project. You can withdraw at any time, without providing a reason for it, and it will have no negative consequences for you. If you choose to withdraw, all information about you will be anonymized.

If you want to participate or have questions regarding the project, please contact Susanne Rolandsen email sro035@post.uit.no. Supervisor in this project is prof. Anne Britt Flemmen, who can be contacted at anne.britt.femmen@uit.no.

This project is registered at Personvernombudet for forskning, NSD - Norsk senter for forskningsdata AS, for ethical clearance.

Concent for participation

I have received information about this project, and I am willing to participate

(Signature participant, date)

Request for participation in research project

”Sexual and reproductive health among university students in Addis Ababa, Ethiopia”

Background and intention

The aim for this project is to understand how students perceive sexual and reproductive health (SRH) and personal knowledge/awareness on SRH. Additionally, the project seeks student’s unique insight, experiences and needs related to SRH in order to see how this could be utilized regarding SRH information and interventions.

The questions to be answered are i)how do students perceive their knowledge about sexuality and reproduction, ii)how do students understand the responsibilities of women and men in sexuality and reproductive health, iii)how does understandings about sexuality, gender relations and reproduction affect their sexual behavior and iv)how can students understandings be utilized in order to raise their awareness and use of sexual and reproductive health services, and to increase the relevance of the information provided?

The project is a part of a master degree in sociology at the university of Tromsø, Norway, and the project will result in a master thesis. The project is also conducted in collaboration with Addis Ababa University, and the Center for Gender Studies, College of Development Studies.

You are invited to participate in the project since you are a young student at AAU.

What will participation in the project entail?

The project is based on qualitative methods, and a mix of individual in-depth interviews and focus group discussions.

When you agree to participate in a focus group discussion, a group interview with you and other participants will be conducted by an interviewer. The focus group discussion is expected to last approximately 1hour-1,5hours. The focus group discussion will be recorded, and notes will be taken.

It is important to note that personal health information is of no relevance for this project, and will therefore not be discussed. The questions will center around perceptions of aspects such as gender relations, responsibility in SRH, as well as how students perceive SRH and the information that is provided, and the topics will be discussed in a more general matter.

What will happen with the information?

All personal information will be treated confidential. Only the student in charge of this project (and possibly an assistant) will have access to personal information. To ensure confidentiality

personal information will be stored in a separate file on a PC that is protected by a username and password. Participants will be given codes and the names will not be linked to the information given.

All participants in this project will be anonymized, and will therefore not be recognized in the written thesis. It is also important that the participants in the focus group discussion respect each other's rights to be anonymous, and that the participants treat the information confidential.

The project is to be ended August 15, 2018 when the master's thesis is handed in. All personal information and recordings will be deleted.

Voluntary participation

It is voluntary to participate in the project. You can withdraw at any time, without providing a reason for it, and it will have no negative consequences for you. If you choose to withdraw, all information about you will be anonymized.

If you want to participate or have questions regarding the project, please contact Susanne Rolandsen email sro035@post.uit.no. Supervisor in this project is prof. Anne Britt Flemmen, who can be contacted at anne.britt.femmen@uit.no.

This project is registered at Personvernombudet for forskning, NSD - Norsk senter for forskningsdata AS, for ethical clearance.

Consent for participation

I have received information about this project, and I am willing to participate

(Signature participant, date)

Confidentiality agreement

I hereby commit to respect other participants rights to be anonymous, to treat the information provided in this session confidential and to abide this mutual confidentiality agreement

(Signature participant, date)

Request for participation in research project

”Sexual and reproductive health among university students in Addis Ababa, Ethiopia”

Background and intention

The aim for this project is to understand how students perceive sexual and reproductive health (SRH) and personal knowledge/awareness on SRH. Additionally, the project seeks student’s unique insight, experiences and needs related to SRH in order to see how this could be utilized regarding SRH information and interventions.

The questions to be answered are i)how do students perceive their knowledge about sexuality and reproduction, ii)how do students understand the responsibilities of women and men in sexuality and reproductive health, iii)how does understandings about sexuality, gender relations and reproduction affect their sexual behavior and iv)how can students understandings be utilized in order to raise their awareness and use of sexual and reproductive health services, and to increase the relevance of the information provided?

The project is a part of a master degree in sociology at the university of Tromsø, Norway, and the project will result in a master thesis. The project is also conducted in collaboration with Addis Ababa University, and the Center for Gender Studies, College of Development Studies.

You are invited to participate in the project as you are working/volunteering at a club and/or health service on campus.

What will participation in the project entail?

The project is based on qualitative methods, and a mix of individual in-depth interviews and focus group discussions.

When you agree to participate in an in-depth interview, an individual interview will be conducted by one interviewer. The interview is expected to last approximately one hour. The interview will be recorded, and notes will be taken.

It is important to note that personal health information is of no relevance for this project, and will therefore not be discussed. The questions will center around perceptions of aspects such as gender relations, responsibility in SRH, as well as how students perceive SRH and the information that is provided.

What will happen with the information?

All personal information will be treated confidential. Only the student in charge of this project (and possibly an assistant) will have access to personal information. To ensure confidentiality personal information will be stored in a separate file on a PC that is protected by a username and password. Participants will be given codes and the names will not be linked to the information given.

All participants in this project will be anonymized, and will therefore not be recognized in the written thesis.

The project is to be ended August 15, 2018 when the master's thesis is handed in. All personal information and recordings will be deleted.

Voluntary participation

It is voluntary to participate in the project. You can withdraw at any time, without providing a reason for it, and it will have no negative consequences for you. If you choose to withdraw, all information about you will be anonymized.

If you want to participate or have questions regarding the project, please contact Susanne Rolandsen email sro035@post.uit.no. Supervisor in this project is prof. Anne Britt Flemmen, who can be contacted at anne.britt.femmen@uit.no.

This project is registered at Personvernombudet for forskning, NSD - Norsk senter for forskningsdata AS, for ethical clearance.

Concent for participation

I have received information about this project, and I am willing to participate

(Signature participant, date)

Appendix 5: Interview guide in-depth interview

INTRO:

Information about the interview and participants right. Sign 'consent for participation' sheet

BACKGROUND:

Age? Urban/rural? Elementary/high school (public/private)?

Do you live on or off campus? Do you live with parents/alone/with friends? For how long have you been studying?

Religious belonging? Ethnicity/ethnic belonging?

1. SHR TERM, KNOWLEDGE OF SRH PROBLEMS, STIs AND CONTRACEPTIVE METHODS:

In reports and national strategies, we often hear the term SRH (sexual and reproductive health). Are you familiar with this term?

Can you tell me about some problems/issues you know of related to SRH?

Do you know of any STIs (sexual transmitted infections)?

Are there (and if so which) reactions associated with having those?

Would you tell anyone if you experienced any of these problems? Who?

Can you tell me about the contraceptive methods you know of? Which are most used?

2. SOURCES OF INFORMATION:

When you have heard/learned about sexual and reproductive health matters throughout the years, who have taught you about it?

Who do you consider to be the most important source of information, and why?

Have you talked to your parents about sex and SRH related topics?

Can you tell me about the talk(s) you have had with them?

Which topics did you talk about?

Are there things you did not talk about, that you would have liked to discuss with them?

Do you think your parents talked to their parents about these things? Why/not? Do you think they learned the same as you?

...If haven't talked to parents: why haven't you talked to your parents about these things? Do you which you could have talked to them?

Would you say that older generations have the same gender roles and expectations for women and men, as women and men on your age have?

What are the differences?

How do these (potential) differences affect the interaction between generations?

If there are differences in gender roles/expectations cross generations, which ones do you follow?

Do you speak to friends about SRH related matters? Which topics?

Do you feel like you lack knowledge about sexuality and reproductive health – are there things you wish you knew more about?

Do you feel you know enough about sexuality and reproductive health to make decisions and stay safe?

3. GENDER ROLES AND EXPECTATIONS:

How would you describe gender roles in Ethiopia today?

If you read political strategies, laws and reports from Ethiopia, there is – nowadays – a relatively big focus on girls and women, and specifically girls/women's *empowerment* and *legal rights*. In many ways, it can look as if gender roles are changing in Ethiopia today.

Is this something you witness in society/agree on?

In which ways are gender roles changing? (or why not?)

- Are the changes seen in all fields/spheres of society or life? Are they wanted in all fields/spheres or just some?

-Are the changes wanted by everyone?

Do the new gender roles have impacts on/affect sexual relations/behaviour? In which ways?

Are there different roles/expectations when it comes to sexuality?

If changes in gender roles; would you say there is a plurality of gender norms/sexual expectations people must navigate through? Which ones do you see?

Is it easy and clear to know what is accepted/expected of you as a man/woman, what you can/cannot do?

Do you think it easier/more difficult for the opposite sex?

Would you say there might be conflicting gender-norms/expectations today because of (potential) changes in gender roles)?

How is it to navigate between the (potential) new gender/sexual norms, and tradition, culture, parents, elder generation etc?

4. SRH, CONTRACEPTIVE, REPRODUCTION

Is sexuality and sexual and reproductive health matters, something that is talked about (in society)?

Why, and how is it talked about?

Would you face reactions if you talked about these things? Why, from whom, which?)

Who do you discuss SRH related matters with?

Are there things that are embarrassing/you feel ashamed to talk about?

-Would it always be embarrassing to talk about this, or does it depend on who you are talking with and the context?

Based on your own experiences, or what you've heard from others, are contraceptives easily available?

Are there challenges regarding getting it?

Do you think it is more/less problematic getting it for men/women?

Are there reactions associated with using contraceptives?

Would you say that young people are encouraged to or discouraged from using contraceptives?

Can you think of reasons why people would not use contraceptives?

Who are expected to take responsibility for contraceptive use?

Is this taken for granted, or something that must be discussed/negotiated?

Could a girl/woman insist that a man use condom?

On the contrary, can a man insist that a woman use contraception?

If we were to focus on having kids, should people be able to control this, such as if they want children, when they want children, how many?

Are you the only one to make decisions about contraceptive/reproduction choices?/is this strictly private/individual?

What would happen if you and your partner had different preferences?

How would you feel if other (parents, partner) wanted to make choices on your behalf? Could you oppose?

We have talked about who should make decisions regarding contraceptives/reproductive choices, if these things are a private matter and we have also talked about (potential) new gender roles...

Do you (still) feel expectations from others/society at large regarding these things?

Would it be difficult to follow your own wishes if they were against partner/parents/society's expectations?

Would there be reactions if you did? Which ones?

Would you say that it is easier to break with traditional gender roles these days and make your own decisions??

5. SEXUALITY

Are there negative reactions associated with being sexually active?

How do you think sexual relations should (or can) evolve?

Who can/should take initiative to a sexual relation?

Would it be acceptable if a woman took initiative? (which reactions could this potentially get?)

Can everyone be sexually active regardless of whether they are in a relationship, marriage or single?

Who should make decisions regarding your sexuality/sexual behaviour you participate in?

Do you perceive sexuality as a strictly private matter?

Would you say that it is easy to set boundaries for your sexuality?

Are your boundaries respected?

Have you ever done things you were not comfortable with, where you could not make your own decisions or your boundaries were not respected?

6. SEXUAL BEHAVIOUR:

We have already touched upon (potential) negative reactions associated with being sexually active. If youth still are sexually active (as lit./rapports tell us) how do youth manage to be sexually active but avoid the negative reactions?

Who are they avoiding reactions from/avoiding being caught by?

Based on own experiences or what you have heard from others, do people engage with sexual activity in different ways before starting at the university vs after starting at the university? Which ways?

Can you think of reasons for this change in sexual behaviour?

Are there challenges regarding having safe sex on campus/as a student?

Under which circumstances it is difficult to practice safe sex?

Can you think of ways/things that could change this so it would be easier to have safe sex?

7. RISKY SEXUAL BEHAVIOUR:

What would you define/describe as risky sexual behaviour?

Can you think of reasons why people engage in risky sexual behaviour?

Are you aware/know of risky sexual behaviour on campus/at university? Which are most common?

Would you consider risky sexual behaviour a problem at the university?

“Although students knew about SRH they failed to apply their knowledge to themselves and their sexual health” (Yared et al.). Why do you think students fail to apply their knowledge to themselves and their sexual health?

Can you think of situations (circumstances) where it is hard for students to apply their knowledge on themselves?

Which conditions/aspects of these situations make it difficult?

8. SRH SERVICES:

Do you know of SRH services/clubs on campus

How did you hear about them?

Have you attended any of these? If so, can you tell me about your experience visiting/using?

If haven't, why haven't you?

Are there challenges/barriers regarded using SRH services?

Would you describe the SRH services for students as easily accessible?

Are there negative reactions associated with using SRH services/clubs?

Do you think it would be easier/more accepted for women to use SRH services than for men?

Do you feel that students are facing special SRH needs and challenges compared to the broader public? Which ones?

Do you feel that the SRH services/information available for students, are relevant for the needs and challenges/realities of students?

Can you think of things that could make the services/information more relevant for students?

Do you feel that student's SRH matters/challenges receive attention in higher education? Do you students would want more attention on their SRH matters, or potentially different attention and information?

AVSLUTNING/DEBRIEF:

Do you have any final comments? Things we have talked about that you want to add more to/clarify?

Are there things/topics we have not talked about that you think are important to mention?

How has it been to participate in this interview?

Is there anything we have talked about today that you would not want to talk about in a group of people/with older people?

Are there any questions I have asked you today, that I should not have asked?

Why should I not have asked these questions?

Appendix 6: Interview guide, FGD

INTRO:

Information about the interview and participants right. Sign 'consent for participation' sheet

Introduction round

Information about FGD as method, what will happen and how it will happen

1. I want you to discuss the following statement

'There are clearly defined gender roles and expectations in Ethiopia today. I know what is expected and accepted for me (to do) as a man/woman'.

2. I will now hand out pen and paper to all of you, that you will later give back to me. On this piece of paper, I want you to write down things that you associate with the term sexual and reproductive health – it could be general topics, challenges or whatever you think of when you hear SRH. After this (and based on/inspired by the things you have written) I want you to discuss what would constitute good sexual education.

3. I want you to discuss the following statement

'Sexual and reproductive health (matters) should be a shared responsibility between women and men'. Potential follow up question; is it so?

4. In a report, I read the following sentence "Although students knew about SRH they failed to apply their knowledge to themselves and their sexual health".

(Why is it so?)

Can you give examples of situations/circumstances where it can be difficult (for students to apply their knowledge to themselves and their sexual health)?

5. Imagine that you are a part of a committee and you are going to make a strategy/campaign to address student's sexual and reproductive health, which will later be implemented at the university (and potentially other universities in Ethiopia). (Participation in the committee is anonymous – nobody will know that you were a part of it)

The goal with the strategy is to i)improve student's SRH, ii)raise awareness of SRH, iii)increase the use of SRH services/clubs on campus and iv)make the SRH services/information more relevant for student's needs/use.

You can include anything you feel is important, in whichever way you want. You are free to choose the ways you want to reach out to students with your strategy/campaign, that you find most useful. However, it MUST also contain/address:

- student's (specific) SRH needs and challenges

-solutions

Make a table of contents, bullet points etc. After this, you will present it to me.

DEBRIEF:

Do you have any final comments? Things you have talked about that you want to add more to/clarify?

Are there things/topics you have not talked about that you think are important to mention?

How has it been to participate in this focus group discussion? Has it been like a 'normal conversation?'

Are there things you have talked about today (in a more general way) that you would not have felt comfortable talking about in a more private/personal way? Or with older people?

Are there questions I have asked you today, that I should not have asked?

Why should I not have asked these questions?

Appendix 7: Interview guide SRH services

1.ABOUT THE SERVICE/CLUB

Can you tell me about this SRH service/club; which services do you provide and how do you work?

Are these services running/provided all the time?

Who works here (professional health workers, volunteer)?

Are there some specific people working with SRH, or everyone?

What kind of SRH training/education do people working here have?

Which problems/challenges/questions do students come here with?

Are students ashamed to come here and talk to you?

Why ashamed? Specific topics?

How much do the services here coast? Any free services?

Do you give out contraceptives here? Price?

Where on campus can one get contraceptives (if any)?

Many students don't know where to get contraceptives/where they are available (on campus)?

What is being done to let them know where it is available?

Which attitudes do people working here have to SRH?

Which role, if any, do moral attitude or moral guidance have in your job (advising people?)

The information you provide, is it merely information/facts (like on STD's, contraceptives etc) or also normative, as what to do, what not to do?

Do you encourage students who come here to use contraceptives?

Which advise do they get?

There are some misunderstandings among some students, that they think they will be infertile if they use contraceptives. How do you try to clarify these things?

2. THE STUDENTS AND REACHING OUT

Which students do you address/reach out to?

Are some more difficult to reach out to?

How do you work to reach out to the students/for students to see the relevance of this service?

What kind of focus do you have on male students and SRH? (like protection)?

Which services do you provide to them?

Is there a focus on men and STIs, and men's role in spreading diseases or contributing to a pregnancy?

In which ways do you work with male students/increase their awareness? How do you reach out to them?

Is SRH perceived as important by the male students? (or important for students to include men in SRH)?

Do you think women and men should learn the (exact) same SRH related matters, and in the (exact) same ways? Or do you think they need gender specific knowledge/approaches?

In your opinion, how would you describe student's awareness and knowledge of SRH?

Who are expected to take responsibility for contraceptive use?

Have people talked/learned (enough) about sex and SRH matters/risky sexual behaviour when they engage in sexual activity for the first time?

3.GENDER ROLES:

How would you describe gender roles in Ethiopia today? Are there any changes?

Based on your experiences meeting the students, which gender roles and expectations in regard to sexuality do they meet in society and campus/university life?

Are there conflicting expectations?

Do you perceive it as easy for students to set boundaries for their own sexuality?

4.SEXUALITY/SEXUAL BEHAVIOUR

Do students engage with sexual activity in different ways before starting at the university, vs after starting university? In which ways and why?

Are there negative reactions associated with being sexually active?

If youth are sexually active (as previous research illustrates), how do youth manage to be sexually active but avoid the negative reactions?

Are there specific challenges regarding having safe sex on campus?

Are you aware of risky sexual behaviour happening on campus?

Can you think of reasons why people engage in risky sexual behaviour?

"Although students knew about SRH they failed to apply their knowledge to themselves and their sexual health" (Yared et al.) Why do you think students fail to apply their knowledge to themselves and their sexual health?

Can you think of situations/circumstances where it is hard for students to apply their knowledge on themselves?

5.SRH SERVICES ON CAMPUS:

Which SRH services/information are there on campus?

Is there any systematically training/info for new students when they start on campus?

Do you have any specific offers/campaigns etc which extend the normal services provided? (some extra offers/services other than the normal ones)?

Can you think of challenges/barriers students are facing regarding using SRH services?

A lot of students have trust issues, when it comes to talking about these things/going to SRH services. What are you doing to prevent such trust issues?

Many strategies highlight the importance of/that they want to create 'youth friendly services' regarding SRH. What is youth friendly to you? How would youth friendly services be?

What are the biggest SRH problems/challenges among students?

Do you these challenges/needs are sufficiently addresses through the services/information they have available?

Do you think the university, as a place for knowledge, information and personal growth, has responsibility to talk, inform and make students aware of these things?



Anne Britt Flemmen
Postboks 6050 Langnes
9037 T ROMSØ

Vår dato: 15.08.2017

Vår ref: 55089 / 3 / BGH

Deres dato:

Deres ref:

Tilbakemelding på melding om behandling av personopplysninger

Vi viser til melding om behandling av personopplysninger, mottatt 10.07.2017.

Meldingen gjelder prosjektet:

| | |
|----------------------|---|
| 55089 | Sexual and reproductive health among university students in Addis Ababa, Ethiopia |
| Behandlingsansvarlig | UiT Norges arktiske universitet, ved institusjonens øverste leder |
| Daglig ansvarlig | Anne Britt Flemmen |
| Student | Susanne Rolandsen |

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget [skjema](#). Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en [offentlig database](#).

Personvernombudet vil ved prosjektets avslutning, 21.06.2018, rette en henvendelse angående status for behandlingen av personopplysninger.

Dersom noe er uklart ta gjerne kontakt over telefon.

Vennlig hilsen

Marianne Høgetveit Myhren

Belinda Gloppen Helle

Kontaktperson: Belinda Gloppen Helle tlf: 55 58 28 74 / belinda.helle@nsd.no

Vedlegg: Prosjektvurdering

Kopi: Susanne Rolandsen, sro035@post.uit.no



Prosjektvurdering - Kommentar

Prosjektnr: 55089

FORMÅL

Prosjektet skal undersøke hvordan studenter oppfatter 'sexual and reproductive health' (SRH) og deres kunnskap/bevissthet om tema. I tillegg vil prosjektet søke deres innsikt, erfaringer og behov omkring SRH, samt hvordan deres erfaringer kan brukes for å øke bevissthet om tema, og relevans av tilgjengelig informasjon.

Spørsmål som skal besvares er i) hvordan studenter oppfatter deres kunnskap om seksualitet/reproduksjon, ii) hvordan de forstår kvinner og menns ansvar angående SRH, iii) hvordan forståelsen av seksualitet, kjønn og reproduksjon påvirker deres seksuelle atferd, og iv) hvordan deres forståelse kan bli brukt for å øke deres grad av bevissthet og bruk av SRH-tjenester, samt øke relevansen av informasjon som er tilgjengelig.

INFORMASJON OG SAMTYKKE

Utvalget informeres skriftlig om prosjektet og samtykker til deltakelse. Informasjonsskrivene er godt utformet.

METODER FOR DATAINNSAMLING

Det fremgår av meldeskjemaet at det skal gjennomføres individuelle intervju og gruppeintervju. I gruppeintervju er det spesielt viktig å tenke på om spørsmålene er utformet på en slik måte at de kan besvares i plenum (f.eks. dersom det er snakk om veldig personlige eller sensitive spørsmål). Vi minner om at det i noen tilfelle kan være relevant at de som deltar undertegner en gjensidig taushetserklæring.

SENSITIVE PERSONOPPLYSNINGER

Det behandles sensitive personopplysninger om etnisk bakgrunn.

INFORMASJONSSIKKERHET

Personvernombudet legger til grunn at forsker etterfølger UiT Norges arktiske universitet sine interne rutiner for datasikkerhet. Dersom personopplysninger skal lagres på mobile enheter, bør opplysningene krypteres tilstrekkelig.

PROSJEKTLUTT OG ANONYMISERING

Forventet prosjektlutt er 21.06.2018. Ifølge prosjektmeldingen skal innsamlede opplysninger da anonymiseres. Anonymisering innebærer å bearbeide datamaterialet slik at ingen enkeltpersoner kan gjenkjennes. Det gjøres ved å:

- slette direkte personopplysninger (som navn/koblingsnøkkel)
- slette/omskrive indirekte personopplysninger (identifiserende sammenstilling av bakgrunnsopplysninger somf.eks. bosted/arbeidssted, alder og kjønn)
- slette digitale lydopptak

REK

Det er REK sin vurdering at prosjektet faller utenfor helseforskningsloven. Vi viser her til vedtak ref. 2017/1411/REK nord. Personvernombudet for forskning vurderer derfor prosjektet i henhold til personopplysningsloven.

